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

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS

Tuesday 26 November 2019

3:00pm – 5:30pm
Charles West Room, Paul O'Gorman Building

NO.	ITEM	Attachment	PRESENTER	TIME
1.	**Welcome and introductions**	**Verbal**	Michael Rake, Chair	3:00pm
2.	**Apologies for absence**	**Verbal**	Michael Rake, Chair	
3.	**Declarations of interest**	**Verbal**	Michael Rake, Chair	
4.	**Minutes of the meeting held on 17 July 2019**	**A**	Michael Rake, Chair	
5.	**Matters Arising and action log**	**B**	Anna Ferrant, Company Secretary	
	STRATEGY, PERFORMANCE and ASSURANCE			
6.	**Chief Executive Report including:** • **GOSH strategy** • **Integrated Quality and Performance Report October 2019** • **Finance report (highlights)**	**C**	Matthew Shaw, Chief Executive/ Helen Jameson, Chief Finance Officer	3:05pm
7.	**GOSH People Strategy**	**D**	Caroline Anderson, Director of HR and OD	3:20pm
8.	**Annual Business Planning at GOSH**	**E**	Director of Performance and Information	3:40pm
9.	**Reports from Board Assurance Committees** • **Quality, Safety and Experience Assurance Committee (October 2019)**	**F**	Amanda Ellingworth, Chair of the QSEAC	3:55pm
	• **Audit Committee (October 2019) including refreshed terms of reference**	**G**	James Hatchley, Chair of the F&I Committee	
	• **People and Education Assurance Committee (July and September 2019)**	**H**	Kathryn Ludlow, Chair of the People and Education Assurance Committee	
10.	**Update from the Young People's Forum (YPF)**	**I**	Emma James, Patient Involvement and Experience /Chair of the YPF	4:15pm

11.	**Update from the Council Nominations and Remuneration Committee:** • **Chair and Non-Executive Director Appraisals** • **Chair and NED Objectives 2020** • **Appointment of a Non-Executive Director on the GOSH Board** • **Chair and NED Remuneration**	**J** **K** **L** **M**	Anna Ferrant, Company Secretary	4:25pm
12.	**Update from the Membership Engagement Recruitment and Representation Committee**	**N**	Paul Balson, Deputy Company Secretary	4:45pm
	GOVERNANCE			
13.	**Update from the Constitution Working Group** • **Council of Governors' Effectiveness Review Survey Results** • **Review of Buddying System**	**O** **P**	Paul Balson, Deputy Company Secretary Paul Balson, Deputy Company Secretary	4:55pm
14.	**Selection by Governors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 18/19**	**Q**	Peter Hyland, Director of Performance and Information	5:10pm
15.	**Governance Update including:** • **Revised Trust Board Terms of Reference (for information)** • **Annual forms** • **Feedback from Governors attending external meetings**	**R**	Paul Balson, Deputy Company Secretary	5:20pm
16.	**Any Other Business**	**Verbal**	Chair	5:30pm

ATTACHMENT A

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
17th July 2019
Charles West Boardroom

Sir Michael Rake	Chair
Miss Alice Rath	Patient and Carer Governor: Patients outside London
Miss Elena-May Reading	Patient and Carer Governor: Patient from London
Mrs Stephanie Nash	Patient and Carer Governor: Parents and Carers from London
Dr Emily Shaw	
Mrs Mariam Ali	
Mrs Lisa Allera	Patient and Carer Governor: Parents and Carers from outside London
Dr Claire Cooper-Jones	
Mrs Carley Bowman	
Mr Simon Hawtrey-Woore	Public Governor: North London and surrounding area
Mr Colin Sincock	Public Governors: The rest of England and Wales
Ms Fran Stewart***	
Ms Margaret Bugyei-Kyei	Staff Governor
Mr Nigel Mills	
Dr Quen Mok	
Mr Paul Gough	
Miss Emma Beeden	Appointed Governor: Young People's Forum
Mr Josh Hardy	Appointed Governor: Young People's Forum
Prof Jugnoo Rahi	Appointed Governor: UCL GOS Institute of Child Health

In attendance:

Mr Akhter Mateen	Non-Executive Director
Lady Amanda Ellingworth	Non-Executive Director
Ms Kathryn Ludlow	Non-Executive Director
Prof Rosalind Smyth	Non-Executive Director
Mr James Hatchley*	Non-Executive Director
Mr Matthew Shaw	Chief Executive
Ms Helen Jameson	Chief Finance Officer
Dr Anna Ferrant	Company Secretary
Mr Paul Balson	Deputy Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mr Matthew Tulley*	Director of Development
Mr Richard Collins*	EPR Programme Director
Dr Shankar Sridharan*	Chief Clinical Information Officer

Ms Sarah Newcombe*	Chief Nursing Information Officer
Ms Helen Vigne*	EPR Programme Manager
Mr Craig Wisdom*	Partner, Deloitte

Denotes a person who was only present for part of the meeting
**Denotes a person who was present by telephone*
***Denotes a person who was unable to connect to the meeting due to IT issues at GOSH*

15	**Apologies for absence**
15.1	Apologies for absence were received from: Ms Faiza Yasin, Patient and Carer Governor; Ms Zoe Bacon, Patient and Carer Governor; Mr Theo Kayode-Osiyemi, Public Governor; Mr Yu (Simon) Tan, Public Governor; Ms Teskeen Gilani, Public Governor; Mr Julian Evans, Public Governor; Dr Sarah Aylett, Staff Governor; Cllr Lazzaro Pietragnoli, Appointed Governor.
16	**Declarations of Interest**
16.1	No declarations of interest were received.
17	**Minutes of the meeting held on 17th April 2019**
17.1	The Council of Governors **approved** the minutes of the previous meeting.
18	**Matters Arising and action log**
18.1	Minute 49.12: Sir Michael Rake, Chair reminded Governors of the importance of completing their statutory and mandatory training.
19	**GOSH Children's Cancer Centre Update**
19.1	Mr Matthew Tulley, Director of Development said that earlier in 2019 discussion had taken place with the GOSH Children's Charity to develop a revised proposal for the Children's Cancer Centre in recognition of the changing NHS financial landscape. This had meant that it was not possible to fund the scheme which had been agreed by the Trust Board in December 2018. The revised proposal delivered similar benefits within a smaller footprint and a revised funding envelope; the principles had been agreed by the Trust and Charity Boards at a joint meeting in May 2019.
19.2	The Children's Cancer Centre would provide additional space for cancer services, critical care, PET MR (Positron emission tomography–magnetic resonance imaging), the pharmacy and the hospital school. Work was taking place to develop an Outline Business Case which would be considered by the hospital and Charity Boards in September.
19.3	Sir Mike said that agreement had been reached that, other than 50% of the Pre Construction Services Agreement (PCSA), the development would be funded by the Charity. It had also been agreed that the Charity would not fund any overspend arising during the build. He emphasised that the Trust must not take on debt and therefore it was vital that robust governance processes were in place to ensure the project was completed within budget. Mr Matthew Shaw, Chief Executive said that the importance of not taking on debt was a key reason that the

	project plan had been revised.
19.4	Mrs Carley Bowman, Patient and Carer Governor asked whether Non-Executive Directors were assured that the financial plan was appropriate and Mr Shaw said that the plan would be considered at the July Trust Board meeting.
19.5	Professor Jugnoo Rahi, Appointed Governor asked how the Trust was assured that research needs would be met in the new building and Mr Shaw said that despite the fact that there were no longer plans for the Clinical Research Facility to move into the new building, the research and innovations directorate had been asked to provide information on the number of research beds which were required throughout the Trust so that this could be built into business planning.
19.6	Dr Quen Mok, Staff Governor asked how staffing would be addressed in the new space. She highlighted that physical capacity existed for additional critical care beds however these were not open due to staffing. Mr Shaw said that a key benefit of the development was the quality of the space as opposed to additional space and added that a recruitment and retention plan was in place to improve issues with opening beds. Whilst PICU, NICU and Sky Ward were challenging areas to recruit staff into, the vacancy rate for these areas remained low compared to that of other Trusts.
20	**Chief Executive Report**
20.1	Mr Shaw presented the report and said that to mark clean air day on 20th June 2019 the area of Great Ormond Street outside the hospital was closed to traffic for four hours and transformed into a rainbow themed play area with a number of activities championing the benefits of play in a clean-air environment. Discussions had also taken place with the Deputy Mayor of Camden about potentially closing the road on a more permanent basis or implementing a one way system for traffic.
20.2	The next six months would be challenging for the Trust including in terms of the impact of the Electronic Patient Record (EPR) roll out on data and performance. As a result of intentionally reduced activity during and after go-live, RTT had reduced as planned however achievement of the six week diagnostic standard had been more challenging than anticipated.
20.3	Mr Richard Collins had accepted the post of Director of Transformation on a 12 month secondment.
20.4	On 3rd June the Trust launched Speaking Up for Safety training and all staff were encouraged to sign up for training at one of over 300 workshops being run by GOSH patient safety champions. So far approximately 35% of staff had undertaken training and Mr Shaw said that the Executive Team was determined to bring about cultural change in the Trust.
20.5	Staff and Governor engagement with work to refresh the strategy had been good and this would be launched in the autumn.
20.6	Integrated Quality and Performance Report May 2019
20.7	Mr Shaw said that following the roll out of the EPR there had been a deterioration in compliance with the clinical letter and discharge summary turnaround time.

	There were potentially a large number of letters which had not been sent however data was being validated and the number of outstanding letters tracked on a daily basis. It was noted that the Director of Operational Performance and Information had been asked to present a paper to the Board on data quality in the Trust.
20.8	Mrs Carley Bowman, Patient and Carer Governor asked how patient and family concerns were being managed. Mr Shaw said that the Trust had not experienced an increase in PALS contacts or complaints related to the EPR and there had been issues with discharge summary performance and clinic letter turnaround times prior to go live. He added that there had also previously been delays in pharmacy dispensing and other issues related to the service's facilities. A recent Medicines and Healthcare products Regulatory Agency (MHRA) report had been critical of the service and an action plan was in place. Improvements were being made however there had been significant challenges as a result of Epic implementation.
20.9	Mr Paul Gough, Staff Governor welcomed the progress that was being made in training staff for speaking up for safety and asked when the second phase of the programme around professional responsibilities would begin. Mr Shaw said that this would begin later in the year and would focus on peer review outside of HR processes. He added that it was important to work on giving praise and thanking colleagues throughout the organisation.
20.10	<u>Finance report (highlights)</u>
20.11	Dr Mok noted that IPP debt was very high and the Directorate was behind plan in terms of activity and income however the Trust had an increasing reliance on growth in IPP. Mr Shaw said that it was important to continually to lobby on tariffs so that the Trust was less reliant on IPP however the service was currently essential for the Trust to provide what was required for NHS patients. He said that although debt had reduced in recent months it remained high and work continued to retrieve the funds. Mr Shaw said that the debt continued to be paid and confirmed that the Trust had never written off embassy debt with the exception of a failed state.
21	**Update on implementation of EPIC Electronic Patient Record**
21.1	Mr Richard Collins, EPR Programme Director gave a presentation on the learning and successes of the Electronic Patient Programme following go live on 19th April. The EPR system had gone live as planned and had remained on budget for the first two years, known as the implementation phase, and continued to be on budget for optimisation phase which would be ongoing until October 2020. There had been broad agreement that go live had gone well however as predicted there had been a large number of issues raised and a number of key themes. The number of issues raised had been lower than anticipated and the GOSH and Epic teams had prioritised the issues which had a greater impact.
21.2	Ms Sarah Newcombe, Chief Nursing Information Officer said that it had been challenging to ensure all relevant staff were trained in EPR which involved going offsite for a number of hours. During go live the Trust was supported by a large number of clinicians from hospitals in the USA. The system supported clinicians to treat patients as individuals and could capture a patient's photograph as well as allowing patients to update information about themselves such as likes and

	dislikes. The patient portal, which had already received 3,500 patient sign ups would be key to communication with patients and families and feedback was already being provided about the difference it would make to families.
21.3	Mr Gough asked for assurance that EPR teams would not be reduced where support was still required and Mr Collins said that the optimisation phase still required substantial numbers of support staff and additional support would be retained for challenging areas such as pharmacy.
21.4	Professor Rahi asked whether further work was taking place to optimise the system in terms of research. Dr Shankar Sridharan, Chief Clinical Information Officer said that it was important that there was visibility of all research studies to enable patients to become involved. Mr Shaw said that whilst some of this would be done within the EPR, it was also important that data in the Aridhia research platform and the Digital Research Environment was usable for research purposes. Additional data fields would be built into the EPR to allow information to be captured as part of the patient record.
21.5	Dr Mok asked for assurance that issues which had been raised early on in the go-live process had been closed and Mr Collins said that the majority had been closed however there were some complex issues which required software changes and could not be closed until the software upgrade had taken place in September. He confirmed that the age and complexity of issues were monitored.
22	**Reports from Board Assurance Committees**
22.1	<u>Quality, Safety and Experience Assurance Committee (July 2019)</u>
22.2	Lady Amanda Ellingworth, Chair of QSEAC said that the People and Education Assurance Committee had been developed to place focus on cultural, staffing and education issues and allow sufficient time for these discussions. This arrangement would be reviewed in a year. She said that the Executive Team was addressing historic issues however a disappointing MHRA report had been received and it was important that the committee was aware of issues such as this as they arose. QSEAC had received a remedial action plan and would remain focused on pharmacy.
22.3	<u>Finance and Investment Committee (March and June 2019)</u>
22.4	Mr James Hatchley, Chair of the Finance and Investment Committee said that the Committee's focus was the financial performance of the hospital. He said that the 2019/20 control total would be extremely challenging particularly given that the majority of the Trust's income was based on block contracts in order to lessen the impact of reduced activity around EPR go live. As a result GOSH was unable to undertake greater activity to increase income in these areas.
22.5	Better value schemes had been, and continued to be, identified across the Trust however the total schemes had not reached the target. Epic continued to be a key focus for the committee, particularly in terms of plans to increase performance to reach the KPI targets.
22.6	The Committee had approved the Learning Academy proposal for presentation to the Charity. Mr Hatchley stressed that education and training was key to being a

	world class hospital and said that the committee's discussions would be on where the money would be focused and the commercialisation of the project.
22.7	Mrs Bowman asked whether there was a potential penalty for the Trust if it failed to reach the control total and Mr Hatchley said that there were financial incentives which were not paid if particular milestones throughout the year were not met.
22.8	<u>People and Education Assurance Committee</u>
22.9	Mr Hatchley welcomed the addition of the new Committee and the appointment of a new Director of HR and OD. The process for a review of the HR function had been put in place and actions by directorate resulting from the staff survey were being reviewed. A number of Governors had observed the first meeting of the Committee.
23	**Update from the Young People's Forum (YPF)**
23.1	Mr Josh Hardy, Appointed Governor said that there had been one meeting of the Young People's Forum since the last update and the group's activity had been reduced in April in light of school exams being held.
23.2	The YPF would be meeting with the complaints team to support the process to adhere to guidance on making PALS contacts and complaints accessible for children and young people.
23.3	The group had worked with a puppet show and suggested that focus was placed on mental health and transition.
23.4	Ms Emma Beeden, Appointed Governor said that she had taken part in facilitating the NHS Youth Forum. A good session on transition had taken place and the top eight suggestions were presented to the Chief Executive and Chief Nursing Office of NHS England.
23.5	The Council welcomed the work of the Young People's Forum.
	Mr James Hatchley left the meeting.
24	**Update from the Constitution Working Group**
24.1	Mr Paul Balson, Deputy Company Secretary said that the Code of Governance recommended that the Council regularly reviewed its effectiveness. Questions for an effectiveness review survey had been proposed by the Constitution Working Group.
24.2	The proposed questions were **approved** by the Council and it was agreed that the survey would be circulated to the Council of Governors, Non-Executive Directors and Executive Directors.
25	**GOSH Quality Report**
25.1	Dr Sanjiv Sharma, Medical Director presented the report and thanked Meredith Mora, Clinical Outcomes Development Lead and the Quality Team for their work to develop the Quality Report. He said that it was a good reflection of the excellent

	work which had taken place at the Trust over the past year. Two patient safety reports had been highlighted along with clinical effectiveness, patient experience, transition and real time feedback being received from patients and families. Research had been highlighted as one example of many areas of good work.
25.2	Ms Beeden said that she felt it would be beneficial and enjoyable for parents and families to read the Quality Report and Lady Ellingworth agreed that this should be highlighted beyond the Annual Report as a whole.
26	**Findings and Recommendations for the 2018/19 NHS Quality Report External Assurance Review**
26.1	Mr Akhter Mateen, Chair of the Audit Committee said that the Audit Committee had reviewed the Deloitte review of the Quality Report as part of the annual reporting process. Two mandated indicators had been reviewed plus a third indicator which had been chosen by Governors. The auditor opinions were included in the Annual Report.
26.2	Mr Craig Wisdom, Partner at Deloitte said that part of the audit requirements was to undertake limited testing on specific quality indicators. The review of 31 day cancer waits provided an unmodified opinion and the number of delayed PICU discharges had not required an opinion to be given.
26.3	The review of the RTT indicator found errors of a similar type to those identified in the previous year. A modified opinion had therefore been provided. Mr Wisdom said that this was a complex area with substantial human input and GOSH was not an outlier in terms of the opinion given as all Trusts under Mr Wisdom's portfolio had received a qualified opinion in this area. Some issues would be improved over time through the use of Epic and the Audit Committee would continue to monitor data quality and the RTT metric. Issues identified during testing included incorrect clock starts, invalid RTT pathways included in reporting and cases where insufficient evidence was available to conclude on the accuracy of clock starts.
26.4	Mr Colin Sincock, Public Governor asked for additional information on the insufficient evidence that was found and Mr Wisdom said that this was primarily as a result of decisions made which had not been documented. He confirmed that there was no evidence during testing of deliberate manipulation of data.
27	**Re-appointment of a Non-Executive Director on the GOSH Board**
27.1	Dr Anna Ferrant, Company Secretary said that Mr James Hatchley, Senior Independent Director was appointed for a three year term on 1st September 2016. Under the Trust's constitution Mr Hatchley was eligible for reappointment for a further three year term subject to the approval of the Council of Governors. The Council of Governors' Nomination and Remuneration Committee had met to discuss the matter and recommended Mr Hatchley for reappointment.
27.2	Dr Claire Cooper-Jones, Lead Governor said that she had collected soundings from Governors which were positive and the committee had been happy to recommend the reappointment to the Board. Mr Simon Hawtrey-Woore, Patient and Carer Governor said that Mr Hatchley had been his NED 'buddy' and had been extremely helpful in this regard.

27.3	The Council **approved** the reappointment of Mr Hatchley for a second term of three years on the Board.
28	**CQC inspection update**
28.1	Dr Anna Ferrant, Company Secretary said that as part of a scheduled programme of inspections GOSH had been advised that it would be subject to an unannounced CQC inspection in late 2019. A request for information in advance of the inspection had been received and the Trust was working to respond within the deadline. The inspection would be of two core services which would be rated against the five key questions. Dr Ferrant said it was important that the work to prepare for CQC visits became business as usual and Quality Rounds had been undertaken with teams as well as teams reviewing their own services to gain a good understanding of the issues considered by the CQC.
28.2	**Action:** Following the inspection of core services the CQC would return to GOSH to undertake a Well Led inspection focusing on the Board and Senior Leadership Team and information would soon be able available about who the CQC had chosen to interview. This was likely to include a focus group with Governors. It was agreed that information would be circulated to the Council about Governor involvement in inspections. Dr Ferrant said that the team would ask the CQC to be as flexible as possible with CQC timings for focus groups.
28.3	**Action:** Mr Nigel Mills, Staff Governor emphasised that it was important to be open with the CQC and give honest feedback. Mr Shaw agreed and said that Governors should give their own views and the process would give the Trust the opportunity to learn. Mrs Bowman, who had taken part in a Governor CQC session during her previous term said that the sessions were more conversational rather than formal. Dr Ferrant said that guidance was due to be jointly published by CQC and NHS Providers which would be circulated to Governors when it was available.
29	**Governance Update**
29.1	Mr Paul Balson, Deputy Company Secretary said that a survey about the buddying process had been circulated to Governors and Non-Executive Directors. Respondents were broadly supportive of the buddying programme but some changes were suggested such as the programme being opt-in, larger buddying groups being required and regular reminders circulated. The Council **approved** the proposed changes to the buddying programme.
29.2	The Membership Engagement Recruitment and Representation Committee (MERRC) had discussed the number of members who received a hard copy of the Member Matters publication and noted that this was a considerable expense to the Trust. It had been proposed that only electronic copies were sent however this would mean that some members who had not given the Trust an email address when joining would no longer receive a copy of Member Matters. Dr Ferrant said that a regular cleanse of data took place and at that time the Trust would request that members provided their email addresses.
29.3	Mrs Lisa Allera, Patient and Carer Governor suggested that consideration should be given to using social media and Mr Balson said that the Young People's Forum and MERRC had agreed with this suggestion. Dr Cooper-Jones suggested that

	Member Matters should be available on the Trust's website. The Council **approved** the revised approach for Member Matters.
29.4	Mr Balson said that new guidance had been published by NHS England in relation to declarations of interest. GOSH had updated its policy in line with the revised guidance and Governors would be asked to make their declarations online annually.
29.5	**Action:** Mr Balson reiterated the importance of Governors completing their statutory and mandatory training and it was agreed that Mr Balson would go through the local induction checklist with Governors at the November meeting.
29.6	The Governor portal had been rolled out to the Council as a whole. Currently only a small number of Governors had access and Mr Balson requested that Governors contact him to be set up on the system.
29.7	Planning was taking place for the 2019 Annual General Meeting/Annual Members Meeting the theme of which would be sustainability.
29.8	Governors reviewed and **approved** the revised membership form.
30	**Any other business**
30.1	**Action**: Dr Cooper-Jones noted the good work that was taking place in the hospital such as the Play Street and said it would be helpful if there was notice given of these activities to Governors to enable them to attend.

ATTACHMENT B

COUNCIL OF GOVERNORS ACTION CHECKLIST
November 2019

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
49.12	06/02/19	Mr Balson said that it was a key priority for Governors to complete their online statutory and mandatory training. He asked Governors to contact him if they needed access to their GOSH email or any other support.	**All Governors**	**April 2019**	Plans for this to be actioned at the November Development Session for Governors
28.2	17/07/19	It was agreed that information would be circulated to the Council about Governor involvement in CQC inspections.	**AF**	**September 2019**	Actioned
28.3	17/07/19	Dr Ferrant said that guidance was due to be jointly published by CQC and NHS Providers which would be circulated to Governors when it was available.	**PB**	**September 2019**	Actioned
29.5	17/07/19	Mr Balson reiterated the importance of Governors completing their statutory and mandatory training and it was agreed that Mr Balson would go through the local induction checklist with Governors at the November meeting.	**PB**	**November 2019**	Plans for this to be actioned at the November Development Session for Governors
30.1	17/07/19	Dr Cooper-Jones noted the good work that was taking place in the hospital such as the play street and said it would be helpful if there was notice given of these activities to Governors to enable them to attend.	**PB**	**November 2019**	Noted for incorporation of such events in the Governor bulletin

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

Council of Governors

26 November 2019

Chief Executive Report – November 2019

The purpose of this paper is to provide a summary of key work priorities and achievements since the 17 July 2019 report to the Council of Governors. The report includes:

- An update on the GOSH Strategy

- CQC and Well Led update

- Executive summaries of Month 7 Finance report, Integrated Quality Report - October 2019and the Trust Board Dashboard – September 2019.

- Trust Board update from 18 September 2019

- Trust Board Risk Management meeting summary

- Annual Staff Survey launched

- GOSH News stories

    o Appointment of new Chief Operating Officer

    o GOSH 2018/19 annual report wins national award

    o Other GOSH news

- Appendices

    o Feedback letter from Well Led inspection - Appendix 1

    o Finance report Month 7 – Appendix 2

    o Integrated Quality Report – September 2019 – Appendix 3

    o Trust Dashboard – Appendix 4

Governor action required:

- Governors are asked to note the report and pursue any points of clarification or interest.

Report prepared by:

Paul Balson, Deputy Company Secretary, paul.balson@gosh.nhs.uk

Report presented by:

Matthew Shaw, Chief Executive

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2   Strategy Engagement

Since May this year we have been running a consultation with staff, governors, patients and families, the Foundation Trust membership and partner organisations to refresh our five-year strategy.

We now have a new strategy framework called 'Mission GOSH' which builds on our previous 'House' strategy to create a statement of purpose, a set of 'due north' principles and a series of priorities for the coming five years.

At the heart of Mission GOSH, is a commitment to advancing care for children and young people with complex health conditions so that they can achieve their potential. We will do this by focussing on four core services:

- Care
- Research
- Education
- Digital innovation

We maintain our commitment to putting children and young people first, always. We have also identified our principles as:

- Building a values-based culture in which our staff are supported and empowered to be the best they can be, everyday
- Committing to the highest quality services, ensuring that they are safe, effective and offer a great patient experience
- Protecting our environment
- Financial sustainability
- Working in partnership with others as a force for good in children's health.

The space-themed materials we used during our consultation proved an effective way to engage people in conversations about our future. They also fit in with the playful and inspiring visual materials and tone of voice of our new brand. Therefore, we have decided to build on the theme, presenting our principles as a rocket and our priorities as a series of planets, which the rocket will visit on its five-year journey.

We had hoped to approve the new framework at our November board meeting, but NHS organisations have been advised not to discuss matters of strategy and resources at board meetings during the pre-election period. We anticipate approving it after the general election and sharing our space themed visuals and a toolkit for staff in the New Year.

3   CQC update

3.1   CQC inspection

As Governors will be aware, the CQC inspection team were onsite at the Hospital between Tuesday 1 October and Thursday 3 October. They inspected:

- Surgical wards and theatres
- Child and adolescent mental health services (CAMHS), and
- Critical care excluding neonates.

Attachment C

3.2 Well Led Inspection

The CQC inspection team also undertook a 'Well Led' Inspection at the beginning of November. As part of this inspection, they requested documents and interviewed Board Members and Senior Managers from across the Trust.

During the week commencing 11 November, the Trust submitted a few additional requested documents and I was interviewed on Friday 15 November.

A final report is expected before Christmas. In the interim, a feedback letter from the Well Led inspection is attached at A**ppendix 1.** A verbal update will be provided at the meeting on 6 November 2019.

4 Month 7 Finance (October 2019) report

Key points for Governors to note include:

1. The Trust is required to achieve an overall control total agreed with NHSI annually. The Trust was £0.1m adverse to the control total year to date (YTD) at Month 7, this was principally due to underperformance in private patient income being partially offset by vacancies across the organisation.

2. The Trust was behind its income target by £4.5m (excluding pass through) at Month 7. Private patient income has improved since the start of the year but fell in month compared to Month 6 and was now £3.2m behind plan YTD. NHS Clinical Income that is not on block contract was behind plan by £1.0m.

3. Pay was underspent YTD by £5.1m due to the high number of vacancies across the Trust that are not being covered by equivalent Bank or Agency and reduced research costs (offset by income).

4. Non-pay was £0.8m above plan YTD (excluding pass through). This was due to increased expenditure on clinical supplies, increased computer software costs and premises costs associated with the new buildings. These costs have been being partly offset by reduced private patient debt releasing impairment to receivables.

5. Cash held by the Trust was higher than plan by £25.3m which included £6.7m received in month from GOSH charity (of which £3.7m related to the Zayed Centre for Research) and £2.3m related to Capital projects) and £8.2m received earlier in the year which related to Provider Sustainability Fund (PSF) for 2018/19.

The full Month 7 finance report is available at **Appendix 2.**

5 Integrated Quality and Performance Report – September 2019

Each month the hospital publishes an integrated quality report. This includes a range of key performance indicators (KPIs) relating to:

- Delivery of safe, harm-free care

- Whether patients have had a good experience of care

- The effectiveness of our care

- How responsive we are to the need to change and improve

- How we lead and support our people in delivery of care

The KPI dashboard, as included in the Integrated Quality Report, is available at **Appendix 3**. The October 2019 IQPR report will be presented at the Trust Board in November.

Attachment C

5.1   Safety Incident Closures

The number of incidents being closed month on month increased, but this is not truly reflected in September's statistics. Directorates have completed their investigations, but there are a significant number of incidents awaiting central review and closure by the risk team. This is attributable to staffing capacity over the past six months. Work is underway to prioritise closure of the incidents that have not yet breached, with ongoing work to clearance of the backlog. A large number were closed, but the number of overdue incidents awaiting closure increased and is not yet reflected in the numbers seen.

The percentage of incidents closed within 45 working days increased to 76% (from 40% in August) during this month. This was due to the number of completed investigations that were still within timescale and closed off as a matter of priority. There remains over 220 completed in-time investigations requiring quality checking and closure. A breakdown of open incidents is regularly shared with relevant teams and progress monitored via the Patient Safety and Outcomes Committee (PSOC).

5.2   Serious Incidents (SI) and Action Plans

There was one open SI investigation in August 2019 with a new SI declared in September: A patient attended GOSH for a routine (fortnightly) lumbar puncture and administration of intrathecal medication. The day following the procedure, the patient was admitted locally, with vomiting and seizing, and transferred to ITU. MRI scans taken locally and reviewed at GOSH the following week showed a likely sub-arachnoid haemorrhage. This was confirmed after the patient was transferred to GOSH.

There were no overdue Serious Incidents.

In August it was noted that there were over 500 open actions on the incident module, with the majority linked to Serious Incidents. These incidents stretch over a long period (several years). It is anticipated that many of these actions have been completed, but not updated on the system. However, a thorough governance process will be applied to the closure of these actions to ensure we have appropriate evidence to support closure. This will be monthly via the Patient Safety and Outcomes Committee (PSOC) and the Deputy Chief of Service meetings.

5.3   Duty of Candour compliance

There were six confirmed cases within the month of September 2019. We achieved 100% compliance with the stage 1 duty of candour conversation. Performance for the stage 2 (Duty of Candour letter) and stage 3 (sharing the investigation outcome) was 66% for September. The outstanding cases have been escalated and being processed. An additional root cause analysis (RCA) training resource will be introduced to support local investigation capability.

5.4   Freedom of Information (FOI) requests

There was a 19% decrease in the number of FOI requests in September. 100% of FOIs published in September were completed within timescale. There was one request for an internal review.

5.5   Subject Access Requests (SAR)

Performance significantly improved in September. All SARs were released within 90 days, and there were no SARS in progress. The hard work and dedication of the team in achieving this performance is recognised.

5.6   Children and Adults Safeguarding

There was a new serious case review for children safeguarding which we are involved with – this was initiated in September 2019. The patient was known to Neurosurgery and orthopaedics and met the

threshold for neglect based on parent's failure to bring child to medical appointments across health providers.

There were three Children's local learning reviews ongoing. There are no thematic issues arising at present. The outcomes will be shared via the Safeguarding Committee, and Closing the Loop, as required.

There was a new adult safeguarding review which related to the suicide of a previous patient. The patient had complex physical and mental healthcare needs. We are engaging with the review to support learning and improvement.

5.7 Whistleblowing & Freedom to Speak Up

The one-recorded HR whistleblowing was closed in October 2019. There has been a small decrease in the number of Freedom to Speak up cases, but the overall trajectory in 2019 has been an increasing trend.

5.8 Patient Experience

There was a marked increase in complaints received in September (n=11). This was the highest number received in month since October 2018. For the third successive month, Body, Bones and Mind (BBM) had the highest number of complaints (n=3). However, when assessed against patient activity, there was a slight decline in the rate of BBM complaints this month. The remaining eight complaints related to five other directorates. Of note, there were two complaints about the Dental service both of which related to cancellations, with a further three PALS cases also raising concerns about cancelled appointments / procedures.

Overall, complaints highlighted concerns about aspects of communication, including families not feeling listened to, difficulties in obtaining information and that some communication from staff was 'unhelpful' and 'rude'. This theme was also reflected in PALS concerns about communication (particularly in relation to unreturned telephone calls and families 'chasing' for referrals) which increased from 36 to 46 cases this month.

A MyGOSH training day in November 2019 will prompt staff to promote and sign up further patients to MyGOSH so that patients and families can communicate with clinical teams through the portal.

The Trust Friends and Family Test (FFT) response rate of 28.7% exceeded the Trust target of 25%. This has not been achieved since the Electronic Patient Record (EPR) implementation in April 2019. Additionally, 908 compliments were received.

The Research and Innovation recommendation rate increased from 67% to 71% in September. In the context of a low response rate (n=15), the overall recommendation rate was affected by a small number of negative comments primarily about delays with pharmacy (n=2) and completing basic tests (1). In line with comments from R&I that delays in Pharmacy have reduced, no negative comments were received after 10 September 2019.

While the International and Private Patient FFT response rate fell 20%, the recommendation rate increased from 81% to 93% (almost meeting the Trust target of 95%) and there were no IPP complaints or PALS cases in September.

While the percentage of reopened complaints was risk graded as red for the third successive month, the Complaints Team are reviewing the Trust criteria for reopened complaints and benchmarking this against other trusts. Review of the reopened complaints has highlighted that often families are simply taking up the opportunity to meet with the Trust (an offer made in all complaints responses) rather than raising further concerns or questioning complaint investigation findings. The Complaints Team closely monitor all reopened complaints to identify learning.

6   Trust Board Dashboard – September 2019

The Trust Board Dashboard provides a summary of Trust performance in key areas and domains. The key messages are:

6.1   Caring

Inpatient FFT Response Rate was significant improvements since the start of the financial year with September 2019 being 28.66%, meeting the Trust internal target of 25%. This was an 11% increase from April 2019.

Out of 3,154 patients eligible to respond, 904 patients completed the survey with 97.35% providing a positive recommendation response.

All comments, both positive and negative are reviewed by the directorate and appropriate actions taken where required. It should be noted that Heart and Lung, Sight and Sound, Body, Bones and mind, and Brain directorates have achieved the local standard. The directorates continue to focus on improving the position and are sharing learning, along with encouraging patients and families to complete the survey. It is projected that October will also be above 25% response rate.

6.2   Safe

At the end of September, there were **1,399 Incidents open on Datix.** This was a reduction of 712 from April 2019, with 834 overdue. Each directorate has an action plan to review and close where actions have been completed.

The Trust reported no incidents of **MRSA** in September 2019 with a year to date position of zero. There were no incidents of **C-Diff** reported in September 2019. The year to date position was four.

For the last two reporting months, there has been an increase in **Central Venous (CV) Line Infection Rates.** Root Cause Analyses are underway and the outcomes will be closely reviewed.

WHO Checklist completion rates continue to be above the 98% internal target at 99% plus for the last three reporting months.

One patient has been reported with a **Grade 3 Trust Acquired Pressure Ulcer** in September, this was within Body, Bones and Mind on Sky Ward.

6.3   Responsive

96.92% of patients were waiting within **6 weeks for a diagnostic test** (**DM01**) for September, 37 patients breached the standard with 31 attributable to Imaging including Cardiac MRI. This is an improvement both in number of breaches (-3) and final performance (+0.88%) for the Trust and is the fifth consecutive month that the Trust has delivered an improved diagnostics performance since EPR go live.

An updated recovery action plan and trajectory is in development and processed for sign-off as the Trust projected to be at circa 10 breaches by the end of September.

The Trust reported 83.72% patients waiting below 18 weeks against the **RTT Incomplete Pathway** national standard of 92%. Since EPR go-live the Trust has not met this standard for variety of reasons including, but exclusive to: reduction in activity over the four week go-live period, loss of key clinical staff in Dental, Plastic Surgery and Orthopaedics, bed capacity issues, capacity constraints in highly specialised services e.g. Selective Dorsal Rhizotomy (SDR), and increases in volume of complex non-

elective patients particularly in Cardiac Surgery. Individual services are in the process of developing updated recovery action plans and trajectories for sign off and will be circulated in due course.

For September 13 patients were reported waiting **52 weeks and over.** Of these six were Dental, two Cardiology, two Endocrinology, two Plastic Surgery and one Ear, Nose and Throat. The breaches can be grouped into late referrals into GOSH, loss of clinical staff and incorrect pathway categorisation. Of the 13 breaches, seven have been treated in October, four dated in November, one patient choice for January 2020 and one patient to be dated.

6.4 Well Led

Appraisal rates dipped in September for both Consultant and Non-Consultant at 89%. **Mandatory Training** was 94%, however, there a number of competencies that are below 90%, which the directorates are addressing.

6.5 Effective

Discharge Summaries within 24hrs have been a significant challenge since April 2019 following the introduction on new workflows within EPR. Directorates have focused on improving this metric in terms of the turnaround and number outstanding. For September 2019 the Trust reported 66.34% of patients receiving a Discharge Summary within 24 hours and 70 discharge summaries outstanding, compared to 57.38% and 687 outstanding in July.

The same level of focus and scrutiny is now being applied to **Clinic Letter Turnaround,** which currently stands at 61.64% within 7 days and 7,393 clinic letters outstanding for September. It should be noted that some appointments do not require a letter and the Trust's EPR is being optimised to capture this.

The Trust dashboard is attached as A**ppendix 4**.

7 Trust Board update

The last meeting of the Trust Board was on 18 September 2019. Highlights from this meeting that are not reported elsewhere within the Council of Governors' papers are summarised below.

7.1 Patient story

The Trust Board received a presentation from Hannah, the sibling of a patient at GOSH who had been coming to GOSH for approximately eight years.

Hannah reported that she found joining the Young People's Forum an extremely valuable experience as it allowed her to voice her opinions and gave her more confidence in her understanding of her sibling's medical condition.

Hannah emphasised the importance of GOSH in families' lives and emphasised that GOSH staff must 'think triple', considering the patient, parents and siblings.

The Chair thanked Hannah on behalf of the Board for the excellent overview of the impact of GOSH on patients, families and siblings lives.

I informed Hannah that the Trust was proud of the contribution that the YPF made to the Trust and recognised that care did not always extend to families and social situations which was often important to the patient.

The Interim Head of Patient Experience and Engagement said that the Trust would be working with Hannah to better understand the experiences of other siblings of patients in the Trust.

7.2 Children's Cancer Centre Outline Business Case (OBC)

I presented the Children's Cancer Centre OBC following the agreement of the project principles and parameters at the joint Board to Board meeting between the Trust and the GOSH Children's Charity (GOSHCC). The GOSH Finance and Investment Committee (FIC) had also approved the OBC.

The project would include provision for cancer services, pharmacy and the school all within a budget of £250million.

The Board approved the OBC for the Children's Cancer Centre. The next step was for the Trust to enter into a Pre-Construction Services Agreement (PCSA) design agreement with the design partner and allocate funding to progress the decant works.

7.3 Workforce Equality

The Trust Board received an update on the Workforce Disability Equality Standard 2019 and Workforce Race Equality Standard 2019. It was agreed that while the Trust had established several forums and encouraged a number of events and cultural celebrations, more work was required including better information gathering processes and unconscious bias training for the Trust Board.

7.4 Children and Young Person's Inpatient Survey Results

The Chief Nurse presented a report, which outlined key findings from the CQC Children and Young People's Patient Experience Survey 2018.

The report was positive for GOSH with a higher than average response rate. Particularly good results were around staff speaking to children and young people about their worries and in terms of providing accommodation for families.

Less positive results was a deterioration in the score for patients feeling able to talk to a doctor or nurse without a parent or carer present. Remedial actions plans were in place.

7.5 Pharmacy

The Trust Board discussed feedback from the NED walkround in pharmacy and received a presentation from Professor Allan Goldman, Chief of Service for Medicines, Therapies and Tests. Following discussion, the Chair said that despite ongoing issues the Board recognised the excellent work which was taking place in pharmacy and that improvements were being made.

7.6 Preparations for Brexit

The Trust has been asked to complete a self-assessment on 69 areas of preparation for Brexit. The self-assessment highlighted 67 areas were rated as green and two areas were rated amber. It was anticipated that these areas would soon be rated green.

7.7 Update on implementation of Electronic Patient Record (EPR)

Mr Richard Collins, Director of Transformation reported that the EPR programme had moved from the planned 'stabilisation' phase into the 'optimisation' phase, which would continue until October 2020.

7.8 Revised Assurance and Escalation Framework

The Trust Board approved the assurance and escalation framework which had been updated in light of the directorate restructure and changes to the risk management strategy.

7.9 Reports from the Board Assurance Committees

The Board received reports from the Audit Committee, Quality, Safety and Experience Assurance Committee, Finance and Investment Committee and the newly formed People and Education Assurance Committee.

Attachment C

7.10 Accessing Board papers

The full sets of papers, including those for the Trust Board meeting in September 2019 are uploaded here: https://www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board/trust-board-meetings. The November 2019 agenda and papers will also be on the website prior to the meeting. If you would like to attend the Trust Board or have any queries please contact: Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk.

8 Trust Board Risk Management meeting summary

On 23 October 2019 the Trust Board held its annual risk management meeting.

They received presentations from:

- Mr Niall Dickson, Chief Executive of NHS Confederation (a representative body of health organisations in England, Scotland, Wales and Northern Ireland with approximately 500 members) covering the key risks facing the NHS in the next 5 – 10 years.
- Dr Allan Goldman, Chief of Service for Body, Bones and Mind and Medicines, Therapies and Tests gave a presentation on the learning from the Risky Business conferences

Following the presentations, the Board reviewed the Board Assurance Framework (BAF) to ensure the risks, controls and assurances reflected the Board's perception of the key risks facing the organisation. The Board agreed that some of the risks on the BAF required refinement to ensure that the mitigations were identified and confirmed as sufficiently robust. It was agreed that all the risks would be reviewed by the Risk Assurance and Compliance Group (RACG).

9 Annual Staff survey

The 2019 NHS Staff Survey opened at the end of September, and will close towards the end of November.

The survey provides staff with the opportunity to tell us what we do well as a Trust and where we can improve. This year, every member of staff has the chance to fill in the survey. As at 14 November 2019, 38% of staff have completed the survey.

The results will be published in early 2020.

10 GOSH news

10.1 GOSH appoints Interim Chief Operating Officer

Phil Walmsley has been appointed as the Interim Chief Operating Officer.

Phil joined the Trust on 1 October 2019 on a one-year secondment from Weston Area Health NHS Trust, in Weston-Super-Mare, where he is currently Director of Operations.

Phil started his career as a nurse and originally trained at GOSH.

I am delighted Phil is joining the GOSH executive management team. He brings with him a wealth of operational knowledge and experience. He also brings a commitment to ensure the hospital continues to provide the best possible treatment and care for our patients and families and the best opportunities for our staff.

Attachment C

I would like to say a personal thank you to Andrew Taylor, who has been Acting Chief Operating Officer for us. He has done a fantastic job introducing our EPR and has made great progress in how we operate as a Trust. He resumed his role as Clinical Director of Operations, where he will be supporting our innovation activities so that we keep improving. He has got such a strong track record in this area that I know GOSH will be a better place for our patients and colleagues with his insight and guidance.

10.2   Built Environment leadership team

Matthew Tulley, our Director of Built Environment, is leaving the Trust at the end of the year to take the role of Director of Redevelopment at Imperial College Healthcare.

I'd like to thank Matt for all that he has done since he joined GOSH in 2012. This has included building and opening the Premier Inn Clinical Building and the Zayed Centre for Research into Rare Disease in Children and designing the new Sight and Sound Centre.

I hope you will join me in wishing him the very best in his new role.

Stephanie Williamson, the Deputy Director of Built Environment, will act up into the role of Director while we recruit and appoint to the role on a permanent basis.

10.3   Annual General Meeting (AGM) and Annual Members Meeting 2019

It was great to see so many Governors at the AGM on Tuesday 1 October as we looked back on the last year at GOSH.

Our Chair, Sir Michael Rake, opened proceedings and paid tribute to all our staff, patients and families and our new Executive Management team.

I reviewed the highlights in the last 12 months, beginning with exploring a new pioneering cancer treatment – CAR T therapy, which GOSH patient Yuvan was the first to receive.

Helen Jameson (Chief Finance Officer), Caroline Anderson (Director HR&OD) Dr Sanjiv Sharma (Medical Director), Claire Cooper-Jones (Lead Governor) also gave updates.

10.4   Launch of hospital brand

This month we launched a new hospital identity. This was developed through extensive consultation with staff, patients and their families.

It is aligned to the GOSH Charity's identity which many members of the public view as the Hospital's identity while keeping the NHS branding intact.

It will provide clarity and consistency to all our communications and create a more coherent experience for patients and families.

10.5 GOSH annual report wins national award

GOSH became one of the first NHS trusts to win a national award for its annual report.

The Trust won the Building Public Trust Awards 2019 – the Public Sector category (in partnership with the National Audit Office) with judges saying the report was engaging, relevant and reliable and contained timely information without unnecessary clutter.

They also said it achieved a fine balance between the three pillars of reporting – content, quality and integration.

The judging process included a number of stages and also involved members of the public who were part of the People's Panel.

Anna Ferrant, Company Secretary for GOSH, had overall responsibility for the annual report. Anna said: *I am delighted GOSH has won this award especially as we are one of the first NHS trusts to do so. A lot of hard work goes into creating an annual report so to have this recognised is fantastic. It is an important document that gives our stakeholders including partners, patients, parents and members an open and honest account of the past year at GOSH.*

A huge thank you to all those who contributed to this year's annual report and to our brand team who created such an engaging document.

10.6 Inquest: Amy Allan

Following the inquest into the death of former patient Amy Allan and the subsequent Preventing Future Deaths report given to Great Ormond Street Hospital, below is an outline of how the hospital is learning from this and what action has been taken to address the concerns that have been raised.

Firstly, I am deeply sorry that Amy did not get the level of care she should have had. We know there are things we could and should have done better and it is our responsibility to learn from those. Our thoughts remain with Amy's family during this extremely difficult time, while the hospital continues to reflect on what happened, considers the changes we have made so far and asks what more we could improve.

Following a review of the events that led up to Amy's death we have already made changes to practice:

- We have improved the way clinical information is shared between different specialist teams, to make sure staff have as comprehensive a picture as possible when making complex decisions about a patient's treatment.

- We now use a single log-in electronic patient record system which means staff can quickly access clinical information about a patient and have the right information at the right time, rather than routinely having to use multiple systems.

- We have improved consultant availability. This means there is more consultant time for each patient being looked after in our paediatric intensive care unit.

- We have introduced a new process to make sure the care of patients, like Amy, who have both complex spinal and heart conditions is routinely considered by the hospital's specialist joint cardiology committee.

We will continue to look closely at the concerns raised by Amy's family and the Coroner's findings to determine whether we can do more to get it right for our patients.

Amy's family feels the hospital has not been open or honest in dealing with their complaint. No family should feel that way, and we will redouble our efforts to build strong relationships of mutual trust with the patients and families we try our best to serve.

10.7 Royal College of Paediatrics and Child Health Review of Gastroenterology Services

In 2015, the Royal College of Paediatrics and Child Health (RCPCH) undertook a review of the Gastroenterology Services at GOSH as part of the invited review process.

As agreed, and in line with the recommendations of the first report, a second review was undertaken by the RCPCH in July 2017 to assess progress. The report was completed in December 2017 and an update was provided to the Trust Board in March 2018.

A verbal update will be provided at the Council meeting.

10.8 GOSH staff honoured at national awards ceremony

Two Great Ormond Street Hospital Doctors have been recognised at The Sun's Who Cares Wins Health Awards.

Dr Vesna Pavasovic, Consultant in Malignant Paediatric Haematology and Late Effects Lead, was shortlisted in the Best Neonatal Specialist category for her hard work supporting patient Ralph, who was born with rare immune disorder perforin deficiency primary HLH.

Dr Helen Spencer, Consultant in Respiratory Medicine and Clinical Lead for Lung Transplant was shortlisted in the Ground-breaking Pioneer category after leading a team who were the first in the world to use new phage therapy to treat a multi drug resistant bacteria affecting patient Isabelle. Both got through to the final three in their categories at this national ceremony to reward NHS staff who go above and beyond the call of duty.

Dr Pavasovic and Dr Spencer were nominated for the prize by the families of their patients.

10.9 Reducing unnecessary use of non-sterile gloves

1.4 billion gloves are used across the NHS each year. To combat this, Lead Infection Prevention Control Nurse Helen Dunn, and Practice Educators Amy Leonard and Nicola Wilson at Great Ormond Street Hospital (GOSH) have embarked on a mission to encourage healthcare professionals to reduce unnecessary use of non-sterile gloves.

As of 29 July 2019, the Trust saved 21 tonnes of plastic, equivalent to three and a half Tyrannosaurus Rex's worth of plastic.

Additionally: People's hands are healthier, there has been no adverse rise in infections and anxiety levels in patients have been lowered so much as the gloves are no longer there to stimulate anxiety.

Attachment C

The team have been busy presenting their findings and are keen that other Trusts implement this approach too.

10.10 Black, Asian and Minority Ethnic (BAME) Annual General Meeting (AGM)

On Thursday 31 October 2019, the Great Ormond Street Hospital Black, Asian and Minority Ethnic (BAME) Forum held its first Annual General Meeting and 1 year anniversary of the BAME Staff Forum. It included: lunch and networking, panel discussion and sharing of personal stories

10.11 Play Street 2

On 19 September 2019, following on from the success of GOSH's first-ever Play Street in June, and to help mark London's Car Free Day, the Trust again closed the street outside the hospital for an afternoon of play!

There was games, face painting and a great opportunity to see many staff, patients and families and members of the local community there again.

11 Other GOSH news

11.1 RBC Race for the Kids: GOSH's fun run and family festival

The work of GOSH has long depended on charitable support to go above and beyond for seriously ill children and their families. RBC Race for the Kids, Great Ormond Street Hospital Charity's biggest fundraising event of the year, celebrated its 10th birthday in October.

On Saturday 12 October in London's beautiful Hyde Park, thousands of fundraisers came together to walk, jog, run, wheel and scoot their way around a 5Km course, before enjoying a wonderful family festival. Featuring live entertainment from Butlins and fun activities (including arts and crafts and a climbing wall), it waa the perfect opportunity to have fun as a family, celebrate our hospital's community, and raise as much money as possible to support the hospital's vital work.

11.2 Taking Flight writing competition

Back in May the Trust held 'Taking Flight: A Month Of Stories at GOSH', the hospital's first ever flash fiction writing competition, to celebrate the 90th anniversary of JM Barrie, author of Peter Pan, gifting the rights in his famous book and play to the hospital. Patients and staff across the Trust were invited to use 500 words or less to create a story that best interpreted the title 'Taking Flight'.

Below are the winners, to read their stories, go to the Trust site:
https://www.gosh.nhs.uk/news/taking-flight-writing-competition-read-winning-stories

Winner, Patient Category (ages 8-12)

Aasiya (Aisha) Bakhrani

Winner, Staff Category

Sian Spencer-Little (left) Research Health Play Specialist

13

11.3   Critical research in intensive care

A UK-wide clinical trial looking at what is the best level of oxygen to aim for children who are on ventilation in intensive care is set to launch later this year.

Led by Professor Mark Peters at GOSH with the Intensive Care National Audit and Research Centre, the study aims to recruit 2000 children from 15 NHS paediatric intensive care units (PICU) across the country. Getting the correct levels of oxygen could allow critically ill children to receive less intensive treatment and help them recover faster.

11.4   Predicting sudden cardiac death risk in children

GOSH researchers have developed the first ever tool to identify children at risk of sudden death from a rare heart condition called hypertrophic cardiomyopathy (HCM).

Children identified at high risk have the option of being fitted with an implantable cardioverter defibrillator (ICD) - a small device that can shock the heart back into a normal rhythm if they experience a life-threatening abnormal heart rhythm and could potentially save their lives.

11.5   A year with GOSH arts

In August 2019 GOSH Arts produced an interactive summary of the opportunities it provided for patients, families and staff to engage with art in all its forms whilst they are at the hospital over the last year. The summary covered the inspiration behind the works and the feedback from patients and their families. The summary can be found here: https://www.gosh.nhs.uk/news/year-gosh-arts.

12 Paul O'Grady's Little Heroes

Paul O'Grady's Little Heroes returned this autumn. The show shone a light on the inspiring patients across the hospital. Some are highlighted below:

- Cora, aged six, received injections of botox as part of a research study at GOSH. More commonly known as a cosmetic procedure, botox can also be used to reduce muscle stiffness for children with cerebral palsy.

Developing resilience through botox

- Seven-year-old Oliver woke up one morning last year with a swollen knee which gradually got worse. At GOSH he started on an intensive course of physiotherapy, with sessions twice a day and lots of exercises.

The power of physiotherapy

- After a previous emergency operation, Noah was very concerned about going through another procedure.
- Noah was offered therapeutic play sessions with specialist staff, tours of clinical areas on Saturday mornings, meetings with the teams involved in their care and demonstrations of medical procedures using toys to prepare him for his hospital stay.

The importance of easing anxiety around treatment

- Seventeen year old Gavriel has a rare muscle condition called Duchenne Muscular Dystrophy (DMD). Together with his brother Joshua, aged eight, he is taking part in an innovative new clinical trial looking at how artificial intelligence (AI) can be used to track movement ability in boys with DMD.

Gavriel's story: helping future generations

- Ten-year-old Oscar was diagnosed with Tourette syndrome and functional neurological disorder.
- Having finished a 12 week programme of Cognitive Behavioural Therapy with Exposure and Response Prevention (ERP), Oscar is now much more confident and his anxiety has reduced considerably.

Oscar's time to shine

13   Appendices

- Feedback letter from Well Led inspection - Appendix 1

- Finance report Month 7 – Appendix 2

- Integrated Quality Report – September 2019 - Appendix 3

- Trust Dashboard September 2019– Appendix 4

BY EMAIL

Mr Matthew Shaw
Chief Executive
Great Ormond Street Hospital

17 November 2019

Dear Matthew

Re: CQC inspection of Great Ormond Street Hospital for Children NHS FT

Following your feedback meeting at the end of your well led inspection, I thought it would be helpful to give you written feedback as was given to your colleagues at the end of the well led inspection.

This letter does not replace the draft report and evidence appendix we will send to you, but simply confirms what we fed-back on 7 November 2019 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence appendix, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

- Leaders had experience and capability. You appeared a cohesive executive team and understood one another's portfolios.

- The board functioned effectively. We noted the progress that had been made to develop the board based on the foundations of trust, openness and supportive challenge.

- Your new strategy appeared robust and realistic, we noted the amount of consultation you had done with your new strategy.

- You recognise shifting the culture in the organisation is one of your top priorities. We heard lots of ways you are trying to achieve this. during our core service inspections, we saw examples of how this shift in culture is being borne out. Staff often described the new executive leadership team very positively. The new people strategy seems to have had a promising start. Although its too soon to say yet, staff do feel it's going to make a real difference. Throughout the inspection staff and leaders have told us the hospital has transformed and although there was more to do it was heading in the right direction.

- We found your governance systems to be effective. Your structures were clear and seemed to be working well. Leaders were clear where improvements and refinements could still be made.

- Your new processes for closing the loop seemed very positive and had lots of potential. There could be an opportunity to extend your closing the loop meetings to your legal team.

- Financial risks appeared to be understood by some more than others, there are further opportunities to make sure financial risks are integral to your work.

- You were engaging with the STP, recognising that as a specialist trust you still had a role as part of the local health care system.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
               Citygate
               Gallowgate
               Newcastle upon Tyne
               NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

Carolyn Jenkinson
Head of Hospital Inspection

Copies to:
Fiona Wray CQC inspection Manager
NHSI

Finance and Workforce Performance Report Month 7 2019/20

Contents

Summary Reports	Page

Trust Performance Summary for the 7 months ending 31 Oct 2019
KEY PERFORMANCE DASHBOARD

Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	**Actual**	**RAG**	**Plan**	**Actual**	**RAG**
INCOME incl. pass-through	£43.7m	£43.1m	🟠	£285.2m	£286.2m	🟢
PAY	(£24.0m)	(£23.8m)	🟢	(£169.3m)	(£164.2m)	🟢
NON-PAY incl. pass-through, owned depreciation and PDC	(£17.1m)	(£17.7m)	🟠	(£118.2m)	(£124.3m)	🔴
CONTROL TOTAL excl. PSF	£2.6m	£1.6m	🔴	(£2.3m)	(£2.4m)	🟠

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

AREAS OF NOTE:
As at the end of Month 7, the Trust position is adverse to the planned control total (£0.1m). NHS and other clinical income is favourable (£0.6m) in month associated with activity not covered by the block and pass through activity is above plan (£2.0m) due to new drugs approved in year. Pay costs in month increased due to the Trust Pension auto-enrolment which has put staff who had opted out of the pension back in increasing the Trust pension contribution payment. Pay YTD (£4.9m) is behind plan due to the vacancies across the organisation not being covered by bank or agency staff. Non-pay is adverse to plan (£0.4m) due to write offs associated with capital project scoping costs and increased costs of supplies. Private patient income was down in month (£0.8m) which is offset by payment of private patient debt that has resulted in the reduction in month for the provision for the impairment of receivables (£0.7m). 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
INCOME incl. pass-through	£488.4m	£496.0m	£7.6m	🟢
PAY	(£289.2m)	(£281.5m)	£7.7m	🟢
NON-PAY incl. pass-through, owned depreciation and PDC	(£199.2m)	(£214.5m)	(£15.3m)	🔴
CONTROL TOTAL 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

Plan vs FOT vs Prior Month FOT
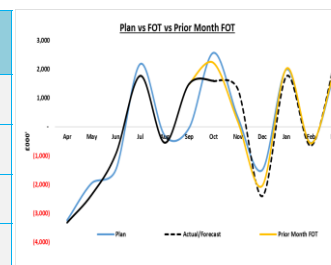
AREAS OF NOTE:
The Trust is forecasting a year end position that breaks even with the Trust control total. The forecast is compiled from each individual directorate forecast from across the organisation. The forecast incorporates an improvement in the private patient income for the later part of the year to a total respective outturn of £64.3m. Pay is forecast to continue to underspend throughout the rest of the year ending the year £7.1m underspent. This is due to continued vacancies across the organisation and vacancy control processes that ensures posts are recruited to as appropriate. The forecast is being updated on a monthly basis and a review is undertaken each month to look at how the forecast has moved each month. The in month position excluding the reduction of the impairment for receivables is £0.6m behind the month 6 forecast for October.

PEOPLE

	M7 Plan Av. WTE	M7 Actual Av. WTE	Variance
PERMANENT	4,630.3	4,430.9	199.4
BANK	292.8	249.0	43.8
AGENCY	56.5	31.6	24.9
TOTAL	4,979.6	4,711.5	268.1

AREAS OF NOTE:
The pay costs have risen in absolute terms from last year due to the AfC and medical pay awards along with the one-off non-consolidated AfC payments in Month 1. As part of budget setting, the establishment was reviewed and set in line with the Trust bed base.

Pay is up in month due to the auto-enrolment to the pension this month which increased the Trust pension contribution. The Pay bill YTD is still below plan due to the vacancies across the organisation. The WTE excludes 190.6 average contractual WTE's on maternity leave within the Trust. The actual bank and agency usage is currently below plan (and below the agency ceiling set by NHSI).

Pay Cost Trend £m

Average WTE profile as at M7
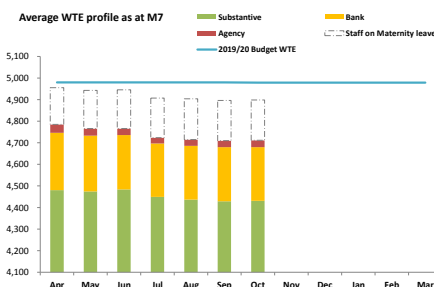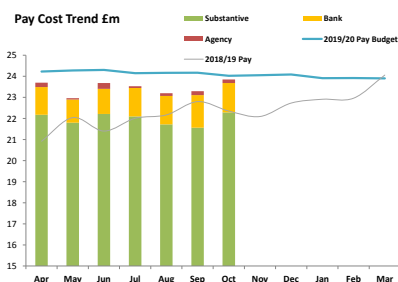
CASH, CAPITAL AND OTHER KPIs

Key metrics	Plan	Actual
Cash	£40.0m	£65.3m
IPP Debtor days	120	203
Creditor days	30	35
NHS Debtor days	30	16

Capital Programme	YTD Plan M7	YTD Actual M7	Full year plan	Full Year F'cst
Total Trust-funded	£8.4m	£9.7m	£17.5m	£20.7m
Total Donated	£29.8m	£20.6m	£44.8m	£32.2m
Grand Total	£38.2m	£30.3m	£62.3m	£52.9m

Net receivables breakdown (£m)
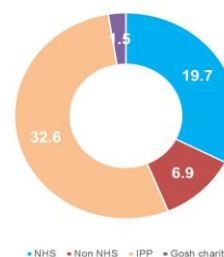
NHSI metrics	Plan M7	Actual M7
CAPITAL SERVICE COVER	2	2
LIQUIDITY	1	1
I&E MARGIN	3	3
VAR. FROM CONTROL TOTAL		1
AGENCY	1	1
TOTAL	2	2

AREAS OF NOTE:
1. Cash held by the Trust is higher than plan by £25.3m which included £6.7m received in month from GOSH charity (of which £3.7m related to ZCR and £2.3m related to Capital projects) and £8.2m received earlier in the year which related to PSF for 2018/19.
2. The capital programme is behind the plan by £7.9m at M07; of this Trust-funded is £1.3m ahead of plan and donated £9.2m behind. Trust-funded is ahead due to recognition of EPR licence charges payable in future periods. There is slippage on the Trust-funded Estates and IT programmes; and on the donated Redevelopment and Medical Equipment programmes.
3. IPP debtors days increased in month from 198 days to 203 days. IPP receipts in month were lower than the previous month at £5.8m (£7.8m in M06). Total IPP debt increased in month to £32.6m (£31.0m in M06), however overdue debt decreased in month to £25.3m (£26.7m in M06).
4. Creditor days remained the same as the previous month at 35 days.
5. NHS debtor days remained the same as the previous month at 16 days.
6. NHS metric are overall rated at a 2 which is on plan.

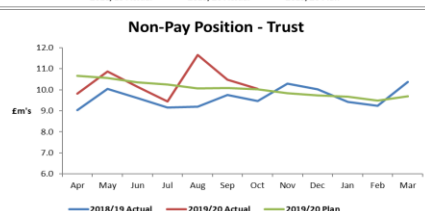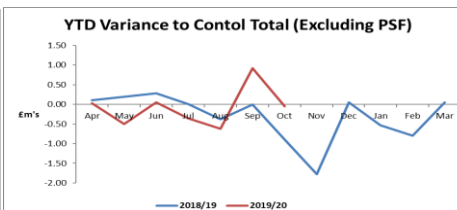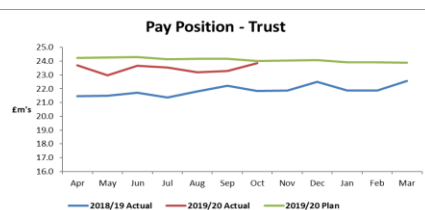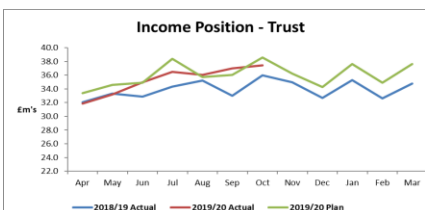# Trust Income and Expenditure Performance Summary for the 7 months ending 31 Oct 2019

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Annual Budget (£m)	Income & Expenditure	Month 7 Budget (£m)	Actual (£m)	Variance (£m)	Variance %	YTD Budget (£m)	Actual (£m)	Variance (£m)	Variance %	Rating YTD Variance	Notes	2018/19 YTD Actual (£m)	Variance (£m)	Variance %
296.47	NHS & Other Clinical Revenue	26.43	25.83	(0.60)	(2.27%)	172.75	172.23	(0.52)	(0.30%)	R	1	164.70	7.53	4.57%
59.94	Pass Through	5.49	6.05	0.56	10.20%	35.34	40.80	5.46	15.45%			36.60	4.20	11.48%
69.76	Private Patient Revenue	6.33	5.57	(0.76)	(12.01%)	40.79	37.57	(3.22)	(7.89%)	R	2	37.50	0.07	0.19%
62.25	Non-Clinical Revenue	5.46	5.65	0.19	3.48%	36.37	35.58	(0.79)	(2.16%)	R	3	38.60	(3.02)	(7.82%)
488.42	**Total Operating Revenue**	**43.71**	**43.10**	**(0.61)**	**(1.40%)**	**285.25**	**286.18**	**0.93**	**0.33%**	**G**		**277.40**	**8.78**	**3.17%**
(272.88)	Permanent Staff	(22.76)	(22.28)	0.48	2.11%	(158.81)	(153.85)	4.96	3.12%			(142.70)	(11.15)	(7.81%)
(3.48)	Agency Staff	(0.29)	(0.17)	0.12	41.38%	(2.03)	(1.12)	0.91	44.83%			(1.60)	0.48	30.00%
(12.81)	Bank Staff	(0.98)	(1.39)	(0.41)	(41.84%)	(8.47)	(9.24)	(0.77)	(9.09%)			(9.30)		0%
(289.17)	**Total Employee Expenses**	**(24.03)**	**(23.84)**	**0.19**	**0.79%**	**(169.31)**	**(164.21)**	**5.10**	**3.01%**	**G**	4	**(153.60)**	**(10.61)**	**(6.91%)**
(13.80)	Drugs and Blood	(1.24)	(1.13)	0.11	8.87%	(8.09)	(7.75)	0.34	4.20%	G		(7.50)	(0.25)	(3.33%)
(44.13)	Other Clinical Supplies	(3.70)	(4.11)	(0.41)	(11.08%)	(26.23)	(26.15)	0.08	0.30%	G		(24.40)	(1.75)	(7.17%)
(62.50)	Other Expenses	(5.09)	(5.15)	(0.06)	(1.18%)	(37.70)	(38.88)	(1.18)	(3.13%)	R		(37.90)	(0.98)	(2.59%)
(59.94)	Pass Through	(5.49)	(5.69)	(0.20)	(3.64%)	(35.34)	(40.81)	(5.47)	(15.48%)			(36.40)	(4.41)	(12.12%)
(180.37)	**Total Non-Pay Expenses**	**(15.52)**	**(16.08)**	**(0.56)**	**(3.61%)**	**(107.36)**	**(113.59)**	**(6.23)**	**(5.80%)**	**R**	5	**(106.20)**	**(7.39)**	**(6.96%)**
(469.54)	**Total Expenses**	**(39.55)**	**(39.92)**	**(0.37)**	**(0.94%)**	**(276.67)**	**(277.80)**	**(1.13)**	**(0.41%)**	**R**		**(259.80)**	**(18.00)**	**(6.93%)**
18.88	EBITDA (exc Capital Donations)	4.16	3.18	(0.98)	(24%)	8.58	8.38	(0.20)	(2.30%)	A		17.60	(9.22)	(52.38%)
(18.88)	Owned depreciation, Interest and PDC	(1.60)	(1.59)	0.01	0.81%	(10.85)	(10.71)	0.14	1.31%		7	(9.52)	(1.19)	(12.50%)
0.00	Control Total (exc. PSF)	2.56	1.60	(0.97)	(37.71%)	(2.28)	(2.33)	(0.05)	(2.39%)					
3.76	PSF	0.38	0.38	0.00	(200.00%)	1.69	1.69	0.00	(100.00%)					
3.77	**Control total**	**2.94**	**1.97**	**(0.97)**	**(32.89%)**	**(0.58)**	**(0.64)**	**(0.05)**	**(9.33%)**	**R**		**8.08**	**(8.72)**	**(107.89%)**
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.35	0.35						
(13.07)	Donated depreciation	(1.13)	(1.11)	0.02	1.50%	(7.34)	(7.46)	(0.12)	(1.67%)			(6.48)	(0.98)	(15.12%)
(9.30)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	1.81	0.86	(0.95)	(52.49%)	(7.92)	(7.75)	0.17	2.15%			1.60	(9.70)	(606.06%)
(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	3.82	2.17	(1.65)	(43.19%)	33.54	20.59	(12.95)	(38.61%)		6	21.90	(1.31)	(5.98%)
31.92	**Adjusted Net Result**	**5.63**	**3.03**	**(2.60)**	**(46.18%)**	**25.62**	**12.84**	**(12.78)**	**(49.88%)**			**23.50**	**(11.01)**	**(46.84%)**

Income Position - Trust

Pay Position - Trust

YTD Variance to Contol Total (Excluding PSF)

Surplus/(Deficit) - Trust

Non-Pay Position - Trust

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

Summary

- The Trust in month position is adverse to plan (£1.0m) with a YTD adverse position to the control total (£0.1m). Private patient income is below plan YTD (£3.2m). Pay is underspent (£5.1m).

- The Trust position includes PSF funding for months 1-7 (£1.7m) and an additional bonus payment relating to 2018/19 of £0.3m (excluded from the control total).

Notes

1. NHS & other clinical revenue (excluding pass through) is adverse to plan YTD (£0.5m).

2. Private Patient income in month is adverse to plan (£0.8m) due to a fall in activity, income has fallen £0.9m compared to M6. The YTD position is behind plan (£3.2m) which is due to lower demand across a number of specialities.

3. Non-clinical income is adverse to plan (£0.8m) due to timing of research studies against plan.

4. Pay is favourable to plan (£5.1m) due to vacancies across the Trust. The Trust use of agency is forecast to be £2.6m which is below plan and the agency ceiling set by NHSI. In month pay has increased due to pension auto-enrolment which put all staff into the pension and increased the Trust pension contribution.

5. Non pay (excluding pass through) is adverse to plan YTD (£0.8m) due to the IT spend within relating to the EPIC implementation partially offsets by drugs costs. In month Private patient debt was paid in month which resulted in the reduction for the provision for the impairment of Receivables (£0.7m)

6. Income from capital donations is lower than plan YTD due to slippage in capital projects (£12.9m).

Trust Income and Expenditure Forecast Outturn Summary for the 7 months ending 31 Oct 2019

Great Ormond Street
Hospital for Children
NHS Foundation Trust

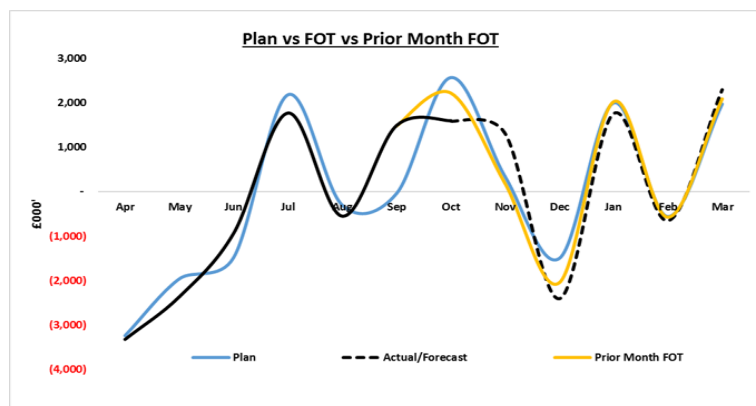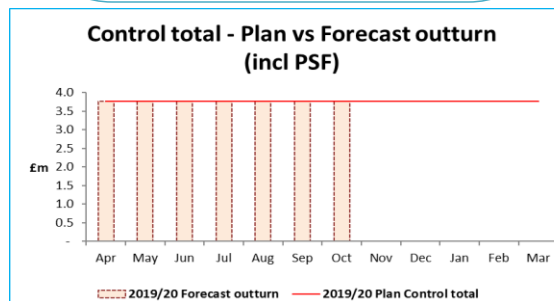| Full Year Actual 2018/19 (£m)	31 Oct 2019 Income & Expenditure	Annual Budget (£m)	Internal Forecast Full-Yr (£m)	Variance to Plan (£m)	Variance to Plan %	Rating Forecast Variance to plan	Notes
288.61	NHS & Other Clinical Revenue	296.47	296.91	0.44	0.15%	G	1
62.40	Pass Through	59.94	73.44	13.50	18.39%		
62.19	Private Patient Revenue	69.76	64.29	(5.47)	(8.51%)	R	2
74.43	Non-Clinical Revenue	62.25	61.40	(0.85)	(1.38%)	R	
487.63	**Total Operating Revenue**	488.42	496.04	7.62	1.54%		
(250.05)	Permanent Staff	(272.88)	(264.59)	8.29	(3.13%)		
(2.74)	Agency Staff	(3.48)	(2.55)	0.93	(36.58%)		
(15.84)	Bank Staff	(12.81)	(14.38)	(1.57)	10.89%		
(268.63)	**Total Employee Expenses**	(289.17)	(281.51)	7.66	(2.72%)	G	3
(11.88)	Drugs and Blood	(13.80)	(13.56)	0.24	(1.80%)	G	
(43.37)	Other Clinical Supplies	(44.13)	(43.01)	1.12	(2.60%)	G	
(66.77)	Other Expenses	(62.50)	(65.79)	(3.29)	5.00%	R	
(62.92)	Pass Through	(59.94)	(73.44)	(13.50)	18.38%		
(184.94)	**Total Non-Pay Expenses**	(180.37)	(195.79)	(15.42)	7.88%	R	4
(453.57)	**Total Expenses**	(469.54)	(477.30)	(7.76)	1.63%	R	
34.06	**EBITDA (exc Capital Donations)**	18.88	18.74	(0.14)	(0.77%)	A	
(16.69)	Owned Depreciation, Interest and PDC	(18.88)	(18.73)	0.15	(0.79%)		
17.37	**Control Total (exc. PSF)**	0.00	0.00	0.00	80.00%		
0.00	PSF	3.76	3.76	0.00			
17.37	**Control total**	3.76	3.76	0.00	0.11%	G	
0.00	PY PSF post accounts reallocation	0.00	0.35	0.35	100.00%		
(11.39)	Donated depreciation	(13.07)	(13.08)	(0.01)	0.11%		
5.98	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	(9.30)	(8.97)	0.34	(633.33%)		
(7.90)	Impairments	(5.50)	(5.50)	0.00	0.00%		
32.78	Capital Donations	46.72	32.17	(14.55)	(45.25%)		5
30.86	**Adjusted Net Result**	31.92	17.70	(14.22)	(80.33%)		

Summary

- The Trust is forecasting a year end position that breaks even with the Trust control total. This forecast is based a number of Better Value programmes coming online in the later part of the year including additional payment of private patient 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.

- The current forecast shows the Trust position holding steady into November and deteriorating in December and remaining close to plan for the remainder of the year.

Notes

1. NHS Clinical income is forecast to be £0.4m favourable to plan which is driven by the additional activity agreed in year offset by lower than planned CCG activity and depth of coding following the implementation of EPIC. This is an improvement on the YTD position as newly commissioned services come on line in the second half of the year.

2. Pass through income is above plan (£13.5m) due to additional drugs agreed in year, this is offset by expenditure but is a significant increase and is a significant risk to the Trust if this over performance is not paid.

3. Private patient income is forecast to be £5.5m adverse to the plan which is a 2.4% growth from 2018/19 an improvement on last months forecast..

4. Pay is forecast to be £7.7m 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.

5. Non-pay (excluding pass through) is forecast to be £1.9m adverse at the year. This is related to additional ICT costs offset by additional better value and the release of impairment to receivables.

6. Capital Donations are forecast to be £14.6m below plan at the year end linked to the Trust Capital program.

Plan vs FOT vs Prior Month FOT

Control total - Plan vs Forecast outturn (incl PSF)

2019/20 NHS Income for the 7 months ending 31 Oct 2019

Organisation	Contract type	Annual plan (£m)	Income plan (£m)	Income actual (£m)	Income variance (£m)	RAG YTD Variance
NHS England	Block	274.25	159.84	159.84	0.00	G
	Pass through drugs	51.75	30.51	35.96	5.45	G
	Cost & volume	0.80	0.46	0.49	0.03	G
Total NHS England		326.79	190.82	196.29	5.47	G
CCG contracts	Block	13.01	7.57	7.82	0.26	G
CCG non contract activity	Cost & volume	6.26	3.64	2.04	(1.60)	R
All CCG	Pass through	5.05	2.98	3.41	0.44	G
Total CCGs		24.31	14.18	13.28	(0.91)	R
NHS Trusts	Cost & volume	0.13	0.07	0.12	0.06	G
Total NHS Clinical Income		351.23	205.07	209.69	4.62	G
Non NHS	Cost & volume	4.45	2.61	2.78	0.17	G
	Pass through	0.29	0.17	0.27	0.10	G
Overseas	Cost & volume	0.43	0.25	0.30	0.05	G
	Pass through	0.00	0.00	0.00	0.00	G
TOTAL CLINICAL INCOME		**356.41**	**208.09**	**213.04**	**4.94**	G

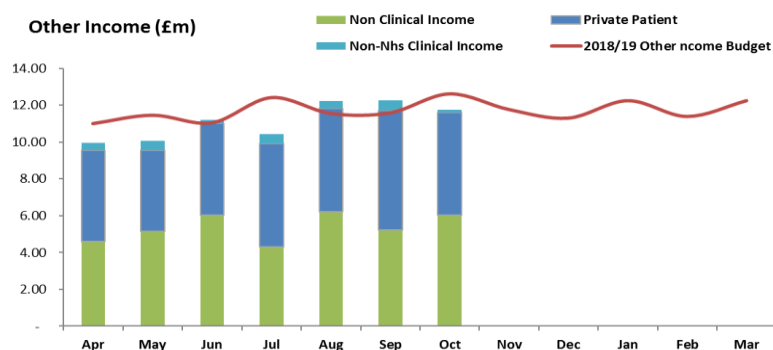**RAG Criteria:**
Green Favourable Variance to plan
Amber Adverse Variance to plan (< 5%)
Red Adverse Variance to plan (> 5% or > £0.5m)

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 this 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 while pass through devices form part of the block contract.

- Income is favourable to plan by £4.94m that is largely due to increased pass through income (£5.45m for NHSE). The in month drugs value for October is based on an estimate (whilst the new reporting system is optimised) and may be subject to change when refreshed in November.

- 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 £1.6m year to date adverse variance for non contract activity. Due to the implementation Epic there are currently higher volumes of uncoded activity that is being priced at a historical average price and therefore the value for non contract and non NHS activity may increase or decrease when refreshed in November. Uncoded activity has however reduced on working day 1 by 36% between September and October and is expected to return to historic levels by the end of November.

- Analysis of the actual performance to the end of August versus the block for NHS England show the key area of underperformance is outpatients activity that is partially offset by increased non elective activity. The estimated impact of coding changes at the end of August post-Epic implementation for daycase, elective and non-elective activity for NHSE is c£1.4m. There is ongoing work to improve coding including detailed review and updates.

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	6.33	5.57	(0.76)	40.79	37.57	(3.22)	R
Non NHS Clinical Income	4.89	0.45	0.17	(0.28)	2.85	2.70	(0.15)	A
Non-NHS Clinical Income	**74.65**	**6.78**	**5.74**	**(1.04)**	**43.63**	**40.27**	**(3.36)**	R
Education & Training	8.01	0.73	0.80	0.07	4.65	4.90	0.25	G
Research & Development	26.28	2.22	2.25	0.03	15.37	15.48	0.11	G
Non-Patient Services	1.00	0.09	0.12	0.03	0.59	0.58	(0.01)	G
Commercial	1.61	0.15	0.12	(0.02)	0.94	0.81	(0.14)	A
Charitable Contributions	10.72	0.96	0.97	0.01	6.24	5.88	(0.36)	A
Other Non-Clinical	18.40	1.70	1.76	0.06	10.28	9.98	(0.29)	A
Non Clinical Income	**66.01**	**5.84**	**6.03**	**0.18**	**38.06**	**37.62**	**(0.44)**	A

Other Income (£m)

Legend: Non Clinical Income, Private Patient, Non-Nhs Clinical Income, 2018/19 Other ncome Budget

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

Summary

- Private patient income YTD it is below plan by £3.2m due to lower than expected bed occupancy in earlier months of the year, caused by referrals rates into the Trust. The month 7 private patient income is £0.9m lower than month 6 and is £0.1m higher than was forecasted last month.

- Non-Clinical income is £0.4m behind plan YTD. Charitable contributions are £0.4m below plan in month due to the timing of costs associated with EPR optimisation and vacancies associate with posts funded by the charity.

- Other Non-Clinical income is £0.3m below plan in YTD due to reduced income from NHSE for clinical excellence awards.

- Within the month Research and Development income is above plan by £0.1m due to timing of research studies. This is offset by expenditure.

£m including Perm, Bank and Agency	2019/20 plan			2019/20 actual			Variance				RAG
Staff Group	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)	34.1	1,214.0	48.2	29.5	1,110.7	45.5	4.6	103.3	2.9	1.7	G
Consultants	31.6	368.0	147.2	31.5	349.4	154.4	0.1	18.7	1.6	(1.5)	G
Estates & Ancillary Staff	2.9	146.8	33.5	2.6	133.4	33.9	0.2	13.4	0.3	(0.0)	G
Healthcare Assist & Supp	5.8	305.9	32.3	5.3	280.9	32.1	0.5	25.0	0.5	0.0	G
Junior Doctors	16.2	381.9	72.7	16.3	341.5	81.8	(0.1)	40.4	1.7	(1.8)	A
Nursing Staff	48.3	1,623.6	51.0	46.7	1,524.7	52.5	1.6	98.9	2.9	(1.3)	G
Other Staff	0.3	10.0	55.5	0.3	9.2	52.5	0.0	0.8	0.0	0.0	G
Scientific Therap Tech	29.8	948.4	53.8	30.3	930.2	55.8	(0.5)	18.2	0.6	(1.1)	R
Total substantive and bank staff costs	**169.0**	**4,998.6**	**57.9**	**162.4**	**4,679.9**	**59.5**	**6.5**	**318.7**	**10.8**	**(4.2)**	**G**
Agency	2.0	56.5	61.6	1.1	31.6	60.9	0.9	24.9	0.8	0.1	G
Total substantive, bank and agency cost	**171.0**	**5,055.1**	**58.0**	**163.5**	**4,711.5**	**59.5**	**7.4**	**343.6**	**11.6**	**(4.2)**	**G**
Reserve*	(1.7)	(75.5)	0.0	0.7	0.0	0.0	(2.4)	(75.5)	(2.5)	0.2	R*
Total pay cost	**169.3**	**4,979.6**	**58.3**	**164.2**	**4,711.5**	**59.7**	**5.1**	**268.1**	**9.1**	**(4.0)**	**G**
Remove Maternity leave cost				(2.2)			2.2			2.2	G
Total excluding Maternity Costs	**169.3**	**4,979.6**	**58.3**	**162.1**	**4,711.5**	**59.0**	**7.2**	**268.1**	**9.1**	**(1.9)**	**G**

Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m
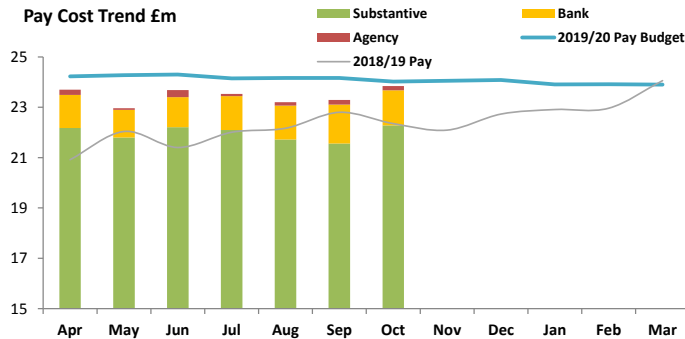
Legend: Substantive, Bank, Agency, 2019/20 Pay Budget, 2018/19 Pay

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 M7

Legend: Substantive, Bank, Agency, Staff on Maternity leave, 2019/20 Budget WTE

Summary

- YTD pay spend is £164.2m which is £5.1m 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 (£9.1m).

- The Trust has put in 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 (£0.9m).

- The table above does not include 190.6 average contractual WTE for staff on maternity leave which have cost £2.2m YTD. If this cost is excluded then the average cost per WTE is higher than plan by £0.4k 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 £7.7m below plan due to continued vacancies across the organisation not being filled by temporary staffing. In month costs are £0.6m higher than was forecast in M6.

- October pay costs are higher than previous months due to the Pension auto-enrolment for all staff that increased the Trust pension payments. The Trust also saw a one off hit from the local CEA awards due to the change in allocation of these awards form previous years.
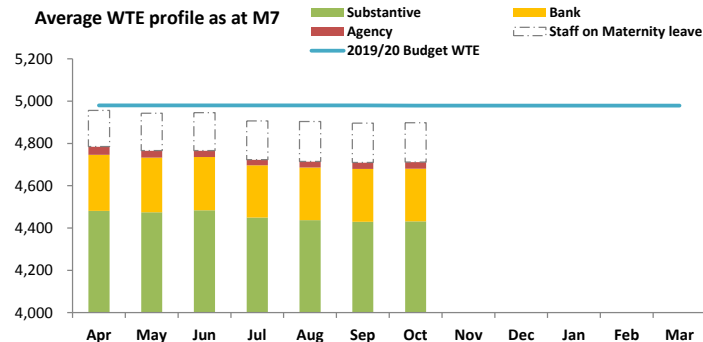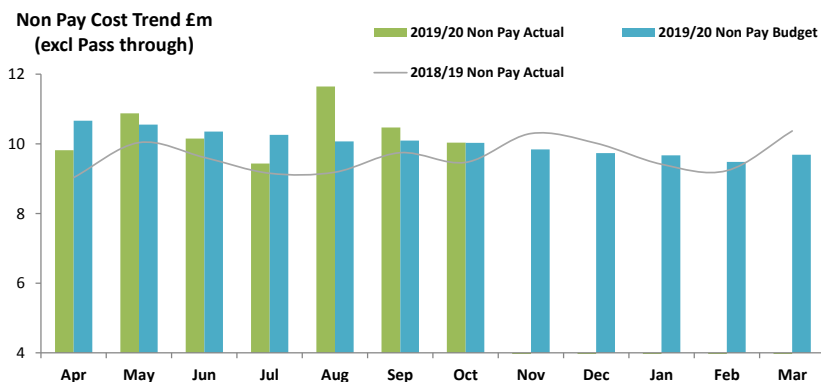
Non-Pay Costs (excl Pass through) YTD				
	Budget (£m)	Actual (£m)	Variance	RAG YTD Actual variance
Drugs Costs	6.9	6.6	0.3	G
Blood Costs	1.2	1.1	0.0	G
Business Rates	2.4	2.5	(0.1)	A
Clinical Negligence	4.0	4.0	0.0	G
Supplies & Services - Clinical	26.2	26.2	0.1	G
Supplies & Services - General	3.2	2.7	0.5	G
Premises Costs	18.8	20.1	(1.3)	R
Other Non Pay	9.3	9.6	(0.3)	A
Total Non-Pay costs	**72.0**	**72.8**	**(0.8)**	R
Depreciation	13.7	13.8	(0.1)	A
PDC Dividend Payable	4.7	4.7	(0.0)	G
Total	**90.4**	**91.2**	**(0.9)**	R

Top 5 YTD Clinical* Non Pay overspends by Speciality (£m)				
	YTD 2019/20 Budget (£k)	YTD 2019/20 Actual (£k)	Variance (£k)	Trend
Medical Endocrinology	598	861	(263)	↑
Ent	41	282	(240)	↑
Haematology/Oncology	1,836	2,064	(228)	↑
Bone Marrow Transplant	1,640	1,807	(166)	↑
Audiology	881	1,022	(142)	→

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	3,128	2,525	602	↑
Nephrology	1,920	1,517	403	↑
Cardiac Critical Care	1,306	946	360	↑
Picu Nicu	2,511	2,201	310	↑
Medical Metabolics	579	449	129	→

Non Pay Cost Trend £m (excl Pass through)

Legend: ■ 2019/20 Non Pay Actual ■ 2019/20 Non Pay Budget — 2018/19 Non Pay Actual

Clinical non-pay excludes pass through

Summary

- YTD non-pay excluding pass through is £0.9m adverse to plan. The key drivers behind this variance are the overspends in the IT spend within premises costs relating to the EPIC implementation which are partially offset on clinical supplies and drugs underspends.

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.
- **Medical Endocrinology -** Mainly due to the overspend on chemical pathology for recharges and drugs.
- **ENT -** Non Pay spend is driven by clinical supplies and additional lab tests linked to activity.
- **Bone Marrow Transplant -** Driven by higher Blood costs which is due to additional CAR-T patients
- **Audiology -** Due to additional Cochlear implants outside the block plus increased cost of supplies.

The key areas of Non-pay underspends are:

- **Cardiac Serv & H&L Central bud** - Driven by reduction in clinical supplies and drugs linked to activity
- **Nephrology** - Outpatient drugs underspent due to lower than expected activity.
- **PICU NICU -** Driven by low clinical supplies expenditure owing to shortfall in activity particularly for IPP.
- **Cardiac Critical Care** - Is mainly driven by Internally recharged costs are lower than planned.
- **Medical Metabolics** - Due to the underspend within Chemical pathology recharges.

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

Better Value summary for the 7 months ending 31 Oct 2019

| Better Value Summary					
	YTD performance £000's			Better Value Total £000's		
DIRECTORATE	Better Value target YTD	YTD delivery	YTD variance	Better Value target	Unidentified target	Schemes identified
Blood Cells & Cancer	1,060	161	(899)	1,817	(1,515)	297
Body Bones & Mind	1,112	253	(859)	1,906	(1,456)	428
Brain	803	255	(547)	1,376	(915)	474
Clinical & Medical Operations	172	126	(46)	295		292
Corporate Affairs	74	82	8	127	29	155
Finance	169	262	94	289		441
Genetics Laboratory Hub	257	257	(0)	440		440
Heart & Lung	2,221	424	(1,797)	3,808	538	4,347
HR	169	156	(14)	290		298
ICT	391	321	(70)	671	(38)	632
IPP	551	99	(452)	944	84	1,029
Medical Director	101	0	(101)	173	(168)	0
Medicines Therapies & Tests	1,465	208	(1,256)	2,511	(2,117)	382
Nursing and Patient Experience	88	118	30	150	(14)	152
Operations & Images	1,327	297	(1,030)	2,275	(1,763)	524
Estates and Facilities	820	180	(639)	1,405	(546)	707
Built Environment	29	24	(5)	50		50
Sight & Sound	598	231	(367)	1,025	(583)	443
Central	261	2,687	2,426	447	2,441	2,888
Better Value phasing	(2,755)	0	2,755	0		0
Total	**8,911**	**6,142**	**(2,769)**	**20,000**	**(6,023)**	**13,978**
Vacancies		2,769	2,769	0	0	0
Total Better Value	**8,911**	**8,911**	**(0)**	**20,000**	**(6,023)**	**13,978**

Summary

- The Better Value program is currently delivering £6.1m of the £8.9m YTD target at month 7. The rest of the delivery is being covered by Pay vacancies across the organisation.

- The increase in Better Value deliver in month is due to the work undertaken reduce private patient debt, this has resulted in the reduction for the provision for the impairment of receivables (£1.4m).

- The Trust has identified better value savings (£14.0m) that have been removed from the Trust budgets. Additional saving plans have been worked up which require further work to remove from the Trust plans on a recurrent basis.

- Without the Trust vacancies supporting the Trust better value program the program would be £2.8m behind target. With the staffing posts in the Trusts plans these savings can only be recognised on a non-recurrent basis which will add pressure onto the 2020/21 finances of the Trust. In order to meet the Better Value program these vacancy levels will need to be maintained throughout the rest of the year.

- The Better Value program phasing can be seen in the graph below. This shows that the Better Value target increases significantly each quarter. It is therefore important that the savings across the organisation increase to cover the increased targets in later months.

Recurrent / Non-recurrent	
	YTD 2019/20 Actual (£k)
Recurrent	3,700
Non-recurrent	5,211
Total Better Value	**8,911**

Recurrent / Non- recurrent split

- Recurrent
- Non-recurrent
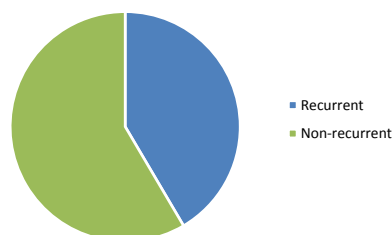
**Better Value Plan vs Actual (excl. non-recurrent)**
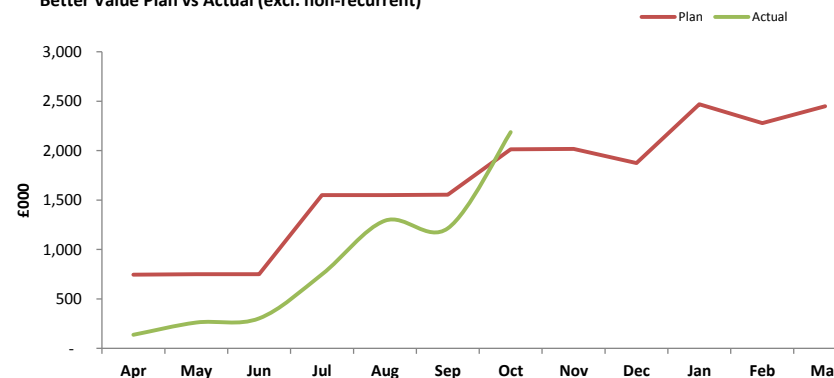
31 Mar 2019 Audited Accounts £m	Statement of Financial Position	Plan 31 Oct 2019 £m	YTD Actual 31 Oct 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2020 £m	YTD Actual 30 Sep 2019 £m	In month Movement £m
499.04	Non-Current Assets	532.82	515.72	(17.10)	522.40	515.41	0.31
103.55	Current Assets (exc Cash)	90.73	98.42	7.69	95.26	101.06	(2.64)
48.61	Cash & Cash Equivalents	40.00	65.33	25.33	56.49	58.34	6.99
(74.89)	Current Liabilities	(65.04)	(90.80)	(25.76)	(80.27)	(89.13)	(1.67)
(5.01)	Non-Current Liabilities	(4.50)	(4.53)	(0.03)	(4.87)	(4.57)	0.04
571.30	Total Assets Employed	594.01	584.14	(9.87)	589.01	581.11	3.03

31 Mar 2019 Audited Accounts £m	Capital Expenditure	YTD Plan 31 Oct 2019 £m	YTD Actual 31 Oct 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2020 £m	RAG YTD variance
5.81	Redevelopment - Donated	21.27	13.22	8.05	21.19	A
9.06	Medical Equipment - Donated	6.37	5.24	1.13	8.81	A
9.78	ICT - Donated	2.17	2.13	0.04	2.17	G
24.65	Total Donated	29.81	20.59	9.22	32.17	A
6.99	Redevelopment & equipment - Trust Funded	1.87	2.13	(0.26)	5.26	A
1.61	Estates & Facilities - Trust Funded	0.69	0.26	0.43	2.94	R
4.73	ICT - Trust Funded	5.80	7.28	(1.48)	11.87	A
0.00	Contingency	0.00	0.00	0.00	0.67	A
13.33	Total Trust Funded	8.36	9.67	(1.31)	20.74	A
37.98	Total Expenditure	38.17	30.26	7.91	52.91	A

31-Mar-19	Working Capital	30-Sep-19	31-Oct-19	RAG	KPI
20.00	NHS Debtor Days (YTD)	16.0	16.0	G	< 30.0
253.00	IPP Debtor Days	198.0	203.0	R	< 120.0
36.70	IPP Overdue Debt (£m)	26.7	25.3	R	0.0
5.00	Inventory Days - Drugs	N/A	N/A		7.0
94.00	Inventory Days - Non Drugs	54.0	74.0	R	30.0
34.00	Creditor Days	35.0	35.0	A	< 30.0
43.6%	BPPC - NHS (YTD) (number)	42.0%	42.8%	R	> 90.0%
80.3%	BPPC - NHS (YTD) (£)	66.9%	65.2%	R	> 90.0%
85.5%	BPPC - Non-NHS (YTD) (number)	86.4%	85.4%	A	> 90.0%
91.1%	BPPC - Non-NHS (YTD) (£)	90.4%	90.1%	G	> 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)

Cash Flow Chart
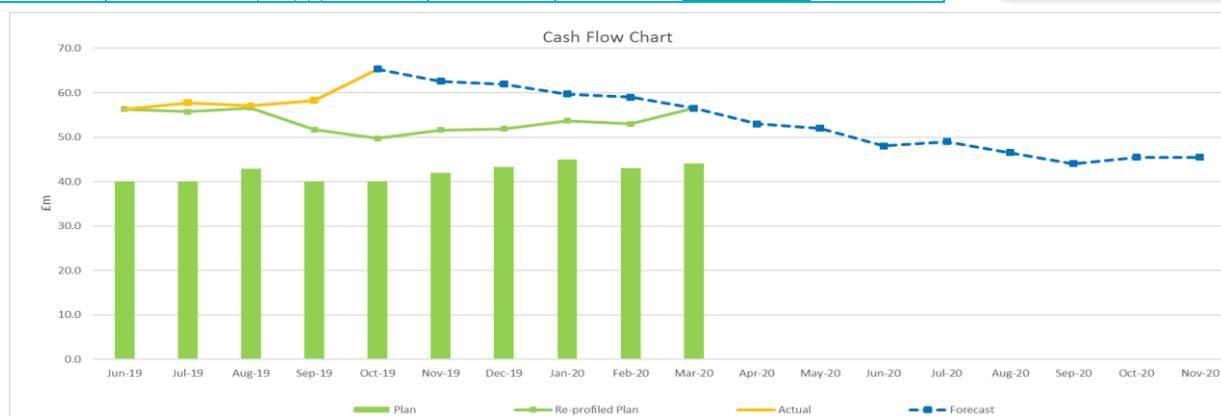
Comments:

1. Capital expenditure is behind plan by £7.9m at M7; of this, Trust-funded is ahead of plan by £1.3m, and donated £9.2 behind. The Trust-funded position is due to slippage on the Estates programme (£0.4m) and IT (£0.4m) offset by the accrual of future year licence payments on EPR on EPR (£1.9m). Donated projects which have slipped include Sight and Sound Hospital (£5.5m), Southwood Courtyard (£0.9m), and equipment purchases (£1.3m).
2. Following the NHSI request to reduce the Trust-funded plan, the plan was amended/rephased in June/July. Although the NHSI reduction requirement has been removed, the Trust cannot return to the original timing due to the delays imposed to meet the target reduction. Therefore this report now shows the plan as rephased in June/July as this provides a better indicator of performance.
3. Cash held by the Trust is higher than plan by £25.3m. This includes £8.2m relating to Provider Sustainability Funding for 2018/19 which was received in Q1; £6.7m received in month from GOSH charity (of which £3.7m related to ZCR and £2.3m related to Capital projects). The cashflow forecast was reprofiled in Quarter 1 and at M07 the cash held by the Trust was £15.6m higher than the revised plan profile, this is shown in the Cash Flow chart above.
4. Total Assets employed at M07 was £9.9m lower than plan as a result of the following:
   - Non current assets totalled £515.7m (£17.1m lower than plan)
   - Current assets excluding cash less Current liabilities totalled £7.6m (£18.1m lower than plan).
   - Cash held by the Trust totalled £65.3m (£25.3m higher than plan which includes £8.2m of PSF bonus and incentive relating to 2018/19 as well as £6.7m received from GOSH charity).
4. Overdue IPP debt decreased in month to £25.3m (£26.7m in M06).
5. IPP debtor days increased from 198 days to 203 days in month. This is largely as a result of the increase in debt which is not yet due (£2.8m higher than M06).
6. The cumulative BPPC for NHS invoices (by value) decreased in month to 65.2% (66.9% in M06). This represented 42.8% of the number of invoices settled within 30 days (42.0% in M06)
7. The cumulative BPPC for Non NHS invoices (by value) decreased in month to 90.1% (90.4% in M06). This represented 85.4% of the number of invoices settled within 30 days (86.4% in M06).
8. Creditor days remained the same as the previous month at 35 days.
9. Non-drug inventory days increased in month to 74 days (54 in M06). This is largely as a result of the increase in the level of Berlin Heart stock held. Inventory days (drugs) cannot be calculated at M07 as the valuation requires further refinement following the August 2019 stocktake.

Integrated Quality Report
October 2019
(September data)

Sanjiv Sharma

Medical Director

Alison Robertson

Chief Nurse

Data correct as of: 28th October 2019

CONTENTS	Page

Performing well

Room for improvement

Significant improvement required

Direction of trend from previous month

Data not previously requested/available

T B C **Parameter not needed/not agreed**

* **Potential data quality issues post EPIC. Caution to be taken in interpretation.**

Great Ormond Street Hospital for Children
NHS Foundation Trust

Always

The child first and always

Welcoming   Helpful   Expert   One Team

Hospital Quality Performance – October 2019 (September data)

Are our patients receiving safe, harm-free care?

	Parameters	July 2019	August 2019	September 2019
Patient Safety Reporting	R<60 A 61-70 G>70	640	622	505
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	38%	40%	76%
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	919	436	423
Average days to close (2018 -2019 incidents)	R ->50, A - <50 G - <45	110	134	40
Medication Incidents (% of total PSI)	TBC	22%	26.2%	23.2%
WHO Checklist (overall)	R<98% G>98-100%	99.2%	99.3%	99.3%
WHO Checklist (Theatres)	R<98% G>98-100%	99.3%	99.6%	99.6%
WHO Checklist (non-theatres)	R<98% G>98-100%	98.8%	98.5%	98.7%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	5.1%	8%	7.1%
New Serious Incidents	R >1, A -1 G – 0	1	0	1
Overdue Serious incidents	R >1, A -1, G – 0	0	0	0
Safety Alerts overdue	R- >1 G - 0	1	1	2
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	0	1
	Open and ongoing	6	6	7
Safeguarding Adults Board Reviews	New	0	1	0
	Open and ongoing	1	1	2

Are we delivering effective, evidence based care?

	Target	Jul 2019	Aug 19	Sept 19
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	79%	86%	87%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	45	60	77
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	July 2019	August 2019	Sept 2019
Friends and Family Test Recommend rate (Inpatient)	G – 95+, A- 90-94, R<90	97%	95%	97%
Friends and Family Test Recommend rate (Outpatient)	G – 95+, A-90-94,R<90	92%	93%	94%
Friends and Family Test - response rate (Inpatient)	25%	24%	23%	29%
PALS (per 1000 combined pt episodes)	N/A	5.91	6.39	6.48
Complaints (per 1000 combined pt episodes)	N/A	0.3	0.3	0.52
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	9%	7%	7%
Re-opened complaints (% of total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	14%	14%	13%

Are our People Ready to Deliver High Quality Care?

	Parameters	Jul 2019	Aug 19	Sept 19
Mandatory Training Compliance	R<80%,A-80-90% G>90%	95%	95%	94%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	88%	89%	87%
PDR	R<80%,A-80-89% G>90%	90%	91%	89%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	85%	91%	89%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	88%	89%	89%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	92%	96%	95%
Resuscitation Training	R<80%,A-80-90% G>90%	87%	87%	89%
Sickness Rate	R -3+% G= <3%	2.5%	2.5%	2.6%
Turnover - Voluntary	R>14% G-<14%	15.2%	15.2%	15.5%
Vacancy Rate – Contractual	R- >10% G- <10%	9%	9.9%	10%
Vacancy rate - Nursing		7.2%	8.6%	8.3%
Bank Spend		4.6%	4.8%	4.5%
Agency Spend	R>2% G<2%	0.7%	0.7%	0.7%

Well Led Dashboard

Is our culture right for delivering high quality care?

|	Target	July 2019	August 2019	September 2019
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	95.6%*	84%	87%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	TBC	574	469*
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	1	2	3
Duty of Candour Cases	N/A	10	2	6
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%	100%	50%	66.6%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	100%	50%	66.6%
Duty of Candour - Stage 3 Total sent out in month	Volume	3	2	2
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	100%	50	0%**
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	2	5	8
Policies (% in date)	R 0- 79%, A>80% G>90%	80%	80%	81%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	89%	88%	88%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	97%	100%
Inquests currently open	Volume monitoring	New metric	5	5
Freedom to speak up cases	Volume monitoring	8	10	6
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	1	1	1
New Bullying and Harassment Cases (reported to HR)	Volume	0	0	0
	12 month rolling	9	2	2

Are we managing our data?

	Target	July 2019	August 2019	Sept 2019
FOI requests	Volume	59	67	54
FOI % responded to within timescale	R- <65% A – 65-80% G- >80%	90%	79%	100%
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	19	6	20
IG incidents reported to ICO	volume	0	0	0
SARS (Medical Record) Requests		157	104	141
SARS (Medical Record) processed with 30 days	R- <65% A – 65-80% G- >80%	100%	100%	100%
New e-SARS received	volume	0	0	0
No. e-SARS in progress		5	2	0
E-SARS released	volume	0	2	3
E-SARS released past 90 days	volume	0	3	0

* This is the corrected figure for SI actions only. The previous month's numbers included local actions as well as SI/Never event actions

** NB 1 stage 3 unfortunately missed the deadline by 2 days only.

Do we deliver harm free care to our patients?

CVL Infections

GOSH-acquired CVL infections for every 1,000 line days
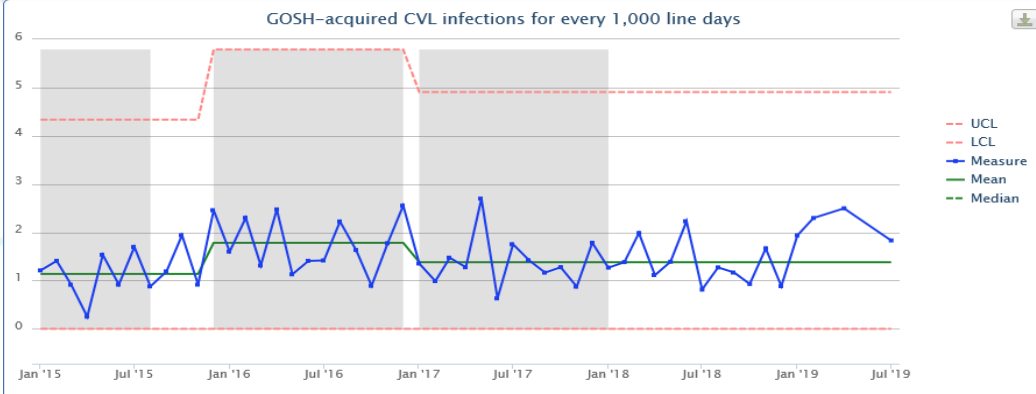
| 2019	Jan	Feb	March	April	May	Jun	Jul	Aug	Sept
Central Venous Line infections (per 1000 bed days)	2.1	2.5	3.2	0.9	2.8	0.6	1.3	1.83	1.6

Infection Control Metrics

Care Outcome Metric	Parameters	July 2019	Aug 2019	Sept 2019
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	10	8	8
	YTD	27	35	43
C Difficile cases - Total	In month	1	1	0
	YTD	3	4	4
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHSE)	In Month	0	0	0
	YTD	2	2	2

Pressure Ulcers

Hospital-acquired pressure ulcers reported (category 2+) per 1,000 bed days
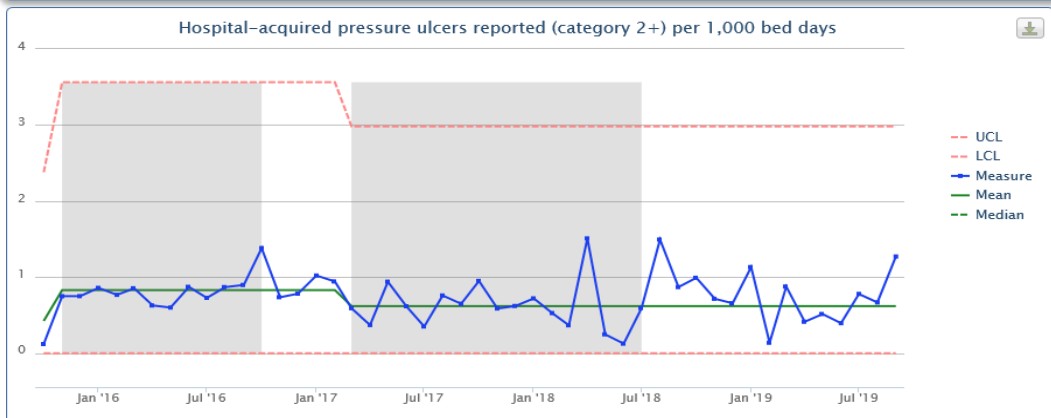
			April 19	May 19	Jun 19	July 19	August	Sept 19
Hospital Acquired Pressure Ulcer (2+)	Volume	R – 12+, A 6-11 G =0-5	3	4	3	6	5	10
	Rate	R=>3 G=<3	0.41	0.52	0.4	0.78	0.67	1.27

Medication incidents causing harm
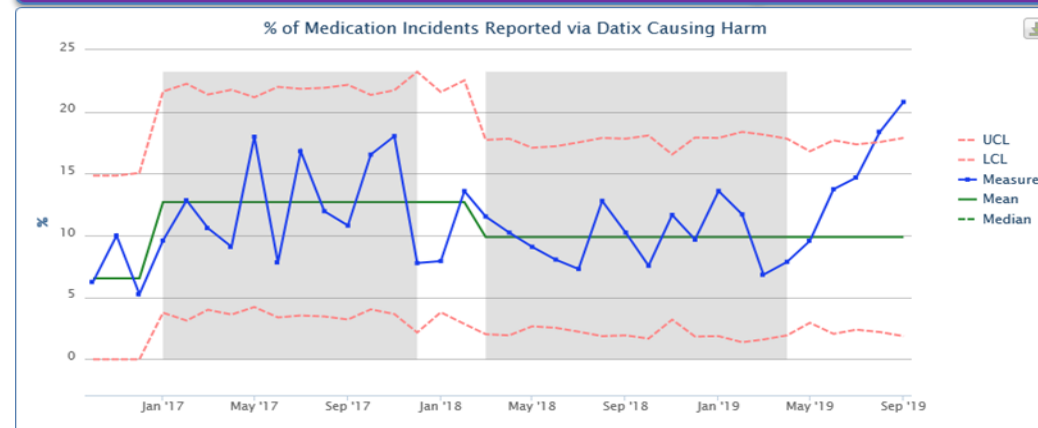
% of Medication Incidents Reported via Datix Causing Harm

		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19
% of reported medication incidents causing harm	Mean-12.5%	8%	11%	14%	15%	18%	20%

More detailed information on the medication safety trends is found on slide 7

Great Ormond Street Hospital for Children NHS Foundation Trust

Inpatient mortality

Inpatient mortality rate per 1000 discharges

Respiratory Arrests

Respiratory Arrests outside ICU Per 1000 Inpatient Bed Days
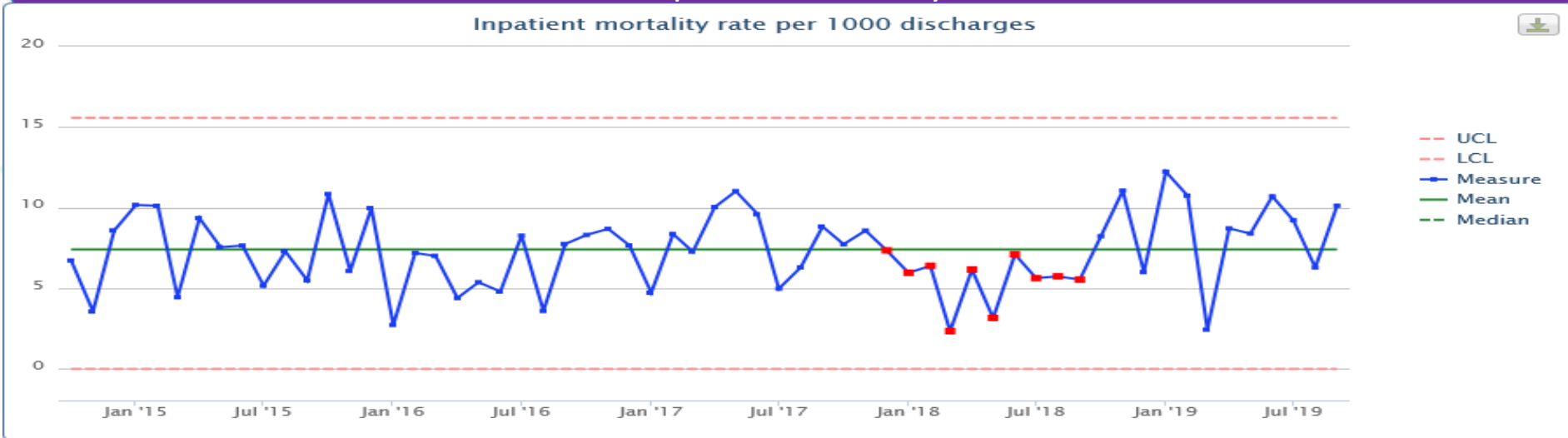
Cardiac Arrests
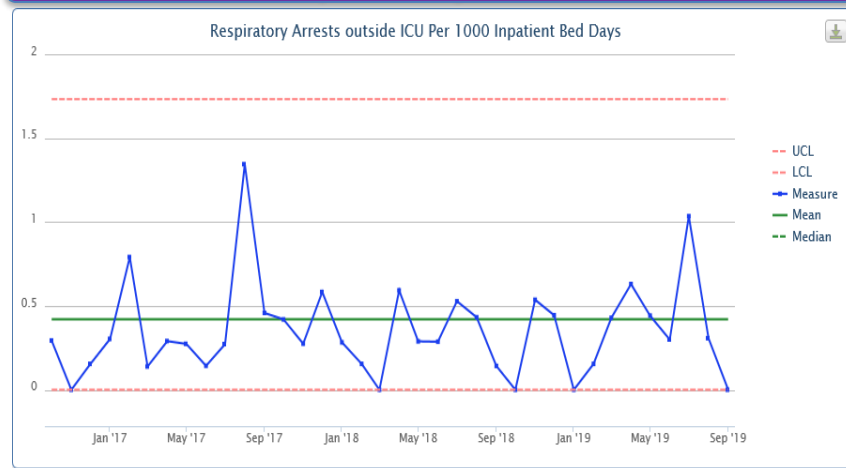
Cardiac Arrests outside ICU Per 1000 Inpatient Bed Days
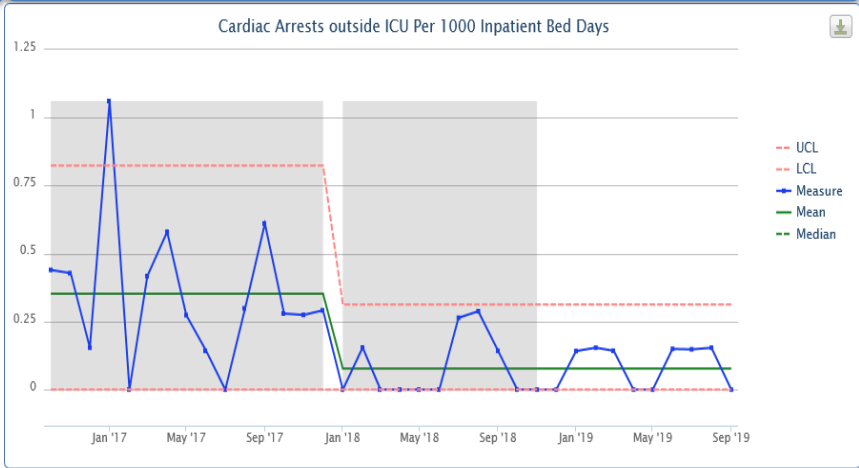
No concerns noted in current data trends for mortality rates, or rates of respiratory and cardiac arrest

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Emerging Trends in Patient Safety

A slight spike in the number of medication incidents reported is observed in August and September. In terms of the increase in number this is an increase of 11 reported incidents. The themes of medication incidents over August and September are predominantly related to TPN (including Homecare) and EPIC related prescribing issues.

With regard to the levels of harm, the dashboard pulls from all reported incidents (whether open or closed) and measures harm from 2-5 (ie low harm, moderate, severe and death). The majority of incidents are graded as low harm. It should also be noted that the level of harm reported is not necessarily the actual level of harm. It most instances, the level of harm is not altered until the investigation has been completed and the incident is finally closed off. This lag does skew the true and accurate levels of harm.

As part of the DATIX incident module re-design the aim will be to introduce of a validation/quality checking process. The level of harm will be reviewed and when known, will be amended rather than waiting for the final closure. In most cases the level of harm is incorrectly recorded as many staff will often report potential harm rather than actual harm.

Refused SNAPS admissions

There has been an increase in refused admissions of index neonatal surgical patients due to lack of available suitable beds. This has an impact on Trust reputation, ongoing care as many patients counselled antenatally are admitted to alternative centres to GOSH where long term care is then transferred. Review of mitigations/actions currently under way and will be presented/discussed at the next Operational Board (November).

Medication incidents causing harm

% of Medication Incidents Reported via Datix Causing Harm

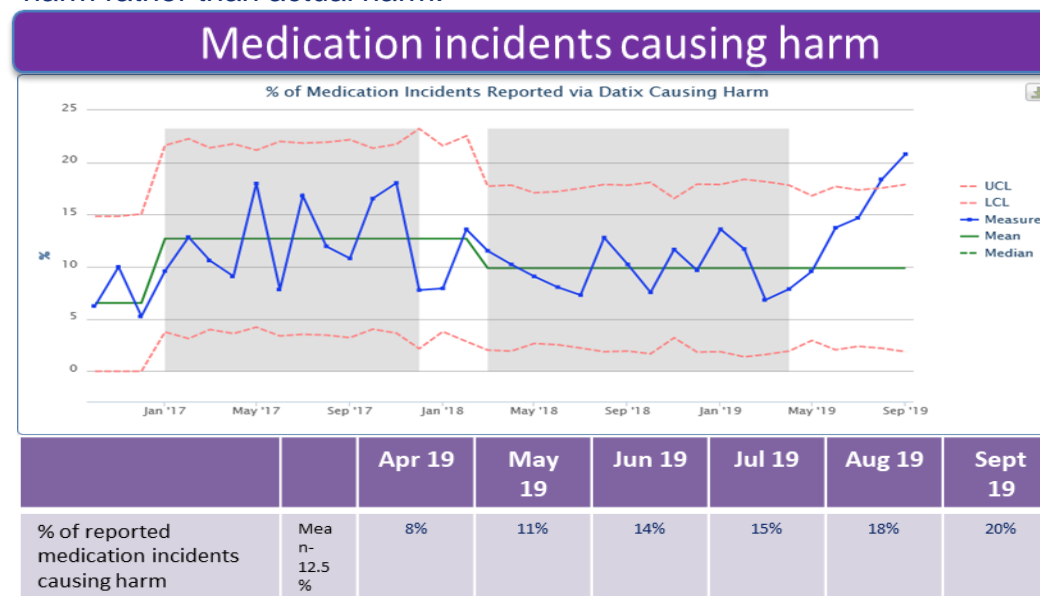|		Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19
% of reported medication incidents causing harm	Mean- 12.5%	8%	11%	14%	15%	18%	20%

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Well Led Overview

There were 6 confirmed cases within the month of September 2019 that had achieved 100% compliance in terms of stage 1 of **duty of candour (DoC)**. Four of these were compliant for stage two of the process in that the letter was sent within 10 days of the conversation held. The remaining two are in process. From April 2019, there are have been 28 incidents that required DoC conversations (stage 1), letters (stage 2) and sharing of reports (stage 3). With regard to stage 3 compliance, with all incidents since April 2019, 11 were completed, 6 of which were within the investigation due date. Of the remaining 17 incidents, 9 are currently within deadline with 8 cases overdue completion of the RCA reports.

High risk monthly review performance saw a slight improvement from August (84%) with compliance at 87% This continues to be monitored monthly.

An 19% decrease observed in **FOI requests** for the month of September 2019 when compared to the previous month (n=54). Of these, 19 have been closed, all of which were within the allocated timescale. **Of the remaining 35, 20 are still being processed (still within deadline); 1 request pending further clarification from the FOI applicant; and 14 FOI deadlines extended (compliant) due to further clarification required from the FOI applicants. 1 internal review has been requested. YTD, no ICO complaints have been received.

SARS performance has significantly improved in September. All SARs were released within 90 days, and there are currently no SARS in progress. The hard work and dedication of the team in achieving this performance is recognised.

Information governance incident summaries are within accepted parameters. Thematically a potential trend was identified in relation to our diligence in checking for patients with the same names across a range of systems. The IG team are considered the need to issue a screensaver with reminders about this.

There is a **new serious case review** for children safeguarding which we are involved with – this was initiated in September 2019. Patient known to Neurosurgery and orthopaedics, met the threshold for neglect based on parents failure to bring child to medical appointments across health providers. There are 3 Children's local learning reviews ongoing. There are no thematic issues arising as yet. Outcomes will be shared via the Safeguarding Committee structure, and Closing the Loop, as required.

There was a **new adult safeguarding review** which relates to the suicide of a previous patient. The patient had complex physical and mental healthcare needs. The patient was known to infectious diseases (last seen at GOSH in2017) and psychology services (last seen 2014). Care had been transitioned to adult services. We are engaging with the review to support learning and improvement.

The one recorded HR **whistleblowing** case is due to close in October 2019. There has been a small decrease in the number of **Freedom to Speak up** cases, but the overall trajectory in 2019 has been an increasing trend.

Quality and Safety Overview

The number of **incidents being closed** month on month is increasing but this is not accurately reflected in September's statistics. Directorates have completed their investigations and reviewed and are awaiting central review and closure. Due to staffing capacity over the past 6 months, a central backlog is observed. Work is underway to prioritise closure of the incidents that have not yet breached, with ongoing work to ensure that this closure backlog is cleared. A large number have been closed but the numbers of overdue incidents awaiting closure continue to increase so this is not yet reflected in the numbers seen. The percentage of incidents being closed within 45 working days has increased to 76% during this month, but this is due to the number of completed investigations that were still within timescale being closed off as a matter of priority. There remains over 220 completed in-time investigations requiring quality checking and closure. A breakdown of open incidents whether still under investigation or those awaiting closure will be undertaken and shared with the directorates. Overview of this will be completed and circulated by mid October with a request for a workplan and trajectory to be provided.

There was 1 **open SI investigation** in August 2019 with a new SI declared in September. The SI from August is on-track to be submitted by deadline mid-October. There are no overdue SIs.

As discussed in the previous report, it was identified that of the 574 open actions observed within the action module linked to the incident module, 469 of these were related to Serious incidents and Never Events. 466 of these were overdue their deadline. The SI and Never event actions, as a matter of priority, have now been circulated to the clinical and non-clinical directorates/teams for their review and action. To date, evidence has been provided for 10 actions and these have been closed. Work to provide evidence for the remaining actions is in progress This will be monitored monthly via PSOC and the MD & DCOS meetings.

In September 2019, 2 **CAS alert** are recorded as overdue. The one related to *Intellivue* monitors will be discussed at the next PSOC (October)meeting with a view to being closed as it just outstanding confirmation from ICT with regard to the recent WiFi upgrades allowing for the newly upgraded machinery software to be supported. With regard to the second overdue alert, confirmation has been received that these mircroneedles are not purchased via procurement but maybe have been ordered by the clinical teams directly. Awaiting confirmation from the Plastic's CNS's as to whether they hold stock of these or not. The pre-alert concerning the risk Severe blood loss in haemodialysis patients from dialysis line disconnection and femoral catheter removal is for circulation only at this stage. Once completed this will be closed. Details of these are recorded later in the report. With regard to the previous overdue PSA around NR-FIT connectors has been closed although not yet resolved due to the lack of availability of any suitable replacement connectors. Advice was sought from other Trusts and NHSE in terms of what other Trusts have done in order to complete and comply with this alert. A decision was discussed and approved at the September PSOC meeting.

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Patient Experience Overview

- There was a marked **increase in complaints** received in September (n=11)- this is the highest number received in month since October 2018. Historically, there have been increased complaint numbers around the time of CQC inspections. For the third successive month, Body, Bones and Mind had the highest number of complaints (n=3). However, when assessed against patient activity, there was a slight decline in the rate of BBM complaints this month. The remaining eight complaints related to five other directorates. Of note, there were two complaints about **the Dental service both of which related to cancellations**, with a further three Pals cases also raising concerns about cancelled appointments/ procedures.

- Overall complaints highlighted concerns about aspects of **communication** (including families not feeling listened to, difficulties in obtaining information and that some communication from staff was 'unhelpful' and 'rude'). This was also reflected in Pals concerns about communication (particularly in relation to unreturned telephone calls and families 'chasing' for referrals) which increased from 36 to 46 cases this month. It is hoped that a MyGOSH training day in November will prompt staff to promote and sign up further patients to MyGOSH so that patients and families can communicate with clinical teams through the portal.

- The **Trust FFT response rate** of 28.7% exceeded the Trust target (25%) which had not been achieved since before the EPIC implementation in April 2019 and 908 compliments were received.

- The **Research and Innovation** recommendation rate increased from 67 to 71% in September. In the context of a low response rate (n=15), the overall recommendation rate was affected by a small number of negative comments primarily about delays with pharmacy (n=2) and completing basic tests (1). In line with comments from R&I that delays in Pharmacy have reduced, no negative comments were received after 10 September 2019.

- While the **IPP** FFT response rate fell (20%), the recommendation rate increased from 81% to 93% (almost meeting the Trust target of 95%) and there were no IPP complaints or Pals cases in September.

- While the percentage of **reopened complaints** was risk graded as red for the third successive month, the Complaints team are reviewing the Trust criteria for reopened complaints and benchmarking this against other trusts. Review of the reopened complaints has highlighted that often families are simply taking up the opportunity to meet with the Trust (an offer made in all complaints responses) rather than raising further concerns or questioning complaint investigation findings. The Complaints team closely monitor all reopened complaints to identify learning.

Understanding incidents

Incidents by Category and Severity
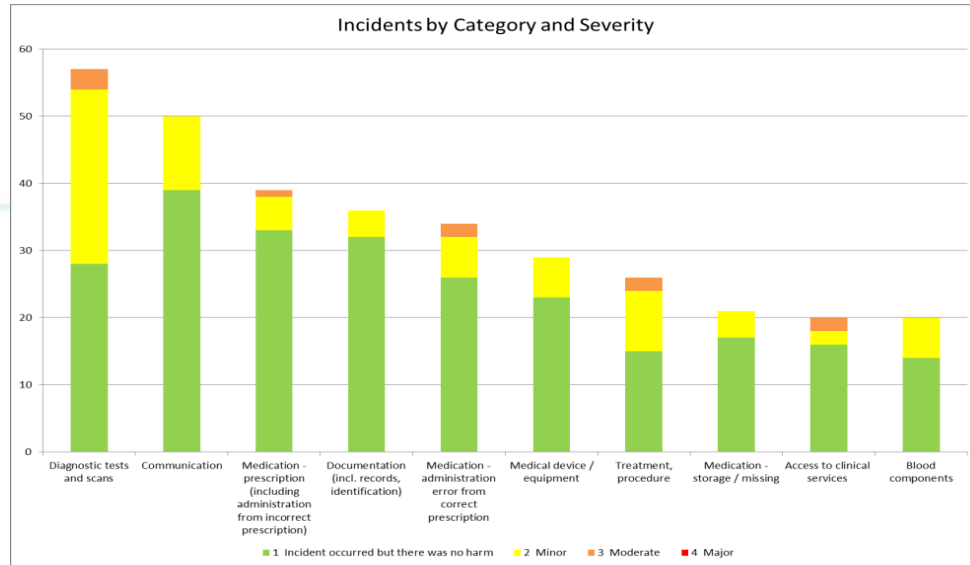
Diagnostic tests and scans:
Continuing from last month's report, diagnostic tests and scans remained our most reported category. Most months this is a balance of radiology and labs incidents, but this huge rise is primarily relating to delays in lab samples being processed (see previous slide).

Blood components:
Blood related incidents made the top 10 categories this month which is unusual. Recent incidents have included inability to trace blood products, difficulty scanning on blood track where blood products and mismatched documentation

NRLS data release

The NRLS (National Reporting and Learning System) released their accumulated incident data this month. This shows that we are towards the front of the group of specialist trusts in terms of our reporting numbers.

The Trust had more incidents relating to communication than other Trusts, reflecting the difficulty in cross-team communication in a highly specialist hospital. There were also more medical device incidents than other Trusts. There will be a trend analysis of both of these areas in order to understand the breakdown of what these incidents consist of and any required recommendations and actions will be needed. This will be presented in next month's report.

Rate per 1,000 bed days
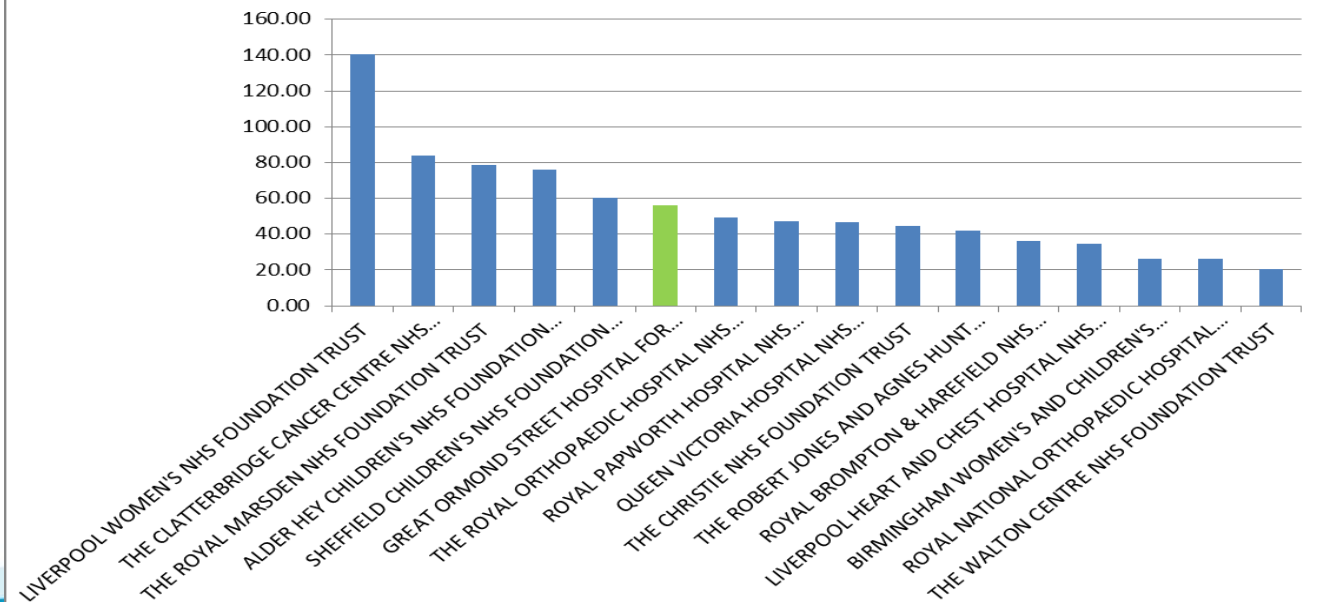
Patient Safety Alerts

New Alerts

Intellivue Patient Monitors
- **IntelliVue MX40 patient-worn monitors – increased power consumption and no visual or audible alarms when batteries are low**
- Manufactured by Philips – devices may lose power earlier than expected and users may not realise the loss of monitoring due to no alarm, which could contribute to a delay in emergency treatment.
- Due to be completed by 13/08/2019

ENA Alerts
- **ENERGY NETWORKS ASSOCIATION (ENA) Various DINs, SOPs and NeDERs, issued since May 2018**
- Action is to ensure there is an Authorised Electrical Engineer monitoring these as they are coming through.
- Due to be completed by 31/10/2019

Microneedling Pens
- **Microneedling pens: Dermapen 3 and Dermapen CryoSterile single use needle cartridge tips for: Dermapen 3 – risk of injury or infection**
- Action: Identify and do not use any affected devices in your possession.
- Due to be completed by 24/09/2019

Severe blood loss in Haemodialysis Patients
- **Severe blood loss in haemodialysis patients from dialysis line disconnection and femoral catheter removal**
- List of recommendations from the Renal association in place of formal guidelines which are currently under development.
- No deadline associated with the alert.

Zebra printer power supply units (PSUs): Fire risk – product recall

A defect present in PSUs supplied for certain models of printer manufactured by Zebra can lead to overheating or a fire hazard. Zebra has expanded an earlier product recall.

Issued: 19/09/2019
Due: 17/10/2019

Alert from the Central Alerting System Helpdesk Team - The introduction of National Patient Safety Alerts

New guidelines are being established by CAS around how Patient Safety Alerts are produced and shared.

Issued: 17/09/2019
Due: 16/12/2019

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New & Ongoing Serious Incidents

Directorate	Ref	Due	Headline	Update
IPP	2019/16723	23/10/2019	Oesophageal perforation	Timeline being drafted
O&I R&I	2019/20382	10/12/2019	Subarachnoid Haemorrhage	Timeline underway

One Page Summaries

Following completion of an SI the Patient Safety team produce a one page summary of the report which is brought to the Patient Safety Outcomes Committee (PSOC) to help aid the discussion. Although these reports do not contain all of the detail of the report itself, they can be useful in giving a brief overview of the incident and what learning has come out of it.

All one page summaries are available from the Patient Safety team on request, and will also be available on the intranet Quality and Safety page.

Lab sample processing delays

There have been a number of delays in lab samples being processed within the recognised timeframe required. There was a recognised backlog of genetics samples that needed to be reported on. This was caused by the amalgamation of two services in line with a national directive as well as the implementation of the new EPR system at the Trust.

Update: Multiple workstreams have been established and actions in place to recover the position. After the implementation of EPR, 2,612 records discovered. Of these 2,513 have been validated and removed from the list with no consequence to the patients. There are 99 outstanding that are currently being reviewed. Progress against the set actions are reported weekly to the SRO (CFO). Progress is also reported via the Directorates monthly Performance Review Meetings and updates provided to the Executive team.

Sterilisation of scopes

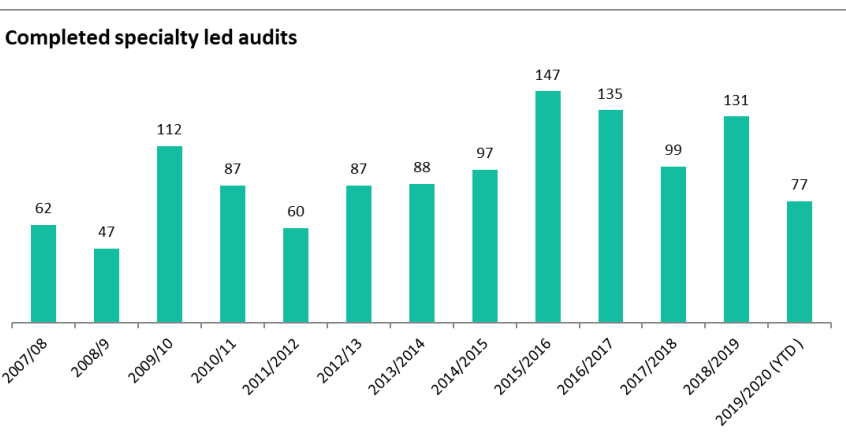Two machines in MEDU were replaced over a weekend in early September. During the switchover the other two machines both broke down. This was raised as an emerging trend via departmental meetings and via the Risk Assurance Group meeting. Fortunately the situation was managed well by the MEDU and Theatres teams and there was no harm/delay in treatment for patients. The machines are all now functioning and this is resolved.

Clinical Audit specialty led

In addition to the priority plan of audit, support and governance is provided for clinical teams to do clinical audit that supports the quality of care at GOSH. Summary reports of new and completed clinical audits are shared on the Trust intranet and to the Patient Safety and Outcomes Committee. This helps ensure that there is appropriate oversight and that learning is shared.

Sharing audit findings

Our long term data suggests we are encouraging a culture of sharing our specialty led clinical audit activity

Completed specialty led audits

Year	Total
2007/08	62
2008/9	47
2009/10	112
2010/11	87
2011/2012	60
2012/13	87
2013/2014	88
2014/2015	97
2015/2016	147
2016/2017	135
2017/2018	99
2018/2019	131
2019/2020 (YTD)	77

The specialties below have been best at sharing the outcomes and learning from their audits in the last 12 months

Specialty	Total
SNAPS	9
Anaesthetics	9
Neuro-disability	6
Dietetics	6
Dermatology	5
Cardiology	5
Urology	5

What are overdue Clinical Audits?

These are clinical audits where no update has been given to the clinical audit dept as to whether the audit is on progress, requires support or more time, or has been completed. Reminders are sent each month by the Clinical Audit team.
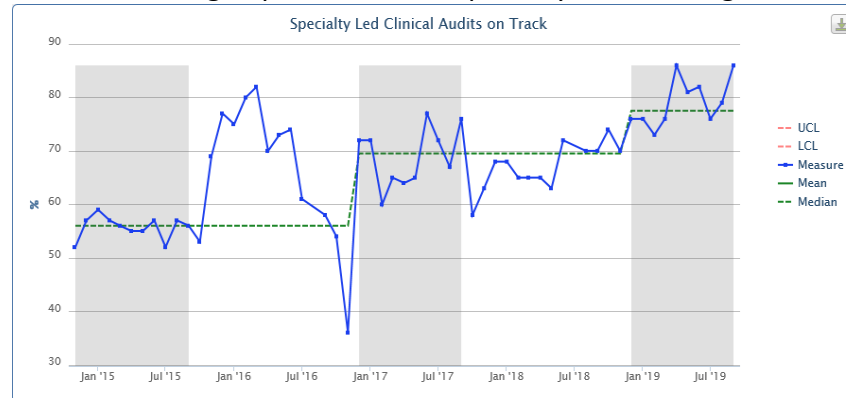
Why does it matter?

It is important to have timely oversight of the outcomes of specialty led clinical audit in order to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored. The Trust is expected to provide evidence to regulators, including the CQC, that specialty led clinical audit activity takes place.

The July 2019 Clinical Audit report to PSOC highlighted 5 specialties with the most number of overdue audits. These have been reduced in those specialties following escalation to specialty /audit leads

Specialty	Total	
SNAPS	9	2
Anaesthetics	7	3
Ophthalmology	7	2
Gastroenterology	5	1
Metabolic	4	2

We are seeing improvements in specialty audits being on track

Specialty Led Clinical Audits on Track

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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
Dec 2018	**Improve handover** quality and continuity of care for outlying patients in the cardiology service	Craig Laurence (Cardiac Fellow)	Oct 2019
Sept 2019	To reduce variation in the pre-op processes undertaken by **Orthopaedic CNS service**	Claire Waller (Matron)	Dec 2019
Sept 2019	To provide daily debrief sessions to staff on the renal unit to improve moral and reduce stress	Sarah Owens	Dec 2019
Jun 2019	To reduce the number of **unnecessary blood tests**, when ordered in sets/ bundles, in Brain Division	Spyros Bastios (Metabolic Consultant)	April 2020
Oct 2019	To reduce unnecessary blood sampling post-operative neurosurgical HDU patients	Orla Hayes (Staff Nurse)	June 2020
Aug 2019	To improve patient satisfaction of the consenting process in cardiac anaesthesia	Marc Cohen	Aug 2020
Dec 2018	To **reduce the number of unnecessary clotting samples** in SNAPS	Sonia Basson (SNAPS SpR)	TBC- expected to reopen in Nov 2019 *Project paused*
Jun 2019	To improve and standardise the provision of **Play in Heart & Lung** so that all C&YP receive the play support they require for their needs	Laura Walsh (Head Play Serv.)	TBC – Pending scoping

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2. Local / Directorate QI Projects

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:

Brain

Body, Bones and Mind
GI Bleeds Pathway

Reduce unnecessary coagulation testing in SNAPS

Operations and Images
ZAPPP

Sight and Sound

Blood, Cells and Cancer
BMT Patient/ Family Info

Pelican ward Q&S

Mobile App Group

Heart and Lung

International and Private Patients
Datix (DRM)

Discharge Sum

Medicines, Therapies and Tests
PN Administration

Project Commenced	Area of work	Project lead:	Expected completion date	
May 2019	Supporting the development of a joined up, pan-trust approach to the **management of acute gastro-intestinal haemorrhage** for inpatients	Sian Pincott (DCOS-BBM)	Aug 2019	**Closing soon**
Dec 2018	To improve IR theatre utilisation by implementing **ZAPPP** (zero acceptance of poor patient preparation) policy	Sam Chippington (Cons)	Dec 2019	
Jun 2019	To implement Datix Review Rounds to **improve the culture of learning from incident reporting** in IPP	Deborah Zeitlin (Cons IPP)	Dec 2019	
May 2019	Revising the **provision of Discharge Summaries** in IPP since EPIC.	Sian Pincott (DCOS - IPP)	Dec 2019	
Jul 2018	Mobile App Development Project. Develop **a framework and process to oversee the development of Mobile Applications** in the Trust	Louis Grandjean (ID Cons) / Sue Conner (DRIVE)	Jan 2020	

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Click links to open project dashboard

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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.
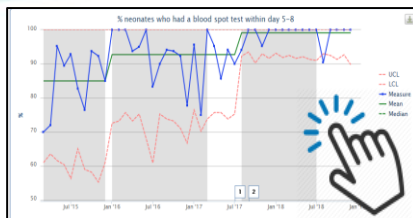
All Trust-wide project data is available on the QI dashboards page

Project Commenced	Area of work	Project Lead (PL) Exec Sponsor (ES)	Expected completion date
Feb 2019	Supporting the **medication safety work stream** of the Hospital Pharmacy Transformation Programme Board (HPTPB); PN & CD's	PL: Stephen Tomlin ES: Andrew Taylor	TBC - Pending scoping
Jun 2019	Improving safety and standardisation of **urethral catheterisation**	PL: Nicola Wilson / Claire Waller ES: Sanjiv Sharma	Dec 2019
Jun 2018	Reducing rejected **laboratory samples**	PL: Christine Morris ES: Sanjiv Sharma	Nov 2019

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Click links to open project dashboard

Preparing for and learning from Inquests

Reference	Date of Inquest	Brief Description	Linked Complaint or Serious incident?	Potential Risks	Assessment of preparedness	GOSH witnesses called
21952/AL	07/10/19	Never a GOSH patient. Brain scans reviewed and discussed at GOSH day after death (unknown to neurology team). Cardiologist was asked to comment after death only.	No. The patient was never seen at GOSH, but advice on patient condition was sought.	Apparent discrepancy between views of cardiology and neurology (GOSH) and the PM report in relation to scans.	Inquest preparation is on track	2
16341/AMG	04/11/19	CATS transfer from Queens Romford to St Mary's.	No	HMC has advised no criticism of CATS team, so risk is low.	Inquest preparation is on track	None at present
13106/LK/FO	02/12/19	Born with complex cardiac issues; operated on at GOSH. Following a heart transplant at GOSH suffered neurological complications and renal dysfunction. Decision to move to palliative care.	No. There are 4 incidents relating to admission but these are graded as No Harm.	None apparent at present.	Inquest preparation is on track	1 (warned, may possibly be stood down)
00168-2019/NB	23/12/19	Child died while on clinical trial.	Yes – 2 incident forms relating to patients outpatient deterioration and admission to PICU. Clinical Trial SUSAR, but no GOSH investigation.	Clinical trial	Statements outstanding; no GOSH investigation (therefore no action plan). Meeting being arranged.	Unknown - TBC.
01858-18/MD	31/03/20 (unless brought forward to January 2020).	Diagnosis of Rett syndrome. Previously a GOSH patient; transferred to Kings College Hospital. LA issued care proceedings in 2018 over concerns parents were not complying with care plans and were obstructing her care.	Multiple PALS contacts and several historic incidents graded minor/no harm.	Publicity likely, following family engagement with press during their child's lifetime. Parents instructed same solicitors in care proceedings as CG's parents used in High Court.	Inquest preparation is on track	2

Learning From Inquests

An inquest into the death of Amy Allan was heard between the 2nd and 5th September 2019. The coroner determined that Amy had died as a result of multi-organ failure and that an elective operation on the 4th September 2018 set in train a sequence of events which led to her death. During the inquest evidence was presented which gave rise to concerns for the coroner and he issued a Prevention of Future Deaths Report.

Following the inquest the complaints action plan has been updated and expanded to include the learning from the inquest and the issues identified in the PFD. A submission must be made to the coroner by the 27th November 2019 to provide details of actions taken, or proposed to be taken, setting out the timetable for action. The actions are being followed up through Closing the Loop and QSEAC.

Remember!
There have been important changes to the requirements for referral to the Coroner. Check out GOSHweb for the latest advice.

Remember!
There have been changes to the Child Death Overview process as of 29th September 2019. If you need additional support or advice please contact the Bereavement Team or the Child Death Review Coordinator ext 7905

Patient Experience Overview

Are we responding and improving?
Patients, families & carers can share feedback via PALS, Complaints & the Friends and Family Test (FFT).
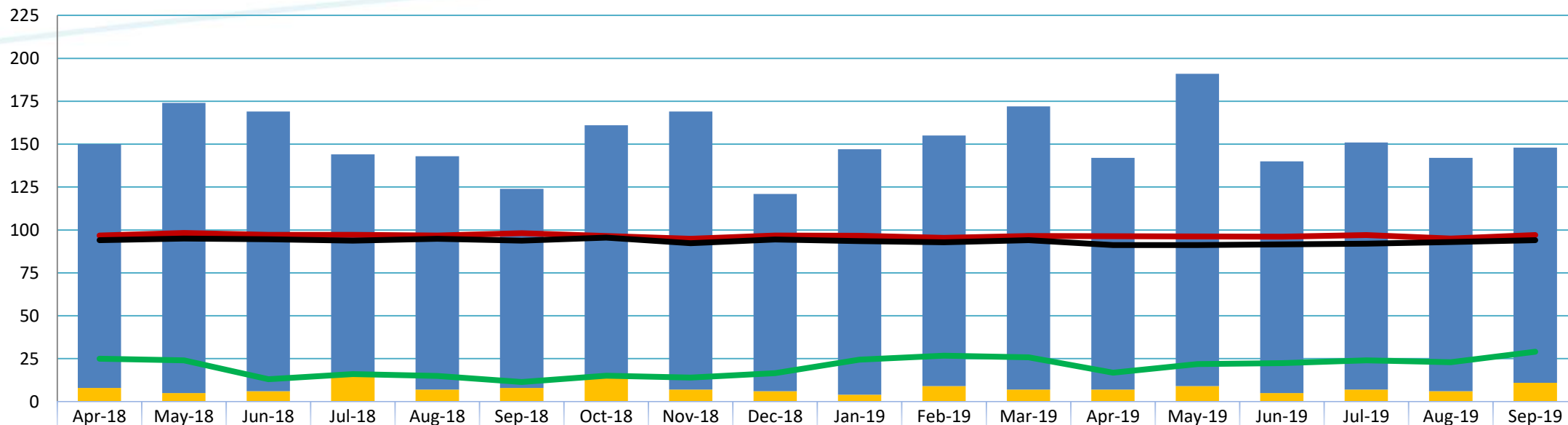
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
PALS	142	169	163	129	136	116	146	162	115	143	146	165	135	182	135	144	136	137
Formal Complaints	8	5	6	15	7	8	15	7	6	4	9	7	7	9	5	7	6	11
FFT recommendation rate - Inpatients %	97	98	97	97	97	98	97	95	97	97	95	97	96	96	96	97	95	97
FFT recommendation rate - Outpatients %	94	95	95	94	95	94	96	92	95	94	93	94	91	91	92	92	93	94
FFT % response rate	25	24	13	16	15	11	15	14	17	25	27	26	17	22	22	24	23	29

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19

Complaints: Are we responding and improving?
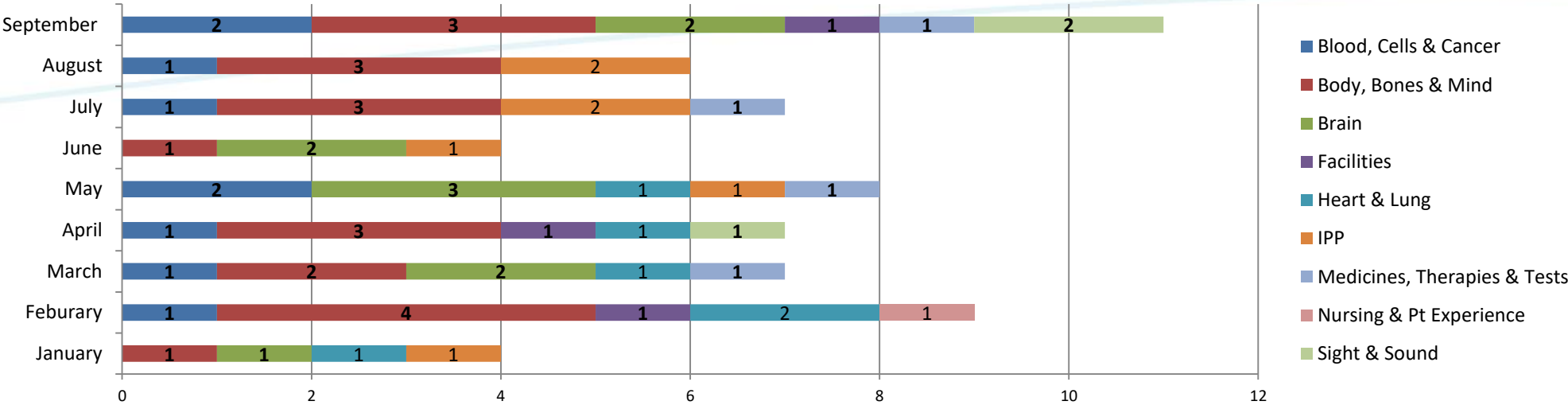
There were 11 new formal complaints received in September 2019, which is the highest it has been since October 2018. This is above the average of 7.75 complaints per month*). Families reported concerns:

• regarding inconsistencies around a diagnosis and a lack of support from the clinical team
• that a procedure was cancelled (two complaints under dental) and that the consultants communication around this was rude
• about a 3 month delay in feeding back test results
• about plaster cast care and not feeling listened to
• that the Trust's Infection Control policy had not been applied correctly and the communication around this was unhelpful
• regarding equipment supply and failures (two separate complaints)
• that a doctor did not check they were reviewing the correct patient when there were two patients with the same name on the ward
• around poor referral processes
• that the transport policy has not been applied correctly and the family have been refused the transport needed to attend appointments

Based on the last 12 months YTD.

Complaints by patient activity*
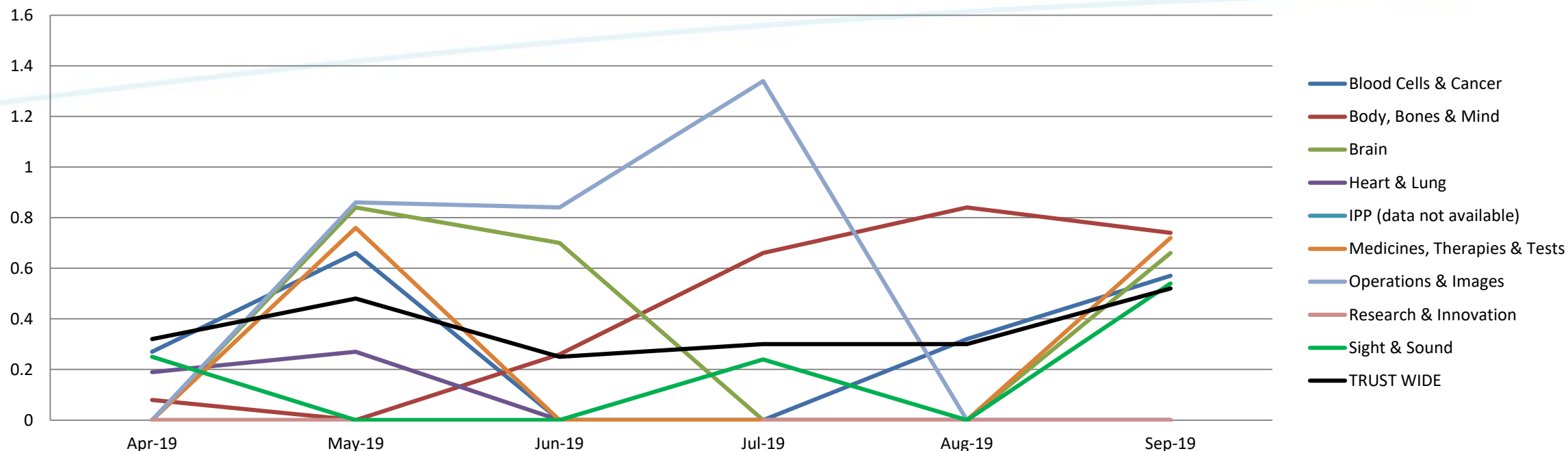
Complaints by patient activity across the Trust increased in September at 0.52 per 1,000 CPE (previously 0.3). This was the highest rate this financial year. At directorate level, Body Bones and Mind had the highest complaint rate at 0.72 complaints per 1,000 CPE however, there was a slight decline this month. In the context of a significant increase in the number of complaints this month, several directorates showed increased rates of complaints per 1,000 CPE. The Complaints team will monitor this closely to identify any sustained increase/trends.

The two Sight and Sound complaints related to the Dental and Maxillofacial service and equated to 3.51 complaints per 1,000 CPE. Prior to this, the Dental service had received only two complaints since January. In September both complaints related to cancelled appointments/procedures (a theme reflected in three of ten Dental Pals cases this month).

*Combined patient activity (CPE) = the number of inpatient episodes + the number of outpatient appointments attended

Red Complaints: Are we responding and improving?

Red Complaints: All Divisions / Directorates, All Specialties
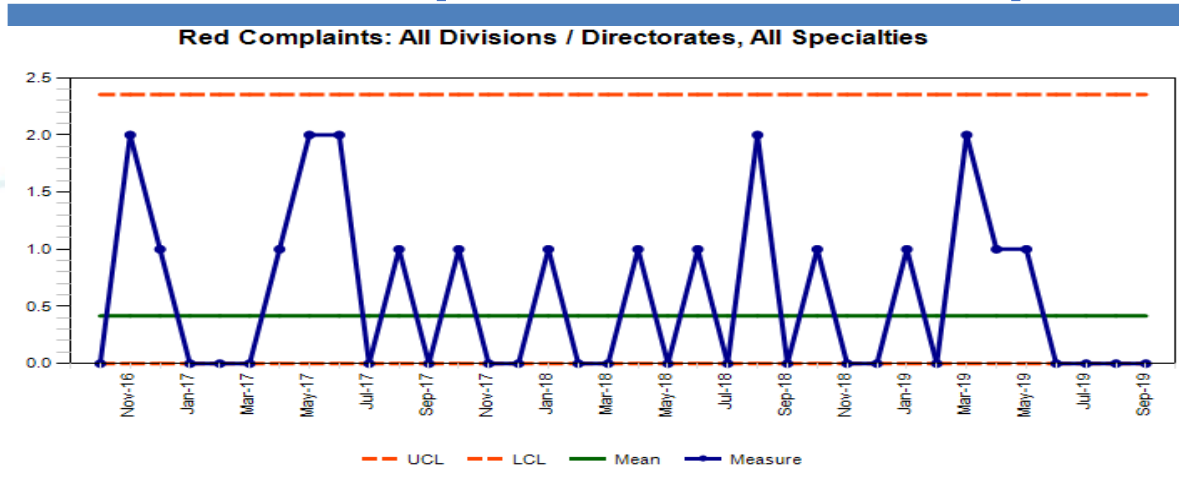
No of new red complaints this financial year 2019/20:	2
New Red complaints opened in September 2019	0
No of re-opened red complaints this year 2019/20:	1
Open red complaints (new and reopened) as at 09/10/2019:	1*

New or Open Red complaint

Ref	Due Date	Divisions Involved	Background	Next Steps:
			NO OPEN RED COMPLAINTS	

Reopened red complaint

Ref	Reopened Date	Divisions Involved	Background	Next Steps:
*18/081	17/06/19	IPP	Parents are concerned that there was a delay in identifying sepsis . Investigation concluded patient's presentation was complex/ unusual and sepsis protocol was followed appropriately. Family have requested follow up actions from a complaint meeting with the clinical team.	Complaint resolution meeting took place in September and the family have requested follow up actions, which are being followed up.

There are three overdue Red Complaint actions which relate to two separate complaints. One relates to a complex case and the action has been fed into Trust wide learning following feedback from inquest. (complaint ref. 18/056). This action is being monitored at QSEAC. The other actions are being followed up at the next Closing the Loop Group. The directorate is working on these actions (in collaboration with a third party service provider) and providing evidence of completion (complaint ref. 18/095).

PALS – Are we responding and improving?

Cases – Month	09/18	08/19	09/19
Promptly resolved (24-48 hour resolution)	105	83	78
Complex cases (multiple questions, 48 hour+ resolution)	10	45	56
Escalated to formal complaints	4	3	2
Compliments about specialities	2	5	1
*Special cases (e.g. large volume of contact following media interest)	0	0	0
Total	**121**	**136**	**137**
Themes for the top five specialties			
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families)	39	36	46
Admission/Discharge /Referrals (waiting times; advice on making a NHS/ IPP referral; cancellations; waiting times to hear about admissions; lack of communication with families, accommodation)	8	11	9
Staff attitude (rude staff, poor communication with parents, not listening to parents)	7	5	11
Outpatient (cancellation; failure to arrange appointment; poor communication, franking of letters)	33	40	45
Transport (eligibility, delay in providing transport, failure to provide transport)	5	4	5
Medical records and access to information (GOSH information, Health information, care advice, advice NHS, access to medical records, incorrect records, missing records, support/listening)	29	40	20

Communication was again a prominent theme in September. In particular a lack of communication with parents and patients. Families reported that telephone calls were not returned and they were 'chasing' referrals to GOSH.

The number of "complex cases" in September is similar to the preceding month but higher than the same period the previous year. Pals are better recording data to more accurately reflect the time to manage cases.

Outpatient communication and cancellations of appointments have increased in comparison to the same time last year.

The highest specialties in September are Cardiology and Gastroenterology, the Directorates with the highest number of Pals cases in total are Body, Bones and Mind (n=32) and Sight and Sound (n=30).

In the context of combined patient episodes (CPE), this equates to 7.60 Body, Bones and Mind cases and 8.13 Sight and Sound cases per 1,000 CPE.

PALS – Are we responding and improving?

Top specialities	09/18	08/19	09/19
Cardiology	5	11	7
Gastroenterology	1	7	6
Urology	2	7	6
Dental	2	3	6
Ophthalmology	1	6	6

Cardiology response:
Cancellations in Cardiology have fallen in comparison to the preceding month but remain higher than the same month the previous year.

Cardiology continue to work on reducing "last minute" cancelations and are contacting families with changes to the care plan earlier. Pals continue to have families sent by the wards to meet the costs incurred by the family.

Gastroenterology response:
The six cases for September relate to patients supported by the Complex Gastro MDT. The MDT support patients and families with complex psychosocial needs. Pals supports staff and families to work together by encouraging open and prompt communication. Also some families have exhibited behaviours prompting the Safe and Respectful Behaviour Policy to be used.

Four have been inpatients in late August and/or September which is an unusually high number of complex patients to have.
Some families have exhibited behaviours prompting the Safe and Respectful Behaviour Policy to be used.

Cardiology cases
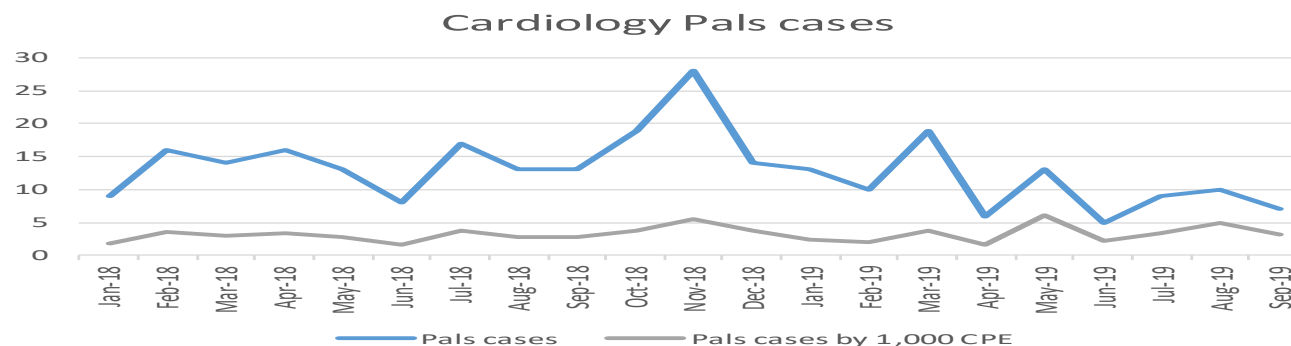
Gastroenterology cases

Always
Welcoming Helpful Expert One Team

24
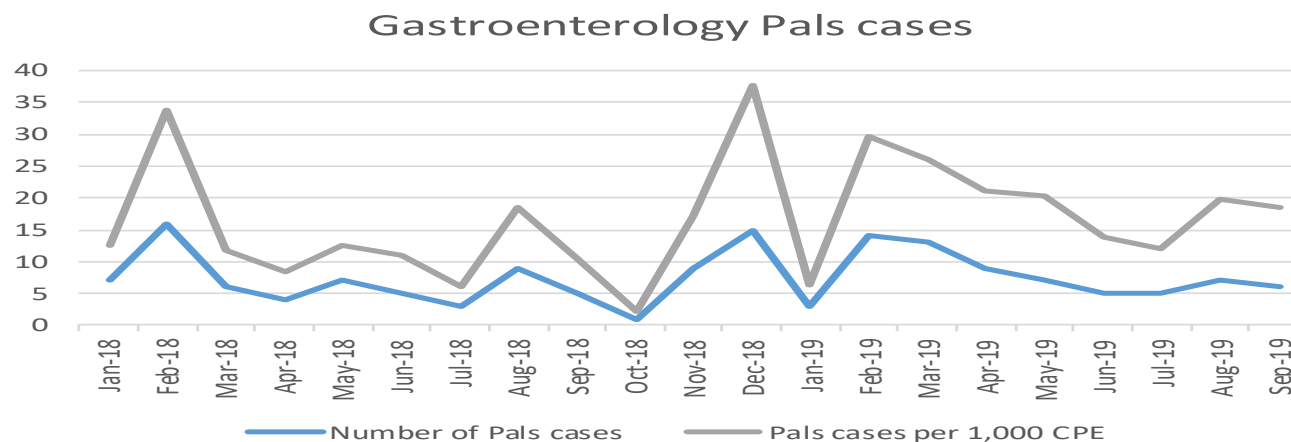
FFT: Are we responding and improving?

Directorate Response Rate

Legend: ■ Jul-19 ■ Aug-19 ■ Sep-19

Directorate	Jul-19	Aug-19	Sep-19
Blood Cells & Cancer	9%	7%	11%
Body Bones & Mind	25%	27%	27%
Brain	40%	18%	62%
Heart & Lung	41%	43%	42%
IPP	47%	25%	20%
Ops & Images	51%	42%	12%
R&I	7%	29%	12%
Sight & Sound	47%	55%	37%
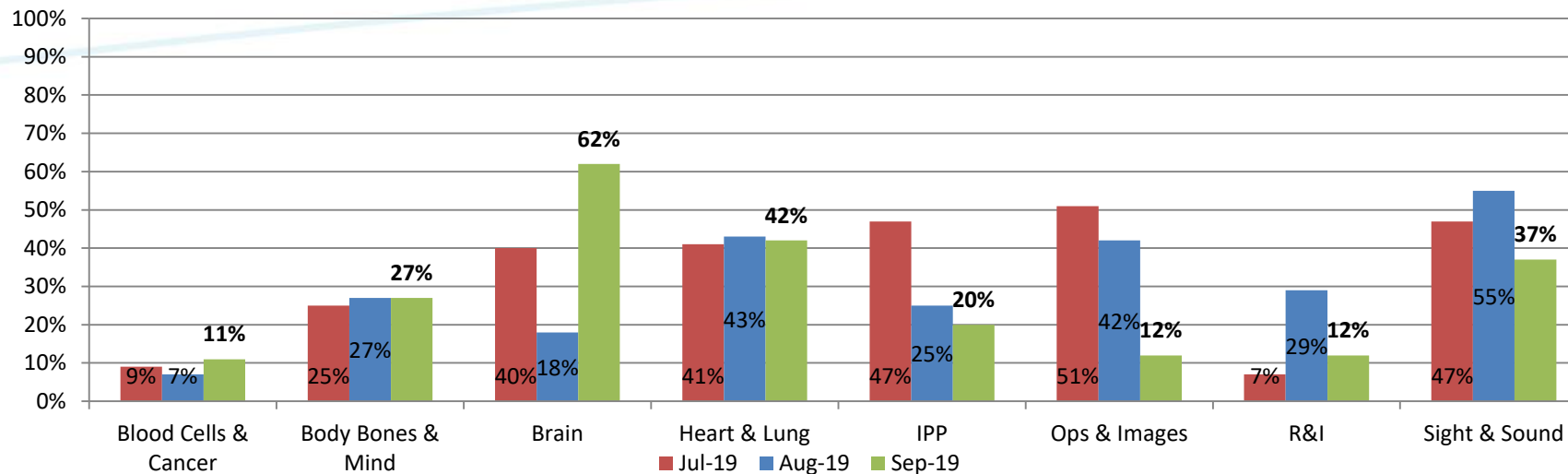
The overall FFT response rate has increased to 28.7% this month. This is the first time we have met the Trust target of 25% since the implementation of EPR. There were 908 compliments within the inpatient FFT data during September. These were predominantly related to the helpful, caring and respectful qualities of our staff.

The predominant negative themes again related to the hospital environment and issues regarding admissions, transfers and discharges. The environmental comments relate to small rooms for wheelchair users, problems with the patient entertainment system and some clinical rooms requiring modernisation (Koala and Respiratory Sleep Unit). There were also comments about the closure of Octav Botnar entrance at the weekend. Comments about admissions, transfers and discharges, mostly related to delays going home due to waits for drugs, blood results or discharge documentation.

FFT: Are we responding and improving?

Bar chart showing percentage to recommend for Jul-19, Aug-19, Sep-19 by directorate:

- Blood Cells & Cancer: 93%, 97%, 96%
- Body Bones & Mind: 99%, 95%, 97%
- Brain: 100%, 98%, 98%
- Heart & Lung: 100%, 99%, 98%
- IPP: 88%, 81%, 93%
- Ops & Images: 100%, 96%, 100%
- Research & Innovation: 100%, 67%, 71%
- Sight & Sound: 99%, 95%, 100%
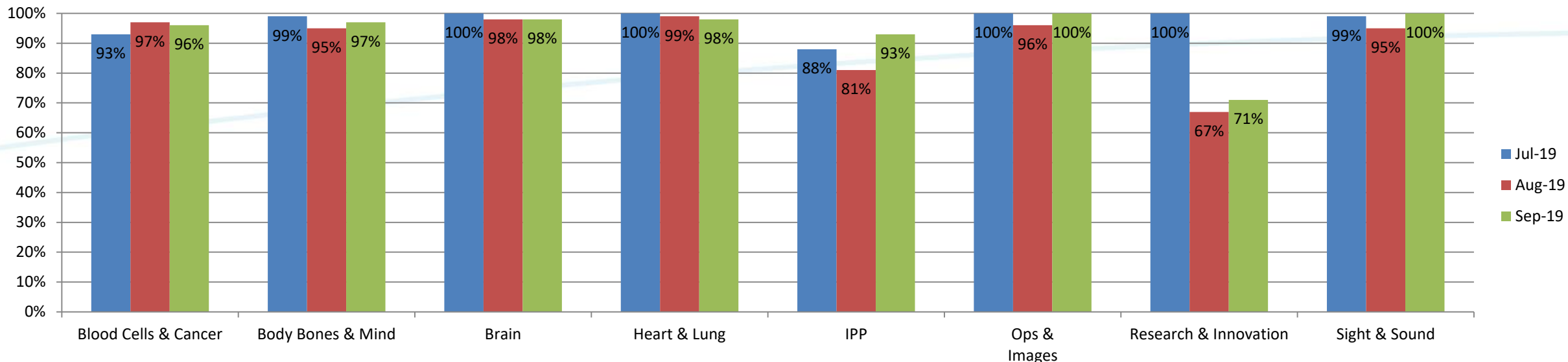
	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% with qualitative comments (All areas)
Mar 19	876	673	48	1597	81.3%
Apr 19	516	399	40	955	85.3%
May 19	667	701	51	1419	79.4%
June 19	714	836	40	1590	80.4%
July 19	922	865	77	1864	79.1%
Aug 19	732	945	42	1719	81.4%
Sep 19	874	761	30	1665	84.1%

Six directorates achieved the Trust target of 95% to recommend. International Private Patients and Research and Innovation both fell below this target, despite both improving on the previous month.

R&I negative comments related to delays in Pharmacy, however these were all from 1-10 September. There have been no negative comments since that date. Staff have also commented that the pharmacy process has improved.

The negative comments from IPP were related to housekeeping and the environment including cleanliness, kitchen facilities and the condition of some rooms. One family also commented on Pharmacy delays. Many positive comments were received about the friendly, welcoming, kind, compassionate nursing staff within IPP.

The child first and always

Always

Welcoming   Helpful   Expert   One Team

FFT: Are we responding and improving?

FFT Outpatients - September 2019
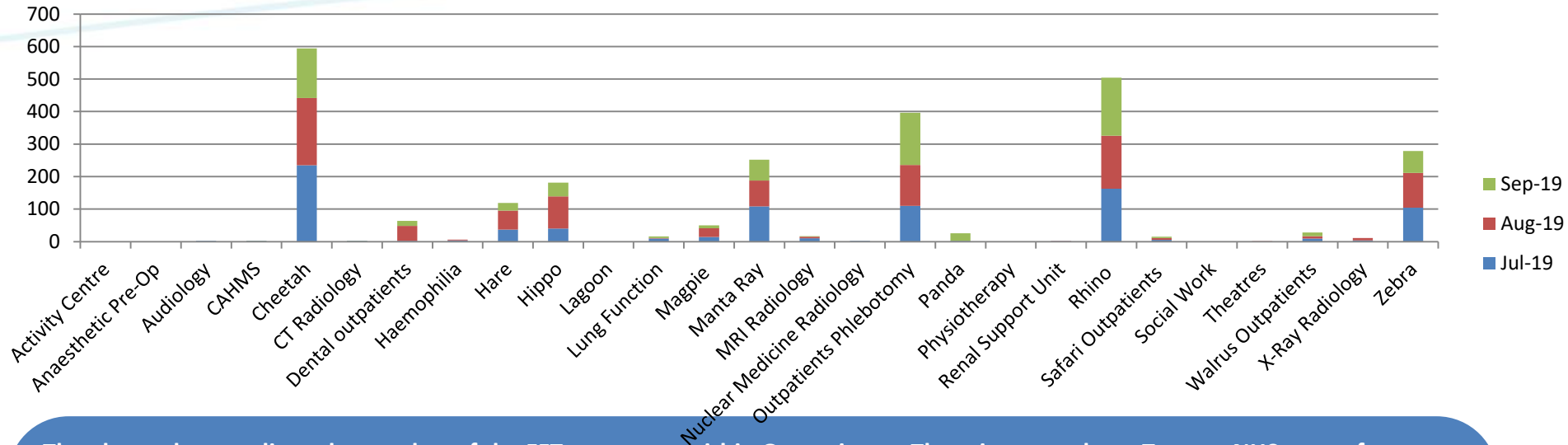
The above chart outlines the number of the FFT responses within Outpatients. There is currently no Trust or NHS target for outpatient FFT feedback.

The amount of feedback received in outpatients has reduced this month from 945 comments to 761. The percentage to recommend score has increased very slightly to 93.6%, however this remains under the Trust target of 95%. The negative comments received this month were predominantly about waiting times and appointment amendments. There were also comments about the environment and confusing wayfinding.

Cheetah is closing in October 2019 and the new outpatient area is opening in the Zayed Centre for Research which will be named Falcon. FFT stations have been installed ready for the opening on 21 October 2019.

Trust Board Dashboard - September 2019

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Caring

	Jul-19	Aug-19	Sep-19	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability				➡		
% Positive Response Friends & Family Test: Inpatients	97.32%	95.08%	97.35%	⬆		95%
Response Rate Friends & Family Test: Inpatients	23.87%	23.30%	28.66%	⬆	25%	
% Positive Response Friends & Family Test: Outpatients	92.14%	93.23%	93.56%	⬆		95%
Number of complaints open at month end (including re-opened)	17	21	25			
Number of open RCAs	Data being compiled					

Safe

		Jul-19	Aug-19	Sep-19	Trend	Plan	NHS Standard
Number of Incidents	Reported	462	430	417			
	Open	1634	1339	1399			
Number of overdue incidents				834			
Serious Patient Safety Incidents (date reported on STEIS)	In-month	0	0	1			
	YTD	5	5	6			
Never Events	In-month	0	0	0	➡		0
	YTD	2	2	2	➡		0
Incidents of C. Difficile	In-month	1	1	0	⬆		
	YTD	3	4	4	-		
C.Difficile due to Lapses of Care	In-month	0	0	0	➡		0%
	YTD	0	0	0	➡		
Incidents of MRSA (Hospital Onset)	In-month	0	0	0	➡		0
	YTD	0	0	0	➡		0
CV Line Infection Rate (per 1,000 line days)		1.28	2.28	2.08	⬆	1.6	
WHO Checklist Completion (Main Theatres)			99.61%	99.59%	⬇	98%	
WHO Checklist Completion (Outside Theatres)			98.61%	98.50%			
Total WHO Checklist Completion		99.16%	99.29%	99.35%	⬆	98%	
Arrests Outside of ICU	Cardiac Arrests	1	1	0	⬆	5	
	Respiratory Arrests	7	2	0	⬆		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	1	⬇	0	

Responsive

		Jul-19	Aug-19	Sep-19	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting <6 Weeks		94.93%	96.04%	96.92%	⬆		99%
Cancer 31 Day: Referral to First Treatment		No Pts	No Pts	No Pts			85%
Cancer 31 Day: Decision to Treat to First Treatment		Data being confirmed					96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery		100%	100%	100%	➡		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs		100%	100%	100%	➡		98%
Cancer 62 day: Consultant Upgrade of Urgency of a referral to first treatment		100%	90%	100%	⬆		
Last Minute Non-Clinical Hospital Cancelled Operations		2	57	46	⬆		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		1	1	4	⬆		0
Urgent Operations Cancelled for a 2nd Time		0	0	0	➡		0
Same day / day before hospital cancelled outpatient appointments		1.97%	1.76%	1.66%	⬆		
RTT: Incomplete Pathways (National Reporting)		84.47%	82.42%	83.72%	⬆		92%
RTT: Average Wait of all RTT Pathways		9.53	10.06	9.75	⬆		92%
RTT: Number of Incomplete Pathways (National Reporting)	<18wks	5321	4858	4810	⬆		-
	>18wks	978	1036	935	⬆		-
RTT: Incomplete Pathways >52 Weeks - Validated		10	7	13	⬇		0
RTT: Incomplete Pathways >40 Weeks - Validated		62	74	76	⬇		0
Number of unknown RTT clock starts	Internal Referrals	6	4	8	⬇		-
	External Referrals	347	347	314	⬆		-
RTT: Total Number of Incomplete Pathways Known/Unknown	<18 weeks	5649	5188	5151	⬇		-
	>18 weeks	985	1045	948	⬇		-

Data Completeness

		Jul-19	Aug-19	Sep-19	Trend	Plan	NHS Standard
Mental Health Identifiers: Data Completeness		96.40%	97.93%	97.66%	⬇		97%
Mental Health Ethnicity Completion - %		65.35%	68.56%	32.90%	⬆		90%
% of Patients with a valid NHS number	Inpatients	90.9%	90.9%		⬆		99%
	Outpatients	91.2%	91.1%				

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

⬆	Improvement	▮	On / above target
➡	Consistent trend	▮	Below target
⬇	Deterioration	▭	No target

People

		Jul-19	Aug-19	Sep-19	Trend	Plan	NHS Standard
Sickness Rate		2.46%	2.50%	2.60%	⬇	3%	
Turnover	Total	18.0%	18.0%	18.4%	⬇	18%	
	Voluntary	15.2%	15.2%	15.5%	⬇	14%	
Appraisal Rate	Non-Consultant	88.0%	91.0%	89.0%	⬇	90%	
	Consultant	85.0%	91.0%	89.0%	⬇		
Mandatory Training		95.0%	95.0%	94.0%	⬇	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test		70.0%				61%	
Vacancy Rate	Contractual	9.0%	9.9%	10.0%	⬇	10%	
	Nursing	7.40%	8.60%	8.39%	⬆		
Bank Spend		4.7%	4.8%	4.5%	⬇		
Agency Spend		0.68%	0.66%	0.60%	⬇	2%	

Effective

			Jul-19	Aug-19	Sep-19	Trend	Plan	NHS Standard
Discharge Summary Turnaround within * epic data	24 hours		57.38%	58.05%	66.34%	⬆		100%
	Number of letters not sent	In-month	319	126	56			
		YTD	687	254	70			
Clinic Letter Turnaround within * epic data	7 days		54.55%	64.55%	61.64%	⬇		100%
	Number of letters not sent	In month	2775	2140	2420			
		YTD	6699	6500	7393			
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)			8.26%	6.85%	7.03%	⬇		8.45%

Productivity

			Jul-19	Aug-19	Sep-19	Trend	Plan	NHS Standard
Main Theatres	Theatre Utilisation		Data Under Review					77%
Outside Theatres	Theatre Utilisation		Data Under Review					77%
Trust Beds	Bed Occupancy		Data under Review					
	No of available beds		396	396	396	➡		
Average number of trust beds closed	Wards		30	49	47	⬆		
	ICU		5	5	6	⬆		
Refused Admissions	Cardiac refusals		1	6	1	⬇		
	PICU / NICU refusals		4	2	18	⬆		
Number of PICU Delayed Discharges	Internal 8 - 24 hours		1	1	1	➡		
	Internal 24 hours+		1	2	3	⬆		
	External 8 - 24 hours		3	0	0	➡		
	External 24 hours+		1	1	1	➡		
	Total 8 - 24 hours		4	1	1	➡		
	Total 24 hours+		2	3	4	⬆		
PICU Emergency Readmissions < 48 hours			2	2	1			

Activity (NHS & PP)

			Jul-19	Aug-19	Sep-19	Trend	Plan	
Daycase Discharges (YOY comparison)	In-month		2,398	2,056	2,074	⬆	2,324	
	YTD		8,559	10,615	12,689		14,426	
Overnight Discharges (YOY comparison)	In-month		1,576	1,511	1,393	⬇	1,272	
	YTD		5,668	7,179	8,572		8,511	
Critical Care Beddays (YOY comparison)	In-month		2,081	1,295	1,296	⬆	847	
	YTD		5,185	6,480	7,776		6,097	
Bed Days >=100 Days	No. of patients		9	6	2			
	No. of beddays		1,795	773	257			
Outpatient Attendances (All) (YOY comparison)	In-month		18,630	15,604	16,837	⬆	21,332	
	YTD		72,564	88,168	105,005		132,162	

Our Money

	Jul-19	Aug-19	Sep-19	Trend	YTD	Variance
Control Total	1.8	(0.5)	1.5	⬆	(4.8)	0.9
Forecast outturn control total						
Debtor Days (IPP)	209.0	203.0	198.0	⬆	120.0	(78.0)
Quick ratio (Liquidity)	1.7	1.7	1.7	➡	1.9	(0.2)
NHSI KPI Metrics	3	3	3	➡	3	0

The indicators below are currently going through a data validation process and therefore are not available to report for the month of Sept:

- Theatre utilisation
- Bed occupancy

Please not that the monthly line days used to calculate the CVL infection rate are still being collected (new system through EPIC), therefore are subject to change.

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

Council of Governors
26th November 2019

Review of the Draft People Strategy

Summary & reason for item:
Attached is a copy of the People Strategy presentation and information for review and comment, which was formally launched at GOSH Open House on 21st November 2019.

After a significant period of upheaval and change particularly in the Executive leadership, the appointment in December 2018 of Matthew Shaw as the Chief Executive, supported by a new Executive team has provided much needed stability and a renewed sense of focus and direction for the Trust. Following receipt of a poor set of staff survey results in October 2018 the Trust has established a programme of work to reset and reconnect with its workforce and deal directly with the some of the concerns raised, of which the development of the People Strategy is a core component.

Overview of the People Strategy

The purpose of the People Strategy is to bring together all of the people management issues and related activities to provide visibility but, also to ensure that they are aligned, co-ordinated and focused on delivering the priorities of the Trust, alongside our commitment to our people.

The People Strategy has been developed within the context of the changing national NHS and local sustainability and Transformation Partnership (STP) landscape, as well as our current organisational context. While acknowledging the significant achievements of the Trust, in terms of the work it delivers and the people who deliver it, this strategy seeks to address our specific workforce challenges, around recruitment, retention, leadership, performance, culture and engagement, as well as recognising the impact that the priorities and ambitions of the newly refreshed GOSH strategy will have on service configurations, skills and capabilities, structures and ways of working.

The People Strategy has been built around four key themes
1. Capacity and Workforce-planning - Resourcing, retention and strategic workforce planning.
2. Developing Skills and Capability. -ensuring that the Trust continues to meet is core responsibilities as a teaching, training and research hospital, as well as building skills and capability to meet the new challenges and changing priorities.
3. Modernising and Reshaping the Corporate and HR infrastructure -including HR policies, processes, systems and supporting structures.
4. Culture, engagement, health and wellbeing – ensuring all our staff feel well led and well managed, but also valued, developed, supported and empowered to be and do their best.

There has also been significant work undertaken to invest in developing leadership capability and to improve practices and processes to support operational delivery which is also having a positive impact on workplace relationships.

1

Attachment D

Over the eight months the Trust has:

• Significantly increased its internal communications with staff, increasing the visibility and opportunity to interact with the CEO and other leaders
• Introduced Mat's Big briefing - monthly open Q&A sessions with the CEO
• Launched fortnightly CEO and Director Blogs
• Extended the visible leaders programme requiring all Directors to regularly visits all parts of the Trust
• Implemented a Leadership development programme for senior leaders, currently being piloted by the senior leadership teams in Operations
• Introduced a weekly Trust-wide SLT huddle to reflect on the past week, share information and confirm priorities for the coming week
• Supported the above through an extended monthly session to provide more detailed information sharing and facilitate discussion and planning
• Increased local ownership of the staff survey process and results, resulting in the development and publication of local directorate action plans
• Launched three new staff forums for LGBT & allies, BAME and Women, each of which is supported by an Executive sponsor, plans are in place to launch the Disability and long term illnesses Forum later this year
• Increased Stat & Man training and PDR compliance significantly (95% and 91% respectively) as a result of increased management focus and support
• Imbedded an integrated performance reviews process and extended to include all directorates
• Commenced refresh of the GOSH Strategy through a series of engagement and consultation exercises with staff and other stakeholders.

The People Strategy needs to be a Gosh Strategy, owned and driven by EMT, advocated and delivered by the wider leadership team and to be successful, grounded in the organisation it seeks to support, speaking to all staff and across all roles and as such has been subjected to extensive consultation.

As a consequence, the People Strategy was presented to the Trust Board as a 'Draft' for comment and consideration prior to consultation with staff groups and staff representatives.

The consultation was used to inform the final version of the strategy and to prepare the delivery plan which will underpin it, including the prioritisation of work streams which will be presented to the Trust Board Strategy Meeting in November, with the formal launch of the People Strategy alongside the refreshed GOSH Strategy in November 2019.

Although subject ratification through consultation, it is expected that the first year's work programme will include a mixture work steams which represent either: work in progress, addresses urgent concerns or issues, or, provides essential building blocks to support sustainable cultural change. The anticipated areas of work to be covered in the first year are expected to include the following:
• Development of an employee brand and employee value proposition to support recruitment and retention
• Extension of the Nursing recruitment and retention programme and establishment of a retention programme for admin staff
• Design and delivery of a leadership development programme, underpinned by a line management development programme to imbed core competency and confidence in people management
• Development of an integrated internal communications framework which promotes and supports staff engagement

• Development of an integrated and Health and wellbeing framework and a Diversity and Inclusion (D&I) strategy
• A review of reward and recognition
• Review and repositioning of the HR&OD function to meets the demands of the strategy
• Upgrade of HR infrastructure (policies processes and systems).

Preparation for and in some cases, delivery of these work streams has already commenced, including the nursing recruitment and retention programme; implementation of the leadership and line management training programmes, supported by coaching and mediation; review of the internal communication structure; review, restructure and repositioning of the HR & OD function to ensure that it is able to operate as a strategic support function working in partnership with EMT, senior leaders, managers, staff and their representation to co-design and deliver the programmes of work.

This work will continue through the consultation process to ensure that GOSH is well positioned to deliver the commitments set out in this strategy.

Governor action required: Review and Comment.

Report prepared by: Caroline Anderson, Director of HR & OD

Item presented by: Caroline Anderson, Director of HR & OD

PEOPLE STRATEGY

Caroline Anderson

Contents

The child first and always

Forward by Matthew Shaw

I am a passionate believer in the NHS and for me GOSH is the pinnacle of what I believe we can do in medicine: its ability to make a difference in healthcare is second to none.

Historically, the organisation has always wanted to be known for its outputs particularly around innovation and discovery. But there's something more important: that it is a fantastic place to work. If staff don't feel that, then we'll never be as good as we can at transforming the lives of children and young people that need our care.

This strategy sets out how we are going to do make GOSH a great place to work.

At its heart is a desire to value people for who they are not just the role they do. This includes taking concrete steps to ensure we treat people fairly. This is something that means a lot to me having been passed down to me from my mum. She instilled in me a real sense of justice and equality and a belief that you shouldn't show reverence to things like hierarchies or history but judge situations, people and behaviours as they present themselves.

I want us to create an organisation without boundaries where people feel they can go to anyone in the organisation to get help or support to help solve their problem. I also want us to be an organisation that is open and inclusive. All our current data tells us that opportunities for staff from diverse backgrounds are far from where they should be and that is not acceptable so we will be tackling this at pace.

We will also need to create more opportunities for promotion and progression for all our people and have HR policies which deliver fair and just decisions.

There is also an emphasis on treating everybody with kindness and respect. This is particularly important in a highly pressured organisation like ours where this pressure does not always lead to the right types of behaviours and communication. In this document we set out the conditions we will create to help every member of staff make themselves as good as they can be - and not just technically- and in turn make their teams and the hospital as good as it can be.

Our patients are often very complex so we will need our staff to work across organisational boundaries and want to be part of a whole hospital community rather than working in a particular service.

There are also expectations of our people. We will strive to create the right conditions but we expect staff members to fulfil the values of the organisation but also role model and live them. We also expect that everyone has a sense of responsibility and will be held to account for the things we need to do. They will also call out behaviour - regardless of seniority - that is not in line with our values.

Taking together these are our building blocks and with the right support and focus this will create a culture that is open, fair, compassionate, collaborative and fun. What a fantastic place to work!

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Introduction and Purpose

Our people are the head, the heart, the hands and the face of Great Ormond Street. They make us who we are and allow us to do extraordinary things.

We value and respect them individually and collectively for who they are, as well as what they do.

As a Trust we are committed to ensuring all our people are well led and well managed, but also, supported, developed and empowered to be, and do their best.

The purpose of this People Strategy is to bring together all of the people management issues and related activities to provide visibility, but also to ensure that they are aligned, co-ordinated and focused on delivering the priorities of the Trust, alongside our commitment to our people.

The People Strategy has been developed within the context of the changing national NHS and local Sustainability and Transformation Partnership (STP) landscape, as well as our current organisational context. It provides both a response to our current challenges around recruitment, retention, leadership, performance, culture and engagement, as well as the impact that the priorities and ambitions of the newly refreshed GOSH strategy will have on service configurations, skills and capabilities, structures and ways of working.

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) was established in 1852 and was the first hospital providing in-patient beds specifically for Children in England. Today, GOSH is a tertiary and quaternary care hospital that provides specialised and highly-specialised services to Children and Young People (CYP) with rare and complex conditions. GOSH is the largest paediatric centre in the UK for intensive care, cardiac surgery, neurosurgery, cancer services, nephrology and renal transplants. There are 63 different clinical specialties at GOSH and more than half of patients come from outside London. GOSH is also renowned internationally. We work with governments and other sponsors to welcome 5,000 children annually from around 90 countries that lack the facilities and expertise to treat rare or complex paediatric conditions.

The People Strategy will cover the period through to December 2022. The annual work programmes and plans which will underpin its delivery will be overseen by the People and Education Assurance Committee. The first year's activity will focus on addressing the most acute and urgent workforce issues as set out in this strategy, alongside creating the building blocks for a more positive working environment for all our people including joining up and extending staff support arrangements and creating an employee voice. This work will be extended in year 2 to deliver a more strategic approach to addressing some of the longer term systemic workforce issues, including the development of clear career and training paths for all roles, building skills for the future and becoming an employer of choice. In year 3 it is expected that there will be a need to review and refresh the People Strategy against the progress and delivery of the overarching GOSH Strategy, to ensure that it remains aligned and mutually reinforcing but also to prepare for the new roles, multidisciplinary team working and the integrated care systems which will become a key feature of the future healthcare workforce.

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National and Local Drivers for Change

In January 2019 the NHS published its 10 year *Long Term Plan* which set out its vision and ambition for healthcare in England. The plan is based on a new service model which includes more focused action on prevention and health inequalities; improved quality of care and health outcomes across all major health conditions; the harnessing of technology to transform and integrate services and maximise the value of taxpayers' investment. Underpinning that vision is a commitment to in invest in the NHS workforce which is captured in the NHS *Interim People Plan* which was published in May 2019.

The *Interim People Plan* recognises that in order to deliver the ambitions set out in the Long Term Plan we need new roles, and new professions working together in new ways. We also need to address the cultural changes that are necessary to build a workforce that befits a world-class 21st century healthcare system. It argues that we need to promote positive cultures, build a pipeline of compassionate engaging leaders and make the NHS an agile, inclusive and modern employer if we are to attract and retain the people we need to deliver the commitments made. It also recognises that essential to delivery is a need to address the systemic recruitment and retention issues in the current system. The *Interim People Plan* is built around 5 work themes:

- Making the NHS the best place to work
- Improving our Leadership Culture
- Prioritising urgent action on nursing shortages
- Creating a workforce to deliver 21st century care through the development of multi-professional and integrated work teams
- Developing new operating workforce models which promote and deliver integrated care systems, internally, across STPs and beyond.

The plan also sets out commitments and targets for each Trust and these are reflected in this People Strategy.

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Our people in numbers

Staff at GOSH

- 738, 15%
- 1069, 21%
- 3165, 64%
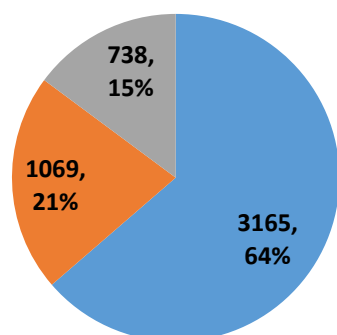
- Clinical (Registered)
- Clinical (Support)
- Corporate & Central

- 58 percent of our staff are in bands 2 - 6
- Average age of this group is 35, with tenure of 3½ years
- We have a younger workforce than the NHS average with 53% of GOSH staff under 40 (NHS 42%) while only 23% are above 50 (NHS 33%)
- Average tenure across all grades is 4½ years
- 13% of our workforce is from the EU/EEA, rising to 23% of our medical workforce and 28% of our Estates teams
- Nursing vacancies (7.4%) are low in comparison to NHS averages, but masking challenges in some areas including International and Private Patients which runs at circa 27%
- Our BAME workforce (29%) is significantly lower than other London NHS Trusts (45%)
- BAME Nursing (15%) and Allied Health Professionals at 12% are particularly low
- Turnover is highest in admin bands 2-4 just under 25%, although their tenure is slightly higher than Trust average at average tenure being 4¾ years
- Followed by nursing band 5 which has an average tenure of 1½ years and turnover of 24.1%
- Temporary staffing usage, particularly Agency staff is well controlled representing 1% of pay bill.

Staff Cohort	Group	Headcount	% of Trust
Nursing & Healthcare Assistants	Nursing (Wards, Theatres & Outpatients)	1202	24.2%
	Nurse Specialist (CNS/ANP)	294	5.9%
	Nursing Educators	79	1.6%
	Nurse Managers	35	0.7%
	Healthcare Assistants	211	4.2%
Nursing & Healthcare Assistants Total		**1821**	**36.6%**
Medical and Dental	Medical: Consultant	372	7.5%
	Medical: Non Consultant	12	0.2%
	Medical: Drs in training grades	339	6.8%
Medical Total		**723**	**14.5%**
Other Clinical roles	Allied Health Professionals	268	5.4%
	Healthcare Scientists	309	6.2%
	Pharmacists	59	1.2%
	Other Clinical staff	196	3.9%
Other Clinical roles Total		**723**	**14.5%**
Clinical support	Admin Clinical support	562	11.3%
	Clinical support staff	296	6.0%
Clinical Support Total		**858**	**17.3%**
Corporate & Central	Admin Central functions	586	11.8%
	Estates & Ancillary staff	152	3.1%
Corporate & Central Total		**738**	**14.8%**

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GOSH Volunteers

GOSH is very lucky to have a thriving and energetic volunteering service who make a major contribution to the wellbeing, health and vibrancy of hospital life, as well as a significant and highly valued contribution to patient care. We currently have over 1000 volunteers including 390 individual volunteers, working across 42 roles, covering, - activity clubs, acting as guide, play buddies and ward hosts, providing massages and beauty sessions and even therapy dogs!. We also partner with 26 external charities, who between them provide a wide range of support to patients and families – including, Radio Lollipop, Scouts and Guides, Spread a Smile, Giggle Doctors, Rays of Sunshine, Noah's Ark, Contact, Caudwell Children, etc.

GOSH attracts a wide range of volunteers, from different backgrounds, age groups, experience and skills and this diversity adds to the range, vibrancy and breadth of the activities the service supports and offers.

Ethnicity Breakdown

- Latin British/ Sth America, etc 4%
- Middle East 2%
- Asian British/ Chinese, SE Asian 5%
- Asian British/ Indian, Pakisatni, Bangladeshi, etc 14%
- Black British/ Caribbean,…
- White other 15%
- White British 51%

Volunteer age groups

- 71+ 10%
- 18-25 14%
- 26-30 9%
- 31-40 16%
- 41-50 14%
- 51-60 18%
- 61-70 19%
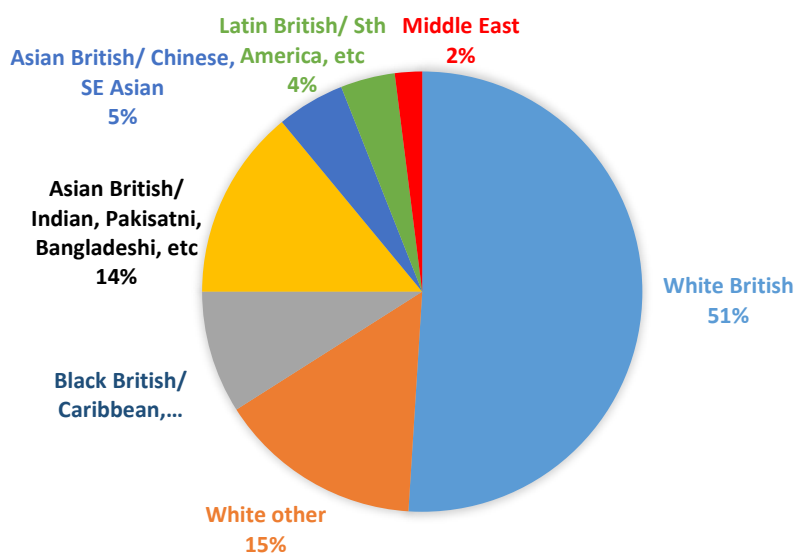
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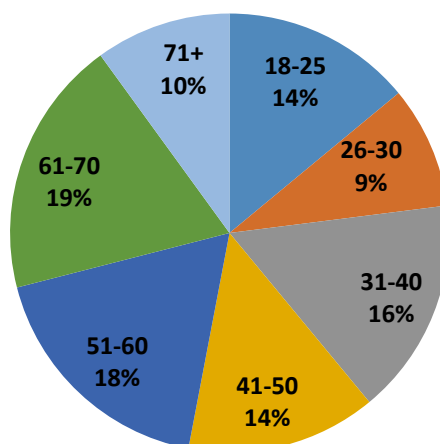
Our Organisational context and Priorities

Our current financial and organisational context is challenging and complex. It has been informed over time and is a consequence of both the complexity of our work, the workforce we employ and the children we care for, as well as the choices and decisions made in the development of individual services.

As an organisation GOSH has grown organically with our service configurations and ways of working reflecting developments in patient care and the roles to support them, as well as the research and clinical outcomes pioneered here. As a consequence, GOSH can best be described as a collection of highly specialised services which sit within and alongside each other. The absence of the integrated pathways and service delivery models has resulted in silo working within and between some teams, reducing the opportunity for more efficient ways of working.

The complexity, range and uniqueness of the services we offer is reflected in our workforce. We employ a higher number and broader range of senior clinical roles including Consultants and Advanced Clinical Practitioners, Allied Health Practitioners and Health Care Scientists, which alongside national and local shortages across key roles add additional pressure to our recruitment and retention requirements.

Our workforce challenges have been exacerbated by the absence, until recently of an organisation-wide strategy and corporate narrative, primarily as a churn in the senior leadership, particularly over the last 3 years. The annual staff survey and Staff, Friends and Family Test tells us that the Staff 'Always Values' and the 'Strategy House' are well recognised by staff, but inconsistent leadership has meant that there has been no opportunity to operationalise the strategy to provide clarity and direction to strategic planning and staff do not always see the values demonstrated. There was insufficient understanding for staff on what the future holds for the Trust, their services and teams or themselves. As a consequence, the Trust has lacked a coherent corporate narrative, an essential building block for effective staff engagement, leaving it without a clear direction, inwardly focused, delaying corporate initiatives and creating uncertainty for staff. In October 2018 a new organisational structure was implemented, based on a distributed leadership model which introduced new roles, responsibilities, processes and ways or working. While a necessary step and providing real potential to improve service delivery and management of staff, it introduced additional complexity and challenges as in the organisation transitioned.

In addition, this year has seen a marked change in GOSH's 19/20 financial position. Historically, the Trust has been relatively well funded principally due to the GOSH Charity and International Private Patient (IPP) practice which has subsidised the financial deficit in NHS work. However, Tariff income is reducing across London and for specialist providers in particular which, alongside an increase in fixed costs, has resulted in a budget deficit for the first time. As a result, the Trust is having to bridge this financial gap through a significant Better Value programme focusing on quality improvement and efficiency.

The appointment of a new Chief Executive and Executive Management Team has provided an opportunity to refresh the GOSH Strategy and to reposition and reassert our leadership and

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partnership role, both in the wider NHS system and across London and the STP footprint, but also internally, in our relationship with our staff and their representatives.

The refresh of the GOSH strategy and the development of the supporting programme of work and operational delivery plan that underpins it, provides context and clarity for the Trust and its people as well as for patients, partners and other stakeholders.

The refreshed GOSH Strategy commits the Trust to 4 guiding principles: (to be confirmed and agreed).

1: Prioritising the basics – We will prioritise our most urgent challenges: the quality of our clinical services, the skills, capacity and morale of our people and the financial sustainability that allows us to continue to do what we do.

2: Working together to better serve our patients – We will re-design services around what our patients and their families need, developing a smaller number of care pathways, reducing variation and optimising electronic systems so that we offer the same high quality service to patients across all our specialities. We will better integrate our clinical services and support functions, delivering shared programmes and projects to embed GOSH-wide collaboration and to develop GOSH as a Learning Organisation.

3: Developing the capacity to support more patients at GOSH and beyond – We will work with our patients, families, clinical teams and NHS partners to improve access to our services and provide more support our patients, wherever they are in the healthcare system. This will involve expanding the functionality of our electronic health record, providing better on-site support for children and young people who need urgent access to a specialist team, developing virtual outpatient services and formalising our outreach support for referring partners.

4: Driving discovery, innovation and partnerships to make things better for our patients – We will develop GOSH's essential role as a national and international hub for research and development of treatments and interventions for children with rare and complex conditions. We will develop and strengthen the academic and commercial partnerships that expedite the translational research cycle and deliver scalable technologies that support better clinical decision-making and allow patients and their families to live healthier and more independent lives.

Realising the ambitions will require the building of organisational capacity and capability including in leadership, financial and business planning as well as in change leadership and workforce and service transformation.

In response to the above, and the national and local context in which we must now operate, the People Strategy has been built around four key themes.

1. **Capacity and Workforce-planning** - Resourcing, retention and strategic workforce planning.

2. **Developing Skills and Capability** - ensuring that the Trust continues to meet is core responsibilities as a teaching, training and research hospital, as well as building skills and capability to meet the new challenges and changing priorities.

3. **Modernising and Reshaping the Corporate and HR infrastructure** - including HR policies, processes, systems and supporting structures.

4. **Culture, engagement, health and wellbeing** – ensuring all our staff feel well led and well managed, but also valued, developed, supported and empowered to be and do their best.

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Capacity and Workforce Planning

Context and key Issues

In many ways, our workforce of circa 5,000 is typical of many Trusts in that it is predominately female at 76% and weighted in favour of clinical roles of 3,800 staff (73%) supported by 1,300 staff in non-clinical roles (27%). However these statistics mask a range of issues which have grown over time and have delivered both benefits as well as challenges.

Our workforce characteristics which include having both a young workforce, low BAME representation, relative to other parts of the NHS, together with low tenure, in some key roles indicate that there are a range of issues to address relating to: recruitment pipelines and our employee brand; career and training paths for both medical and non-medical roles; experience and line management capability as result of low tenure. There are also implications for communications and engagement. With a workforce which is young, mobile, digitally savvy and not necessarily committed to a future career in GOSH, it is essential that we are able to provide an employment offer which is attractive in the first place and then a working environment and career opportunities that encourages people to stay.

The impact of age and tenure

While bringing vibrancy and new ways of thinking, having a young workforce inevitably requires higher levels of supervision and support, especially for younger workers living away from home for the first time or being new to the UK or London. With 53% of our workforce under 40 and an absence until recently in line management development, that support has often been provided by a cohort of first time or less experienced and confident supervisors and managers.

Turnover in administration and support roles

We turnover 25% of our admin and support roles each year. This would indicate a lack of career opportunities and training pathways despite the breadth of the roles we have on offer. There is more we could do to promote internal promotion, secondment and shadowing. In addition there is still more work to do to understand the detail and drivers behind some of the other workforce statistics including succession planning and career paths for Allied Health Practitioners (AHP) and Health Scientists. The health workforce of the future is expected to more integrated, with multidisciplinary teams and this will have a significant impact on recruitment as well as training and education.

Recruitment and retention of nursing staff

This is very much a mixed picture. While our vacancy levels are significantly below national and London averages they mask a mixed picture with ongoing challenges in particular teams or roles. Our retention rate is more in line with London with tenure for Band 5 nurses averaging 1 ½ years, but recruitment into more experienced band 6 nursing roles is more challenging. While there is already an established programme to support recruitment and retention in nursing, there is still work to do to respond to recruitment hotspots which require a more radical and creative response.

Our BAME representation

This is significantly below that of other London Trusts which would indicate issues with our pipelines and our employee brand. Of note, the employee brand has evolved organically and should be viewed against the backdrop of the strong external brand of the hospital and the charity with the latter in particular having a different purpose and role. There is more work we could and should be doing to promote GOSH as an open and inclusive employer of choice, with a wide range of careers, roles, training, education opportunities and people.

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Commitments and actions:

In response to the above we will:

- Review, update and reposition our employee brand and employee value proposition (EVP) to promote GOSH as an open and inclusive employer of choice
- Develop an overarching recruitment and resourcing strategy with sub strategies to support key roles
- Review our recruitment policies and processes to deliver an efficient and effective resourcing function which is recognised and valued by the organisation
- Build and maintain a strategic workforce planning model which is integrated into financial and activity planning work streams, business planning cycle to support recruitment planning
- Build and maintain the annual recruitment plan underpinned by a quarterly tactical recruitment plan
- Establish an administration recruitment and retention work stream focused on building career and training paths and promoting opportunities which encourage people to stay and build a career at GOSH
- Continue and extend our nursing recruitment and retention programme to include responding to recruitment to recruitment hotspots
- Open up and promote internal recruitment opportunities in secondments, work shadowing and promotion opportunities.

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Developing Skills and Capability

Context and key issues

As a world renowned teaching and training hospital, the Trust has a well-established and well respected clinical training offer, which will be further enhanced by the ambitious and exciting plans for the establishment of a GOSH Learning Academy (GLA). The GLA will be recognised as a national and international learning provider offering world class paediatric healthcare education and training.

We recognise that education and learning underpin good patient experience, but also recognise the need for all staff to feel engaged with the Trust in each and every role. Our generic workforce development offer remains undeveloped and whilst there have been pockets of excellent work, this needs bringing together to create opportunities to develop within roles and for advancement for all staff. As a consequence the People Strategy will focus on the development of core and generic skills for the wider workforce outside of clinical disciplines, including leadership and line management.

Realising the ambitions set out in the GOSH Strategy, alongside the commitments to our people arising from the new People strategy, will require investment in building capability and capacity in a range of skills and disciplines, including but not limited to; Leadership, line-management, transformation and service redesign, programme and project management, financial and service planning and analytics. There will also be a requirement for a significant increase in the level and sophistication of staff communication and engagement.

Supporting development and progression

In the past we have invested less in our non-medical workforce and our learning and development offer to them has been limited. GOSH is an excellent environment for our people to have an interesting and varied career, supported by structured learning interventions and opportunities. We need to invest in our people working in allied health professions, our health scientists, and the whole range of administrative and managerial roles that are so vital to ensuring our services function every day. We have also underinvested in our corporate services including our people working in Human Resources, Finance, ICT and Digital facilities, and Estates. We need to provide clear career paths for people working in all services to support their professional and technical development to meet the changes that the refreshed organisational strategy will require.

Developing compassionate and competent leadership

We previously provided pockets of leadership development largely delivered as part of clinical training paths. The adoption of a GOSH leadership strategy provides an opportunity to establish clarity and expectations of all leaders in their roles as Corporate, Service and Systems Leaders as well as line managers. The strategy will form part of a broader leadership framework and used to develop leadership programmes for aspiring leaders, developing leaders and established leaders. All levels of the leadership development programme will focus on self-leadership, team leadership, system leadership as well corporate leadership for senior roles. To this we will make best use of our apprenticeship levy to provide access to academic programmes. Going forward the Leadership framework, its standards and expectations will feed into roles, structures, recruitment as well as performance and assurance frameworks.

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Improving line management

Our relationship with our immediate line manager is essential to providing a supportive work environment. We recognise that our previous underinvestment in this area, together with our age profile means that not all managers feel competent or confident in their ability to make sound people management decisions. In extreme cases this has led to requirements for mediation and team interventions to remedy positions of conflict or ineffective team working. We will focus on people who have a line management responsibility to develop their capability to ensure good judgement and decision making. We will also offer support to managers in developing their coaching skills and approach, team development, and empowering and engaging their teams. In addition we will increase the capability across the organisation to engage with and lead service redesign, increase financial capability and acumen, use of quality improvement methodology, and improve project and programme management.

Digital, data and technology

With the growing digitisation of healthcare data, underpinned by integrated clinical systems and data/research platforms (such as our Epic EPR and Digital Research Environment (DRE) and increasingly by personal medical devices and the wider 'Internet of Things', the NHS has recognised the need for the introduction of new roles and competencies, such as clinical informaticists. We need to provide a clear development/recruitment strategy and career path for staff with an interest in undertaking new roles, ensuring GOSH fully capitalises on the transformation opportunities provided by digital/technological innovation.

Sharing Information and opportunities

We have a range of development opportunities and qualifications to develop people throughout the Trust and this will increase, however, we need to be able make these accessible for all staff and a 'one stop shop'. There have been traditional boundaries of medical, nursing and non-medical education and whilst these will continue for some development we will ensure we have a multi-professional approach, where appropriate, and ensure these are well communicated. We will provide career coaching for colleagues that are unsure of how to take the next steps in their development and enable managers to have information at their fingertips.

Commitments and actions:

To realise the ambitions set out in the Gosh Strategy, alongside the commitments to our people arising from the new People strategy, will require investment in building capability and capacity in a range of skills and disciplines.

In order to meet the changing requirements of the organisation we will:

- ➢ Provide a learning and development framework that is easily accessible for all staff cross all roles and disciplines
- ➢ Develop career pathways for all roles linked to learning opportunities and apprenticeships
- ➢ Provide multi-professional leadership development programme for aspiring, developing and established leaders
- ➢ Embed leadership behaviours into Appraisal and talent processes
- ➢ Review and modernise our approach to Personal Development Reviews (PDRs) to provide meaningful opportunities to improve performance and capability alongside development
- ➢ Increase the capability of managers to provide a supportive work environment

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- Provide a structured approach to accessing coaching, mentoring and mediation
- Develop a programme of development to increase capability for service redesign, project management, digital technology, and project management.

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Modernising and Reshaping

Key issues

Development of the new GOSH People Strategy has brought into sharp focus the previous absence of investment in people related issues across the Trust and this is reflected in the quality of our corporate infrastructure and our corporate services generally. All organisations need efficient and effective infrastructure (policies, structure, systems, processes and skills) in order to function effectively. This underinvestment is reflected in:

A framework of HR polices which have grown overtime

Our HR policies lack coherence, focus on process as opposed to outcome and are seen by staff and their representatives as overly punitive and negative in both tone and language. They do not provide a backdrop to adequately support constructive employee relations. This is exacerbated by lack of experience and skills on the part of line managers and the level and quality of support provided to them, resulting in prolonged processes with unsatisfactory outcomes for all parties. There is a need to reposition our approach to policy design and its application which facilitates healthy work place relationship and promotes informal resolution, before initiating formal processes.

An HR&OD structure built around its transactional services

Our structure does not reflect the technical disciplines or the strategic role that should form part of a modern and effective HR&OD function. Historically the function has been unable to respond to the organisational demands required of it, which have been picked up by other services or more often, not at all, resulting in frustrations and delays in initiatives.

Use and configuration of our HR and support systems are underdeveloped

The systems we use to engage and support our managers and staff have not kept pace with developments in the wider sector. As well as restricting processes, we have not maximised our use of national tools such as the national Electronic Staff Record (ESR) system to deliver an integrated people management function, which has had a detrimental impact our ability to analyse and therefore understand our workforce and to identify workforce issues and their drivers.

Our current Microsoft Office administration software is outdated

Our current office suite products (mail, calendar, Word, Excel, and PowerPoint) restricts our ability to work efficiently and communicate effectively. A move to a modern system and platform will provide improved functionality and tools, support collaborative working and provide the opportunity to host a new intranet and use modern digital communications tools to improve staff communication and engagement.

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Resourcing and Recruitment processes

These are not responsive or aligned to need **-** The Trust has historically had a lower vacancy rate than the national average but requires regular recruitment due to higher than average turnover. Recruitment processes for recruiting staff have been transactional and aligned to individual recruitment episodes rather than to a wider recruitment and attraction strategy. This has often led to duplication and delays to recruitment which in turn can impact the delivery of services.

The current HR&OD function and Teams

As it has with other corporate services, The Trust has underinvested in the skills and capability of the HR function and team resulting in inconsistent and sometimes inadequate advice and support. There is a need to strengthen core HR capabilities in organisational development and design, L&D, employee relations, advice and consultancy, workforce analysis and planning, strategic resourcing, diversity and inclusion (D&I) and health and wellbeing.

Delivering Service improvements, Efficiency and Change

Over recent years the Trust has adopted a number of different tools and projects to deliver quality, safety and efficiency improvements– these have resulted in some excellent local examples of change but in many cases these have not become widely embedded across the Trust and often fall away when not actively managed by individuals within local teams. There is an urgent requirement to develop change management capability, infrastructure and a culture of transformation across the Trust. Alongside enabling organisational structure which will support and empower our staff to identify, design and adopt new practice and successfully deliver the changes required at both a strategic and local level.

It is crucial to the successful delivery of any change that, the people implications are understood and planned for at the outset, including interdependencies and the cumulative impact, in order that inherent risks can be managed and mitigated.

Commitments and actions:

In order to support the organisation through the changes we need to build new capabilities and stronger corporate support functions, with roles that allow them to operate as strategic support functions, working in partnership with the CEO, Directors, senior leaders, staff and their representatives, to safely prepare the organisation and deliver the transformation and change required alongside transactional services which are efficient and effective.

In order to meet the changing requirements of the organisation we will:

➢ Establish appropriate capability and structures to champion the transformation agenda and to oversee the successful design, implementation, integration and delivery of transformation programmes informed by our strategic objectives

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- Develop a transformation portfolio to provide support for and oversight of projects and programmes delivering change across the organisation, ensuring we have the capability and capacity to deliver and embed a culture of transformation
- Refocus the both the work and structure of the HR function to reflect its new enhanced role and provide a foundation for future investment in capability building and career development.
- Establish a policy framework which promotes and supports modern employee relations and puts people before process
- Upgrade our HR systems to ensure that we are supporting managers and staff effectively, and embedding robust analytics to identify areas for improvement
- Replace and upgrade our office administration software to provide improved functionality, support collaborative working and communication tools.

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Culture Engagement, Health and Wellbeing

Context and Key Issues

In addition to the issues set out above, there are a wide range of other complex organisational issues which are contributing to our current culture. They have been developed over time and include, but are not limited to:

Underdeveloped internal communication infrastructure

While our external brand and reputation is strong and supported by an effective public affairs and communications team, internal communications remains underdeveloped and uncoordinated. There is little opportunity for staff to engage in activities which promote advocacy and pride and there has been a failure to recognise the value and take advantage of the staff survey and other feedback mechanisms to proactively engage with staff to improve working practices, infrastructure and culture. The organisation has been very slow to take advantage of new technologies which can promote and enhance two-way communications and support the building of a sense of community. Staff survey results have reduced as a consequence

Upholding our Values and standards of behaviour

GOSH has a rich history and heritage, which alongside its unique range of paediatric disciplines and its reputation for research and clinical excellence attracts some of most talented practitioners in healthcare. The complex and often unique nature of our patients, results in the creation of transitionary multidisciplinary teams built around the needs of the child. At its best, matrix working is highly effective, but carries with it inherent risks as it cuts across the traditional concepts of line management and team structures. It therefore requires active management of team dynamics, a failure to do so creates challenges in working practice and relationships. This is exacerbated by a failure in some teams to tackle in appropriate behaviours which has led to a breakdown in individual relationships and/or dysfunctional team working.

An absence of consistent and empowering Leadership

Inclusive, compassionate and competent leadership is essential to creating a productive and successful work environment. In common with other Trusts we have valued the acquisition of knowledge and technical ability over, as opposed to alongside, effective leadership. This has led to the focus and elevation of the individual and is reinforced by clinical training paths which promote the acquisition of technical competence but often leaves support and reporting lines blurred.

Valuing and promoting teamwork and collaboration

The principle of 'The Child first and always' is deeply engrained in the organisation and guides the way we work. However it is not matched by an equally clear and unequivocal statement of commitment to our people. We do not adequately acknowledge the roles of all our people and the vital collective contribution they make to deliver our services. This has created a vacuum but also an imbalance in the characteristics which drive and define organisational culture.

Taking care of the carers

Working with seriously ill children and their families, many of whom have complex conditions and uncertain futures, is physically and emotionally challenging. It places huge demands on our staff day

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in and day out. While there are a wide range of support arrangements in place for staff, they have been introduced over time and are therefore uncoordinated and sometimes difficult to navigate. The situation is further exacerbated by a lack of organisational infrastructure, systems and strategies which promote, trust, respect, inclusion and health and wellbeing. For many, our external reputation is at odds with the internal reality of working here.

Commitments and Actions:

Shifting organisational culture requires continued focus on and investment in, the promotion of those characteristics which contribute to a positive working environment, creating an open supportive and inclusive work place, as well as dealing with the negative characteristics which detract from it.

In response to the above we will:

- Develop a corporate narrative and communication plan to promote understanding and connection to the refreshed strategy, work programs and plans
- Develop a Leadership expectation statement which sets out corporate accountability and ownership within the senior leadership cohort to sit alongside their service responsibilities
- Create a joined up and effective internal communications framework which promotes engagement, encourages connection and delivers an employee voice
- Establish cross organisational and directorate staff forums to inform and co-design our response to staff engagement and support initiatives
- Create and publish a Trust-wide response to the staff survey supported by local plans
- Refresh and relaunch of behavioural framework associated with GOSH values/acceptable behaviour frameworks
- Establish a culture which promotes transparency and supports the right and responsibility for all staff to speak up for safety, for themselves and for others
- Invest in understanding and supporting effective matrix and complex team working including setting expectations and standards of behaviour, supported by conflict resolution and mediation services
- Refresh of our approach to reward and recognition mechanisms to reinforce what we value, including collective contribution and teamwork
- Create an integrated health and wellbeing strategy to provide a more holistic approach to managing health and wellbeing based on the prevention of physical and mental ill health and the promotion of wellness
- Create an integrated Diversity & Inclusion strategy (D&I) to imbed D&I considerations into workplace relationships, policy and practice. Extend the use and influence of the staff network
- Establish a D & I delivery plan which promotes inclusive and flexible working opportunities.
- Extend and join our support mechanisms for staff to support them individually and collectively at difficult times ensuring that they are clear, accessible and mutually reinforcing
- Design and rollout a programme of Culture workshops inform and co-design the articulation of our desired culture going forward
- Create a respectful, constructive and mutually beneficial relationship with the staff partners and union representatives and ensure full involvement in and shaping of GOSH People strategy and appropriate programmes.

The child first and always

Summary

Great Ormond Street Hospital is a challenging, complex and inspiring place to work. Each and every day our people come together to support each other to deliver excellent patient care, often working to help our patients and their families navigate through demanding processes and difficult decisions. Creating a working environment where all our people are valued for who they are as well as what they and enjoy their work and coming into work, is everybody's job and is in everybody's interests.

Currently, our organisational culture is primarily defined by our regulatory framework as it is with all hospitals, but also and uniquely, by our reputation, our research and clinical outcomes, our undeniable commitment to our patients and a strong value based commitment to their work on the part of individuals and pride in what the organisation stands for and delivers.

However, these positive characteristics are being undermined by poor basic infrastructure and a failure to clearly articulate a commitment to our people, including in some instances setting and upholding standards of behaviour.

Through this People Strategy we will:

- ➢ Invest in the development and welfare of our whole workforce
- ➢ Create opportunities for career development and advancement across all disciplines and professions
- ➢ Develop the competence and skills to meet existing requirements alongside capability for the future, including service transformation
- ➢ Raise our Leadership and line management capability, developing compassionate and inclusive leaders, who are trusted for the motivation as well as their competence
- ➢ Reposition our employee brand as an open and inclusive employer of choice, to attract and retain talent
- ➢ Invest in our systems and HR infrastructure to improve support to both managers and staff
- ➢ Improve our internal communication with staff and create an employee voice and
- ➢ Imbed our values in all that we are and all that we do.

As a Trust we will work together with all our people and their representatives, to create a working environment, job roles, training and development, opportunities, support and culture that our people want and deserve. Creating an organisation which actively promotes and values teamwork and collaboration, where all our staff are well led and well managed and where everybody irrespective of their role, feels valued, heard, supported, safe and connected.

The child first and always

People Strategy

Presentation for Council of Governors
26th November 2019

The child first and always

Introduction and Purpose

Our people are the head, the heart, the hands and the face of Great Ormond Street. They make us who we are and allow us to do extraordinary things.

We value and respect them individually and collectively for who they are, as well as what they do.

So Why Did We Produce a People Strategy ?

- Significant period of upheaval and change.
- New Chief Executive and Executive team.
- Recognition that we had not invested in staff issues.
- Poor staff survey and staff friends and family test results.
- 95% for treatment vs 64% for working here.
- Equality data put us as an outlier in both London and the wider NHS.
- A desire to reset our relationship with staff and their representatives.
- Recognition that the culture is not where it needs to be.

Development Of The People Strategy Has Been Informed By:

- Workforce demographics, circa 4800 plus (1000 volunteers).
- Triangulated with other data sources (WRES, WDES, HR casework, recruitment outcomes, staff survey results, FTSU).
- The GOSH narrative.
- Staff consultations and workshops.

- 58% of our staff are in bands 2-6.

- Average age of this group is 35, with tenure of 3 ½ years.

- We have a younger workforce than the NHS average.

- Average tenure across all grades if 4 ½ years.

- 13% of our workforce is from the EU/EEA, rising to 23% of our medical workforce and 28% of our Estates teams.

- Nursing vacancies (7.4%) but masking challenges.

- Our BAME workforce (29%), other BAME Nursing (15%) and Allied Health Professionals 12% are particularly low.

- Turnover is highest in admin bands 2-4, just under 25%, slightly higher than Trust average at 4 ¾ years followed by nursing band 5 which has an average tenure of 1 ½ years and turnover of 24.1%.

- WRES data. BAME staff over represented in HR processes.

Key Issues and Drivers

- Workforce demographics – BAME representation.

- Recruitment – processes, access and pipelines.

- Employee Brand.

- Retention hotspots.

- Leadership and line management capability.

- The Child First and Always.

- Integrated support for staff.

- Internal communications.

- Collective contribution and teamwork.

- Valuing all our staff in all their roles.

What Drives Our Culture

- Currently, our organisational culture is primarily defined by our regulatory framework as it is with all hospitals, but also and uniquely, by our reputation, our research and clinical outcomes, our undeniable commitment to our patients and a strong value based commitment to their work on the part of individuals.

What Drives Our Culture

- However, these positive characteristics are being undermined by poor basic infrastructure, a failure to clearly articulate our commitment to our people, including setting and upholding standards of behaviour, creating an environment which promotes and values teamwork and collaboration and where everybody irrespective of their role feels valued, heard, supported, safe and connected.

- Rhetoric vs reality – closing the gap.

The Strategy is built around four key themes

- Capacity and workforce planning.

- Skills and capability.

- Corporate and HR infrastructure (policies, processes, systems and structures) and,

- Culture, Engagement, Health and Wellbeing.

Key Purpose of the People Strategy

The purpose of this 'People Strategy' is to bring together all of the people related issues and activities to provide visibility but, also to ensure that they are aligned, co-ordinated and focused on delivering the priorities of the Trust, alongside our commitment to our people.

Development of the Delivery Plan – Criteria

- High risk issues – fixing the things that are broken.

- Building blocks and foundations on which to build.

- Supporting ongoing priorities.

- Subject to consultation the first years work programme will focus on the following.

Through ten work streams we will

1. Reposition our employee brand.
2. Establish a recruitment and retention programme for non-medical staff.
3. Extend recruitment and retention programme for nurses.
4. Invest in the role and capability of our leaders.
5. Improve line management capability.
6. Improve the effectiveness of our corporate infrastructure.
7. Improve our internal communications.
8. Provide a holistic approach to health and wellbeing.
9. Deliver a D&I strategy.
10. Review our approach to reward and recognition.

Next steps

- Finalise the People Strategy KPIs .
- Hand over to communications to align look and feel with GOSH strategy.
- Appoint exec sponsors and work stream leads.
- Establish governance arrangements.
- Trust wide delivery board.
- Staff forum.
- Trust oversight provided through the People and Education Assurance Committee.
- Develop communication collateral for launch.
- Launch People Strategy and delivery plan during GOSH Open House week – 20th November 2019.

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

Council of Governors

26th November 2019

An update on our strategy and annual plan

Summary & reason for item: To provide the Council with an update on the Business Planning approach for 2020/21 across the organisation.

To seek feedback and to highlight the more in-depth session that is planned for February 2020 once the process has progressed further.

Governor action required: The report is for noting.

Report prepared by: Peter Hyland, Director of Operational Performance and Information

Item presented by: Peter Hyland, Director of Operational Performance and Information

Annual Business Planning at GOSH

Peter Hyland

Director of Operational Performance and Information

26th November 2019

National context

- Continued financial, workforce and operational challenges across the NHS

  - Financial (48% of NHS provider trusts reported a planned deficit in 2018/19)

  - Workforce (identified as the single biggest risks in a recent NHS Providers report)

  - Operational (declining performance around ED, RTT, diagnostics, and cancer).

- NHS England (NHSE) and NHS Improvement (NHSI) focus: 19/20 delivery; productivity and efficiency; financial stability and delivery of the control total, block contracts direction

- Payment reform: As with last year refining payment reform of tariff and payments for work continues. Initiatives include changes to market forces factor, review of specialist top ups, blended tariff for specific types of activity.

- GOSH will need to respond to these challenges as well as other factors (e.g. changing expectations and advances in technology.)
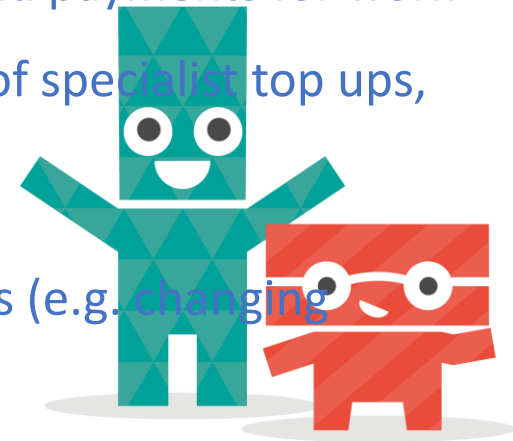
GOSH's Plan and work to date

- We submitted our 20/21 Commissioning Intentions Letter in September 2019 to inform discussions moving forward

- Internal programme of work defined within GOSH to provide a more of a 'bottom up' approach to include input from all areas.

- Combined organisational approach which encompasses Clinical and Corporate Directorates through the same process.

- Plan to detail work plan for the coming year, together with risks and aligned to Trust Strategy

- Plan to encompass, Activity, Workforce, Finance, Better Value and performance

- Facilitation workshops completed to define the 'rules' - Clinical Activity/Income, Education, Transformation / Better Value, Budget setting/Capital/Charity, Workforce development, Research.
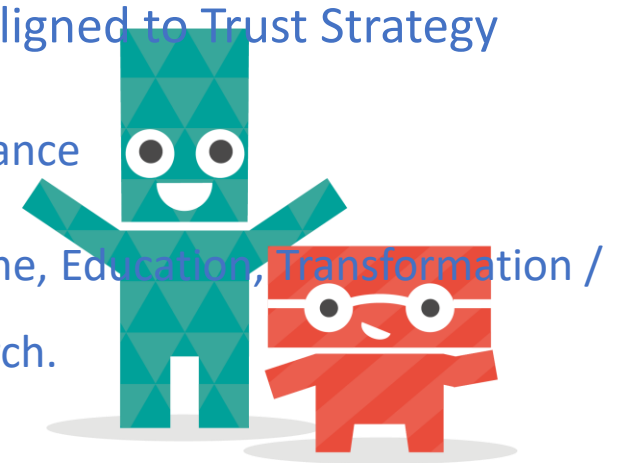
Plan moving forward and next steps

- Trust activity plan and Directorate control totals have been issued

- More integrated approach this year to include charity bids process

- Transformation and Better Value plan being worked up- Available by 20th December 2019

- Multiple (five) submissions of the plan between now and final submission in mid March 2020, ready for sign off at Trust Board on the 1st April 2020. First submission due on 4th December 2019.

- Awaiting further guidance on national process from NHSIE- Post General Election, however current plan modelled on previous years
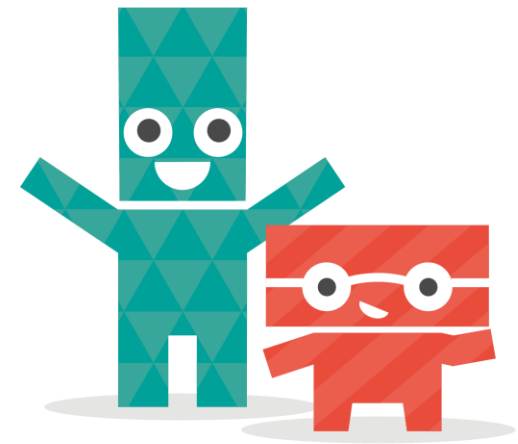
High Level Timetable for Business Planning- 2020/21

Timescale	Milestone
15/11/19	Sustainability Transformation Plans (STP) - plans agreed with system leads and regional teams
04/12/19	Submission of first draft directorate business plan
Dec TBC	STP - further operational and technical guidance issues. And publication of the national implementation programme for the long term plan
Jan TBC	Initial plan submission to NHSIE (focused on activity and efficiency)
03/01/20	Submission of second directorate business plan for review
24/01/20	Submission of third directorate business plan for review
Feb TBC	STP – first submission of draft operational plan
Feb TBC	Draft 2020/21 operating plan submission to NHSIE
28/02/20	Submission of fourth directorate business plan for review
Mar TBC	STP - final submission of operational plans
Mar TBC	Contract / Plan alignment submission to NHSIE
Mar TBC	Deadline for 2020/21 NHS contract signature
06/03/20	Charity Grant Committee
13/03/20	Submission of final directorate business plan for sign off
31/03/20	Final Budget uploaded to the Financial Ledger

Ask of the Council of Governors

- To review and provide feedback on the Trust Business Plan Approach for the next year

- To participate in a workshop around the detail of the Business Plan planned for February Council meeting….. More detail to follow!

Great Ormond Street Hospital for Children

NHS Foundation Trust
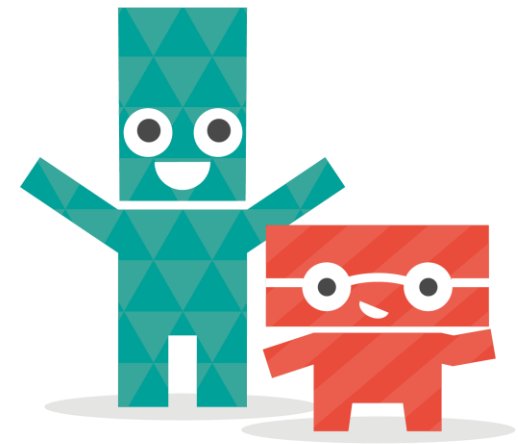
Council of Governors

26th November 2019

Quality, Safety and Experience Assurance Committee Summary Report
October 2019

Summary & reason for item: To provide an update on the October meeting of the Quality, Safety and Experience Assurance Committee. The agenda for this meeting is also attached.

Councillor action required: The Council is asked to NOTE the update.

Report prepared by: Victoria Goddard, Trust Board Administrator.

Item presented by: Amanda Ellingworth, Chairman of the Quality, Safety and Experience Assurance Committee

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Summary of the Quality, Safety and Experience Assurance Committee (QSEAC)
held on 17th October 2019**

Matters arising
Discussion about sharing benchmarking of outcomes had taken place at the Children's Alliance meeting and it had been agreed that the member organisations would propose useful metrics for comparison in the three agreed specialties.

Overview and emerging clinical and risk issues – to focus the committee's attention on the areas under its remit of most concern
Medication was a theme of serious incidents both in terms of safety and optimisation and this continued to be a focus of review. Outcomes of investigations were discussed at 'Closing the Loop' meetings to ensure that learnings were embedded.

The Committee discussed the GOSH dental service staff shortages and it was confirmed that one consultant post was being advertised and the service had been paused to external referrals in agreement with NHS England. It was not always possible for GOSH patients to move to other services as they were often complex in terms of anaesthetic care.

Substantial work was taking place around Duty of Candour and almost 2000 staff had been trained with compliance being tracked through the Integrated Quality and Performance Report.

A formal process was being developed for the completion of external reviews to include the commissioning of reviews, terms of reference and communication throughout the process. It would also include the approach taken to responding to freedom of information requests. It was emphasised that it was important to also recognise non-clinical learning.

Deep dive: IPP Quality and Safety
IPP had been in a challenging position and had taken steps to close beds and review quality data which had improved matters going forward. Exit meetings took place with staff who were leaving the directorate. Some were leaving London whilst some found the variation within IPP challenging and moved to work in a particular area of interest in the Trust. Education was being provided which staff had identified as key. Engagement was taking place around the staff survey which was positive; the results had been broadly in line with the organisation as a whole.

Deep dive: Genetics
At the beginning of October 2019 67% of outstanding genetic testing reports were overdue. It was confirmed that the majority of urgent tests were delivered on time and there had been no delays which had resulted in any harm. Workstreams had been established to review how the laboratory could be more efficient however there was a national shortage of scientists. Recruitment of less senior support was taking place. Reporting took place through monthly performance reviews as well as to the Genomic Laboratory Hub meetings and NHS England. The laboratory had performed extremely well at the annual AKAS inspection in September 2019 and accreditation had been maintained. There was a trajectory of improvement which would be important to sustain.

Board Assurance Framework Update

- Risk 9: The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered

Work was required to move to the next stage of becoming a research hospital and to ensure that this was recognised by patients, families and staff. It was agreed that greater focus on research was required at Board level at a strategy level including on the interrelationship between the hospital and the UCL GOS Institute of Child Health and other research partners.

Impact of the EPR on delivery of quality services at GOSH

A significant improvement had been made in the discharge summary completion rate and focus was moving to clinic letter turnaround time. Further configuration of the system had supported improvement. Families and patients reported finding MyGOSH very helpful and approximately 6000 families were signed up to the portal which was extremely positive. The 'was not brought' rate for families who were signed up to my GOSH was approximately 3% which was much lower than the data for hospital as a whole and there had been a reduction in PALS contacts around communication.

Learning from internal and external reviews

- Medicines and Healthcare Products Regulatory Agency Review

An MHRA preparedness internal review had been undertaken to provide insight into the factors contributing to the poor MHRA inspection findings in May 2019. Reports from the MHRA had not been positive over a number of years as issues were long standing and it had been found that there was a cultural contribution whereby staff accepted the issues. The team had been responding positively to the support they were receiving and some activity had been outsourced to the wards which had created additional capacity to undertake the improvement actions. The committee congratulated the team on the improvements and noted the importance of circulating the learning which was relevant to the Trust as a whole.

- External Review Learning: Ventricular Assist Device (VAD)

The review had been commissioned as a result of higher than expected observed neurological complications in patients using ventricular assist device (VAD). The team had been very complimentary about the openness of the team's approach to the review and had provided some recommendations.

- Royal College of Surgeons' Review into GOSH urology (service review and case review)

Initial feedback had been provided in response to the action plan and actions would be followed up in more detail in the coming months. There had been an increase in complaints in the service and this would be kept under review.

- Closing the loop

This new monthly meeting had been developed to ensure that learning was disseminated appropriately across the Trust and good progress was being made. Its effectiveness would be reviewed in January 2020.

Freedom to Speak Up Guardian Update

The Committee agreed that in future the detail of the HR related cases would be reviewed at the People and Education Assurance Committee but overall themes related to Quality and Safety would be shared with QSEAC.

Integrated Quality and Experience Report (August 2019) including update on issues arising from patient stories at Board

A continued upwards trajectory had been noted in medication incidents causing harm. Data was being reviewed to assess any themes. The Friends and Family Test results for IPP had remained low during the period however they had shown a recovery in September data.

Patient Experience and Engagement Framework

The framework would develop priorities for engaging with patients and families over one, two and three years. The Committee recommended that innovative including virtual methods of engagement could also be used and that consideration was given to what other organisations were doing nationally and internationally.

Horizon Scanning – quality and safety issues

Learning had been identified from the CQC inspection reports on other Trusts.

Whistle blowing update – safety related cases

The Royal College review of the one current open whistleblowing case had provided recommendations but no patient safety concerns had been identified.

Safeguarding Update Q1 2019/20

Safeguarding paediatrician cover was now in place on a 24/7 basis and data collection was taking place to review the success of the rota. GOSH was the first Trust to go live with the Child Protection Information System which helped to ensure that all child protection information was clear when a patient was admitted. Succession planning was taking place for the Named Professionals.

Compliance Update

An inspection had taken place of the mortuary by the Human Tissue Association who were complementary. Two issues had been raised and had been resolved. An inspection of nuclear medicine had taken place and the team had been positive about staff. The two amber actions for emergency preparedness were likely to be green in the coming days and the committee congratulated the Emergency Planning Officer.

Internal Audit Progress Report (July 2019 – September 2019)

Management responses were being compiled for the incident reporting review which had a number of amber actions and were in the process of being closed.

Internal and external audit recommendations update

Good progress continued to be made to reduce the number of overdue recommendations and the recommendations were now reviewed by the Risk Assurance and Compliance Group which was welcomed by the internal auditors.

Escalation of quality and safety matters from ward to board (including committee route) – how priorities are agreed and tracked

The committee noted the escalation process.

Update on quality and safety impact of the Better Value programme

A programme of post scheme implementation quality and safety reviews was proposed alongside the continued tracking of quality metrics assigned to each scheme.

Great Ormond Street Hospital for Children
NHS Foundation Trust

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE
Thursday 17th October 2019 at 2:00pm – 5:00pm in the Charles West (Board) Room, Barclay House, Great Ormond Street Hospital for Children NHS Foundation Trust
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	Chair		**2:00pm**
2.	**Minutes of the meeting held on 17 July 2019**	Chair	**A**	
3.	**Matters arising/ Action point checklist**	Chair	**B**	**2:05pm**
	QUALITY AND EXPERIENCE			
4.	**Overview and Emerging clinical and risk issues – to focus the committee's attention on the areas under its remit of most concern** **Including:** • **Quality Service Review** • **Serious Incident Summaries** • **Summary of Red Complaints** • **Overview of forthcoming inquests** • **Detail on individual cases**	Medical Director	**C** **Cii** **Ciii** **Civ** **Cv**	**2:10pm**
5.	**Integrated Quality and Experience Report (August 2019) including update on issues arising from patient stories at Board**	Medical Director/ Chief Nurse	**G (Update on actions arising from patient stories to follow)**	**2:30pm**
6.	**Patient Experience and Engagement Framework**	Chief Nurse	**H**	**2:40pm**
	SAFETY			
7.	**Deep dive: IPP Quality and Safety**	Interim Chief Operating Officer	**I**	**2:50pm**
8.	**Deep dive: Genetics**	Chief Finance Officer	**J**	**3:00pm**
9.	**Health and Safety Update**	Director of HR and OD	**K**	**3:10pm**
	RISK			
10.	**Board Assurance Framework Update** **BAF Deep Dive** **Risk 9: The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered**	Company Secretary Director of R and I/ Deputy Director of R and I	**L** **M**	**3:15pm**
11.	**Impact of the EPR on delivery of quality services at GOSH**	Head of Quality and Safety/ Director of	**N**	**3:25pm**

		Performance and information/ Director of Transformation		
	ASSURANCE			
12.	**Learning from internal and external reviews** • **External Review Learning: Ventricular Assist Device (VAD)** • **Medicines and Healthcare Products Regulatory Agency Review** • **Royal College of Surgeons' Review into GOSH urology (service review and case review)** • **Update from Closing the Loop Group**	Medical Director Head of Special Projects (Quality and Safety)	**O** **D** **F** **X**	**3:35pm**
13.	**Horizon Scanning – quality and safety issues**	Medical Director	**P**	**4:00pm**
14.	**Whistle blowing update – safety related cases**	Director of HR and OD	**Q**	**4:10pm**
15.	**Freedom to Speak Up Guardian Update**	Freedom to Speak up Guardian	**R**	**4:20pm**
16.	**Safeguarding Update Q1 2019/20**	Chief Nurse	**S**	**4:30pm**
17.	**Compliance Update**	Head of Quality and Safety	**T**	**4:40pm**
18.	**Internal Audit Progress Report (July 2019 – September 2019)**	KPMG	**U**	**4:50pm**
19.	**Internal and external audit recommendations update**	KPMG	**V**	
20.	**Update on quality and safety impact of the Better Value programme**	Interim Chief Operating Officer	**Y**	**5:00pm**
	GOVERNANCE			
21.	**Escalation of quality and safety matters from ward to board (including committee route) – how priorities are agreed and tracked**	Head of Quality and Safety	**W**	**5:10pm**
22.	**Matters to be raised at Trust Board**	Chair	**Verbal**	**5:20pm**
	FOR INFORMATION			
23.	**Any Other Business**	Chair	**Verbal**	**5:30pm**
24.	**Next meeting**	**Thursday 23rd January 2020 2:00pm – 5:00pm**		
24.	**Terms of Reference and Acronyms**	**1**		

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

Council of Governors

26ᵗʰ November 2019

Audit Committee Summary Report
October 2019

Summary & reason for item: To provide an update on the October 2019 meeting of the Audit Committee. The agenda for the meeting is also attached.

Councillor action required: The Council is asked to NOTE the update.

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Akhter Mateen, Chairman of the Audit Committee

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

Summary of the meeting of the Audit Committee
Held on 24th October 2019

Revised Audit Committee Terms of Reference
The Committee suggested some revisions to the updated Terms of Reference and approved the document subject to those amendments.

Verbal update on the Board Risk Management Meeting held on 23 October 2019
Presentations had been received from two speakers and the Board had reviewed the outcome of the top three risks survey. A meeting had also taken place between the Chairs of the assurance committees.

Compliance with the Risk Management Strategy and assurance of compliance
The Committee requested examples of where risks had flowed up and down the organisation. It was noted that 100% of high risks had been reviewed within the required timeframe however this reduced for medium and low risks.

Board Assurance Framework Update
All risks had been updated. It had been agreed at the risk management meeting that the Brexit risk would be replaced by a political instability risk.

Strategic risk annual review
- Risk 5: The trust is unable to demonstrate compliance with Performance Management Framework/ Monitor's licence
External focus was moving away from RTT compliance and towards length of waiting list and 52 week waits. GOSH was a pilot site for these changes.

- Risk 6: Lack of priority given to specialist paediatrics in the NHS wide strategies leading to lack of progress in developing appropriate system wide services and support for GOSH's role
Considerable work was taking place to engage with external organisations so that GOSH was part of discussions around paediatric services going forward. A stakeholder mapping exercise had taken place to ensure focus was being placed in the most productive areas.

- Risk 8: The Trust may not be able to provide the required level of research infrastructure or leverage additional research income as core research funding streams are reduced.
It was confirmed that the delays in the GMP would not impact current research projects as alternative space could be occupied until it was open. Cost recovery was being reviewed on a case by case basis. Discussion took place around the work that was required to move to the next stage of becoming a research hospital.

Risk 16: Brexit will have an adverse impact on the ability of Trust to ensure continuity of effective patient care
Weekly meetings of the Brexit Steering Group continued to take place and GOSH had undertaken a self-assessment against national reporting which had shown that progress was good with only minor areas

outstanding. The Committee emphasised the important of focusing on staff wellbeing including around potential family issues arising from Brexit and its uncertainty.

Update on GDPR and data quality (BAF risk 7 and 13)

Discussion took place around the current position in relation to data quality following EPR go live. Focus was currently being place on high priority areas and it was noted that the Trust had access to many more metrics from the EPR and these required review. A data architecture plan was required as there were legacy systems which needed replacing. It was agreed that metrics in the Integrated Quality and Performance Report would be RAG rated to show their position in relation to data quality.

An internal audit on GDPR had provided a rating of partial assurance with improvements required and work was underway to complete the actions.

Value of Claims and driver of increases

The Committee requested that QSEAC committee reviews claims in order to be clear that all had been the subject of a serious incident review to ensure that lessons had been learnt.

Emergency Preparedness: Update on emergency planning: LSMS; fire and business continuity (tests, incidents, plans)

The Committee congratulated the Emergency Planning Offer for her work to ensure that the Trust had 100% compliance with emergency planning for the first time. This was a whole day assessment by an external expert and NHS England. Reports were received on a recent flood in the Trust and recent incidents of crime in the area.

Management of cyber risk (Linked to BAF risk 11 – Business Continuity)

Discussion took place around the automatic locking of computers after a period of inactivity. Feedback had been received that this would potentially impact clinical activity and it was agreed that a trial should be undertaken and feedback received. The Committee expressed concern about network switches being at the end of life and therefore unable to be updated with security patches and requested that the Capital Investment Group review the capital request again with a more detailed communication of the risk.

Working Capital Update

Work had taken place to reduce both debtors and creditors.

Update on accounting standards – IFRS

The Committee agreed with it was happy with the approach being taken to implement and assure against IFRS 15 and IFRS 17. Discussion took place around the significant change that would arise from the adoption of IFRS 16. It was not yet clear what the impact on the Trust's outturn would be however the Trust's external audit partner said that there was an expectation that targets would be adjusted. The Committee confirmed it was supportive of the proposed adoption approach.

Approach to year –end including assurance of GOSH finance systems upgrade

Discussion took place around the degree of completion of EPR and Digital Research Environment (DRE) and it was noted that the DRE was likely to go live at the end of the 2019 calendar year. EPR continued to be reviewed and the external auditors were engaged with the finance team.

Attachment G

<u>External Audit Planning Report</u>
The scope of the audit for 2019/20 remained in line with previous years however the areas of focus would be around impairments and would consider upgrades to software such as EPR, value for money, data quality, financial sustainability and any regulatory findings such as those from the CQC.

<u>Internal Audit Progress Report and Technical Update October 2019 and Internal and external audit recommendations – update on progress– October 2019</u>
There had been a continued improvement in the reduction of overdue recommendations. It was agreed that as well as supporting the closure of recommendations, the Risk Assurance and Compliance Group would also review the appropriateness of the timeline for actions. The Committee noted the following reports: estates health and safety, GDPR and incident reporting all of which had received a rating of partial assurance with improvements required.

<u>Counter Fraud Update – October 2019</u>
The Counter Fraud team were reviewing the way that they communicated with all staff to raise awareness. There was currently one open counter fraud case and one had recently been closed.

<u>Write Offs</u>
The Committee approved the list of write offs.

<u>Whistle blowing Update – October 2019</u>
It was noted that the Senior Independent Director received monthly updates from the HR team.

<u>Minutes of Board subcommittees</u>
The Committee noted the minutes of Finance and Investment Committee, Quality, Safety and Experience Assurance Committee and People and Education Assurance Committee.

AUDIT COMMITTEE
Thursday 24 October 2019 at 2:00pm, Charles West Boardroom, Barclay House, Great Ormond Street, WC1N 3JH
AGENDA

	Agenda Item	Presented by	Attachment	Time
1	**Apologies for absence**	Chair	**Verbal**	**2:00pm**
2	**Minutes of the meeting held on 22nd May 2019**	Chair	**A**	
3	**Matters arising and action point checklist**	Chair	**B**	
4	**Revised Audit Committee Terms of Reference**	Company Secretary	**4**	
	RISK			
5	**Verbal update on the Board Risk Management Meeting held on 23 October 2019**	Chair	**Verbal**	**2:10pm**
6	**Compliance with the Risk Management Strategy and assurance of compliance** **External reporting on incidents (NRLS)**	Head of Quality and Safety	**C** **3**	**2:20pm**
7	**Board Assurance Framework Update**	Company Secretary	**D**	**2:30pm**
8	**Strategic risk annual review** **Risk 5: The trust is unable to demonstrate compliance with Performance Management Framework/ Monitor's licence** **Risk 6: Lack of priority given to specialist paediatrics in the NHS wide strategies leading to lack of progress in developing appropriate system wide services and support for GOSH's role** **Risk 8: The Trust may not be able to provide the required level of research infrastructure or leverage additional research income as core research funding streams are reduced.**	Interim Chief Operating Officer Interim Chief Operating Officer Director of R and I/ Deputy Director of R and D	**E** **F** **G**	**2:40pm**
9	**Risk 16: Brexit will have an adverse impact on the ability of Trust to ensure continuity of effective patient care**	Interim Chief Operating Officer	**H**	**3:00pm**
10	**Update on GDPR and data quality (BAF risk 7 and 13)**	Director of Performance and Information/ Company Secretary	**I**	**3:10pm**
11	**Value of Claims and driver of increases**	Medical Director	**J**	**3:20pm**

12	**Emergency Preparedness: Update on emergency planning: LSMS; fire and business continuity (tests, incidents, plans)**	Interim Chief Operating Officer	**K**	**3:25pm**
13	**Management of cyber risk (Linked toBAF risk 11 – Business Continuity)**	Chief Information Officer	**L**	**3:35pm**
	ACCOUNTING			
14	**Working Capital Update**	Chief Finance Officer	**M**	**3:45pm**
15	**Update on accounting standards – IFRS**	Chief Finance Officer	**N**	**3:55pm**
16	**Approach to year –end including assurance of GOSH finance systems upgrade**	Chief Finance Officer	**O**	**4:05pm**
	INDEPENDENT ASSURANCE			
17	**External Audit Planning Report**	Deloitte LLP	**P**	**4:15pm**
18	**Internal Audit Progress Report and Technical Update October 2019**	KPMG	**Q**	**4:25pm**
19	**Internal and external audit recommendations – update on progress– October 2019**	KPMG	**R**	**4:35pm**
20	**Counter Fraud Update – October 2019**	Counter Fraud Manager	**S**	**4:40pm**
	GOVERNANCE			
21	**Write Offs**	Chief Finance Officer	**T**	**4:45pm**
22	**Contract Management Database**	Head of Procurement	**U**	**4:50pm**
23	**Whistle blowing Update – October 2019**	Deputy Director of HR and OD	**V**	**4:55pm**
24	**Finance and Investment Committee June and July 2019 minutes**	James Hatchley, Chair of the F&I Committee	**W**	**5:00pm**
25	**Quality, Safety and Experience Assurance Committee –July 2019 Final Minutes**	James Hatchley, NED	**X**	
26	**People And Education Assurance Committee – July and September 2019**	Matthew Shaw, CEO	**Y (July) and verbal**	
	ITEMS FOR INFORMATION			
27	**Procurement Waivers – October 2019**	Chief Finance Officer	**Z**	
28	**Integrated Quality and Performance Report – Month 4 (2019/20)**	Interim Chief Operating Officer	**2**	
29	**Any Other Business**	Chair	**Verbal**	
30	**Next meeting**	30 January 2020.		

31	Audit Committee Terms of Reference and annual work- plan **1 - For reference only**	1 - For reference only

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

People and Education Assurance Committee (July and September 2019)

Summary & reason for item: To provide an update July and September meetings of the People and Education Assurance Committee. The agenda from the meeting is also attached.

Governor action required: The Council is asked to NOTE the update.

Report prepared by: Bella Summers, EA to the Director of HR and OD.

Item presented by: Kathryn Ludlow, Chair of the PEAC.

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

Summary of the People and Education Assurance Committee held on 11th September 2019

Minutes of Meeting held on 10th July 2019:
Actions from the last meeting were noted. It was agreed that there should be a rolling rota of staff attendance in line with staff voice and that two people from Pharmacy should be invited given the current problems apparent in Pharmacy.

Revised Terms of Reference / Membership:
The Terms of Reference will reflect the headings of the People Strategy. A more detailed work plan will be presented next time. The committee requested a regular review of the impact of the People Strategy. It was agreed that there would be separate strategies and plans for staff engagement and equality diversity and inclusion. The Committee would also receive reports about progress against plan of the GOSH Learning Academy. It was agreed to look at standard assurance questions to ensure the committee is asking the right questions and viewing the right information in order to be provided with assurance.

Update on Board Assurance Framework and HR Specific Risks:
The risks relevant to the committee are Recruitment and Retention, Culture and Transformation. This Committee is responsible for overseeing, on behalf of the Board, these specific workforce risks and reporting back to Board. Richard Collins was asked to present a deep dive on the Transformation risk at the December PEAC and further deep dives would be arranged at future committee meetings.

Draft People Strategy:
Ms Anderson presented the draft People Strategy which will go to Board in September 2019. There will then be a period of consultation across a wide range of staff groups followed by a further draft to Board in November. The strategy is constructed around 4 key themes: capacity and workforce planning, developing skills and capability, modernising and reshaping HR and OD, culture engagement health and wellbeing. Staff support needs to improve as well as internal communications.

The Nursing Recruitment Retention Plan:
The Trust has joined the NHS improvement programme with the aim of reducing voluntary turnover by 1%. The retention plan is split into four work streams, with the aim of reducing band 5 and 6 turnover of nurses; career pathway opportunities, achieving nursing work life balance, providing a supportive ward environment and newly qualified nurse support.

Review of Bank Rates:
This report was presented in order to show the current bank rates and that no change will be undertaken this year. There will now be an annual review to ensure that we remain competitive.

Safe Staffing Report:
The report was previously reported to Board but will now be presented to PEAC prior to the relevant Board. This report lists safe staffing in relation to patient acuity and actions undertaken to address any issues identified. Staffing in International and Private Patients is an issue and there is now a workgroup and action plan.

Update on Learning Academy:
The business case has been approved and the governance structure is being set up. Posts are being recruited to and this committee will receive regular reports on progress. The aim will be to income generate and become sustainable by year 3. This is a fantastic investment of funds for staff development and education.

WRES and WDES Update:

The Trust is required to report on these indicators to Board and based on the findings, develop action plans including Equality Objectives. The committee agreed on review of the data that there is a lot of work to do. The Committee will receive the HR and OD Workplan next time around and there after regular reports on progress. Equality, Diversity and Inclusion will be a key focus the Trust in the People Strategy and there needs to be greater transparency on these figures and visible work to address the issues much like there has been around Bullying and Harassment. The reshaping of the Employee Relations function will be key as will management development.

Attachment H

People and Education Assurance Committee

Wednesday 11th September 2019
11:00 – 14:00
Drive Large Meeting Room, Level 1, 40 Bernard Street, London, WC1N 1LE

AGENDA

	Agenda Item	Presented by	Author
1.	Apologies For Absence	Chair	Verbal
2.	Declarations of Interest		Verbal
3.	Minutes of Meeting Held on 10th July 2019	Chair	A, AI
4.	Revised Terms of Reference / membership	Chair	B, Bi
5.	Update on Board Assurance Framework and HR Specific Risks	Caroline Anderson	C, Ci
6.	Draft People Strategy	Caroline Anderson	D, Di
7.	The Nursing Recruitment and Retention Plan	Alison Robertson	E, Ei, Eii
8.	Review of Bank Rates	Caroline Anderson	F
9.	Safe Staffing Report	Alison Robertson	G
10.	Update on Learning Academy	Lynn Shields	H, Hi, Hii, Hiii
11.	WRES and WDES Update (Presentation)	Caroline Anderson	I, Ii
Any Other Business			
Next meeting The next meeting of People and Education Assurance Committee will be held on Monday 2nd December 2019 12:30 – 15:30 , Charles West Boardroom 2 & 3			

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

Council of Governors

Tuesday 26 November 2019

Young People's Forum Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since the last Council of Governors' Meeting.

Governor action required: The Council is asked to NOTE the update.

Three key messages to take away from this report are:

1) CQC visited the October YPF meeting to discuss their experiences of the hospital. To ensure that the session remained impartial GOSH staff did not take part and YPF members facilitated this session themselves with five members leading the discussions in smaller work groups.

2) YPF continue to participate in recruitment panels. Most recently forming a young people's stakeholder panel for the Head of Patient Experience and Engagement interviews. YPF led practical tasks with each candidate to access skills such as leadership, teamwork, communication, and problem-solving.

3) Several YPF members took part in a smartphone film-making workshop to learn how to make professional quality films on their smartphones. These members then shared their newly acquired skills with the rest of YPF. The group hope to use these skills to produce videos for GOSH such as training videos for new staff around communication with teenage patients.

Report prepared by: Amy Sutton, Children and Young People's Participation Officer.

Item presented by: Josh Hardy, Young People's Forum Governor.

YPF activity – July 2019 to October 2019

The Young People's Forum (YPF) is a group of current patients and siblings aged 10-21 who have a strong voice in helping to improve the experiences of teenage patients. They use their own experiences to guide and support the hospital. There are six meetings a year, with ad hoc involvement opportunities between meetings.

The current total of membership: 77

Since the last report to the Council four monthly YPF newsletters have been circulated.

Examples of YPF member activities since the last report are:

- YPF member, Demi, presented at *Coming of Age 2019*, an international conference on adolescent health.
- YPF members took part in the GOSH Open Day by hosting stalls for Young People's Forum, Takeover Challenge and Growing Up and Gaining Independence.

26 involvement opportunities were advertised during this period including working with the Head of Sustainability to develop the Sustainable Development Management Plan and applying for the NHS Youth Forum. This is the youth forum which works with NHS England and the Department for Health.

Meetings
There were meetings in July, August and October and December. 35 members attended the July meeting, 18 members attended August and 27 in October.

July meeting:
- RLDatix flew over from Canada to present their work to date on an electronic feedback application and to gain further feedback from the YPF.
- The Chief Executive led a discussion on the importance of planning for the future of GOSH. YPF members were given four proposals outlining new ways of working proposals and asked to identify pros and cons for each potential solution. This feedback has been passed to the Trust's Strategy Team.

August meeting:
- YPF shared their experiences of the impact of having to have repeat blood tests due to sample rejections. This will help inform a project which staff from the Laboratory and Quality Improvement teams are conducting to reduce the number of rejected samples.
- YPF contributed ideas to the Better Value Programme.
- YPF created ways on how the theme of sustainability and efficiency could be presented at the Annual General Meeting.
- Continued working with the Pals and Complaints team on a complaints/ feedback procedure for children and young people.

October meeting:
- Care Quality Commission (CQC) met with YPF to discuss their experiences of the hospital.
- Chief Nurse, Alison Robertson, visited the YPF and took part in a Q&A.
- YPF took part in a session about safeguarding and staying safe online. YPF discussed how the hospital can promote safeguarding.
- YPF learnt skills on how to make professional-looking films on their smartphones. YPF will use these skills to make films to promote the forum and for educational videos for staff training.

Fig 1. August meeting – learning about the journey of samples

Fig 2. October meeting – CQC session

YPF Election
An election is held annually for YPF members to vote for their Chair and Vice Chair. In August an election pack was emailed to YPF members containing role descriptions, an explanation of the voting process, and how members could declare their interest.

Eight members declared their interest to be Chair; this is the highest number of candidates ever for YPF elections. This election also saw the youngest candidate to enter who was 12 years old. All candidates wrote statements to explain why they wanted the role; these were sent out to YPF members one week before voting opened.

Eight members declared their interest to be Vice Chair and the same process was used.

Grace and Faye are the new Chair and Vice-Chair and they will be mentored and supported by the CYPPO (Children and Young People Participation Officer).

GOSH Summer School
The Postgraduate Medical Education team (PGME) hosted GOSH Summer School for medical students and graduates to showcase the opportunities in pursuing a career in paediatrics. PGME invited the YPF to take part in a Q&A panel to talk about their experiences of being GOSH patients and siblings.

GOSH Recruitment
Five YPF members formed a panel to interview candidates for the Head of Patient Experience and Engagement. The YPF panel tested the candidates for qualities such as leadership communication, problem-solving and teamwork.

YPF member and patient rep for the catering improvement group, Nirali, sat on the interview panel for the new Catering Manager.

Patient Led Assessment of the Care Environment
Four YPF members became patient inspectors and took part in Patient Led Assessment of the Care Environment (PLACE). Their feedback will be sent to Department of Health for analysis and GOSH will be benchmarked against other hospitals.

GOSH Teens Careers Festival
Update
The latest GOSH Teens Careers Festival took place on 15 October 2019. YPF members hosted a stall to recruit new members. YPF Chair, Grace, and youngest member Eric (10) interviewed Natasha Baker, ex-GOSH patient and gold-medal winning Paralympic equestrian. YPF members Bryony and Nirali took over GOSH Instagram and posted interviews with companies including Morgan Stanley and Delta Air Lines.

Visual minutes of YPF meetings and monthly YPF newsletters are available on request.

Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors
26 November 2019

Appraisal of the Chair and three Non-Executive Directors

Summary & reason for item:

This purpose of this paper is to provide a summary of the findings of the Chair and NED appraisal process conduced in October 2019.

The following appraisals are reported:

- Sir Michael Rake (Chair) – appraised by James Hatchley, Senior Independent Director
- Akhter Mateen (Deputy Chair) – appraised by Sir Michael Rake, Chair
- Professor Rosalind Smyth (NED) - appraised by Sir Michael Rake, Chair
- Kathryn Ludlow (NED) - appraised by Sir Michael Rake, Chair.

Governor action required:
The Council of Governors' Nominations and Remuneration Committee has considered the appraisal results and recommend them for approval by the Council.

Presented by: Anna Ferrant, Company Secretary

Council of Governors
27 November 2019

1. **Appraisal of the GOSH Chair and three GOSH Non-Executive Directors**

   1.1. The outcome of the appraisal process for the Chair (Sir Michael Rake) and three NEDs (Akhter Mateen, Professor Rosalind Smyth and Kathryn Ludlow) is presented below and includes information about membership of Board and committees and attendance during the year as well as other activities that they undertake on behalf of the Trust.

   1.2. The Senior Independent Director conducted the Chair appraisal and the Chair conducted the NED appraisals in October 2019.

   1.3. The Lead Governor asked fellow governors to provide informal, anonymous and confidential feedback on the performance of Sir Michael Rake, Akhter Mateen, Professor Rosalind Smyth and Kathryn Ludlow. The Lead Governor spoke to the Chair and SID about the governors' feedback.

   1.4. The executive directors also provided informal, anonymous and confidential feedback via the Chief Executive directly to the SID (about the Chair) and to the Chair about the three NEDs.

   1.5. All feedback was used to inform the outcome of the appraisals.

   1.6. The framework and objectives agreed at the September 2019 Council of Governors' meeting against which the NEDs have been appraised is attached at **Appendix 1**.

   1.7. The following information is provided for each non-executive director (both **Appendix 2**)**:**
      ▪ a summary of work conducted during the year by each individual assessed against the Chair/ NED appraisal objectives.
      ▪ a summary of the performance appraisals conducted for each individual NED and the Chair.

   1.8. The Council of Governors' Nominations and Remuneration Committee reviewed the appraisal results at its meeting on 7 November 2019. The Committee requested verbal assurance on the following matters at the meeting:

      1.8.1. Whether there had been any variances between any appraisal self-assessments conducted by the Chair or NEDs and the findings of their appraisal. The Committee was informed that the self-assessment process happened verbally during the meeting but that this would be reviewed in light of the new guidance on Chair appraisals issued by NHS England and NHS Improvement. Furthermore, the results of the Board assurance committee effectiveness surveys for the NEDs who chair these meetings reinforced the positive assessment of those NEDs.

      1.8.2. Information was sought on the level of support to be provided by the Chair to the Chief Executive and the Committee was advised that the Chair would continue to reflect on the support needed from him on an ongoing basis (as is usual for any Chair supporting a Chief Executive).

1.8.3.Information was sought about how the Chair engages with patients and parent/ carers. The Committee was informed that the Chair attends walkrounds of the wards prior to Board meetings and in-between meetings. He receives patient stories at Board and also speaks to governors, some of whom are current parent/ carers at the Trust.

1.8.4.It was noted that the annual effectiveness survey of the People and Education Assurance Committee would be conducted in 2020 following a full year of meetings.

1.9. On the basis of the documents provided and assurances given at the meeting, the Committee recommended the appraisal results for consideration and approval to the Council.

ACTION REQUIRED: The Council of Governors' Nominations and Remuneration Committee has considered the appraisal results and recommend them for approval by the Council.

Appraisal of the Chair and Non-Executive Directors (NEDs) 2019/20 FINAL

The Chair and each NED will be appraised against the following framework, mapped to the approved competencies (see below):

1: Challenges made at Board during the past year are in relation to the delivery of the Trust strategy and the culture across the organisation with a particular focus on:

- the identification and management of significant clinical and corporate risks and impact on quality, safety and financial sustainability
- clinical outcomes
- patient experience
- effectiveness, efficiency, economy and resourcing (competencies 1,2,3)

2: Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration; and, the annual code of conduct declaration) (competencies 4,5)

3: Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily, including questions raised by Governors and delivery CQC recommendations/ actions (competency 6)

4: Undertakes all relevant statutory and mandatory training in accordance with relevant timescales (competency 6)

5: Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year (competency 7)

6: Attends external events and/or hospital visits and /or meetings with executives and Council meetings during the year to gather information and inform viewpoints (competencies 8, 9)

7: Chairs of the Board/ Board committees have reviewed the effectiveness of their Board/committees (on an annual basis) and the Chair has received reasonable feedback (competency 10)

8: Are courteous to and supportive of other Board members and Governors (competency 11).

9: Actively engages with the Council of Governors (competency 5 and 9).

Attachment J

Chair and Non-Executive Directors personal style/leadership competencies

1. Strategic direction (Contributes creatively and realistically to planning; can balance needs and constraints; debates cogently)
2. Intellectual flexibility (Can digest and analyse information; willing to modify own thinking; thinks creatively and constructively; sees the detail as well as the big picture)
3. Influencing and communication (Persuades with well-chosen arguments; uses facts and figures to support argument)
4. Independence and objectivity (Not influenced by personal feelings; opinions or involvement in other activities in considering and representing facts)
5. Openness and transparency (honest, open and truthful in all dealings with patients, families, the public, staff, governors and stakeholders)
6. Holding to account (Accepts personal accountability; challenges constructively and effectively; contributes to effective governance)
7. Commitment (attends relevant meetings; demonstrates has read documents)
8. Patient and Stakeholder Focus (Understands local health issues; understands diversity of the patient, family and carer community and its differing viewpoints; engages with the Council and other stakeholders)
9. Team working (Involves others in decision-making process; respects other team members; understands the Non-Executive and Council role; shares expertise and knowledge freely)
10. Leadership style for chairing the Board of Directors and Council (Chair) or chairing Board committees, seeking assurance on behalf of the Board and escalating matters of significance to the Board (for the Audit Committee, Quality, Safety and Experience Assurance Committee; People and Education Assurance Committee and Finance and Investment Committee)(Non-executive directors)
11. Demonstrates a commitment to NHS/Trust values; promotes these values and acts in a way which is consistent with these values and the Nolan principles.

Attachment J

Appendix 1

Extract from 'Your statutory duties; A reference guide for NHS foundation trust governors' – August 2013.

Annual performance appraisals

Conducting an appraisal of the candidate's past performance at the NHS foundation trust, with particular regard to delivery of the role's objectives, will help the council of governors significantly in performing its statutory duties, particularly when considering the reappointment or removal of the chair or other non-executive directors.

- *For the chair: the council of governors should take the lead on determining what the process will be for evaluating the chair. The senior independent director would be expected to lead the actual appraisal (although one or more governors may also play a significant role) and confirm to the governors whether, following formal performance evaluation, the performance of the chair continues to be effective and demonstrates commitment to the role. The focus of the chair's appraisal will be his or her performance as chair of the board of directors. Since the primary aim of the chair's work will be to lead the directors in executing the trust's forward plan, the appraisal should consider carefully the chair's performance against pre-defined objectives supporting that aim.*

- *The fact that the focus of the chair's appraisal will be his or her performance as chair of the board of directors does not mean that appraising the chair's performance as the chair of the council of governors is not a highly relevant part of the appraisal. Rather, it reflects the 2006 Act, which states that the chair of the board of directors also chairs the council of governors (and not the other way around), and the fact that it is for the governors to appoint, and remove, the chair and the other non-executive directors. That said, the appraisal process should still be used to evaluate all relevant performance issues, including those relating to the council of governors, but these should not be the main issues for consideration in relation to reappointment of the chair, in their capacity as a non-executive director.*

- *The outcome of the evaluation should be discussed and agreed with the council of governors. Where an NHS foundation trust has already developed its own processes for evaluating the chair, the council of governors should periodically review the effectiveness of the process.*

- *For the other non-executive directors: the council of governors and the chair should agree a process for evaluating the non-executive directors. The evaluation should carefully consider their performance against pre-defined objectives that support the execution of the trust's forward plan. The chair of the council of governors will lead on setting objectives for the non-executive directors and carrying out the appraisals. The chair should confirm to the governors that, following formal performance evaluation, the performance of the individual non-executive director proposed for reappointment continues to be effective and demonstrates commitment to the role. The governors should then agree the outcome of the evaluations.*

1

Commitments

Any changes in the candidate's other significant commitments will be relevant. The governors should assess the candidate's availability against the time required for the role of chair or non-executive director.

Attachment J

Extract from Monitor's 'Code of Governance' (July 2014)

B.4.2.The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.

B.6.c The council of governors, which is responsible for the appointment and re- appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and the non-executives, with the chairperson and the non-executives. The outcomes of the evaluation of the non-executive directors should be agreed with them by the chairperson. The outcomes of the evaluation of the chairperson should be agreed by him or her with the senior independent director. The outcomes of the evaluation of the non-executive directors and the chairperson should be reported to the governors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chairperson.

B.6.f Individual evaluation of directors should aim to show whether each director continues to contribute effectively and to demonstrate commitment and has the relevant skills for the role (including commitment of time for board and committee meetings and any other duties) going forwards.

B.6.g The chairperson should act on the results of the performance evaluation by recognising the strengths and addressing the weaknesses of the board, identifying individual and collective development needs, and, where appropriate, proposing new members be appointed to the board or seeking the resignation of directors.

B.6.h The focus of the chairperson's appraisal will be his/her performance as leader of the board of directors and the council of governors. The appraisal should carefully consider that performance against pre-defined objectives that support the design and delivery of the NHS foundation trust's priorities and strategy described in its forward plan.

B.6.1. The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the NHS foundation trust adopted a particular method of performance evaluation.

B.6.3.The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.

B.6.4. The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.