

**Meeting of the Trust Board
 Wednesday 26th November 2014**

Dear Members

There will be a public meeting of the Trust Board on Wednesday 26th November 2014 at 2:00pm in the **York House Conference Room, York House**, Great Ormond Street, London, WC1N 3JH.

Company Secretary

Direct Line: 020 7813 8230

Fax: 020 7813 8218

AGENDA

	Agenda Item <u>STANDARD ITEMS</u>	Presented by	Purpose	Attachment
1.	Apologies for absence	Chairman		
Declarations of Interest				
All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2.	Minutes of Meeting held on 24th September 2014	Chairman	Decision	K
3.	Matters Arising/ Action Checklist	Chairman	Discussion	L
	Action 94.9 - Growth in Scientific, Technical & Therapies Staff	Chief Finance Officer	Discussion	P
4.	Chief Executive Report	Interim Chief Executive	Information	Verbal
<u>STRATEGIC ISSUES</u>				
5.	Authorisation for the completion of the Naming Rights Agreement; the Agreement for Lease and the Lease agreement for the Centre for Research into Rare Diseases in Children "CRRDC" building	Chief Finance Officer	Decision	M
6.	Deep Dive report on Friends & Family Test score	Director of Planning and Information	Discussion	N
7.	Update on Extended Elective Working	Director of Planning and Information	Discussion	O
<u>PERFORMANCE</u>				
8.	Mid-Year review of Trust Operating Plan	Director of Planning and Information	Information	Q
9.	Summary of performance for the period:	Chief Executive	Information	R
	• Quality and Safety	Co-Medical Director		
	• Targets and Indicators	Chief Operating Officer		

	<ul style="list-style-type: none"> • Workforce • Finance 	<p>Director of HR and OD</p> <p>Chief Finance Officer</p>		
10.	<p>Update on patient experience at GOSH:</p> <ul style="list-style-type: none"> • PALS report Q2 2014/15 • Complaints Report Q2 2014/15 	<p>Chief Nurse</p> <p>Chief Operating Officer</p>	Information	S
11.	Safe Nurse Staffing Report – October 2014	Chief Nurse	Discussion	T
12.	Nursing Skill Mix and Ward Nursing Establishments	Chief Nurse	Discussion	U
13.	Provision of Play Services at GOSH	Chief Nurse	Discussion	V
14.	Infection Control Report	Director of Infection, Prevention and Control (Mr John Hartley)	Information	W
15.	Care Quality Commission Registration Update	Company Secretary	Information	X
<u>GOVERNANCE</u>				
16.	Process for the appointment of a non-executive director at Great Ormond Street Hospital for Children NHS Foundation Trust	Company Secretary	Information	Y – to follow
17.	Procedure for the Appraisal of the Chairman and Non-Executive Directors	Company Secretary	Information	Z – to follow
18.	Update of Standing Financial Instructions and Delegated Financial Limits	Chief Finance Officer	Decision	1
19.	Update from the Audit Committee in October 2014	Chair of the Audit Committee	Information	2
20.	Update from the Clinical Governance Committee in October 2014	Chair of the Clinical Governance Committee	Information	3
21.	Update from the October 2014 meeting of the Finance & Investment Committee	Chair of the Finance and Investment Committee	Information	5
22.	Register of Seals	Company Secretary	Decision	4
23.	<p>Any Other Business (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)</p>			

24. Next meeting

The next Trust Board meeting will be held on Wednesday 28th January 2015 in the York House Conference Room, Great Ormond Street, London, WC1N 3JH.

ATTACHMENT K

**DRAFT Minutes of the meeting of Trust Board on
24th September 2014**

Present

Baroness Tessa Blackstone	Chairman
Mr Julian Nettel	Interim Chief Executive
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Mr John Ripley	Non-Executive Director
Mr David Lomas	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Dr Catherine Cale	Interim Co-Medical Director
Professor Martin Elliott	Co-Medical Director
Mr Ali Mohammed	Director of Human Resources and OD
Mrs Liz Morgan	Chief Nurse and Families' Champion
Mrs Claire Newton	Chief Finance Officer
Ms Rachel Williams	Chief Operating Officer

In attendance

Mr Robert Burns	Director of Planning and Information
Mr Matthew Tulley	Director of Redevelopment
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Two members of GOSH staff	
One member of the public	

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

88.6	Apologies for absence
88.7	No apologies for absence were received.
89	Declarations of interest
89.1	No declarations of interest were received.
90	Minutes from the meeting on 23rd July 2014
90.1	The minutes from the meeting on 23 rd July 2014 were approved .
91	Matters arising/action checklist
91.1	Minute 90.3: Baroness Blackstone reported that Grainne Morby, Head of PALS and PPI had sadly passed away. It was noted that a memorial service would be held on Thursday, 20 th November in the Charles West Room.
92	Chief Executive Report
92.1	Mr Julian Nettel, Interim Chief Executive reported on the following points: <ul style="list-style-type: none"> • PLACE scores: The March scores had been published and all GOSH scores

92.2	<p>had improved, particularly in the areas of food and privacy and dignity. Healthwatch visited to look at the Trust's food and a report would be submitted to the Members' Council.</p> <ul style="list-style-type: none"> • The Sunday People newspaper had reported on hospital kitchens. GOSH received the highest rating of five stars • 100,000 genome project: GOSH patients have played a major part in the pilot phase of a project to analyse the DNA of 100,000 people with rare diseases and cancers. • Double ear reconstruction of a GOSH patient: Neil Bulstrode, Consultant Plastics Surgeon performed a double ear reconstruction on patient Kieran Sorkin. • Visit of Dr Peter Steer, newly appointed substantive CEO: Dr Steer visited the Trust for two weeks at the beginning of September. He met with senior staff and visited divisions. <p>The Board noted the verbal update.</p>
93	Strategy Update
93.1	<p>Mr Robert Burns, Director of Planning and Information said that Strategy presentations had been given to fifteen senior teams across the organisation in the previous month. He confirmed that the work had been well received and a presentation would be provided to the Members' Council following the Trust Board meeting.</p>
93.2	<p>Mr Burns reported that five strategic objectives had been set with a view to enabling benchmarking within the UK and where possible throughout the world. He added that outcomes for Nephrology and Cardiac surgery were comparable with other hospitals in North America and workforce metrics were above the upper quartile across the NHS. It was reported that the experience of referrers to GOSH was not as positive and detailed work was on-going.</p>
93.3	<p>Action: Mr Burns said that there were fluctuations in the Trust's Friends and Family Test results which did not indicate that GOSH was rated highly within the NHS. It was agreed that these results would be investigated in more detail and the results reported to the Trust Board in November.</p>
93.4	<p>Mr John Ripley, Non-Executive Director asked for a steer on the areas in which the Trust was likely to improve against strategy in the next 12 months.</p>
93.4	<p>Mr Burns said that improvement was likely in education and finance where further metrics were required.</p>
93.5	<p>Mr Ali Mohammed, Director of HR and OD said that directors talking to teams about strategy was successful and stressed that this was a good way of communicating Trust wide information.</p>
93.6	<p>Mrs Liz Morgan, Chief Nurse said that the Friends and Family test had only been introduced in children's hospitals in April 2014 and the question asked did not lend itself to being asked of parents. She said that feedback had been provided to NHS England who were looking at this further.</p> <p>Professor Rosalind Smyth, Non-Executive Director asked for research excellence to be considered alongside clinical excellence.</p>

93.7	Mr David Lomas, Non-Executive Director stressed that in order to be world leading, it was not necessary to be world leading in every area and consideration should be given to which areas did have this requirement.
93.8	Action: It was agreed that a paper would be presented at the next Board meeting, setting out which specialties need to be world class and where they currently are.
93.9	Professor Martin Elliott, Co-Medical Director stressed that international benchmarking excluded the concept of value and suggested that the cost per outcome of GOSH and Boston Children's Hospital would be significantly different.
93.10	Action: It was agreed that these issues would be picked up in the Trust Board strategy meeting in October.
93.11	The Board noted the update.
94	Summary of performance for the period
94.1	<u>Quality and Safety</u>
94.2	The Board noted the Quality and Safety update.
94.3	<u>Targets and indicators</u>
94.4	Ms Rachel Williams, Chief Operating Officer said that there had been a dip in discharge summaries in the previous month. She stressed that work was still on-going in the area.
94.5	It was noted that there had been an increase in admitted waiting times and work had begun to look into this. Ms Williams said that the Trust had achieved non admitted and cancer waiting times.
94.6	<u>Workforce</u>
94.7	Mr Lomas queried the rise of 5% in scientific and technical support in relation to a rise of only 3% in revenue. He asked whether when considered as a whole, this was the correct level.
94.8	Mrs Claire Newton, Chief Finance Officer said that more than half the increase was funded by Research and Innovation income. She added that this was driven by additional resources in pharmacy to address the MHRA review and additional technicians for cardiac work.
94.9	Action: It was agreed that further work would be conducted to look into this and an update would be provided to the Board in November.
94.10	<u>Finance</u>
94.11	Mrs Newton reported that Foundation Trusts must now submit monthly forecasts for the remainder of 2014/15 which would include capital donations. She said that this meant that the result of the forecast was less reliant on the Trust achieving a net surplus or deficit.
94.12	Mrs Newton confirmed that month 5 results were in deficit and adverse to plan and stressed that 2014/15 would be challenging. It was noted that productivity and

	efficiency schemes were behind plan and a lot of remedial action was being put in place with signs that schemes were moving forward.
94.13	Mrs Newton confirmed that a conservative approach was being taken to the specialist funding (Project Diamond) in the year to date figures although this was a key variable in the forecast.
94.14	Mr Ripley noted that International and Private Patient (IPP) income had been limited by capacity in year. He asked how this would improve during the rest of the year. Mrs Newton said that August had been significantly better in terms of IPP income and work was continuing to carefully manage referral options.
94.15	The Board ratified the Terms of Reference of the Finance and Investment Committee.
94.16	The Board noted the finance update.
95	Update on patient experience at GOSH
95.1	<u>PALS report on Q1 2014/15</u>
95.2	Mrs Morgan reported that PALS activity was increasing in line with the activity of the Trust and following a drive to increase family and patient awareness of PALS and complaints.
95.3	Mrs Morgan said that PALS worked closely with clinical teams to resolve issues as they arose and reported that divisions were proactively responding to concerns.
95.4	Mr Ripley asked about the mechanism for ensuring that other teams react to learning so that issues do not persist.
95.5	Mrs Morgan said that the Learning, Implementation and Monitoring Board (LIMB) received a detailed monthly report to disseminate learning.
95.6	<u>Update on patient Friends and Family Test</u>
95.7	The Board noted the update.
95.8	<u>Update on Healthwatch Visit</u>
95.9	The Board noted the update.
96	Safe Nurse Staffing Report – July and August 2014
96.1	Mrs Morgan said that it was important to recognise that the Trust monitored staffing levels closely and had carried out a lot of work on establishment levels and an appropriate balance of registered to non-registered staff on wards. She added that there was a high turnover and sickness rate amongst Healthcare Assistants (HCAs) and therefore bank nurses was occasionally used to cover the shift.
96.2	Mrs Morgan confirmed that all wards had been staffed to safe levels during the period of the report.
96.3	Ms Yvonne Brown, Non-Executive Director queried the concerns raised by families

96.4	to PALS about the lack of beds on Puffin and Kingfisher wards. Mrs Morgan confirmed that the nursing team was investigating admissions to these wards.
96.5	The Board noted the update.
97	Redevelopment Update
97.1	Mr Matthew Tulley, Director of Redevelopment told the Board that the Premier Inn Clinical Building was slightly behind plan however, he was confident there would not be a delay.
97.2	It was noted that an architect was working with the team on a Development Control Plan to identify further development opportunities.
97.3	Mr Tulley said that 2013/14 was a positive year in terms of sustainability with a reduction in both carbon consumption and intensity. He added that the trend was continuing into the first 6 months of 2014/15.
97.4	The Board noted the update.
98	Revised Model Election Rules – The Trust Constitution
98.1	Dr Anna Ferrant, Company Secretary reminded the Board that the Trust had adopted paper based model election rules from the Department of Health when GOSH was first authorised as a Foundation Trust. She presented the revised election rules which enabled electronic voting (via website, telephone and texting).
98.2	The Board approved the revised model election rules and noted that adoption of the rules would be subject to final approval by the Members' Council.
99	Update from the Clinical Governance Committee in July 2014
99.1	Mrs Mary MacLeod, Chair of the Clinical Governance Committee confirmed that the update would be presented to the Members' Council following the Board meeting.
99.2	It was agreed that an update on the issues raised in the patient story would be considered at the next meeting of the Clinical Governance Committee and the Members' Council would receive an update.
99.3	The Board noted the update.
100	Update from the Finance and Investment Committee meeting
100.1	Mr David Lomas, Chair of the Clinical Governance Committee highlighted that the Trust was behind plan financially with a challenging year ahead particularly in terms of revenue.
100.2	The Board noted the update.
101	Any other business
101.1	There were no items of other business.

ATTACHMENT L

**TRUST BOARD – PUBLIC ACTION CHECKLIST
November 2014**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
32.6	23/05/14	Mr Lomas asked if outpatients would be surveyed to look at levels of satisfaction as a result of the outpatient improvement project. Mrs Liz Morgan, Chief Nurse reported surveys were usually undertaken biannually but that consideration would be given to doing this in October 2014 following the changes.	LM	October 2014	The outpatient survey has been commissioned with Ipsos Mori, the fieldwork is due to start imminently. We anticipate having the results late January/ early February 2015
37.5	23/05/14	It was agreed that an update on progress with extended working would be received at the November meeting.	RB	November 2014	On agenda
40.4	23/05/14	It was agreed that the Trust would look at benchmarking data around play support.	LM	September 2014	On agenda
79.2	23/07/14	Ms Rachel Williams, Chief Operating Officer said that work was already taking place to ensure patients were followed up as necessary. It was agreed that 'Did Not Attends' (DNAs) and refusals would be included in the work and learning would be considered at Trust Board.	RW	November 2014	This work is being covered in the 'Open Pathway Group' (patients who have had an appointment and did not attend subsequent appointments). The Planning & Performance team meet divisions on a weekly basis to review the position, which is shared with Operational Delivery Group
93.3	24/09/14	Mr Burns said that there were fluctuations in the Trust's Friends and Family Test results which did not indicate that GOSH was rated highly within the NHS. It was agreed that these results would be investigated in more detail and the results reported to the Trust Board in November.	LM	November 2014	On agenda

Attachment L

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
93.8	24/09/14	It was agreed that a paper would be presented at the next Board meeting, setting out which specialties need to be world class and where they currently are.	RB	October 2014	To be discussed at the October Strategy day
93.9		Professor Martin Elliott, Co-Medical Director stressed that international benchmarking excluded the concept of value and suggested that the cost per outcome of GOSH and Boston Children's Hospital would be significantly different.			
93.10		It was agreed that these issues would be picked up in the Trust Board strategy meeting in October.			
94.7	24/09/14	Mr Lomas queried the rise of 5% in scientific and technical support shown in the workforce report in relation to a rise of only 3% in revenue. He asked whether when considered as a whole, this was the correct level.	AM	November 2014	On agenda
94.9		It was agreed that further work would be conducted to look into this and an update would be provided to the Board in November.			

**Trust Board
 26th November 2014**

**Action 94.9: Growth in Scientific,
 Technical & Therapies Staff**

Paper No: Attachment P

Submitted by:
 Claire Newton, Chief Finance Officer

Aims

To explain the increase in scientific, technical and therapies staff (STT) and comment on the relationship to growth in revenue.

Summary

Head count for the STT staff categories has grown at similar rates to pay costs and therefore the investigation was carried out on pay costs. A detailed variance report is included in the attached paper.

The investigation showed that for the majority of the staff increases, they could be tracked back to business cases with the following specific exceptions:

- Increases in pharmacy staff costs was primarily due to the additional work being carried out in response to the MHRA inspection
- The increase in R&D staff relates to the overall strategy to increase investment in R&D
- Increases in central diagnostic and therapy departments could be tracked to a number of business cases but it was difficult to fully reconcile the increases due to the significant time between the date of the business case and subsequent recruitment. However, normal control processes on approval of posts has been followed in all cases.

The most important insight arising from the investigation was that although the staff increases were largely covered by income growth, there are a number of specialties where activity and therefore income has fallen, potentially temporarily, where there has been no consequential cut back or “redeployment” in clinical support resources. This will be primarily because these staff categories are dedicated to specific sub-specialties and are to some extent a fixed cost of the service and also because the decline in activity may be a temporary fluctuation.

Stringent centralised controls over recruitment of all new and replacement posts have now been in place for more than six months. The majority of posts other than clinically rostered posts are reviewed by a panel of executives each week.

Action required from the meeting

The insight from this review will be input to the Trust’s business case and recruitment processes as well as the related P&E project.

SUMMARY

A review of growth rates for the 7 months to the end of October 2014 shows that:

- NHS Clinical income was showing growth of 4% relative to the previous year. This is net of a 1.5% reduction due to tariff deflation.
- STT pay costs had grown by 7%:

	Year to date pay cost £'m			
	7m to 31 Oct 14	7m to 31 Oct 13	Incr.	
Permanent	21.8	20.5	1.4	6.6%
Bank	0.2	0.3	0.0	
Agency	0.8	0.6	0.2	
TOTAL	22.9	21.4	1.5	7.1%

Analysed by activity:

R&D	1.9	1.5	0.4	25%
Pharmacy	3.4	3.1	0.3	10%
Diagnostic departments	9.0	8.3	0.7	9%
Staff based in central therapy services	4.6	4.1	0.5	11%
Staff based in specialties	3.9	4.1	-0.2	-6%
Outsourced in 1314	0.0	0.2	-0.2	
TOTAL	22.9	21.4	1.5	7%

- The growth in R&D costs is fully offset by an increase in R&D income although this isn't evident from the summary revenue account due to the reduction in the MFF on R&D in the same period.
- A more detailed analysis of the increase in costs by department and speciality is shown overpage. This shows that the majority of the increases in staff levels can be linked to past business cases and there is evidence of resultant income growth
- The overall average growth rate in income of 4% is the net result of higher increases in some sub-specialties and a decline in activity and income in other sub-specialties:
 - Sub-Specialties making up 40% of total income are currently reporting an overall average decline in income of 7 % (excluding tariff deflation)
 - Sub-Specialties making up 60% of total income are reporting an overall average growth of 10%

In a number of instances this can be attributed to straightforward fluctuations in case-mix within areas where bed or clinical resource capacity is shared. For example in the first half of the year there was more activity within HSS cardiac services and consequential lower activity in other cardiac services.

- In most cases where there has been a decline in income and activity measured relative to the same period last year, it is likely that this is only temporary.

REVIEW OF GROWTH IN STT PAY COSTS BY DEPARTMENT:

<u>Department</u>	<u>Staff categories:</u>		<u>7m to 31 Oct 14</u>	<u>7m to 31 Oct 13</u>	<u>Incr.</u>	<u>% incr</u>	<u>Offset by growth in income ?:</u>
Pathology	Scientists & technicians	I	5.0	5.0	0.0	0.2%	N/A
Therapies	Dieticians, OT, Physio, S<	I	3.6	3.3	0.3	9.7%	IN PART: Various business cases
Pharmacy	Pharmacists & technicians	I	3.4	3.1	0.3	10.2%	NO - increase due to MHRA inspection & other
Ophthalmology	Optometrists, Orthoptists & Scientists	I	0.4	0.4	0.0	4.4%	YES
R&D	All AHPs, scientists & technicians	D	1.9	1.5	0.4	25.2%	YES - obscured by fall in Project Diamond funding
Genetics	Scientists & technicians	D	1.4	1.3	0.1	8.1%	YES but income increases lag one year behind costs & specialty has deficit
Radiology	Radiographers	I	1.4	1.3	0.1	6.1%	IN PART
Cardiac	Imaging & psychologists	I	1.0	0.9	0.1	9.4%	YES - Growth in outpatient diagnostics
Psychosocial therapists	Psychologists & psychotherapists	I	1.0	0.8	0.2	18.2%	IN PART
CAMHS therapists	Psychologists & psychotherapists	D	0.9	0.9	0.1	6.5%	NO - Income growth low due in part to tariff deflation
Respiratory	Sleep technicians & physiotherapists	D	0.5	0.4	0.1	28.5%	YES - Expansion of sleep studies BUT offset by reduction in other respiratory income
Audiology	Scientists & technicians	I	0.5	0.4	0.0	8.6%	YES
Neurophysiology	Scientists & technicians	I	0.5	0.4	0.0	8.6%	YES - relates to Epilepsy
Neurodisability	Psychologists, OT, technicians	D	0.4	0.4	0.0	0.0%	
Neuropsychology	Psychologists & psychotherapists	D	0.3	0.3	0.0	18.4%	
HSDU*	Technicians	I		0.2	-0.2		
Other			0.6	0.7	-0.1	-13.7%	
			22.9	21.4	1.5		

Trust Board	
26th November 2014	
Authorisation for the completion of the Naming Rights Agreement; the Agreement for Lease and the Lease agreement for the Centre for Research into Rare Diseases in Children “CRRDC” building	Paper No: Attachment M
Submitted by: Claire Newton Chief Finance Officer	For Approval
<p>Aims To request Trust Board's approval of the process by which the relevant agreements relating to the Trust's future interest in the CRRDC are completed and approved:</p> <p>Summary Trust Board approved the Heads of Terms for these agreements in July. The documents are:</p> <ol style="list-style-type: none"> 1 Naming Rights Agreement between the donor, The Charity (the Charity), GOSHIPL (the Charity's trading subsidiary), UCL and GOSHFT (the Trust) 2 Agreement for a 25 year Lease of a part of the “3A” building by THE TRUST from the Charity and some associated documents <p>The Charity has now received draft copies of the full Naming Rights Agreement from the donor's representatives and has issued the Trust with a full lease agreement and will be issuing an agreement to lease.</p> <p>The Donor has indicated they would like to finalise the documents very quickly and we are working with the Charity and UCL to review them and provide comments back on the drafts. It is like that these agreements may be ready for approval before the next meeting of the Board in January and so I am requesting delegated approval for the CEO to complete these documents <u>provided that there are no material variations in terms from the Heads of Terms previously approved.</u> If there are any material changes they will need to be discussed and approved with the executive team and two Non-Executive Directors.</p> <p>Legal advice is being sought on the lease from external lawyers and we are working with the Charity's legal adviser on the Naming Rights agreement.</p>	
<p>Action required from the meeting To provide delegated authority to the CEO to sign each agreement on the basis proposed above</p>	
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans The agreements set out the terms on which the Trust will secure a property interest in “3A”, the CRRDC. This facility will improve and enhance the Trust's services and enable transformational change in the research partnership with UCL.</p>	
<p>Financial implications The lease value will be at a “market rate” and with a service charge for common parts and certain building costs. The costs of the building have been included in the Trust's five year financial projections. The Trust does not believe that this transaction would adversely affect its Financial Risk Ratio or the Continuity of Service Rating</p>	
<p>Legal implications The legal implications have already been noted</p>	
<p>Who needs to be told about any decision? GOSH charity</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? Matthew Tulley, Director of Redevelopment</p>	
<p>Who is accountable for the implementation of the proposal / project? Chief Executive</p>	

**Trust Board
 26th November 2014**

**Deep Dive report on Friends & Family
 Test score**

Paper No: Attachment N

Submitted by: Liz Morgan Chief Nurse

Aims / summary

The aim of this report is to review how the Trust is performing against its strategic objective to be the best children's hospital in the world in relation to patient experience and outcomes; specifically in relation to the Friends and Family test as a measure of experience and the score the Trust is achieving.

The report shows that our FFT score is improving overtime from 63 in April 2014 to 85 in October 2014. In the early months the Trust score was below the national and London average but it is now above the average of 75. When compared to other specialist hospitals such as the Royal Marsden and the Brompton the GOSH average between April 2014 – September 2014 is currently lower than the other hospitals. However, when reviewed by percentage who would recommend GOSH results are on a par with those of other specialist hospitals.

Multiple factors have been considered that may have an impact on the FFT score but it remains unclear which factor has the greater impact on the overall score at GOSH.

There is a higher level of satisfaction reported on a first admission which is likely to reflect family's relief and gratitude to be at GOSH, and their comparison of our services with their local paediatric unit. Lower levels of satisfaction on return attendances are more likely to reflect their actual experiences of the service and the day to day issues that detract from a positive experience which need to be improved.

Patients cared for in MSCB are more likely to highly recommend the hospital than those in the Southward building due to the environment.

Next steps:-

- Continue to provide support to staff to facilitate the FFT and to support ward management discussions about results, trends and areas for improvement.
- Redevelopment of the electronic FFT system to include action plan facility to ensure documentation of improvements made.
- Revision of the current escalation process to ensure that any negative comments that are fed back from patients and families are escalated to ward management in a timely manner to enable actions to be implemented quicker.
- Consideration of other methods to offer the FFT to patients and families, such as electronic routes and text messaging.
- Development of materials to more widely promote the FFT score and comments from patients and families, for instance, poster displays for ward environments and the GOSH internet site which are both updated monthly with the FFT results.

- Implementation of a children and young person FFT to enable the trust to receive feedback from patients as well as parents/families.

Action required from the meeting

To note the Trusts position in relation to the Friends and family test score and the progress made overtime.

Contribution to the delivery of NHS Foundation Trust strategies and plans

The Friends and Family test score is one of the ways in which the Trust measures its progress against the strategic objective of becoming the top children's hospital in the world for patient experience and outcomes.

Financial implications

The Friends and Family test is linked to a CQUIN however payment is in relation to meeting targets around the response rate to FFT and further rollout to outpatient and day case areas not the actual score.

Who needs to be told about any decision?

N/A

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

Assistant Chief Nurse Quality & Patient Experience.

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

Chief Nurse and Families Champion

Deep Dive Report: Friends and Family Test score, inpatient areas April – September/October 2014

(Data accurate on date of review, 18th November 2014)

Aim of report:

The aim of this report is to review how the Trust is performing against its strategic objective to be the best children's hospital in the world in relation to patient experience and outcomes; specifically in relation to the Friends and Family test as a measure of experience and the score the Trust is achieving.

Background:

The Friends and Family Test (FFT) is a simple, comparable patient experience indicator which asks patients and/or their parents/carers within 48 hours of discharge, whether or not they would recommend the ward they have stayed on to friends or family if they needed similar care or treatment. The FFT provides organisations with a headline metric and also regular feedback from patients about the care and treatment received.

In 2012, the Government announced the introduction of the FFT as a measure to identify best performing hospitals in England. Results for hospitals, A&E areas and maternity services are published on NHS Choices. At present it is not mandatory for paediatric areas to report their FFT results to NHS Choices, although it is anticipated that this will happen in 2015/16.

For GOSH, the FFT has been implemented as part of a CQUIN (Commissioning for Quality and Innovation) payment for 2014/15. The FFT was launched within inpatient areas at GOSH in April 2014.

Current CQUIN requirements are as follows:

- Achieve a minimum of 15% response rate for inpatient areas from Q1 2014/15
- Achieve a minimum of 25% response rate for inpatient areas from Q4 2014/15
- Report on any inpatient areas that receive less than a "0" FFT score
- Roll out to outpatient and day case areas from October 2014

The FFT results for inpatient areas at GOSH since the roll out in April 2014 can be summarised as follows (*Please note that the results exclude IPP Division*):

	April	May	June	July	August	September	October
Number of discharges	918	1017	975	1056	960	945	1037
Number of responses	247	260	269	253	255	242	270
Response rate	26.91%	25.57%	27.59%	23.91%	26.56%	25.61%	26.04%

		April	May	June	July	August	September	October
Promoter	Number of extremely likely	159	174	220	166	191	186	232
Passive	Number of likely	70	70	42	75	63	47	31
Detractor	Number of neither likely nor unlikely	5	8	4	5		5	2
	Number of unlikely		3		1	1	2	
	Number of extremely unlikely	2	3	2	3		2	1
FFT score		64	62	80	63	75	73	86

Assessment:

The following information has been reviewed as part of understanding the FFT score for GOSH:

1) FFT score in relation to first admission

- The FFT feedback form asks parents/patients to identify if this feedback is based on a first admission. Of the responses to date, the results are as follows:

	April	May	June	July	August	September	October
GOSH FFT score	64	62	80	63	75	73	86
FFT score for identified first admissions	67	83	86	64	84	90	90
FFT score for identified non first admissions	63	57	77	63	71	69	85

- There is a consistently significant difference in experience between those who attend as a first admission compared to those who have previously been an inpatient.
- The month of July is an exception to this and the scores are similar.
- Exact causation of this cannot be determined.

2) FFT score by building

- Location in isolation does not result in any significant changes to the FFT score. However, it can be noted that the worst performing building by FFT score is Southwood and the highest performing building is Morgan Stanley Building. (Please see Appendix 1 for breakdown of building in tabular form).

3) FFT score by clinical division

- FFT score varies by clinical division. The score is variable each month. (Please see Appendix 2 for graph of FFT score by clinical division).
- For each clinical division the FFT score should be considered alongside the response rate, for instance, a very small response rate could provide an unrepresentative score.

4) Review of qualitative comments linked to “likely” FFT responses

- There are a number of “likely” responses to the FFT question. Within the calculation for the FFT score the “likely” responses do not form part of the promoter score, but are calculated within the denominator. Consequently, likely responses can have a considerably negative effect on the overall score. As an example of this, if half of the likely responses for August were extremely likely the FFT score would have been 87 instead of 75.
- Overall by reviewing the comments from “likely” FFT responses, “staffing behaviours” was the theme that received the most positive comments and “environment/infrastructure” received the most comments as areas for improvement.
- Southwood building receive the most comments listed as ‘Areas for improvement’, the largest category being environment/infrastructure. Southwood building also received the highest number of positive comments, the largest category being staff behaviours.

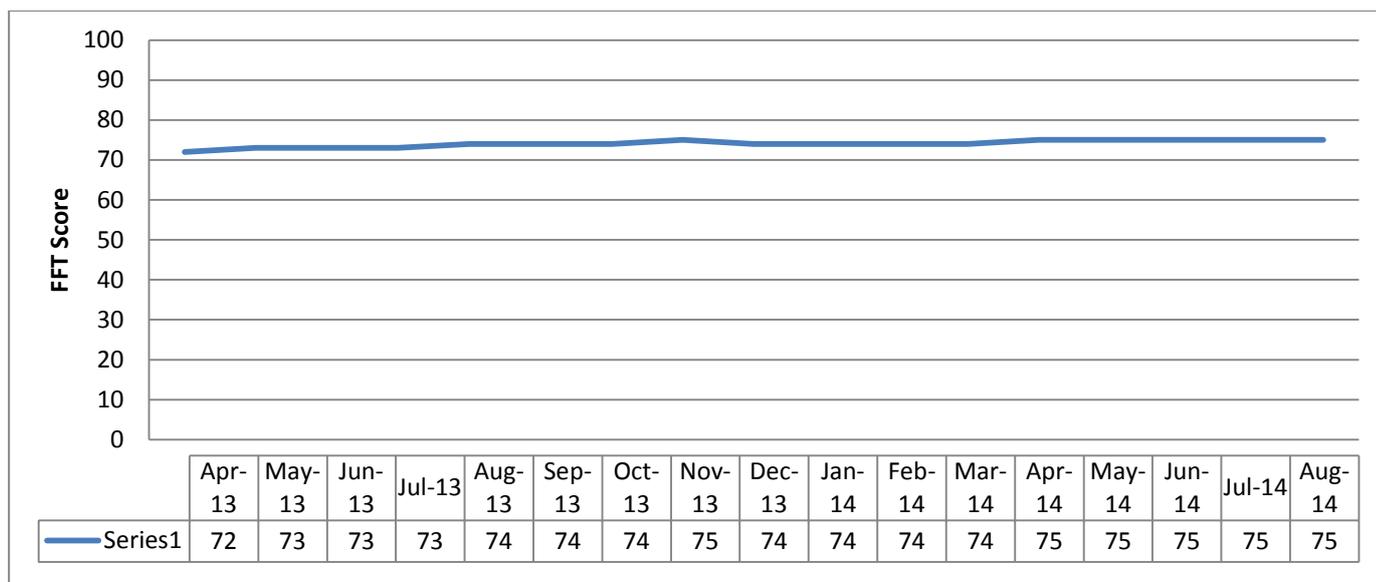
5) Relationship between FFT score and response rate

- No strong correlation can be determined between number of responses and FFT score.

6) Comparison with hospitals reporting to NHS Choices

- Adult hospitals have been reporting nationally to NHS Choices since 2012. These hospitals are not directly comparable to GOSH.
- The following graph provides a summary of the average FFT score for Trusts reporting to NHS Choices from April 2013 – August 2014.

Attachment N



- There has been no significant improvement to the FFT score nationally and this has largely remained static in the mid-70s.
- There is a positive trend towards improvement for the GOSH Trust wide score but this is still variable at this stage.

The following table outlines the results obtained from NHS Choices listing the FFT score for hospitals that GOSH is most comparable with – please note the results reflect an average of the financial year to date, April 2014 – September 2014 (Please see Appendix 3 for individual month results for the hospitals listed below):

- GOH average for the FFT score between April 2014 – September 2014 is currently lower than the other hospitals listed.
- If the results were reviewed by 'percentage to recommend' the GOSH average result would be on par with the hospitals listed below.
- The FFT score for the hospitals listed below does not show much improvement across the period and largely remains static, but the GOSH FFT score shows a positive trend towards improvement; however this is still variable at this stage.

Trust	FFT Score / % recommend	Average FFT score to date (Sept 13 - Sept 14)
GOSH	FFT Score	79
	% Recommend	96%
Brompton	FFT Score	85
	% Recommend	98%
Moorfields Eye Hospital	FFT Score	93
	% Recommend	99%
Royal Marsden	FFT Score	94
	% Recommend	94%
Christie Hospital	FFT Score	90
	% Recommend	95%
Liverpool Heart and Chest	FFT Score	93
	% Recommend	94%

Attachment N

The following provides a brief summary of hospitals reporting their FFT score position to NHS Choices in August. (Results reviewed on NHS Choices, August inpatient report, accessed 02/10/2014)

i) All hospitals reporting to NHS Choices and London based only hospitals reporting to NHS Choices

	Average FFT score	Average Response rate	Largest method for responses
All hospitals reporting to NHS Choices	75	38.95%	Electronic tablet/kiosk at point of discharge
London based hospitals reporting to NHS Choices	75	37.36%	Electronic tablet/kiosk at point of discharge
Non London based hospitals reporting to NHS Choices	75	38.95%	Paper/postcard at the point of discharge

- From August's FFT data, there is no difference between the FFT score of non-London based hospitals and London based hospitals.
- GOSH FFT score is currently above the average FFT score for hospitals reporting to NHS Choices

ii) Paediatric hospitals

- There is limited capacity to benchmark against other paediatric areas as national reporting is not currently mandatory.
- Other paediatric hospitals have been contacted and asked that if they are currently doing the FFT could their results be shared. Birmingham Children's Hospital (BCH) is the only hospital to make their results available to date. Results are listed in the table below.
- Although BCH have a slightly higher FFT score and response rate compared to GOSH, it must be noted that BCH have a higher number of patients discharged than GOSH, with an A & E and secondary care services therefore it is possible that BCH have a larger number of non-returners than GOS

Birmingham Children's Hospital FFT results (extracted from trust Board Papers available online):

Parent/Adult version of Friends and Family Test

		Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sept 14
Promoter	Number of extremely likely	Breakdown not available	Breakdown not available	Breakdown not available	207	215	350	189	353	Breakdown not available	Not available	Not available	236
Passive	Number of likely				32	43	61	21	53				20
Detractor	Number of neither likely nor unlikely				2	7			9				3
	Number of unlikely						1	1					
	Number of extremely unlikely				1							2	
	FFT score	85	77	87	85	78	85	89	83	89			89
	Response rate	21%	16%	20%	20%	25%	36%	25%	37%	25%			23%

Children/young persons Friends and Family Test

		Dec 13	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13
Promoter	Number of extremely likely	Not available	Not available	Not available	Not available	27	105	Not available	Not available	Not available	60
Passive	Number of likely					3	8				9
Detractor	Number of neither likely nor unlikely					2	2				
	Number of unlikely										
	Number of extremely unlikely										
FFT score											
Response rate						12%	31%				32%

7) FFT Score in comparison to the Ipsos Mori inpatient advocacy results

The 2014 Ipsos Mori Inpatient survey showed that 97% of patients would recommend the hospital with 87% saying they would be very recommend the hospital. However, it is not possible to compare the FFT data with this score as the FFT scores is a more complicated calculation than those used in the Ipsos Mori survey. The Ipsos Mori survey data is also taken at a different point in time often 3 months after the patients admission when the families perceptions of their experiences may have changed.

Conclusion:

- The FFT score at GOSH has improved over time from 63 in April 2014 to 86 in October 2014.
- Multiple factors have been considered that may have an impact on the FFT score but it remains unclear which factor has the greater impact on the overall score at GOSH.
- The higher level of satisfaction reported on a first admission is likely to reflect family's relief and gratitude to be at GOSH, and their comparison of our services with their local paediatric unit . Lower levels of satisfaction on return attendances are more likely to reflect their actual experiences of the service and the day to day issues that detract from a positive experience which need to be improved.
- It can also be noted that areas that have good MDT engagement and commitment tend to have a better response rate. However, not all areas with a high response rate have a high score.
- Alternative factors that are more difficult to measure, for example, service user expectation, should also be considered when reviewing this report.

Next steps/work in progress:

- Continue to provide support to staff to facilitate the FFT and to support ward management discussions about results, trends and areas for improvement.
- Redevelopment of the electronic FFT system to include action plan facility to ensure documentation of improvements made.
- Revision of the current escalation process to ensure that any negative comments that are feedback from patients and families are escalated to ward management in a timely manner to enable actions to be implemented quicker.
- Consideration of other method to offer the FFT to patients and families, such as electronic routes and text messaging.
- Development of materials to more widely promote the FFT score and comments from patients and families, for instance, poster displays for ward environments and the GOSH internet site which are both updated monthly with the FFT results.
- Implementation of a children and young person FFT to enable the trust to receive feedback from patients as well as parents/families.

Appendix 1: FFT Score by building

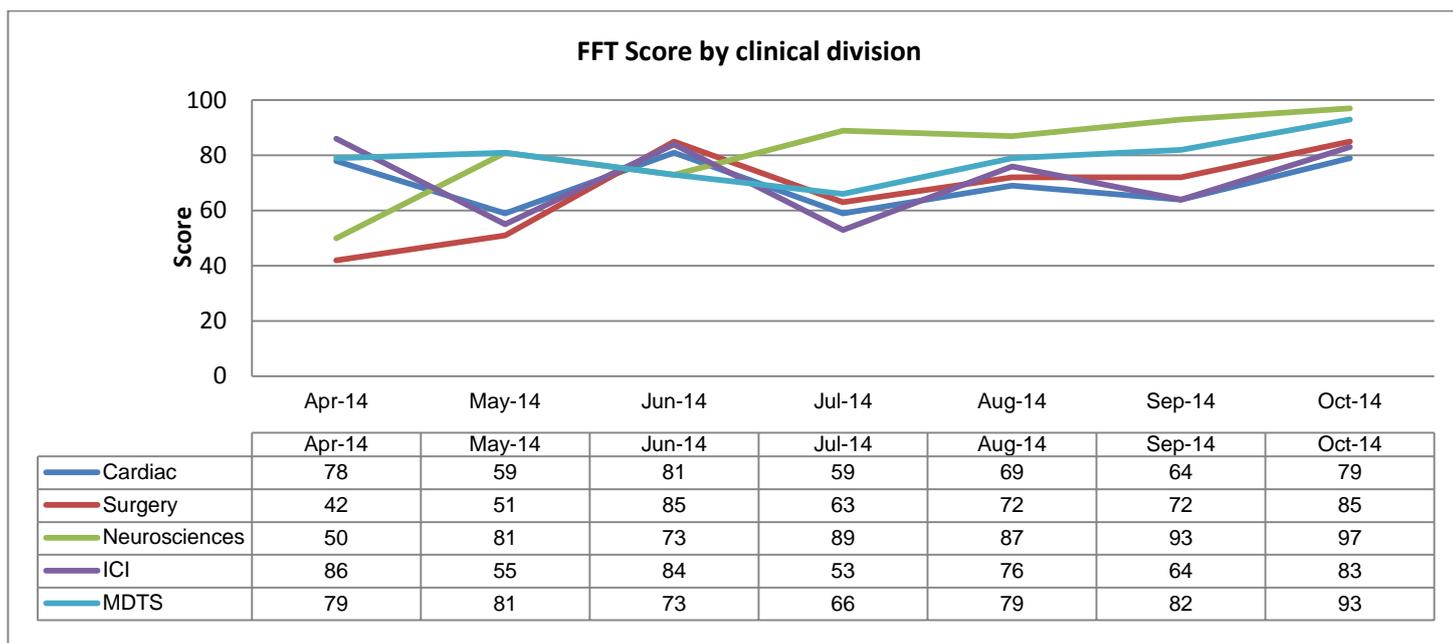
The following table shows the FFT score for each individual building at GOSH:

		April	May	June	July	Aug	Sept	Oct
Morgan Stanley Building (MSB)	FFT score	79	83	85	84	85	87	92
	% recommend	97%	98%	100%	100%	100%	98%	98%
Octav Botnar Wing (OBW)	FFT score	79	68	83	60	74	76	93
	% recommend	97%	98%	97%	98%	98%	98%	96%
Variety Club Building (VCB)	FFT score	77	79	80	54	69	76	80
	% recommend	96%	97%	98%	91%	100%	94%	98%
Southwood	FFT score	49	42	78	62	73	64	82
	% recommend	89%	89%	99%	97%	100%	95%	97%

The following table shows the FFT score for GOSH if an individual building was removed from the calculation:

		April	May	June	July	Aug	Sept	Oct
GOSH FFT results	FFT score	64	62	80	63	75	73	86
	% recommend	93%	94%	97%	96%	100%	96%	97%
GOSH FFT score with removal of MSB	FFT score	57	56	78	60	72	69	84
	% recommend	91%	93%	97%	96%	100%	98%	97%
GOSH FFT score with removal OBW	FFT score	62	61	79	64	75	72	84
	% recommend	92%	93%	98%	96%	100%	96%	98%
GOSH FFT score with removal VCB	FFT score	63	59	80	66	76	73	87
	% recommend	92%	93%	97%	98%	99%	96%	97%
GOSH FFT score with removal Southwood	FFT score	78	77	81	64	76	81	89
	% recommend	96%	98%	97%	96%	99%	98%	98%

Appendix 2: FFT Score by clinical division



Appendix 3: individual month results for the hospitals most comparable with GOSH

Trust	FFT Score / % recommend	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Average FFT score to date (April 14 - Sept 14)
Brompton	FFT Score	84	86	84	86	86	84	85
	% Recommend	97%	98%	99%	98%	99%	98%	98%
Moorfields Eye Hospital	FFT Score	93	94	98	89	94	92	93
	% Recommend	99%	100%	98%	100%	100%	100%	99%
Marsden	FFT Score	93	93	95	95	95	92	94
	% Recommend	95%	95%	95%	96%	95%	94%	94%
Christie	FFT Score	89	87	90	89	88	95	90
	% Recommend	96%	94%	96%	96%	96%	96%	95%
Liverpool Heart and Chest	FFT Score	94	94	94	91	93	94	93
	% Recommend	93%	94%	95%	94%	99%	95%	94%

<p>Trust Board 26th November 2014</p>	
<p>Update on Extended Elective Working Submitted by: Robert Burns, Director of Planning and Information</p>	<p>Paper No: Attachment O</p>
<p>Aims / summary This paper updates Trust Board on progress with extending the days that GOSH offers elective services and its recommended direction of travel for establishing regular Saturday outpatient clinics</p>	
<p>Action required from the meeting To note</p>	
<p>Contribution to the delivery of NHS / Trust strategies and plans Offering elective services in extended hours is clearly desired by our patients' and their families. As such it should be viewed as supporting an excellent patient experience</p>	
<p>Financial implications Clinical sessions for consultants and AfC staff are remunerated at an increased cost outside core hours.</p>	
<p>Legal issues There are contractual restrictions around enforcing consultants to undertake elective work outside core hours.</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales Executive Directors</p>	
<p>Who is accountable for the implementation of the proposal / project Robert Burns, Director of Planning and Information</p>	

1. Introduction

Trust Board received an update in May 2014 regarding the current status and plans to extend our elective services beyond the traditional working week. At this meeting we confirmed the Trust's commitment to extend the days / hours of elective services in a staged and financially viable manner. This paper is an update on progress to Trust Board

2. National Consultant Contract Negotiations

The negotiations at national level have broken down this month. At the time of writing, it is not entirely clear why the BMA appear to have withdrawn from discussions about both the consultant contract and the doctors and dentists in training contract. Details of the issues which were under negotiation have been published on the NHS Employers website and are reproduced in Appendix 1.

Subsequent to this, the Pay Review Body for Agenda for Change staff, the Doctors and Dentists Review Body (for consultants) have been asked to make observations on the national terms and conditions in the context of day working. In addition, the DDRB have been asked to make observations on the doctors in training contract regarding changes which could link pay progression with improved patient care.

Importantly, neither the PRB (AfC) or the DDRB have been asked to make recommendations, solely observations.

3. Saturday Outpatient Services

In May we reported that we now had sufficient staff in outpatients to routinely offer sessions on a Saturday. We offered this opportunity as a pilot on one Saturday each month across all clinical teams in the Trust. To date we have had one clinician (Neurology) on one occasion take up this offer.

The lack of uptake has been discussed extensively with Divisions and consultant remuneration is the constraining factor. Virtually no consultants will agree to undertake Saturday outpatients at standard consultant contract rates (basic time +33%). However, significant proportions have stated that they would at Waiting List Initiative Rates (WLIR - £500 per half day session).

We have discussed this as an executive team and do not consider that offering to pay WLIR for outpatient clinics is in the best interest of GOSH. This will establish a precedent which will be difficult to redact and will impinge on the ability to commence Saturday outpatient clinics within the standard consultant contract. Additionally, outpatient appointments are reimbursed at differing rates and some would be running as a cost pressure with the high staff costs

We have been including a clause in the contract of all newly recruited consultants to enable us to include out of hours elective working in their job plans. This is now applicable to 19 individuals and we are planning to enact this clause for some appropriate specialties, such as Cardiology.

As an executive team we have also agreed that all new relevant consultant jobs must include a regular Saturday outpatient clinics going forward.

These strategies will see Saturday clinics increasing over time and being established at a sustainable affordable cost.

In other outpatient extended hours developments, Dermatology have commenced an evening clinic.

4. Other Elective Extended Hour Services

Some other elective services at GOSH have either extended or are planning to extend their services to include extended hours provision, examples include;

- a) MDTS have extended Kingfisher Ward to be a six day per week service (addition of Saturday) for elective day case investigations in Gastroenterology, Endocrinology and Metabolic Medicine. The Saturday workload is of an equivalent level to days in the week with approx. 10 patients admitted each Saturday.
- b) Telemetry – Neurosciences are currently implementing plans to increase the operating days of their telemetry rooms from 5 days per week to 7 days per week. There is considerable demand for this service (epilepsy assessment) and the tariff is favourable.

5. Radiology and Anaesthetics

There are ongoing discussions with both teams about providing additional capacity in evenings and weekends to meet demand. In Radiology, following consultation due to the building works, there is some evening work being undertaken. In addition, one ad-hoc Saturday has been undertaken (by the on call Radiology consultant) at a WLIR– this was positively received by the referring specialties but there is little uptake from the consultants in the service. In Anaesthetics, there are currently discussions about additional private work being undertaken in the evenings and at weekends and also the potential opportunity to help Moorfields deliver day case activity on Saturdays, at a WLIR, which has been received more positively.

Appendix 1

Reproduced from NHS Employers website (as at 4 November 2014)

'The offer relating to the consultants' contract which the BMA has walked away from includes:

- maintaining a negotiated national framework and the BMA's role in collective bargaining
- a maximum 40-hour contract, unless extended by mutual agreement
- no requirement for the majority of consultants to be contracted for more hours than they are currently contracted for
- maintain the current lifetime earnings potential
- accelerated access to higher pay - consultants will be able to access higher levels of pay earlier in their career than is possible under the current pay scales, as long as they meet all necessary access criteria
- introduction of a fairer way to reward consultants who work frequent and intense shift patterns
- continued access to a national clinical excellence award (CEA) scheme, by competitive application;
- transitional arrangements that provide protection to existing pensionable pay
- local clinical excellence awards to be incorporated into the consultants' contract as part of revised performance payments structure. As this will be a contractual entitlement all consultants will be considered for a pay award against jointly agreed access criteria
- jointly agreed safeguards (set out in the contract and supported by jointly agreed guidance), to ensure consultants are provided appropriate protections where service changes are necessary to deliver seven day services
- a commitment to move towards consultant-led services which will require a growth in the consultant workforce
- greater emphasis on clinical engagement when determining service delivery priorities with a duty to consult being placed on employers
- strengthens the job planning process and puts it at the heart of the process for determining the appropriate clinical activity to support local service delivery;
- Limits the number of weekends that consultants will need to be available for work, without mutual agreement
- maintain an environment where education, training, innovation and research by both NHS and academics can flourish
- no changes to any of the core contractual entitlements – redundancy, maternity, sick pay, leave entitlements, requests for flexible working etc

The current offer on the table for the junior doctors' contract includes:

- an hours-based model of pay, with pay relating to work done
- increased basic pay
- pay progression linked to accepting a post at a higher level
- pay protection during transition
- a basic full-time working week of 40 hours
- maximum hours of 48 per week on average, and a cap of 56 hours per week on average for doctors who opt out of WTR
- an extension of plain-time working, with a higher rate for unsocial hours - the degree of extension and the rate for unsocial hours had not been decided and was still under discussion
- an on-call availability allowance

- a maximum of 72 hours in any seven consecutive days (lower than the limit suggested by the BMA)
- no more than four consecutive night shifts
- no more than five consecutive long day shifts
- a work schedule for each post, mapped to the curriculum and setting out both training opportunities and service commitments. This would be personalised to the job holder and reviewed regularly and also on request
- system for reporting exceptions (e.g. work overruns) which would trigger a work schedule review
- system for resolving work schedule issues, including appeals process
- business travel expenses in line with Agenda for Change, but also retaining the provisions on relocation and removal expenses for trainees
- removal of the current four-month eligibility period for sick pay
- a joint commitment to press for better information for trainees ahead of their placements. This cannot technically be done via the contract but is a priority for employers as well as trainees.
- potential to increase pay via work schedule review where there is a regular requirement for additional hours'

**Trust Board
 26th November 2014**

Mid-Year review of Trust Operating Plan

Paper No: Attachment Q

Submitted by:
 Robert Burns, Director of Planning & Information

Summary

This paper provides an update for Trust Board on the “Operational Plan Document for 2014/16”, focusing on a mid-year review for 2014/15. This review captures all the commitments that we, as an organisation, said we would do. This therefore assesses: if these have been successfully delivered (or on track to be); currently off trajectory yet with plans to deliver; or, will not deliver.

On reviewing the Operational Plan, most of the commitments fall into the following categories:

- Service Developments / Operational Improvements
- Supporting Function Improvements
- Quality Improvements
- Finance & Activity
- Service Derogations

At a very headline level the Trust has delivered or is on track to deliver to its Operational Plan commitments for 2014/15 for the vast majority of areas. The one notable area where we do not anticipate delivery is the financial plan; this is despite mitigation plans being put in place throughout the Trust. There are two key components of this under delivery, a failure to achieve our £14.8 savings target and an underachievement of IPP income.

Service Developments / Operational Improvements

Where the Trust has set out to develop key services during 2014/15 it has done so, or is on track to do so. This includes the delivery of 3 angiography laboratories which were opened in May; an expansion to the respiratory ward (Badger) in May; and new out-patient facilities to be opened in December.

As a Trust we have opened additional ICU beds, which is a notable success for the organisation.

Supporting Function Improvements

Human Resources and Organisation Development, within the Operational Plan have a number of delivery areas for 2014/15. All areas have either delivered, are on track to deliver or in limited areas off trajectory however there have plans to deliver. Achievements so far in 2014/15 include: Development and agreement of the Trust’s “Always” values, with an embedding programme underway; on-track to implement the e-bank system to allow improved analysis and control in this area; New Appraisals process launched which will allow for the Trust to become better at Talent Management, with a new learning management system (to be rolled out from January 2015) which will facilitate improved reporting and identification of high performers.

From the content of the Operational Plan it is clear that for the organisation to continually improve and innovate, using transformational ICT as an enabler is crucial, As such during 2014/15 an Electronic Document Management System (EDRMS) is to replace paper records by 2015, has started to be introduced. Testing continues with the expectation the next phases of the implementation programme will go ahead in December and February. Additionally the Business Case for the Electronic Patient Record (EPR) has been developed, with a view to confirm procurement option during 2015.

Quality Improvements

A number of areas were identified that fall under “zero harm quality standards”, which include: Maintain high levels of medication safety; Decrease and eliminate hospital acquired infections; Improve reliability in clinical handover and documentation; Eliminate all pressure injuries occurring in hospital; Recognise and respond to unexpected deterioration of children. Specific actions were identified to ensure that a year on year improvement is seen in each area. So far good progress has been made under each heading (i.e. a reduction in pressure sores can already be evidence for 2014/15; huddles, CEWS and SBARD implemented and being rolled out) and plans are in place to ensure delivery by the end of quarter 4.

Finance & Activity

From an NHS activity perspective the Trust is on track to deliver and exceed the levels set in the operating plan for both inpatient spells and outpatient activity.

With regards to the Trust’s financial position, as at the most recent month of reporting, the Trust is not on plan for 2014/15, A number of mitigating actions are being put in place; however this is at risk of not delivering to plan. Contained within and as set out in the Operational Plan is the need to save £14.8m in 2014/15, which based on current analysis, is showing under-delivery of circa £3m.

Service Derogations

The Trust and clinical areas have made good progress in this area, with very few services remaining with derogations. Those remaining are being resolved. It must be acknowledged that this does not however compromise the delivery of the service to patients,

Action required from the meeting

To note

Contribution to the delivery of NHS Foundation Trust strategies and plans

The Operational Plan is the short terms delivery of the Trust’s Vision and Strategic Objectives

Financial implications

2014/15 financial plan is included within the Operational Plan.

Legal issues

N/A

Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place?

Who needs to be told about any decision?

Executive Directors.

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

Executive Directors.

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

Executive Directors.

Operational Plan Document for 2014-16

Categories:

A = Service Developments, B = Operational Improvements, C= Supporting Function Improvements, D = Quality Improvements, E = Finance & Activity, F = Service Derogations

KEY:

Delivered / on-track	
Off trajectory but will deliver	
Will not deliver	

Category	Description/ Commitment	Status			Comments
		Red	Amber	Green	
E	Have robust plans to deliver savings of £14.8m in 2014/15				The Trust is behind on its Productivity & Efficiency programme with a predicted year end under-delivery of circa £3m
B	Recruitment and retention of key health care professionals: Nursing workforce, particularly for our Intensive Care Units (ICUs).				The Trust has utilised resource within the recruitment team in a slightly different way so that there is now a clearer focus on specialist recruitment (including executive recruitment, difficult to fill posts and a strategy for nurse recruitment) in the form of a specialist recruitment lead. Nurse recruitment for ICUs has been very positive
C	Final statement of values will be developed in the first quarter of 2014/15 and a programme of work will be undertaken over the subsequent 2 years to embed revised values and behaviours across the organisation.				The Trust's "Always Values" have been agreed following a comprehensive engagement exercise. Presented to all division/directorate senior teams. A supplier has been identified for expert support, and embedding programme underway with Executive oversight
A	During 2014 implementing routine outpatient clinics across a number of specialities and an MRI scanning service on a Saturday.				The MRI Service is running extra sessions in the evening and occasional weekends. Uptake of Saturday clinics very low and revised approach being taken
D	Zero Harm Standards: Maintain high levels of medication safety				Medication errors have continued to reduce in 2014/15
D	Zero Harm Standards: Decrease and eliminate hospital acquired infections				The Trust makes year on year progress and improvement in a number of areas for this standard (e.g.. Central line infections). However other areas remain a challenge i.e. C Diff
D	Zero Harm Standards: Improve reliability in clinical handover and documentation				Progress has been made on many aspects of clinical handover. Improving the quality of medical records is an extremely complex issue and although slightly behind schedule an specific improvement work stream has been established
D	Zero Harm Standards: Eliminate all pressure injuries occurring in hospital				Year-on-year improvement is being seen based on YTD analysis

D	Zero Harm Standards: Recognise and respond to unexpected deterioration of children				There are a number of components to this standard. For a number the Trust is delivering improvements with regard to CEWS, SBARD and huddles. Other areas are requiring further review (e.g. handovers)
D	Outcome Measures Each specialty to define five outcome measures for the five items of care most common and to identify five centres against which they should be compared in order to provide evidence of Top five status.				Good progress is being made in this area, with 54 clinical outcomes now published on internet.
A	ICU Aim to open more ICU beds and have recently implemented a new model of Neonatal ICU beds.				New neonatal model operational and increased beds across all units
A	Imaging Will open Southwood imaging suite, which will see the addition of modern CT and 3-Tesla MRI scanners				Slight delays however on track to open in 2014/15
A	Redevelopment In 2014 we will be adding a new outpatient facility				New OP opening December 2014
A	Redevelopment In 2014 we will be opening 3 new Angiography laboratories				3 angio labs opened May 2014
A	Redevelopment In 2014 we will be expanding our respiratory ward.				Expanded Badger (respiratory) ward opened May 2014
B	Redevelopment In 2014 we are opening a comprehensive and standardised pre-operative assessment which will include a clinic for planned patients who will require a general anaesthetic				POA going into the new OP area referred to above
C	ICT The introduction of an Electronic Document Management System (EDRMS) to replace our paper records by 2015				EDM is going live in phases. Phase 1 is live, phase 2 will be live by December, and phase 3 will be live Feb / Mar.
C	ICT Electronic Patient Record (EPR). During 2014/15 we will be developing the business case for this and commencing procurement.				EPR Business case has been prepared and presented to a number of groups and committees within the Trust. Pre-procurement work streams are currently being undertaken
D	Response to Francis Inquiry				A number of elements have been delivered or are in progress for delivery. Those areas that remain outstanding need to be completed in 2014/15
C	Risk Management We aim to reduce the number of risks that have been on the risk registers for a considerable period of time				Achieved through proactive engagement with Risk Action Groups.

C	<p>Temporary Workforce</p> <p>Over the next three years we will reduce overall spend by shifting bank: agency spend ratio from the current 74:26 to 82:18 and decreasing total usage by 10.14%</p>				<p>As at M7 the spend ratio is 73% Bank: 27% Agency (YTD 71%:29%) demonstrating the Trust is down compared to the original action; however, the month projections show a trend of increasing bank to agency. Trend = improving but off projected target (Red). Actions in place = ICT move to substantive; ancillary move to bank/substantive from agency. Expect M&D in ICI-LM to worsen significantly. Current total temporary spend is 9.23% (target met and on track – decreasing). Trend = met and improving (Green)</p>
C	<p>Temporary Workforce</p> <p>Go live with an e-bank system in Q3 2014/15 which will allow improved demand analysis and control; improved governance through electronic timesheets; improved detail and timeliness of data.</p>				<p>This is on track. Currently in the process of scheduling dates for manager training and the system is currently being tested in shadow form (we are almost complete with the data upload).</p>
C	<p>Rostering</p> <p>Continue to drive towards improved rostering and booking practices over the next 12 months to ensure the most effective use of temporary staff.</p>				<p>Non-Medical: Upgrade to RosterPro 13.2 completed, on target, October 2014; includes improvements to manager's dashboard; to extend training on new features. Scoping rostering efficiencies with OceansBlue, expect report December 2014 to Nursing PE group. On target (green).</p>
C	<p>Talent Management</p> <p>Over the next 24 months we will use a revised appraisals process and the identification of mission-critical roles to develop a more formal approach to talent management and succession planning.</p>				<p>New appraisals paperwork launched, which allows identification of different levels of performance by staff. New learning management system (to be rolled out from Jan 2015) will facilitate improved reporting and identification of high performers</p>
C	<p>Appraisals</p> <p>New appraisals process, which will measure individual behaviours against Trust standards and introduce a link between performance and pay (2014); Values based recruitment; a clear Measurement process and a communications and engagement plan.</p>				<p>Values based recruitment to be developed as part of Our Always Values plan (phase 2 - 2015/16). Appraisal documentation has been revised and is now being used in readiness for full implementation in April 2015 where performance is linked to pay progression</p>
C	<p>e-Panda</p> <p>The Trust is working towards implementation of all expectations during summer 2014.</p>				<p>Testing version V4.2 of epanda which includes background fixes and additional reporting on individual reporting (to look at individual acuity). Epanda has been rolled out to all wards/areas. On target (green).</p>
C	<p>Workforce FFT</p> <p>Workforce element of the quarterly Friends and Family Test in Q1 of 2014/15, with the intention to roll this out fully in Q2</p>				<p>Staff FFT fully launched ahead of plan in Q1.</p>

E	Activity Plan NHS Inpatient spells for 2014/15 = 32,094				NHS inpatient activity plan is on track
E	Activity Plan NHS Outpatient activity for 2014/15 = 149,908				NHS outpatient activity plan is on track
E	Financial Plan Statement of comprehensive income				As at M6 the Trust was £2.6m worse than plan. With one of the main contributing factors being lower income for private patient activity (= £2.1m)
F	Specialised Immunology – deadline October 2014 Awaiting CRGs to reappraise the specification, as currently GOSH cannot specify and identify a hub and spoke arrangement				Derogation lifted
F	Cleft lip and palate – CNS Advertise post and interview (Dec 13) CNS in post (April 14)				Derogation lifted
F	Specialised Ophthalmology (paediatrics): Recruitment of Teacher for the visually impaired: Advertise post – Nov 13 Interview for post – Dec 13 Person in post – Mar 14				Anticipate resolution during 2014/15
F	Paediatric Surgery Neonates Community midwife support provided in the Trust from UCLH Agree funding for post. Funding agreed Nov 2013 Refer to college for approval. JD with College Nov 2013 Advertise BMJ asap Aim to appointment by 1ST July 2014				Derogation lifted
F	Paediatric Medicine Renal Commission and implement a renal information system, enabling automated collation of patient data and upload to Renal Registry				Anticipate resolution during 2014/15
F	Paediatric Medicine: Immunology & Infectious Diseases Will review the Haematology/Oncology shared care protocol review with clinical team whether a base shared care protocol can be developed, Develop shared care protocol for relevant conditions – e.g. SCID				Derogation lifted
F	Neonatal Critical care A workforce plan must be in place, designed to maintain sustainable staffing levels based on the DH Toolkit				Anticipate resolution during 2014/15

F	Paediatric Neurosciences: Neurosurgery Agree protocol for which patients require access to MRI 24/7 - October 2013 Implement additional radiographer on call rota to cover Monday – Thursday nights - January 2014				Anticipate resolution during 2014/15
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Trust Board
26th November 2014

Performance Summary Report
Submitted by: Julian Nettel, Chief Executive

Paper No: Attachment R

Quality and Safety

In October, The Trust reported 1 case of C.difficile, taking our year to date total of assigned cases in patients aged two and over, tested on third day or later, to 11 cases.

The number of cases of C.difficile remains a significant risk to achieving the Monitor quality governance risk rating throughout 2014/2015; however we remain within Monitors de minimis limit of 12 cases and continue to closely monitor this indicator as a key priority.

No cases of MRSA were reported in September, which continues for the year to date.

The International and Private Patient Division (IPP) have undertaken targeted work on the early identification and escalation of the deteriorating patient. In Quarter 1, the Division achieved a statistically significant improvement with the accuracy of the Children's Early Warning Score (CEWS) reported at the electronic Patient Status at a Glance (ePSAG) board during a daily huddle, compared to the actual CEWS written on the observation charts at the bedside. The measure identifies the percentage of inaccurate scores reported at the huddle when compared to the recorded CEWS scores at the bedside. There have been a number of changes that have resulted in this improvement including improved accuracy in CEWS scoring, no 'observations in pockets' and increased educational support at the bedside.

Following on from the success of this project, IPP have joined a larger project starting in 10 paediatric wards in London. The aims of the project are to specifically improve the outcomes for the acutely unwell child through the introduction of situational awareness. Safety huddles to improve communication and identify sick patients, visual measurement tools such as medication administration and appreciative inquiry to value staff are all elements of this project.

Targets and Activity

Patient spells have dropped below plan year to date. Whilst day cases were up in Month 7, the Trust experienced a decrease in Elective and Non-Elective activity against plan.

The Trust continues to deliver above plan on Intensive Care Unit bed days reflecting our successful implementation of our plan to increase Intensive Care Unit beds. The number of outpatient attendances remains significantly above plan.

Discharge summary completion rates increased to 83.4% in October from a position of 80.6% reported in the previous month. This increase has been attributed to improved completion rates in the Clinical Divisions of Medicine and Cardiorespiratory.

In response to the national drive for Trusts to focus on their longest waiting RTT Patients, and as a conscious decision by the Trust, we have increased the proportion of long waiting patients admitted which has prompted a reduction in the Admitted RTT metric for September and October. The high volume of long waiting patients is almost exclusively in our Surgical Clinical Division.

The Trust maintained compliance against all other service performance measures including cancer and non-admitted treatment waiting times.

Workforce

GOSH increased its contractual FTE (full-time equivalent) figure by 17 in October to 3661. This change is within anticipated levels and is 126 FTE higher than the same point in 2013. GOSH has increased its contractual FTE by 701 between Oct 2009 and Oct 2014 (excluding Haringey & North Middlesex). The full breakdown of variation between staff groups is shown to the right.

Sickness absence has had a decrease to 2.55% and is continuing a very slight decreasing trend whilst remaining significantly below the London benchmark figure of 3.20%.

Turnover has further increased to 17.51% (+0.25%) in September; this remains lower than the same point in 2013 where turnover was 17.87%. The (unadjusted) London benchmark figure is 12.80%. It is not unusual for London data to show more significant fluctuations (for example, in response to major TUPE events).

The reported vacancy rate has decreased to 3.84% in October; this is largely following the intake of newly qualified nurses in late September.

Vacancy and turnover rates at these levels are indicative of stability within the overall workforce and also across the majority of the clinical divisions. However, more detailed data demonstrates high turnover/vacancy rates within individual wards/departments. Steps outlined in February with regard to nurse recruitment, such as overseas recruitment and job fairs, are continuing but all London Trusts are reporting a challenging picture with regard to nurse staffing.

Finance and Productivity & Efficiency (Chief Finance Officer)

The Trust is reporting a net deficit of £1.5M, £3.1m worse than Plan. EBITDA of £16.1m (7.1%) is £3.3m below the planned EBITDA of £19.4m (8.4%). Total income excluding pass through is £-4.2m below plan principally due to doubt over the receipt of £2.7m of specialist funding from NHSE and £1.4m lower private patient activity. In month private patient income was £0.7m above plan. Overall NHS patient activity is ahead of plan by £0.6m but NHS elective, & non-elective activity is below plan

Cash levels are £4.0m higher than plan due a higher starting point at the beginning of the year and delays in Trust funded capital expenditure. NHS debtor levels improved in month due to settlement of 2013/14 debt by NHS England and a group of CCGs.

Productivity & Efficiency scheme values do not yet reach the annual target although short term cost savings are currently mitigating this. Agency cost levels are higher than in the previous year.

Although private patient debt levels have increased in the month, this is due to a significant increase in activity relative to prior months. The level of overdue debt has only increased slightly.

Action required from the meeting

Trust Board to note performance for the period.

Contribution to the delivery of NHS Foundation Trust strategies and plans

To assist in monitoring performance across external and internal objectives.

Financial implications

Failure to achieve contractual performance measures may result in financial penalties.

Legal issues

N/A

Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place?

The Members' Council receive a copy of the performance report and Commissioners receive a sub-section of the performance report monthly.

Who needs to be told about any decision?

Executive Directors.

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

Executive Directors.

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

Executive Directors.

Targets & Indicators Report

Indicator		Graph	YTD Target	YTD Performance	Monthly Trend										
					Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	
Activity & Use of Resources	Number of patient spells	1	19,201	19,181	3,001	2,755	2,643	2,672	2,763	2,666	2,863	2,625	2,540	3,052	
	Number of outpatient attendances	2	88,262	92,228	14,130	12,867	13,467	12,224	12,475	13,333	14,409	11,548	13,771	14,468	
	DNA rate (new & f/up) (%)		<10	8.1	7.5	7.8	8.0	8.1	7.5	7.7	8.7	8.6	8.3	7.7	
	Number of ITU bed days	3	5,641	6,262	1031	738	789	798	831	1,017	871	820	979	946	
	Number of unused theatre sessions		108	104	11	13	21	14	17	15	14	19	10	15	
	Average number of beds closed - Total Ward		-	19	34.0	28.7	30.4	26.3	18.8	18.0	20.7	21.1	16.8	11.7	
	Average number of beds closed - Total ICU		-	1	1.3	2.9	3.0	1.9	1.3	0.9	0.2	0.1	0.3	0.3	
Patient Access	18 week referral to treatment time performance - Admitted (%)	4	90	90.1	91.0	90.0	90.3	92.0	91.2	90.3	87.8	90.3	89.3		
	18 week referral to treatment time performance - Non-Admitted (%)	4	95	95.6	95.8	95.6	96.0	95.5	97.0	95.5	95.3	95.2	95.0		
	18 week referral to treatment time performance - Incomplete Pathways (%)	4	92	92.4	92.6	93.5	94.6	92.6	92.2	92.7	92.3	92.1	92.2		
	Cancer patients waiting no more than 31 days for second of subsequent treatment (%)		98	100	100	100	100	100	100	100	100	100	100	100	
	Proportion of patients waiting no more than 6 weeks for diagnostic testing in 15 key diagnostic tests (%)	5	<=1	0.55	0.70	0.00	0.22	0.82	0.65	0.19	0.98	0.00	0.43	0.75	
Patient / Referrer Experience	Number of complaints		70	88	7	9	12	12	12	16	13	8	12	15	
	Number of complaints - high grade		6	9	3	1	1	0	2	2	0	0	2	3	
	Discharge summary completion (%)	6	85	82.1	88.2	87.2	88.5	82.2	81.1	85.1	84.9	77.7	80.6	83.4	
	Clinic Letter Turnaround, % letters on CDD - sent within 5 working days	7	50	26.6	29.7	27.9	24.8	23.5	24.4	27.0	30.2	28.2			
	Clinic Letter Turnaround, Average Days Letter Sent		-	13.3	16.8	17.6	17.2	14.7	13.9	12.9	11.1	14.0			
Work - force	Sickness Rate (%)		2.99	2.5	2.7	2.6	2.6	2.5	2.5	2.5	2.6	2.5	2.5	2.6	
	Trust Turnover (%)		14.13	17.1	17.6	17.7	17.4	17.3	17.5	17.1	16.8	16.5	17.1	17.5	
Monitor			YTD Target	YTD Performance	Quarter 4			Quarter 1		Quarter 2		Q3			
Monitor governance risk rating 14/15			0 - 0.9	0	0	0	Green	0	0	Green	0	0	Green	0	

Monitor Governance Risk Rating

Targets - weighted (national requirements)		Threshold	Score Weighting	Reporting Frequency	Score Weighting Q1				Score Weighting Q2				Score Weighting Q3					
					M1	M2	M3	Q1	M4	M5	M6	Q2	M7	M8	M9	Q3		
1	MRSA - meeting the MRSA objective *	0	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Clostridium difficile year on year reduction (to fit with trajectory for the year as agreed with PCT)**	0	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	All cancers: 31-day wait for second or subsequent treatment comprising either:	100%	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Surgery	94%			0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anti cancer drug treatments	98%			0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Radiotherapy (from 1 Jan 2011)	94%			0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Admitted within 18 weeks	90%	1	Quarterly	0	0	0	0	1	0	0	0	1	0	0	0	0	
5	Non-Admitted within 18 weeks	95%	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	
6	Referral to treatment time Incomplete Pathways Performance	92%		Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	
7	Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Annual	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total					0	0	0	0	0	0	0	0	0	0	0	0	0	
Overall governance risk rating					Green	Green	Green		Green	Green	Green		Green	Green	Green			

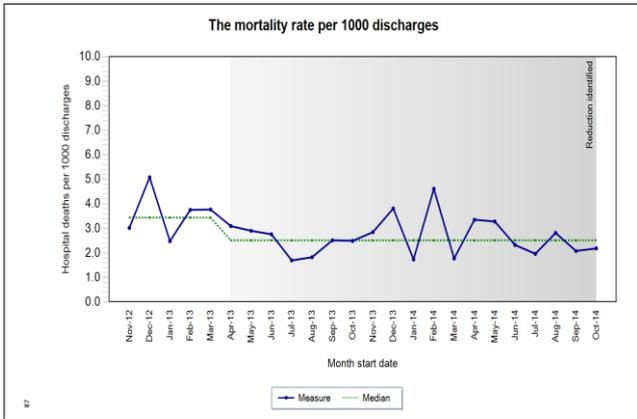
Monitor governance rating matrix	
Green	from 0 to 0.9
Red	0.9 or more

*Where an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimis limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purposes of Monitor's Compliance Framework

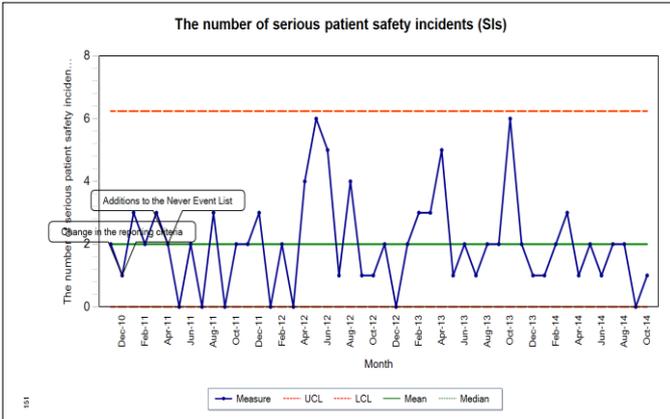
**Monitor's annual de minimis limit for cases of C. difficile is set at 12

Quality and Safety report

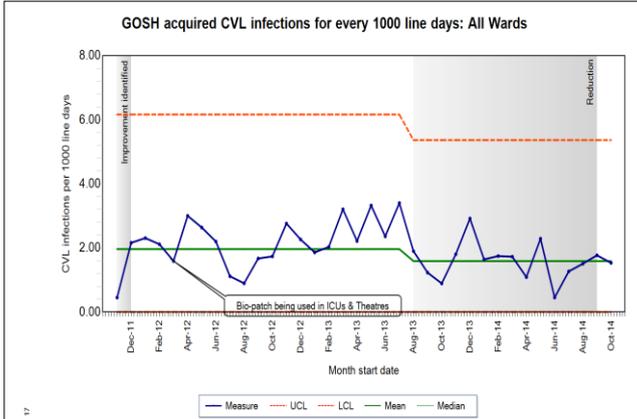
Quality and Safety Indicators



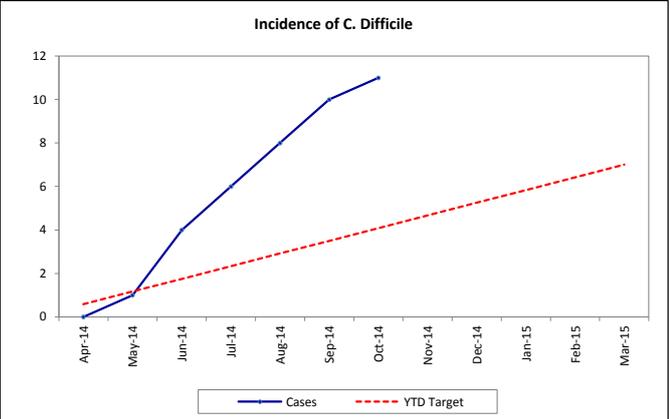
Description: The mortality rate per 1000 discharges
Target: Internal target: Year on year reduction
Trend: Performance sustained in recent months
Aim: To make statistically significant reductions in the mortality rate.
Comment: A reduction in the mortality rate was detected in April 2013. This has been sustained - the current rate being 2.5 deaths per 1000 discharges. We will continue to measure, comparing to this new rate and working to make further reductions in mortality.



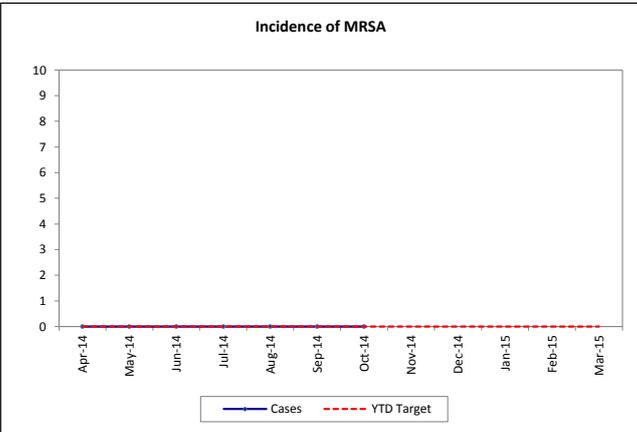
Description: Defined as either - Unexpected/avoidable death of patient(s), staff visitors or members of public. Serious harm to patient(s), staff, visitors or members of public. Allegations of abuse. One of the core sets of 'Never Events'
Target: Internal target: To remain within control limits
Trend: Performance sustained
Comment: There has been no statistical change in the number of SIs – we are still running at 2 per month.



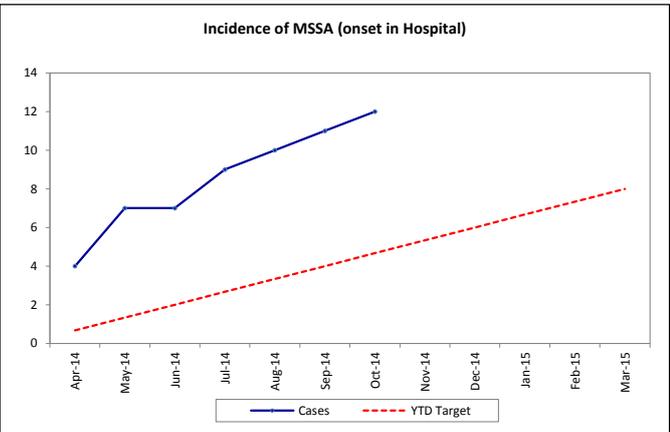
Description: The number of CVL infections for every 1000 Bed Days acquired at the Trust
Target: Internal target: <=1.5
Comments: There has been a small but significant reduction in the rate of CVL infections with the new process average being 1.6 per 1000 line days (reduced from 2) It should be noted that the number of infections remains constant at about 8 per month, the number of bed days and line days has increased.



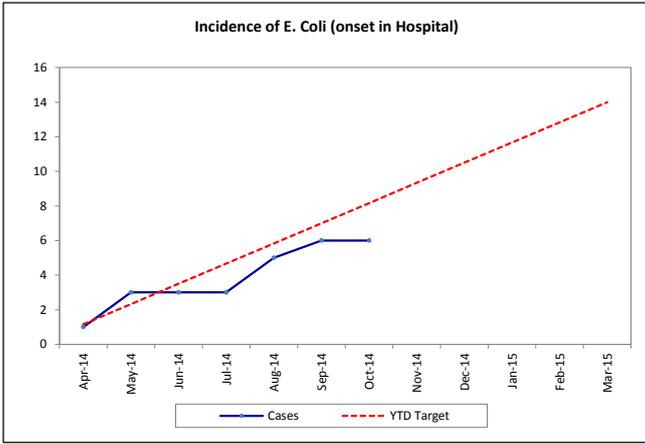
Description: Cases detected after 3 days (admission day = day 1) are assigned against trust trajectory
Target: No more than seven cases per year
Trend: Trend above trajectory
Comment: 11 cases reported at M7. The number of cases of C.difficile remains the most significant risk to achieving the Monitor quality governance risk rating throughout 14/15. The Trust remains within Monitor's De Minimis Limit of 12 cases.



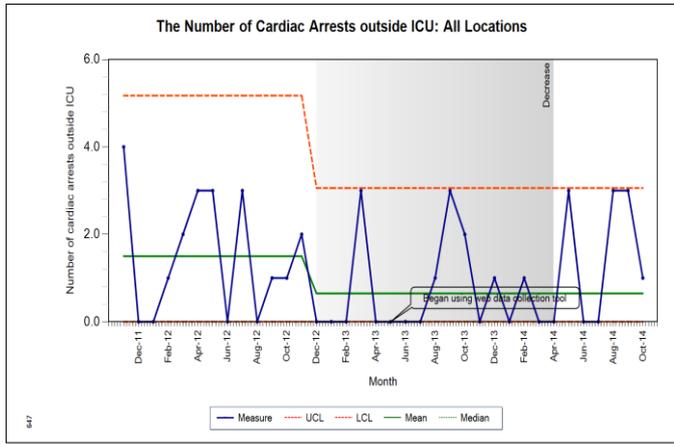
Description: MRSA bacteraemias
Target: Zero cases
Trend: 0 cases reported to date
Comment: Performance sustained at zero cases



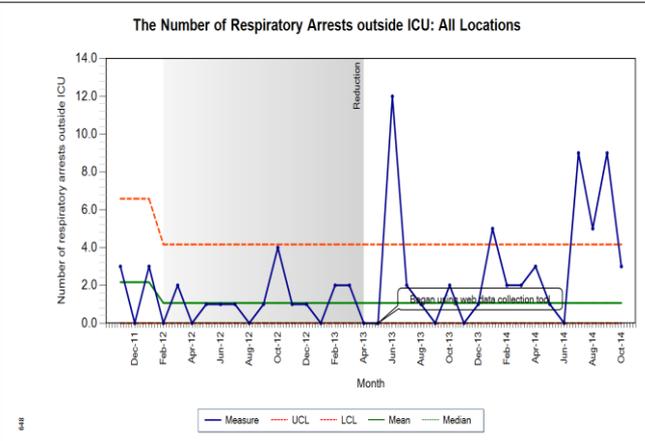
Description: Cumulative incidence of MSSA bacteraemia episodes (Methicillin sensitive S. aureus)
Target: Internal Target no more than eight cases
Trend: Performance continues above trajectory
Comment: Performance being monitored closely



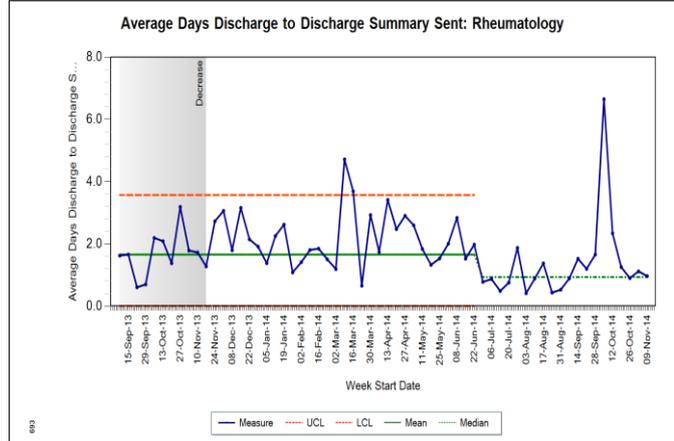
Description: Cumulative incidence of E. coli bacteraemia
Target: Internal Target no more than fourteen cases
Trend: Performance reported below trajectory at M7
Comment: Performance being monitored closely



Description: The monthly number of arrests (cardiac) outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team)
Target: Internal target: 50% reduction
Trend: Performance Sustained
Comment: Comment: There has been no change in the number of cardiac arrest outside the ICU since December 2012. The current rate is less than 1 per month. Throughout 2014 respiratory arrests have remained low. In October the number of arrests are back to expected numbers.



Description: The monthly number of arrests (respiratory) outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team)
Target: Internal target: 50% reduction
Trend: Performance sustained
Comment: RECALL (Rapid Evaluation of Cardio-respiratory Arrests with Lessons for Learning) takes place for every 2222 call and lessons for learning are identified and fed back to the team to improve detection and management of deteriorating patients and prevent cardio-respiratory arrest.



Description: Harm index comprised of hospital acquired infections (CVL, serious incidents, non-ICU arrests, medication errors, falls, and pressure ulcers)
Target:
Trend: Performance sustained
Comment: For Rheumatology the time taken from discharge to completing the discharge summary was reduced back in September 2013 and has remained steady at less than 2 days. It should be noted that the high data points in September were the result of something exceptional - a backlog of discharge summaries being completed.
 More specialties are joining the project.

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – OCTOBER 2014

Introduction

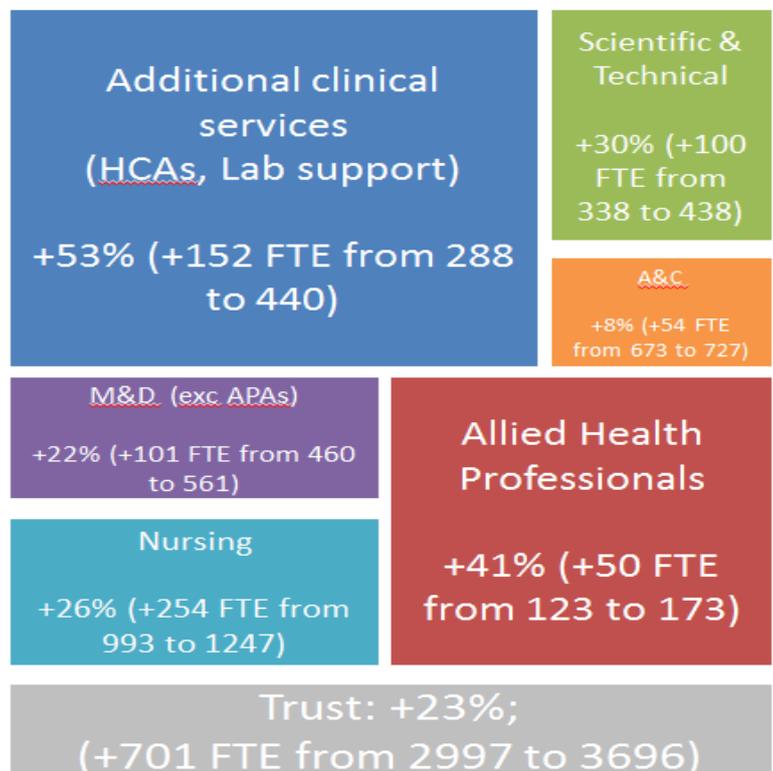
This suite of workforce reports includes:

- Turnover;
- Sickness absence;
- Vacancy rates;
- PDR rates;
- Agency usage as a percentage of paybill;

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

Headlines

GOSH increased its contractual FTE (full-time equivalent) figure by 17 in October to 3661. This change is within anticipated levels and is 126 FTE higher than the same point in 2013. GOSH has increased its contractual FTE by 701 between Oct 2009 and Oct 2014 (excluding Haringey & North Middlesex). The full breakdown of variation between staff groups is shown to the right.



Sickness absence has decreased again to 2.55% and is continuing a very slight downward trend and remains significantly below the London average figure of 3.20%.

Turnover is broadly stable – currently at 17.51% (+0.25%) in September; this remains lower than the same point in 2013 where turnover was 17.87%. The (unadjusted) London benchmark figure is 12.80%.

The reported **vacancy rate** has decreased to 3.84% in October; this is largely following the intake of 69 newly qualified nurses in late September.

Agency usage (as a percentage of pay bill) stands at 2.71% in October, this is a slight decrease from the previous month (of 2.76%). Bank usage is increasing year-on-year and now stands at 6.52% (as percentage of pay bill).

PDR completion rates The Trust overall appraisal rate stands at 73.50% - a small increase from the previous month of 72.9%. No divisions/directorates are currently meeting the target of 95% however most divisions/directorates have shown a slight increase to their PDR rates since September.

Statutory and mandatory training compliance rates are not reported as part of this month's suite of reports, but will be included in future months following work to improve the data quality.

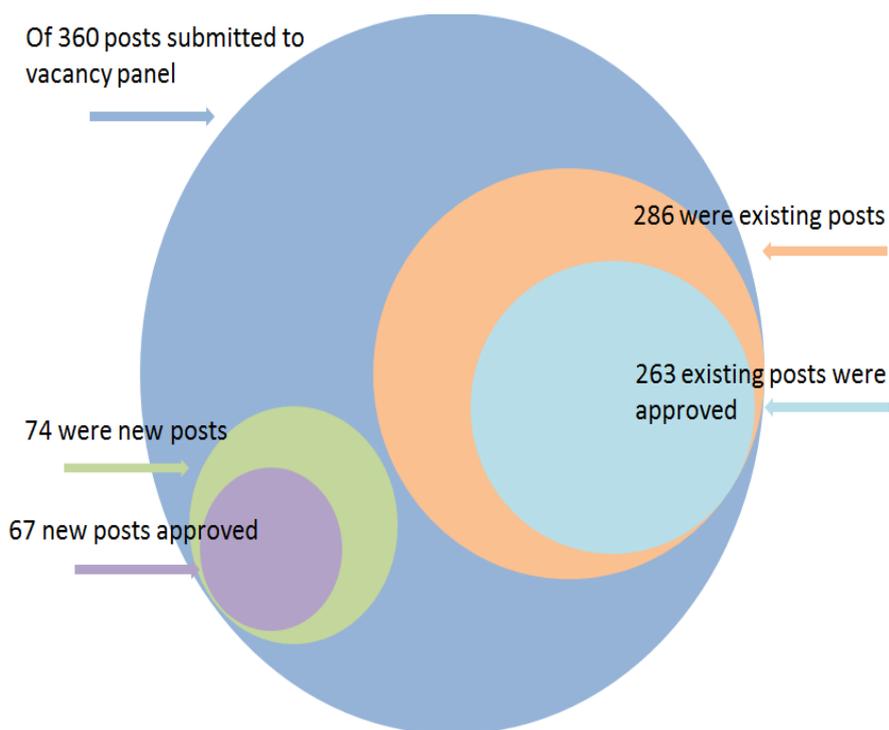
Key issues

Executive level scrutiny of all posts continues.

The executive vacancy panel meets on a weekly basis to review jobs requesting to be recruited to (this excludes some key roles e.g. rostered nursing roles).

The graphic (right) demonstrates the volume and outcomes of roles considered by the vacancy panel from 1 April 2014 to 31 October 2014.

A total of 30 roles were not approved from the 360 submitted.



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2014 REPORT

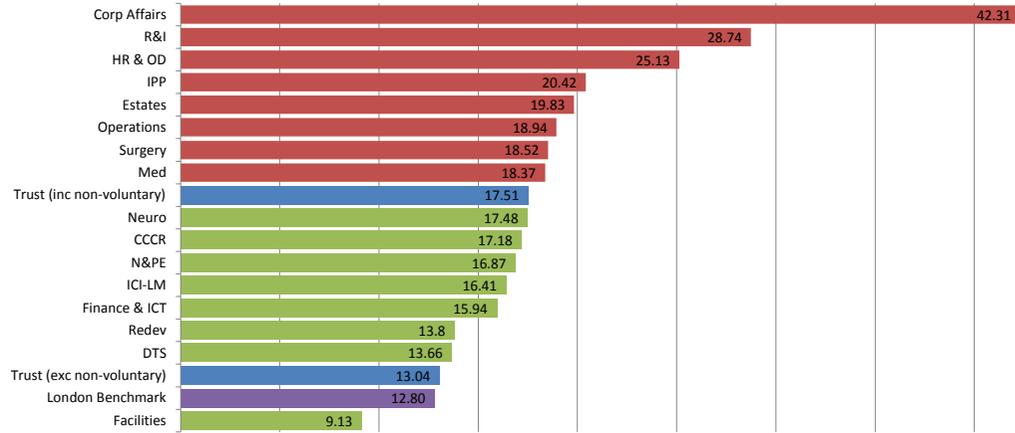
Division	Contractual Staff in Post (FTE)	Turnover Rate (%)	Sickness Rate (%)	PDR Completion (%) <small>(target 95%)</small>	Vacancy Rate (%) <small>(Unfilled vacancies, 0-10% green; overestablished white)</small>	Agency (as % of total paybill)
Critical Care & Cardio-Respiratory	714	17.2	3.0	62.8%	3.0%	1.5%
Diagnostic & Therapeutic Services	455	13.7	2.2	73.7%	6.0%	3.0%
Infection, Cancer & Immunity	672	16.4	2.4	75.3%	2.0%	0.4%
International	149	20.4	4.0	73.7%	9.4%	7.7%
Medicine	262	18.4	3.4	78.4%	-1.6%	3.0%
Neurosciences	386	17.5	1.9	79.9%	0.0%	0.0%
Surgery	546	18.5	2.6	84.0%	4.6%	0.5%
Clinical & Medical Operations	58	18.9	0.9	74.1%	6.7%	3.9%
Corporate Affairs	9	42.3	0.1	55.6%	34.3%	0.0%
Corporate Facilities	79	9.1	3.2	53.2%	30.2%	8.9%
Estates	30	19.8	3.3	53.3%	10.7%	15.9%
Finance & ICT	87	15.9	2.4	57.3%	21.5%	29.7%
Human Resources & OD	99	25.1	1.5	86.0%	3.6%	0.4%
Nursing & Patient Experience	28	16.9	1.2	79.4%	10.9%	0.0%
Redevelopment	19	13.8	2.1	72.2%	0.0%	0.0%
Research & Development	63	28.7	1.4	74.2%	-1.2%	0.7%
Trust	3661 ▲	17.5▲	2.6▼	73.5%▲	3.8%▼	2.7%▼

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2014 REPORT

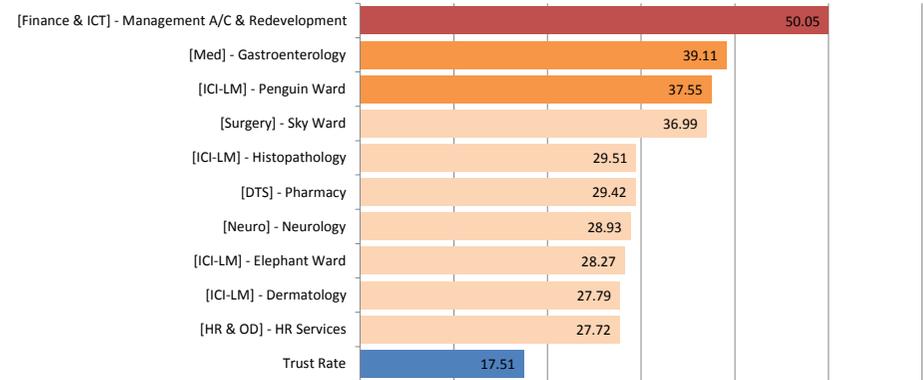
Division	Red Metrics / DoT	Metric	Actions & Comments
Estates	5 ►	Turnover has increased to 22%	Significant change exercise pending which may account for increased T/O levels
		Sickness has improved slightly (down 0.1%)	Sickness absence has improved due to increased application of relevant Trust policies with input from ER (employee relations)
		PDR worsened significantly to 20%	
		Vacancy rate similar to previous/slight improvement	
		Agency rate remains significantly high on 15.9%/worsened	In-house bank to reinforce temporary staffing booking arrangement
International	4 ▼	Highlight - multiple exceptions	Works department is highlighted on the departmental PDR report (38%) and also on the exception agency% (19.84% of total)
		Turnover has increased by 3% to 20%	
		Sickness has significantly worsened to 4%	Management team are actively engaged with ER to address current sickness absence issues
		PDR significantly worsened to 73%	
		Vacancy rate has now decreased below 10% to move to green	Plans in place to recruit into vacant M&D posts in January to reduce agency
Medicine	4 ▲	Agency rate remains high on 7.7%/improved	
		Turnover has significantly risen by 5% to 18%	
		Sickness has significantly worsened to 3.4% (+0.8%)	Management team are actively engaged with ER to address current sickness absence issues
		PDR has decreased slightly to 78%	
Corporate Facilities	4 ▲	Agency rate (now red) has increased slightly to 3%	
		Sickness rate has marginally increased (+0.2%)	Sickness absence has improved due to increased application of relevant Trust policies with input from ER
		PDR has improved slightly (+1%)	
		Vacancy (moved to red)	Medical records addressing bank usage through recruitment to fixed-term posts. All agency catering posts have now been replaced by bank
Finance & ICT	4 ►	Agency rate has worsened to 9%	
		Turnover has decreased by 2% to 16%	Finance are actively recruiting to address agency usage
		Agency has slightly worsened to 30%.	ICT system administration features on the PDR exception report (19%) and %agency (15.50%)
Surgery	3 ►	Highlight - multiple exceptions	
		Turnover rate has increased by 1.5% (to 18.5%)	One long-term sickness case has now been resolved, individual has returned to work. Short-term absence training session delivered to theatre nursing team leaders. Training needs identified for the future (people management skills), scheduling to be finalised by management. ER working with dental management to address absence cases
		PDR has improved to 84%	Sky ward is highlighted on the turnover exception report (37%) and also the sickness report (5.38%)
Clinical & Medical Operations	3 ▲	Sickness remains unchanged	
		Turnover (now red) has increased by 3% to 18.9%	
		PDR has worsened to 74%	
Corporate Affairs	3 ►	Agency has significantly improved (down 5%; however, still high compared to Trust) to 3.9%	
		Turnover has increased by 10% to 42%	
		PDR has marginally improved to 55%	
		Vacancy remains high at 34%	

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2014 REPORT

Divisional Turnover

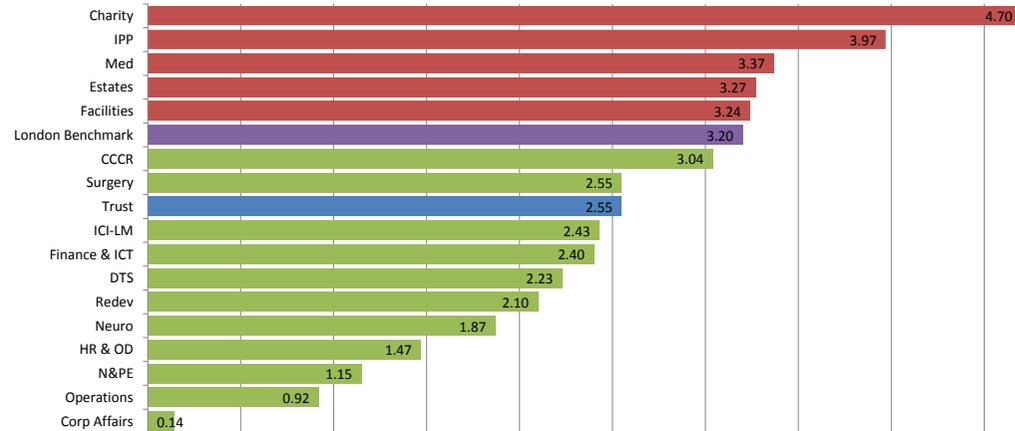


Exception Reporting Turnover

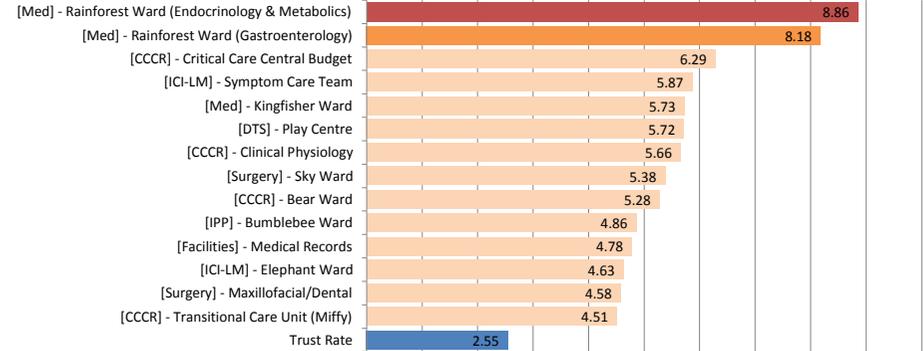


DTS (pharmacy) – pre reg pharmacists are on 12 month fixed term contracts around 20 staff on average; Surgery (Anaesthetic Staff Theatres) – majority of the staff are ODPs come and work at the Trust for 6 months to develop, the band 6 roles have low turnover so they are appointed to band 6 and 7 roles externally as there are limited opportunities elsewhere in the Trust. R&I (CRF) – research funding, majority of staff on fixed term contracts in line with funding

Divisional Sickness



Exception Reporting Sickness

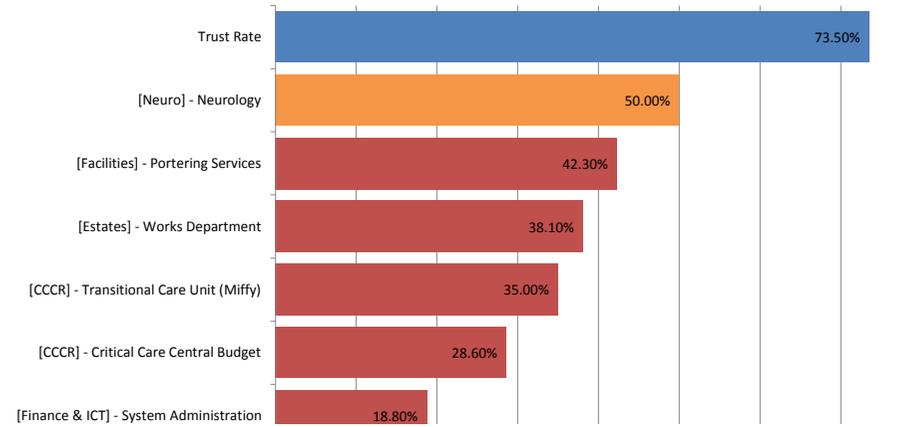


**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2014 REPORT**

Divisional PDR (Target 95%)

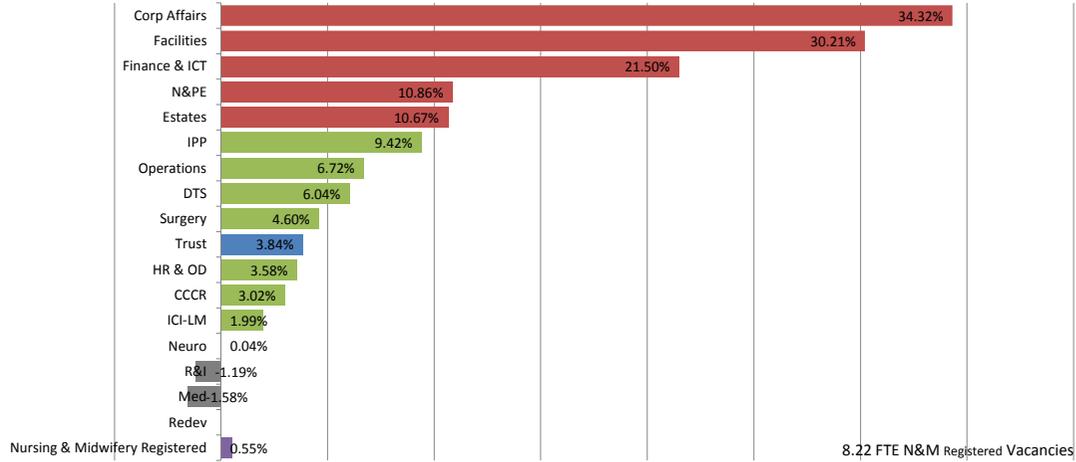


Exception Reporting PDR

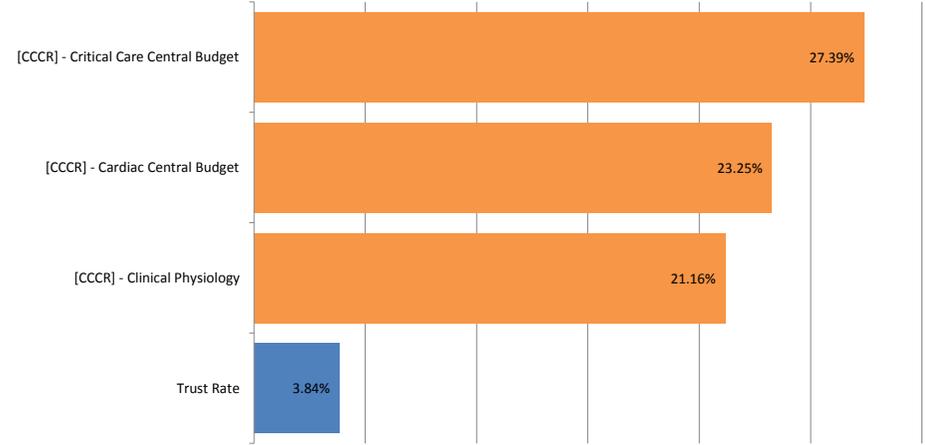


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2014 REPORT

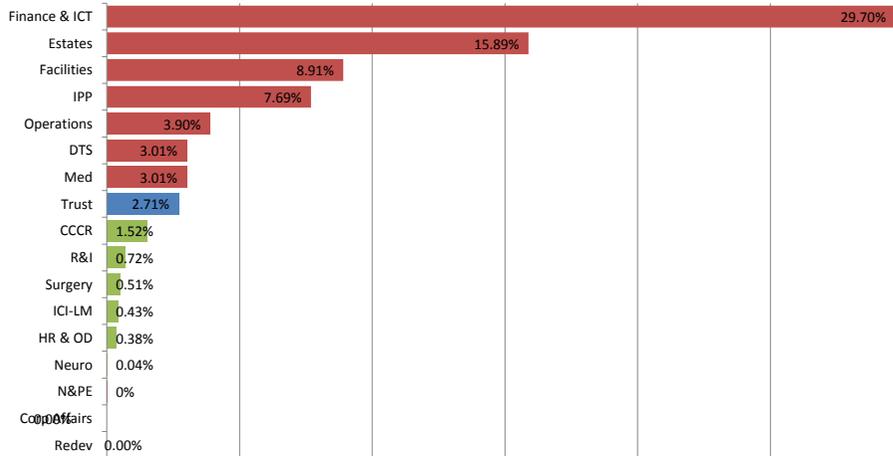
Divisional Vacancy Rate



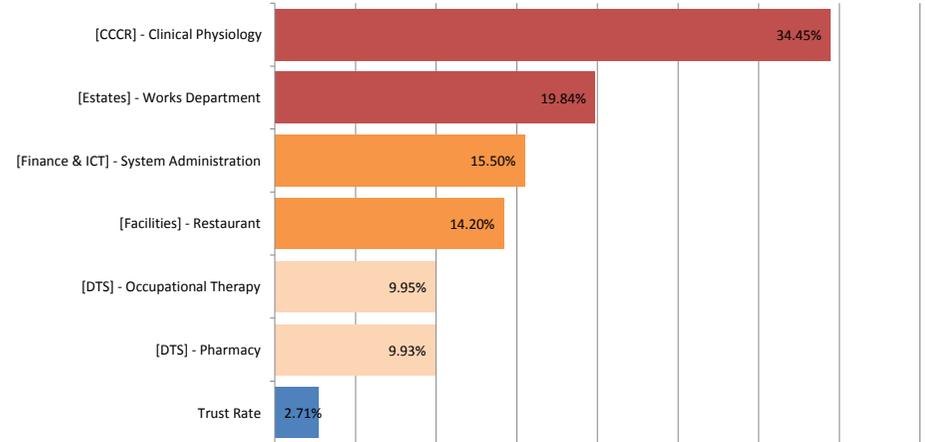
Exception Reporting Vacancy Rate



Divisional Agency as % of paybill



Exception Reporting Agency as % of Paybill



Great Ormond Street Hospital for Children NHS FT - Summary Financial Performance Report. 7 Months to 31 October 2014

Commentary :

- * The Trust is reporting a net deficit of £1.5M , £3.1m worse than Plan
- * EBITDA of £16.1m (7.1%) is £3.3m below the planned EBITDA of £19.4m (8.4%)
- * Total income excluding pass through is £-4.2m below plan principally due to doubt over the receipt of £2.7m of specialist funding from NHSE and £1.4m lower private patient activity . In month private patient income was £0.7m above plan.
- * Overall NHS patient activity is ahead of plan by £0.6m but NHS elective, & non-elective activity is below plan
- * Cash levels are £4.0m higher than plan due a higher starting point at the beginning of the year and delays in Trust funded capital expenditure. NHS debtor levels improved in month due to settlement of 2013/14 debt by NHS England and a group of CCGs.

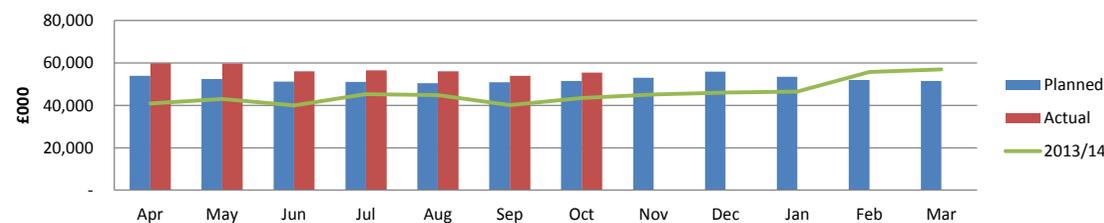
Other Challenges:

- # Productivity & Efficiency scheme values do not yet reach the annual target although short term cost savings are currently mitigating this.
- # Agency cost levels are higher than in the previous year
- >> Although private patient debt levels have increased in the month, this is due to a significant increase in activity. relative to prior months. The level of overdue debt has only increased slightly.

I&E	Current Month			Current Year Year to Date			YTD Prior Year Year to Date		RAG Rating Current Year Variance
	Budget	Actual	Variance	Budget	Actual	Variance	Actual	Variance	
	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	2013/14	CY vs PY	
NHS & Other Clinical Revenue	22.1	21.9	(0.2)	143.5	144.1	0.6	138.4	5.7	G
Pass Through	4.4	3.9	(0.5)	28.8	27.9	(0.8)	27.0	0.9	G
Private Patient Revenue	3.8	4.5	0.7	26.9	25.5	(1.4)	24.8	0.7	A
Non-Clinical Revenue	4.8	4.0	(0.8)	31.4	28.0	(3.4)	26.2	1.8	R
Total Operating Revenue	35.1	34.3	(0.8)	230.6	225.6	(5.0)	216.4	9.2	
Permanent Staff	(16.7)	(16.2)	0.5	(115.2)	(113.3)	1.8	(109.5)	(3.9)	G
Agency Staff	(0.4)	(0.4)	(0.0)	(2.9)	(3.4)	(0.5)	(2.9)	(0.4)	R
Bank Staff	(1.0)	(1.1)	(0.0)	(7.2)	(7.5)	(0.3)	(7.3)	(0.2)	A
Total Employee Expenses	(18.2)	(17.7)	0.5	(125.2)	(124.2)	1.0	(119.7)	(4.5)	
Drugs and Blood	(0.8)	(1.2)	(0.3)	(6.8)	(6.8)	(0.0)	(7.6)	0.8	A
Other Clinical Supplies	(3.0)	(2.9)	0.1	(20.9)	(22.4)	(1.5)	(20.1)	(2.3)	A
Other Expenses	(4.5)	(4.7)	(0.3)	(29.7)	(28.1)	1.6	(26.0)	(2.1)	G
Pass Through	(4.3)	(3.9)	0.4	(28.6)	(27.9)	0.7	(27.0)	(0.9)	G
Total Non-Pay Expenses	(12.6)	(12.8)	(0.2)	(86.0)	(85.3)	0.8	(80.8)	(4.5)	
EBITDA (exc Capital Donations)	4.3	3.9	(0.5)	19.4	16.1	(3.3)	15.9	0.2	
Depreciation, Interest and PDC	(1.9)	(1.9)	0.0	(14.8)	(14.6)	0.2	(17.6)	3.0	
Net Surplus (exc Cap. Don. & Impair)	2.4	2.0	(0.4)	4.6	1.5	(3.1)	(1.7)	3.2	
EBITDA %	12.3%	11.3%		8.4%	7.1%				
Capital Donations	2.0	2.4	0.5	24.4	10.8	(13.6)	9.3	1.5	

Closing Cash Balance

Planned and Actual Closing Cash Balances



Statement of Financial Position	31 March 2014 Actual	31 Oct 2014 Planned	31 Oct 2014 Actual
	£m	£m	£m
Non-Current Assets	371.0	411.4	376.9
Current Assets (exc Cash)	58.2	55.1	58.6
Cash & Cash Equivalents	57.0	51.5	55.5
Current Liabilities	(56.8)	(53.5)	(49.5)
Non-Current Liabilities	(7.3)	(6.9)	(7.0)
Total Assets Employed	422.1	457.6	434.5

Capital Expenditure	Annual Plan	31 Oct 2014 Reforecast	31 Oct 2014 Actual
	£m	£m	£m
Redevelopment - Donated	18.8	8.9	9.2
Medical Equipment - Donated	8.9	1.4	1.5
Estates - Donated	1.2	0.0	0.0
ICT - Donated	0.0	0.1	0.1
Total Donated	28.9	10.4	10.8
Redevelopment - Trust Funded	0.0	3.1	3.7
Estates & Facilities - Trust Funded	6.4	1.0	0.7
ICT - Trust Funded	8.5	2.4	1.7
Medical Equipment - Trust Funded	6.6	0.0	0.0
Total Trust Funded	21.5	6.5	6.1
Total Expenditure	50.4	16.9	16.9

Continuity of Service Risk Rating	2014/15 Plan	30-Sep-14	31-Oct-14	RAG Rating
Liquidity	4	4	4	G
Capital Servicing Capacity	4	4	4	G

	31-Mar-14	30-Sep-14	31-Oct-14	RAG Rating
NHS Debtor Days (YTD)	17.35	14.07	10.76	G
IPP Debtor Days	116.40	99.40	123.52	A
Creditor Days	35.65	25.48	25.58	G
BPPC - Non-NHS (YTD) (number)	86.8%	87.7%	87.9%	A
BPPC - Non-NHS (YTD) (£)	90.8%	90.6%	90.8%	G

Productivity & Efficiency

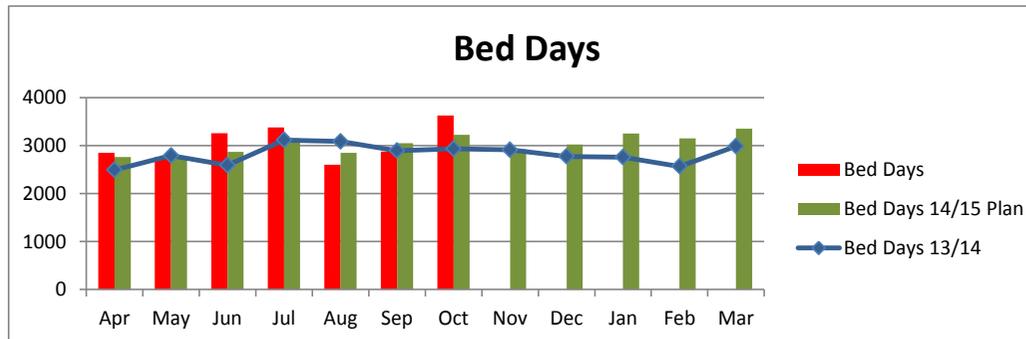
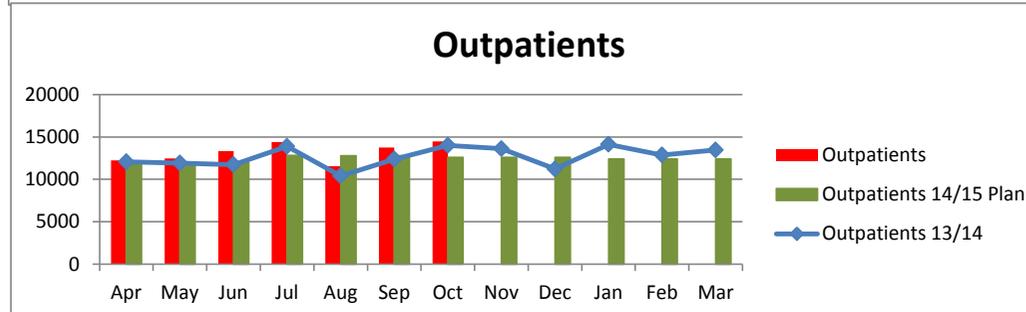
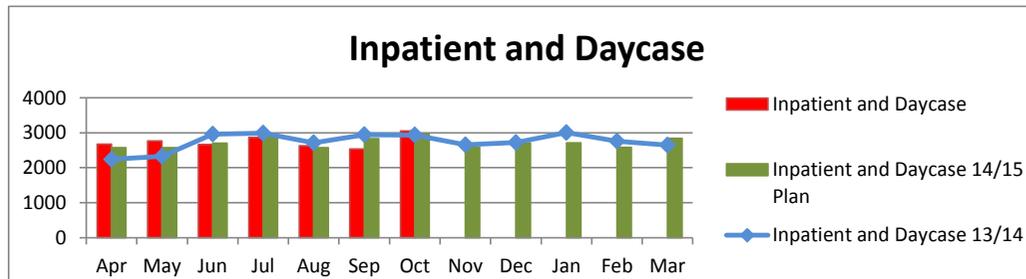


ACTIVITY AND INCOME

	Income from NHS & Other Clinical Activity £M year to date				
	YTD Actual (£m)	Variance to plan (£m)	Variance to plan (%)	Variance to Prior Year (£m)	Variance to Prior Year (%)
Daycases	13.3	(1.0)	-7.4%	0.5	3.8%
Elective Inpatients	31.5	(2.8)	-9.0%	(1.4)	-4.2%
Non-Elective Inpatients	7.7	(0.8)	-10.3%	(0.5)	-5.8%
Bed days	26.7	1.6	5.9%	1.2	4.8%
Outpatients	23.2	1.4	5.9%	1.8	8.2%
Other eg. Highly Specialised	41.7	2.3	5.5%	7.0	20.4%
Total	144.1	0.6	0.4%	8.7	6.4%

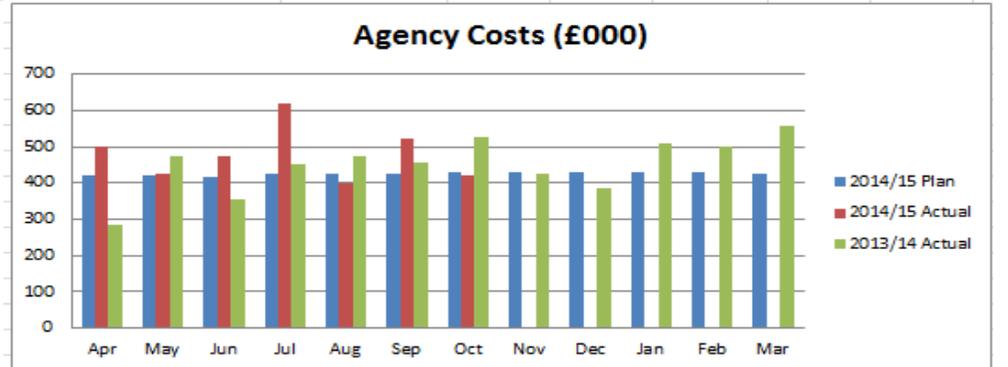
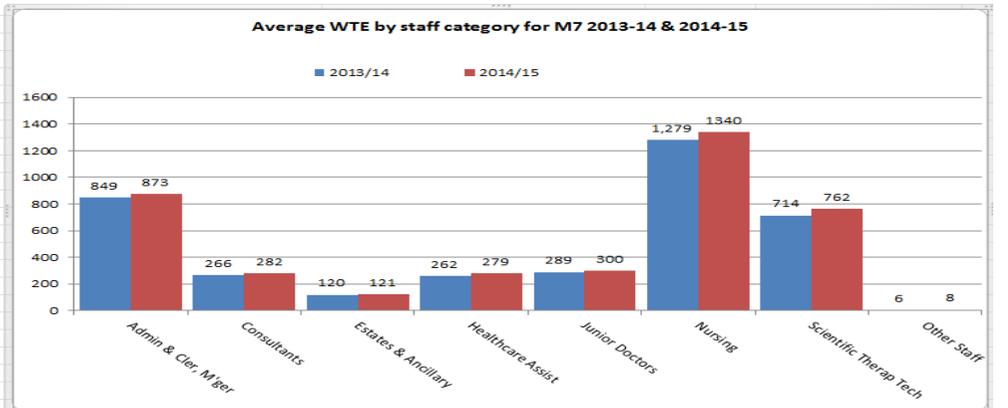
	Activity				
	YTD Actual	Variance to plan	Variance to plan (%)	Variance to Prior	Variance to Prior Year (%)
	10,964	936	8.5%	628	6.1%
	7,216	(877)	-12.2%	(616)	-7.9%
	1,001	(78)	-7.8%	(71)	-6.6%
	21,345	720	3.4%	1,458	7.3%
	92,228	3,966	4.3%	5,859	6.8%

PATIENT ACTIVITY



STAFF

Year	WTE Average	YTD Total Pay (£m)	YTD Agency (£m)	Agency as % of Total Pay	YTD Bank (£m)	Bank as % of Total Pay
2014/15	3,965	123.8	3.4	2.75	8.1	6.54
2013/14	3,785	119.7	2.9	2.42	7.6	6.35
Movement	180	4.1	0.5	0.32	0.5	0.19



Trust Board 26th November 2014	
Update on patient experience at GOSH: <ul style="list-style-type: none"> • PALS report Q2 2014/15 • Complaints Report Q2 2014/15 Submitted by: Liz Morgan, Chief Nurse and Rachel Williams, Chief Operating Officer	Paper No: Attachment S
Aims / summary To share the PALS Quarter 2 activity (see Appendix 1). <ul style="list-style-type: none"> • There were 911 PALS contacts this quarter. • There was an increase of 11% in PALS contacts received this quarter compared to last quarter (Q1 2014/2015). • There was an increase of 57% in PALS contacts this quarter in comparison to the same quarter last year (Q2 2013/2014). • The issue of “unanswered phones/unreturned calls” was a factor in more than 30% of “PALS Promptly Resolved Cases”. To provide an update on the complaints received in Quarter 2 (Appendix 2) The Trust received 15 complaints in October. Communication continues to be a key theme featuring in complaints along with cancellations of procedures and delays in arranging admissions. The Complaints team monitor all open complaints in order to ensure responses are sent in a timely manner. When actions are identified as a result of complaints the Complaints team also monitor these to ensure they are completed and learning is shared across the Trust. A detailed quarterly report of complaints, trends and action plans is presented to the Learning, Implementation and Monitoring Board in addition to ad-hoc reports as issues arise for example as a result of recommendations from the Health Service Ombudsman.	
Action required from the meeting To note the content of the report	
Contribution to the delivery of NHS Foundation Trust strategies and plans To deliver the Trusts objectives to deliver an excellent experience and exceed patients and families expectations.	
Financial implications N/A	
Who needs to be told about any decision? NA	

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

The clinical divisions and corporate teams

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

Chief Nurse and Chief Operating Officer.

PALS Q2 Report July – September 2014

1. Key themes of this report

- Learning from Pals Cases in Q2
- Case Work Activity in Q2
- Updates on key issues from Q1
- Concerns escalated to Complaints or Patient Safety teams
- “Care Connect” feedback.
- Compliments

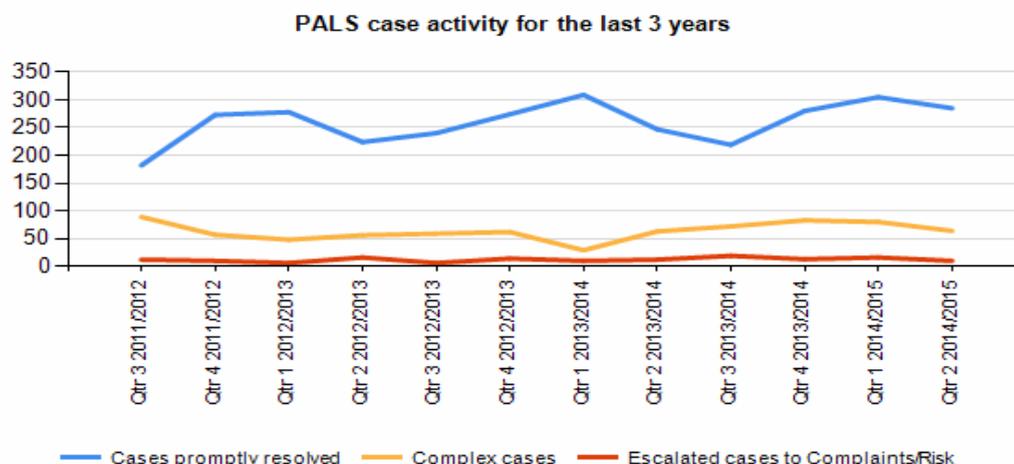
2. Learning from Pals Cases in Q2

Issue: “unanswered phones/unreturned calls”. More than 30% of Pals Promptly Resolved Cases began because of this issue. These contacts start with significant anger and frustration and take some time to hear the underlying concern. Poor communication, specifically unanswered phones or unreturned calls, was the prompt for contacting Pals but having done so more complex problems may emerge. These often include more than one department and may explain delays in responses to families. However, the most common reason for unanswered phones and unreturned calls is staff absence, both planned and unplanned. Where members of staff have not been available Pals have escalated within a team and phones are then diverted or answerphone messages are amended. Following this action, Pals contacts fall for that team.

3. Pals Casework Activity in Q2

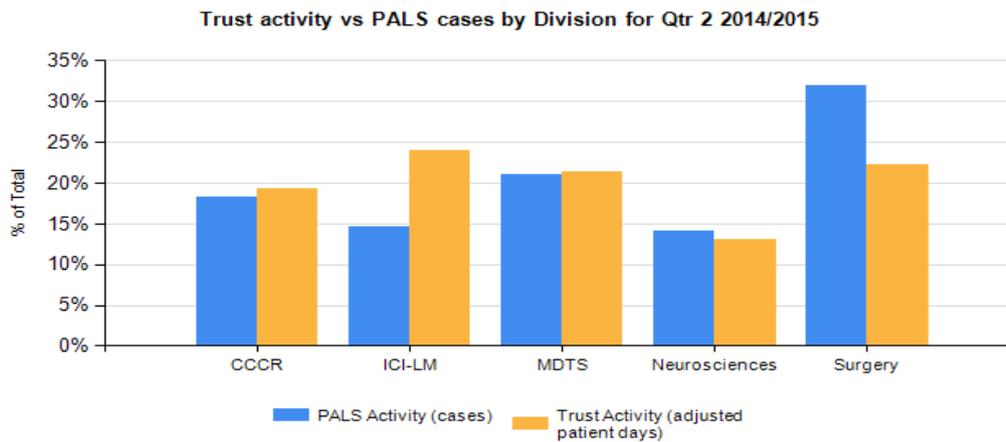
- 552 Information enquiries
- 285 Promptly resolved cases
- 64 Complex cases
- 10 Formally escalated cases to Complaints/Patient Safety

4. Pals case activity for the last 3 years (not including Information inquiries)



For Q2 the chart above shows a marked decrease in promptly resolved and complex cases, the overall number of cases however is higher than in previous second quarters. Q2 does usually see a fall in cases but by a greater number in previous years.

4. Trust activity in comparison with Pals case activity - for clinical divisions for Q2



4.1 Pals cases by Division and Specialty for Q2

- **Surgery:** 103 cases. General Surgery 23%, Orthopaedics & Spinal 22%, Urology 20%
- **MDTS:** 68 cases. Gastro 48.5%, Endocrinology 13%, Metabolic Medicine 10%
- **Cardio-Resp:** 60 cases. Respiratory 35%, Cardiology 32%, Critical Care 17%
- **ICI-LM:** 46 cases. Rheumatology 41%, Oncology 28%, Dermatology 11%.
- **Neurosciences:** 45 cases. Ophthalmology 31%, Neurology, 31%, Neurosurgery 11%
- **Facilities:** 20 cases. Accom. & Transport 30%, Catering 20%, Medical Rec 10%

5. Pals promptly resolved cases analysed by theme (285 cases)

The most frequent issue regarding these cases is “communication”. This includes the lack of returned answerphone messages, the lack of admissions information by phone or admissions letters, and in some cases lost referrals or poor communication between GOSH and local hospitals about referrals. We have highlighted this issue as this resolution would have the greatest impact in the reduction of families feeling the need to contact Pals.

All cases were resolved promptly with the help of the teams concerned.

5.1. Pals Promptly Resolved cases by subject

- **Surgery:** OPA experience (communication/cancelations/time/delay) 25%, Admission/Discharge (letters, time/delay cancelations) 18%, Communication (unanswered phones/unreturned messages) 14%.
- **MDTS:** OPA experience (time/delay & communication) 56%, Communication (unanswered phones/unreturned calls) 11%, Admission/Discharge (letters, time/delay, cancelations) 9%.
- **Cardio-Resp:** Inpatient experience (cancelations, communication) 31%, OPA experience (time/delay) 23%, Communication (unanswered phones/unreturned calls) 10%.
- **ICI-LM:** OPA experience (time/delay & communication) 34%, Inpatient experience (communication/advice/treatment plan) 25%, Communication (unanswered phones/unreturned calls) 12.5%
- **Neurosciences:** OPA experience (time/delay & communication) 40%, Admissions/Discharge (time/delay & communication) Inpatient experience (outlier patients/reviews) 12.5%.
- **Facilities:** Patient Transport 31%, Accommodation 15.5%, Medical Records 15.5%.

6. Pals Complex Cases Analysed by theme for Q2 (64 cases)

Complex cases focussed on family and staff relationships. Communication breakdown between nursing staff, junior doctors and their consultants and resulted in inconsistent communication with families. Pals focused on clarifying the concerns of the families and sharing clearly with the relevant consultant or Clinical Lead for the specialty those concerns and supporting staff in

meeting with families to establish clarity and trust. These cases are time-consuming but in nearly all cases avoid the need for escalation to Formal Complaints.

7. Same Sex Accommodation: There have been no cases this quarter.

8. Patient Feedback from “Care Connect” Website (Patient feedback website pilot scheme from NHS England.)

The Pals team check Care Connect daily to ensure a response is posted promptly following a review. The responses are kept brief, standardised and request for the reviewer to make contact with Pals. During Q2, there was one contact made subsequent to posting a review which enabled Pals to contact the relevant team who could promptly resolve their problem. The following responses are examples of our replies. We have to date only had one response/follow up and was able to successfully resolve.

Unedited reviews:

1) 06.08.14 Review 3*. Surprisingly unimpressive

Review by Anonymous on 6 Aug 2014. My son has been treated at GOSH for 3 years now. During that time I have found outpatient communication to be non-existent. My son waited over 12 months for a sweat test for cystic fibrosis before a local paediatrician finally intervened and sorted one out nearer to home in 2 weeks. During that time I phoned the consultant's secretary around 10 times and left messages but never got a response. When I spoke to a GOSH doctor about this he said "That's not an uncommon wait for a sweat test". Considering cystic fibrosis is an extremely serious and life-threatening condition and that it could be arranged locally in 2 weeks, I am totally disappointed in this. Another problem has been constant cancellation of outpatient appointments. My son last saw his consultant in December 2013. We were told he needed to come back in 3 months as there was some concerns about his condition. We then had the follow-up appointment cancelled and it was re-issued for August 2014. We have now just had a phone call cancelling this (5 days in advance of it) and saying they don't yet know when it will be re-arranged. A couple of months ago our local consultant wrote a letter to the GOSH consultant to try to understand what the diagnosis and prognosis is for my son. He has not received any kind of reply. On our admissions nursing staff have been pleasant and caring and facilities have been good. However I have marked down the cleanliness as we were put into a single in which the toilet was full of diarrhoea, the toilet brush was caked in visible lumps of faeces and the sink was still dirty from the last patient. This despite the fact it was supposed to have been cleaned. It took two requests to staff and a lengthy period of time to get the room cleaned, during which time we had to remain in it. I am sure that the expertise and knowledge at GOSH is some of the best in the world. However the poor communication, inexcusable waiting lists and constant clinic cancellations mean it has not met the expectations we had of the centre of excellence. We are very grateful to our local hospital for managing to fill the large gaps left in the standards of care we have received to date.

2) 08.07.14 Review 5*. Excellent Hospital Even For Out Patients

Review by Anonymous on 8 Jul 2014. I Came to GOSH in 2011 and was discharged this year (2014) after suffering from kidney stones! There isn't one thing I can fault with the hospital the care, kindness, comfort, Cleanliness and reassurance I was provided with from many doctors/nurses was excellent, The kidney specialist, doctors and nurses were lovely and I send the whole team a massive thank you, The hospital is brilliant in general, I would highly recommend, they are very thorough and make sure you're completely 'well' before you leave, Everyone is so lovely, really treat you with respect, I feel so much better and a lot more positive now that I'm kidney stone free! Thanks a lot :D

3) 17.09.14 Review 5*. Administrative care leaves a lot to be desired!

Review by Anonymous on 17 Sep 2014. The medical care my daughter has received while a patient of GOSH over the last 4 years has been second to none and I would recommend any child is treated there. I would also like to compliment the X-ray department on their help and efficiency. However the same cannot be said for the administrative care we have received. Notes being sent

out months after appointments, appointments being cancelled on more than one occasion and then rebooked months later and when trying to rebook appointments Outpatients refusing to help and being told to go back to the Consultant who is temporarily (hopefully) without administrative help. There are a few very helpful members of staff but this is not something to look forward to as my daughter's condition is monitored for the foreseeable future.

4) 13.08.14 Review 1*. Out patients' blood test

Review by Anonymous on 13 Aug 2014. It took me a while to find the hospital. I was fasting for a blood test. I went to the third floor around 11:30am. As I walked into the blood test room, the nurse very abruptly without even looking at me, said "Come back at 1 o'clock or go to the Camden centre." I am astonished that Great Ormond street hospital hires people like this in patient care. If these people do not enjoy their jobs, they shouldn't do it and talk so offensively to patients.

5) 07.10.14 Review 3*. Appalling aftercare

Review by Mel on 7 Oct 2014. My daughter had an operation at GOSH. On her discharge notes I was given a date to bring her back to remove stitches. No time was given. I asked the nurse about this. She told me to call back the next day. I called in the morning of the next day and was told that someone would call me back regarding this. I waited and decided to call as no one had contacted me I was told that the appointments had nothing to do with the person I was speaking to and as she didn't speak to me earlier she can't comment on it. I was given an extension number of someone to call who had home an hour ago. No one wants to take responsibility for the place that they work for it's so easy to say you didn't speak to me.

9. Update on key issues from Q2 July- September 2014

Issue	Update
Televisions	Facilities have agreed to arrange for Floor Managers to solve "small" issues like wires falling out or remotes without batteries. Facilities also agreed to arrange for the Engineer to come twice a week so that children don't have to wait for up to seven days to watch the TV.
Car Seats and Luggage	Facilities have agreed for the Security office to provide accommodation for car seats and extra luggage that cannot be stored on the wards/outpatients. In the longer term the planned storage room in the reception will need to be amended as it cannot be used as intended because of unexpected electrical equipment being located in the room.

10. Cases formally escalated to Complaints or Risk teams

Pals escalated 10 cases in Q2 which are being managed and reported on via the Complaints Q2 Report.

11.0 Compliments

Location (exact)	Directorate (primary)	Specialty	Description	Outcome
RAD	MDTS	RADLGY	Praise about X-ray department received via Care Connect.	Shared with relevant team and family received acknowledgment.
KOALA	NEUROS	NEUROP	Mother wanted to thank staff on Koala ward and CATS for their care which she said was excellent. Dr Peter's team	Shared with relevant team and family received acknowledgment.
URODY	SURGER	UROLOG	Child came in two years ago for kidney disease, sent a letter to express his appreciation to GOSH.	Shared with relevant team and family received

			Mr Desai's team	acknowledgment.
KOALA	NEUROS	NSURG	Family have given positive feedback regarding their recent stay on Koala Ward. Mr Tisdall's team	Shared with relevant team and family received acknowledgment.
PENG	SURGER	SNAPS	Mother wanted to give her thanks to the two consultants who looked after her child when he was very young. Helped him to recover. Mr Kiely's team	Shared with relevant team and family received acknowledgment.
PENG	MDTS	METAB	Mother wanted to give her thanks to the two consultants involved in helping her child recover. Dr Leonard's team	Shared with relevant team and family received acknowledgment.
PENG	ICI	DERM	Mother wanted to thank the team that arranged the hotel and the team who performed the surgery on her daughter.	Shared with relevant team and family received acknowledgment.
BEAR	CARDIA	CRDIOL	Father has emailed Pals a letter praising a consultant who was involved in the treatment of his son. Dr Derrick	Shared with relevant team and family received acknowledgment.
BEAR	CARDIA	CARDSR	Family wanted to pass their gratitude to the consultant and the team whilst their child was an inpatient there. Mr Muthialu	Shared with relevant team and family received acknowledgment.

Appendix 2

**Complaints Report
 Quarter 2, 2014/15**

Summary of key points

The key points identified from this report are:

- 33 new formal complaints were received this quarter
- There was a decrease of 17.5% in complaints received this quarter compared to last quarter (Q1 2014/2015).
- There were two (2) complaints graded as red in Q2 compared to four (4) in the previous quarter.

Number of formal complaints received by the Trust

The Trust saw the number of formal complaints received decrease by 17.5% in quarter 2 compared to quarter 1, however there was a small increase (6%) in comparison to quarter 2 in 2013/2014.

Number of complaints received by division, speciality and grading



*Red complaints - severe harm to patient or family or reputation threat to the Trust.
 Amber complaints - lesser than severe but still poor service, communication or quality evident.
 Yellow complaints - minor issues or difference of opinion rather than deficient service.*

Percentage of complaints received compared to patient activity for each division

Directorate	Total # of Complaints	Adjusted patient activity	Amount of Complaints per 1000 Adjusted Patient Days	% of Complaints per 1000 Adjusted Patient Days
MDTS	12	3298.72	3.64	34.8%
Surgery	5	3617.60	1.38	13.2%
Cardio-respiratory Services	6	3105.51	1.93	18.4%
Neurosciences	4	2134.97	1.87	17.9%
ICI-LM	6	3658.65	1.64	15.7%
IPP	0	1303.55	0.00	0.0%
Totals:	33	17119.00	1.93	100.0%

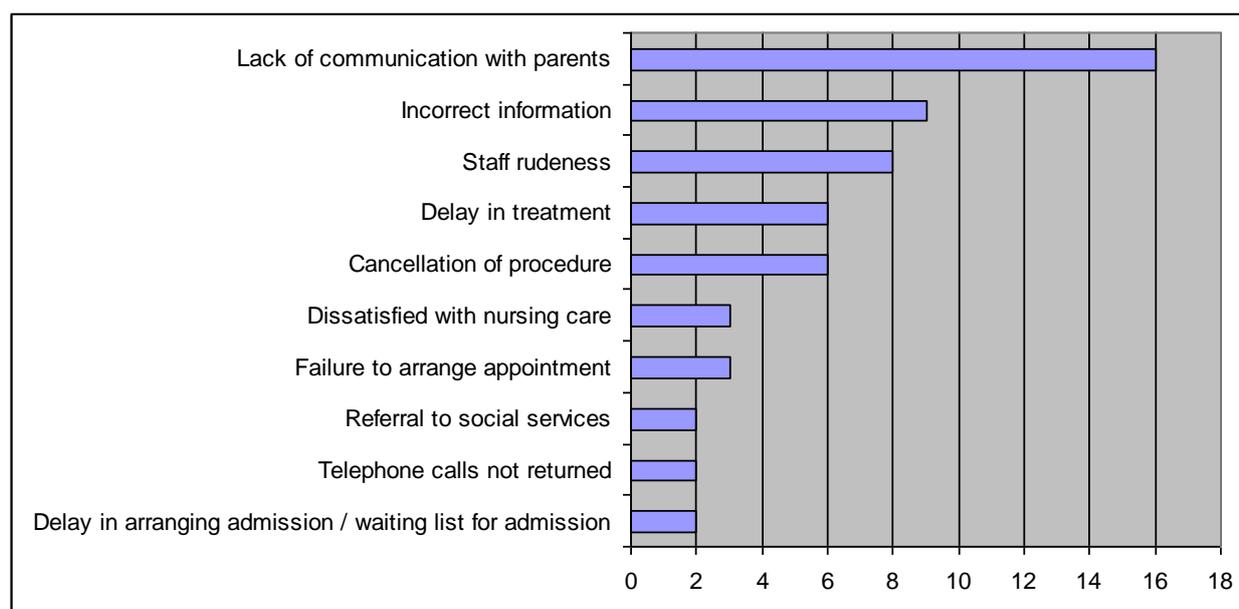
Adjusted Patient Activity is a measure which weights outpatients, inpatients and critical care bed days into a combined figure representative of overall healthcare resource activity.

Complaints closed within the agreed timescale

76% of all complaints closed this quarter were responded to on time and the Complaints Team received 67.4% of draft responses on time from the divisions. This is an improvement from quarter 1. The Patient Safety and Complaints Manager is continuing to work to identify problems and increase the rate responded to on time.

Trend analysis of complaints received in Q2

Some complaints raise multiple issues regarding a number of services and specialities. The chart below shows the issues raised in complaints received this quarter.



Themes in complaints

The following themes have been apparent this quarter:

- Inaccurate information in letters
- Referrals to social services/information shared with other organisations
- Lack of communication with parents/carers

Learning from complaints

An update on learning following the themes identified in the quarter 1 report follows:

- Patients with autism – the complaints raised concerns about the suitability of a ward for these patients and a perceived lack of understanding of, and provision for, the patients' need. Meetings have been held among staff on the relevant ward and improvements to services identified. The complaints team have also met with PALS and the Consultant Nurse for Intellectual (Learning) Disabilities to discuss the issues raised and what further action could be taken.
- Care by parent – the complaints concerned cases where the parents were either unaware of or did not fully understand that care by parent concept. Action has differed across wards with some now providing parents with written information in advance of an admission and one choosing to no longer use the concept.
- Communication – this is a recurrent theme within complaints. Issues are addressed with individual staff, departments and divisions as needed and any action identified is monitored by the complaints team. The complaints team also monitor for specific areas of concern or recurrent issues with specific teams.

Re-opened complaints from dissatisfied complainants

Four complaints were reopened this quarter as a result of the complainants being dissatisfied with the response to their initial complaint. All four were provided with a further written response to the complaint (meetings were offered to two families but declined).

Health Service Ombudsman

The Health Service Ombudsman is responsible for managing the second and final stage of the NHS complaints procedure, where the complainant is dissatisfied with the Trust's final response.

- **New cases**

No new cases have been raised by the Ombudsman this quarter.

- **Update on cases with the Ombudsman**

There were two updates received on open cases which are under consideration by the Ombudsman's office. In one the Ombudsman requested some further information following advice they received from their clinical adviser. This has been provided. A draft report was received in another case which concerned communication with the patient's family and another NHS Trust. Comments were provided to the Ombudsman on the draft report.

- **Cases closed this quarter**

One case was closed by the Ombudsman this quarter. This concerned the removal of a tumour in the patient's eye. The complaint was partly upheld and following the Ombudsman's report we have written to the family apologising for the failings identified and produced an action plan to address the failings in communication and delay in follow up.

Trust Board 26th November 2014	
Safe Staffing Report	Paper No: Attachment T
Submitted by: Liz Morgan Chief Nurse and Families Champion	
Aims / summary This paper provides assurance that the Trust has safe nurse staffing levels on our in-patient wards and systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes nurse quality measures and details of ward safe staffing reports. The paper includes an overview of vacancies and nurse recruitment. Further information is contained in a separate Trust Board report 'Nursing Skill mix Ward Nursing Establishments'	
Action required from the meeting The Board is asked to note: <ul style="list-style-type: none"> • The content of the report and be assured that appropriate information is being provided to meet the national and local requirements. • The information on safe staffing and the impact on quality of care. • To note the key challenges around recruitment and the actions being taken. 	
Contribution to the delivery of NHS Foundation Trust strategies and plans Safe levels of nurse staffing are essential to the delivery of safe patient care and experience. <i>Compliance with <i>How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing and capability</i>' (NHS England, Nov 2013) and the 'Hard Truths Commitments Regarding the Publishing of Staffing Data' issued by the Care Quality Commission in March 2014.</i>	
Financial implications Already incorporated into 14/15 Division budgets	
Who needs to be told about any decision? Division Management Teams Finance Department	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse; Assistant Chief Nurse – Workforce; Heads of Nursing	
Who is accountable for the implementation of the proposal / project? Chief Nurse; Division Management Teams	

GOSH NURSE SAFE STAFFING REPORT

October 2014

1. Introduction

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of October 2014. The report follows the same format as previous submissions providing information on staff in post, safe staffing incidents, nurse vacancies, quality measures are reported by exception.

2. Context and Background

- 2.1 The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.
- 2.2 Monthly nurse staffing updates are submitted to NHS England and the Trust Board with the following information:
1. The number of staff on duty the previous month compared to planned staffing levels.
 2. The reasons for any gaps, highlighting those wards where this is a consistent feature and impacts on the quality of care, to include actions being taken to address issues.
 3. The impact on key quality and safety measures.

3. GOSH Ward Nurse Staffing Information for Trust Board

3.1 Safe Staffing

- 3.1.1 Copy of the UNIFY Fill Rate Indicator for October is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours derived from the Heads of Nursing submitting an agreed safe staffing level for each of their wards.
- Total monthly actual staff hours are taken from RosterPro, includes registered and non-registered staff dedicated to the ward area, this includes supervisory roles, staff working additional hours, CNS shifts, extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. This may exceed 100% to meet the demands of increased dependency and acuity. Heads of Nursing comments regarding staffing numbers in 3.1.2 below.
- Bed closure information is used to adjust the planned staffing levels.

- 3.1.2 Commentary:

Heads of Nursing are asked to comment on scores of less than 90% or greater than 110%.

ICI – No unsafe shifts reported in October

Across ICI wards beds closed periodically, due to either acute staff sickness or a small number of vacancies.

Staff moved within the division to areas of greatest clinical need to maintain safety.

High Dependency Patients are now cohorted on the new Giraffe Ward, this follows reconfiguration of the bed pool.

Some patients transferred to ICU, reducing dependency on wards and staffing numbers.

<p><u>Surgery No unsafe shifts reported in October</u></p> <p>Squirrel Ward - 2 beds closed for preadmission use, reopening of these beds planned for January 2015. Where shifts have been short of staff, additional beds have been closed flexibly.</p> <p>Sky Ward - Increase in patient dependency including isolated ventilated patients. The ward continues to have 4 beds closed while new staff are trained - Plan to open by December 2014.</p>
<p><u>CCCR – No unsafe shifts reported in October</u></p> <p>Badger - Continued high patient acuity, operating 8 HDU beds, established for 4. When isolated in cubicles HDU patients often require 1:1 care. 3 HCA staff in the recruitment pipeline. Two extra beds now funded (but are reported as closed), recruitment is not keeping pace with turnover.</p> <p>Flamingo (CICU), NICU and PICU - Continues to flex above their funded beds to facilitate an increase clinical demand and activity. HCA's x 4 in the recruitment phase.</p>
<p><u>MDTS - No unsafe shifts reported in October</u></p> <p>Staff moved within the division to areas of greatest clinical need and used Bank HCA's where appropriate.</p> <p>HCA's recruited for Eagle, Kingfisher and Rainforest wards now on induction and orientation.</p> <p>Eagle Ward has had reduced registered nurse numbers on nights, patient dependency has been lower and the numbers supplemented by HCAs when safe to do so.</p>
<p><u>Neurosciences - No unsafe shifts reported in October</u></p> <p>Koala - Increased registered nurse requirement due patient dependency and acuity, as several patients required 1:1. Consulting on role of HCAs, plan to roster onto night shifts in future as numbers increase.</p> <p>Mildred Creek Unit - Levels of staff adjusted due clinical requirement.</p>
<p><u>IPP - No unsafe shifts reported in October</u></p> <p>High patient occupancy levels reported on IPP Wards.</p> <p>Bumblebee - Increased acuity and dependency of patients requiring extra staff e.g. 1:1 care of tracheostomy. Staff redeployed for shifts to meet patient needs and shortfalls in staffing. Increase in trache competent HCAs on day shifts.</p> <p>Butterfly – up to 4 Beds closed periodically to maintain safety due to number of vacancies.</p>

- 3.1.3 No wards reported unsafe staffing. Staff were moved within or across divisions to maintain safe staffing levels.
- 3.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe, however there were 5 occasions in October where staff were moved between wards for part or a whole shift to maintain safe care.

3.2 General Staffing Information

For further information a separate report is provided to Trust Board this month: Nursing Skill mix Ward Nursing Establishments

- 3.2.1 Appendix 2 provides a staffing overview for October; the table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information. 16 out of 23 inpatient wards closed beds at various points during October. An average of 12 beds were closed per day, which is a reduction from 15 for the month of September and 20 for the month of August.
- 3.2.2 Registered and non-registered vacancies in wards are reported as 114 Whole Time Equivalents, 64 registered (7%) and 50 non registered staff (47%). Several of these are new posts now included for the increase in beds on Badger Ward, increased occupancy in IPP wards and reconfiguring of ICI Wards to create Giraffe. Temporary nurses, mainly from

GOSH Nurse Bank, employed on wards totalled 110 WTE; the net vacancy rate was therefore 4 WTE for October.

3.2.3 The recruitment pipeline for October had 9.6 registered nurses in the pre-employment check process and 10 non registered staff totalling 19.6 WTE.

4 Key Challenges

- Recruitment of HCAs to achieve target ratios by April 2015.
- Recruitment of Band 6 Nurses

5. Key Quality and Safety Measures and Information

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

5.2 The following quality measures provide a base line report for Trust Board. A number are Key Performance Indicators (KPIs) which are regularly monitored, poor results are challenged and investigated through the Nursing quarterly performance reviews led by the Chief Nurse and Families Champion with each Divisional Nursing team.

5.3 Infection control

C Difficile	4
MRSA Bacteraemias	0
MSSA Bacteraemias	1
E Coli Bacteraemia	0
D & V and other outbreaks	Both Badger Ward and NICU had 1 HAI MRSA Rainforest and Puffin Wards - Chicken Pox exposure. None of the above resulted in Beds Closures
Carbopenamase resistance	0

5.3.1 All incidents are investigated via a root cause analysis and additional support put in place by the Infection Prevention and Control team. In addition, those areas that experienced small outbreaks of infection are subject to comprehensive chlorine clean.

5.4 Pressure ulcers

	October 2014
Grade 3	0
Grade 2	3

5.5 Deteriorating patient

5.5.1 For the month of October 11 emergency calls were made, of which 3 were respiratory arrests and 2 cardiac arrests.

5.6 Numbers of safety incidents reported about inadequate nurse staffing levels

0 Incidents reported

5.7 Pals concerns raised by families

- Report by family of shortage of nurses on Peter Pan ward resulting in delayed admission.
- Family waited 6.5 hours for a bed initially were on Sky Ward, then Squirrel, eventually admitted to Peter Pan.
- PICU – delay in transfer to ward
- Puffin - urgent patient given priority over patient waiting for procedure.
- PALS ensure that distressed families are supported and liaise with clinical teams to ensure that issues raised are addressed and that those families who have been cancelled are provided with a new date for their admission.

5.8 Complaints re safe staffing

0 complaints received about safe nurse staffing

5.9 Friends and family test (FFT) data

- Overall response rate for October is 26% (Target is 15% progressing to 25% by quarter 4 2014/15).
- The FFT score was 73 September increasing to 86 in October
- No wards scored below a “0” FFT score for October.
- Families that were extremely likely to recommend their friends and family was 76.8% in September rising to 85.9% (232) in October, with an additional 11.5% likely to recommend the hospital in October.
- There was 1 response of extremely unlikely (0.4%), this was for Bear Ward with no additional information provided.

6. Conclusion

6.1 This paper has provided Trust Board with a general overview and assurance that all wards were safely staffed during October; appropriate actions were taken when concerns were raised. We are required to ensure the validity of data by triangulating information from different sources, this has been key to compiling this report.

7. Recommendations

7.1 Trust Board to note:

7.2 The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.

7.3 The information on safe staffing and the impact on quality of care.

7.4 To note the key challenges around recruitment and the actions being taken.

7.6 The November Board will also receive the 6 monthly review of Nurse establishments on In Patient wards

Appendix 1: UNIFY Safe Staffing Submission October 2014

Fill rate indicator return Staffing: Nursing, midwifery and care staff

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust
Period: October_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

Validation alerts (see control panel)

Hospital Site Details			Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
RP401	Great Ormond Street Hospital Central London	Badger Ward	340 - RESPIRATORY MEDICINE	321 - PAEDIATRIC CARDIOLOGY	1809	2228.7	301	138	1508	2150.8	301	90.6	123.2%	45.8%	142.6%	30.1%
RP401	Great Ormond Street Hospital Central London	Bear Ward	170 - CARDIOTHORACIC SURGERY		2796	2841.25	608	544.5	2796	2581.5	349	329.2	101.6%	89.8%	92.3%	94.3%
RP401	Great Ormond Street Hospital Central London	Flamingo Ward	192 - CRITICAL CARE MEDICINE		5612	7210.8	356	276	5347	6461.1	207	141.4	128.5%	77.5%	120.8%	68.3%
RP401	Great Ormond Street Hospital Central London	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	727.5	356	599.5	713	475.2	356	333.1	102.0%	168.4%	66.6%	93.6%
RP401	Great Ormond Street Hospital Central London	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2819	3680.65		130.42	2467	3240.15		134.25	130.6%		131.3%	
RP401	Great Ormond Street Hospital Central London	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5981	6295.2	351	397	5981	4908.12	351	162	105.3%	113.1%	82.1%	46.2%
RP401	Great Ormond Street Hospital Central London	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOTOLOGY	1690	1801.1	356	287.5	1426	1162.9	356	276.3	106.6%	80.8%	81.5%	77.6%
RP401	Great Ormond Street Hospital Central London	Fox Ward	303 - CLINICAL HAEMATOTOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2350	1755.5	348	299	1945	1398.8	348	270.7	74.7%	85.9%	71.9%	77.8%
RP401	Great Ormond Street Hospital Central London	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1114.3	356	46	713	586	356	196.5	104.2%	12.9%	82.2%	55.2%
RP401	Great Ormond Street Hospital Central London	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOTOLOGY	1408	1798.75	352	425.5	1408	1206.8	352	388.5	127.8%	120.9%	85.7%	110.4%
RP401	Great Ormond Street Hospital Central London	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	977	1259.75	356	490.5	713	598.9	356	46	128.9%	137.8%	84.0%	12.9%
RP401	Great Ormond Street Hospital Central London	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1993	1494	347	452.5	1736	1272.7	347	331	75.0%	130.4%	73.3%	95.4%
RP401	Great Ormond Street Hospital Central London	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICALS	2402	2585.66	343	655.5	2059	2264.5	686	614.2	107.6%	191.1%	110.0%	89.5%
RP401	Great Ormond Street Hospital Central London	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICALS	2287	2670.75	678	741	2035	1625.2	339	142.5	116.8%	109.3%	79.9%	42.0%
RP401	Great Ormond Street Hospital Central London	Eagle Ward	361 - NEPHROLOGY		2283	2189.35	704	1318.3	1408	713	352	364.4	95.9%	187.3%	50.6%	103.5%
RP401	Great Ormond Street Hospital Central London	Kingfisher Ward	420 - PAEDIATRICALS		1552	1494.4	931	540.5	331	402.4		22.3	96.3%	58.1%	121.6%	
RP401	Great Ormond Street Hospital Central London	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		639	764.55	639	330	639	603	639	262.4	119.6%	51.6%	94.4%	41.1%
RP401	Great Ormond Street Hospital Central London	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1057	1127.4	704	271	1057	789.8	352	301.4	106.7%	38.5%	74.7%	85.6%
RP401	Great Ormond Street Hospital Central London	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1068	1325.3	599	615.5	482	347	436	570	124.1%	102.8%	72.0%	130.7%
RP401	Great Ormond Street Hospital Central London	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	2942	3113	346	448.5	3322	2890.65			105.8%	129.6%	87.0%	
RP401	Great Ormond Street Hospital Central London	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1589	1708.5	617	368	1475	1204.4		11.5	107.5%	59.6%	81.7%	
RP401	Great Ormond Street Hospital Central London	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1592	2164.45	554	773	1547	1570.6			136.0%	139.5%	101.5%	
RP401	Great Ormond Street Hospital Central London	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2953	2879.55	696	345.3	2638	2289.25		23	97.5%	49.6%	86.8%	

Attachment T

Appendix 2: Staffing Overview – October 2014

Division	Ward	Registered Nursing staff				Non Registered				Recruitment Pipeline						
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Establishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
CCCR	Badger	15	39.5	29.6	9.9	7.5	1.0	6.5	47.0	16.4	4.2	12.2		3	0	2.0
	Bear	22	47.8	45.0	2.8	9.0	7.0	2.0	56.8	4.8	6.6	-1.8		0	0	0.4
	Flamingo	17	121.0	108.0	13.0	10.8	3.0	7.8	131.8	20.8	16.0	4.9	6.0	3	0	0.0
	Miffy (TCU)	5	14.0	12.0	2.0	7.8	5.0	2.8	21.8	4.8	3.9	0.9		1	0	0.0
	NICU	8	51.5	43.3	8.2	5.2	2.0	3.2	56.7	11.4	14.6	-3.2		1	0	0.1
	PICU	13	83.4	91.0	-7.6	8.9	6.0	2.9	92.3	-4.7	8.3	-13.0	3.0	0	0	0.2
IC-LM	Elephant	13	25.7	25.8	-0.1	5.0	3.1	1.9	30.7	1.8	2.5	-0.7			0	0.0
	Fox	10	31.0	29.5	1.5	5.2	4.0	1.2	36.2	2.7	1.0	1.7			0	0.2
	Giraffe	7	19.0	16.0	3.0	1.0	1.0	0.0	20.0	3.0	2.2	0.9			0	0.0
	Lion	11	22.0	21.8	0.2	5.2	4.0	1.2	27.2	1.4	5.3	-3.9			0	0.2
	Penguin	9	15.2	13.4	1.8	5.5	6.0	-0.5	20.7	1.3	2.8	-1.5			0	0.0
	Robin	10	27.2	25.3	1.9	5.2	3.4	1.8	32.4	3.7	1.9	1.9			0	0.3
IPP	Bumblebee	21	38.3	27.7	10.6	9.7	8.6	1.1	48.0	11.7	11.3	0.4	0.6		0	0.8
	Butterfly	18	37.2	30.1	7.1	10.5	7.0	3.5	47.7	10.6	6.2	4.4		2	0	0.9
MDTS	Eagle	21	39.5	34.6	4.9	10.5	9.0	1.5	50.0	6.4	1.7	4.7			0	0.2
	Kingfisher	16	18.2	13.8	4.4	6.3	5.0	1.3	24.5	5.7	1.0	4.7			0	0.0
	Rainforest Gastro	8	13.8	12.6	1.2	5.2	3.0	2.2	19.0	3.4	2.6	0.8			0	0.8
	Rainforest Endo/Met	8	15.7	15.9	-0.2	5.2	5.0	0.2	20.9	0.0	1.8	-1.8			0	0.1
Neuro-sciences	Mildred Creak	10	11.8	13.5	-1.7	7.8	6.6	1.2	19.6	-0.5	3.1	-3.6			0	0.5
	Koala	24	44.7	52.9	-8.2	7.1	4.0	3.1	51.8	-5.1	3.7	-8.8			0	0.7
Surgery	Peter Pan	16	24.5	21.6	2.9	5.0	4.0	1.0	29.5	3.9	0.8	3.1			0	0.1
	Sky	18	31.0	25.0	6.0	5.2	4.0	1.2	36.2	7.2	4.1	3.1			0	4.0
	Squirrel	22	43.6	42.6	1.0	7.0	4.0	3.0	50.6	4.0	5.3	-1.3			0	0.5
TRUST TOTAL:		322	815.6	751.0	64.6	155.8	105.7	50.1	971.4	114.7	110.7	4.0	9.6	10.0	0.0	12.0

Trust Board 26th November 2014	
Nursing Skill Mix and Ward Nursing Establishments Submitted by: Liz Morgan, Chief Nurse	Paper No: Attachment U
Aims / summary <p>The publication of guidance from NHS England – ‘<i>How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, mid-wifery and care staffing and capability</i>’ (NHS England, Nov 2013) and the ‘<i>Hard Truths Commitments Regarding the Publishing of Staffing Data</i>’ issued by the Care Quality Commission in March 2104 sets out the requirement for all NHS organisations to undertake a nurse staffing establishment review every 6 months which must be reported to the Trust Board.</p> <p>The Trust Board received the first such paper in May 2014, a further establishment review was undertaken in September/October 2014 this paper provides and update on nursing establishments at GOSH.</p>	
Action required from the meeting To note the report	
Contribution to the delivery of NHS Foundation Trust strategies and plans Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.	
Financial implications Already incorporated into 14/15 Division budgets, or available as part of Divisional growth plans.	
Who needs to be told about any decision? Division Management Teams Finance Department	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse; Assistant Chief Nurse – Workforce; Heads of Nursing	
Who is accountable for the implementation of the proposal / project? Chief Nurse; Division Management Teams	

**Nursing Skill Mix and Ward Nursing Establishments
at Great Ormond Street Hospital for Children NHS Foundation Trust**

1. Introduction

- 1.1 Following the publication of the Francis Report 2013 and the Chief Nurse for England vision: Compassion in Practice there is greater focus on ensuring that Trusts have the right nursing workforce with the right skills to meet the needs and expectations of patients and their families. Evidence clearly demonstrates that poorly staffed wards increase staff sickness, burnout and reduce staff well-being all of which have direct consequences on outcomes of care and the patient experience.
- 1.2 The publication of guidance from NHS England – ‘*How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing and capability*’ (NHS England, Nov 2013) and the ‘*Hard Truths Commitments Regarding the Publishing of Staffing Data*’ issued by the Care Quality Commission in March 2014 sets out the requirement for all NHS organisations to undertake a nurse staffing establishment review every 6 months which must be reported to the Trust Board.

2. Context/Background

- 2.1 Determining the skill-mix between registered and non-registered staff is not an exact science, it requires a very good understanding of the patient population and the nursing requirements for each ward and department before deciding how many staff are required on each shift. There is evidence that the reduction in registered nurses has an adverse effect on nurse’s physical and mental health, with work related stress being reported by approximately 55% of the nursing workforce nationally (NHS Staff survey).
- 2.2 GOSH takes the nurse staffing levels seriously and has worked hard to determine the right balance of registered to non-registered nursing staff to meet the needs of the service and ensure the delivery of safe patient care. An overall nursing establishment and skill-mix has been agreed for each ward to reflect the funded activity, patient acuity, dependency, and acknowledging the increasing complexity of care and treatment GOSH provides.
- 2.3 The National Institute for Health and Care Excellence (NICE) is systematically developing Safe Staffing Guidelines, the first set issued in July 2014 covers Adult Wards. The release date for Acute Paediatric and Neonatal Wards has yet to be confirmed. The Assistant Chief Nurse for workforce will join this reference group.
- 2.4 Ward nursing establishments comply with the Royal College of Nursing Standards for Children’s and Young People’s Nurse Staffing (2013). Nurse staffing in Intensive Care adhere to the Paediatric Intensive Care Society Guidance (2010).

3. Response to National Reporting Requirements:

- 3.1 The GOSH position has been reviewed against each of the 10 Expectations set out in ‘*How to ensure the right people, with the right skills, are in the right place at the right time; A guide to nursing, midwifery and care staffing and capability*’ (NHS England, Nov 13), GOSH complies with the majority of these requirements with action plans in place to address those outstanding within the time requirement set (Appendix1).

4. Review of nursing establishments and skill mix

- 4.1 During September 2014 ward nursing establishments were reviewed and agreed by each Divisional Head of Nursing and General Manager and the Assistant Chief Nurse for Workforce. All establishments agreed in April 2014 were with the exception of Badger and the International and Private Patient Wards (IPP) wards unchanged. Badger has increased its bed pool by 2 and IPP staffing has been adjusted for an increase in occupancy from 85 % to 87%. Within Infection, Cancer and Immunity (ICI) High Dependency patients are now cohorted in a newly reconfigured ‘Giraffe Ward’.

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- 4.2 Progress on implementation of the skill-mix ratios on wards was also reviewed, some areas have not as yet fully achieved their target ratios, however they do have plans to achieve these. Progress will be monitored directly with Heads of Nursing, it is anticipated the target ratios will be achieved by the end of 14/15.

Appendix 2 details the agreed establishments from Oct 2014 by in-patient ward.

5. Health Care Assistants

- 5.1 The *'Cavendish Review; an independent review into Health Care Assistants and support workers in the NHS and social care settings'* (2013); recommended all Health Care Assistants be required to complete as a minimum a 'Certificate of Fundamental Care'. NHS England requires that by April 2015 Trusts introduce a 'Certificate of Care', in response GOSH has developed a programme which will be introduced January 2015.
- 5.4 Cohorted recruitment of HCAs commenced in November 2014, the new recruits will commence in January 2015 and be the first cohort to go through the GOSH 'Certificate of Care'. Potential HCAs will attend an assessment centre to determine their levels of literacy, numeracy and their values. The assessment centre approach will ensure we recruit staff with the values and competency required. The course will run up to 4 times each year depending on need, vacancies will be regularly assessed and HCAs recruited in cohorts to coincide with the course.
- 5.5 Achieving the HCA targets for GOSH Wards has been a transitional process, and the expectation is that all wards will have achieved the agreed ratio by April 2015.
- 5.6 Experience to date with recruiting and retaining HCAs on wards has been variable. This group requires significant investment in education, training and support. Turnover has been a concern in the ICUs alongside the burden this extra supervisory role places on the registered workforce. We will further develop measures to assess the impact of the non-registered workforce on quality and delivery of patient care.

6. Clinical Nurse Specialists

- 6.1 We have further developed and improved the activity recording for Clinical Nurse Specialists (CNS). Individuals record their activity on a bespoke CNS system 'Great Ormond Street Activity Tool' (GNAT). CNSs are expected to work 2 clinical shifts (23 hours) on a ward as part of the nursing numbers each month, this equates to 15% of their time. Both Heads of Nursing and the individual CNS now have access to a suite of reports detailing CNS activity.

6. Nursing Turnover, Vacancies and Recruitment

- 6.1 The number of Whole Time Equivalent (WTE) Registered Nurses in employment has increased year on year from 974 WTE in March 2011 to 1120 WTE in October 2014. The increase has enabled the Trust to keep pace with predicted growth, introduce new services and achieve national recommended staffing levels.
- 6.2 Registered Nurse Turnover for the Trust in October 2104 is 16.9% (Trust 17.6%), this figure has relatively static for the past 18 months falling from a peak of 20% in March 2012. The Band 5 turnover continues at above 20%. Registered Nurse sickness for the last 12 months to October 2014 is 3.45 % compared with 3.7% the previous year and a Trust average of 2.5%. The national nurse sickness rate for the quarter April to June 2014 is 4.6%.
- 6.3 All specialist children's hospitals are reporting difficulties in nurse recruitment with most reporting closing beds to ensure safe care. There continues to be a challenge to recruit and retain Band 6 nurses, more than 50% of maternity leave is associated with this group and turnover has increased by 3% in the last year.
- 6.4 In 2014 GOSH staff attended 3 major national job fairs (Glasgow, Manchester, London) and held a GOSH event in May and a further event is planned for November. During 2013/14 156 Band 5 and 6 nurses were recruited, we set a target of 200 nurses for 2014/15 (an increase of 22%) to date 159

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nurses have been recruited exceeding last years total and we are on target to achieved the 200 target by March 2015.

- 6.5 GOSH has recruited 56 nurses this year from within the EU namely the Republic of Ireland, Spain and Portugal. Further interviews in November 2014, resulted in a further 29 Irish Nurses being offered employment, with an anticipated start date of April 2015. The recruitment agency report a strong interest in coming to work at GOSH although the employment market is changing in Ireland with previously 'frozen' hospital jobs being made available. The on-going partnership with our main overseas recruitment agency continues, however we plan to scope a wider use of agencies to complement the countries we are currently sourcing from. A contract with agencies specialising in other areas will ensure a good spread within Europe and ensure no direct competition occurs between our selected agencies.
- 6.6 It is important to note the contribution of Practice Educators who are managing increased numbers of recruits. The amount of time to prepare new nurses for their roles at GOSH can take between 1 and 3 months depending on the specialty.
- 6.7 A working group has been set up to review the GOSH 'working for us' pages. This will be a two stage process; updating existing content first before looking at a complete redesign of the site. Content will be simplified and more internet friendly and there will be an increased use of online brochures and videos to highlight the work of specialist areas and staff groups.
- 6.8 GOSH continues to recruit to both the Newly Qualified Nurse Critical Care and the separate general Rotation Programmes. These programmes evaluate extremely well being an attractive career development opportunity, following completion the vast majority of participants remain in the Trust. Twenty eight nurses commenced in October 2014 on these programmes. The surgical division propose to commence a similar programme for their division. Historically the Trust has offered two programmes each year, however due to changes in University programmes the last 18 month programme will commence March 2015, following this the programme will then move to an annual programme commencing each September, the programme will be for 2 years consisting of three 8 month clinical placements.
- 6.9 The Trust recognises the value of RN Adult Registered Nurses (only). We are recruiting up to 20% adult only registered nurse in the ICUs and 10% on wards with the option of obtaining Child Branch Registration. This process will become formalised from autumn/winter 2014. We have advertised for adult registered nurses with experience in an acute GOSH relevant specialty to apply to undertake the Child Branch Conversion Programme. Candidates will be recruited by a ward/division and spend 6 months – 1 year gaining ward experience prior to commencing the programme. They will be expected to continue in service at GOSH following the programme.
- 6.10 In addition to the substantive workforce the Trust Bank currently has over 1200 nurses and Health Care Assistants on its books, these staff work regular shifts to support the delivery of care in times of higher than expected patient acuity and staff sickness.
- 6.11 Following an increase in Intensive Care Bank Nurse pay rates last year the overall fill rate has increased by 20% and the reliance on 3rd party agencies reduced.
- 6.12 There is some evidence to support the view that some nurses struggle once their term of 'hospital' accommodation has finished and this influences their decision to leave. The term for band 5s and 6s has recently increased to 18 months. Hospital accommodation remains a key benefit for staff, increasing the term to 2 years minimum would enable new nurses to London to become more established and in turn improve retention.
- 6.13 Managers often cite delays in the recruitment process as a cause for concern. The recruitment team are developing a set of KPIs to provide assurance for managers that their candidates are processed quickly and effectively; indicators such as advertising vacancies and sending offer letters within two

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working days and clearing pre-employment checks (those which the team have influence over) within 15 working days. This will contribute to reducing the overall time to hire for all incoming staff. After a period of internal testing the KPIs will be introduced in early 2015.

- 6.14 As a result of discussion (led by GOSH) between the specialist children's hospitals and Health Education England there is growing recognition of the urgent need to understand and investigate the full position regarding the children's nursing workforce serving the patient pathway from community care to tertiary services. It is apparent that the national data regarding this sector is unreliable and the gaps are becoming increasingly apparent. Furthermore the Centre for Workforce Intelligence and Health Education England alongside GOSH and other UK paediatric centres are lobbying for Paediatric Critical Care Nurses to be included in the Standard Occupation Classifications for overseas recruitment. Neonatal Nurses are the only nursing group currently included.
- 6.15 The Ward Sister/Charge Nurse role is pivotal to the delivery of high quality nursing care and leadership. We have in line with the Francis report recommendations agreed the supervisory time component to the role. We have undertaken focused work with this group to understand the pressures, challenges and development needs. We will further explore how best to enable and support the Ward Sister/Charge Nurses in their role, the next phase of this work will be to gather more detail on their training needs. Analysis of training records shows inconsistency across the Divisions.
- 6.16 Corporate Nursing has recently surveyed a number of nurse leavers from the last 2 years, 70 responses have been received and will be analysed over the next month.

7. Conclusion

- 7.1 We have undertaken a comprehensive ward by ward review of staffing levels to ensure ward establishments are robust and able to meet the national recommendations to ensure safe, quality care is provided. This paper can assure the Board that the Trust has safe staffing levels and systems in place to manage the demand for nursing staff, however there is no room for complacency and there is a need to stabilise the workforce by continuing with the current recruitment drive and strategies to improve deployment of nursing staff and overall retention.

8. Recommendation:

It is recommended Trust Board note this report.

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Appendix 1: Response to the 10 Expectations to ensure safe staffing and capability

	Expectation	Evidence
Accountability and responsibility		
1	Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full collective responsibility for nurse and care staff capacity and capability.	Establishment Reviews completed 6 monthly. Monthly reports provided to Trust Board comparing staff on duty v rostered v patient acuity/dependency.
2	Processes are in place to enable staffing establishments to be met on a shift to shift basis. Director of Nursing to routinely monitor shift to shift staffing levels including use of temporary staff.	E-Rostering used on wards. Daily Operational Bed meeting and circulation of bed status to Chief Nurse; Deputies and Heads of Nursing. Escalation in Operational Bed Management Policy.
Evidence based decision-making		
3	Use of evidence based tools to inform nursing staffing capacity and capability including staffing requirements, numbers and skill-mix.	PANDA used on wards. Rostering Policy in place. Nursing KPIs in place and reviewed at quarterly nursing performance reviews.
Supporting and Fostering a Professional Environment		
4	Organisation supports and enables staff to deliver compassionate care by fostering a culture of professionalism, responsiveness and openness where staff feel able to raise concerns and where substantiated organisation acts on concerns raised.	Friend and Families Test. Values Commitment. Annual Staff Survey. HR policies on whistle blowing. Staff Appraisals. Visible Nurse Leadership programme.
5	Director of Nursing leads a multi-professional approach to setting nurse staffing establishments involving sisters/charge nurses, nurse managers, operational managers, MD and Directors of Finance.	As in expectation 1. Monthly Reports to Board commenced in June 2014
6	Staffing establishments allow nursing and care staff time to fulfil responsibilities in addition to direct care, e.g. CPD, mentorship and supervisory roles. Ward Sister / Charge Nurse afforded supervisory role. Establishments to factor in planned and unplanned leave	Agreed principles - 22% uplift in ward budgets to allow for planned and unplanned absence, does not include maternity leave. Supervisory Ward Sisters 70% (12 or more beds) 50% (11 or less Beds) excludes ICU. Study leave Policy in place. Preceptorship provided for Newly Qualified Nurses.
Openness and Transparency		
7	Boards receive monthly updates on workforce information including number of actual staff on duty during previous month, compared to planned staffing leave. Twice per year an establishment review is undertaken and discussed at public Board meeting.	As in expectation 1
8	NHS providers clearly display information about nursing and care staff present on each ward/ clinical setting on each shift.	Boards launched May 1 st . Standard Operating Procedure written.
Planning for Future Workforce requirements		
9	Providers actively manage existing workforce and have robust plans to recruit, retain and develop staff. Information is shared with local LETB. Robust Workforce Planning processes in place.	Recruitment Plan for 2014/2015. Regular meetings with LETB to further workforce requirements. National discussion with specialist children's hospitals and Health Education England to express concerns re nurse shortages.
Role of Commissioning		
10	Commissioners actively seek assurance regarding workforce with providers by specifying in contracts outcomes and quality standards and that providers have sufficient nursing and care staff capacity and capability to meet these.	Bi monthly Trust Board reports to be presented to the commissioners at the Clinical Quality Review Group.

Appendix 2: Nursing Establishment by In-Patient Ward at 1st November 2014

Division	Ward	Established Bed Numbers	Target Registered: Non-registered ratio	Target Band 5:6 ratio	Ward sister supervisory time	Required Nursing Establishment (incl, registered & Non-registered 1st Nov 2014)	Required Registered	Required Non-Registered
CCCR	Badger	15	85:15	70:30	70%	47.0	39.5	7.5
	Bear	22	85:15	70:30	70%	56.8	47.8	9.0
	Flamingo	17	90:10	60:40	n/a	131.8	121.0	10.8
	Miffy (TCU)	5	65:35	70:30	50%	21.8	14.0	7.8
	NICU	8	90:10	60:40	n/a	56.7	51.5	5.2
	PICU	13	90:10	60:40	n/a	92.3	83.4	8.9
ICI-LM	Elephant	13	85:15	70:30	70%	30.7	25.7	5.0
	Fox	10	85:15	70:30	50%	36.2	31.0	5.2
	Giraffe	7	85:15	70:30	50%	20.0	19.0	1.0
	Lion	11	85:15	70:30	50%	27.2	22.0	5.2
	Penguin	9	80:20	70:30	50%	20.7	15.2	5.5
	Robin	10	80:20	70:30	50%	32.4	27.2	5.2
IPP	Bumblebee	21	80:20	70:30	70%	48.0	38.3	9.7
	Butterfly	18	80:20	70:30	70%	47.7	37.2	10.5
MDTS	Eagle	21	80:20	70:30	70%	50.0	39.5	10.5
	Kingfisher	16	80:20	70:30	70%	24.5	18.2	6.3
	Rainforest Gastro	8	80:20	70:30	50%	19.0	13.8	5.2
	Rainforest Endo/Met	8	80:20	70:30	50%	20.9	15.7	5.2
Neuro-sciences	Mildred Creak	10	60:40	62:38	50%	19.6	11.8	7.8
	Koala	24	85:15	70:30	70%	51.8	44.7	7.1
Surgery	Peter Pan	16	80:20	70:30	70%	29.5	24.5	5.0
	Sky	18	80:20	70:30	70%	36.2	31.0	5.2
	Squirrel	22	85:15	70:30	70%	50.6	43.6	7.0
TRUST TOTAL:		322				971.4	815.6	155.8
TRUST TOTAL 1st April 2014		313				965.9	813.3	152.6

The increase in bed numbers is due to the inclusion of hamodialysis and a further two additional beds on Badger Ward.

Trust Board 26th November 2014	
Provision of Play Services at GOSH Submitted by: Mandy Bryon, Joint Head of Paediatric Psychology and Play Services and Liz Morgan, Chief Nurse	Paper No: Attachment V
Aims / summary <p>Play is an essential activity for children and young people to promote growth and development. And as such all children have a right to be able to access age appropriate activities whilst in the care of GOSH (UN Convention Rights of the Child 1989). Access to play also benefits service delivery by enabling children to be prepared for procedures and treatment in an efficient and effective way thus improving service delivery and compliance with treatment.</p> <p>The Play Service at GOSH is highly valued at GOSH however the Trust needs to know it is delivering a quality service aligned with other paediatric play services in specialist hospitals. A recent change in the management arrangements for the service has identified the need to benchmark current provision with other specialist children's centres. This is currently underway led by Mandy Bryon, Joint head Paediatric Psychology and Play Services using both internal and external consultation involving frontline and senior nursing staff; consultant psychologists and senior play staff.</p> <p>This is a timely exercise as NHS England have commissioned the National Association of Hospital Play Services (NAHPS) to undertake a scoping exercise to gather information on play staffing profiles across the NHS and evidence for effective play interventions. All Play services nationally including GOSH are required to participate in this survey.</p>	
Action required from the meeting To note the progress of the benchmarking review of Play	
Contribution to the delivery of NHS Foundation Trust strategies and plans Access to play benefits service delivery by enabling children to be prepared for procedures and treatment in an efficient and effective way thus improving service delivery and compliance with treatment.	
Financial implications Reduction in cancelled procedures. Assists in meeting specific CQUIN targets	
Who needs to be told about any decision? The Play Service Team	
Who is responsible for implementing the proposals / project and anticipated timescales? Mandy Bryon, Joint Head of Paediatric Psychology and Play Services	
Who is accountable for the implementation of the proposal / project? Liz Morgan, Chief Nurse	

Purpose of the Paper:

It is apparent that perceptions of the hospital play service vary and this paper serves to outline the current function of the GOSH play service in terms of the range of play roles, the impact of play specialist intervention, the integration of the play staff into GOSH multidisciplinary teams and the overall benefit of play to children and young people.. The paper also outlines areas identified for improvement and a project currently underway to benchmark and improve the Play provision at GOSH.

“Play, leisure and recreation are vital ingredients of a healthy, happy childhood” (Play England 2012) Play and recreation are seen as essential for children’s holistic development and participation in [play related activities](#) should form a daily part of every child’s life (Committee of the Rights of the Child 2013; International Play Association 2013; Play Scotland 2012). In fact, play is considered to be so important for children’s holistic development, that it is a universal right for all children under article 31 of the United Nations Convention on the Rights of the Child (UNCRC) (Committee on the Rights of the Child 2013).

The Benefit of Play:

- **Play is good for all children’s health:** the associated benefits are extensively documented
- **Play is holistic in nature** and promotes : physical, social, emotional, mental, environmental and spiritual health
- **Play enhances children’s wellbeing and resilience:** allows children to rehearse and experience a range of emotions and to develop resilience when faced with stressful situations (eg sharing)
- **Play promotes developmental processes** : eg., development of creativity, imagination, self-confidence, self-efficacy, social, cognitive and emotional skills”
- **Play and parenting: The recent London Health Commission specifically highlights the importance of early development:** “Healthy child development is fundamental for good health and a happy life – a child’s early years lay down the foundation on which the rest of their life is built. Level of development at age five is a crucial indicator of how a child’s life – their health, education, and employment – will unfold. Today, just 53% of London’s five-year-olds reach a good level of development at this age.” The Play service at GOSH aims to encourage and demonstrate healthy development through play alongside parents to promote continued good practice on

Current Play provision and plans for improvement:

The Play staff have a direct impact on the wellbeing of children and young people and their parents by maintaining a sense of normality, ensuring the child is aware that GOSH cares about their comfort and interests during their admission and continuing to promote their growth and development through what is a very difficult period especially when prolonged treatment and hospital admission is necessary.

Ensuring continuity and familiarity reduces fear and anxiety therefore allowing treatment and care to be delivered efficiently and effectively in a non-threatening manner. It is well recognised that negative experiences of hospital admission can have a lifelong effect on the child and can affect future compliance with treatment especially during the transition period to adult services.

Play staff take the time to find out about the child’s world and endeavour to provide it at GOSH and are experts in the latest childhood fads. Reducing stress and anxiety

for the child clearly helps relieve some of this for the parents. Additionally, play specialist interventions have a direct purpose in increasing the likelihood of cooperation with medical procedures. A major aim of the Play service is that parents can be assured their children are being appropriately cared for at GOSH beyond specific medical and clinical care.

The Play Service aims to be an integral part of multidisciplinary teams and is now well embedded within the psychosocial service. This has created an opportunity to skill mix the service releasing more expensive psychosocial staff to be diverted to more complex areas. This indirectly reduces wait times and ensures the right patient is treated by the right member of staff. In 2008-2009, University College Hospital in London provided preparation for children aged three to five years of age who were to undergo a six week course of radiotherapy. For the children, this resulted in reduced anxiety, less medication and enabled them to cope better with the treatment process. However, it also reduced the need for daily general anaesthesia from 71% to 22%, making a significant reduction to the £18,500 associated with each course of treatment (Tonkin et al 2009)."

The Play service follows Trust directives and is committed to Our Values campaign. All recruitment to the service follows the same robust evaluation required by the vacancy review panel. The service seeks to continually improve and benchmark with other services regarding the nature of play interventions and outcomes on patients. It is important that a benchmarking exercise is not just about numbers of staff and banding but about the skills and dissemination, skill mix, access and availability of play resource, modes of intervention, financial impacts and outcomes in terms of meeting needs of patient

The Play service is delivered in the following way:

Play Service

- Play specialists and play workers are assigned to many of the inpatient and outpatient areas of the hospital – working as part of the multidisciplinary team to support holistic care for children, and young people, of all ages.
- Play workers can advise on age appropriate entertainment and can direct and suggest particular play activities to aid treatment and recovery.
- Play specialists will intervene to undertake specific components of therapeutic work.
- The play specialist service is highly valued by the patients, families and staff. Some children would not be able to cope with the painful invasive procedures required as part of their treatment without the input of the play service.

Resources - Toys and play equipment:

- Play staff provide patients with a wide range of play resources which meet the needs of patients, of all abilities, aged 0-19years of age.
- The budget is also used to purchase specialised play equipment for preparing and distracting patients for treatments and procedures
- The Play staff liaise with Heads of Nursing regarding appropriate toys and equipment for children with sensory impairments, special needs and infection control imperatives for each Division.

Weekend Play Worker cover:

- The play service has now recruited 4 play workers to provide essential Saturday cover as identified from patient experience surveys and as a response to issues raised at PALS. Entertaining inpatients at the weekend is

often left to busy qualified nursing staff which is not always a good use of their time.

- The aim is to identify those children and especially young people who may be alone over the weekend as priority and ensure age-appropriate activities are provided.

Financial Impacts:

- Reduced cancelled procedures, reduced use of sedation.
- Assists patient improvement and coping leading to earlier discharge
- Assists in meeting specific CQUIN targets
- For weekend work: Initially the play staff would be responsible for ensuring appropriate activities were in place for inpatients at the weekends. The financial benefit is indirectly releasing nursing staff to perform clinical tasks. Once the Trust establishes outpatient clinical services at the weekend, the play staff would be available for help with procedures and to staff the waiting areas.
- The inclusion of play staff in the wider psychosocial service ensures a better overall skill mix for patients meaning that costs can be reduced in other areas where intervention is more appropriately carried out by Play Staff. There is therefore an indirect financial gain resulting from redistribution of resource

Planned Improvements:

- The service is always looking to improve and regular benchmarking with other play services nationally and internationally ensures GOSH stays at the forefront of developments in the profession. An "improvement project" is underway by Mandy Bryon to include external consultation with the Head of Play from Manchester, to include Caroline Joyce, Assistant Chief Nurse Quality, safety and patient experience, as a champion and including key stakeholders from play, psychology and nursing. A two day improvement scoping exercise is planned for 26th and 27th November 2014.
- The recent parent survey highlighted continued requests from parents for access to play resources and staff during the admission. There was a particular reference to having open play rooms at weekends and out of hours. This issue has also been referred to PALS on a number of occasions. Improvement to play resources, clear lines of responsibility for toy maintenance and out of hours access needs to be part of the improvement plan.
- The Play service has just recruited an Apprentice to the band 3 play worker role. The apprentice will complete regular child development training but will have tailored experience at GOSH making this the first qualification in hospital Play Work. It is envisaged that the number of apprenticeships will increase so we recruit, train and retain the correct staff and provide a clear career structure in Hospital Play
- The introduction of a senior play specialist role equivalent to the nurse practice educator to ensure effective supervision of the play team, play resources and development of staff which can also be offered externally as part of the benchmarking review..
- Access to psychologist for supervision of techniques is now established and the play staff are embedded within the psychosocial teams for all specialities

across the Trust meaning they can get early notification of children requiring early support or even pre-admission contact

- The Activity Centre which is part of the school service is now seen as the hub not just for pre-school activities but for all external charity visits. There are some close working relationships between the Play Staff and the Activity centre in accessing bespoke entertainment for children. This needs to be further explored and implemented across the Trust especially in enhancing early years development.
- A standard procedure for approaching children with Autistic Spectrum Disorder has been written and will be evaluated.

Timeline for Improvement:

The improvement/benchmarking project will have the main event at the end of November 2014 with a report of findings prepared for senior staff distribution at the end of December 2014. Planned implementation will begin early 2015. Recruitment to newly configured posts such as practice educator-type role will be subject to HR principles and job evaluation panel. The national play benchmarking project funded and led by NHS England is not due to report until 2016.

Trust Board 26 November 2014	
Regular report on Infection Prevention and Control	Paper No: Attachment W
Submitted by: Dr John Hartley, DIPC	
Aims / summary To inform Board of progress with the annual infection prevention and control plan and important issues which have arisen in IPC since last report	
Action required from the meeting Feedback from Board.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Essential to achieve zero harm; minimising risk of infection is a central Trust goal	
Financial implications Failure to prevent or control infections leads to harm and cost. Individual penalties may follow specific HCAs in future.	
Who needs to be told about any decision? Infection prevention and control is responsibility of all staff.	
Who is responsible for implementing the proposals / project and anticipated timescales? Divisional and Corporate Units and all staff Infection Prevention and Control Team.	
Who is accountable for the implementation of the proposal / project? Director of Infection Prevention and Control	

Regular Infection Prevention & Control Report to Trust Board

Infection Prevention and Control (IPC) management arrangements

Staff – Since the last report in March, the replacement Lead Nurse and Data Analyst/Administrator started, and the new (second) band 7 IPC nurse has also been appointed and started.

Electronic infection prevention management system – A business case is being progressed to purchase an integrated electronic IPC management system.

Antibiotic stewardship – We continue to implement a Trust programme, but need to review Microbiology, Infectious Disease and Pharmacy resource allocation to increase this. The electronic management system would assist in this.

Health care associated infection (HCAI) statistics and prevention programmes

1. HCAI mandatory reporting for financial year 2014/15, after 7 months (end October):

- a. **MRSA bacteraemia** (Target = 0) – cases = 0. (No case for 16 months)
- b. **C. difficile infection** (Target ≤ 7) – Trust apportioned = 11. Cases are investigated and possible clusters have occurred.
- c. **Methicillin sensitive S. aureus (MSSA) bacteraemia** (no national 'target') – 17 cases.
- d. **E. coli bacteraemia** (no national 'target') – 11 cases this financial year

2. GOSH acquired Central venous line related blood stream infection.

Rate per 1000 line days (7 months data) = 1.4
(Rate last financial year = 2.1; CQUIN target = 2.0)
This is the lowest rate we have achieved.

3. Surgical site infection prevention and surveillance

The three Divisions undertaking surgery perform surveillance. Two apparent clusters of disordered wound healing (which includes infection) have been detected and are **under investigation (cardiac and spinal surgery)**.

4. Outbreaks

In contrast to no outbreaks in the preceding report in March, there have been 7 episodes of linked norovirus infections, and 2 of C. difficile cases. **Controlling the threat from enteric pathogens remains a continuous challenge.**

5. Viral episodes and drug resistant bacteria

We continue to detect a significant number of patients admitted or cross infected with enteric and respiratory infections. **We continue to remind staff regarding the need for risk assessment of every child (and family) and the continuous need to implementation of Standard and Isolation precautions.**

Cleaning

Environmental and equipment decontamination remains essential. Mitie have been put under an improvement programme by Facilities and cleaning improved. **Public areas are still a concern to us as resources focus on patient areas.**

Implementation of isolation precautions and 'infection cleans'

Attachment W

Disruption to patient care or provision of services remains a risk due to the implementation of isolation precautions and 'infection cleans' in 'alerted' children. Balance of maintaining capacity and risk reduction requires continuous support and review. There is better co-ordination for the process but further work is needed in the stringent methods. Clean times are being reviewed.

Concerns have been raised by families regarding the lack of isolation facilities in areas such as outpatients and radiology. Further risk assessment was undertaken in outpatients and a new flow chart introduced, however more work is needed as 'alerted' children may outnumber the available rooms. **All risk of cross transmission cannot be eliminated (as in the out of hospital situation).**

Infection prevention and control regular audits and data display

Regular planned audit cycle continues with additional results displayed on dashboard and feed back to Divisions for action. Hand hygiene results are high and CVC care has improved. Local review and action is essential to maintain high compliance and this is performed through the Divisional IPC groups. **Periodically areas are unable to complete monthly audit.**

Estates

a. Legionella control in tap water – outlets from some non-critical areas continue to test positive and ongoing work is underway (replacing boilers, surveying pipes, maintenance of mixer valves). No legionella has been detected in MSCB which is managed with a low temperature/ silver and copper biocide system. **The Frontage building may require major re-plumbing.**

b. Implementing 'HTM 04-01 Addendum: Pseudomonas aeruginosa – advice for augmented care units.' Detailed surveillance of taps continues. Small number of outlets were contaminated and action taken to successfully resolve this in ICUs; however, colonisation has recurred and further action is required. Additional testing has been undertaken in other wards and remedial actions planned. We have difficulty co-ordinating clinical use of outlets, testing and collation of results from the currently used external companies. **A business case was approved to bring this testing in house however it is currently stalled due to difficulties establishing cost lines.**

c. Critical ventilation systems – Difficulties have arisen with the new angio/hybrid suites, with corrective work ongoing. Regular verification is now scheduled in all specialised areas but requires extensive planning and does disrupt clinical areas. Work continues on manuals for all areas but insufficient time has arisen to complete this. They remain essential.

Training, updates and competencies

IPC induction and update are still being revised.

Work is now well underway developing a new interactive 'game' for all staff induction and update, with scenario based learning. Non-clinical staff will now receive online training at induction and update, with assessment by online questions. Clinical staff will still receive a face to face induction (provided by IPC) but updates will be locally annually and online.

Electronic recording of training may not be complete, especially for medical staff.

Competencies for all staff on common procedures – Individual Divisions are expected to implement this for IV line care and access; work still in progress.

Ebola

While this is a low risk to the trust it represents a major hazard if a case were to occur. A large amount of work is underway to reduce that risk:

1. Ensure detection of at risk individuals at every entry point
2. Provide care pathway for suspected case
3. Refresh staff in standard precautions and train staff in use of enhanced personal protective equipment. On line Gold modules need to be developed for consistency and recording.

Task force meets to discuss. Established any trained staff may be asked to care for a suspect case. Further discussion needed on avoiding potential harm through delayed therapy or referral refusal. Continuous discussion is underway on the level of care which may be offered.

Trust Board 26th November 2014	
Care Quality Commission (CQC) Update Submitted by: Anna Ferrant, Company Secretary	Paper No: Attachment X
Aims / summary To provide a high level executive summary of issues identified as part of a CQC gap analysis undertaken using the new CQC compliance framework (September 2014), which assessed services against the following five questions: <ol style="list-style-type: none"> 1. Are services safe? 2. Are services effective? 3. Are services caring? 4. Are services responsive? 5. Are services well- led? <p>Further work is currently being undertaken to provide a comprehensive analysis of the Trust's CQC compliance position. This information will be considered at the next Clinical Governance Committee.</p>	
Action required from the meeting To note the contents of the report and the direction of travel	
Contribution to the delivery of NHS Foundation Trust strategies and plans Maintaining regulatory compliance with CQC is a primary role of the Board	
Financial implications N/A	
Who needs to be told about any decision?	
Who is responsible for implementing the proposals / project and anticipated timescales? N/A	
Who is accountable for the implementation of the proposal / project? Chief Executive	

Care Quality Commission (CQC) Registration Update

Induction- what is the CQC's new framework

After a rigorous consultation, the CQC have overhauled the way in which they inspect and regulate NHS acute and specialist trusts.

This approach includes using a national team of expert hospital inspectors and clinical and other experts, including service users and those with experience of receiving care (Experts by Experience).

The CQC will use the new Intelligent Monitoring data analysis and reporting **when, where** and **what** to inspect. They will also listen to service user's experiences of care, and information from across the healthcare system.

Inspections will be in-depth, and will be carried out during the evenings and weekends, when service users can experience poorer care.

The Five questions asked using inspections

Inspectors will use professional judgement, supported by objective measures and evidence to assess services against the 5 key questions:

- | | | |
|---|---------------------------------|--|
| 1 | Are services safe? | Are people protected from abuse and avoidable harm? |
| 2 | Are services effective? | Does care, treatment and support achieve good outcomes and promote a good quality of life and are based on the best available evidence? |
| 3 | Are services caring? | Do staff involve and treat people with compassion, kindness, dignity and respect? |
| 4 | Are services responsive? | Are services organised so that they meet people's needs? |
| 5 | Are services well- led? | Does the leadership, management and governance of the Trust assure the delivery of high quality person centred care, support learning and innovation and promote an open and fair culture? |

The areas covered by each of the five questions are provided for information in **Appendix 1**.

Provider Ratings

The CQC will rate the Trust based on:

- What is found during the inspection
- What people tell them
- Intelligent Monitoring Data
- Information provided by the Trust and other organisations

The Trust will be given a rating based on the following 4 point scale:

Outstanding	Good	Requires improvement	Inadequate
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Overview of current status against the five questions

An initial assessment against the five questions is summarised below including an overview of the gaps and actions to be taken. Detailed analysis will be submitted to the Clinical Governance Committee for on-going monitoring and assurance of compliance with the CQC standards.

CQC Question	Gaps and actions
Are services safe?	<p>The Trust Major Incident Plan is subject to review (December 2014)</p> <p>The Trust is reviewing education and provision for trainees in key specialities, including any implications for service provision both within and out of hours (November 2014)</p> <p>The Trust has contributed to NHS England's 'Never Events' consultation 2014 and is awaiting its outcome to assess the implications for investigating and reporting these incidents.</p> <p>There continues to be a challenge to recruit and retain Band 6 nurses - turnover has increased by 3% in the last year. The Trust has implemented a number of initiatives to attract nursing staff to GOSH including recruitment from Ireland, Spain and Portugal and attendance at job fairs.</p>
Are services effective?	<p>Work continues to improve the time taken to send out clinic letters (within 5 days of a patient clinic attendance) and complete discharge summaries</p> <p>Work is underway to enhance the reporting and monitoring framework for staff mandatory training.</p> <p>The Divisions are implementing the 'Closing the Gap project' which aims to improve the outcomes for the acutely unwell child through the introduction of situational awareness with an emphasis on the safety huddles as a proven intervention to close the gap.</p>
Are services caring?	<p>Work is underway to complete actions arising from the IPSO Mori patient surveys, staff surveys and the Friends and Family Test assessments.</p>

<p>Are services responsive?</p>	<p>The Trust is in the process of reviewing the implications of the ‘Duty of Candour’ for its policies, procedures and reporting (November 2014)</p> <p>PALS activity has increased over the current financial year from Q1 (425) and Q2 (552). Additional staff members have been recruited to the PALS service, and team are currently undertaking the PALS Outreach Project (‘popping’), in which PALS staff are available within clinical areas to respond to any issues which may arise.</p> <p>Work is underway to improve responses to the friends and family test (November 2014)</p>
<p>Are services well- led?</p>	<p>Elements of the Trust Strategy are in the process of being developed. The Board Assurance Framework will be updated to reflect the risks to delivering the strategies.</p> <p>The Trust is reviewing the implications of the ‘fit and proper persons test’ for its directors appointment and recruitment policies and monitoring framework (November 2014)</p> <p>Responses in the 2013 staff survey about communication with senior staff and feedback to staff are lower than similar trusts. The Trust has implemented a Trust Brief, a flyer highlighting the top line messages to be cascaded out to all staff following identification of learning in the LIMB, and staff meetings with CEO.</p>

Attachment X

Appendix 1

Are services safe?

- S1. The Trust's track record on safety
- S2. Learning when things go wrong and improving safety standards as a result
- S3. Systems, processes and practices in place to keep people safe and safeguarded from abuse
- S4. The Trust assesses and monitors safety in real-time and react to changes in risk level, including for individuals
- S5. Potential risks to the service anticipated and planned for in advance?

Are services effective?

- E1. The Trust ensures that the needs of service users assessed, and care and treatment delivered in line with current legislation, standards and nationally /internationally recognised evidence based guidance.
- E2. How the outcomes for people using services compare with other services
- E3. The Trust ensures that staff, equipment and facilities enable the effective delivery of care and treatment, and does not impact on quality.
- E4: The Trust supports and enables multi-disciplinary working within and between services across the organisation and with external organisations

Are services caring?

- C1: Are people who use the service treated with kindness, dignity, respect, compassion and empathy while they receive care and treatment from the service?
- C2: How are people who use the service and those close to them involved as 'partners' in their care and supported to make informed decisions?
- C3: Do patients and those close to them receive the support they need to cope emotionally with their treatment and care?

Are services responsive?

- R1. The Trust plans and delivers its services to meet the needs of different people.
- R2. The Trust ensures that people can access its services in a timely way.
- R3. The Trust takes account of people's needs and wishes, throughout their care and treatment, including at referral, admission, discharge and transition.

R4. The Trust routinely listens and learns from people's concerns and complaints to improve the quality of care.

Are services well-led?

W1. The Trust has a clear vision and a credible strategy to deliver high quality care and promote good outcomes for people.

W2. Trust governance arrangements ensure that responsibilities are clear, quality and performance are regularly considered and risks are identified, understood and managed.

W3. Leadership and culture within the Trust reflects its vision and values, encourage openness and transparency and promotes delivery of high quality care across teams and pathways.

W4. The Trust engages with, seeks and acts on feedback from people who services, the public and staff.

W5. The Trust strives to continuously learn and improve, support safe innovation, and ensure the future sustainability and quality of care.

DRAFT

ATTACHMENT Y to follow

ATTACHMENT Z to follow

Trust Board 26th November 2014	
Update of Standing Financial Instructions and Delegated Financial Limits	Paper No: Attachment 1
Submitted by: Claire Newton	<i>For discussion and approval</i>

Aims
To obtain Trust Board approval for the proposed changes to the Trust’s “Standing Financial Instructions” and “Scheme of Delegation - Financial Limits”.

Summary
The Trust’s **Standing Orders**, included as Annex 9 within the Constitution, permit the Chief Executive to prepare a scheme of delegation which is embodied in the Trust’s **Schedule of Reservation and Delegation**. This document then includes in Section 8 the items for which authorisation is delegated through **Standing Financial Instructions** and in Section 9 provides for Directors to set out a **Detailed Scheme of Delegation** which sets out the lowest level to which a particular responsibility can be delegated.

Due to the changes in Chief Executive the proposed changes are limited to those required to reflect the Trust’s current governance structure and procurement arrangements. The SFIs and Schedule of Financial Limits have been updated to reflect the current governance structure of the Trust which has been put in place by the Chief Executive. These include:

- removal of all references to the Overall Management Group and replacement of the Senior Management Team
- removal of references to Clinical Unit Chairs and replacement with Divisional Directors
- use of the new names for the Trust’s investment approval groups:
 - Investment & Planning Group (used as a Capital Committee where required)
 - Capital Investment Group (one of the Capital Committees)
 - Information Management & Technology Board (one of the Capital Committees)
 - Revenue Investment Group.

The attached appendix is the Scheme of Delegation of Financial Limits and shows through shading where the name changes have been made. As the changes are minor the paper does NOT attach the updated SFIs (47 pages) but these are available on request.

Action required from the meeting To approve the changes
Contribution to the delivery of NHS / Trust strategies and plans The Board is committed to achieving and demonstrating best practice in governance.
Financial implications No direct financial implications
Who needs to be / has been consulted about the proposals in the paper? CEO
Who needs to be told about any decision The Trust Board
Who is responsible for implementing the proposals / project and anticipated timescales? CFO and Company Secretary
Who is accountable for the implementation of the proposal / project Chief Executive Officer

Scheme of Delegation Financial Limits

#	Delegated Responsibilities	Delegated Officer
1	Delegation of the management of budgets and approval to spend funds (revenue & capital)	
1.1	Budgetary control (SFI 2)	
1.1.1	Management of individual budgets if included within the Trust approved Plan and agreed at the commencement of the financial year	Director, General Manager/Divisional Director/Assistant Director or equivalent*
1.1.2	Movements from reserves: Up to £500,000 Over £500,000	Chief Finance Officer Chief Executive Officer (if previously approved by the Chief Finance Officer) and reported to Senior Management Team
1.1.3	Virements: Up to £50,000 Above £50,000	Director, General Manager/Divisional Director/Assistant Director or equivalent* Chief Finance Officer or Chief Operating Officer
1.2	Approval of new staff appointments and regrading (SFI 2) if within budget: Up to £90,000 Above £90,000	Executive Director Chief Executive
1.3	Approval of pay expenditure within budget (e.g. recruitment to vacancies and staff timesheets) (SFI 7)	Director, General Manager/Divisional Director/Assistant Director or equivalent*
1.4	Approval of pay expenditure in excess of budget: Up to £100,000 Over £100,000	Chief Executive, Chief Finance Officer and reported to Audit Committee SMT and reported to Audit Committee in accordance with the process set out in SFI 2
1.5	Credit notes	
1.5.1	Reimbursing income previously invoiced: Up to £25,000 Up to £50,000 Above £50,000	Financial Controller or Deputy Financial Controller Deputy Director of Finance Chief Finance Officer
1.5.2	Where re-raising invoice (e.g. incorrect organisation, additional information requested on invoice): Up to £100,000 Up to £500,000 Above £500,000	Financial Controller or Deputy Financial Controller Deputy Director of Finance Chief Finance Officer
1.6		
1.6.1	Authorisation of non-pay expenditure (revenue and capital, excluding business rates and NHS Litigation Authority expenditure - see 1.6.2 below - and Redevelopment - see 1.7) within budget - (SFI 8): Up to £200,000 Over £200,000 up to £500,000 Over £500,000 up to £1,000,000	Director, General Manager/Divisional Director/Assistant Director or equivalent* Chief Operating Officer and Trust Director Chief Finance Officer or Chief Executive**

* roles equivalent to assistant director as agreed by the CEO or CFO

Scheme of Delegation Financial Limits

#	Delegated Responsibilities	Delegated Officer
1.6.2	Over£1,000,000 up to £2,000,000 Over £2,000,000	Senior Management Team Trust Board
	Authorisation of business rates and NHS Litigation Authority expenditure Up to £3,000,000	Chief Executive or Chief Finance Officer
1.7	Authorisation of non-pay expenditure within project budget - Redevelopment (SFI 8): Up to £1,000,000 Up to £5,000,000 Over £5,000,000	Assistant Director of Redevelopment Chief Executive, Chief Finance Officer, Chief Operating Officer or Director of Redevelopment 2 of Chief Executive, Chief Finance Officer, Chief Operating Officer and Director of Redevelopment
1.8	Authorisation of non-pay expenditure in excess of budget (excluding Redevelopment): Up to £100,000 Over £100,000	Chief Executive, Trust Director, Chief Finance Officer and reported to Audit Committee Trust Board and reported to Audit Committee in accordance with the process set out in SFI 2
1.9	Approval of routine expenses claims	Director / General Manager/Divisional Director/Assistant Director or equivalent*
2	Approval of business cases	
2.1	Revenue funding in excess of allocated budget.	Revenue Investment Group / Investment & Planning Group
2.2	Capital (excluding ICT): Up to £500,000 Over £500,000 and up to £1,000,000 Over £1,000,000	Capital Investment Group / Investment & Planning Group Investment & Planning Group
		Finance and Investment Committee and Trust Board
2.3	Capital (ICT): Up to £500,000 Over £500,000 and up to £1,000,000 Over £1,000,000	Information Management & Technology Board Investment & Planning Group
		Finance and Investment Committee and Trust Board
3	Operation of all detailed financial matters Establishment and management of bank accounts (SFI 4) Payroll (SFI 7) Purchase ledger/creditor payments (SFI 8) Petty cash (SFI 8) Debtors (SFI 5) Treasury Management	Chief Finance Officer or Deputy Chief Finance Officer or Deputy Chief Finance Officer or Deputy Chief Finance Officer or Deputy Chief Finance Officer or Deputy Chief Finance Officer or Deputy
4	Income systems (SFI 5) System design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash	Chief Finance Officer or Deputy
5	Funding contracts and Service Level Agreements:	

.....* roles equivalent to assistant director as agreed by the CEO or CFO

Scheme of Delegation Financial Limits

#	Delegated Responsibilities	Delegated Officer
	<p>Below £100,000</p> <p>£100,000 to £5,000,000</p> <p>More than £5 000 000</p> <p>Routine mid term variations to any of the above if contract baseline value not changed by more than 5%</p>	<p>Director, General Manager/Divisional Director/Assistant Director or equivalent*</p> <p>Chief Finance Officer or Chief Operating Officer</p> <p>Chief Executive Officer</p> <p>Chief Finance Officer or Chief Operating Officer</p>
6	<p>Annual capital programme and capital expenditure proposals (SFI 9)</p> <p>General</p> <p>Total budget spend of each capital scheme may be varied by 10% or £100,000, whichever is the smaller, subject to capital programme remaining within budget.</p> <p>Total budget spend of each capital scheme may be varied by 20% or £500,000, whichever is the smaller, subject to capital programme remaining within budget.</p> <p>Information Technology</p> <p>Total budget spend of each capital scheme may be varied by 10% or £100,000, whichever is the smaller, subject to capital programme remaining within budget.</p> <p>Total budget spend of each capital scheme may be varied by 20% or £500,000, whichever is the smaller, subject to capital programme remaining within budget.</p> <p>Redevelopment</p> <p>Total budget spend of each capital scheme may be varied by 10% or £250,000, whichever is the smaller, subject to capital programme remaining within budget.</p> <p>Total budget spend of each capital scheme may be varied by 20% or £500,000, whichever is the smaller, subject to capital programme remaining within budget.</p>	<p>Chief Finance Officer</p> <p>Senior Management Team or as delegated through Capital committees</p> <p>Chief Finance Officer</p> <p>Senior Management Team or as delegated through Capital committees</p> <p>Director of Redevelopment</p> <p>Chief Executive and Chief Finance Officer</p>

* roles equivalent to assistant director as agreed by the CEO or CFO

Scheme of Delegation Financial Limits

#	Delegated Responsibilities	Delegated Officer
7	<p>Arrangements for the management of land, buildings and other assets belonging to or leased by the Trust (SFI 10)</p> <p>Physical management and maintenance of assets Land and buildings Equipment Asset register and capital charges</p>	<p>Director of Estates Director of Estates Chief Operating Officer Chief Finance Officer</p>
8	<p>Management and control of stock (SFI 11)</p> <p>Theatres Pharmacy Estates Other stocks</p>	<p>Chief Operating Officer/General Manager/Divisional Director/Assistant Director Chief Operating Officer/Chief Pharmacist/Divisional Director/Assistant Director Director of Estates Chief Operating Officer/General Manager or *equivalent/Divisional Director/Assistant Director</p>
9	<p>Recording, monitoring and approval of payments under the losses and special payments regulations (SFI 12)</p> <p>Monitoring and approval of losses and special payments Accounting for losses and special payments General administration</p> <p>Cash losses and bad debts Note: These write-offs, once agreed, will impact on individual budgets - there is no central provision. A bad debt write-off for these purposes is the writing off of any income due to the Trust, whether or not invoiced - it does not include adjustments relating to invoices raised in error. Up to £10,000 Over £10,000</p> <p>Losses of equipment and property Up to £50,000 Over £50,000 Over £100,000</p> <p>Claims Up to £100,000 £100,000 to £500,000 Over £500,000</p> <p>Staff grievance settlements other than in response to a formal process Complaints</p>	<p>Chief Operating Officer or Chief Finance Officer Chief Finance Officer Director, General Manager/Divisional Director/Assistant Director or *equivalent</p> <p>Chief Finance Officer or Deputy Chief Executive and Chief Finance Officer or Deputy</p> <p>Chief Operating Officer or Chief Finance Officer Senior Management Team Trust Board (or committee of the Board)</p> <p>Any two executive directors or as otherwise delegated by Senior Management Team Senior Management Team / Claims Group Trust Board</p> <p>As for losses of equipment and property As for losses of equipment and property</p>
10	<p>Disposal of deceased patients' property (SFI 14) Property of value up to £5,000 Cash up to £100 and all valuables may be relatives who Cash over £100 may be released by cheque together with</p> <p>Property of value over £5,000</p>	<p>Deputy Finance Director Deputy Finance Director</p>

* roles equivalent to assistant director as agreed by the CEO or CFO

Scheme of Delegation Financial Limits

#	Delegated Responsibilities	Delegated Officer
	Cash over £100 may be released by cheque together with all valuables on production of probate or letters of administration	Chief Finance Officer
11	Management of Patients' monies (SFI 14)	Chief Finance Officer
12	Insurance arrangements (SFI 15)	Chief Finance Officer
13	Non-clinical risk management (SFI 15)	Chief Executive
14	Business conduct and hospitality	Policy approved by Senior Management Team
15	<p>Issuing, receiving and opening tenders and post tender negotiations (SFI 16)</p> <p>£20,000 to £50,000 £50,000 to EU Limit (c£100,000 - refer to intranet) Above EU Limit NB A minimum number of invitations to tender must be issued depending on the type of tender procedure</p> <p>Approval to waive competitive tendering procedures</p> <p>Supplies and services up to EU Limit available from Finance (c£90,000) "Works" up to separate EU Limit (c£3.5m) - must check current limit with Finance** Waivers of minimum number of tenders required</p> <p>Selection of tenderers</p> <p>Capital Non Capital</p> <p>Opening of tenders</p> <p>Up to £50,000 Over £50,000</p> <p>Acceptance of tenders</p> <p><u>Up to £100,000</u> Lowest cost Not lowest cost <u>Over £100,000 up to £500,000</u> Lowest cost Not lowest cost <u>Over £500,000</u> Lowest cost Not lowest cost</p> <p>Acceptance of late tenders Over £50,000</p>	<p>Competitive quotations are adequate Three tenders required OJEU advert: at least three tenders</p> <p>Chief Finance Officer</p> <p>Chief Executive and Chief Finance Officer and report to Senior Management Team & Trust Board Senior Management Team</p> <p>Director of Estates or Director of Redevelopment Director / General Manager/Divisional Director/Assistant Director or *equivalent</p> <p>2 Directors, General Managers/Divisional Directors/Assistant Directors or *equivalent not from originating department and not from same department, or Company Secretary plus one of the aforementioned 2 Directors, or Company Secretary plus one Director</p> <p>Relevant Director or General Manager/Divisional Director/Assistant Director or *equivalent Chief Executive</p> <p>Chief Executive or Chief Finance Officer and report to Senior Management Team</p> <p>Chief Executive and Chief Finance Officer and report to Senior Management Team</p> <p>Senior Management Team and report to Trust Board Trust Board</p> <p>Chief Finance Officer and Chief Executive</p>
16	Management and control of finance computer systems and facilities (SFI 13)	Chief Finance Officer

* roles equivalent to assistant director as agreed by the CEO or CFO

Scheme of Delegation Financial Limits

#	Delegated Responsibilities	Delegated Officer
17	Management and control of operational computer systems and facilities	Chief Operating Officer or other Executive Director
18	Appointment of Consultant medical staff	Chief Executive
	<i>Ratified by Trust Board</i>	<i>Ratified by Trust Board</i>

ATTACHMENT 2

Update from the Audit Committee meeting held on 1st October 2014

Risk Management

The Committee discussed progress with actions arising from the risk management meeting in July following an audit report from KPMG on risk processes which recommended that the Trust should seek to streamline its risk processes.

The Committee welcomed the proposal to split the BAF into operational risks and risks to achieving the Trust's key strategic aims but stressed the importance of ensuring duplication was minimised. The committee also asked the Executive Team to give careful thought to the division of risks between the assurance committees. The Trust's internal auditors KPMG stressed the need to ensure work would result in streamlined processes.

There was some confusion around the definition of the RAG rating of risks and it was agreed that this would be discussed outside the meeting.

The following high level risks were considered:

- Risk 1A: Failure to effectively specify and manage commercial and contracted-out services

An audit was being undertaken by the finance team on the progress that had been made in managing procurement and contracts. Confirmation would be provided at a later Trust Board that this work has been completed.

- Risk 8C: Failure to achieve financial targets including required efficiencies gains - Productivity & Efficiency Savings

Detailed discussion would be taking place at the Finance and Investment Committee. Accountable Executive Directors had been assigned to corporate workstreams to look at pan-Trust themes. The importance of staff engagement was emphasised.

- Risk 8E: Failure to achieve International Private Patient (IPP) income strategy

The Committee noted that a discussion had taken place at Trust Board and an improving income trend had been noted. The work to maximise the use of available beds was welcomed by the Committee.

Legionella Management

The Committee reviewed the management of Legionella at the request of the Board. It was noted that the Trust's method of managing Legionella in the Morgan Stanley Clinical Building was proving to be successful and innovative and it was agreed that the Committee would continue to receive regular updates.

Charity Funding Risk

It was confirmed that the Trust and GOSHCC's Five Year Plans were aligned. The Committee discussed the charity's alleged use of unethical fundraising and it was confirmed that this had been discussed at length at the Special Trustees meeting and was being proactively managed.

External Audit

It was reported that there was now a requirement for the Trust to conduct a governance review on a three yearly basis following the publication of the Monitor 'Well-Led Framework'. Material amendments to the Annual Reporting Manual (ARM) included the requirement for the production of an enhanced Audit Report and improvements to the audit committee report for the Annual Report and Accounts. There would be a requirement to provide a remuneration report and a remuneration policy and this was delegated to the Remuneration Committee.

Internal Audit

The Committee noted that two final reports had been issued for HR arrangements – employment checks and governance arrangement, both of which had provided significant assurance with low level recommendations. It was reported that an audit in 2015/16 would review the next tier of governance arrangements within divisions.

NHS Litigation Authority

It was noted that the premium was increasing year on year however there had been significant escalation in the value of claims over the last five years. It was noted that the risk is reflected in the GOSH Five Year Plan but not to the extent of the full gap between claims and premium levels.

Salary Overpayments

The Committee expressed disappointment at the level of salary overpayments and it was agreed that overpayments would be charged back to budget lines as soon as they were received.

ATTACHMENT 3

**Update from the Clinical Governance Committee meeting
held on 8th October 2014**

Online safety in the hospital

The Committee discussed the importance of online safety for children and young people at the hospital and ensuring that the relevant safeguards were in place. It was confirmed that guidance from the hospital school on online safety was followed and that a policy was being developed about managing access to the internet at GOSH.

Recruitment of patients to clinical research studies

The Committee discussed the Trust's aspiration to become a research hospital and the importance of patient and family engagement in defining the research agenda. The Committee noted that taking part in research provided an opportunity for patients and discussed the way in which the research hospital status would be highlighted throughout the hospital.

Patient Story

The committee welcomed the patient story around a parent's dissatisfaction with their child's slot on the MRI list. The story highlighted the importance of clear communication with families and ensuring that consistent information is given by all clinicians. It was noted that clinicians often attempted to manage issues with appointments on the day but it was stressed that it was important that staff adhered to protocols as learning from Serious Incidents had indicated.

The Committee was assured that there had been good progress made with working with patients with a learning disability and it was agreed that the learning disability team would consider the learning from the patient story as would the Learning, Implementation and Monitoring Board (LIMB)

Assurance Framework

The Committee considered the following high level risks:

- Risk 2H: Failure to provide an environment and service which minimises the risk of medication errors

An update was received on the MHRA 'Specials' manufacturer's license issue. It was reported that the team was working through the action plan and the Interim Chief Executive had written to the MHRA confirming the Trust's progress.

- Risk 5A: Failure to provide a quality education (environment, support and expertise)

It was noted that following the development of the education strategy, the focus would be on funding for education and space.

- Risk 2E: Difficulties in recruiting and retaining highly skilled staff with specific experience which prevent efficient use of resources i.e. beds, theatres, ICU

Further emphasis would be placed on reducing turnover as this was often an efficient way to manage staff numbers rather than increasing recruitment.

- Risk 3B: Lack of local paediatric in-patient and community services to facilitate repatriation or discharge of patients to local services

It was reported that the Trust was in the process of identifying local hospitals which GOSH could refer patients back to. It was noted that recent commissioning intentions had recognised the need to create networks of services with providers taking the lead in particular specialities.

Update on review of gastroenterology service

An update was provided on the progress made following an external review of the service in 2010/11. It was noted that three key objectives had been set for the team to be achieved by December 2014. The committee noted the high level of on-going support and resources which had been dedicated to the gastroenterology team and agreed that it was important to use learning from these issues for use in other teams which could benefit from the work.

Update on quality and safety impact of the Productivity and Efficiency programme

The Committee noted the updates for three Productivity and Efficiency schemes and welcomed the reduction in waiting times achieved in Dermatology Laser as a result of the scheme.

Child Protection and Safeguarding Update (July – September 2014)

The Committee welcomed the daily huddles that had been introduced between the social work and safeguarding teams and noted that poor information sharing practices were often points of learning arising from Serious Case Reviews (SCRs)

Quality Strategy Progress Report

The Committee discussed the option of including an additional quality standard around GOSH's interface with referring hospitals given the importance of this to the Trust but considering the factors that were outside GOSH's control.

The Committee agreed that standard one – quality and safety - is regularly presented at Trust Board.

Clinical Audit update July – September 2014

The Committee highlighted the Trust's performance on the recent transition audit which had not improved on the performance in the same audit in 2013. It was explained that GOSH did not currently have a system which showed which patients were likely to move towards adult care. The Clinical Audit Manager said that part of the Trust's CQUIN target was to understand who these individuals were.

Trust Board 26th November 2014	
Update from the October 2014 meeting of the Finance & Investment Committee Submitted by: David Lomas, Chair of the Finance & Investment Committee	Paper No: Attachment 5
Aims / summary To provide the Trust Board with an update on the October Finance and Investment Committee	
Action required from the meeting To ratify the Committee's terms of reference	
Contribution to the delivery of NHS Foundation Trust strategies and plans N/A	
Financial implications N/A	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? N/A	
Who is accountable for the implementation of the proposal / project? N/A	

**Update from the Finance and Investment Committee meeting held on 16th
October 2014**

Q2 2014/15 Financial Performance

The Committee reviewed the Trust's financial performance to 30 September 2014 and discussed the year end forecast. In response to questions from the non-executive directors, the Chief Finance Officer explained that changes in casemix had led to a reduction in income despite an increase in activity. The Chief Finance Officer also explained that the forecast was being built from a bottom up exercise, the details of which were being discussed at performance reviews.

External Environment and Benchmarking

The Committee discussed Monitor's Q1 report on the performance of Foundation Trusts, NHS England commissioning intentions for 2015/16 and a benchmarking review of other independent paediatric trusts for 2013/14.

Productivity and Efficiency Progress Report

The Committee reviewed P&E progress for the year and discussed planned P&E for future years. The non-executive directors noted that the split of P&E had in previous years been approximately 60% revenue and 40% cost savings, but the profile for 2015/16 showed the reverse; the Chief Finance Officer noted that income growth would be difficult to achieve in future years, in respect of both IPP and NHS income. The non-executive directors commented that delivery of savings was a multi-year challenge and requested a further update at the next meeting.

Productivity and Capacity Report

The Committee discussed a report showing productivity measures of demand and activity, asset utilisation and workforce for 2014/15 Q2.

IPP Business Case and Financial Review

The Committee reviewed the IPP business case and agreed to recommend a detailed work up to the Trust Board. The non-executive directors requested that the detailed work needed to include an estimate of the impact on working capital days.

Debtors and Stock Review

The Committee discussed the Trust's debt position and stock holding level. The non-executive directors suggested that the whole supply chain be reviewed.

Update on Capital Expenditure Plan

The Committee discussed the forecast level of capital expenditure for the year.

SLR/PLICS Deep Dive

The Committee discussed the 2013/14 PLICS data and reviewed specific high cost spells. It was agreed that a deep dive review of BMT would take place at the next meeting and a review of cardiac at the following meeting.

Energy Performance Audit

The Committee were informed that E.ON had pulled out of the Energy Performance Contract and agreed that any efficiency schemes to be taken forward should follow the usual governance route.

Digital Transformation OBC

The Committee were given an update on progress.

Trust Board 26 th November 2014		
Register of Seals		Paper No: Attachment 4
Submitted by: Anna Ferrant, Company Secretary		
Aims / summary Under paragraph 39 of the NHS Foundation Trust Standing Orders, the Trust is required to keep a register of the sealing of documents. The attached table details the seal affixed and authorised since end November 2013.		
Date	Description	Signed by
24/09/14	Postgraduate medical training verification form – training in the US	ME
15/10/14	Evaluation of post-graduate training periods undertaken abroad	CC
Action required from the meeting To endorse the application of the common seal and executive signatures.		
Contribution to the delivery of NHS / Trust strategies and plans Compliance with Standing Orders and the Constitution		
Financial implications N/A		
Legal issues Compliance with Standing Orders and the Constitution		
Who is responsible for implementing the proposals / project and anticipated timescales N/A		
Who is accountable for the implementation of the proposal / project Anna Ferrant, Company Secretary oversees the register of seals		