

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE MEMBERS' COUNCIL
Wednesday 27th January 2016
4:00pm – 6.30pm
Charles West Room, Paul O’Gorman Building

NO.	ITEM	Attachment	PRESENTER	TIME
1.	Welcome and introductions		Chairman	4:00pm
2.	Apologies for absence		Chairman	
3.	Declarations of interest		Chairman	
4.	Minutes of the meeting held on 25 th November 2015	1	Chairman	
5.	Matters Arising and action log	2	Chairman	4:10pm
6.	Charity Update on Evening Standard/ Independent appeal	Presentation	Director of Communications	4:15pm
PERFORMANCE				
7.	Chief Executive Report (Highlights and Performance)	3	Chief Executive & Executive Directors	4:25pm
8.	CQC Inspection Report	4 and Presentation	Company Secretary & Compliance & Governance Manager	4:50pm
REPORTS FROM BOARD COMMITTEES				
9.	Reports from Board Assurance Committees ¹ <ul style="list-style-type: none"> • Audit Committee Summary Report (18 January 2016) • Finance and Investment Committee Summary Report (25 January 2016) 	Verbal	Chairman of the Audit Committee Chairman of the F&I Committee	5:10pm
		Verbal		
GOVERNANCE				
10.	Outcome of the Chairman and NED Appraisal Process & Reappointment of the Chairman and a Non- Executive Director & Appointment of a non-executive director at Great Ormond Street Hospital for Children NHS Foundation Trust	5	Company Secretary	5:25pm

¹ Note: There has been no meeting of the Clinical Governance Committee since the November Council meeting

11.	Annual Forward Operational Plan 2016/17	6 and Presentation	Director of Strategy & Planning – Claire Newton	5:35pm
REPORTS FROM COMMITTEES INVOLVING COUNCILLORS				
12.	Updates from committees <ul style="list-style-type: none"> • Membership and Engagement Committee • Young Person’s Forum • Patient and Family Experience and Engagement Committee <ul style="list-style-type: none"> ○ Ipsos Mori Outpatient Survey 2014 Action Plan Update & Pals Report 	<p style="text-align: center;">7</p> <p style="text-align: center;">Verbal</p> <p style="text-align: center;">8</p> <p style="text-align: center;">9</p>	<p>Carley Bowman, Chair of MEC</p> <p>George Howell, Chair of YPF</p> <p>Chief Nurse</p> <p>Chief Nurse</p>	6:00pm
13.	Councillor activities	Verbal	All Councillors	6:25pm
14.	Any Other Business	Verbal	Chairman	6:30pm
15.	Meeting closes			

ATTACHMENT 1

DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING
25th November 2015
Charles West Boardroom

Baroness Tessa Blackstone	Chair
Mr Matthew Norris	Patient and Carer Councillors: Parents and Carers from London
Ms Mariam Ali	
Ms Claudia Fisher	Patient and Carer Councillors: Parents and Carers from outside London
Dr Camilla Pease	
Mrs Carley Bowman	
Mr George Howell	Patients outside London
Miss Sophie Talib	Patients from London
Miss Susanna Fantoni	
Mr Trevor Fulcher	Public Councillors: North London and the surrounding area
Ms Rebecca Miller* **	
Miss Mary de Sousa	
Mrs Gillian Smith	Public Councillors: South London and surrounding area
Mr Stuart Player	Public Councillor: The rest of England and Wales
Mr Rory Mannion	Staff Councillors
Reverend James Linthicum	
Ms Clare McLaren	
Dr Prab Prabhakar	
Mrs Jenny Headlam-Wells	Appointed Councillor: London Borough of Camden
Mr Muhammad Miah	Appointed Councillor: Great Ormond Street Hospital School

In attendance:

Mr Charles Tilley	Non-Executive Director
Mr David Lomas	Non-Executive Director
Ms Mary MacLeod	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Dr Peter Steer	Chief Executive
Ms Dena Marshall	Interim Chief Operating Officer
Dr Vinod Diwakar	Medical Director
Ms Juliette Greenwood	Chief Nurse
Mr Ali Mohammed	Director of HR and OD
Mrs Claire Newton	Chief Finance Officer
Ms Cymbeline Moore*	Director of Communications
Dr Anna Ferrant	Company Secretary
Ms Deidre Leyden	Membership Relationship and Engagement Manager
Ms Victoria Goddard	Trust Board Administrator

Ms Emma James	Patient Involvement and Experience Officer
Ms Kirsty Woodbridge	Stakeholder Communications and Marketing Manager
Ms Anna Bullock	Senior Brand Manager, GOSHCC
One member of the public	

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

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

64	Apologies for absence
64.1	Apologies were received from ; Mr Simon Hawtrey-Woore, Public Councillor; Mr David Rose, Public Councillor, Mrs Lisa Chin-A-Young, Patient and Carer Councillor; Mr Edward Green, Patient and Carer Councillor; Mr Stuart Player, Public Councillor; Miss Olivia Frame, Appointed Councillor; Professor Christine Kinnon, Appointed Councillor; Ms Hazel Fisher, Appointed Councillor and Ms Jilly Hale, Staff Councillor.
65	Declarations of Interest
65.1	No declarations of interest were received.
66	Minutes of the meeting held on 30th September 2015
66.1	The minutes of the previous meeting were approved subject to the following amendment:
66.2	Action: Minutes to be amended to note that the attendees present by telephone for part of the meeting were not able to join the entire meeting due to technical difficulties with the telephone for approximately 40 minutes.
67	Matters Arising and action log
67.1	Action: Minutes 63.2 – Mr Ali Mohammed, Director of HR and OD said that following discussion outside the meeting it had been agreed that the minutes of the Always Values Steering Group would be shared with the Members’ Council. Discussion took place around the sharing of the operational steering group minutes and it was agreed that these would not be shared due to their operational nature. Baroness Blackstone, Chairman said that as councillors did not play an operational role within the trust it was important that they were not overly burdened with operational information and were supported through the provision of adequate information and reports to provide their perspective on the performance of the Trust.
67.2	The Council noted the actions taken.
68	Chief Executive Report (Highlights and Performance)
68.1	Dr Peter Steer, Chief Executive gave an update on the following matters: <ul style="list-style-type: none"> • The story of Layla, a one year old patient who had received the world’s first

	<p>use of gene edited immune cells to treat ‘incurable’ leukaemia. The story had received international attention and was an indication of the high quality work which takes place at GOSH.</p> <ul style="list-style-type: none"> • The Trust was ahead of financial plan for 2015/16 to deliver an £11million deficit however the challenges of RTT were likely to have a financial impact. • The draft CQC report had not yet been provided. RTT information had been shared with the CQC and the Trust continued to work with Monitor and NHS England.
68.2	Mr Matthew Norris, Patient and Parent Councillor asked for a steer on the commonest causes of cancelled admissions and surgery and noted the number of complaints in this area. He asked what steps could be taken to better manage the expectations of patients and families in this regard.
68.3	Ms Dena Marshall, Interim Chief Operating Officer said that there was currently a lot of pressure on bed capacity, however following work to look at surgical cancellations it had been shown that one reason for cancellation was patient illness. She said further work was required to ensure that pre-operative assessment was working as optimally as possible. Another cause was patients and families not requiring the operation.
68.4	Dr Steer said that it was important to also consider the opportunity cost of cancellations at short notice which created waste. He added that it was vital to ensure that RTT work assessed all parts of patient flow to ensure that it was as efficient as possible. Ms Juliette Greenwood, Chief Nurse said that work was on-going to look at how to better engage with patients and families around the detail of their admission.
68.5	Ms Claudia Fisher, Patient and Carer Councillor highlighted a discussion that had taken place at the Patient and Family Engagement and Experience Committee (PFEEC) about the way in which appointment letters were drafted and the expectations of patients and families as a result.
68.6	Mr Trevor Fulcher, Public Councillor, noted the increase in the number of arrests and asked for further information about the drivers of this increase.
68.7	It was confirmed that the absolute numbers were small however Dr Vinod Diwakar said that learning had been identified following a review of arrests in the Trust. He said that 75% of arrests did not trigger the early warning system and it was important to ensure that system being used was appropriate. Dr Diwakar said that national work to look at early warning systems was due to be published and the Trust would look at the results of this prior to implementing any changes. It was added that the review of arrests had shown that parents and nurses’ instinct about whether a patient was at risk of arrest or deterioration was as important as an early warning score. It was confirmed that a report on arrests was provided to the Medical Director and Chief Nurse on a weekly basis.
68.8	Dr Prab Prabhakar, Staff Councillor highlighted IPP debtor days data which had increased to 6 months. He asked what measures were being taken to reduce this.
68.9	Mrs Claire Newton, Chief Finance Officer agreed that debtor days were the highest for some time but noted that the debt was held by well-established government

	bodies with a history of extremely low debt write off. She said that a detailed process took place to ensure the information to agree the debt was provided and visits were made and escalated where necessary.
68.10	Ms Fisher asked whether the issues with the Friends and Family Test (FFT) response rate, were symptomatic of wider data issues in the Trust.
68.11	Mrs Newton confirmed that this was an isolated incident resulting from the Trust taking too long to change processes following a change in the way the FFT response rate should be calculated.
68.12	Ms Juliette Greenwood, Chief Nurse said that although there was no national target for response rates, a discussion had taken place at Trust Board around ensuring there was a drive to improve completion rates on the wards. Ms Greenwood said it was also important to drive patient and family real-time engagement to enable the Trust to ask relevant questions.
68.13	The Council discussed the Trust's agency spend which had increased. It was confirmed that this reflected the additional staff required to support the access improvement programme. Mr Ali Mohammed, Director of HR and OD said that significant numbers of staff who were previously employed through agencies had been moved onto substantive contracts and the Trust continued to do well in employing staff through the GOSH bank rather than through agencies.
68.14	It was confirmed that an Electronic Patient Record Programme Director was now in post and an IT Director had been recruited and would be in post at the end of March 2016.
68.15	The Council noted the update.
69	Update on access improvement work
69.1	Ms Dena Marshall, Interim Chief Operating Officer said that good work continued to take place throughout the Trust to address data quality and improve systems and processes. An Interim Director of Information had been appointed on secondment from the Intensive Support Team who had been working to improve waiting list accuracy.
69.2	A large number of historic open pathways required validation and a number of staff had been appointed to support this, however there had been some slippage in the timelines agreed with NHS England and Monitor and the Trust was working to recover the position. Ms Marshall said that timelines on the treatment of long waiting patients had been agreed before there was clarity around the number of patients involved and therefore some patients would not be treated by the end of December 2015, as previously planned. However dates were being agreed for those patients in the new year at the earliest opportunity.
69.3	Ms Marshall said that work was being done to increase capacity where possible in order to treat long waiting patients such as opening additional space and running theatre lists at the weekend.
69.4	Work on access improvement had highlighted a significant mismatch between capacity and demand and commissioners were being asked to help source

	capacity in other organisations where possible. Work on business planning for 2016/17 would include discussions with commissioners on how to manage excess demand going forward.
69.5	Ms Marshall told the Council that the Trust was undertaking a broader data quality review and a separate review of cancer data.
69.6	It was confirmed that fortnightly tripartite meetings were taking place between GOSH, NHS England and Monitor and regular updates were being provided to the Clinical Governance Committee, Audit Committee and Trust Board.
69.7	Dr Peter Steer, Chief Executive said that staff were working extremely hard to ensure that patients could be treated and were safe. He said that there were currently around 12,000 patients on the patient tracking list (PTL) and approximately 1,800 who had been waiting over 30 weeks. The Clinical Review Group was monitoring where any patients had been clinically impacted by delays to treatment
69.8	The Council emphasised the importance of working to ensure that the focus remained on the impact on patients of the data issues.
69.9	A question was raised on behalf of Mrs Lisa Chin-A-Young, Patient and Carer Councillor who asked for a steer on the key areas of learning from the data quality issues.
69.10	Dr Steer said that a large number of Trusts nationally had received qualified audit opinions on their RTT data. Dr Steer said that an independent investigation was taking place to review the contributing factors and accountabilities and the report would be received in December 2015. He added that it was likely that the Trust's auditors would focus more closely on data in 2016/17. Dr Steer said that there would be significant additional costs involved in working to correct RTT issues however these were not yet clear.
69.11	Dr Prab Prabhakar, Staff Councillor queried whether any of the incorrect RTT data would have been used as a basis upon which to appraise or incentivise staff and would require correction.
69.12	Mr Ali Mohammed, Director of HR and OD said that consultants did quote activity data at appraisal, however there was no specific reward provided as a result.
69.13	Action: It was agreed that the internal communications information which had been provided to line managers for cascade to staff would be circulated to the Members' Council.
69.14	Mr Norris emphasised the importance of ensuring that patients were treated on the basis of need rather than waiting time. He queried how the Clinical Governance Committee and Audit Committee would be assured of this.
69.15	Baroness Blackstone, Chairman agreed that this was key and the Board had been clear that this must be the case.
69.16	Mrs Mary MacLeod, Non-Executive Director and Chair of the Clinical Governance Committee said that the Committee continued to receive thorough updates on

	progress particularly around the clinical review process. She said that Medical Director was keeping her informed of the impact on patients between meetings and there was a clear commitment to prioritising clinical need.
69.17	Mr Charles Tilley, Non-Executive Director said that the Audit Committee was overseeing the review of all data to ensure there was confidence in this. He added that the Committee had asked that work going forward was separated from the backlog of patients.
69.18	Mr Trevor Fulcher, Public Councillor queried the likely impact on the Trust's Monitor Governance Rating.
69.19	Dr Steer said that this would soon be reduced from green to 'under review – requiring further information'. He added that Monitor had been positive about the action being taken by the Trust.
69.20	It was reported that the impact that access improvement work would have on the Trust's CQC rating was not yet clear.
69.21	The Committee noted the update.
69.22	<i>Ms Rebecca Miller left the meeting.</i>
70	Evening Standard and Independent Appeal
70.1	Ms Cymbeline Moore, Director of Communications gave a presentation on the Evening Standard and Independent Christmas appeal which involved a large number of articles in newspapers along with coverage on one television channel.
70.2	Action: Ms Moore said that daily information on coverage could be provided and asked Councillors to let the Membership and Governance Manager know if they would like to receive this.
70.3	Action: Ms Claudia Fisher, Patient and Carer Councillor asked if the Young People's Forum would be mentioned by any articles in the appeal and it was agreed that this would be picked up with the Membership and Governance Manager outside the meeting.
70.4	Action: It was agreed that a letter of thanks would be sent from the Members' Council to the Communications Team for their work on the appeal.
71	Reports from Board Assurance Committees
71.1	<u>Audit Committee Summary Report (November 2015)</u>
71.2	Mr Charles Tilley, Chair of the Audit Committee presented the report which was taken as read.
71.3	Mrs Gillian Smith, Public Councillor noted that only 42% of respondents to the fraud and bribery awareness survey considered counter fraud controls within their area to be 'strong'. She asked what other responses have been provided.
71.4	Mrs Claire Newton, Chief Finance Officer said that the other categories were

	<p>'moderate' and 'weak' and added that she had asked the counter fraud team to provide a breakdown of areas who have provided negative feedback.</p>
71.5	<p>Mr Matthew Norris, Patient and Carer Councillor asked about the actions the Trust was taking around cyber security. He said that with the introduction of the Electronic Patient Record (EPR) it was vital to ensure that correct processes were in place.</p>
71.6	<p>Mr Tilley agreed that this was an extremely important issue and said that cyber security was on the agenda for the next meeting Audit Committee meeting. He added that the Audit Committee had asked for consideration to be given to providing independent oversight for the EPR programme. Mrs Newton said that a review had been undertaken of a number of security areas and the Trust was in the process of working through the recommendations.</p>
71.7	<p>The Council discussed business continuity and noted that following the recruitment of an Emergency Planning Officer, significant improvement had been made in this area. It was reported that a live test had taken place in November 2015 and learning was being collated. A major incident had been declared on 21st November 2015 following a power outage which had also tested emergency plans.</p>
71.8	<p><u>Clinical Governance Committee Summary Report (October 2015)</u></p>
71.9	<p>Mrs Mary MacLeod, Chair of the Clinical Governance Committee said that the committee scrutinised regular reports on the access improvement projects and medical cover out of hours as well as updates on the review which had taken place of the Gastroenterology Service. The Committee had received an update on processes to improve the quality impact assessments for productivity and efficiency schemes which had not previously been robust. It had been noted that the Medical Director and Chief Nurse were reviewing all schemes for quality assurance processes. It was confirmed that patient stories would continue to be received regularly by the Committee.</p>
71.10	<p>Mrs Carley Bowman, Patient and Carer Councillor noted the increase in bed closure requests. She asked for a steer on the reasons for this increase.</p>
71.11	<p>Ms Dena Marshall, Interim Chief Operating Officer said that the process for approving bed closures had been tightened and each closure required sign off from the Interim Chief Operating Officer and would only be agreed as a result of patient acuity.</p>
71.12	<p>The Council discussed the Gastroenterology Review and Dr Vinod Diwakar, Medical Director said that the initial external review had recommended that the review of two particular conditions were conducted within three months however this would not be possible primarily due to the availability of specialists for the review panel. Dr Diwakar said that a review of 40 cases would be completed by Christmas and any required action would be taken following this.</p>
71.13	<p>The Members' Council noted that the play service was discussed at the CGC meeting and they highlighted the importance of this service. They said that there must be a continued emphasis on the importance of play even at times with continued capacity constraints. It was noted that the importance of play had been discussed as part of the Evening Standard and Independent Christmas Appeal.</p>

71.14	The Members' Council thanked Ms MacLeod for her excellent work in leading the Clinical Governance Committee.
71.15	<u>Finance and Investment Committee Summary Report (November 2015)</u>
71.16	Mr David Lomas, Chair of the Finance and Investment Committee said that the committee would continue to look at the cost of the access improvement programme and reported that the current forecast was to end the year roughly on plan which would be a significant achievement.
71.17	The Committee reviewed IPP debt levels and confirmed that although debts were often slow to recover, debt write off levels were low and the judgement had been made that the value of IPP was greater than its associated risk.
71.18	The Committee discussed the Trust's high cost base compared with other NHS organisations and noted that it was driven by being in central London and a high drugs bill in association with GOSH's unique case mix. Mr Lomas said that the Trust looked at benchmarking data which was provided, anonymised by the Trust's internal auditors who also worked with a number of other NHS organisations.
71.19	Action: It was agreed that the Committee agenda would be provided with the update for future meetings.
72	Updates from committees
72.1	<u>Membership and Engagement Committee</u>
72.2	Mrs Carley Bowman, Patient and Carer Councillor said that the Committee was focusing on opportunities for Councillors to engage with their constituents and meet new members. She said that an events calendar for Councillor attendance would be circulated to the Council shortly.
72.3	The Committee was also involved in work to improve AGM attendance and tender for a membership database.
72.4	The Committee thanked the Membership and Governance Manager for her work on membership.
72.5	Ms Claudia Fisher, Patient and Carer Councillor encouraged Councillors to take part in opportunities to recruit and engage members both within the hospital and externally.
72.6	<u>Young Person's Forum (YPF)</u>
72.7	Mr George Howell, Chair of the YPF said that the forum had been looking at food in the Trust and had emphasised the importance of ensuring meal times were appropriate for young people who were inpatients. It was also important for food to reach wards while it was still hot and looked appetising. Mr Howell added that the YPF was engaging in work being done to look at the use of social media in the Trust.

73	Patient and Family Experience and Engagement Committee
73.1	Ms Juliette Greenwood, Chief Nurse presented the report.
73.2	Action: Mr Howell welcomed the Councillor and parent walkrounds which were taking place and asked if patients would be able to join these. It was agreed that Ms Greenwood would look into this.
74	Councillor activities
74.1	Mrs Gillian Smith, Public Councillor said that she had attended a number of membership engagement and recruitment events and emphasised the importance of councillors engaging with potential members who were keen to be involved.
74.2	Ms Fisher said that she and Ms Mariam Ali, Patient and Carer Councillor had been involved with work on the redevelopment design brief in readiness for its submission for tender. Ms Ali added that she had taken the redevelopment team on a tour around the BBC building to share experiences of the extensive redevelopment that had taken place there.
74.3	Ms Fisher said that a positive meeting of the food group had taken place in October which had looked at ensuring meal times on wards were appropriate and extended opening hours for the lagoon.
75	Developing the Annual Plan 2016/17
75.1	Mrs Claire Newton, Chief Finance Officer said that the annual planning process had not yet been announced by Monitor however submission deadlines were expected to be earlier than in previous years.
75.2	It was noted that as in previous years, the Council would be involved in selecting an indicator to be reviewed by the auditors as part of the Quality Report although this would be done by email as Monitor guidance had not yet been issued.
76	PALS report
76.1	Action: It was agreed that the complaints report presented to the public Trust Board would also be provided to the Council at future meetings.
76.2	The Council discussed the issue of telephone calls made to teams being unanswered and potentially outsourcing the phone lines. Dr Steer said that this was a key, long standing issue based on both performance and resource. He said that a significant investment had been made in outpatient administration but there was a clear need to balance clinical and administration staff. He added that this had also been highlighted as part of the work around the Gastroenterology Service. It was noted that outsourcing telephone lines often created its own issues.
77	Appointment of University College of London, Institute of Child Health representative on the GOSH Board of Directors
	<i>Professor Rosalind Smyth, Non-Executive Director left the meeting.</i>
77.1	Dr Anna Ferrant, Company Secretary said that the constitution allowed the Trust to

77.2	<p>recognise its important relationship with UCL. She confirmed that Professor Smyth's reappointment had been recommended to the Council by the Members' Council Nominations and Remuneration Committee.</p> <p>The Council approved the reappointment of Professor Smyth.</p> <p><i>Professor Smyth rejoined the meeting.</i></p>
78	Chairman and Non-Executive Directors Appraisal Process
78.1	Dr Ferrant said that the focus of the Chairman and Non-Executive Director appraisals was in line with the previous year.
78.2	Ms Fisher highlighted the requirement for the Members' Council to 'periodically review the effectiveness of the process' in the event that a Foundation Trust had already developed its own process. She queried the regularity of this review.
78.3	Dr Ferrant said that the process had been amended and developed a number of times and this was on-going each year.
78.4	Action: It was agreed that the Chairman's objectives would be amended to include mention of the Members' Council under team working.
78.5	The Council approved the process, subject to the above amendment.
78.6	Action: It was agreed that the objectives would be reviewed following the January meeting of the Members' Council to ensure they were SMART, particularly around the 'measurable' criteria.
79	Any Other Business
79.1	There were no items of other business.

ATTACHMENT 2

MEMBERS' COUNCIL - ACTION CHECKLIST
January 2016

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
23.10	24/06/15	It was agreed that the action plan arising from the outpatient experience survey would be considered by the Members' Council in quarter 4 of 2015/16.	JG	January 2016	On agenda
53.4	30/09/15	It was agreed that Mr Clarke would give a presentation to the Members' Council in January about the background and guiding principles of IPP activity at GOSH. It was suggested that the presentation should give information about areas of the Trust that particularly benefitted from IPP income.	TC	Deferred to April 2016	This item has been deferred to the April 2016 Council meeting due to the Mr Trevor Clarke, Director of IPP being required to attend a meeting in Dubai
66.2	25/11/15	Minutes to be amended to note that the attendees present by telephone for part of the meeting were not able to join to the full meeting due to technical difficulties with the telephone for approximately 40 minutes.	AF	January 2016	Actioned
67.1	25/11/15	Mr Ali Mohammed, Director of HR and OD said that following discussion outside the meeting it had been agreed that the minutes of the Always Values Steering Group would be shared with the Members' Council	AM	January 2016 and on-going	Noted and ongoing
69.14	25/11/15	Access Improvement: It was agreed that the internal communications information which had been provided to line managers for cascade to staff would be circulated to the Members' Council.	CM	December 2015	In progress
70.2	25/11/15	Ms Moore said that daily information on coverage could be provided and asked Councillors to let the Membership and Governance Manager know if they would like to receive this.	All Councillors	December 2015	Actioned

Attachment 2

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
70.3	25/11/15	Ms Claudia Fisher, Patient and Carer Councillor asked if the Young People's Forum would be mentioned by any articles in the appeal and it was agreed that this would be picked up with the Membership and Governance Manager outside the meeting.	CM & DL	December 2015	Actioned
70.4	25/11/15	It was agreed that a letter of thanks would be sent from the Members' Council to the Communications Team for their work on the appeal.	Deirdre Leyden	January 2016	Actioned
71.19	25/11/15	It was agreed that the Finance and Investment Committee agenda would be provided with the update for future meetings.	AF	January 2016 and on-going	Noted and ongoing – on agenda
73.2	25/11/15	Mr Howell welcomed the Councillor and parent walkrounds which were taking place and asked if patients would be able to join these. It was agreed that Ms Greenwood would look into this.	JG	January 2016	Verbal Update
76.1	25/11/15	It was agreed that the complaints report would also be provided to the Council at future meetings.	JG	January 2016 and on-going	Noted and on-going – Q3 report on agenda
78.4	25/11/15	It was agreed that the Chairman's objectives would be amended to include mention of the Members' Council under team working.	AF	January 2016	Actioned
78.5	25/11/15	It was agreed that the objectives would be reviewed following the January meeting of the Members' Council to ensure they were SMART, particularly around the 'measurable' criteria.	AF	April 2016	Not yet due

Members' Council

27th January 2016

Chief Executive Report – January 2016

Summary & reason for item:

This performance highlight report covers the following areas:

- Chief Executive Highlights Report
- Performance Report (December 2015)
 - Targets and Activity
 - Quality and Safety
 - Workforce
 - Finance

Councillor action required:

Members' Council to note the highlights and performance for the period.

Report prepared by:

Peter Steer, Chief Executive and Anna Ferrant, Company Secretary

Item presented by:

Peter Steer, Chief Executive and the Board

Chief Executive Report – January 2016

This report provides a summary of the issues, highlights and Trust performance since the previous report to the Members' Council in November 2015.

Chief Executive Highlights Report

Executive Restructure

The CEO has agreed changes to the executive team as outlined in **Appendix 1**. Work is also underway to consider our operational structure. Executive team changes are outlined below.

Rachel Williams (Chief Operating Officer) and Cathy Cale (previously Interim Co-Medical Director) have resigned. Claire Newton has resigned from her post as Chief Finance Officer (CFO) and has accepted a contract as Director of Strategy and Planning for six months. We have appointed a new CFO, Loretta Seamer who will join us in April 2016. Dr. Shankar Sridharan has been appointed our Chief Clinical Information Officer (CCIO) and

The rationale for the restructure and further operational review is to maximise the clinical and operational synergies across clinical specialties; facilitate more integrated, coordinated ways of working across pathways of care (and reduce silos); improve the speed and effectiveness of decision making 'Board to ward' and 'ward to Board'; improve the quality, effectiveness and timeliness of care we provide for children, young people and their families and carers; and, leverage the investment made in clinical leadership across medical, nursing and AHPs.

CQC Report

We are pleased with overall rating of 'good' and there is a lot to be proud of. We recognise that there are areas for improvement identified, which we had indeed identified ourselves and are already addressing. A report is provided in the Council papers. The most significant issue (as raised with the council at a previous meeting) is the system and process for handling data in relation to RTT. As outlined in this report, we are making good progress in cleaning up data, changing operational processes, treating long-term patients and assessing harm.

100,000 Genome

The first children to receive a genetic diagnosis through the 100,000 Genomes Project have been given their results at Great Ormond Street Hospital (GOSH), part of the North Thames Genomic Medical Centre (NTGMC.)

The results, which pinpoint changes in different single genes as the cause of two previously undiagnosed conditions, come from the first wave of families recruited as part of the pilot phase of the project. These patients came from across the UK, some travelling long distances in order to take part in the rare genetic disease aspect of the pilot, which was led by GOSH.

Attachment 3

As well as removing a large amount of uncertainty for the families, the results stand to have a major impact on many areas of their lives including future treatment options, social support and family planning. They also have the potential to help many more children with undiagnosed conditions who may be tested for these genetic mutations early on and be offered a diagnosis to help manage their condition most effectively. These first diagnoses were celebrated with significant media attention, including hospital visits by the Minister for Life Sciences, George Freeman, the Chief Scientist at Genomics England, Professor Mark Caulfield and NHS England Chief Scientific Officer, Professor Sue Hill.

Junior Doctors' Strike

Junior doctors nationwide voted to take industrial action for 24 hours from 8am on 12 January. All of our staff are worked hard to minimise the impact of this national action on our patients. Emergency and urgent care was not affected. The parents/ carers of patients whose appointments needed to be rearranged were contacted by telephone. As of 20th January 2016, the second planned strike period has been called off and negotiations continue.

Chancellor of the Exchequer Visit

On 15th December, the Chancellor of the Exchequer George Osborne visited Great Ormond Street Hospital (GOSH) to announce a new £800 million boost to biomedical research through the National Institute for Health Research (NIHR). He was joined by the Secretary of State for Health Jeremy Hunt, Mayor of London Boris Johnson and Chief Executive of NHS England Simon Stevens for the announcement.

During their time in the hospital, the visitors went behind the scenes in one of GOSH's cutting-edge laboratories, which is open 24 hours a day to ensure our patients always have access to critical laboratory results. The labs the Chancellor, Secretary of State and Mayor visited form part of the GOSH NIHR Biomedical Research Centre (BRC), the only research centre of its kind specialising in paediatrics.

Evening Standard/ Independent Appeal

We have reached and gone beyond the £2.5million mark in Evening Standard/Independent appeal. Further information will be provided during the meeting.

Other issues evolving between the date of this report and the meeting will be addressed verbally at the meeting.

Performance Update – December 2015

Targets and Activity

Access Improvement Update

Good work continues across the whole organisation in respect of rectifying our RTT data quality issues, improving our operational systems and processes and treating our longest waiting patients. We continue to have excellent engagement from all the clinical and corporate teams.

The report attached at **Appendix 2** updates the Members' Council on key activities over the last eight weeks and performance against key milestones.

Friends and Family Test (FFT)

All inpatient, day case and diagnostic areas within GOSH have initiated FFT. There are additional FFT stations within the Lagoon and the Patient Hotel. The Patient Transport team will launch FFT once the electronic FFT database has been completed as required by NHS England. Since FFT commenced at GOSH in April 2014 the number of responses has reached over 16,100.

The overall percentage of inpatients 'likely to recommend' for Quarter 3 2015/16 is as follows:-

- The inpatient percentage 'likely to recommend' has remained consistently above the Trust target of 95% with 98.4% in October, 97.9% in November and 98.5% in December 2015.
- The Outpatient Percentage to recommend has also remained consistently above 95% with 97% in October, 98% in November and 96% in December.

The response rate for inpatient and day case areas is as follows for Quarter 3 2015/16 is as follows:-

	October 2015	November 2015	December 2015
Number of patients eligible for FFT	3268	3125	2845
% Response Rate	18%	21%	19%

We recognise that our response rate is significantly below the current trust target of 60%. Organisational pressures such as RTT have impacted and diverted resources within all divisions. There has been significant work already carried out in the areas with low response rates and we are looking to expand our pool of survey volunteers to support this further. It is important to note that the inclusion of day cases has increased the number of patients eligible for FFT significantly. The denominator increased from 1264 to 2697 when day cases were added in September 2015, (113% increase).

Number of complaints in period

The Trust received 9 formal complaints in December 2015 and one of these was graded as a red complaint, in line with the Trusts complaints policy.

Attachment 3

Due to the small number of complaints received in December it was not possible to identify any trends. The quarter 3 Trust Complaints Report is attached at **Appendix 3**.

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.

Hospital Acquired Infections

In December the Trust reported no cases of C.Difficile, assigned in patients aged two and over, tested on third day or later, leaving the total year to date cases recorded at 2 in 15/16

These cases were not attributed to lapses of care outlined in the assessment criteria from Monitor and agreed with NHS England.

No cases of MRSA were recorded in December. All episodes of positive blood cultures are reported to the DH via the HCAI submission site as bacteraemias and each case is discussed in detail with NHS England. There has been one case of MRSA reported in the year to date, attributed to an International Private Patient.

Two cases of E. Coli were reported in December following 48 hours of admission, taking the year to date total onset in Hospital to 9 cases in 15/16.

One case of MSSA were reported in December following 48 hours of admission, taking the year to date total onset in Hospital to 6 cases in 15/16.

Inpatient and outpatient activity

Following an increase in November across all activity types: spells, outpatients and ITU bed days, December has seen a downturn in volume. Consequently the year to date position remains in line with last month: spells remain fractionally below target, as do outpatients, whilst ITU bed days are above target.

Quality and Safety

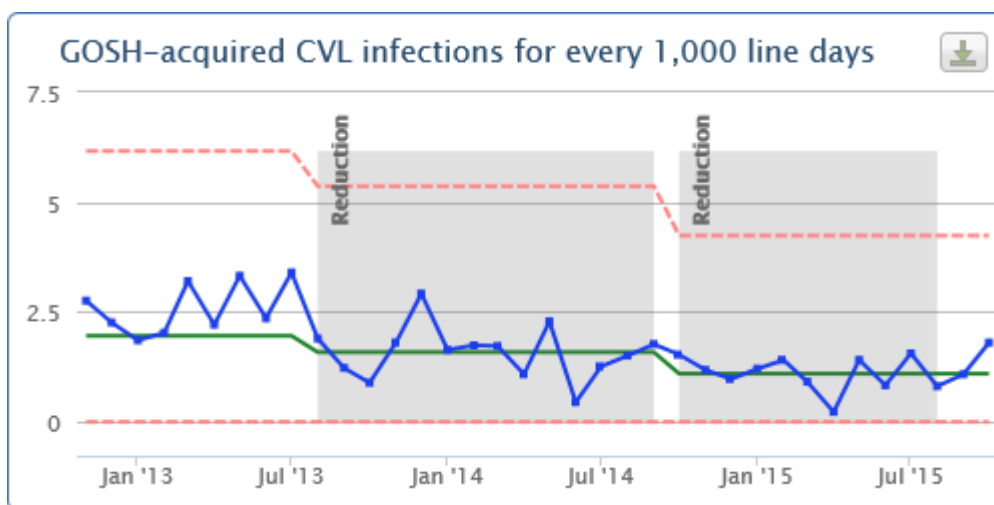
Serious Incidents (Standard 1 of the Quality strategy)



Trend: Performance is unchanged with all data points inside of the control limits. There has been no statistical change in the number of SIs – we are still running at 2 per month.

Comment: Serious incidents are a barometer of how the organisation is performing as well as an opportunity for the organisation to learn. On average we have a serious incident every 15 days. The aim should be to increase the number of days between a serious incident. The process of investigation and learning also will require some attention. The Safety team is exploring ways to improve processes so that learning can occur. The monthly Safety meeting assess the learning from each incident.

Central venous line infections (Standard 3 of the Quality Strategy)

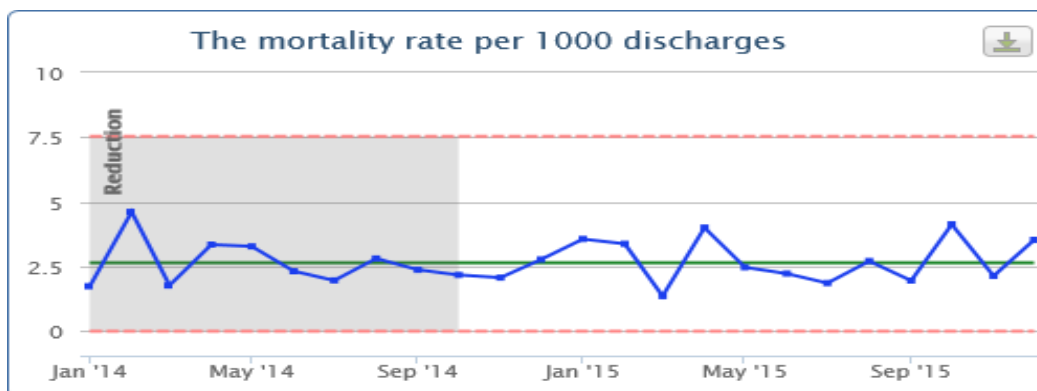


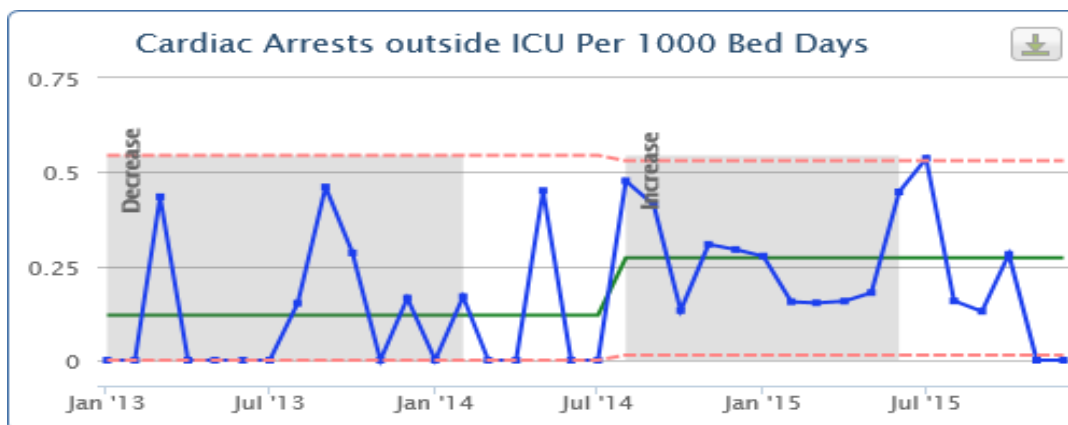
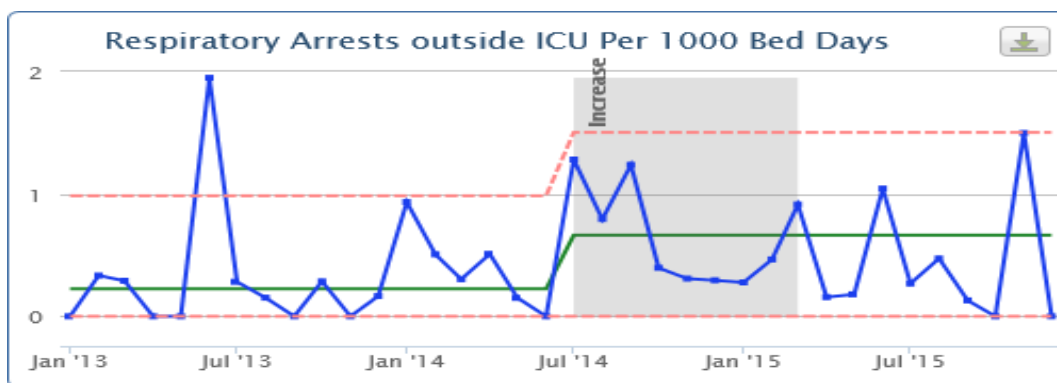
Aim: To make statistically significant reductions in the rate of CVL infections.

Trend: There has been a reduction in the CVL infection rate which was seen to have started in October 2014 and has subsequently been sustained.

What's going well: The rate remains low at 1.0/1000 line days in September was observed. Rates of line infection within surgery are reducing. CVL infections are a proxy for how the organisation addresses hospital acquired infections. GOSH (B) continues to be a leader in the field in the UK. For detail go to <http://www.mistuk.org/>

Mortality and Deterioration (Standard 6 of the Quality Strategy)





Aim:

- To make reductions in the mortality rate
- To decrease the number of potentially avoidable cardiac and respiratory arrests

Trend: The current rate is 2.5 deaths per 1000 discharges with no change. This is to be expected with the current case mix.

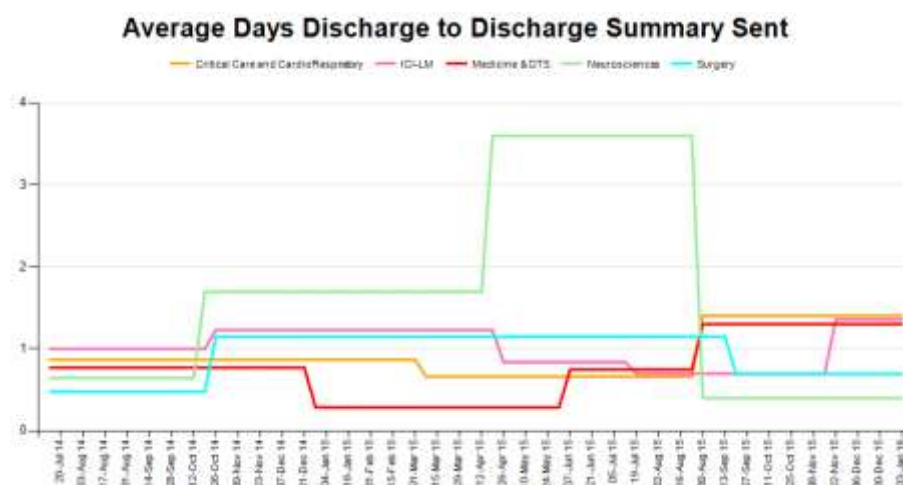
- Cardiac arrests – zero in November and December (both special causes)
- Respiratory arrests – November and December both special causes (on the upper and lower control limits) ie wide variation

What's going well: We study every death via the mortality review to see if there are specific causes. Unexpected deaths are reviewed. We study every deterioration and arrest within 24 hours. We plan to look at potentially avoidable deterioration in greater detail as defined in the report on deterioration.

What's not going well: Mortality has been constant and we do not anticipate a change; however we study each death to ensure that there is no missed opportunity for improvement.

What action is being taken: The integrated programme of ePSAG, Safety Huddles and handover aims to decrease the number of potentially avoidable cardiac and respiratory arrests.

Discharge summary completion (Standard 7 of the Quality Strategy)



Aim: To make statistically significant reductions in the time taken to complete a discharge summary.

Trends: There have been recent changes in the time from discharge to sending the summary for:

- ICI-LM up from 0.7 to 1.4 days
- Surgery down from 1.1 to 0.7 days

Interpretation: This is a process that will require frontline ownership in order to be sustainable. The data shows that there are some problems sustaining improvements after the project has ended, though there may be the December effect. Clinical teams will be requested to ensure that the improvements made are maintained.

ICI-LM chose to delay in order that consultants could check that the junior doctor summaries were accurate and complete.

Workforce

Contractual staff in post

GOSH decreased its contractual FTE (full-time equivalent) figure by 22 in December to 3741. The decrease reflects the continuing focus on workforce control.

Sickness absence

Sickness absence has decreased slightly to 2.5% and remains significantly below the London average figure of 2.8%. Short-term sickness (STS) (episodes of sickness up to 4-weeks) has decreased slightly across the Trust to 1.3% (down from 1.4% - following implementation of new sickness policy and management tools for supporting the Trust manage absence effectively) whilst long-term sickness has remained at 1.2%.

Turnover & Vacancy Rate

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 16.5% (unchanged in comparison to November); this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) has increased – currently at 19% in December (+0.3% from November). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers).

The reported unfilled vacancy rate has increased to 5.5% in December.

Agency usage

Agency usage for 2015/16 (year to date) stands at 2.61% of total paybill; this has now exceeded the 2014/15 (at 2.5%) outturn and is expected to further increase. The significant increase to agency spend (as percentage of paybill) is largely driven by the investment of validators to support the RTT project works and also a number of senior interims in the organisation. Clinical & Medical operations retains the highest spend on agency staff at 22.9% of total paybill (rising). Slight increases to Finance & ICT agency spend (+0.7%) whilst decreases to International (-0.4%) and Estates & Facilities (-1%).

PDR completion rates

PDR completion rates The Trust overall appraisal rate stands at 68% - a decrease of over 18% since April. This has been calculated using the new PDR framework calculation (linking increments to performance outcomes). Currently only one directorate is meeting the target of 95%, Human Resources & Organisational Development. The PDR rate increased to its highest rate in April 2015 (at 84%) based on the revised calculation linking increments to performance.

Finance

The Trust is reporting a deficit - excluding capital donations - of £(3.3)m for the first nine months of 2015/16 which is £5.0m favourable to plan and an improvement of £0.3m in the last month. Earnings before Interest, Taxes, Depreciation and Amortization (EBITDA) for the first nine months are £14.7m which is £4.5m favourable to plan. EBITDA in the month of October was £0.4m, which was £0.3 better than plan. See **Appendix 4**.

The reasons for the positive variance are primarily:

- An adverse variance on NHS and other Clinical Revenue which is largely caused by lower elective activity.
- The adverse variance on pass through income is offset by a matching reduction in costs
- Private patient income is £5.8m above plan.

Attachment 3

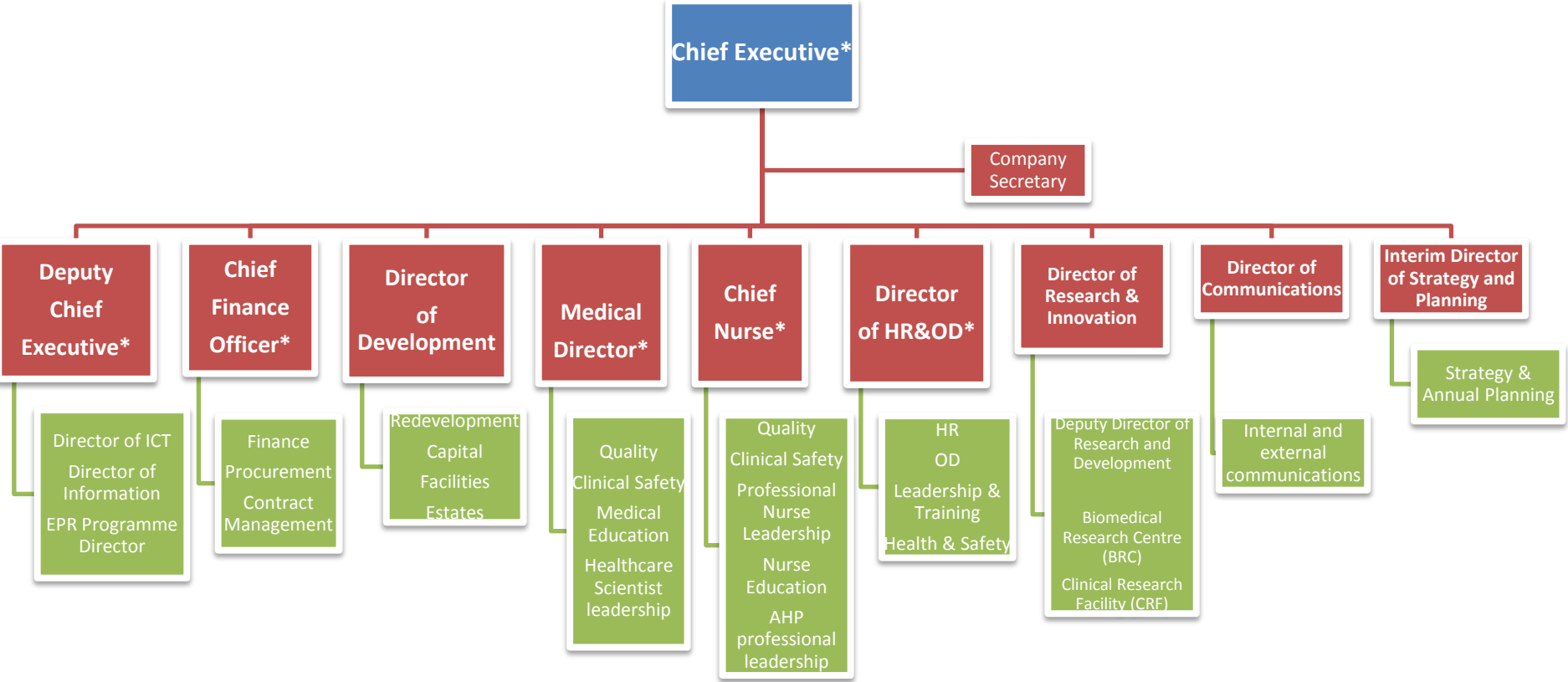
- Total employee expenses is £1.9 million above plan due to agency costs for data validation work in the Trust and higher than planned locum costs for Junior Doctors to cover rotas where training posts have recently been lost
- Non pay excluding pass through is £5.0m below plan due to the pass through costs noted above, the lower elective activity levels noted above and non-recurrent savings by Divisions.

Cash is ahead of plan due to the under spend on Trust funded capital and the positive EBITDA variance.

The Debtor position of the Trust has improved in early January with 2 significant payments received against older debts.

The variance in Income and Expenditure Margin as a percentage of income measures the Trust's planning accuracy. The favourable variance to plan exceeds the tolerances for this target which has resulted in a rating of 2 in this area at the end of December 2016. The Trust is forecasting that this will return to a rating of 4 by the end of this financial year. This element has not affected our overall rating at the end of December 2016.

GOSH Executive Structure – January 2016



*denotes voting Trust Board member

GREAT ORMOND STREET HOSPITAL FOR CHILDREN

REFERRAL TO TREATMENT (RTT) UPDATE

JANUARY 2016

Introduction

Good work continues across the whole organisation in respect of rectifying our RTT data quality issues, improving our operational systems and processes and treating our longest waiting patients. We continue to have excellent engagement from all the clinical and corporate teams.

This report updates the Trust Board on key activities over the last eight weeks and performance against key milestones.

Patient Tracking Lists (PTL)

Our interim Director of Information & Performance is continuing to work on ensuring that our active waiting list is accurate.

The Trust now has a robust PTL in place with total visibility of all patients who have been referred since 1st October 2015. This has increased the overall size of the PTL to c.9,000 pathways (from c6,200).

We continue to work on reducing waiting times for our patients, through treating the longest waiting patients.

Excellent progress is being made to reduce waiting times in radiology.

Validation

The validation of the open pathways commenced on 30th November 2015.

A validation plan with trajectories, plan assumptions and milestones for validating each identified cohort has been developed and submitted to NHSE and Monitor.

Owing to the delays to recruitment (previously reported) it is unlikely that the validation will be completed before September 2016.

Clinical Review

The internal clinical review panel (CRP) process is now well established. This group

Attachment 3

Appendix 2

has the primary role of overseeing the review of patients who have waited longer than the nationally required wait times to provide assurance and rigour that the length of time any patient has waited has not been clinically disadvantageous to her/ him.

The panel has been meeting weekly for four months. No moderate/high harm has been identified via the panel.

The commissioners have established an external clinical review panel. Two meetings have been held (November, December 2015). The processes and outcomes of the internal panel are discussed at this meeting. The commissioners have been satisfied that our processes are robust, and panel decisions appropriate.

Performance against plan

The clinical teams have worked very hard to accommodate their longest waiting patients.

All of these actions mean that for all long waiting patients identified on the PTL as at 1 November 2015 will have been treated by end of February 2016, with the exception of those patients waiting for services which we have highlighted to the Commissioners require pausing owing to capacity constraints at GOSH, and those patients who have chosen a date outside the 30 week milestone standard.

Capacity

We have transferred a small number of patients to alternative providers where this is clinically appropriate to do so.

The initial outputs of the work we have been undertaking on demand and capacity will be available for presentation to the Board at the end of January 2016 and with other stakeholders in February 2016.

Data Quality Review

The data quality review is underway and we expect to receive the final report in February 2016. An interim update has been provided to Audit Committee in January 2016.

Communications Plan

We have agreed with Monitor and NHS England, a comprehensive communications plan use with internal and external stakeholders. This plan has been approved by our local Access Improvement Board and shared with NHS England and Monitor.

Training

The Trust is implementing its training strategy which includes the roll out e-learning for staff. The roll out has commenced and will be completed by April 2016.

Governance and assurance

Our internal Access Improvement Board meets fortnightly to track progress against our Improvement Plan. This chaired by the interim Chief Operating Officer and includes Executive Directors, Clinical Directors and General Managers.

The clinical review panel meets weekly, chaired by the Medical Director.

We continue to update Monitor and NHS England of progress against our improvement plan and the key milestones via the fortnightly tripartite meetings, chaired by the interim Chief Operating Officer.

IST Review

Given that it is approximately eight months since the original RTT diagnostic review was completed, the Trust has invited the IST to undertake an 'interim review' of progress related to RTT recovery.

Whilst the Trust is fully aware there is still much work to do, this interim review will provide assurance of the progress, as well as highlighting if the future direction of the recovery programme is appropriate. This has been planned for mid-February.

Summary

Significant progress is being made on a number of fronts.

The key risks that we continue to work on are:

- the completion of the validation of the open referrals
- the capacity (beds and theatres) required to continue to maintain the 18 week access standard

A further update on RTT improvement will be available at the next meeting.

Dena Marshall
Interim Chief Operating Officer
January 2016

Complaints Report

Quarter 3 (2015-2016)

1.0 Summary of key points

The key points identified from this report are:

- 32 new formal complaints were received this quarter
- 1 new complaint was graded as red in quarter 3 compared to 5 in the previous quarter
- Themes reported by families within their complaints include poor communication within teams and families, delays in care and treatment due to cancelled admissions, surgery and outpatient appointments.

2.0 Number of formal complaints received by the Trust

The Trust saw the number of formal complaints received this quarter decrease by 27% compared to last quarter. In addition, there was a 20% decrease in the number of formal complaints received in quarter 3 this year compared to quarter 3 last year.

Trends for the number of formal complaints received since January 2011.



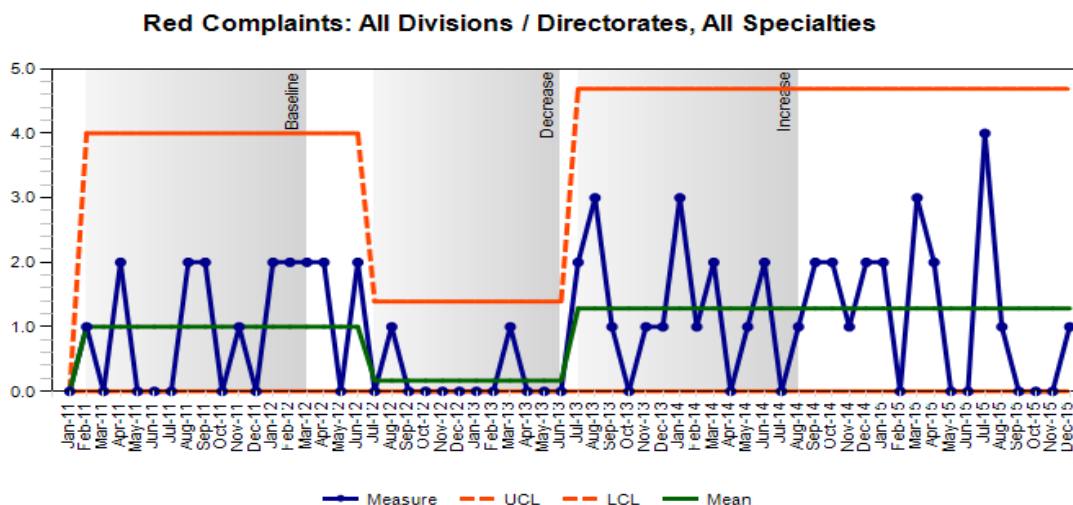
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3.0 Number of complaints received by division, speciality and grading

Division	Speciality	Count	Grading
Cardio Respiratory Services	Cardiology	2	Low
	Critical Care	4	Low
	Pulmonary Hypertension	1	Low
	Respiratory Medicine	2	Low
ICILM	Clinical Genetics	1	High
	Dermatology	1	Low
IPP	Rheumatology	1	Low
	IPP	2	Low
MDTS	Gastroenterology	1	Low
	Gastroenterology	2	Low
	Radiology	1	Low
	Metabolic Medicine	1	Low
	MRI	1	Low
	Pharmacy	1	Low
Neurosciences	Physiotherapy	1	Low
	Social Work	2	Low
	CAMHS	3	Low
	Neurology	2	Low
Surgery	Outpatients	1	Low
	Audiology & Cochlear	1	Low
	General Surgery (SNAPS)	1	Low

Red (high risk graded) complaints - severe harm to patient or family or reputation threat to the Trust.
 Amber (medium risk graded) complaints - lesser than severed but still poor service, communication or quality evident.
 Yellow (low risk graded) complaints - minor issues or difference of opinion rather than deficient service.

3.1 Trends for Red Complaints



3.2 New Red Complaints

There was 1 new red complaint received in quarter 3 (please see brief description below)

Brief Description	Reference & Speciality
<p>The adult patient raised concerns about the advice given by the North East Thames Regional Genetics Service and the subsequent impact of this on a delay to surgery. The patient has recently been diagnosed with cancer, for which they are now receiving treatment.</p> <p>The investigation is currently underway and the outcomes will be reported following completion.</p>	15/112 Clinical Genetics

The outcomes and learning from red complaints can be found in the red complaints report. This information is also presented to Trust Board.

4.0 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	9	29502.73	0.305	28.5%
Surgery	2	42888.25	0.047	4.4%
Neurosciences	6	25731.35	0.233	21.8%
ICI-LM	3	34336.01	0.087	8.2%
Cardio-respiratory Services	9	47290.54	0.190	17.8%
IPP	3	14476.93	0.207	19.4%
Totals:	32	194225.81	0.165	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.

5.0 Complaints closed within the agreed timescale

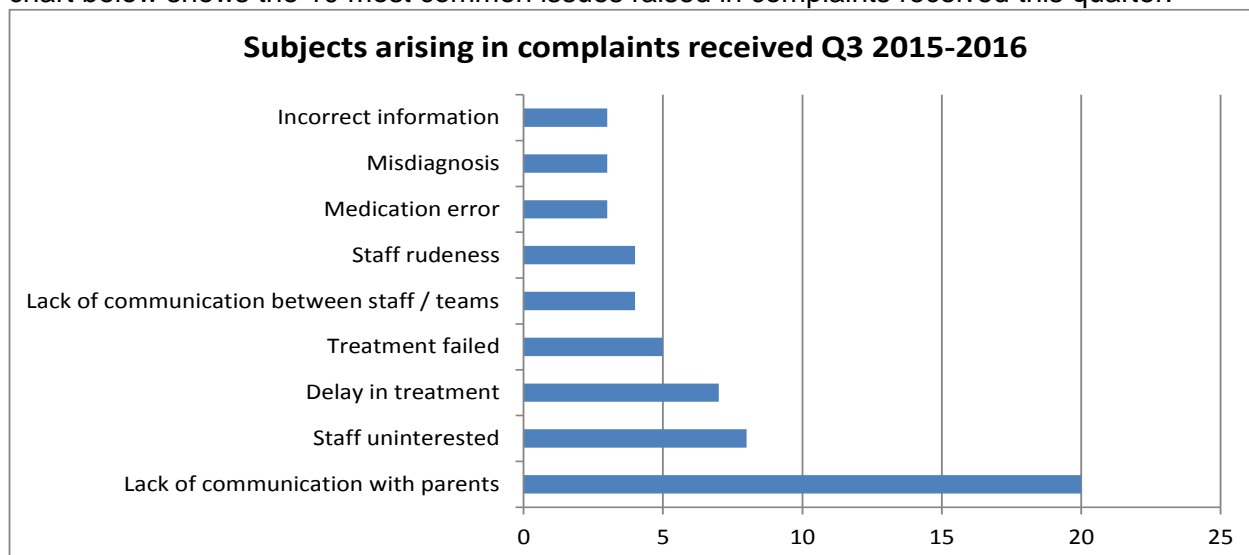
There were 42 complaints closed this quarter. The Complaints Team received 36% of the draft responses on time from the divisions. All families were kept informed and advised of the reasons for the delay in being sent the completed investigation response; new timescales were

discussed and agreed with the family. 64% of complaint responses were completed and sent to the complainant within the timescale agreed.

6.0 Trend analysis of complaints received in Q3

6.1 Issues raised in complaints

Some complaints raise multiple issues regarding a number of services and specialities. The chart below shows the 10 most common issues raised in complaints received this quarter.



6.2 Themes in complaints

Delay in care and treatment

This continues to be a theme in complaints raised in quarter 3. Concerns regarding cancelled surgery and admissions were raised in 13% of all complaints received this quarter. 10% of complaints also raised concerns regarding cancelled outpatient appointment. More specifically families raised concerns that these cancellations have caused delays in the care and treatment for their child.

Trust Values and One Team – Communication

The Trust now logs each subject raised within complaints against one of the Trust's values. One aim of this is to provide more meaningful data and to try and identify more specific communication issues. This data is provided in the table below.

34% of the subjects raised this quarter were linked to the 'One Team – Communication' value. These included concerns regarding a delay in answering communication, via telephone and e-mail, and scheduling of appointments. Several complaints also raised issues with communication between teams within the Trust such as, miss-communication between Recovery and Ward staff, lack of cross communication when scheduling appointments which require input from multiple teams.

Value	Number	Percentage
One Team - Communication	27	34%
Expert - Excellence	15	19%
Expert - Safe	10	13%
One Team - Listening	9	11%
Helpful - Reliable	5	6%
Welcoming - Friendly	5	6%

Welcoming - Reduce waiting	3	4%
Expert - Professional	2	3%
Helpful - Helps others	1	1%
One Team - Involve	1	1%
Welcoming - Respect	1	1%

Trust Always Value- Expert and Excellence

The Trust's 'Expert – Excellence' value was highlighted in 19% of complaints received in quarter 3. A number of these included concerns regarding families feeling not listened to when asking for the team's clinical and expert opinion about their child's diagnosis/health. Work is underway in the Trust to include families concerns in the Safety Huddle discussions and also through NERVECENTRE.

7.0 Learning from complaints

Detailed below are examples of complaints which have resulted in actions being implemented by the teams involved to ensure that the issues raised in complaints are addressed. These cases are added to an 'actions log' and followed up by the Complaints Team to ensure that the agreed actions have been implemented and are effective.

Complaint reference: 15/050

Details of complaint:

Patient was due to undergo a procedure at GOSH however this was cancelled at short notice due to the required ultrasound not be arranged

Actions taken

- Within the pre-operative assessment (POA) team there is now a daily review of patients flagged as 'action outstanding' and require further medical input
- Families will be contacted a week prior to the scheduled procedure date if there are outstanding actions which may delay the procedure
- The EDM record will have an 'updates' column to enable the daily reviews and chasing actions to be viewed and tracked

Complaint reference: 15/077

Details of complaint:

Patient was due to have a steroid implant inserted however the procedure was cancelled at short notice as the required device had not been ordered.

Actions taken

- The input co-ordinator will communicate with the Pharmacy Manager via e-mail twice weekly to highlight any planned procedures and required medications
- The Ophthalmology team now has the full allocation of Fellows in post and therefore all Theatres are being resourced which will allow for the timely completion of prescriptions required for scheduled procedures.
- The admission co-ordinator and CNS responsible for the lists will liaise with Pharmacy one week in advance to ensure that prescriptions has been written and ordered. This is an additional check to prevent cancellation of procedures due to lack of medication or equipment

Complaint reference: 15/099

Details of complaint:

Patient suffered a prolonged seizure during telemetry testing as there was a delay in obtaining rescue medication

Actions taken

- Prior to the Telemetry tests commencing, nursing staff will ensure that the required seizure rescue medications are prescribed on the paper and electronic systems to ensure that staff are clear regarding the management plan for the patient

- If the rescue medication/intervention is not working, this will be promptly escalated to senior staff and the plan will be revised
- Staff have been reminded to record parental concerns regarding medication and to ensure that this is taken in to consideration
- All staff on the Ward will undergo further training on emergency seizure management and escalation

8.0 Re-opened complaints

Seven complainants wrote back to the Trust to raise additional questions or to take up the offer of a meeting.

Ref	Reason for dissatisfaction	Action taken
14/145	The family's concerns were investigated as an SI and the family asked additional questions regarding what happened and the action plan.	A meeting has taken place with the staff involved to discuss the family's concerns and questions
14/125	The family have requested a written letter from the consultant confirming what they had discussed previously.	The Consultant is writing a letter and has offered to meet with the family.
15/051	Parent requested a meeting to talk through the complex clinical care	Local complaint resolution meeting held with the parent, advocate and clinical team.
15/058	The parent wished for clarification regarding the content within the complaint response.	Meeting offered and further response provided.
15/094	Parent has asked for further clarification and assurances.	A further response is being provided.
15/039	Parent remains dissatisfied that her child's diagnosis was not changed following the complaint review.	A meeting has been offered.
15/036	Parent raised additional questions following a local strategy meeting.	Further review and response shared.

9.0 Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and 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.

9.1 New cases

Ref	Case details	Update
14/110	The parents raised concerns regarding the care and treatment provided whilst on the ICU. They also raised concerns regarding the surgical procedure and queried whether their child's death could have been avoided.	PHSO have confirmed the scope of their investigation and requested the patients records and complaint file.

9.2. Update on cases with the Ombudsman

Ref	Case details	Update
12/041	Family raised concerns about the care given to the patient and the decisions of the clinical team.	The PHSO have asked the Trust to reconsider the decision not to pay the family financial compensation. A meeting has been requested by GOSH to try and come to a resolution.

9.3 Cases closed this quarter

Ref	Case details	Update
14/103	Concerns were raised by the parent regarding the clinical care. More specifically that it took a number of attempts to insert a butterfly needle.	The PHSO concluded that the Trust had fully investigated the complaint and there were no concerns. Case closed and not upheld.
13/025	Complaint about the care and treatment provided during an admission, including concerns about consent and staff attitude	The PHSO concluded that the Trust had fully investigated the complaint and there were no concerns. Case closed and not upheld.
13/078	Family raised concerns that their child's health became worse under the care of GOSH.	The PHSO concluded that the Trust had fully investigated the complaint and there were no concerns. Case closed and not upheld.

Great Ormond Street Hospital for Children NHS FT - Summary Financial Performance Report. 9 Months to 31 December 2015

~ The Trust is reporting a deficit of £3.3m -excluding capital donations - for the first nine months of 2015/16, which is £5.0m favourable against the year to date plan. This is an improvement of £0.3m over the month eight YTD position.

~ EBITDA is £14.7m year to date, and is £0.4m in month nine. Year to date EBITDA is £4.5m better than plan and this represents 5% of income. In month EBITDA is £0.3m better than plan.

* NHS income (excluding pass through) is below plan by £1.1m, which is due to the net effect of underperformance in surgery offset by income from the prior years contract settlement and improved tariffs.

* Private patient income is £5.8m above plan to date and in Month 9 overperformed its plan by £1.7m.

* Pay is now £1.9m worse than plan, £0.8m of which was the in month variance.

* Non pay excluding pass through is £3.2m below plan. This is due to lower NHS activity, there are underspends in a number of areas.

~ Cash is ahead of plan due to the under spend on Trust funded capital, and the positive EBITDA variance

~ P&E is forecasting to deliver £8-9m by the year end once the value of schemes are adjusted for risk and delays in scheme delivery. Non-recurrent underspend are expected to provide some mitigation for the PE performance.

~ International debtor levels are higher than planned due to the higher level of activity and delays in payment. Meetings are taking place with all major debtors.

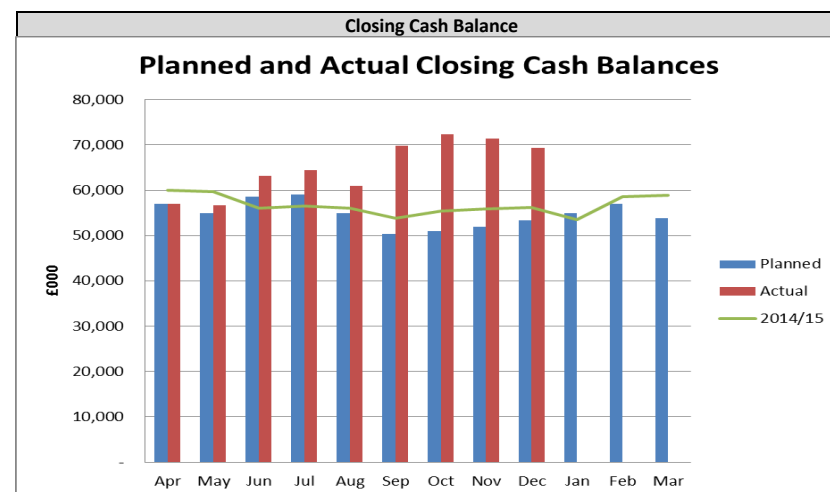
I&E	Current Month			Current Year Year to Date			YTD Prior Year Year to Date		RAG Rating Current Year
	Budget	Actual	Variance	Budget	Actual	Variance	Actual	Variance	
	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	2014/15	CY vs PY	
NHS & Other Clinical Revenue	19.6	18.7	(0.9)	183.7	182.6	(1.1)	183.8	(1.3)	R
Pass Through	4.8	4.7	(0.1)	42.6	40.7	(1.8)	36.6	4.1	
Private Patient Revenue	3.2	4.9	1.7	31.6	37.4	5.8	32.5	4.9	G
Non-Clinical Revenue	3.8	3.2	(0.6)	32.7	31.3	(1.4)	35.6	(4.2)	R
Total Operating Revenue	31.4	31.5	0.2	290.6	292.0	1.4	288.5	3.5	
Permanent Staff	(17.7)	(16.5)	1.2	(159.6)	(147.6)	12.0	(144.3)	(3.3)	
Agency Staff	(0.0)	(0.9)	(0.9)	(0.2)	(4.3)	(4.1)	(4.2)	(0.0)	
Bank Staff	(0.2)	(1.3)	(1.1)	(1.4)	(11.2)	(9.9)	(11.0)	(0.2)	
Total Employee Expenses	(17.9)	(18.7)	(0.8)	(161.2)	(163.1)	(1.9)	(159.5)	(3.6)	R
Drugs and Blood	(0.9)	(1.0)	(0.0)	(8.5)	(7.9)	0.6	(8.7)	0.8	G
Other Clinical Supplies	(3.2)	(3.1)	0.1	(28.7)	(28.2)	0.5	(28.0)	(0.2)	G
Other Expenses	(4.4)	(3.7)	0.6	(39.4)	(37.4)	2.0	(36.1)	(1.2)	G
Pass Through	(4.8)	(4.7)	0.1	(42.6)	(40.7)	1.8	(36.6)	(4.1)	
Total Non-Pay Expenses	(13.3)	(12.4)	0.9	(119.2)	(114.2)	5.0	(109.5)	(4.7)	
EBITDA (exc Capital Donations)	0.2	0.4	0.3	10.1	14.7	4.5	19.5	(4.8)	G
Depreciation, Interest and PDC	(2.1)	(2.1)	0.0	(18.4)	(18.0)	0.4	(18.5)	0.6	
Net (Deficit)/Surplus (exc Cap. Don. & Ir)	(2.0)	(1.7)	0.3	(8.3)	(3.3)	5.0	0.9	(4.3)	G
EBITDA %	0.5%	1.4%		3.5%	5.0%				
Estimated impairments									
Capital Donations	4.3	1.5	(2.8)	27.1	18.3	(8.8)			

Key Performance Indicators					
KPI	Annual			Forecast	Rating
	Plan	Q3 Plan	YTD Actual		
Liquidity	4	4	4	4	G
Capital Service Coverage	3	3	4	4	G
I&E Margin	4	4	4	4	G
Variance in I&E Margin as % of income	4	4	2	4	R
Overall	4	4	4	4	G

Statement of Financial Position	31 March 2015 Actual	31 Dec 2015 Planned	31 Dec 2015 Actual
	£m	£m	£m
Non-Current Assets	372.9	401.7	386.7
Current Assets (exc Cash)	56.3	62.0	56.9
Cash & Cash Equivalents	58.9	53.3	69.3
Current Liabilities	(47.9)	(58.4)	(57.0)
Non-Current Liabilities	(6.7)	(6.3)	(6.4)
Total Assets Employed	433.5	452.3	449.5

Capital Expenditure	Annual Plan	31 Dec 2015 Planned	31 Dec 2015 Actual
	£m	£m	£m
Redevelopment - Donated	37.6	23.5	16.2
Medical Equipment - Donated	2.9	2.1	1.8
Estates - Donated	0.0	0.0	0.0
ICT - Donated	2.0	1.5	0.0
Total Donated	42.5	27.1	18.0
Redevelop& equip - Trust Funded	9.9	8.5	5.7
Estates & Facilities - Trust Funded	4.9	3.3	0.8
ICT - Trust Funded	5.0	4.5	2.7
Total Trust Funded	19.8	16.3	9.2
Total Expenditure	62.3	43.4	27.2

	31-Mar-15	30-Nov-15	31-Dec-15	RAG
NHS Debtor Days (YTD)	25.53	6.71	4.50	G
IPP Debtor Days	130.73	172.32	191.40	R
IPP Overdue Debt (£m)	6.36	11.05	12.30	R
Creditor Days	33.00	30.77	38.20	A
BPPC - Non-NHS (YTD) (number)	88.3%	85.2%	85.3%	A
BPPC - Non-NHS (YTD) (£)	91.8%	87.8%	88.1%	A



Members' Council

27th January 2016

Care Quality Commission (CQC) Report Update

Summary & reason for item:

To provide the Council with an update on the findings of the 2015 scheduled CQC inspection and on the actions underway to address the formal findings and informal opportunities for improvement identified in the report. A summary report is attached.

A Quality Summit will be organised by the CQC in February 2016, inviting key stakeholders to discuss the report and actions taken by the Trust. The Trust must finalise a plan outlining the actions it will take in response to the CQC's requirement notice and areas for improvement and send this to the CQC within one month of the quality summit date (once this takes place). Accountable leads for each action have been identified and responses and timeframes are being reviewed and agreed. It is intended that a final draft of the action plan will be taken to the February Trust Board meeting for approval.

Councillor action required:

To note the update provided.

Report prepared by:

Rachel Pearce, Compliance and Governance Manager

Item presented by:

Anna Ferrant, Company Secretary and CQC Nominated Individual

Care Quality Commission Report Update

Background:







The Care Quality Commission (CQC) conducted a scheduled acute hospital inspection between 14 and 17 April 2015, with further unannounced inspections occurring between 1 and 3 May 2015.

Results and Recommendations

A summary report is provided below and the full quality report is available online –

http://www.cqc.org.uk/sites/default/files/new_reports/AAAE1574.pdf

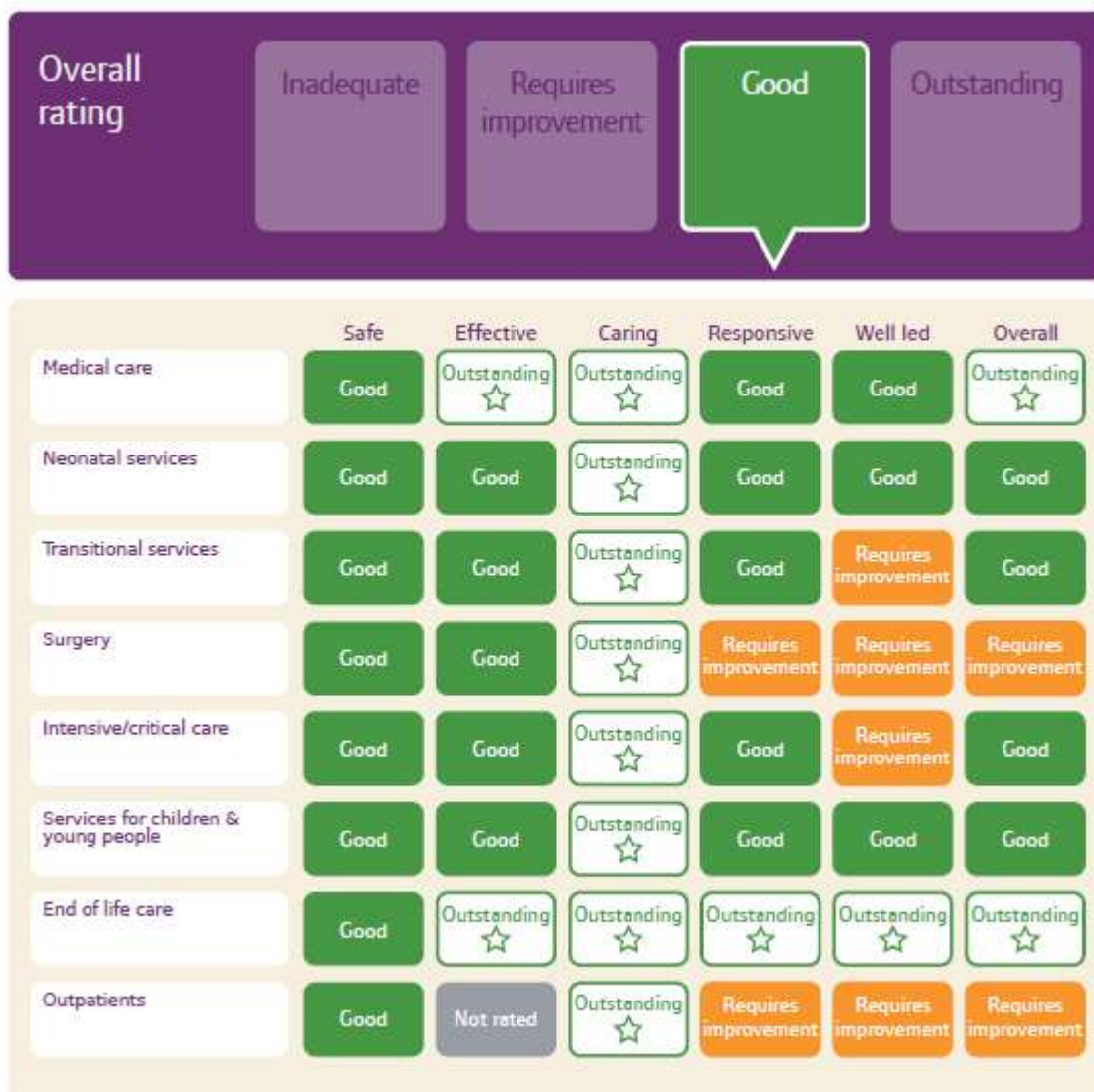
Based on evidence collected at the inspection, information provided by the Trust and the CQC's own intelligence, the Trust was rated as 'Good' overall. The overall rating is calculated based on consideration of the CQC's five questions, as outlined in the diagram below.

Overall rating for this trust		Good 
Are services at this trust safe?	Good	
Are services at this trust effective?	Outstanding	
Are services at this trust caring?	Outstanding	
Are services at this trust responsive?	Requires improvement	
Are services at this trust well-led?	Requires improvement	

The CQC assessed eight 'core services' across the Trust. As demonstrated by the diagram below, two services were rated as 'Outstanding' (medical care and end of life care), four services were rated as 'Good' (critical care, neonatal services, child and adolescent mental health services and transitional services) and two services were rated as 'Requires Improvement' (surgery and outpatients and diagnostic imaging).

The report identified a number of areas of outstanding practice including:

- Patient and parent involvement and the degree of compassion and respect demonstrated by staff.
- Commitment to continually improve the quality of care and innovate.
- An open and transparent culture including good duty of candour. This approach was seen with parents and patients when apologies and support were offered and corporately through the reporting and investigation of incidents.
- The refurbished or rebuilt facilities. These were seen as modern, extremely child friendly and conducive to excellent patient care.



While there were areas of outstanding performance, areas for action and improvement were also identified in the report as follows:

- One formal requirement notice was issued, to address a fundamental (governance) standard not currently being met around the Trust’s capacity to effectively assess, monitor and mitigate risks, which was prompted by the RTT issues identified since the inspection (please see Attachment 2, item 1 for this action).
- The report also identified areas for improvement that the Trust ‘must’ and ‘should’ action (please see Attachment 2 , items 2 – 9), including information management (which is linked to the RTT data issues already being worked through), staff training and redevelopment.
- To ensure the Trust considers all opportunities for improvement, the Trust is also considering all negative comments or observations included in the report for management consideration and action, as required.

The Executive team has circulated the final report to all staff across the Trust. A series of internal communication initiatives are underway to acknowledge the many areas of outstanding practice highlighted in the report and note the areas for improvement.

Next Steps:

A Quality Summit will be organised by the CQC in February 2016, inviting key stakeholders to discuss the report and actions taken by the Trust.

The Trust must finalise a plan outlining the actions it will take in response to the CQC's requirement notice and areas for improvement and send this to the CQC within one month of the quality summit date (once this takes place). Accountable leads for each action have been identified and responses and timeframes are being reviewed and agreed. It is intended that a final draft of the action plan will be taken to the February Trust Board meeting for approval.

DRAFT - Preliminary responses to CQC Report (as at 19 January 2016)

No	Chapter	Page ref	Theme	Action/ Statement in CQC report	Initial response and action taken by the Trust	Overseeing Assurance Committee/s
1	Requirement notice	Pg 130	Other - risk and governance	<p>Below outlines the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.</p> <p>The provider was not complying with Regulation 17 2 (a) (c) and (f). Systems were not sufficiently established or operated effectively to ensure the provider was able to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk, which arise from carrying on of the regulated activity because:</p> <p>1) Irregularities were discovered in the trust's management and recording of referral to treatment practice and data over several years meaning that the data was unreliable. This affected mainly but not uniquely the surgical and outpatient and diagnostic divisions.</p> <p>2) The trust and also local divisions had not managed referral to treatment efficiently and the inefficiencies had not formally been picked up and managed and remedied at both local division and trust level.</p> <p>3) At the same time the trust had not managed access to treatment for all patients in a consistent way in accordance with its own access to treatment policy.</p>	<p>The Trust has embarked on a significant transformation programme related to the delivery of elective care across the organisation. This includes both the RTT and cancer standards. This programme of work is being lead by the Chief Operating Officer (COO), with nine specific workstreams related to the requirements of the IST reports received by the organisation to address the findings. These workstreams have their own dedicated leads who report to the COO (as SRO) for the project through the fortnightly internal Access Improvement Board that has been established, as well as a fortnightly Tripartite meeting with external stakeholders, including Monitor and NHS England. The nine dedicated workstreams are Training, Data Systems & Processes, Validation, Clinical Review Group, Operational Delivery & Waiting List Management, Radiology, Policies & Procedures, Communications and Cancer. Each of these workstreams has multiple actions which are then monitored through a centrally held Action Plan. The timeframe for the completion of these actions vary considerably based on the actions required, however the Trust anticipates that the work to correct the issues identified and embed change into the organisation will be on-going throughout the remainder of 2016 and onwards. For example, the Trust is undertaking a considerable validation exercise related open referrals on its patient administration system (PAS) and this will not be completed until September 2016 at the earliest. As such the Trust will not be able to recommence reporting against the RTT standards until after this date.</p>	AC and CGC
2	Areas for improvement - Actions that MUST be taken	Pg 128	Other	Resume WHO checklist audits in surgery	<p>This has been completed.</p> <p>WHO checklist audits have taken place since the CQC inspection. An observational audit of the WHO checklist was undertaken and the results shared with the Theatres and Risk Action Group in October 2015 . The audit showed a good level of performance with the WHO Checklist. The key findings are outlined below.</p> <ul style="list-style-type: none"> • Components of the checklists were completed in 100% of the surgeries observed, and was completed entirely in 17/40 (43%) surgeries. • The average percentage of the checklist completed was 92.98%. • The most poorly performed component of the Surgical Safety Checklist was checking for any new members since team brief, which only 29 of the 40 surgeries did. The reasons for this may be that no new members of staff were present since the team brief, although this should still be verbalised during time-out. <p>A meeting has arranged with the Clinical Audit Manager, head of Nursing and key clinicians to plan a meaningful way of auditing the quality of the WHO checklist in 2016-17.</p>	CGC

DRAFT - Preliminary responses to CQC Report (as at 19 January 2016)

No	Chapter	Page ref	Theme	Action/ Statement in CQC report	Initial response and action taken by the Trust	Overseeing Assurance Committee/s
3	Areas for improvement - Actions that MUST be taken	Pg 128	Transition	Ensure that there are clear arrangements for reporting transition care service performance to the Board	<p>The Chief Nurse is leading work to respond to the CQC's 'must do' action to implement arrangements for transition care services reporting to the Board, along with a number of other comments about transition services included in the report. A comprehensive plan will be provided to Trust Board in due course, but is expected to include:</p> <ol style="list-style-type: none"> 1. Work to define what the 'transitional care' service is / will be at GOSH and agree and set our minimum standards through to best practice (informed by external & peer work). For example by age 14 all eligible young people will have commenced on the transition pathway / all young people over the age of X will be offered the option of meeting with their consultant / CNS / AHP at their outpatient appointment without their parent / carer 2. Undertake internal scoping with the HoCS / CNS / AHP to confirm the current status of each individual speciality against a minimum data set & ultimately the GOSH standards (point 1) 3. Identify and agree key metrics to report against from 'Ward to Board' 4. Establish a robust process for reporting of key metrics from 'Ward to Board' that demonstrate current status and progress of improvements 5. Establish a Programme of Care to lead on the delivery of our quality service improvement work for adolescent care. This will be sponsored by the Chief Nurse as the Executive Lead for 'Transition', but delivered through the planned Divisional Programme of Care approach (under development) 6. Through the Young People's Forum we will support and enable work to scope out best practice with other Young People's Forums (across the Children's Hospital Alliance) to inform & delivery of the programme of care 	CGC
4	Areas for improvement - Actions that MUST be taken	Pg 128	Work processes, access and flow	Ensure that its RTT data and processes are robust and ensure that staff comply with the trust's patient access policy in all cases.	<p>The Trust has embarked on a considerable programme of work to improve the data systems and processes in place to support RTT delivery. The IST review completed highlighted that the reporting solution in place related to RTT was not in-line with guidance. The Trust has embarked on a considerable work to re-write the scripts related to RTT reporting and these went live at the end of December 2015, with further testing required in early January. The Trust will now move to the new reporting solution from 22nd January 2016 and therefore the Trust is then confident that the reporting solutions in place are robust going forward. This logic will apply to all referrals received by the organisation from 1st October 2015 onwards, with any referrals that pre-date this point will need to be managed through the validation process. An interim Access Policy was redrafted following the review in October 2015, with a further one due in February 2016.</p>	AC and CGC

DRAFT - Preliminary responses to CQC Report (as at 19 January 2016)

No	Chapter	Page ref	Theme	Action/ Statement in CQC report	Initial response and action taken by the Trust	Overseeing Assurance Committee/s
5	Areas for improvement - Actions that MUST be taken	Pg 128	Staffing and Training	Ensure greater uptake of mandatory training relevant to each division to reach the trust's own target of 95% of staff completing their mandatory training.	<p>In relation to mandatory training, the following actions have been agreed.</p> <ul style="list-style-type: none"> • Implement the changes in the refresher training schedule agreed by the Trust's Executive Team in October 2015 which reschedules a number of updates from 2 yearly to 3 yearly. • Establish a multidisciplinary task-and-finish group, co-chaired by the Assistant Director of Organisation Development and the Director of Medical Education and consisting of representatives from main staff groups to oversee work on review and compliance. • Through this group, which will report to a newly convened Education Board jointly chaired by the Director of HR&OD, Chief Nurse and Medical Director, agree a risk-based matrix to establish priority areas for improved compliance in existing training. This may include, for example, identifying key staff groups/departments/subjects in which there is greatest risk in non-compliance. Consider implementing a RAG rating for compliance, and incremental targets to build to 95%. • Over a 6-12 month period, review all subjects which currently make up the GOSH statutory and mandatory training programme. In conjunction with subject matter experts, develop clear criteria that set out the reason for the training and frequency (for those subjects which are GOSH-specific); content and delivery mechanisms; quality indicators; outcome and audit; regular review. • Establish a clear set of responsibilities and escalation mechanisms to ensure compliance is sustained. 	CGC
6	Areas for improvement - Actions that MUST be taken	Pg 128	Trust Culture (CC, nursing)	Ensure that, particularly in critical care, communication between senior nurses and senior medical staff is enhanced and that the contribution of nursing is fully reflected in the hospital's vision.	<p>Whilst recognising the issues raised in the CQC report, it should be noted that since the review, the Divisional Head of Nursing has been established (was in post for <2 months at the time of the review), two of the four Lead Nurses (PICU and NICU) are new in post and there are now have 4 Heads of Clinical service (PICU, NICU, CICU and CATS) in post as well. To strengthen the relationships between all the teams and improve communications between teams the following actions have occurred: strengthened the critical care board with all new leaders meeting monthly, have a monthly critical care forum with consultants, senior nurses and allied professionals and a strong parent representative, the Head of Nursing meets the lead nurses monthly, the general manager is meeting the lead nurses and heads of clinical service for each area monthly. The Divisional Director will meet the Heads of Clinical service on a one to one every 2nd month.</p> <p>In response to this report an extra-ordinary Critical Care Board Meeting (with all new leaders) was held on 14 Jan 2016 to discuss this issue. This group is intended to focus their away day on 5 Feb 2016 (with the senior nursing and medical teams) to discuss these issues raised by the CQC and to come up with an action plan. The key items on the agenda for this day are to discuss communication and relationships between senior nurses and doctors as well as to relook at the vision for the critical care division, including the nursing vision. A more detailed plan will be able to be provided after this away day. An external mentorship programme for the Heads of Clinical service has also been introduced. The incoming Head of Leadership for GOSH will be tasked with working with nursing and medical leaders in critical care to support senior team development using diagnostic and OD techniques to build on existing approaches.</p>	CGC

DRAFT - Preliminary responses to CQC Report (as at 19 January 2016)

No	Chapter	Page ref	Theme	Action/ Statement in CQC report	Initial response and action taken by the Trust	Overseeing Assurance Committee/s
7	Areas for improvement - Actions that SHOULD be taken	Pg 128	Redevelopment and Environment	Ensure early improvements in the environments of wards which have not been refurbished, rebuilt or relocated.	<p>The CQC report specifically commented on the need to consider the small treatment rooms on Starfish ward, and the subsequent challenges associated with manoeuvring a hoist or a resuscitation trolley in the case of an emergency. In response, a review has commenced of the treatment areas to explore any environmental changes within the areas or if there are any other suitable areas for storage to improve the circulation space for manoeuvring equipment within the treatment rooms. This review is expected to be completed by April 2016.</p> <p>The report also referenced the environment on Rainforest ward, including the cramped area, challenges around ensuring privacy and the number of toilets available. In response, an additional toilet and shower facility has been provided within the area for patients/parents (1 toilet and 1 shower). However, Rainforest will be moving to OBW as part of the moves associated with the opening of the new PICB building in 2017, this will significantly improve the environmental condition for the Rainforest ward</p>	AC and CGC
8	Areas for improvement - Actions that SHOULD be taken	Pg 128	Staffing and Training	Standardise radiation protection training for junior radiologists to overcome inconsistencies caused by short rotations.	<p>A register of radiology trainees will be created to record the date and nature of their most recent radiation protection training. This will allow the Trust to identify any potential deficiencies in training and address them. A process of compiling a printed induction manual for rotating radiology trainees is also underway, which will include radiation protection information. This will reinforce the existing training for these junior doctors. This is anticipated to be completed by the end of March 2016.</p> <p>The Head of Radiology Training will regularly review the register and ensure that all trainees have documented their training. The induction manual will be reviewed annually.</p>	CGC
9	Areas for improvement - Actions that SHOULD be taken	Pg 128	Other	Develop a dedicated advocacy service for its Child and Adolescent Mental Health service (CAMHS).	<p>The CAMHS team have commenced investigating options to identify the most appropriate response to this action. Possible advocacy organisations are being approached and work to finalise a budget to pay for the potential services is underway. An alternative option being considered is to identify an 'advocate' from another unit (eg a nurse from another child's psychiatric unit) and a GOSH nurse to provide 'advocacy' for their unit. The effectiveness and affordability of both options are being explored fully and it is intended the preferred response will be in place by March 2016.</p>	CGC

Members' Council

27th January 2016

Annual Forward Operational Plan 2016/17

Summary & reason for item:

To engage with Members Council on the development of the Forward Operational Plan for 2016/17.

Overview

At the November meeting we outlined the process and timetable for developing the Forward Plan for 2016/17 and agreed that we would work with the Members Engagement Committee to develop a survey in order to canvass the views of Members.

Since that meeting NHS England and Monitor have issued Annual Planning Guidance which includes setting some specific priorities for all NHS Trusts and also set an interim deadline for a draft plan to be submitted by February 8th with a final plan being submitted by 11th April.

We have also discussed with members of the Engagement Committee some key topics which we suggest form the basis of the survey to Members with the view of the survey being sent out and returned by mid-February.

Attached to this cover sheet is:

- an update on the Planning Process;
- the requirements set by NHS England and Monitor which influence the content of the GOSH Plan and
- the proposed refreshed strategic priorities which will determine deliverables within the one year Plan.

An update will be provided at the meeting, by the Members Engagement Committee, on the items which we proposed to include in the Members' Survey.

Item presented by:

Claire Newton, Interim Director of Strategy and Planning

Councillor action required:

1. To discuss the key strategic objectives and priorities
2. To note that the Members survey will be followed up through the Members Engagement Committee prior to submission of the Final Plan

Forward Plan 2016-17

Brief for Members Council 27th January 2016



Items covered in this presentation

- Planning timescales
- External influences
- NHSE Strategic planning requirements
- Our refreshed Strategic Objectives and proposed priorities for 2016/17



Timescales

- One year operating plan – draft early Feb; final early April
- Three Year Strategy to Board in March
 - fully integrated with one year operating plan submission to NHSI in April (*“NHS Improvement” – formerly Monitor*)

In addition:

- A Five year Strategy to be completed in conjunction with other stakeholders by end of June for submission to NHSI



External Influences

- Funding challenges across the Sector
- NHSE planning guidance
- NHSE Specialised Commissioning Strategy
 - Rare Diseases strategy
 - Personalised Medicine Strategy
- Locally determined Specialised Commissioning Priorities
 - London Cancer Task Force Review
 - NHSE The New Congenital Heart Disease Review



NHSE Planning Guidance

NINE “MUST Dos”

Relevant to GOSH:

1. Participate with stakeholders in development of a Five year Stability and Transformation Plan
2. Return to financial balance
- 5&6. Ensure access targets & cancer wait targets are met
- 8 Transform care for people with Learning Difficulties?
- 9 Quality improvement plan (including avoidable mortality)

Not relevant:

3. Sustainable GP service
- 4& 7. A&E and MH Access standards



NHSE 2020 GOALS – 2016/17 targets

Operational

- Seven day services (4 clinical standards in all relevant specialties)
- Publish avoidable deaths
- Reduction in emergency admission rates?
- New models of care
- Reduction in delayed transfers of care
- Plan to improve patient choice (incls end of life care)

Governance:

- Improve NHSI governance rating /achieve access & treatment targets
- Improve no of staff who feel their organisation acts on concerns raised

Quality and Safety

- Measurable improvement in antimicrobial prescribing

Service Specific:

- Specific objectives for Cancer, diabetes, LDs
- Deliver GMC targets
- Increase diagnostic capacity?

Innovation:

- Expand and trial promising interventions to support people with long-term health conditions and disabilities
- Increase uptake in research and innovation

Information governance:

- Robust data security standards
- Progress data sharing where relevant
- Increase patient access to health record

Staff:

Deliver targets to improve health and wellbeing of staff



GOSH Strategic Objectives

CLINICAL

1.1 To provide timely access to care for all GOSH patients

- Immediate priorities includes:
 - Addressing patients with long waits
 - Strengthening recruitment and retention processes in key staff areas
 - Understanding current demand and capacity imbalance and developing plans to address this
- Also includes planning new capacity in short & medium term.



GOSH Strategic Objectives

CLINICAL

1.2 To provide the highest possible care , patient experience and patient outcomes

- Immediate priority includes developing real time Patient experience reporting
- Developing clinical outcome reporting & benchmarking

Also includes:

- Safety metrics and benchmarking
- Some specific areas eg Learning Difficulties



GOSH Strategic Objectives

CLINICAL

1.3 To define a leadership role in children's specialised services working with other providers and our commissioners

This would involve development of shared care models, further outreach activity and more formal collaborations with other providers

– Immediate priority:

Joint work programme with commissioners – includes a range of projects from working with other hospitals to support earlier discharges to major strategic service changes eg cardiac

GOSH Strategic Objectives

RESEARCH

Working towards the Research Hospital:

- Research more integrated within the hospital
- All patients have an opportunity to participate if they wish
- Supporting genetic development

Immediate priorities:

- Review patient consent processes to enable patient involvement in research
- Renewal of our Biomedical Research Centre funding
- Genetics strategy eg participation in 100,000 genomes



GOSH Strategic Objectives

EDUCATION

- Ensuring GOSH plays an appropriate role in training future clinicians involved in specialist child health in all categories
- Best in class internal training

Immediate priorities:

- Improve internal training KPIs
- Review of medical education
- Alignment of plans with UCL



GOSH Strategic Objectives

ENABLING STRATEGIES

- Site Redevelopment
- Using technology to improve patient experience and care
 - Key priority is the implementation of an Electronic Patient Record System
 - Progressive introduction of virtual care pathways
 - Improving the use of the Website
- Funding
- Recruitment & retention
- Workforce & clinical leadership development



Attachment 7

Members' Council

27th January 2016

Membership and Engagement Committee update

Summary & reason for item: To provide the Members' Council with an update on:

1. Membership Engagement Committee – Update from Meeting on 14th January 2016
2. Membership Report as at 1 January 2016

Report prepared by: Deirdre Leyden, Membership and Governance Manager & Kirsty Woodbridge, Stakeholder Communications & Marketing Manager, GOSHCC.

Item presented by: Chair of the Membership and Engagement Committee and Deirdre Leyden, Membership and Governance Manager.

Councillor action required: To provide comment and note the report.

1. Membership Engagement Committee – Update from Meeting on 14th January 2016

1.1. Proposed changes for the Committee

There was an open discussion on proposed changes to how the committee operates in the future. This included invitations to representatives across the Trust who engage with the hospital community. It was felt that updates from these departments would help the committee better represent patient/member views and to collate this information

A “Framework for Engagement Away Day” was agreed to be held. This will enable the committee to map the current engagement activities across the Trust and look at linking these to membership engagement. A structure and plan of participation by councillors will also be reviewed.

Action: All of the above representatives were invited to the January 14 Meeting. The Trust’s Chief Nurse will attend future meetings. An Away Day has been arranged on 2 February 2016. All Committee members and relevant members of staff have been invited.

1.2 Membership database

An update was provided on the new membership database, the plan for migration of data, its functionality and how it will support our Membership Strategy and associated work plans.

Action: One committee member will be the point of contact for all future updates on the planned migration of the database. Updates will be provided at the April 2016 meeting.

1.3 Annual Plan Survey

A presentation was given by Claire Newton, Director of Strategy and Planning on the Annual Plan Survey to members. This included information around timescales and how the survey links with the Trust’s 5 year plan. The committee discussed how they could provide input into the strategy as membership representatives with lived experience of services. Final submission for the Annual Plan is April 2016.

Action: One councillor will be the point of contact between the MEC and Annual Plan survey leads. A sub group from the committee will continue to have input into the survey. The survey will be issued to Foundation Trust Members within their FT Get Involved email in early February- this will ensure adequate time to collate feedback. The survey will also be posted on the Trust website and can be completed face-to-face by use of Ipads withing the hospital.

1.4 Annual Report and projected membership figures 2016/17

The committee welcomed the increase in membership figures in the last quarter. They were invited to contribute to the membership report section of the Annual Report. Last year’s projected membership figures were discussed and a “ quality vs quantity “ approach to engaged membership.

Action:The committee agreed to aim for more moderate net growth, but with a focus on reversing the downward trend on 0-16s with focused recruitment by recruiting an extra 100 members over the course of the year. An overall membership growth rate of 3% was agreed for 2016/17. Full breakdown of figures will be provided at the April 2016 Council meeting when our Monitor figures will have been collated.

1.5 Redesign of Membership Form

In line with work developing our new membership database we are refreshing and redesigning our membership form. A mock up form was presented to the committee with lead times for design and printing. Consultation on design and content was requested.

Action:All committee members to be issued the new design and content with feedback requested.

2. Membership Report as at 1 January 2016

2.1. Active Membership Total

The current membership stands at **9,032**.

2.2. Membership Profile and analysis of the overall membership statistics

2.2.1. Total Patient, Carer and Public membership

Table 1 below sets out the Patient and Carer and Public membership as at 1 January 2016.

Overview

The Council is asked to note the following:

- Since 1st November 2015, there has been an increase of 85 new members. Sixty (60) new public members and twenty- five (25) patient and carer members have joined.
- We have had no leavers since the last report in November 2015.
- As a result of marketing and engagement drives over the year we have reinstated 159 members who were previously dormant due to incorrect information (like invalid address).
- The steady increase and natural growth evident in this report reflects the recent recruitment drives in the local community, from face to face recruitment in the hospital, and the active recruitment of volunteers from volunteer services.
- We are on track to achieving our target of a membership total of a membership base which is just under **9,100** by April 2016, (our total as at 18/01/16 was 9,082). This will represent a growing membership with our focus being on increased engagement with these members and a particular emphasis on increasing the 10-16 year membership segment. Our April 2016 membership report will provide more detail.
- We will soon be preparing our 2015/16 report to Monitor which will include our projected figures for 2016/17. Following last year's target we wish to project a 3% net growth.
- We are confident that with the support and engagement from councillors with ongoing recruitment efforts we will reach our target for 2016/17.

Table 1: Patient and Carer and Public membership as at 1 January 2016.

Constituency	Number of members as at 1 April 2015	Number of members recruited in year**	Number of members leaving in year***	Number of members as at 1 January 2016
*Patient and Carer	6133	80	63	6150
Public	2699	198	12	2882
Total	8832			9032

Patient and Carer Constituency

** This constituency includes people who have received treatment as an inpatient or outpatient within six years of joining as a member. In the case of carers they must have attended the Trust with the patient within the six years immediately preceding the date of application. If a patient or carer has been a member for more than six years ago they are transferred to the public constituency. Public membership is limited to people who live in England and Wales. ** Note does not show members moving constituency *** 'Number of members leaving in year' includes members who have been suppressed i.e. 'gone- aways', general suppressions, deceased since April 2015.*

2.3. Membership breakdown by constituency

Table 2 sets out the Membership breakdown by constituency as at 1 January 2016.

Overview

During this reporting period we have seen the highest increase of members in our Parent/carer in England and Wales constituency. Our projected patient membership of for 2015/16 is 943. Although our patient population has seen a small increase we can address the shortfall of 20 in this constituency by targeting recruitment efforts in the next quarter.

Table 2: Membership breakdown by constituency as at 1 January 2016

Breakdown by constituency	Number of members as at 1 January 2016
Patient and carer constituency	
Parent/carer in England and Wales	3177
Parent/carer in London	2050
Patient in England and Wales	476
Patient in London	447
Sub Total	6150
Public constituency	
Public in England and Wales	671
Public in North London	1506
Public in South London	705
Sub Total	2882
Grand Total	9032

2.4. Public Membership

Table 3 (see Appendix 1) sets out the Trust's public membership as at 1 January 2016, compared against the eligible membership in England and Wales.

Overview

Age-Range (Since the beginning of April 2015):

- 97 members who were under 16 have moved in to the age 17-21 bracket. 139 of those aged 17-21 have moved in to the 22 and over category.
- We have recruited 56 young people (under 16).

Ethnicity:

- Our new membership database will offer a wider breakdown of ethnicity choices. We are confident this will reduce the percentage of members stating “ unknown” in this category which will help us to monitor our comparison data more effectively in this segment.
- We are also pleased to report that there continues to be increase in the Asian or Asian British public members our historic under representation in this segment now resulting in an over representation.

Social and Economic status:

- We are pleased to report that representation of social and economic status within our membership mirrors the demographics of the population of England and Wales. A high proportion of our public membership reside in London and the surrounding area. We take this into account when analysing the data and our new database will enable us to monitor this figure against the demographics of the population in this area.

2.5. Patient and carer eligible membership by age

Table 4 sets out the Trust’s patient and carer eligible membership by age as at 1 January 2016.

Overview

Our membership strategy states that our overall aim is to develop and marginally grow our membership community with a particular focus on young people aged 10-16 years and our patient population. Our membership community is maturing and we need to increase our efforts for youth membership sign up. Following the Membership and Engagement Committee Meeting on 14 January an agreed target of recruiting 100 members in the 10-16 age bracket in 2015/16. This will result in over double the number of members in this category.

Table 4: Patient and Parent/Carer membership by age

Patient and Parent/Carer Constituency by age range	Total number of members	Percentage of membership
Total number of members	6150	100%
0-16	235	3.82%
17-21	587	9.54%
22+	5004	81.36%
Unknown	329	5.26%

Eligible membership is open to children over the age of 10.

2.6. Patient and carer breakdown by gender, ethnicity and social grade

Table 5 (see Appendix 1) sets out the patient and carer breakdown by gender, ethnicity and social grade as at 1 January 2016 as compared to the hospital patient database (PIMs).

Overview

Our overall aim is to be representative of the hospital patient community, with our recruitment focusing on not just increasing the number of young members within this segment but in their continued engagement. Over 58% of the patient population in GOSH is under three years of age, however we are aware from this report how our membership is maturing and moving into new age and constituency categories. We will continue to actively engage with the patient community within the hospital with our recruitment plan focusing on increasing the number of young members from these constituencies. Our 2015-18 Membership Strategy provides more detail.

Appendix 1

Table 3: Public membership, compared against eligible membership in England and Wales (1 January 2016)

Public Constituency	Total number of members	Percentage of membership	Catchment area profile (All of England and Wales (%)*)	Over or under representation (England and Wales)
Number of members	2882	100%		
Gender *				
Male	883	30.64%	48.90%	under
Female	1972	68.42%	51.10%	over
Unknown	27	0.94%	-	n/a
Age Range *				
10-16	97	3.37%	8.26%	under
17-21	281	9.75%	6.59%	over
22+	2277	79%	73.32%	over
Unknown	227	7.88%	-	n/a
Ethnicity *				
White	1710	59.33%	85.97%	under
Mixed	79	2.74%	2.18%	over
Asian or Asian British	212	7.36%	7.51%	over
Black or Black British	216	7.49%	3.33%	over
Other	42	1.46%	1.01%	over
Unknown	623	21.62%	-	n/a
Social Group *				
AB	822	28.5%	22.67%	over
C1	763	26.5%	27.36%	under
C2	449	15.6%	16.65%	under
DE	690	24%	24.98%	under
Unknown	158	5.5%	-	n/a

*Data true as of 2011 (ONS data).

- When percentages don't add up to 100% this is because certain categories are omitted i.e. age range 0-9.

Table 5 Patient and carer breakdown by gender, ethnicity and social grade as at 1 January 2016 as compared to the hospital patient database (PIMs).

	Patient & Parent/Carer	%	% of patients	Over or under represented
Gender				
Male	1864	30.30%	50.25%	under
Female	4259	69.20%	49.75%	over
Unknown	27	0.43%		n/a
Social Group				
AB	1852	30%	22.67%	over
C1	1683	27%	30.29%	under
C2	1025	16.70%	22.07%	under
DE	1377	22.30%	24.98%	under
unknown	214	3%	-	n/a
Ethnicity				
Asian or Asian British	475	7.72%	8.57%	under
Black or Black British	409	6.65%	5.80%	over
Mixed	196	3.18%	2.16%	over
Other	145	2.35%	3.06%	under
Unknown	560	9.10%	-	n/a
White	4365	70.90%	46.25%	over

MEETING OF THE MEMBERS' COUNCIL MEMBERSHIP AND ENGAGEMENT COMMITTEE

12 November 2015

11am-1pm

Attending:

Lisa Chin-A-Young (LC)	Patient and carer constituency
Sophie Talib (ST)	Patient and carer constituency
George Howell (GH)	Patient and carer constituency
Gillian Smith (GS)	Public constituency (South London and surrounding area)
Anna Ferrant (AF)	Company Secretary
Deirdre Leyden (DL)	GOSH Membership, Governance and Relationship Manager
Kirsty Woodbridge (KW)	GOSHCC Stakeholder Communications and Marketing Manager
***Kevin Armstrong (KA)	GOSH FT Member

Apologies:

Carley Bowman (CB)	Patient and carer from outside London constituency and Chair of the Membership and Engagement Committee
Simon Hawtrey-Woore (SHW)	Public constituency (North London and surrounding area)
Jamie Wilcox (JW)	Head of GOSH Volunteer Services
Emma James (EJ)	GOSH Patient Involvement and Experience Officer
James 'Jim' Linthicum	Staff councillor

* Denotes a person present for part of the meeting

** Denotes a person present by telephone

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

102	Welcome, Introductions and Apologies LCY welcomed everyone to the meeting. Apologies were noted.	LCY
102.1	Declarations of interest No declarations were received.	LCY
102.2	Minutes of meeting of 17 September 2015 Minutes approved	LCY
103	Membership database and tender process update	
103.1	The committee discussed the tender process and the need for more team involvement and quality assurance. The committee flagged up what safety measures we have in place if something goes wrong? Assurances were given and the team at GOSHCC will have access to membership data up until it is finally through the migration process.	ALL
103.2	The tender process is underway and AF is working with the procurement department to find a suitable framework to use.	AF
103.3	The issues of duplicate members, the 6 year rule and child into adult membership status were discussed. KW explained that this would all be part of the features in new database.	KW
103.4	New features were linked to agenda item 5 - Membership materials refresh and redesign. The committee want to have an option for new members to choose levels of engagement and 'other' for gender. Discussed was the importance of face to face engagement as an opportunity to explain why the Trust gathers data and why it is important- so we can monitor our statistics and make sure we are reflecting our population statistics etc. The new database will make it a lot easier to pull socio economic data.	

103.5	Discussed also was the drive to encourage members to sign up by email so that savings can be made and to make this more prominent in the next issue of Member Matters. The committee queried whether we want to investigate engagement with email/electronic version of MM by looking at open and click through rates and is this something that the new provider can do for us?	All
103.6	Action: To utilise next Member Matters to encourage members to sign up to receive by email.	KW
103.7	Action: To investigate the posting of one copy of Member Matters per household, how we are currently doing this and to query with new database providers.	KW/DL
104	Key learning from the 2015 AGM , feedback on other AGM's and 2016 AGM discussion	
104.1	DL and GS gave a verbal update on their attendances at Chelsea and Westminster AGM and online at National Trust AGM. GS provided detailed notes – please see Appendix A.	DL & GS
104.2	AGM learning's and suggestions: <ul style="list-style-type: none"> - finding a good online AGM so we can see if we are able to provide an online alternative in future; - filming the key note speaker; - need some kind of incentive for members to attend; - need to spend more time thinking about what we actually want people to attend; - Need to change the public perception of an AGM, make it more enticing and interactive, promote it as the Annual Member's Meeting; - use of webcast and online voting and the constitution- if members needed to vote. 	
104.3	AF spoke about the need for us to have a couple of options we can then bring to Members' Council and the Board – there are parts of the AGM which we are required to have as part of Trust constitution. AF raised the questions- do we have speakers next year? Do we do group work? The Board need to be signed up for this and to be involved.	AF
104.4	The AGM next year will take place in Weston House.	AF
104.5	Action: AF will look into use of webcast and online voting and the constitution	AF
104.6	Action: Investigate Scouts and Guides and other NHS organisations that have young people engaged, benchmark against Alderhey and Moorfields and St Georges (as ST is a student there). AGM will be an agenda item for the January 2016 meeting.	DL
105	Membership Report- membership statistics and updates on recruitment and engagement and forward plans	
105.1	KW provided the committee with an overview of the report which included eProspects and members returning and the recent data cleanse from the spring mailing of Member Matters. The committee discussed under 10's joining as members and parental consent of young people if under 16. This is difficult with online sign up.	KW

105.2	Action: To add parental consent information for the database specification for the new database provider as they will redesign the online membership form.	DL
105.3	The committee discussed the young people and patient population and how we need to increase numbers in this segment- however 58% of patients are under three. This continues to be a challenging area for recruitment but we will address it in the coming year.	ALL AF
105.4	KW highlighted that our representation of the social and economic statuses of the general population (public constituency) is almost exactly the same percentages as the general population split.	KW
105.5	GS raised the issue of our socio economic figures although being compared against Rest of England and Wales are not compared against London. AF explained that although Monitor ask for socio economic as comparable to Rest of England and Wales we can look at this as a feature for the new database. With new database we can also run different reports.	AF
105.6	Action: To address the requirement of comparing socio economic figures against those of London within the new database specification.	DL
105.7	The committee discussed targeted recruitment - do we need to be more targeted with recruitment to ensure we are representative of London?	ALL
105.8	LCY thought that our focus is really on young people. AF agreed and highlighted the Members' Council election and low turnout in voting for patient constituencies and the unopposed elections for patients from outside London in the last election. The committee were made aware that these constituencies need to be monitored.	AF
105.9	GS and DL gave an update on the Bloomsbury Festival engagement and recruitment day on Sunday 25 October. 33 members were recruited. A lot of engagement with other organisations and links made. GS took questions from patients and their families.	DL
105.10	The committee discussed the need for training for anyone who undertakes recruitment sessions as sometimes we are taking on the role of PALs and Complaints. Discussed also was the use of different media. Recruitment and engagement is not just face-to-face.	
105.11	GS raised the issue of low turnout at recruitment events and councillors recruiting in their constituencies and how useful it is as you meet people and hear their views etc. The committee discussed the "reaching out to constituents" issue and challenges concerning Rest of England and Wales. Councillors were encouraged to sign post us in their constituencies and DL to work with them to provide them with info etc. YPF are interested and ST suggested speaking at university to her faculty. Councillors at university can also speak to faculty leads to find people with healthcare links, medical students etc. and to look at a possible presence at Fresher's Fairs. On-going responsibility of councillors to find potential events in their local areas.	
105.12	Other updates: - Friday 26 February school visit with councillors Sophie Talib and Mariam Ali to deliver 'My Story'	
105.13	Action: - Develop a toolkit for councillors for recruitment and engagement.	DL

	<ul style="list-style-type: none"> - Make more updated vox pops. - Staff members- Plan ahead for 2016- Roundabout and more payslip messaging. 	
106	Membership Strategy 2015-2018 - Recruitment, Engagement, Communication & Report and data selection calendars	
106.1	DL presented the calendars on power point for the committee to see the work streams attached to each. It was agreed that these are quite detailed they need to be an agenda item at the January meeting.	DL
106.2	Action: DL to send on all MEC the calendars so they can identify what they think is their priorities via the Chair - but note there are regular activities that are recurring and need to be planned.	DL
107	Membership materials refresh and redesign	
107.1	The committee provided comment and suggestions on the update paper. The new form needs to link directly to new database as new providers will have integrated online form as part of the new database. DL attended an YPF meeting to consult them on the content and design.	DL/KW
107.2	KA suggested that the new design options be taken to young people and people outside of GOSH community again for their comment. Action: KA to send DL the communications refresh information from his charity.	KA
108	Any Other Business	
108.1	ST suggested having a speaker at the Paediatric Society at her University Action: DL to follow up DL confirmed that she has asked MA for an update from Redevelopment Committee and this is forthcoming. Next Meeting Thursday 14 January 2016 11am-1pm Please note venue change: Seminar Rooms 2 and 3 Level 1 Weston House Great Ormond Street	DL DL

Members' Council

27th January 2016

Update from the Patient and Family Engagement and Experience Committee

Summary & reason for item:

To provide an update on the January meeting of the Patient and Family Engagement and Experience Committee.

Councillor action required:

The Council is asked to NOTE the update.

Report prepared by:

Caroline Joyce, Assistant Chief Nurse Quality and Patient Experience.

Item presented by:

Juliette Greenwood, Chief Nurse.

**Update from the Patient and Family Engagement and Experience Committee
January 2016**

Replacement of parent chair beds in MSCB

The committee were delighted to receive an update from Bryony Freeman (Head of Operational Commissioning in the Redevelopment team) that new parent chair beds had been ordered to replace those identified as being very uncomfortable at the listening event in June 2013. The new chair beds are in the process of being received and distributed to the wards and are being well received by families and staff. More formal feedback will be obtained and it was confirmed that the chair beds had been extensively slept on and tested prior to purchase.

Patient and Family Engagement Strategy Presentation

The committee received a presentation of an outline for a new Patient and Family Engagement Strategy which was widely discussed at the meeting. There was positive support for the proposals for the new strategy which will now be worked up in more detail as part of the development of the Trusts overall strategy which has to be signed off by the Trust Board at the end of March 2016. The new strategy will focus on building on the good work achieved so far with a focus on engagement with the wider GOSH Citizenship more consistently, greater involvement and engagement with children and young people and quicker actions in response to the many different levels of feedback and engagement that will be developed over the coming years.

CQC Report

The committee received the CQC report with a summary provided of the outcomes of the CQC inspection and an assurance that whilst there were many aspects noted about outstanding levels of care and effectiveness an action plan is being developed to address all of the less positive elements of the report.

Friends and Family Test Report

The committee received a report on the quarter 3 Friends and Family test feedback, details of which are summarised in the Chief Executives report.

Pals Quarter 3 Report

The committee received the Pals Quarter 3 report which is attached as a separate report for the Members Council.

Complaints Quarter 3 Reports.

The committee received the complaints quarter 3 report a summary of which is provided within the Chief Executives report.

Patient and Family Engagement and Experience Report.

The committee received an update on Patient and Parent Engagement including feedback from the Young People's forum about recent events they have been involved in which have included a 'Meet the Chief Executive' Session and consultation about the development of a GOSH Tissue Bank. The YPF also developed a Christmas tray liner for children and young people which were used on meal trays on Christmas day.

The report also summarised progress on actions being taken in response to the CQC Children's Inpatient Survey 2014 which includes detailed work around family's experience of accommodation and facilities for staying overnight, implementation and embedding of Our Always Values, development and improvement of the bedside entertainment system and the development and rollout of Patient Bedside Information Folders.

Councillor and parent walkabouts

Following Chief Nurse Juliette Greenwood's announcement about new plans to facilitate quarterly Councillor and parent/young person workarounds a more detailed proposal for facilitating these rounds has been developed and is being finalised. This will be implemented once ratified by the Patient and Family Engagement and Experience Committee.

Caroline Joyce, Assistant Chief Nurse Quality and Patient Experience.

Members' Council

27th January 2016

Ipsos Mori Outpatient Survey 2014 Action Plan Update & Pals Report

Summary & reason for item:

Attached are the Ipsos Mori Outpatient Survey 2014 action plan update and the quarter 3 Pals report. The purpose of providing this information is to update the Members Council on the progress against actions that are being taken in response to the Ipsos Mori Outpatient Survey 2014.

It should be noted that there are 2 large projects ongoing in the Trust to improve access and experience through the Outpatient Improvement Project and the Improving Access to Outpatients Project which are reported on separately to the relevant committees and Trust Board.

In addition the Pals quarter 3 report is included to provide feedback about the issues that have been raised with Pals over the last quarter a summary of which is outline below:-

- A total of 403 pals cases were made this quarter.
- There was a 4.1% increase in Pals contact compared to Q2 and a 3.07% increase compared to Q3 in 2014/2015.
- 11 cases were escalated to complaints a decrease from 18 in Q 2, and an increase from 8 in Q 3 of 2014/2015.
- 11 compliments were made regarding GOSH services
- 17 posts were made on NHS choices, Facebook and twitter

A summary of the January 2016 Patient and Family Engagement and Experience Committee (PFEEC) is also attached.

Councillor action required:

To note the progress against actions in response to the outpatient survey, the information received in the Pals report and the summary of the January 2016 PFEEC.

Report prepared by:

Zoe Wilks Lead Nurse, Chantelle Sculfour Service Manager and Caroline Joyce.

Item presented by: Juliette Greenwood Chief Nurse

**Ipsos Mori Survey
 Action plan 2015-16**

2015/16 objective	Actions to take	Completion date	RAG status	Accountable person/ Responsible Person	Assurance control [how will we know achieved]	Progress to date
<p>Workstream 1 Capacity-Improving Outpatient Access Project Parents had to cancel or rearrange appointment – decreased to 46% from 56% in 2012</p>	<p>Further analysis of reason for cancellation. ? PDSA appointment line volume of cancellations and reason for cancellation trends to be identified and dates.</p>	<p>September 2015</p>	<p style="background-color: yellow;"> </p>	<p>Chantelle Sculfor</p>	<p>Current conversion rate of calls achieving 95% for the Trust appt line. Analysis of the peak time of calls carried out. Staffing levels provided to match. SOP created. Clear escalation process and support in place for the appointment line staff. Clear processes for cancelling appts and closing referrals in place in line with new Trust Access Policy. New Clinic outcome form and electronic outcome form enables parents to check out and book their appointment at the same time to ensure parents get choice of appointment in order to mitigate incidence of cancellations or reschedules needed.</p>	<p style="background-color: green;">On track</p>
<p>GOSH cancelled appointment or rearranged- decreased by 6% from 47% to 41% in 2012</p>	<p>Breakdown by speciality on clinic cancellations that have occurred- Breakdown and regular reporting mechanism and trigger</p>	<p>Report from CBO manual produced 07.05.15.</p>	<p style="background-color: yellow;"> </p>	<p>Chantelle Sculfor</p>	<p>Weekly review of short notice cancellations at Pre PTL meeting Chaired by Deputy COO and new Interim Head of Performance. Followed up at weekly meetings with Divisions for reason for cancellations and justification to be provided.</p>	<p style="background-color: green;">Completed</p>

<p>Workstream 2 Improving Outpatient Access Project Actions – Attendance at Appointments Your child had to wait too long in the waiting area 28%</p>	<p>What communication would the families like and which methods? Staff education. Clinic template review. Escalation plan promotion and reporting of these key frequent concerns of specific clinics and next steps for permanent resolution.</p>			<p>Zoe Wilks and Siobhan Lalor MacTague</p>	<p>Team meetings provided updates on escalation process. Now forms part of new staff induction. Data collection on data audits collated with families to identify key areas for improvement. QI methodology utilised for level 4, RLHIM. Led by Staff Nurse to reduce time for heights and weights and improve flows. Funding identified for wayfinding boards and e white boards-pending data base development resource support. In Dec to Jan 2016 the Trust is carrying a demand and capacity project. It has been identified that following this, review of all Trust OPD templates will be completed.</p>	<p>Ongoing</p>
<p>Workstream 2 con/ You were given satisfactory information about the delays 57% You were given an apology for the delay 60%</p>	<p>Electronic white boards approved for purchase at Quality Improving bids group by the Charity. Our Always Values Launch and integration into services roll out Clinic waiting time audits reports started in May 2015. Report shared with general managers and themes and trends to be identified with heads of clinical services</p>		<p>September 2015</p>	<p>Zoe Wilks</p>	<p>Delay in database development to support the white boards. Our Always Values launch completed. Clinic waiting time audit completed and presented to GMs and HONs on a monthly basis by OPD nursing team. Trends and areas of concern followed up.</p>	<p>Ongoing</p>

2015/16 objective	Actions to take	Completion date	RAG status	Accountable person/ Responsible Person	Assurance control [how will we know achieved]	Progress to date
<p>Workstream 2/3 I had enough information about any medicines = down from 84% to 79%</p>	<p>April 2015 Medicines – communications in newsletter asking Neurosciences doctors to advise their patients to contact pharmacy and who to contact if you have any queries. Memo to all clinicians in Clinic about advising on medications to families.</p>	<p>Text messaging for pharmacy for click and collect service. Tracker to be launched. Posters advertising the text messenger service CNS provide information within clinic on how to give the medicine and pharmacist available to advise further details on the pharmacy counselling room Pharmacy internet links for medicine information- available promotion required. Clinic letter turnaround monitoring and in line with Trust KPI targets for 5 working days.</p>		<p>Head of Dispensary</p>	<p>Tracker launched. Link to EPSAG boards. Audits to be carried out by Pharmacy in Feb 2016. QI monitoring of KPIs waiting time dashboard.</p>	<p>Ongoing</p>
<p>Work stream 3 Nursing and Doctors Asking questions about how you are feeling static at 88%. Dealing with child's anxieties and fears 82%</p>	<p>Communication to the Trust of this feedback. Education on pain scores and CNS support in clinics. Play Specialist promotion of involvement in clinics. Young person's receiving copy of letter how is this ticked as required on pims and rolled out across the Trust</p>	<p>October 2015</p>		<p>Zoe Wilks Sophie Wills</p>		<p>Partial completed Ongoing</p>
2015/16 objective	Actions to take	Completion date	RAG status	Accountable person/ Responsible Person	Assurance control [how will we know achieved]	Progress to date

<p>Work stream 4 Improving Outpatient Access Project Actions – Flows Work stream 96% felt had accurate info on appointment (static no change) 92% where to go for first appt (93%)</p>	<p>Signage and clinic location changes occurred as part of opening and closure of Swan. Additional signage and animal zoning has been established since Jan 2015 with further signage in place from May 2015. Animal names and clear colour themes in the area. Internet pages updated to reflect new areas. Peter Pan electronic way finding console located in the main entrance. Volunteers now provided with clinic location lists to support families who enter through the main reception from Jan 2015. Trial of GOSH guides in RLHIM from May 2015 to support flows. Improving OPD Access Project process mapping session took place on March 2015</p>	<p>May 2015</p>		<p>Zoe Wilks</p>	<p>Volunteers now in place at RLHIM. Change in check in flows carried out on Main Site by CS in light of patient feedback. Monitored through QI dashboards and volume of patients checking in and out at this location. GOSH Guides in main site continue to support with patient flows.</p>	<p>Completed</p>
<p>Work stream 4 con/</p>	<p>Quality bid received funding for further animal wall art graphics for the RLHIM building. PDSAs in place for Cheetah reception launch to reduce check in from 5 points to 2 May 2015. Each stage of the process map being reviewed as part of work stream 4 of the project.</p>	<p>December 2015</p>		<p>Zoe Wilks Chantelle Sculfor Sophie Wills</p>	<p>Artwork agreed, pending installation by GOSH Go Create and Redevelopment Team</p>	<p>Partial completed</p>
<p>2015/16 objective</p>	<p>Actions to take</p>	<p>Completion date</p>	<p>RAG status</p>	<p>Accountable person/ Responsible Person</p>	<p>Assurance control [how will we know achieved]</p>	<p>Progress to date</p>

<p>Accuracy about who you would see at your appointment 90% (new question no previous data)</p>	<p>Letters to be standardised to state 'you may be seen by a member of the team' rather than just the consultant name. Trialled in Rheumatology in 2014</p>	<p>April 2016</p>		<p>Beki Moulton</p>	<p>Completed. Trust review of Appointment letters being carried out by Beki Moulton to review format.</p>	<p>Ongoing</p>
<p>General Environment 1. Cleanliness of dept decreased to 93% from 95% in 2012. 2. The temperature in the dept remained at 87% 3. Things to do whilst waiting decreased to 76%. 4. Availability of food and drink decreased to 67% from 72%. 5. Comfort in the waiting area- continued to decrease and was at 85%.</p>	<p>1. Monitoring of weekly cleaning audits - completed 2. Ventilation programme phase 1 and 2 has been implemented. Phase 3 due to be completed by end of September 2015.</p>	<p>31st March 2016</p>		<p>Paul Labiche</p>	<p>Regular ongoing monitoring and actions log with monthly meetings with providers for domestic and facility services led by Trust Head of Accommodation. Food provision support still outstanding. Ventilation in Rhino corridors in 4 phases carried out. Further development as part of phase 4 of ventilation into consulting rooms being completed. More Go Create time allocated ie: musicians and volunteers. Mobile Play Trolleys procured launching Feb 2016. Vacancy for one of one play specialists supporting both sites.</p>	<p>1. Ongoing 2. Partially completed</p>

2015/16 objective	Actions to take	Completion date	RAG status	Accountable person/ Responsible Person	Assurance control [how will we know achieved]	Progress to date
General Environment con/	<p>3. Mobile play trolley for play volunteers to offer outreach service whilst patients are waiting to be rolled out by the end of September 2015</p> <p>4. Pagers will be offered to families to enable them to wait remotely in the restaurant. Completed June 2015. Working with catering manager</p> <p>5. Comfort for the patient experience has increased due to all chairs in Outpatients have been re-upholstered coupled with new children's chairs. Achieved July 2015</p>	September 2015		Chantelle Sculfor Zoe Wilks Sophie Wills		<p>3. On track</p> <p>4. Completed</p> <p>5. Completed</p>
Special Needs and Learning Disabilities 97% of patients and families who did not have a special need or learning disability understood the role of each person during their child's consultation compared to 92% where the patient had a special need or LD	Easy read internet accessible information for parents, mini information cards for staff, clinical supervision with nurse consultant learning disabilities. All of which have been distributed accordingly.	July 2015		Zoe Wilks Sophie Wills	Friends and family test feedback monitoring. Better liaison when known patients with LD attending. LD champions in place with Clinic Assistants. Trustwide link group attended in order to keep abreast of information.	Completed, ongoing, monitoring

Pals (Patient Advice and Liaison Service) Q3 Report October-December 2015

Key Themes

- A total of 403 pals cases were made this quarter.
- 4.1% increase in Pals contact compared to Q2 and a 3.07% increase compared to Q3 in 2014/2015.
- 11 cases were escalated to complaints- decrease from 18 in Q 2, and an increase from 8 in Q 3 of 2014/2015.
- 11 compliments were made regarding GOSH services
- 17 posts were made on NHS choices, Facebook and twitter

	Total	Escalated	Compliments
Q3 15/16	403	11	11
Q2 15/16	387	18	6
Q3 14/15	391	8	14

Cases	Q3 15/16	Q2 15/16	Q3 14/15
Information	562	499	610
Promptly resolved	326	285	305
Complex	55	78	64
Escalated	11	18	8

Update and key issues from Q2

Admission/Discharge

	14/15 Q3	14/15 Q4	15/16 Q1	15/16 Q2	15/16 Q3
Communication/Letters	34	24	31	26	34
Cancellations	16	11	21	26	33

Outpatients

	14/15 Q3	14/15 Q4	15/16 Q1	15/16 Q2	15/16 Q3
Communication/letters	57	60	70	57	40
Cancellation	18	28	21	20	30

Compared to Q2 15/16, Q3 15-16 has seen a decrease in the Pals cases around communication and letters in outpatients; an increase in admissions cancelled and an increase in the outpatient appointments cancelled.

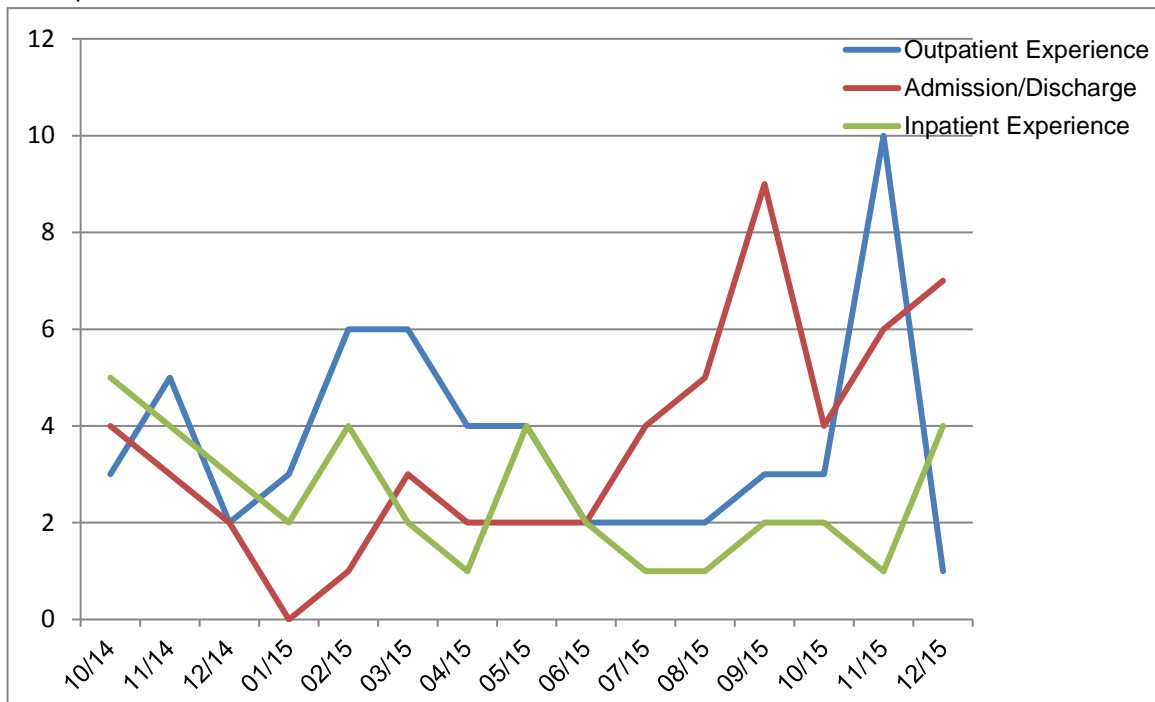
With regard to transport there has been a decrease in the number of pals cases from Q2 but the numbers remain the same at Q3 14/15.

CCCR

The main activity in Pals is seen under the specialities of Cardiology (40.7%) Cardiac surgery (25.4%) Respiratory (15.3%). Pals cases in Q 3 15/16 have increased compared to the number of pals cases in Q3 14/15. Increase of 22.9% in cases from Q2 to Q3- 48 cases to 59 cases.



Top 3 reasons for Pals referrals Q3 14/15 and Q3 15/16



When comparing Q3 to Q2: Increase in the cases relating to **Outpatient Experience** (Communication / letters; Care advice and Cancellations) and **Inpatient Experience** (Care advice, Communication and letters and Environment and cleanliness); Decrease in cases due to **Admission/Discharge** (Cancellation, communication and letters and accommodation). **Promptly resolved cases:** Outpatient experiences (28.6%) Admission/discharge (28.6%) and Inpatient experience (11.9%) **Complex cases:** Admission/Discharge (33.3%) Clinical care (14.3%) other remaining issues: bereavement, communication, discharge, referrals, outpatient experiences-(8 each).

Case study: Patient C has been a cardiology patient at Great Ormond Street from 2013 (since she was a week old). Mother contacted Pals this quarter as she did not understand the contents of her recent clinic letter following her outpatient appointment and required clarification on the contents. The Pals team referred the Mothers queries to the cardiology secretary. Mother received a call from her consultant on the same day and her queries were addressed.

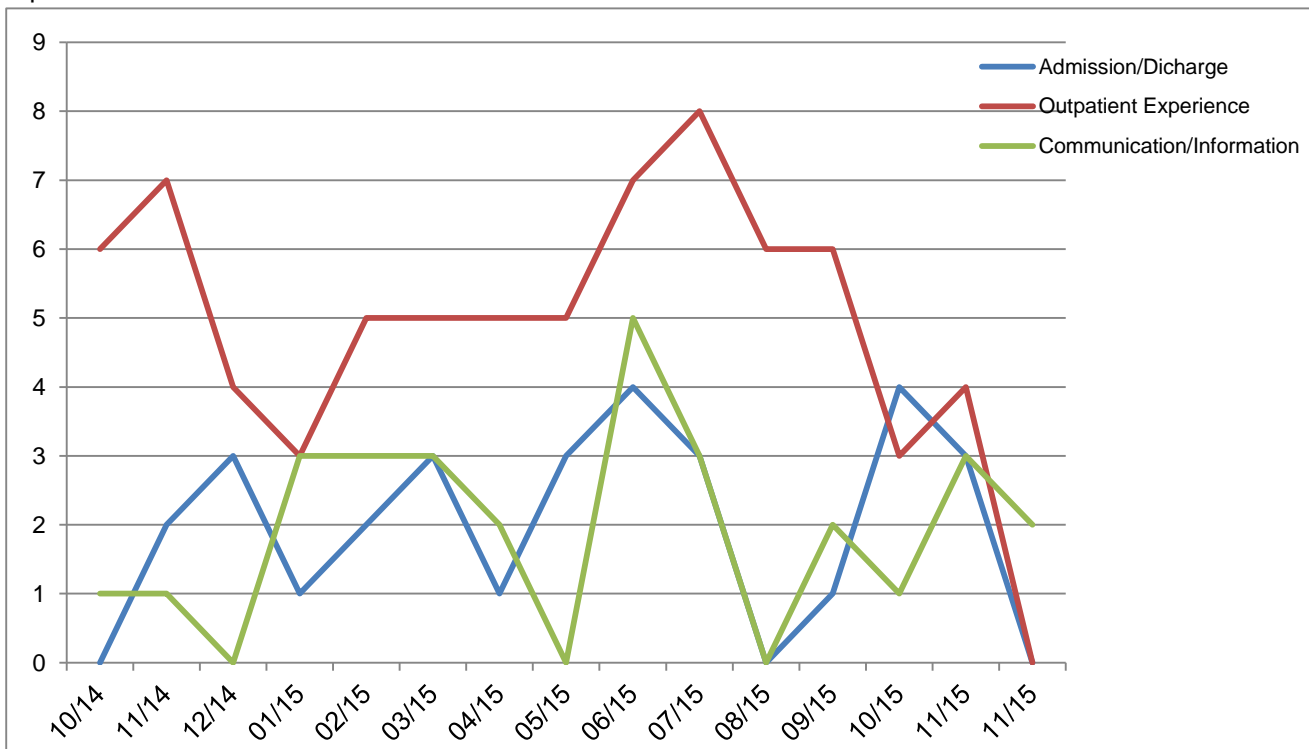
ICI-LM

The main activity in Pals is seen under the specialities **Rheumatology (43.8%) Oncology (12.5%) Immunology (9.4%) and Clinical Genetics (9.4%)**. There has been a 31.9% decrease in cases between Q2 and Q3 47 cases to 32 cases

Attachment 9



Top 3 reasons for referrals to Pals between Q3 14/15 and Q3 15/16



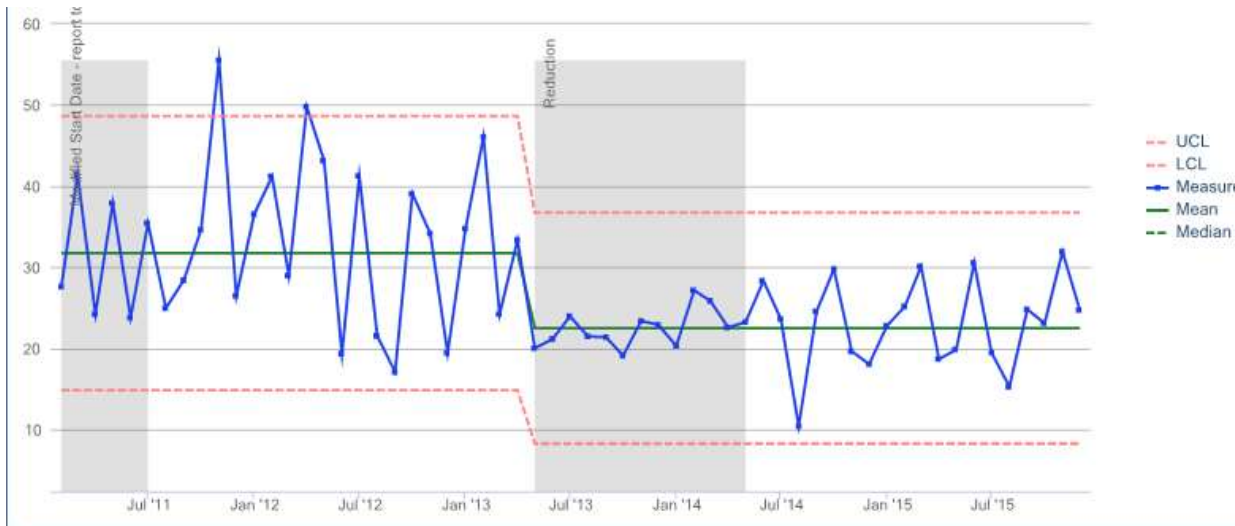
From the above graphs when comparing Q3 14/15 to the present Q3 15/16 there has been a decrease in cases due to **Outpatient Experiences** (communication and letters, care advice and cancellations). This is also true when comparing Q2 15/16 to the current Q3. However, there has been an increase in cases referred due to **Admission/Discharge** (Communication and letters; waiting times; accommodation) and **Communication / Information** (Lack of communication between parents, lack of information and lack of communication between staff). **Promptly resolved** cases the main themes were: Admission /discharge (25.9%) Outpatient experience (18.5%) Communication / Information (14.8%) Inpatient experience (14.8%) **Complex cases**: Outpatient experience (50%) and Communication / Information (50%)

Case study: Patient R has been a patient at Great Ormond Street for 18 months and is 9 years old. She was being admitted for intensive physiotherapy for two weeks. Her mother contacted Pals in Q3 as she is a single parent and required support with managing the admission and caring for her two other children. The concerns were presented to the physiotherapy team, who discussed the situation during a MDT and were able to support the family with additional care for one extra sibling during the 1st week admission with a plan to review the case during that week.

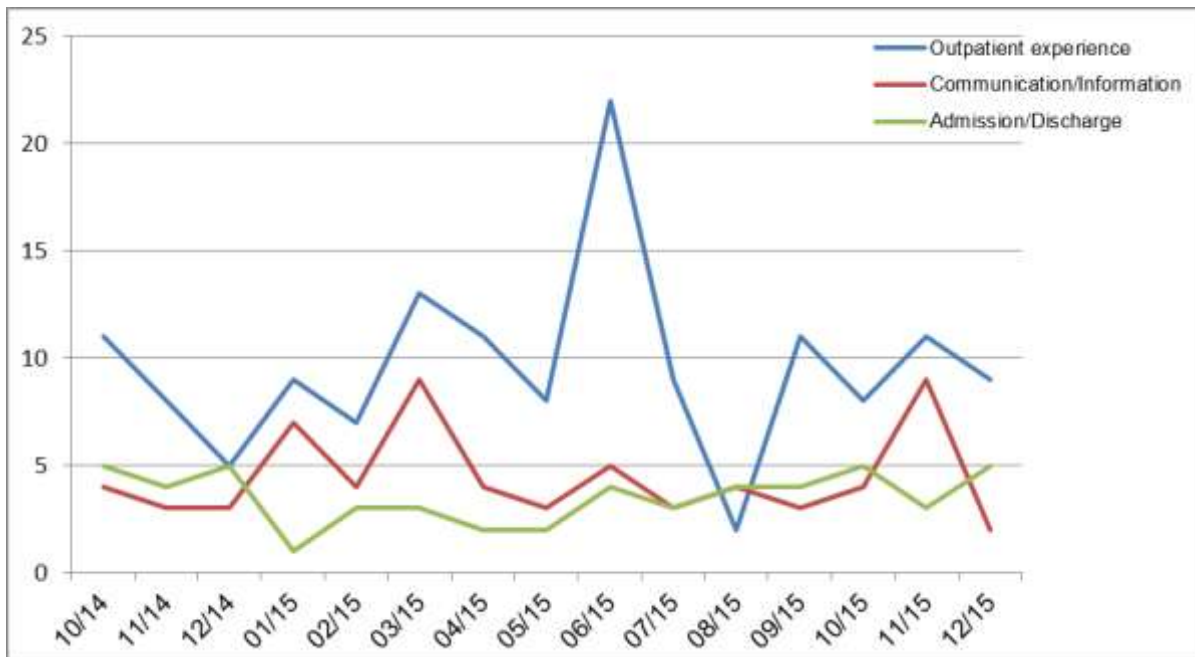
MDTS

Attachment 9

The main activity in Pals is seen under the specialities **Gastroenterology (59.8)** **Endocrine (13%)** **Social Work (6.5%)**. There has been a 24.3% increase in cases from Q2 to Q3 (74 to 92).



Top 3 reasons for referrals to Pals between Q3 14/15 and Q3 15/16



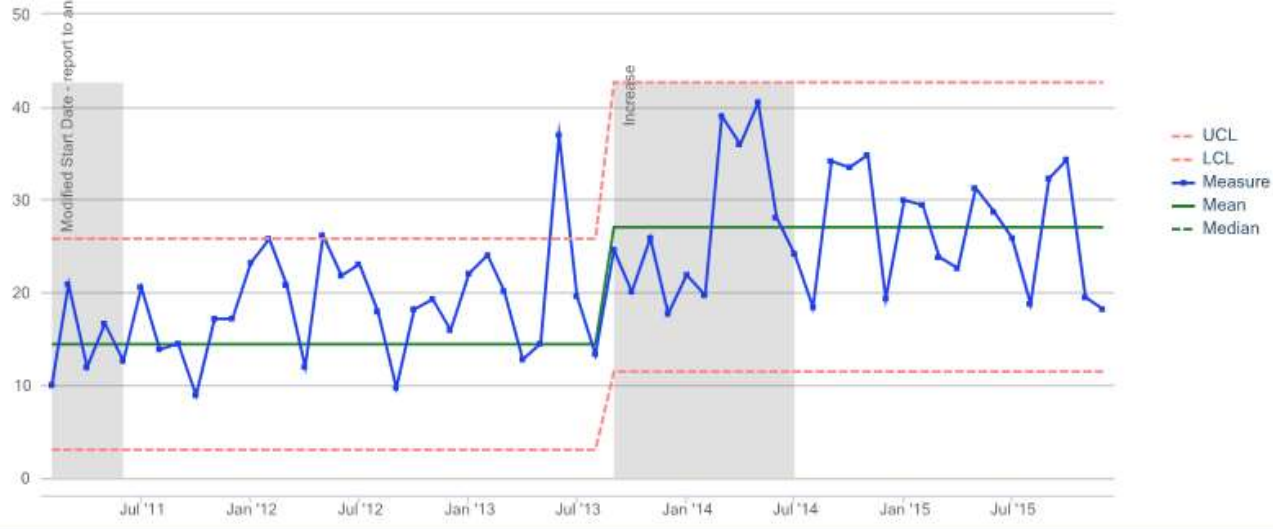
When comparing Q3 15/16 to Q3 14/15 what is noticeable is **Admission/Discharge** (Communication/letters Cancellation Care advice) and **Communication Information** (Lack of communication with parents/patients; Incorrect information; Lack of information to parents) has increased and **Outpatient Experience** (Communication/letters; Care advice; Cancellations) has slightly decreased. When comparing Q2 15/16 to Q3 15/16 there is an increase overall in each of the top three reasons for coming to pals. **Promptly resolved** cases Outpatient experience (33.8%) Communication and Information (15.6%) Admission discharge (14.3%). **Complex case** themes are: Communication and information (33.3%) Admission /Discharge (22.2%) Outpatient experience (22.2%)

Case study; Patient G is 17 years old and has been a patient at Great Ormond Street for 8 years and is under gastroenterology for at least 5 years. Mother contacted Pals as she needed to reschedule an outpatient appointment due to conflicts with exams and other siblings appointments, and she needed an admission date. Pals liaised with the service manager who assisted in arranging a new outpatient appointment date and admission date that was convenient for the family's needs.

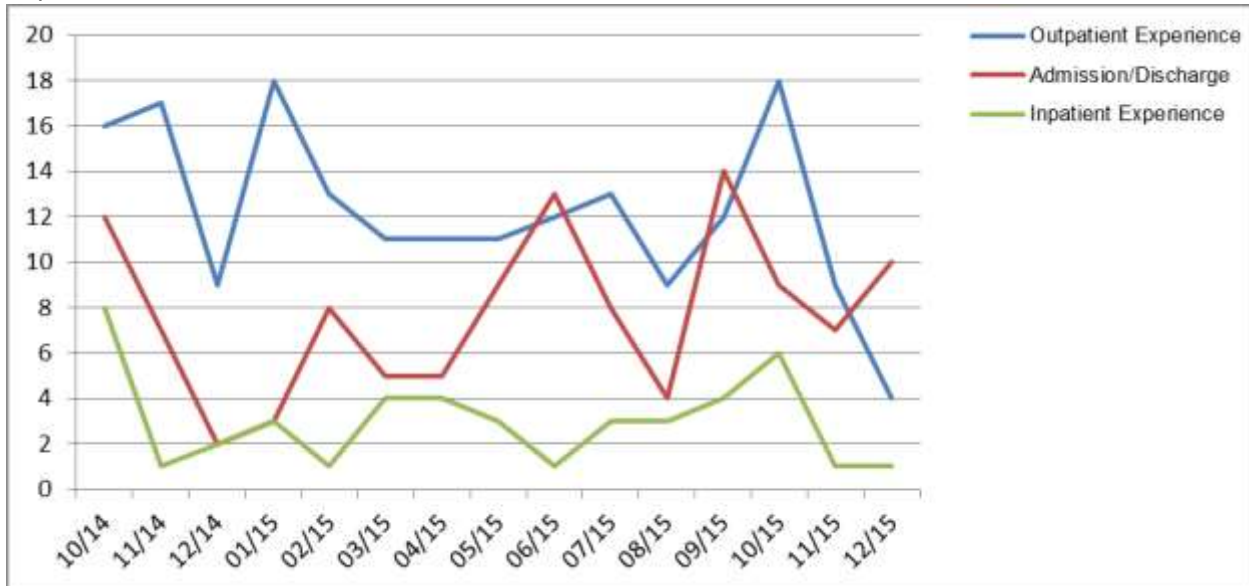
SURGERY

Attachment 9

The main activity in Pals is seen under the specialities **General surgery (21.5%), Orthopaedics / Spinal surgery (18.3%) Urology (16.1%)**. There has been a 6.1% decrease in cases between Q2 to Q3 (99 versus 93).



Top 3 reasons for referrals to Pals between Q3 14/15 and Q3 15/16

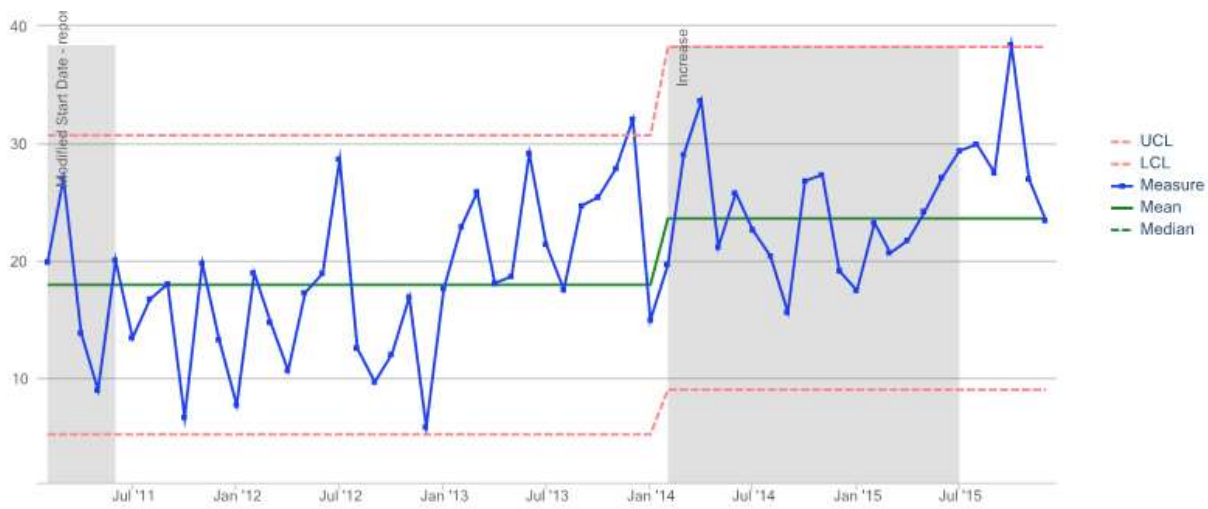


Between Q3 14/15 and Q3 15/16 there has been a reduction in the referrals to pals for Outpatient Experiences (Communication/letters; Cancellations; Care advice) and Inpatient Experiences (Care advice Communication/letters and Environment/cleanliness), this trend is also noted between Q2 15/16 and Q3 15/16 whilst Admissions/Discharge (Communication/letters, Cancellation and Accommodation) have increased. Between Q2 15/16 and Q3 15/16 this has remained steady. Promptly resolved cases, majority of the surgery Pals cases involved Outpatient experiences (34.2%) Admission /Discharge (30.2%) Inpatient experience (10.1%) Complex cases it Outpatient experience (26.7%) Admission/Discharge (20%) Communication/Information (13.3%) Referrals (13.3%)

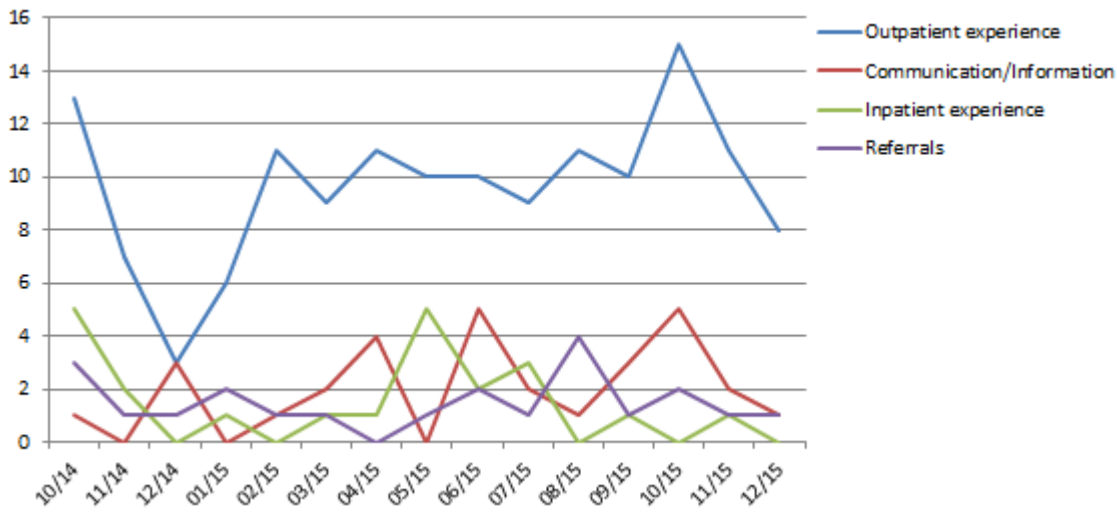
Case study: Patient S is a 4 ½ year old boy, who has been a patient at Great Ormond Street since 2012 under multi-disciplinary care. During Q3 his parent contacted Pals as they were awaiting transfer from another hospital and were encountering delays. Pals contacted the multidisciplinary team, who worked together and liaised with the admitting hospital to arrange a swift transfer. The patient was brought in and had the relevant procedures carried out.

NEUROSCIENCES

The main activity in Pals IS seen by specialities **Neurology (24.4%) Ophthalmology (17.1%) Outpatients (11%)**. There was a 1.23% increase in cases between Q2 and Q3 from 81 to 82.



Top 3 reasons for referrals to Pals Q3 14/15 to Q3 15/16*



*Outpatient appointments were also one of the joint top 3 reasons for referrals to Pals in the Neurosciences directorate

Between Q3 14/15 and Q3 15/16 there has been an increase in the referrals to pals for **Outpatient Experiences** (Communication/letters; Cancellations; Care advice) and **Communication /Information** (Lack of communication with parents/patients, Lack of information to parents, Lack of communication between staff/teams) and **Admission/Discharge** (Cancellation, Care advice and Communication/letters) and a decrease in cases about **Inpatient Experiences** (Care advice, Communication/letters, Accommodation) and **Referrals** (Advice NHS, Communication/letters). This trend is also noted between Q2 15/16 and Q3 15/16. **Promptly resolved cases:** Outpatient experience (46.7%) Communication and information (7.7%) Medical records (7.7%). **Complex cases:** Communication/Information (25%) Outpatient experience 25%) Admission discharge (16.7%)

Case study: Patient N is a 12 year old boy who has been a patient at Great Ormond Street for 8 months under the Epilepsy team. Parents contacted Pals during Q3 as they had several concerns regarding shared care and patients feelings about their illness. This developed during the case to include emergency care plans and investigations being booked in. Pals relayed concerns to team, and the CNS, admin team and consultant in charge fed back information to ensure local services and family were are of a plan, and any necessary tests were arranged.

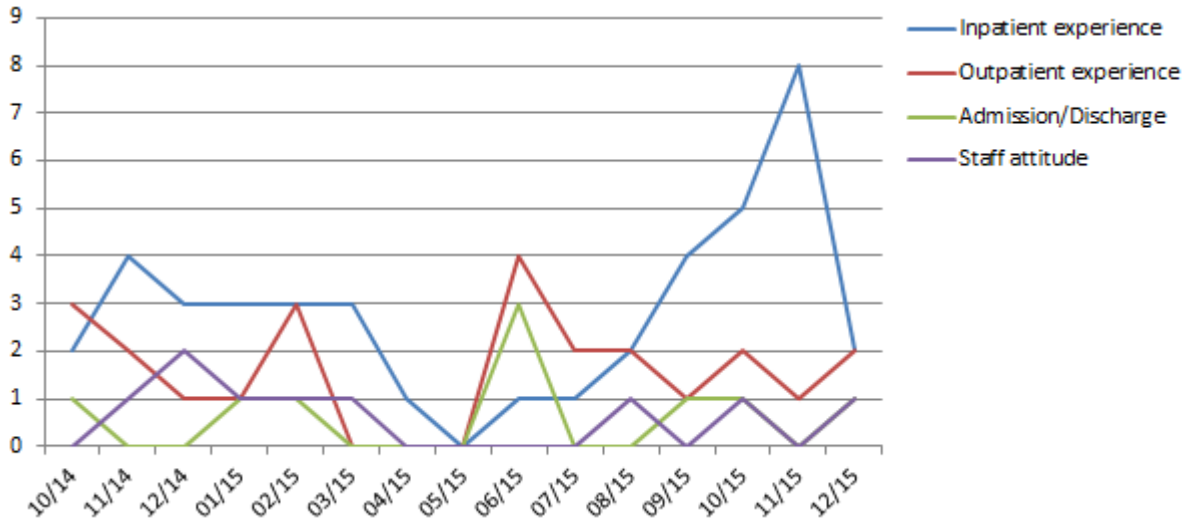
ESTATES AND FACILITATES

The main activity in Pals is seen under the areas of **Accommodation and patient transport (40%) Catering (24%) and Works (12%)**. There was a 47.1% increase in cases between Q2 and Q3 –17 to 25

Attach



Top 3 reasons for referral to Pals between Q3 14/15 to Q3 15/16



Comparing Q3 15/16 to Q3 14/15: A decrease in referrals due **Staff Attitude** (rudeness and uninterested) and **Admission and Discharge** (accommodation and transport); Increase in referrals for **Inpatient experiences** (accommodation, catering and environment/cleanliness) and **Outpatient experiences** (Accommodation, care advice and communication/letters) . **Q2 15/16 and Q3 15/16** - increase in cases for **Facilities, Inpatient experiences, outpatient experiences and Staff attitudes and Admission discharge**. **Promptly resolved themes were:** Inpatient experiences (60%) Outpatient experiences (20%) Admission/Discharge (8%)

Case study: Patient F is a long term inpatient whose family contacted Pals for a specialist diet. Pals liaised with the catering team, who sent a chef to discuss the diet with the patient and their family and subsequent meals were provided to the patients' satisfaction.

Our Always Values

As part of the implementation of 'Our Always Values' Pals now log each subject raised within referrals against one of the Trust's Values. One aim of this is to provide meaningful data about how the Trust is performing in relation to 'Our Always Values' and to help identify more specific issues in relation to the communication issues that arise. This data is provided in the table below.

	Numbers	Percentage
Helpful - Reliable	111	27.50%
Helpful - Helps others	50	12.40%
Expert - Professional	43	10.70%
One Team - Communication	40	9.90%
Helpful - Understanding	35	8.70%
Expert - Improving	23	5.70%
Helpful - Patient	23	5.70%
Welcoming - Reduce waiting	20	5.00%

Attachment 9

One Team - Open	17	4.20%
Expert - Safe	15	3.70%
One Team - Listening	7	1.70%
Expert - Excellence	6	1.50%
Welcoming - Friendly	6	1.50%
One Team - Involve	4	1.00%
Welcoming - Respect	3	0.70%

27.5% of Pals cases during Q3 were regarding helpful and reliable. Outpatient experience accounted for 39.6% of the "Helpful reliable" cases and some examples of these included transport issues with not knowing if transport would arrive to take patients to clinic, communication- changes to plans made in appointments, accommodation arrangements for outpatient appointments and cancellation of appointments.

Same sex accommodation

There are no cases

Social media

Overall during Q3 17 queries/contacts were made via social media. They were pan Trust regarding multiple specialities, with no specific associations noted between medium used and contact received.

Cases formally escalated

11 cases were escalated in Q3 and they are managed and reported by the complaints Q3 report

Compliments

11 compliments were received. They were across the directorates and related to topics including positive feedback about treatment a long time ago, good experiences during admission and outpatients, positive experience with support from admin staff.