

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE MEMBERS' COUNCIL
Wednesday 27th April 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 <ul style="list-style-type: none"> Declarations of interest for councillors 2016 	A	Chairman	
4.	Minutes of the meeting held on 27 th January 2016	B	Chairman	
5.	Matters Arising and action log	C	Chairman	
6.	Revised Members’ Council Terms of Reference	D	Anna Ferrant, Company Secretary	4:10pm
	STRATEGY			
7.	Update on International and Private Practice (IPP) at GOSH	E & presentation	Trevor Clarke, Director of IPP	4:20pm
8.	Update on progress with the Electronic Patient Record (EPR)	F & presentation	Dr Vinod Diwakar, Medical Director	4:35pm
9.	Annual Plan Update and report on the results of the Survey of Members on the Annual Plan 2016/17	G	Claire Newton, Interim Director of Strategy & Planning	4:50pm
	PATIENTS, FAMILIES AND MEMBERS			
10.	Updates from the Membership and Engagement Committee including Update on Board and Council engagement work	H	Carley Bowman, Chair of MEC	5:00pm
11.	Update from the Young Person’s Forum (January and April 2016)	S	George Howell, Chair of YPF	5:10pm
12.	Update from the Patient and Family Experience and Engagement Committee	I	Juliette Greenwood, Chief Nurse	5:20pm
13.	Councillor activities	Verbal	All Councillors	5:30pm

	PERFORMANCE AND GOVERNANCE			
14.	Chief Executive Report (Highlights and Performance)	J	Dr Peter Steer, Chief Executive & Executive Directors	5:40pm
15.	Reports from Board Assurance Committees <ul style="list-style-type: none"> • Clinical Governance Committee (CGC) (January 2016) • Audit Committee Summary Report (January 2016 and April 2016) • Finance and Investment Committee Summary Report (25 January 2016) 	K L & Verbal for April AC meeting M	Mary MacLeod, Chair of the CGC Charles Tilley, Chairman of the Audit Committee David Lomas, Chairman of the F&I Committee	5:50pm
16.	Appointment process for a NED on the GOSH Board	N	Company Secretary	6:00pm
17.	Revised Terms of Reference for the Members' Council Nominations and Remuneration Committee Councillor appointment to the Members' Council Nominations and Remuneration Committee	O P	Company Secretary Company Secretary	6:10pm
18.	Annual Endorsement of the Lead Councillor	Q	Company Secretary	6:20pm
19.	Compliance and Governance Update <ul style="list-style-type: none"> • CQC Action Plan • NHS Improvement Well Led Assessment 	R	Company Secretary	6:30pm
20.	Any Other Business	Verbal	Chairman	
21.	Meeting closes			

Members' Council

27th April 2016

Members Council Register of Interests

Summary & reason for item:

To present the Members' Council Register of Interests 2015/16.

Councillor action required:

1. To note the content of the register.
2. To note the requirement to declare any future interests that may arise.

Report prepared by:

Anna Ferrant, Company Secretary

Item presented by:

Anna Ferrant, Company Secretary

Register of Interests- Members Council

All Councillors are required to inform the Company Secretary whether they have any personal or family interests as soon as they are elected or appointed. Councillors should also declare whether their spouse or partner has any interests.

The Constitution also requires Councillors to declare any pecuniary, personal or family interest in any proposed contract or matter that is to be considered by the Members' Council at a meeting. If there is a conflict of interest then the Councillor may not participate in the discussion around that particular issue and should withdraw from the meeting whilst the item is discussed.

The Members' Council Standing Orders (as documented in the Trust Constitution) state:

Councillors shall declare any pecuniary, personal or family interest¹, whether that interest is direct or indirect², in any proposed contract or other matter which is under consideration or is to be considered by the Members' Council. A family interest will include those of a Councillor's spouse³ or partner. Any Councillor appointed subsequently shall declare such interests on appointment or election.

Such interests include (without limitation):

- *directorships, including non-executive directorships held in private companies, public limited companies or public benefit corporations (with the exception of those of dormant companies);*
- *ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;*

¹ "family" shall include a councillor's close family, for example, domestic partner, children, children of domestic partner, dependants, dependants of domestic partner

² This includes a transfer of resources, services or obligations between related parties, regardless of whether a price is charged.

³ "spouse" shall include any person who lives with another person in the same household

Attachment A

- *majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS;*
- *a position of trust or fiduciary duty in a charity or voluntary organisation in the field of health and social care;*
- *any connection with a voluntary or other organisation contracting for NHS services; or*
- *any other commercial interest in the decision before the meeting.*

The following exceptions shall not be treated as interests:

- *an employment contract with the Trust held by a staff councillor;*
- *an employment contract with the National Commissioning Board held by a National Commissioning Board councillor;*
- *an employment contract with a local authority held by a Local Authority councillor;*
- *an employment contract with a partnership organisation held by a partnership councillor.*

Any declared interests are entered onto a Register of Councillors' Interests and made publicly available in order to avoid councillors being influenced or appearing to be influenced by their private interests in the exercise of their duties as a councillor. Failure to declare an interest could lead to a councillor breaching the code of conduct and being excluded from their position.

Councillor action required:

Councillors are asked:

1. To note the content of the register attached at appendix 1.
2. To note the requirement to declare any future interests that may arise.

Great Ormond Street Hospital for Children NHS Foundation Trust
Members' Council Register of Interests 2015-16

Constituency	Name	Declared Interests
Patient and Carer Councillors		
Patients from outside London	Edward Green	Consultant at BLOCK Solutions who provide the GOSH network. GOSH school governor.
	George Howell	None declared
Patient from London	Sophie Talib	Training as a medical student at St George's Hospital Member of the YPF
	Susanna Fantoni	Declaration not received.
Parents and carers from London	Mariam Ali	None declared
	Lisa Chin-A-Young	Husband is Director at IBI Group that provides health architecture and systems consultancy services to the NHS.
	Matthew Norris	Director, Grosvenor Fund Management Limited
Parents and carers from outside London	Carley Bowman	Director – Carley Bowman Media Limited Husband is Director – Archer Signs.
	Claudia Fisher	I have been appointed a Parent Representative on the RCPCH Quality Improvement Committee (March 2016). I have been appointed a Parent Representative on the NICE QS IB fluid therapy in children and young people in hospital.
	Camilla Pease	UK Government appointed Toxicologist on the Food Standards Agency Advisory Committee on Novel Foods and Process (ACNFP)

Attachment A

Constituency	Name	Declared Interests
		Programme Manager in Environment & Chemical Regulation at the Royal Society of Chemistry (covering 'health').
Public Councillors		
North London and surrounding area	Trevor Fulcher	GOSH Charity Ambassador
	Simon Hawtrey-Woore	None declared
	Rebecca Miller	None declared
	Mary De Sousa	None declared
South London and surrounding area	Gillian Smith	None declared
The rest of England and Wales	Stuart Player	None declared
	David Rose	Declaration not received
Staff Councillors		
Staff	James Linthicum	None declared
	Jilly Hale	None declared
	Rory Mannion	None declared
	Clare McLaren	None declared
	Prab Prabhakar	Declaration not received
Appointed Councillors		
London Borough of Camden	Jenny Headlam-Wells	None declared
University College London, Institute of Child Health	Christine Kinnon	None declared
Great Ormond Street Hospital School	Muhammad Miah	Declaration not received
Expert Patient Experience Programme	Olivia Frame	None declared
NHS England	Hazel Fisher	Declaration not received

ATTACHMENT B

DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING
27th January 2016
Charles West Boardroom

Baroness Tessa Blackstone	Chair
Mr Matthew Norris	Patient and Carer Councillors: Parents and Carers from London
Ms Mariam Ali	
Mrs Lisa Chin-A-Young	
Ms Claudia Fisher	Patient and Carer Councillors: Parents and Carers from outside London
Dr Camilla Pease	
Mrs Carley Bowman	
Mr Edward Green	Patients outside London
Miss Mary de Sousa**	Public Councillors: North London and surrounding area
Mr Simon Hawtrey-Woore	
Mrs Gillian Smith**	Public Councillors: South London and surrounding area
Ms Jilly Hale	Staff Councillors
Mr Rory Mannion	
Ms Clare McLaren	
Cllr Jenny Headlam-Wells	Appointed Councillor: London Borough of Camden
Professor Christine Kinnon	Appointed Councillor: UCL Institute of Child Health

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
Ms Yvonne Brown	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	Interim Director of Strategy and Planning
Mr Matthew Tulley	Director of Development
Mr Bill Boa	Interim Chief Finance Officer
Ms Cymbeline Moore*	Director of Communications
Dr Anna Ferrant	Company Secretary
Ms Deirdre Leyden	Membership Relationship and Engagement Manager
Ms Victoria Goddard	Trust Board Administrator
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*

80	Apologies for absence
80.1	Apologies were received from: Mr George Howell, Patient and Carer Councillor; Ms Susanna Fantoni Patient and Carer Councillor; Mr Trevor Fulcher, Public Councillor; Ms Rebecca Miller, Public Councillor; Mr Stuart Player, Public Councillor; Mr David Rose, Public Councillor; Reverend James Linthicum, Staff Councillor; Dr Prab Prabhakar, Staff Councillor; Ms Olivia Frame, Appointed Councillor; Mr Muhammad Miah, Appointed Councillor; Ms Hazel Fisher, Appointed Councillor.
81	Declarations of Interest
81.1	No declarations of interest were received.
82	Minutes of the meeting held on 25th November 2015
82.1	The minutes of the previous meeting were approved .
83	Matters Arising and action log
83.1	It was agreed that the update on RTT would be a standing item on the agenda until reporting of RTT is reinstated.
83.2	Action: Minute 69.14 – It was agreed that the access improvement internal communications information would be provided to the Council by 29 th January 2016.
83.3	Minute 71.4: It was noted that the additional information requested from the counter fraud survey had been provided to the Audit Committee.
83.4	Minute 73.2: Ms Juliette Greenwood, Chief Nurse recommended that parents who were members of the Patient and Family Engagement and Experience Committee continued to take part in walkrounds and that patients would not take part in walkrounds whilst being treated at GOSH.
84	Charity Update on Evening Standard/ Independent appeal
84.1	Ms Cymbeline Moore, Director of Communications told the Council that the Evening Standard/Independent appeal was schedule to end on 14 th February 2016 to coincide with GOSH's 164 th birthday. She said that the appeal had been very successful to date, publishing over 190 pieces of coverage and significantly raising the profile of the GOSH Children's Charity. The Council noted that the £3 million fundraising target had been reached and this news would be released on 29 th January.
84.2	The Members' Council congratulated the Charity on their work on the appeal both in terms of fundraising and raising awareness of the Charity and thanked Lisa Sharman, Executive Assistant to the Director of Communications for providing regular updates on coverage to the Council.

85	Chief Executive Report (Highlights and Performance)
85.1	Dr Peter Steer, Chief Executive presented the report. He highlighted the 100,000 genome project which is strategically important to the hospital. GOSH is leading a partnership with a number of other providers as a consortium and is itself contributing 24% of the genomes to the project.
85.2	Dr Steer said that the Trust's staff turnover rate had been discussed earlier in the day at the Board meeting as it was higher than other London Trusts. This was in spite of a number of staff benefits offered by the Trust such as accommodation and a subsidised nursery. The PDR completion rate had also been discussed by the Board as it had reduced.
85.3	It was confirmed that Mrs Claire Newton had taken on the role of Interim Director of Strategy and Planning and Mr Bill Boa was now Interim Chief Finance Officer.
85.4	Dr Steer told the Council that the Trust was currently projected to finish 2015/16 'on-plan' financially and discussions were taking place to agree the budget and funding for 2016/17. Dr Steer added that work was on-going on the three year plan to ensure GOSH was sustainable.
85.5	Dr Camilla Pease, Patient and Carer Councillor asked if the increase in IPP income had been anticipated.
85.6	Dr Steer said that the increase had not been included in the financial plan and was a key driver for the Trust remaining on plan. He said that this was due in part to increased activity but also work that had taken place around billing processes.
85.7	The Council discussed GOSH's Monitor rating. Mr Bill Boa, Interim Chief Finance Officer said that GOSH's rating remained at the highest possible of 4. He added that Monitor's expectation was that all Trust's would undertake business planning to ensure that 3 would be the minimum rating achieved and he confirmed that this would be the case for GOSH. Mr Boa said that the biggest risk facing GOSH was around specialist tariff top ups which had not yet been agreed however historically GOSH had done well in engaging with tariff discussions.
85.8	Mrs Claire Newton, Interim Director of Strategy and Planning said that the Trust continued to have a rating of 4 due to capital donations. She confirmed that Monitor was aware of this.
85.9	Action: The Council discussed text message reminders for outpatient appointments which did not always look professional or offer a reply function to allow appointments to be rebooked. It was agreed that feedback would be taken forward outside the meeting. Ms Dena Marshall, Interim Chief Operating Officer said that the Outpatients Improvement Project was looking at a number of issues including work to join up central booking with ICT and switchboard.
85.10	Action: It was agreed that the committee structure would be provided to the Council.
85.11	Action: It was agreed that the targets and indicators report would be reinstated to the Chief Executive report.

85.12	Dr Vinod Diwakar, Medical Director said that the discharge summary completion rate was improving overall and added that discussion had taken place at Trust Board around clinic letter turnaround time, the target for which was currently five days. Dr Diwakar suggested that a seven or eight day target would be more clinically appropriate and would be amended going forward as it was important to be able to include tests results and discuss letters at multidisciplinary team meetings where necessary.
86	CQC Inspection Report
86.1	Dr Anna Ferrant, Company Secretary reminded the Council that the Care Quality Commission had conducted a scheduled inspection of the hospital in April 2015 which was undertaken by 52 inspectors and was then followed by an unannounced inspection.
86.2	The report had been published in January 2016 with an overall rating of 'good'. The report had been delayed due to the Trust's RTT issues and the time taken for CQC to consider the way in which this would be referenced in the report.
86.3	Dr Ferrant said that the report included nine recommendations, three of which were around RTT and therefore already had extensive action plans in place. Two services had been rated as requires improvement: outpatients and surgery and it was clear that RTT had been a key driver of this.
86.4	Ms Mary MacLeod, Non-Executive Director said that all issues highlighted in the report were ones that GOSH was aware of and was actively working on prior to the inspection, which was positive. Ms MacLeod said that issues were being monitored through the action plan across the organisation and feedback was being provided to the Clinical Governance Committee and Audit Committee.
86.5	Baroness Blackstone, Chairman said that the view of the Non-Executive Directors was that the outcome of the report was positive. She highlighted the positive comments that had been made around treatment and care of patients and families but emphasised the importance of continuing to be innovative and carry out research.
86.6	The Council congratulated staff on their hard work to achieve the results outlined in the report. They noted in particular the 'outstanding' ratings for end of life care and medical care.
86.7	Action: It was agreed that the draft action plan that was being sent to the Trust Board would be circulated to the Members' Council.
86.8	The Council discussed transition and Ms Juliette Greenwood, Chief Nurse said that a national Commissioning for Quality and Innovation (CQUIN) target would come into effect in 2016/17 around transition. She said that the Trust would conduct a baseline assessment on transition for all services and would aim to implement measurable metrics which could be monitored by the Board.
86.9	Dr Steer emphasised that transition must be undertaken as efficiently as possible and be an embedded part of care for every clinician.

87	Reports from Board Assurance Committees
87.1	<u>Audit Committee Summary Report (18 January 2016)</u>
87.2	Mr Charles Tilley, Chair of the Audit Committee welcomed Councillors to attend Audit Committee meetings as observers. He said that the Committee had considered the revised risk appetite and had requested amendments which would be approved by the Trust Board at the February strategy day meeting before being shared with the Members' Council.
87.3	The Committee looked at the top 3 risks exercise and considered the responses given in relation to the risk register and were beginning to look at cyber security as a key area.
87.4	An extraordinary meeting of the Audit Committee had been called on 23 rd February 2016 to look at the final KPMG report on data quality.
87.5	The Audit Committee received a report on the recent electrical infrastructure failure which was being treated as a serious incident. It was confirmed that no harm was suffered by any patient during this incident.
87.6	Mr Matthew Norris, Patient and Carer Councillor noted that the committee had discussed the Trust's insurance arrangements and queried whether the Members' Council had any personal liability and whether this was insured against.
87.7	Dr Anna Ferrant, Company Secretary said that the constitution was clear that Councillors were not personally liable where they had acted honestly and in good faith.
87.8	The Council discussed RTT and noted the extremely complex nature of the metric. Dr Steer said that GOSH was part of a complex system and a number of elements were outside the Trust's control however it was important to look at the reporting mechanisms to the Board to highlight potential areas for additional scrutiny.
87.9	The Council agreed that there was a lack of public awareness of the 18 week RTT target and was assured that the Trust was dedicating a significant amount of time and resource to rectifying the situation and to ensuring that patients were treated in a safe and clinically appropriate time frame.
87.10	<u>Finance and Investment Committee Summary Report (25 January 2016)</u>
87.11	Mr David Lomas, Chair of the Finance and Investment Committee said that the last meeting had considered the projected financial outturn for 2015/16 and supported the conclusion that GOSH was likely to finish the year on-plan.
87.12	The Committee reviewed the work to date to develop the budget for 2016/17 with a view to ensuring the Trust was on a financially sustainable trajectory.
87.13	Mr Lomas said that the Committee had suggested that there might be other ways in which the GOSH brand could be used more commercially and had asked the Executive team to look at this.

88	Reappointment of the Chairman and a Non-Executive Director and Outcome of the Chairman and NED Appraisal Process
88.1	The Council noted that the Members' Council Nominations and Remuneration Committee had recommend for approval the reappointment of Baroness Blackstone, Chairman and Ms Mary MacLeod Non-Executive Director and had recommended that Baroness Blackstone and Ms MacLeod give verbal statements to outline why they wished to be considered for reappointment.
88.2	<p>Baroness Blackstone told the Council that she was passionate about GOSH and wanted to continue to be part of the organisation, using the knowledge that she has acquired in her remaining two years of tenure. Baroness Blackstone added that there had been substantial executive change and the continuity of the Chairman would be valuable. She said that she felt both a commitment and a responsibility to continuing the work on RTT and she was committed to ensuring that the Trust continued to carry out vital research.</p> <p><i>Baroness Blackstone left the meeting and Mr Charles Tilley, Deputy Chairman took the chair.</i></p>
88.3	Dr Anna Ferrant, Company Secretary said that the Members' Council Nominations and Remuneration Committee had suggested that there could have been greater mention of the Trust's RTT issues within the appraisal documentation. Dr Ferrant highlighted that the overarching testament from the NEDs did reference in some detail the RTT issues facing the Trust.
88.4	Mr Matthew Norris, Patient and Carer Councillor said that the committee had discussed the importance of succession planning in order to ensure that Non-Executive Directors and Chairs ended their terms at roughly equal intervals. However, he highlighted that the Committee had agreed that a new chairman would be appointed prior to the end of Baroness Blackstone's tenure and would meet relevant staff and councillors and attend meetings as an observer.
88.5	<p>The Members' Council approved the outcome of Baroness Blackstone's appraisal and unanimously approved her reappointment.</p> <p><i>Baroness Blackstone re-joined the meeting and took the chair.</i></p>
88.6	Ms Mary MacLeod, Non-Executive Director said that she had gained a lot of satisfaction and been challenged in a positive way by her work at GOSH and she particularly focused on learning from areas where things had gone wrong, and quality, safety and patient and family experience.
88.7	Ms MacLeod said that challenges for the Trust were likely to be in ensuring that quality and safety levels were maintained whilst operations became more efficient and financially sustainable.
88.8	<p>Ms MacLeod highlighted the role she had played in building relationships in various areas of GOSH and said that she hoped to use these skills in the future to look at the relationship between the Board and the Members' Council.</p> <p><i>Ms MacLeod left the meeting</i></p>

88.9	Baroness Blackstone said that Ms MacLeod undertook a lot of work at GOSH and had a large number of valuable skills along with considerable commitment.
88.10	The Council approved the outcome of Ms MacLeod's appraisal and unanimously approved her reappointment.
88.11	The Council approved the outcome of the appraisals of Mr Charles Tilley, Mr Akhter Mateen, Mr David Lomas and Professor Rosalind Smyth. <i>Ms MacLeod rejoined the meeting</i>
88.12	<u>Appointment of a non-executive director at Great Ormond Street Hospital for Children NHS Foundation Trust</u>
88.13	Baroness Blackstone said that following interviews undertaken by members of the Members' Council Nominations and Remuneration Committee, Professor Stephen Smith had been recommended for approval as the new Non-Executive Director.
88.14	Mrs Lisa Chin-A-Young, Patient and Carer Councillor said Professor Smith had been an impressive candidate who would be an asset to the organisation.
88.15	The Council approved the appointment of Professor Smith and noted that his first Members' Council meeting would be in April 2016.
89	Annual Forward Operational Plan 2016/17
89.1	Mrs Claire Newton, Interim Director of Strategy and Performance gave a presentation on the annual operational plan which was being developed for 2016/17. She asked the Members' Council to provide feedback on the priorities set out in the presentation.
89.2	Mrs Chin-A-Young said that the Membership and Engagement Committee had been working on the annual plan survey which would be sent via email to members. She said the work had highlighted opportunities to gain insight from the membership, however for future surveys further thought was required in terms of the questions that would be asked and the frequency with which the membership would be surveyed.
89.3	Mrs Newton said it was important to remember that a large proportion of GOSH's members were not patients and the survey questions needed to take this into account as well as members who had direct experience of the hospital . She added that a Listening Event was being planned and an update on this would be provided on this at a future meeting.
89.4	Dr Peter Steer, Chief Executive emphasised the importance of managing expectations due to the tight timescales involved with completing the document.
89.5	Action: There was support for the proposed priorities and it was agreed that any further feedback on the priorities identified for the Annual Plan 2016/17 would be provided to Mrs Newton.

90	Updates from committees
90.1	<u>Membership and Engagement Committee (MEC)</u>
90.2	Mrs Carley Bowman, Chair of the MEC said that the Committee was developing a workstream to look at supporting Councillors to represent their constituencies and work was on-going to consider the MEC's role in this area. She added that feedback was received by the hospital in a number of ways and the committee was considering whether the MEC should provide oversight of the feedback which could then be escalated as appropriate through the Members' Council.
90.3	Mrs Bowman said that members of the committee would be taking part in an away day to focus on engagement with constituencies.
90.4	<u>Young People's Forum</u>
90.5	Action: It was agreed that this item would be deferred to the next meeting.
90.6	<u>Patient and Family Engagement and Experience Committee</u>
90.7	Ms Juliette Greenwood, Chief Nurse said that the last meeting of the Committee considered the patient and family engagement strategy and was working towards establishing an annual listening event for which the agenda was still being constructed.
91	Ipsos Mori Outpatient Survey 2014 Action Plan Update & Pals Report
91.1	Ms Greenwood presented the action plan resulting from the IPSOS Mori outpatient survey 2014 and said that it gave a good sense of the work taking place in the Trust, however there was still more to do.
92	Councillor activities
92.1	<u>Medicine for Members at St. George's Medical School, University of London</u>
92.2	Ms Deirdre Leyden, Membership and Governance Manager said that she, Dr Prab Prabhakar, Staff Councillor and Ms Sophie Talib, Patient and Parent Councillor had taken part in the event at which both Dr Prabhakar and Ms Talib presented to students and recruited new members. Ms Leyden said that it had been an extremely positive event and emphasised the importance of continuing to work with the public constituency.
92.3	<u>Deloitte Governor Event</u>
92.4	Action: Mr Simon Hawtrey-Woore, Public Councillor said that he had attended a beneficial event run by Deloitte at which he was able to meet a number of Governors from other Foundation Trusts. He encouraged Councillors to attend the next event in April 2016 and it was agreed that the Membership Manager would circulate details when they were available.
93	Any other business
93.1	The Council noted that it was Ms Yvonne Brown, Non-Executive Director's last meeting of the Members' Council as she would be stepping down from the role at

93.2	<p>the end of her tenure of 29th February 2016. The Council thanked Ms Brown for her hard work in support of the hospital.</p> <p>Ms Mariam Ali, Patient and Carer Councillor highlighted the importance of continuing to ensure that there was a diverse mix of individuals on the Board from a variety of backgrounds and social statuses as well as different genders given the recent turnover of Board members.</p>
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ATTACHMENT C

MEMBERS' COUNCIL - ACTION CHECKLIST
April 2016

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
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	On agenda
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	This work will be conducted in early June for reporting to the June Members' Council meeting
83.2	27/01/16	It was agreed that the access improvement internal communications information would be provided to the Council by 29th January 2016.	CM	January 2016	To be emailed separately to councillors
85.9	27/01/16	The Council discussed text message reminders for outpatient appointments which did not always look professional or offer a reply function to allow appointments to be rebooked. It was agreed that feedback would be taken forward outside the meeting.	DM	April 2016	Issues around text message reminders will be taken through the Patient and Family Experience and Engagement Committee by members of the Membership Engagement Committee
85.10	27/01/16	It was agreed that the GOSH committee structure would be provided to the Council.	Rachel Pearce	April 2016	To be emailed separately to councillors
85.11	27/01/16	It was agreed that the targets and indicator dashboard would be reinstated to the Chief Executive report.	AF	April 2016 and on-going	On agenda
86.7	27/01/16	It was agreed that the draft CQC action plan that was being sent to the Trust Board would be circulated to the Members' Council.	Rachel Pearce	April 2016	To be emailed separately to councillors

Attachment C

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
89.5	27/01/16	It was agreed that any feedback on the priorities identified for the Annual Plan 2016/17 would be provided to Mrs Newton.	Councillors	March 2016	Actioned –update on annual plan on agenda
90.5	27/01/16	It was agreed that the Young People’s Forum item would be deferred to the next meeting.	George Howell	April 2016	On agenda
92.4	27/01/16	It was agreed that the Membership and Governance Manager would circulate details for the next Deloitte Governors Seminar when they were available.	DL	As arises	Dates will be circulated as they are received

Attachment D

Members' Council

27th April 2016

Revised Members' Council Terms of Reference

Summary & reason for item: To consider the revision to the Members' Council Terms of Reference. The Terms of Reference bring together the role and responsibilities of the Council as outlined in Monitor's Code of Governance and documented in the current Trust Constitution (Annex 8 - Standing Orders for the Practice and Procedure of the Members' Council).

Amendments are highlighted in red text.

Councillor action required:

To consider and approve the amended Terms of Reference

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

DRAFT Members' Council Terms of Reference

The Trust has Standing Orders for the practice and procedures of the Members' Council (Annex 8 of the Constitution). These Terms of Reference have been drafted based on that Annex but for the avoidance of doubt, in the event of a conflict in interpretation, the Standing Orders take precedence over the Terms of Reference.

1. Purpose

The establishment of, and the role of, the Members' Council is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 (the Act). These terms of reference should be read in conjunction with the Act and with the foundation trust code of governance and other guidance from Monitor.

2. General Duties

The statutory general duties of the Members' Council are:

- to represent the interests of the members of the Trust as a whole and the interests of the public; and
- to hold the non-executive directors individually and collectively to account for the performance of the board of directors.

3. Membership

The composition of the membership of the Members' Council is set out in the constitution (Annex 4). The chairman of the Great Ormond Street Hospital for Children NHS Foundation Board of Directors is the chairman of the Members' Council and presides over the meetings of the Members' Council. In the absence of the chair, the deputy chairman will take the chair.

4. Quorum

The quorum for the meeting and how the quorum is applied is set out in the Members' Council constitution (Annex 8). No business shall be transacted at a meeting of the Members' Council unless at least one third of the Members' Council are present, a majority of whom must be public or patient and carer councillors.

5. Members' Council committees

The Members' Council will establish the following committees:

- Nominations and Remuneration Committee
- Membership Engagement Committee

Other committees, working groups or task and finish groups as required from time to time.

6. The role of the Members' Council

6.1 Representing members and the public

The Members' Council will:

- Represent the interests of the members of the trust as a whole and of the public.
- Consider and approve the membership strategy and contribute to the development of stakeholder strategies.
- Contribute to members' and other stakeholders' understanding of the work of the foundation trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint councillors.
- Act as ambassadors in order to raise the profile of the foundation trust's work with the public and other stakeholders
- Promote membership of the foundation trust and contribute to opportunities to recruit members in accordance with the membership strategy.
- Attend events that facilitate contact between members, the public and councillors to promote councillor accountability.
- Participate in opportunities to review services and environments such as Patient Led Assessments of the Care Environment (PLACE), inspections/quality reviews/local activities and evaluations user/carer experience.
- Feedback relevant information to the board of directors or to individual managers within the foundation trust as appropriate.
- Report to members each year on progress of the membership strategy.

6.2 Holding the Non-Executive Directors to Account

The Members' Council will hold the non-executive directors individually and collectively to account for the performance of the board. The following actions/ processes will support this:

- Receive the agenda and minutes of the meetings of the board of directors.
- Receive and comment on the annual report of the audit committee on the work, fees and performance of the auditor.
- Receive and comment on the annual report and accounts (including quality report).
- Receive and comment on the quarterly report of the board of directors on the performance of the foundation trust against agreed key financial, operational, quality assurance and regulatory compliance indicators and stated objectives. Use these reports monitor performance and progress against the key milestones in the strategic and annual plans.
- If considered necessary (as a last resort), obtain information about the foundation trust's performance or the directors' performance by requiring one or more directors to attend a Members' Council meeting.
- Receive and comment on reports on important sector or strategic issues along with the board of director's response.
- Receive quarterly reports from the chairs of the Members' Council committees on the discharge of the committee's duties.

- Develop a good working relationship with the board of directors by meeting regularly to establish appropriate channels of communication and constructive challenge.

6.3 Contribution to Strategy, Plans

The Members' Council will:

- In response to requests from the board of directors, provide feedback on the development of the annual plan and the strategic direction of the foundation trust.
- Contribute to the development of the annual report and the accounts and processes that contribute to it and underpin it, in particular to quality accounts.
- Contribute to the development of stakeholder strategies, including member engagement strategies.
- Where the forward plan contains a proposal that the trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the Members' Council is satisfied that such activity will not interfere in the fulfilment by the trust of its principal purpose (the provision of goods and services for the purposes of the health service in England). It will notify the directors of the Trust of its determination.
- Consider and if appropriate approve a proposal by the Trust to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England. Approval means more than half of the members of the Members' Council voting to approve its implementation (paragraph 43.7 of the Constitution).
- Consider and if appropriate approve proposals from the board of directors for mergers, acquisitions, separations and dissolutions. Any such proposals may only be approved if more than more than half of the members of the Members' Council approve the proposal.
- Consider and if appropriate approve proposals for significant transactions (as defined in the constitution (paragraph 49)). Any proposals for significant transactions may only be approved if more than half of the members of the Members' Council of the Trust voting approve entering into the transaction.

6.4 Non-executive directors, chief executive and external auditor

The Members' Council will:

- Approve the policies and procedures for the appointment and where necessary for the removal of the chair of the board of directors and non-executive directors.
- Approve the appointment or removal of a chair of the board of directors on the recommendation of the nominations committee.
- Approve the appointment or removal of a non-executive director on the recommendation of the nominations committee.
- Approve the appointment of the deputy chairman
- Approve the policies and procedures for the appraisal of the chair of the board of directors and non-executive directors.

- Approve changes to the remuneration, allowances and other terms of office for the chair and other non-executive directors.
- Confirm or where appropriate, decline to confirm the appointment of a proposed candidate as chief executive recommended by the **chairman and** non-executive directors.
- Approve the criteria for appointing, re-appointing or removing the auditor.
- Approve the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the audit committee.

6.5 Constitution and compliance

- Following consultation with the board of directors, approve amendments to the constitution. **Any changes in respect of the powers, duties or role of the Members' Council being considered, need to be approved at the next general meeting of members.**
- **The Members' Council may require one or more of the directors to attend a meeting to obtain information about performance of the Trust.**

6.6 Councillors

- Approve the allocation of councillors to committees of the Members' Council, working groups and to any joint working groups set up by the board of directors.
- **Approve the election process and appointment to the role of lead councillor**
- Receive the comments or contributions of the Members' Council, committees of the Members' Council or any working groups on the strategies, plans, policies, procedures and accounts.
- Approve the removal from office of a councillor in accordance with the procedure outlined in the Constitution.
- Jointly implement, with the board of directors, the procedure for the resolution of disputes and concerns between the board of directors and the Members' Council as outlined under Annex 8 of the constitution.

7. Collective evaluation of performance

The Members' Council will commission an annual review of its effectiveness and efficiency in the discharge of its responsibilities and achievement of objectives.

8. Frequency of meetings

The Members' Council will meet five times a year.

9. Minutes

Minutes of the meetings will be circulated promptly to all members of the Members' Council as soon as reasonably practical. The target date for issue is 15 working days from the date of the meeting.

10. Review

The Members' Council will review these terms of reference annually.

(April 2016)

Attachment E

Members' Council

28 April 2016

International and Private Patients Service - Update

Summary & reason for item:

To provide background to the International and Private Patients Services at GOSH including the benefits of IPP to the Trust, Progress against Strategy and Plans for 2016/17

Councillor action required:

To NOTE presentation

Report prepared by:

Chris Rockenbach, General Manager and Trevor Clarke, Director of International Services

Item presented by:

Mr Trevor Clarke, Director of International Services

Members' Council 21 April 2016

Update on IPP

Trevor Clarke
Director of International Services

COMMERCIAL IN CONFIDENCE

Agenda

- Background – IPP at GOSH
- Benefits of IPP
- Progress against strategic objectives
- Highlights of 2015/16
- Plans for 2016/17

Background

Clinical

- Offer the full range of GOSH patient services
- Two dedicated wards with 39 inpatient beds (incl. 4 BMT) and 4 ambulatory beds
- Dedicated private outpatients with 9 clinic rooms
- Share clinical support services (theatres, radiology and laboratories)
- Fund 13 beds on NHS wards across all clinical specialities (4800 beddays per year)

Quality, Safety and Governance

- Operates on same basis as NHS divisions (e.g. adheres to same Trust policies and procedures)

Staffing

- Staff employed by NHS, on NHS contracts and paid same NHS rates
- Establishment of 200 WTE, including 127 nurses and healthcare support, and 11 medical staff

Background (cont.)

Finance and Activity

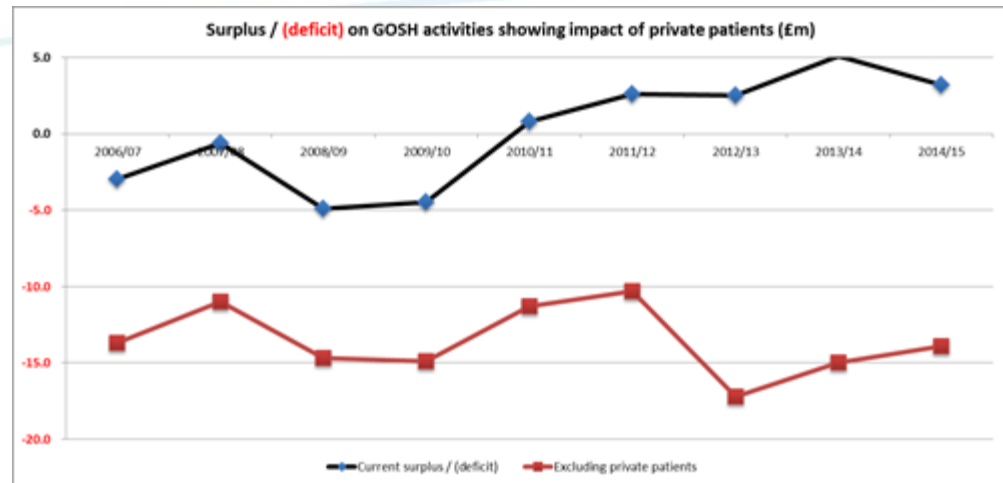
- Income target of £50m for 2016/17
- Inpatient wards have target occupancies of 80% and deliver over 12,500 bed days to over 1,800 patients
- Outpatient clinics deliver 19,000 appointments through a mixture of consultant, AHP and nurse led contacts

Stakeholders

- Key referrers are from Middle East region and generate 78% of income; Other overseas 15% and UK market 7%
- 300 Consultants registered to operate private practice at GOSH

Benefits of IPP

- Financial Contribution to Trust



- Funded growth of NHS capacity for benefit of IPP and NHS patients
- Patient case mix including specific pathologies less frequently seen
- Recruitment and retention tool for world leading clinicians
- GOSH International Profile

Strategy

Strategy was approved in September 2014

Principle strategic objective was to deliver 10% growth per annum through:

Treatment in London (primary development):

- Increase inpatient bed capacity on GOSH site by 20 beds over 5 year period

Commercial opportunities:

- Develop education, training and consultancy model and offerings
 - Secures patient flows for Treatment in London

Marketing strategy:

- Segmented approach to identified territories in four tiers
- Development of brand
- Reduce dependency on a few payers

Strategy progress

Treatment in London

- Increase in inpatient beds by redevelopment of dedicated 10 bed facility in Southwood building
- Increase utilisation of private funded beds on NHS wards
 - Funded activity is 4,803 bed days against 4,001 bed days delivered in 2015/16
- Reviewing opportunities in hospital redevelopment program

Commercial opportunities

- Continued engagement with Kuwait Ministry of Health for contract renewal
- Umbrella contract agreed with Qatar for consultancy services
- Opportunities being reviewed with public and private sector partners in existing and new territories

Marketing strategy

- Implemented with significant increase in activities
- Updated marketing strategy drafted

Highlights of 2015/16

Financial and Activity

- Growth in patient income of 21% and financial contribution and delivery of P/E target
- Assistance with NHS bed pressures including dedicating beds for RTT patients (875 bed days)
- Growth in outpatient attendances (incl. repatriation of cardiology from NHS clinics)
- Creation of dedicated MRI lists facilitating opening of MRI scanner for NHS patients
- Ongoing Nurse recruitment challenge and HCA retention

Quality and Safety

- Clinical innovation through Safety huddles and Patient Safety At a Glance (PSAG)
- Improved FFT response rate and recommendations
- Provision of clinical information updates to overseas referrer

Business and Brand development

- Attracted activity from London private hospitals
- Relationship management to secure and increase activity (in London and overseas)
- Implementation of Marketing strategy (incl. GOSHGlobal app; 3 clinical visits)
- Increased press stories and case studies through PR agency
- Improvement in dedicated website

Plans for 2016/17

Financial and Activity

- Income target circa £50m
- Opening of dedicated inpatient ward which increase bed capacity to 53 beds
- Redevelopment of Butterfly ward to increase BMT cubicles from 4 to 8
- Continued support with NHS bed pressures including dedicating beds for RTT
- Establish dedicated private theatres lists on Saturday (in addition to adhoc lists)

Quality, Safety and Patient Experience

- Implementation of FLOW projects (IPP specific and PwC pilot)
- Improvement in FFT response rate
- Roll-out of clinical discharge summaries

Business and Brand development

- Secure further activity growth through market share gains
- Review of other commercial opportunities
- Phased development of GOSHGlobal app (Android>Arabic>Condition specific)
- Increase clinical team visits overseas and attendance at key overseas exhibitions
- Review of PR agency and territory coverage
- Expansion of dedicated website including country specific domain names
- Further development of promotional literature

Appendix 1-Funded growth of NHS capacity

Private activity in privately funded NHS wards

- Key objective prior to identifying dedicated ward area when IPP reached maximum capacity in 2012/13
- Baseline activity for privately funded NHS wards was 2012/13
- Investment in four NHS business cases which without IPP activity was uneconomical

Division	2012/13 activity	Eagle B/C	ICU B/C	Medicine B/C	Badger B/C	Funded activity
Cardio-Respiratory	643				511	1,154
Critical Care	789		475			1,264
ICI	383					383
Medicine	662	657		40		1,359
Neuroscience	218					218
Surgery	425					425

- Funded activity is 4,803 bed days against 4,001 bed days delivered in 2015/16

Attachment F

Members' Council

27th April 2016

Update on progress with the Electronic Patient Record (EPR)

Summary & reason for item:

To ensure that Member's Council is briefed on the major strategic programme to replace most clinical systems with an integrated Electronic Patient Records system. Slides are provided with the papers and will be presented at the meeting by Dr Vinod Diwakar, Medical Director.

Councillor action required:

For information.

Report prepared by:

Vinod Diwakar, Medical Director and Elisabeth Crowe, EPR Programme Director

Item presented by:

Medical Director

Connected digital health
for your child, always



The past

- GOSH has invested substantially in site wide hardware and IT infrastructure in the past 3 years (£8.2m);
- Not invested proportionately in effective clinical software and applications;

The present

- Has over 400 small/local clinical systems of varying quality which are not integrated (though some are interfaced).
- The systems are expensive to run and integrate (£4.2m per annum);
- Do not give an overall view of a child's medical record in an easy to use single format;

The future

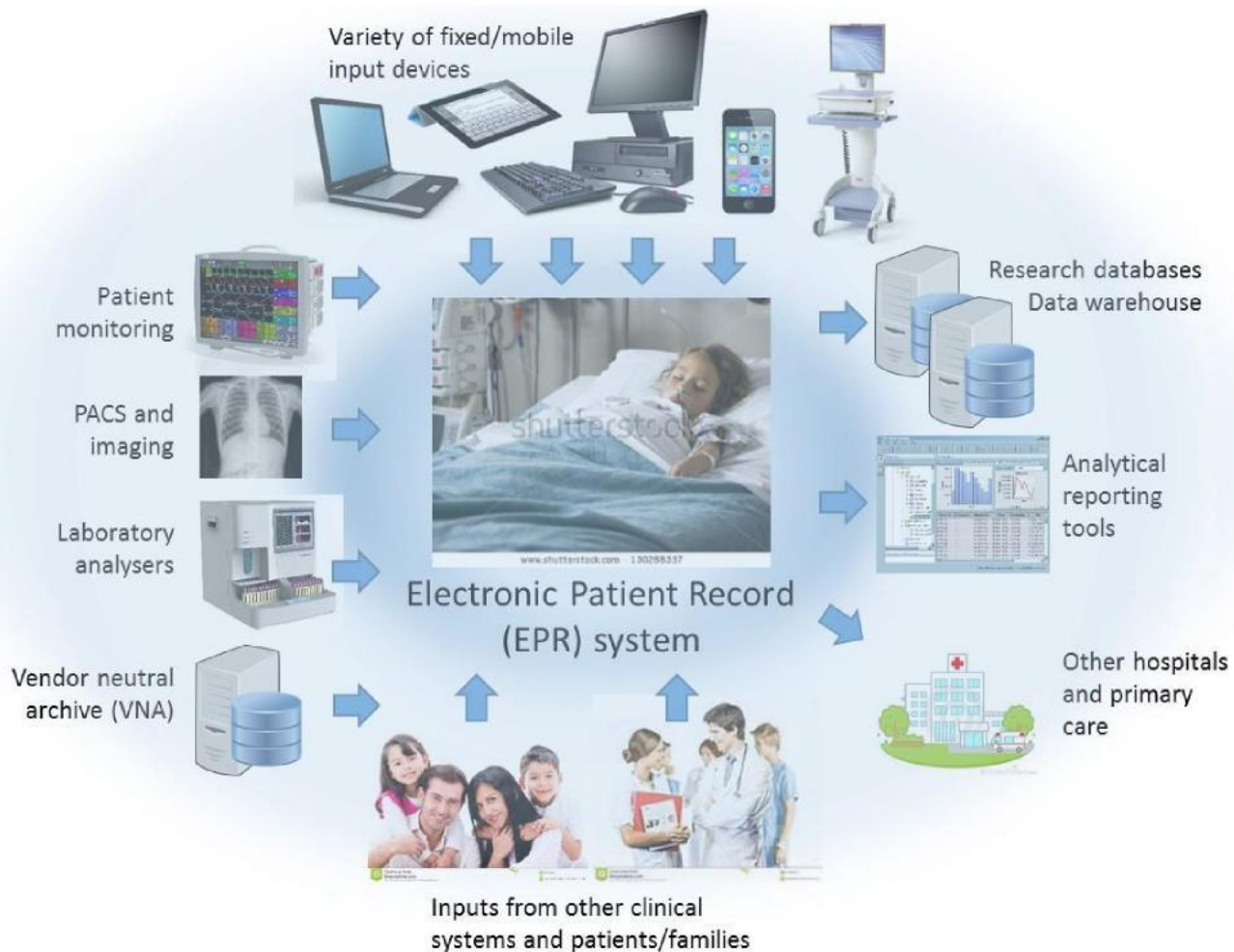
- *Our digital hospital vision is that every member of the team caring for a child can always access the relevant information that they need rapidly and from a single place and that patients, parents and carers in other hospitals and care settings can see relevant records and contribute information in-between visits to Great Ormond Street Hospital .*

University College London	Preparation	GE Carecast (NPfIT) and best of breed	
Newcastle Hospitals	Preparation		
Barts and The London	Preparation	Cerner EPR	
Kings College London	Preparation	Best of breed	
St George's Healthcare, South London	Preparation	Cerner EPR	
Southampton University Hospitals	Preparation	Ascribe EPR and best of breed	
University Hospital Birmingham	Preparation	PICS EPR (development)	
Moorfields Eye Hospital, London	Preparation	Open source development	
Oxford University Hospitals		Preparation	Cerner EPR
Bristol Royal Hospitals for Children		Preparation	McKesson EPR
Leeds Teaching Hospitals		Preparation	Portal on legacy
Royal Liverpool Heart and Chest Hospital		Preparation	Allscripts EPR
The Christie Cancer Centre, Manchester		Preparation	Portal on legacy
Royal Manchester Children's Hospitals		Preparation	Portal on legacy
Imperial College London		Preparation	Cerner EPR
Cambridge University Hospitals		Preparation	PIC EPR
Sheffield Children's Hospital		Preparation	McKesson EPR
Guys and St Thomas's, London		Preparation	Portal on legacy
Alder Hey Children's Hospital		Preparation	Meditech EPR

Go-Live
Peer Group Median

Trust	Readiness	Capabilities	Enabling infrastructure	Total score across all three areas	Average score	
Salford Royal Hospitals NHS Trust	99	83	98	280	93.3	Top 5
University Hospitals Birmingham NHS Foundation Trust	95	75	98	268	89.3	Top 5
Liverpool Womens Hospital NHS Trust	99	62	100	261	87	Top 5
Wirral University Teaching Hospital NHS Foundation Trust	87	79	89	255	85	Top 5
South Essex Partnership University NHS Foundation Trust	96	69	89	254	84.7	Top 5
Birmingham Childrens Hospital NHS Foundation Trust	91	40	86	217	72.3	Children's Hospitals
Alder Hey Childrens NHS Foundation Trust	82	49	80	211	70.3	Children's Hospitals
Great Ormond Street Hospital For Children NHS Foundation Trust	49	26	52	127	42.3	Children's Hospitals
Sheffield Childrens NHS Trust	55	23	39	117	39	Children's Hospitals

A BluePrint for transformational ICT change




Always



Welcoming

Respect	Smiles
Friendly	Reduce waiting

Always



Helpful

Understanding	Patient
Help others	Reliable

Always



Expert

Professional	Safe
Excellence	Improving

Always



One Team

Listen	Communicate
Involve	Open

The system will allow us to record alerts and details about the patients and find them easily so that we can remember details such as what a child likes to be called, what they like to eat and where they go to school. We will be able to avoid asking for the child's same details repeatedly, all of which will allow us to be more welcoming.

We will improve our process and record keeping about care pathways ensuring we bring in patients for appointments on time and that we maintain records of follow up, reducing waiting times and ensuring we reliably do what we say we will.

Advanced scheduling will allow flexibility in the length of time needed for appointments and theatre slots, reducing waiting. When delays do happen we will be able to share information about how late an appointment or operation might be with the child and family.

We will be able to take the child's record to the bedside using mobile devices, allowing them to see what's on the computer, understand what we are recording about them and why. They will be confident that we have reliable records about them.

Integrated care pathways, clinical protocols and warning scores based on the latest research will enhance the professional, safe, excellent our services that we are known for.

We will communicate better with the patient, family, referrers, staff in other hospitals and each other better through sharing one patient record and system.

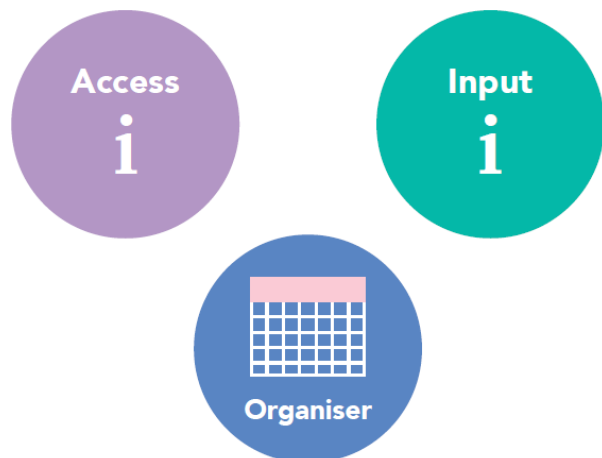
“It was always difficult when I was growing up to schedule my appointments, because we would be told to wait for a letter, then it would come and the appointment would be when I had an exam or a school trip, so we would call the hospital and be told the appointment would be cancelled and to wait for another letter, and then often we would have to repeat the same thing again.”

Faiza Yasin

*Ex-patient and a GOSH
member of staff*



Basic Usage Of Portal

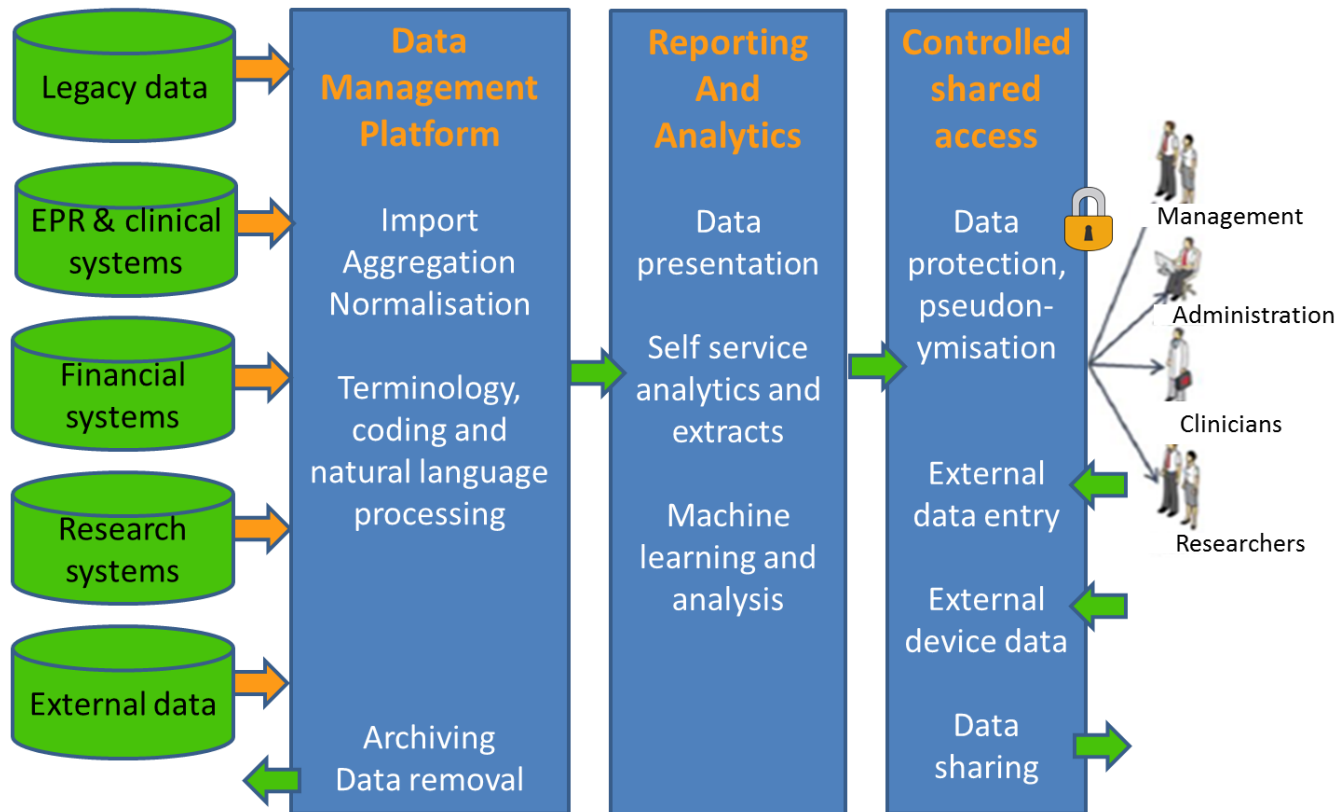


- Great enthusiasm
- Strong desire for more access
- Communications could be much better
- Already create their own record (on paper)
- Patient-held record would help in interactions with other clinicians



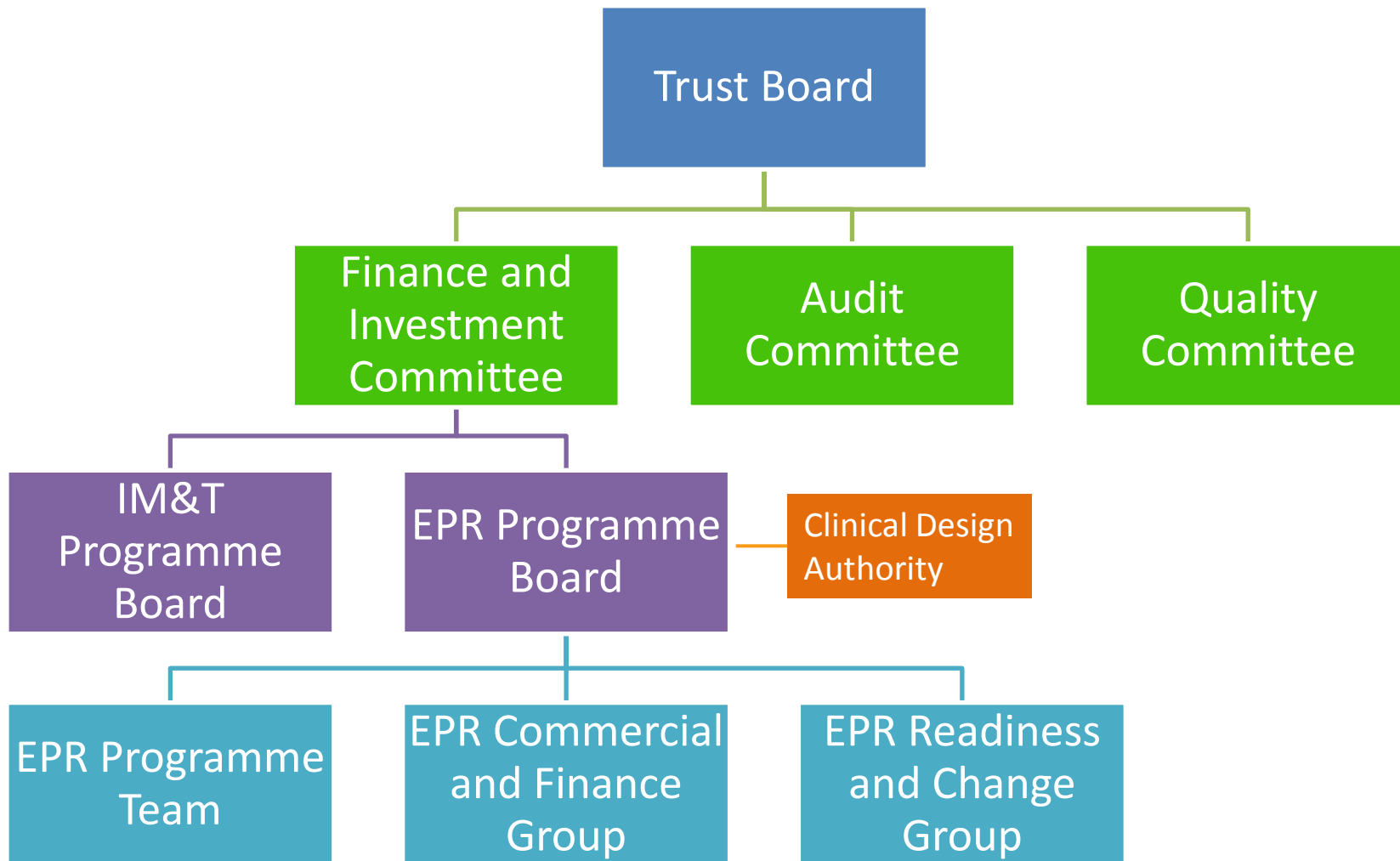
A better focus on research analytics

- Take a research approach to clinical and business intelligence
- EPR will hold the clinical interpretation of the exomic information, and the intelligence platform will allow us to combine the data
- With the right BI tools we should be able to start providing the answers to questions we don't yet know we should be asking



Implementation is a three-and-a-half year programme





June 2015

OBC presented to the Board
£400k approved for 2015/6 to commence procurement,
selection and full business case

October 2015

Specialist team appointed
Specialist EPR procurement expertise appointed
Appointment of Chief Clinical Information Officer and CRIO

January 2016

European Journal advertisement commenced procurement
Supplier information day
Pre-qualification questionnaire issued

April 2017

Initial shortlist of suppliers for both Lots
EPR Team for 2016 recruited inc. systems selection team
Readiness projects launched

July 2016

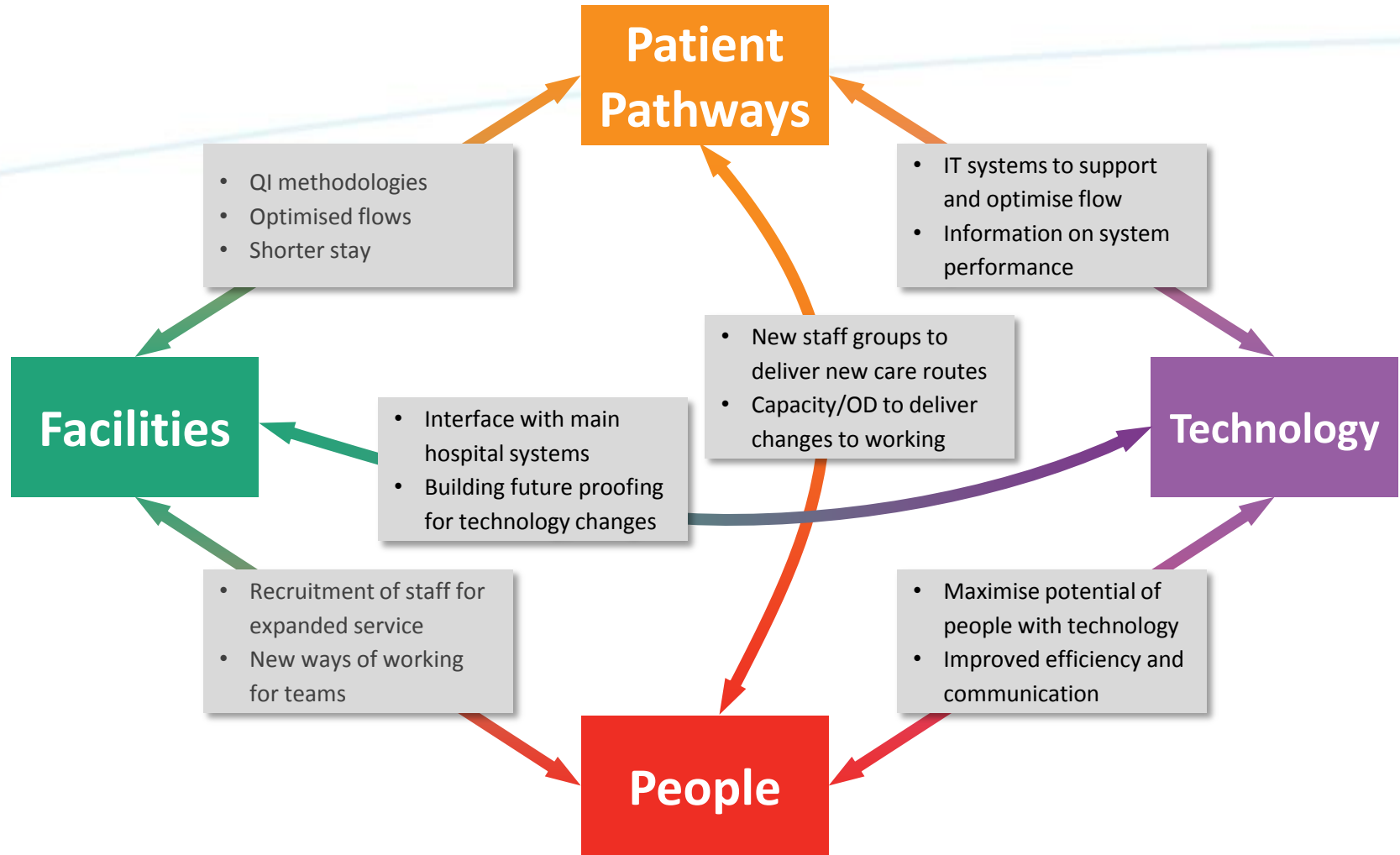
Shortlist up to 3 suppliers for EPR Dialogue
Shortlist up to 4 for Research Platform Dialogue

November 2016

Dialogue complete
Reference site visits and calls complete
Business Case costs and Benefits Plan drafted

January 2017

Procurement and Contract complete
Business Case finalised
Recruitment of configuration and Technical Readiness team





What are our current processes?

Are they agreed across the patient pathway?

Do they facilitate delivery of care by the whole team optimally?

Are they complete? How will EPR help?

What are the KPIs and outcome measures?

1

Staff Release

Costs of backfill funded as part of programme budget
Advanced planning by divisions to avoid loss of activity
Job planning for consultants with significant input into programme

2

Specification Risks

Use of the previous specification experience Use of business analysts working with clinicians
Defining “must haves” from “want to have”

3

Budget risks

Indicative costings from suppliers
Optimism bias within the business case
Benefits realisation and tracking

4

Capability

Business change/organisational development/quality improvement group considering capability development & benefits



Electronic Patient Records
FUTURE PROOF
Connected digital health for your child, always



The child first and always

Members' Council

27th April 2016

Annual Plan Update

and

report on the results of the Survey of Members on the Annual Plan

Summary & reason for item:

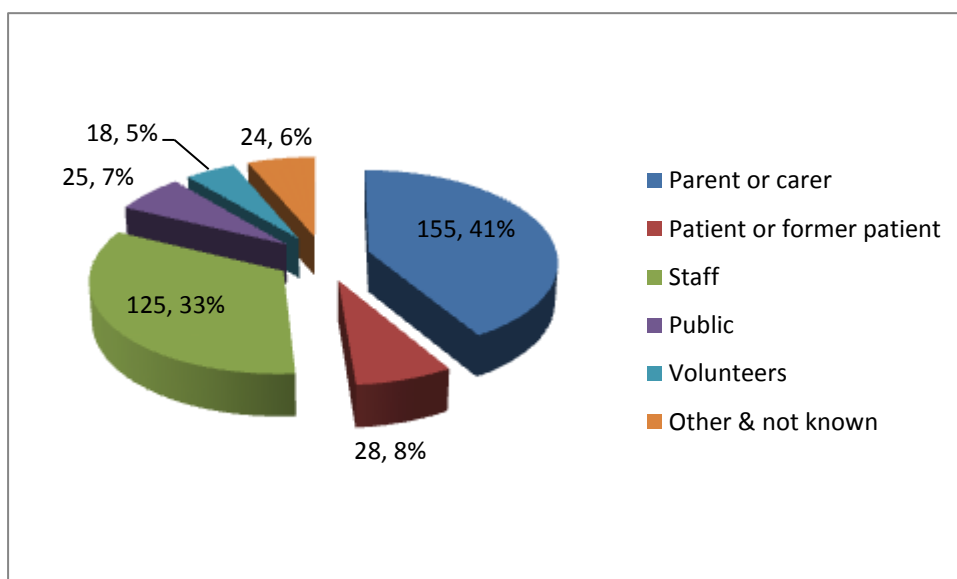
To provide:

- A copy of the public version of the Annual Operating Plan submitted to Monitor (format prescribed by Monitor - now renamed: NHS Improvement);
- A summary of the results of the survey of members in order to provide input into the Annual Plan 2016/17.

Overview

Members were surveyed in February. The Survey was designed jointly by the Members Engagement Committee and the planning and patient experience staff within the Trust.

There were 375 responses of which 49% were from patients or carers, 33% from staff members.



Background

As outlined in the Monitor document 'Your statutory duties, *A reference guide for NHS foundation trust governors*' the Members' Council has a role to ensure that the interests of members of the Trust, and of the public, are considered when the Trust proposes strategic

developments. Councillors should support the Trust to canvass the opinions of members and of the public (and, for appointed governors, the body they represent), to make sure a range of opinions inform the planning process. The views of the Members' Council will be fed-back to the Board of Directors for consideration in the development of the Annual Plan.

Overview of the results of the survey

- There was good support for the questions aimed at finding out interest in specific developments in our Annual Plan ie the Website, the Research Hospital, virtual patient consultations.
- The survey showed some extremely positive responses for the Always Values but flagged some specific issues with the Always Values – One Team.
- The survey included “free text” suggestions of some areas for Members' Council to discuss with the Board. These included matters under the following major themes: improving patient care and experience; staff behaviours and administrative processes.
- The survey also invited Members to suggest their top priority for improvement in 2016/17. These ideas can be grouped under the following major themes: improving communication, improving administrative processes, catering and some specific comments on certain services.

All the ideas for improvements and concerns expressed will be considered by the relevant Group. The top priorities suggested by Patients and Families have been discussed at the Patient & Family Experience Committee; the suggestions for areas to be discussed at Members Council meetings have been discussed with the Members Engagement Committee and comments on the Always Values and other staff feedback have been referred to the coordinator of the Values workstreams.

Attachments:

- A Annual Plan
- B Survey summary report

Item presented by:

Claire Newton: Interim Director of Strategy & Planning

Councillor action required:

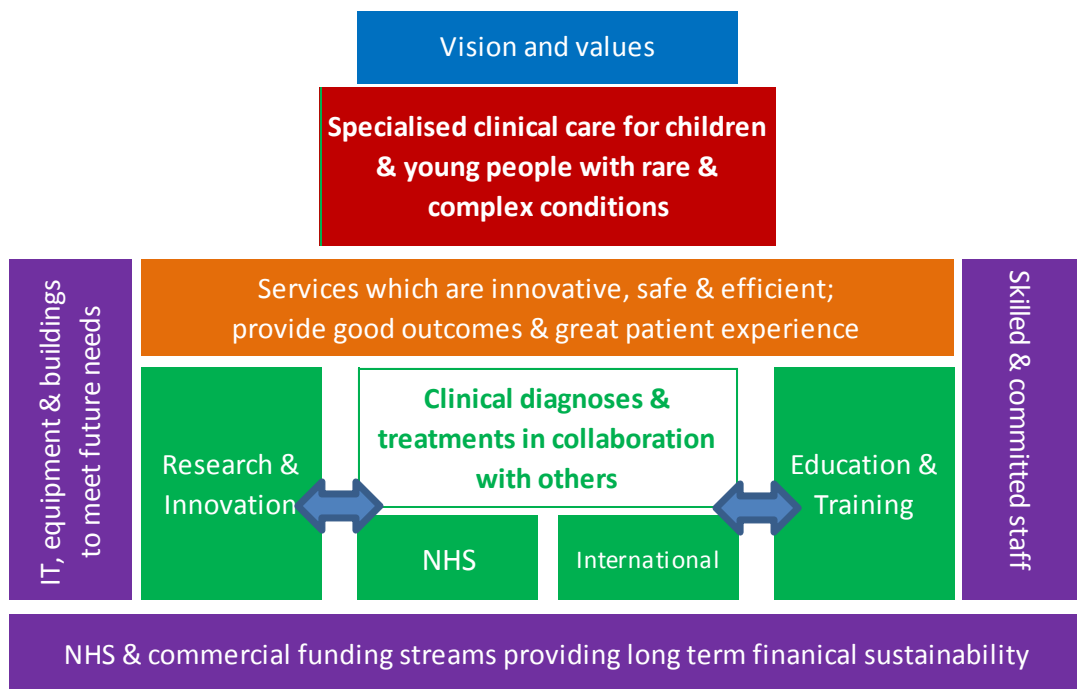
To note the results of the Survey and the Action being taken

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) Annual Operational Plan 2016/17

1 Introduction

Our vision is to be the leading children’s hospital in the world. This will only be possible with the continuing commitment of our highly skilled and knowledgeable staff and the close working relationships with our partners: the UCL Institute of Child Health and the GOSH Children’s Charity.

We are a hospital which specialises in caring for children and young people with complex and rare illnesses or disabilities. We do not have an A&E Department, and we accept mainly specialist referrals of patients from other hospitals and community services. The following diagram shows our key activities; how these activities combine to deliver our vision; and how they are supported by the key enabling resources of staff, funding, information technology and physical assets.



The key outcomes we aim to deliver are as follows:

- World class **clinical outcomes** for patients in all our specialised services
- High levels of **patient satisfaction** with our services
- Use of our **research** to develop new and innovative specialist treatments for children with complex or rare diseases
- A wide-ranging education programme of **specialist paediatric training**
- **Financially sustainable** activities
- A hospital for the NHS to be proud of.

2 Planning for our services in 2016/17

2.1 Our forecasts of patient activity in 2016/17

During 2015/16 GOSH has been working closely with its commissioner, NHS England Specialised Commissioning (“NHSE SC”), and Monitor to address the challenges and requirements to delivering waiting list targets. The complex nature of the services delivered at GOSH and the on-going actions and plans addressing the Trust’s legacy data issues mean that this is an iterative process. The funding challenges for specialised services are a major risk for the Trust due to the fact that 90% of the Trust’s activity is specialist which means that these challenges are more concentrated in GOSH.

In setting the patient activity plan for 2016/17, GOSH has started with its expected activity in 2015/16 and added known demographic and service changes and short term increases in activity to reduce long waiting lists. The Trust has recently developed a Demand and Capacity tool, which shows both capacity, expected demand and the capacity required to reduce waiting lists and ensure no subsequent build-up of long waiting patients.

A number of capacity constraints have already been identified. In collaboration with NHSE SC a selection of services have either been paused, referral criteria reviewed, or activity transferred, where possible, to alternate providers. In some cases there are capacity constraints nationally and as GOSH, is very often the provider of last resort in a number of areas, this is particularly acute.

The Trust intends to return to reporting against waiting list targets mid 2016/17. In the meantime resolving the process and data issues and reducing long waiters is one of the highest operational priorities in 2016/17.

2.2 Longer term activity planning

The Trust is working with NHSE SC on a strategic programme which will influence activity growth in some major priority areas for NHSE in future years. These include; congenital cardiac surgery, the London paediatric cancer review, paediatric critical care and further development of tertiary neurological services and Tier 4 inpatient CAMHS. The Trust is waiting for NHSE SC to issue policy documents in all of these areas and is also waiting for NHSE SC to issue the invitation to tender to provide genetic laboratory services, now expected after the summer.

2.3 Physical capacity changes

A new 10 bed inpatient ward is due to be opened in mid 2016/17 providing some relief to the current pressures on our beds. In addition further bed spaces are being created in existing ward areas to increase capacity and improve flow

Work continues on the Trust’s major redevelopment programme with two construction projects progressing in 2016/17 for opening in 2018 and 2019 respectively. These are the new Inpatient wing, the Premier Inn Clinical Building, and an outpatient facility in the Zayed Centre for Research into Rare Diseases. In addition the Trust is commencing preparation of an outline business case for the next phase of the site redevelopment which would start in 2019 for completion in 2022.

2.4 RightCare

We are not actively involved in any RightCare programme as there are no tertiary paediatric initiatives, however we support the objectives of this programme.

3 Approach to quality planning

3.1 Our quality approach

Our quality approach addresses NHSI's "well-led" guidance in the following ways:

- The Trust has a clearly defined governance structure.
- The Board prioritises quality and safety through recurring agenda items addressing, safety indicators, patient complaints, incidents and safe nurse staffing.
- Each division has a risk action group attended by key managers and staff at all levels with clear action plans and follow up. Relevant clinical staff engage through the Patient, Safety and Outcomes; the Quality Improvement; and Patient, Family Experience and Engagement Committees chaired by the executive leads.
- The Trust is committed to learning from incidents which is achieved through regular Trust-wide communications and protected to share learning from other divisions.
- We seek to cultivate a spirit of openness between staff and between staff and patients and their families.
- Staff are motivated and encouraged to continually improve the quality of care we deliver through innovation and new ideas.

In addition our strategy includes the following quality related objectives:

- Our patients will receive timely access to services and the highest quality care, experience and health outcomes (No Waste, No Waits, Zero Harm).
- Our staff will have the skills required of them to continually improve and transform the organisation and support other providers in caring for children with complex conditions.
- We will measure our progress against UK and international comparators.

National and local commissioning priorities and other quality and safety indicators, including Commissioner CQUIN targets, are reviewed at regular Clinical Quarterly Review Group meetings (CQRG) with commissioners.

3.2 Our three quality priorities for 2016/17

3.2.1 *Addressing recommendations included in the CQC (and other external) reports*

In 2015 the CQC conducted a comprehensive inspection of the Trust and rated it as 'Good' overall, with 'Outstanding' ratings awarded for both the Effectiveness and Caring lines of enquiry. However, the report identified a number of actions to improve the quality of care as well as some opportunities for improvements. There are a number of activities that will continue into 2016/17 which include:

- work to ensure our systems operate effectively to enable us to assess, monitor and mitigate risks, particularly in relation to the management and recording of patient waiting lists.
- ensure observational WHO (World Health Organisation) checklist audits are completed for all operations.
- improve Trust-wide compliance against mandatory training targets.
- develop a dedicated advocacy service for patients within the Child and Adolescent Mental Health Service (CAMHS).

Some of the opportunities for improvement identified by the CQC that will be implemented in 2016/17 include:

- a comprehensive review of the gastroenterology service with a view to improve the responsiveness and quality of care provided.

- continuing the work to assess the current efficiency of operating theatres, with a view to create additional capacity to treat more patients.
- a number of records management improvement initiatives including the improving the timely availability of clinic notes and management of loose filing.

3.2.2 Introducing real time patient experience reporting

The Trust is refreshing its strategy for engaging with patients, carers and other stakeholders and a key priority for 2016/17 is the introduction of a real time system for collecting patient and carer feedback.

3.2.3 Extending collection of clinical outcomes and safety measures and ensuring they are appropriately benchmarked

In the past, our approach has been to define some clinical outcome measures for each specialty and publish them on our website. In order to ensure continuing improvement with outcome measurement and reporting we will:

- refocus outcome development on value and patient reported outcome measures as well as clinical outcomes.
- bring outcome data sources into the reporting infrastructure to facilitate timely reporting.
- develop resources for validation and benchmarking of outcomes.
- publish outcome measures in a way that incentivises quality and allows choice.

In addition to the above three priorities, the Trust will be procuring and starting to implement an Electronic Patient Record System (EPR) for completion in 2018. There will be significant qualitative benefits of such a system both through the use of integrated technology, improved access to patient information, and also through the adoption of more standardised processes.

3.3 Top three risks to quality, together with the plans for mitigation

The three risks which may adversely affect our quality related objectives for which we have detailed action plans are:

- Difficulties in ensuring Timely access to services and meeting waiting list targets due to shortages of staff or beds in certain specialties.
- Ensuring our clinical cover out of hours cover appropriately addresses the complex case mix of our patients
- Recognition of the deteriorating child

3.4 Quality Improvement initiatives

The priorities of our Quality Improvement Programme are as follows:

- **Enable delivery of our strategic objectives**
 - Enable change that will help us to achieve our strategic aims whilst also supporting innovation and creative ideas from the front line.
 - Align with other enablers of transformational change such as our redevelopment programme, electronic patient records and research and innovation.
- **Facilitate continuous improvement in clinical outcomes and the experience of our children, young people and families**
 - Have a direct impact on outcomes, safety and the experience of patients and staff
 - Strengthen partnerships through co-leadership with patients and families
 - Transform operational management and business intelligence through the use of data

- *Transform the culture of Great Ormond Street Hospital so that everyone is looking for ways to improve patient care every day*

3.5 Assurance that the Association of Medical Royal Colleges' guidance on the responsible consultant is being followed

In September 2015 a survey showed that over 95% of GOSH inpatients know the name of their lead consultant, their lead nurse, and that this information is visible and documented in the care plan. We plan to repeat this work as part of our 2016/7 audit plan.

3.6 Annual publication of avoidable deaths

In the future the Trust will publish avoidable deaths. All deceased patients are discussed at a Local Case Review Meeting, with an outcomes form completed and shared with the Trust-wide Mortality Review Group (MRG) which reviews all deaths in the hospital. Every case is then independently reviewed by the MRG within 8 weeks of the child's death. This provides a Trust-level overview of themes/risks which would be used to identify improvement actions where relevant.

3.7 Seven day services

GOSH does not have an A&E department and the majority of its Inpatient admissions are on an elective basis. Certain services such as paediatric critical care, Acute Transport and Non-elective surgery are staffed by consultants all days of the week; a Daycase Ward operates on a Saturday and some outpatient clinics are held on Saturdays. We have comprehensive on call arrangements, in some cases shared with other Trusts in order to ensure the Trust can access specialised skills at all times.

3.8 Triangulation of Indicators

Performance indicators and other qualitative and risk information are reported at Divisional Performance reviews and, for the Trust as a whole, at Board Assurance Committees and the Trust Board. Through this process, there is the opportunity to consider information coming from different sources ie internal reporting and external stakeholders (eg PALs, complaints, safety indicators, activity delivery and financial information) and identify potential linkages. The Board triangulates sources of quality performance data through the reports on incidents, complaints, claims, risks, productivity metrics and patient survey information.

4 Approach to Workforce Planning

4.1 Overview of the workforce planning process

The Trust undertakes workforce planning throughout the organisation as part of its business planning and operational activities. Based on the six step methodology, the plan is based upon the activity and finance planning cycle to establish demand requirements for the forthcoming years.

A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans to meet the level of anticipated demand. New positions and business developments identified through this process are aligned with our operational plans and linked to the annual local education and training board (LETB) submissions. As the Trust is a major employer of specialist paediatric staff, we actively participate in the modelling of paediatric staff requirements for educational commissioning with the LETB.



4.2 Monitoring of workforce information

The Board regularly reviews HR/Workforce key performance indicators: benchmarkable metrics including staffing profile, voluntary and non-voluntary turnover, sickness, agency usage (as a percentage of paybill), vacancies and the number of up-to-date personal development reviews – by division. Where available, benchmark data is used to compare the Trust to other London Trusts to scan for local trends and deep-dive further.

This information is also reviewed at divisional level at the relevant performance meetings.

4.3 Organisational change; service developments and workforce productivity

The Trust is introducing a new organisational management structure in 2016/17 with fewer clinical divisions and more integrated corporate support functions and increased clinician engagement with the management of the Trust. This will result in more standardised support processes and resource levels and more effective decision making. Service developments, either within the activity planning cycle, or outside are subject to scrutiny to ensure that the business cases are fit for purpose, have considered risk and mitigations, and retain or improve quality and outcomes. Organisational changes across the organisation are subject to similar considerations, prior and during consultations.

4.4 Staffing optimisation, Safe staffing and Use of temporary staff

The Trust utilises e-rostering for both its medical and nursing workforce (and some non-clinical areas) to plan and communicate rosters in advance. Nurse rosters are based upon agreed establishments with the Assistant Chief Nurse (Workforce) and finance representatives and reviewed on a regular six-month basis. During the year a new system will be introduced for rostering, absence monitoring and consultant job planning.

The Trust also complies with the publication of the safe staffing monthly report which includes:

- fill rate assessments by ward, shift time and staff type;
- divisional reporting of unsafe shifts (including assessment of vacancies and recruitment pipeline, temporary staffing usage and staffing flexibility across services);
- recruitment and retention issues and recommendations;
- linkage to infection control, safety incidents, family concerns and Friends and Family Test (FFT) data.

In relation to temporary staffing, the Trust has undergone a dramatic profile change over the previous five years. The Trust currently has relatively low agency spend on doctors; and agency

nursing usage has decreased year-on-year and complies with the November agency price cap. The Trust currently has a number of senior interims with immediate plans to move over to bank arrangements due to the agency cap rules.

4.5 Management of workforce risks

The Trust recognises the need to prioritise the development of a wide-ranging recruitment and retention strategy for key clinical posts, particularly paediatric nurses.

Trust-wide strategies to mitigate workforce risks are formulated which include nurse recruitment strategies, nurse retention committees, overseas fellowship programme (for medical staff) and other actions all form part of the Trust's developing workforce plans.

5 Approach to financial planning

5.1 Overview of the financial planning process

The Trust's draft financial plan for 2016/17 has been derived from a projection of the forecast out-turn for 2015/16 with appropriate adjustments for non-recurring income and expenditure, changes in tariff, the reinstatement of CQUIN funding, expected activity changes (see Section 1), cost inflation and cost pressures.

There are a number of strategic developments outlined in the NHSE SC plans in relation to 2016/17 but none as yet have been approved or have detailed impact assessments, or implementation plans. As a result, the Trust has not made any material changes to its activity projections for these plans.

5.2 Financial risks

The significant funding constraints for specialised services is a major concern for the Trust and threatens effective planning of new services and delivery structures in collaboration with other providers of care to our patients.

5.3 Efficiency Savings for 2016/17

The Trust has engaged consultants to work in collaboration with the Trust on the development of a three year productivity and efficiency programme. The aim is to develop a small number of major trust wide schemes, focussing on clinical productivity, procurement processes and corporate costs. The scope of these workstreams address all areas of the Carter Review although his recent work to identify targets for acute hospitals did not include Specialist hospitals.

During 2015/16 the Trust increased its rigour in regard to the review and assessment of Cost Improvement Programme schemes within the organisation, in order to ensure there is no adverse impact on quality.

5.4 Capital plan

The capital plan has been built up from the following components:

- the Trust's major site redevelopment programme,
- the planned investment in an Electronic Patient Record system to be operational in 2018,
- an assessment of the expenditure required for major maintenance of the estate,
- a specific project to increase inpatient capacity in 2016/17 pending further capacity coming on line within the redevelopment programme in 2017 and 2022; and
- detailed investment and replacement programmes for IT and medical equipment.

Estate maintenance and equipment replacement is part of a longer term risk assessed replacement programme which is currently being updated.

6 Link to the emerging ‘Sustainability and Transformation Plans’ (STP)

The NHS Planning Guidance sets out a process by which long term plans will be produced in conjunction with other providers in a region. The Trust’s local commissioning partner is NE Central London commissioning cluster, led by Camden CCG. This planning model is not meaningful for the Trust’s tertiary services which extend both across London but also throughout England. We are currently in discussions with NHSE SC as to how we can influence the STPs to proactively address improvement of children’s services from home to hospital and back.

The Trust believes that over the next five years, further collaborative service models should be developed to include tertiary paediatric services and that GOSH has a pivotal role to play in developing and in many cases leading such networks. In a number of services there are already informal shared care and network arrangements being developed.

7 Membership and elections

7.1 Members’ Council elections in previous years and plans for the coming 12 months

There are 27 elected and appointed councillors on the GOSH Members’ Council. Members’ Council representation by constituency.

<i>Patient and Carer</i>	Numbers	<i>Public</i>	Numbers
Patients from London	2	North London & surrounding areas	4
Patients from outside London	2	South London & surrounding areas	1
Parents and Carers:	3	Rest of England and Wales	2
• from London			
• from outside London	3		
<i>Appointed</i>	5	<i>Staff</i>	5

7.2 Councillor recruitment, training and development, and activities to facilitate engagement between councillors, members and the public

- Councillor Recruitment: Pre election information sessions are held for councillor recruitment alongside a dedicated page on the Trust website, including podcasts etc
- Training and development: On appointment, councillors receive mandatory Trust training and continued development by attending tailored information sessions delivered by key Trust staff. Councillors are also encouraged to attend Foundation Trust Network events and Deloitte Governor Lunches.
- Membership and public engagement: The monthly Members’ Council eBulletin offers a variety of opportunities for councillors to engage with their members including:
 - regular “meet your councillor” engagement sessions in the hospital
 - visits to schools including the Hospital School and Activity Centre
 - holding membership stalls at community events and GOSH Children’s charity events
 - attending Trust committees and Patient forums
 - writing personalised letters and articles in Member Matters Newsletter, Staff Newsletter and Welcome Pack for new members
 - online link to contact a councillor is included in all Annual Plan surveys to membership

Results of Survey of Members to support the development of the Annual Plan

Executive summary

The purpose of this summary is to present the key findings from a survey of members as part of the process to develop an annual plan.

Background

Each year, in accordance with Monitor, the health sector regulator for NHS Foundation Trusts, Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) develops an Annual Plan which sets out how we will develop as an organisation and how we will continue to deliver and improve the services we provide to children, young people, their families and carers at GOSH, making sure that we put 'the child first and always.

A survey was sent to all members in February to engage with parents, staff, and the public in the development of the GOSH Annual Plan. This report brings together the headline findings.

Who responded?

The Trust website advises that there are over 8,000 members. 375 responses were received from:

• Parent or carer of a patient or former patient	155
• Member of staff at GOSH	125
• Other [the majority of this group were GOSH volunteers]	40
• Patient or former patient	28
• Public member	25
• Not recorded	2

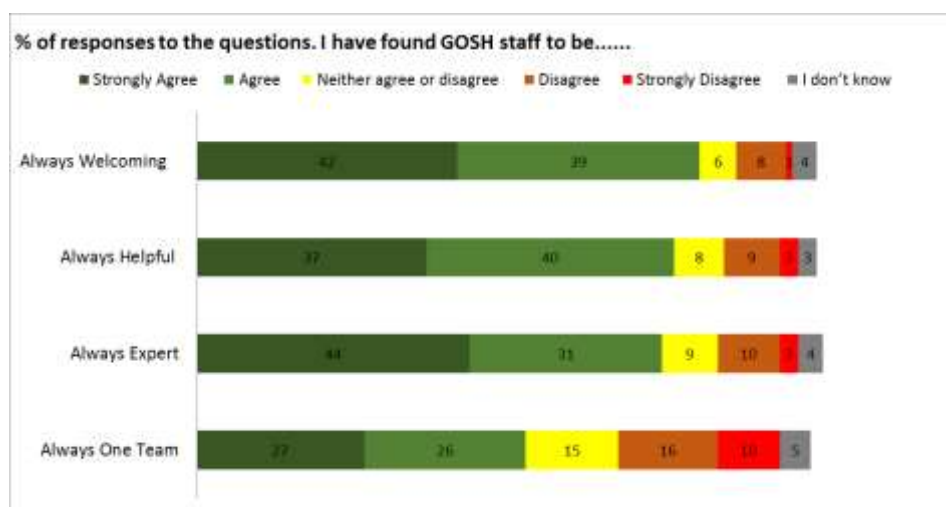
There is a higher proportion of responses from the 'white British', 'white Irish' and 'white other' group relative to the proportion of staff, patients, and parents in those groups.

Key headlines

Our always values

Feedback was positive in response to staff displaying values around being welcoming, expert and helpful. **The survey has highlighted that we could be better at always being one team**, and this perception was shared by staff, patients, and parents. Respondents were asked to indicate agreement on a five point 'likert scale' how they felt about the Always Values. Free text feedback was provided by 92 respondents; 20 staff, 62 respondents who were parents or associated with patients and 10 others. 29 were positive, 56 were negative and 7 were neutral. Of the negative responses, the common themes were poor communication, administration processes and working in silos. A number of specific concerns were expressed about one specialty. The positive responses were largely about the quality of the care provided and support offered by clinical staff.

All responses will be reviewed either by the Patient & Family Experience Committee or by the HR team as appropriate.



Alternatives to face-to-face outpatient appointments

60% of respondents would consider 'remote' appointments. 68% of parents or patients who had attended an appointment in the last 12 months answered that they would consider remote appointment. The preferred option for remote appointments was for telephone appointments.

Feedback on experience at the hospital and providing feedback

46% had provided feedback, with 65% of parents reporting having fed-back. The main method of feeding back was direct to staff. 70% said feedback mechanisms were 'good' or 'very good'.

GOSH as a research hospital

82% answered yes to the question 'do you consider GOSH to be a research hospital?' 92% (or 96% of those with a view) indicated that they thought all patients should be given the option to be involved in research.

Hospital website

62% indicated that the website met their needs 'well' or 'quite well'. This level of response was consistent across all groups of respondents.

Member's council

Responses indicated that there could be improvement in the Members' Council representation of staff views. 57% of responses felt 'very' or 'quite confident' that the Members Council were representing their views. There was higher confidence from parents and patients than staff.

Respondents thought the councillors on the Members' Council should be discussing and raising the following themes with the Trust Board at GOSH.

- Maintaining/improving/consistency of patient care (9)
- Patient experience (13)

Attachment G

- Staff behaviours (7)
- Outpatient waits and booking (6)
- Bed capacity and access (5)

'If GOSH could improve one thing during the year ahead, what would you like it to be?'

131 suggestions were made and the following top themes were highlighted, listed in order by frequency.

- Internal communication between teams (9)
- Communication with parents(11)
- Appointment system (8)
- Transition (7)
- Catering (5)
- IT (5)
- Gastroenterology service (5)
- Signage & way finding (4)

The remaining suggestions have been grouped into themes: patient/family experience, services, staff & other.

There is reasonable overlap between points made in each of the three "free-text" categories: Always Values; points that Members Council should discuss and Improving One Thing.

Analysis and results prepared

15th March 2016

Andrew Pearson, Clinical Audit Manager

Full responses to each question follow this executive summary (please note any typographical errors in any open responses are those of the respondents to the survey)

Members' Council

27th April 2016

Update from the Membership Engagement Committee

Summary & reason for item:

To provide the Council with a summary of the work of the committee since the January Council meeting. This includes an update on the actions arising from the MEC Workshop held on 2nd February 2016 and the notes of the meeting between councillor representatives and the Chairman and Senior Independent Director on proposals about how the Council and Board can work together in the future.

Councillor action required:

To note and endorse the proposed actions.

Report prepared by:

Anna Ferrant, Company Secretary, Claudia Fisher, Lead Councillor and Lisa Chin A Young and Carley Bowman, Councillors

Item presented by:

Anna Ferrant, Company Secretary, Claudia Fisher, Lead Councillor and Lisa Chin A Young and Carley Bowman, Councillors

MEC Workshop on 2nd February 2016

The MEC held a workshop on 2nd February 2016 to discuss how the committee can represent members and communicate members' views to the Council and the Board more effectively.

Workshop attendees considered:

- The ways in which councillors engage with members and the support provided;
- How the data can be collected and documented;
- How this data could be reviewed and reported internally within GOSH (and where), considered alongside other data from PALS, Complaints etc. and used to determine themes and actions;
- The assurances provided on follow up to the agreed actions.

Most recent councillor engagement events take place in the Lagoon or in the Outpatient departments. These engagement events provide an opportunity to simultaneously gather anonymous comments about the quality of the services provided at GOSH and in real time (noting that any individuals wishing to raise concerns or discuss issues with PALS are provided with information on how to do this during a conversation).

The workshop agreed that it is important that this information is fed in to the existing framework for considering patient and public feedback, rather than duplicating work that is already underway in the hospital. The committee proposed that it works with the Patient Family Experience and Engagement Committee (PFEEC) to consider how this information can be fed in to existing reporting mechanisms.

The workshop proposed that the MEC could review the information arising from the engagement events, consider themes arising from it, prioritise it and develop case studies and a feedback log to present to PFEEC (subject to agreement on how this will work). Two councillors sit on PFEEC and would be able to answer any questions about the information provided and feed back to the MEC.

The workshop proposed that all feedback be considered in the light of the Always Values.

Actions arising from the workshop included:

- A discussion to be held with the Chair of PFEEC about how the case studies/ issues log can be reported in to the committee and considered alongside other patient experience information;
- A revision to the feedback form and development of other support tools including rolling out of training in engaging with members for those councillors who have not yet received it (and have capacity and time to get involved);
- Development of a feedback log and templates for reporting case studies to the MEC and PFEEC (as agreed with the Chair of PFEEC);
- A review of existing engagement opportunities and how these be broadened outside of the hospital;
- A revision to the MEC terms of reference to reflect its role in representing members and collating engagement feedback.

Attachment H

- A suggestion was made to change the name of the committee to the *Membership Representation and Engagement Committee*.
- A suggestion was made to broaden the membership of the MEC to include volunteers, parents on other GOSH committees etc. to speak at the committee.

MEC Meeting on 14th April 2016

At the MEC meeting on 14th April, the committee endorsed the proposed way forward in capturing anonymous experiences from patients and the public at engagement events and agreed that it was important to develop tools for doing this in a consistent manner (eventually via an electronic form that will feed in to an electronic log).

The log of issues identified from recent engagement events was presented to the committee and two cases studies were identified for reporting to the PFEEC on 19th April. Lisa Chin A Young, Carley Bowman and Claudia Fisher will present these case studies at the Members' Council meeting (see Appendix 1). Claudia Fisher and Carley Bowman both sit on PFEEC and will provide a verbal update to the Council on the presentation of these case studies to the PFEEC.

Meeting between councillor representatives, the Chairman and the Senior Independent Director

The Chairman and the Senior Independent Director (Mary MacLeod) and three councillor representatives (Claudia Fisher, Lead Councillors and Lisa Chin A Young and Carley Bowman) met on 8 March to discuss how the Board and the Council communicate and engage and how this could be further developed. Appendix 2 provides notes of the meeting including agreed actions. The Council is asked to note and endorse the actions.

Case study 1: Couple from outside London – Lagoon Jan 16

CASE STUDY: Couple from outside London

, parents of very disabled son – in wheelchair with vision issues and needing to be fed (aged around 9)

CF recruiting new FT member in Lagoon. Couple very friendly and happy with their care – felt that they weren't 'real' GOSH users because a) they lived outside of London and b) they only visited every few months. Further conversation uncovered:

- They had stayed overnight in a hotel as they had been given appointment was at 9am, which they commented made for a very expensive trip (they had both taken time off work plus the cost of accommodation) – **they didn't know that sometimes patient hotel accommodation was available – they had not heard of the patient hotel**
- **They didn't know they could ask for a later appointment and had never been offered one**
- They had been told they would see their consultant but s/he wasn't around (this had happened previously also a few months earlier). **This possibility hadn't been conveyed to them through the appointment letter – luckily this time their 'coordinator' had been around so he had arranged this (although they had to wait several hours).** They commented that otherwise it would have been a (2nd) very expensive eye test (which they could have had in their home city)
- I referred them to PALS – **they had never heard of PALS and didn't know where PALS were or what they did**
- They had driven from outside London, commenting that the train was too expensive – **they didn't know that they could claim back travel expenses (both driving and train). They didn't know location of travel reimbursement office or that they could go and claim for that day simply with proof of benefits, a confirmed appointment form and an estimation of mileage**
- **They had never heard of the Always Values so weren't able to apply the Values as benchmarks for their experience**

ALWAYS VALUES Consideration:

Always Welcoming: There is no attempt to reduce waiting

Always Helpful: Little information has been conveyed to them about their trip in advance and no consideration given for their circumstances

Always Expert: Opportunity to meet consultant not given for second time

Always One Team: None of the groups involved have effectively shared their knowledge or learning

Case study 1: Couple from outside London– Lagoon Jan 16 (2)

KEY QUESTIONS:

- How can patients/families be made aware that they have a right to feedback no matter where they live or how often they attend? **Welcoming**
- What information about the existence of the patient hotel is available? How and where is this conveyed? Clearly it wasn't appropriate in this case but it may have been useful for this couple on other occasions. **Helpful**
- Could there be something about the fact that the time can be changed to best suit the family be included on every appointment letter? **Helpful**
- How can clear information about what will happen/who will be in attendance be conveyed to patients/families? Appointment letter/leaflet? **Expert**
- How can PALS awareness (both location and role) be raised? Appointment letter/leaflet? **One Team**
- How can travel expense rights be better communicated and the travel reimbursement office made more visible? Appointment letter/leaflet? **One Team**
- How can Always Values standards be conveyed to all patients/families especially in relation to their experience and staff behaviours? Appointment letter/leaflet? **One Team**

Case study 2: Text appointment reminders (1)

CASE STUDY: Text messages with errors, from “random” numbers, and not clearly communicated

ALWAYS VALUES
Consideration:

+447720893549 (Received Tues 19 Jan 2016)

Just a quick reminder that you have an appointment at Great Ormond Street Hospital on 20/01/16 at 14:30, thank you. NoReply to SMS

07860054507 (Received Wed 13 Jan 2016)

You have an appt at GOSH in Plastic Surgery on 20/01/16 at 14:30. To cancel reply Cancel 1633 if sent in error reply INVALID or call 0207829880. Thanks

NHS-NoReply (Received 20 Jan 2015)

SMS Just a quick reminder that you have an appointment at Great Ormond Street Hospital on 21/05/15 at 14:30, thank you. goshtextreminder@nhs.net

+44 7710 920728 (Received 14 Jan 2015)

You have an appt at GOSH in Plastic Surgery on 21/01/15 at 14:30. To cancel reply ?Cancel 8571? if sent in error reply INVALID or call 02078298880. Thanks

(Note: Member interviewed also in Plastics said that she had not received any text reminders but had given her mobile number)

Always Expert:

Random numbers, typos, suggestion that sent in error

Always One Team:

Within Plastics, 4 different “random” numbers does not suggest working together. Are all these random numbers monitored for responses?

Secondarily:

Always Welcoming:

Child not named

Always Helpful:

Option for Text/online response in addition to phone is given but there are typos that create doubt on whether text response will be received.

Case study 2: Text appointment reminders (2)

Additional GOSH Examples

(From: random number. Received 4/11 - day before appointment)

Just a quick reminder that you have an appointment at Great Ormond Street Hospital on 05/11/15 at 09:00, thank you. NoReply to SMS

(From: random number. Received 29/10)

You have an appt at GOSH in Endocrinology on 05/11/15 at 09:00. To cancel reply Cancel 1950If sent in error replyINVALID or call 02078298880. Thanks

(From: GOSH)

You have an appointment at Great Ormond Street Hospital with Respiratory on 27/07/15 at 11:30. If you are unable to make it please contact 02078298880.

(From: random number)

You have an appointment at Great Ormond Street Hospital with Cardiology on 30/03/15 at 14:05. If you are unable to make it please contact 02078298880.

KEY QUESTIONS:

- Why are GOSH texts being received from random numbers? Are these consistently monitored for responses?
- Is there a common GOSH strategy for operational communications like texts? Who is centrally accountable? Are text messages measured against Our Always Values?
- Do we know the potential benefit on reduction of missed appointments from properly implementing reminders? What is the current process and where do we want to get to? How does this compare with external examples (following slides)?
- Are we clear on how we want parents to respond (phone or text?) How are we optimising & controlling messages, timing, number of reminders, etc?
- Are we tracking key metrics like % appointments kept following reminder texts, cancellations via text reminder, etc?

Case study 2: Text appointment reminders (3)

External Benchmark Examples & Key Elements

EXTERNAL (non-GOSH) Examples

(From "Moorfield's"):

Moorfields @ City Road appt reminder for XXXXXXXX. Childrens Eye Centre 3rd Floor, 01/01/16 @10:00. To change/cancel: 0207 556 2715.

(From "NHS-NoReply"):

noreply.imperial@nhs.net Parent/Guardian of XXXXXXXX: We are expecting you at SM QEQM – ST MARY'S LONDON HOSPITAL on 01/01/16 at 11:15am. If you are unable to attend please contact us to cancel or rebook 02033126218 quoting XXXXXXXX

Bsu.h.reminders@nhs.net 11:40 01/01/16 ROYAL ALEXANDRA CHILDREN'S HOSPITAL. Please do not reply to this text. To cancel/reschedule your appointment visit www.bsu.h.nhs.uk/myappointment or phone 0300 303 8360.

(From "NHS-NoReply")

bsuh.reminders@nhs.net 15:20 01/01/16 ROYAL SUSSEX COUNTY HOSPITAL. Please do not reply to this text. To cancel / reschedule your appointment visit www.bsu.h.nhs.uk/myappointment or phone 0300 303 8360.

(From "NHS-NoReply")

This is a reminder that XXXXXXXX has a PAEDIATRIC CRANIOFACIAL appointment at Chelsea And Westminster on 01/01/16 at 3.30 pm. If you need to reschedule or cancel please call 02033156666 quoting XXXXXXXX. Sent from noreply.cw@nhs.net

KEY ELEMENTS :

- **"From"** as either Hospital name or NHS-NoReply (NOT random numbers)
- **Clearly states what to do** (ie. Call, text, or go online)
- **States clearly not to respond to text number**
- **Patient is named** (more personal, and helps with multiple children)
- **Reference Number to quote is included** (presumably to track responses from texts?)

Note: Last names have been omitted – marked as XXX

Case study 2: Text appointment reminders (4)

Has GOSH considered more proactive approaches to appointment reminders?

Example: Sheffield Teaching Hospital Appointment Reminder systems

Sheffield Teaching Hospitals provides a automated service to confirm your upcoming outpatient appointment.

This will also help us to reduce the number of hospital appointments wasted because patients do not turn up. If these appointments had been re-used then the hospital would have almost no waiting time.

After listening to the views of patients, this is how the system will work:

If we have a mobile number for you, the automatic system will try this number every 1½ hours from 9.30am - 5pm until it receives an answer.

If it hasn't received an answer it will then try your landline every 45minutes between 6.00pm - 8.15pm. If still no reply it will finally send you a text message asking you to contact the hospital to confirm you still wish to attend your appointment.

If we don't have a mobile number for you, the automatic system will call your landline every 1½ hours from 9.30am - 5pm until it receives an answer. If it doesn't get an answer it will then try again every 45 minutes from 6pm - 8.15pm.

As soon as you answer the call you will be asked to confirm your name. Answer yes or press the appropriate key on the keypad, the system will then confirm the location date and time of your appointment, it will then ask if you plan on attending the appointment. Please answer yes or no.

If you answer yes the system will repeat your response and thank you.

If you answer no it will ask if you would like to cancel or rebook the appointment, if you wish to rebook the system will say the hospital will be in contact to rearrange the appointment.

Case study Project: MC/MEC are gathering more stories

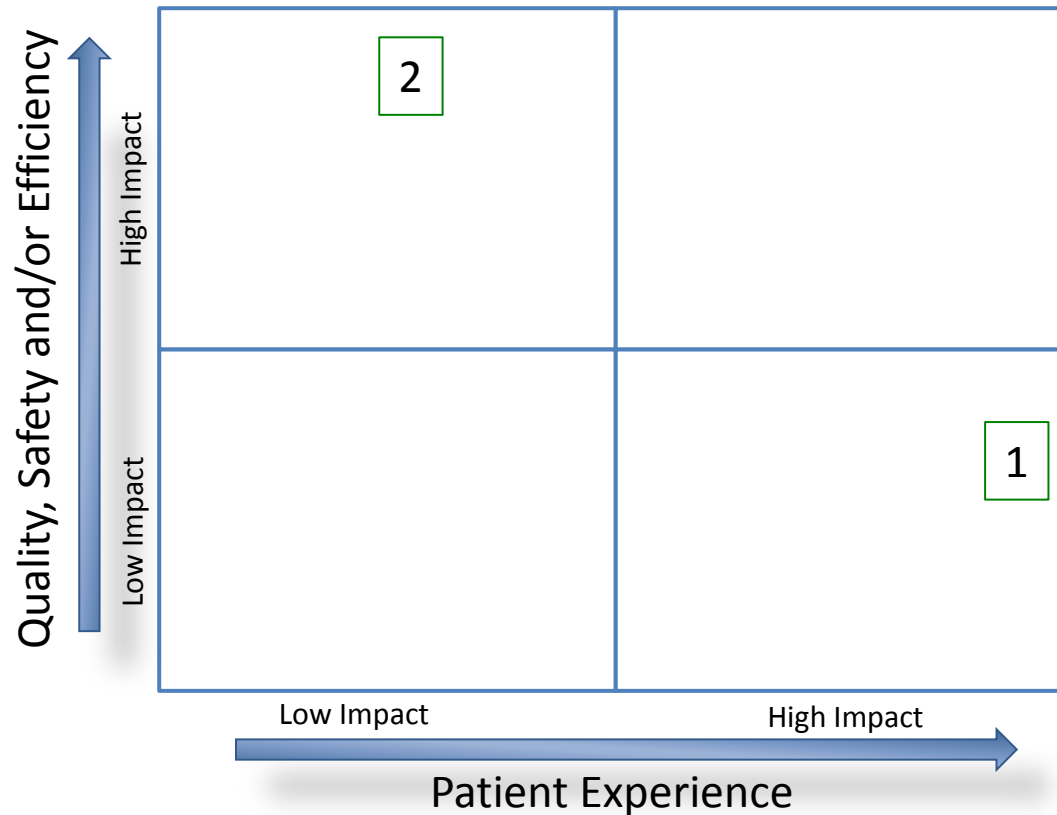
OTHER GOSH Examples to Follow

We would like to share these examples with the PFEEC through a 'Feedback Log' to highlight current 'from the coalface' patient and family experience in order to triangulate issues and seek assurance that the issues raised are being addressed appropriately.

This is work in progress so is only a taster – more to come!

Thank you

Case studies – Evaluation of Relative Impact: Quality, Safety, Efficiency vs. Patient Experience



Case Study 1
(travel/accommodation, convenient appointments, PALS awareness) reflects a high impact on patient experience but a relatively lower impact on Quality, Safety, and/or Efficiency.

Case Study 2 (text reminders) reflects a lower impact on patient experience (not a huge impact to receive an incorrect text) but a higher impact on Efficiency (missed appointments).

Case studies will each reflect unique feedback areas. Evaluating along these axes may help explicitness of choices around prioritisation.

GOSH Trust Board and Members' Council working better together as a team

Actions arising from a meeting on 8th March 2016

Attendees: Tessa Blackstone, Mary MacLeod, Anna Ferrant (Notes), Claudia Fisher, Carly Bowman and Lisa Chin-A-Young.

How the Council can hold the NEDs to account and access to the NEDs and the Chairman

The role of councillors in holding NEDs to account was discussed. It was noted that the statutory role of the Council in approving the appointment and remuneration of NEDs and commenting on the strategy etc. were important ways in which the Council held the NEDs to account. The focus on holding to account sometimes led the Council to become too operational rather than seeking assurance that systems, processes and staff were delivering the necessary outcomes. It was noted that the Chairman already had an important role in ensuring that the NEDs were meeting performance requirements.

It was agreed that the focus at Council meetings would be more about the Council and the Board working together to seek assurance on outcomes and performance through asking constructive questions, being supportive and acting as a 'critical friend'. The Council would also be supported through the work of the Membership Engagement Committee (MEC) and the reshaping of the Council agenda to bring the valuable views of the patients and parents to the attention of the Board. It was agreed that the MC brings a unique perspective and added value to the Board.

The following actions were agreed:

1. **Reshape the Council agenda:** Everyone agreed that there should be more strategic and clinically led items on the Council agenda, including presentations on proposed new business cases where feedback from the Council would be extremely valuable. The agenda would be split into distinct sections:
 - Strategic issues (i.e. IPP strategy, annual plan, EPR etc.) including clinical presentations
 - Patient focused issues arising from the engagement work of the Council (Membership Engagement Committee) and in partnership with the Patient and Family Engagement and Experience Committee (PFEEC)
 - Performance and Governance (including statutory responsibilities around remuneration, auditors, appointment of NEDs etc. as well as feedback from NED chairs of Board assurance committees)

The Council will hold the NEDs and Board to account through engagement with the agenda items.(all from April 2016)

2. **NEDs sitting amongst the councillors at the Council meetings.** It was agreed that this had worked well at the January 2016 meeting and that this would be implemented for future meetings as a means to facilitate participation from NEDs (April 2016 onwards). It was accepted that it would be difficult to change the design of the tables in the CWR for the meeting now that the Board was to hold all its meetings in the CWR prior to 4pm on Council days. It was agreed to make the 'horseshoe' table design larger and make room for as many directors as possible (NEDs and executives) (from April 2016).
3. **NED members of the assurance committees to continue to feedback** on the discussions held at the assurance committees with a focus on how NEDs secure assurance from the executive team on clinical and corporate governance issues (on-going).
4. **Meetings with the Chairman and the SID.** The Chairman and SID agreed to hold three 1 hour long sessions a year (January, June, November) with a small group of councillors (5 – 6 councillors maximum and different councillors at each session). These meetings will enable councillors and the Board to have a say in reviewing the conduct of Council meetings. The Lead Councillor agreed to develop a rota for attendance at the meetings. (April 2016). The meetings will be arranged from June 2016. There will also always be opportunities in-between these meetings to raise issues with the Chairman.
5. **Move the Public Trust Board** so that councillors can attend prior to their informal councillor meeting at 2:00pm. It was agreed that this would start in September 2016 (at the next meeting of the Council on a public Board day).
6. **All councillors to commit to attend the Public Trust Board meetings on rotation.** It was agreed that different councillors would attend each public Board meeting to ensure that all councillors have an opportunity to see the Board in operation. The Lead Councillor agreed to develop a rota for attendance at the meetings. It was also agreed that an item would be added to the Council agenda and the councillor attending the public Board meeting be asked to feedback on the issues raised at the Board meeting (from May 2016).
7. **Councillors to commit to attend the Board assurance committees on rotation.** Dates for assurance committees will continue to be circulated with the Council e-bulletin. It was agreed that the opportunity to attend the meeting was an opportunity to observe NEDs holding executives to account and that being in attendance by telephone would not work and could provide a distraction for members of the committee. The Lead Councillor agreed to develop a rota for attendance at the meetings (2 councillors per assurance meeting from April 2016).
8. **Staff councillors playing a greater role in Council meetings and in engagement events** – the SID met with staff councillors in February 2016 and will continue to offer meetings to those who may feel they are in difficult positions as to their role in the hospital and on the Council (on-going).

9. **Improve telephone/ web access for councillors** and enable active participation of councillors on the telephone/ webex at Council meetings. It was agreed that a telephone/ web operating standard should be developed. Councillors would be welcomed by the Chairman when joining by telephone and it was agreed that it was a joint responsibility by the Chairman and councillors to ensure that they participated during discussions. The ICT department would also be invited to dial-in and listen to the quality of the telephone line in a busy meeting (April 2016).
10. **External support:** It was proposed that external support be sought to provide an overview of the role of the Council. This could include considering examples from other NHS Foundation Trusts on how the Board and Council engage with one another as well considering non NHS examples. This would be a joint session and enable the Council and Board to have an open discussion about how the Board and Council engage. The external support would also be asked to benchmark current opportunities for councillors to engage with the Board and members and agree additional ways in which this engagement could be optimised (date to be agreed – possibly September or November 2016).

The secretariat team will also:

11. Provide an updated induction pack for all councillors, including biographies of executive directors and NEDs
12. Continue to highlight any externally organised seminars/ update sessions for councillors
13. Update the Councillor and Director Code of Conduct to reflect the Always Values and require all councillors and directors to adopt these values at all times (in and out of meetings and in writing) (April 2016)

The Members' Council representing the interests of GOSH FT members and the public

It was recognised that this is particularly challenging for GOSH MC which has a national rather than local patient and family constituency. The Membership Engagement Committee has taken developing and improving this other statutory responsibility forward. A half-day session was held on Tuesday 2nd February on "*How can we best represent members/ patient/parents views*". Some of the actions agreed at this half day meeting include:

14. **Jointly developing and promoting opportunities for councillors to represent, engage with and recruit** members including development of a membership toolkit for councillors to support them in engaging and recruiting members
15. **Reviewing the role of the MEC**, to include 'representation' and providing a direct feedback of membership issues (those that affect patient care and experience) to the Patient Family Experience and Engagement Committee (PFEEC) and to the Members' Council (the format of this to be agreed).

16. **Ensuring a wider spread of councillors involved in engagement opportunities.** The Council to take responsibility for ensuring that all councillors engage as much as possible and/or suggest opportunities for engagement in their local areas i.e. at schools, fairs etc.
17. The Lead Councillor and Company Secretary will meet in November to review progress with all of these actions.

Attachment S

Members' Council

27th April 2016

Young People's Forum April 2016

Summary & reason for item: To provide an update on the April meeting of the Young People's Forum.

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

Report prepared by: Emma James, Public and Patient Experience Officer

Item presented by: Sophie Talib, YPF member



HELLO!

As the Young People's Forum (YPF) had not met since January we had a great catch up on what we'd all been doing from our antics at University and/or home to what we had attended as part of the YPF!

COOKING UP A YOUTH VOICE - NHS ENGLAND EVENT

Hannah, our Vice Chair, and Pavan updated us on the Cooking Up A Youth Voice event that took place in March:

Due to the success of our YPF, NHS England asked Great Ormond Street Hospital to host an event to show other hospitals how to set up and run a youth forum. We welcomed over 140 people including; young people, charities and staff from other hospitals from across the country.

The day was led and delivered by us, from the opening speeches, to workshops and a market place which displayed opportunities and examples of how children and young people are/can get involved in the future of healthcare. We had t-shirts saying #CYP special advisers so anyone could ask us questions or advice. As we've done so much work on menus and food tasting, we hosted a stall on this topic - see the photographic evidence below!

The bite-sized workshop sessions were:

- 10 Top tips on how to engage with young people - British Youth Council

- Why is youth voice important in health, getting our story straight - Shropshire Young Health Champions

- Young people in the lead, it's their agenda - Royal College of Paediatric and Child Health
- Making it happen...dealing with the governance stuff! - Ipswich and East Suffolk Clinical Commissioning Group
- How to set up a Youth Forum - NHS Youth Forum
- Youth voice, partnership with the voluntary sector - Cambridge University Hospitals NHS Foundation Trust
- Fixers - using narrative to drive campaigns (Fixers is a charity which help young people produce videos on topics/or issues with the hope of fixing them for the future)
- Whose Shoes? Using games for engagement - This workshop showed how you could get staff to understand what it is like to be a young person at their hospital/using their services, by playing a game
- Secret ingredients for a healthy and successful youth involvement - Dudley Youth Health Researchers
- Digital Badges - celebrating and rewarding youth voice in health by awarding a virtual badge

To find out more about the event visit the blog section of our YPF website <http://www.gosh.nhs.uk/teenagers/teengosh-community/young-peoples-forum/ypf-blog>





YOUNG REPORTERS ACADEMY

As a thank you for hosting the NHS England event, four members of the YPF were invited to work with The Reporters Academy – a not for profit media production company, to write and create a film about the event.

The group were taught interviewing skills as well as how to operate professional recording and editing equipment.

The group were given pre-event training, support on the day to film the activities and were then invited to the Reporters Academy headquarters at Media City in Salford, Manchester, to edit the film. We were all shown a section of a first draft of the film at the YPF meeting and we can't wait to see more!





COMMONWEALTH SERVICE AT WESTMINSTER ABBEY

Our Chair, George, told us about a prestigious event - The Annual Commonwealth Service which he attended with our Vice Chair, Hannah, on behalf of the YPF.

The Commonwealth Service was held at Westminster Abbey; it is an annual celebration of the work of the Commonwealth. The focus this year was unity and young people. Approximately 1,000 of the 2,000 attendees were schoolchildren and young people.

As we were queuing up to get inside we saw fellow YPF member Bethany! She is a Girl Guide and was helping to get everyone seated safe and sound in the Abbey!

When I went home and turned on the news I was delighted to see that I had made the TV, you can see us just behind John Major's head!

“We were so excited to see the Queen, Prince Phillip, Kate, William, Harry and other members of the Royal Family. There were also other speakers from across the Commonwealth, the Prime Minister David Cameron and Kofi Annan, the seventh Secretary-General of the United Nations”.

The Commonwealth society have expressed an interest in maintaining a relationship with the YPF and GOSH and have offered us a chance to visit Westminster Abbey on another occasion!



SUSTAINABILITY DAY

YPF members got involved in Sustainability Day in different ways, our Chair, George, and Vice Chair, Hannah, dropped by to support the day in the Lagoon and Annabel wrote a blog article for the Sustainability Team called 'A greener GOSH'.

On the day itself, local schools were invited in to build an igloo with Skanska, the company working on our new buildings. GO Create also did some penguin making sessions with patients in the Lagoon! There was a pedal bike which showed how much energy you needed to work a lightbulb and a fun game with taps which taught us about how much water is used across the world from everything to cooking and manufacturing. We were also asked to make pledges on how we could help the environment. We were sad not to have a photo with Mr Switch-It but were glad to see he had fun out on the wards and around the hospital!

Annabel said that staff and patients have been actively trying to improve our impact on the environment as part of a project called Operation TLC.

Operation TLC stands for:

T – turn off equipment when not in use

L – switch off lights where possible

C – close doors and windows

As many of us are ex-patients we know how it feels to spend lots of time here at GOSH so we fully support projects like the use of natural lighting. It not only saves energy, but can also help to make you feel more relaxed (something pretty important if you're unwell), which in turn can really uplift your mood and help you get better!

We also support the Room to Breathe project which is working on improving the air quality around the hospital. Look out for the 'No idling' signs that have been put up to encourage ambulance drivers to turn their engines off while parked. We were also pleased to hear that the taxi companies that work for the hospital have replaced their cars with either electric or hybrid ones which are much more environmentally friendly.



TAKEOVER DAY

Fiona our Children and Young People's Officer, spoke to us about planning Takeover Day 2016. Takeover Day is an annual event coordinated by the Children's Commissioner for England which encourages companies, hospitals, schools and other organisations to allow children and young people the opportunity to 'Takeover' or work with key decision makers and the services that are provided to them. Takeover Day itself is focused on the 16 November however at GOSH we are hoping to have Takeover opportunities on the weeks before and after.

Fiona told us that the Redevelopment and Catering Teams, have already expressed interest in being Takenover! She said she will be contacting some more teams and individuals, e.g. the Chief Executive to see if they would be interested in being part of the event too.

If we have any roles or teams that we would like to Takeover - we need to email Fiona at Fiona.Jones@GOSH.nhs.uk



DIGITAL BADGES

When Vice Chair, Hannah, and Pavan attended the Cooking Up A Youth Voice event, they went to a workshop about the NHS Digital Badges and gave us all a presentation on the scheme.

Digital badges are already in use in education and training as a form of recognition and accreditation for project work. NHS England has made health specific badges to support involvement and feedback in the NHS. An example of a badge is an NHS Inspector, so this would be awarded if we had taken part in ward visits to give our views and opinions.

The badges are open to any age and will be recognised by NHS Employers. It is hoped in the future that digital badges will be recognised by other employers, colleges and universities.

GOSH was lucky to become a test site for the badges, so not only will there be NHS badges but we can make GOSH badges too!

Fiona, our Children and Young People's Officer, told us that she thinks the badges will help to make sure that patients see themselves as individuals, not just as our illnesses or conditions. The badges will help patients develop new skills while they are in hospital, and will also recognise that patients become experts in their illness or condition, treatments, tests and health services.

In the next few weeks Fiona will be meeting with the Play Teams, Activity Centre, the Hospital School, GO Create and anyone else who may want to be involved. She will then set up a training session and get us all signed up to start earning badges!

NHS Employers



NHS Explorer (under 8s)

Find out how to help yourself stay happy and healthy at home with the **Me** badge. Explore with the **Community** and **Hospital** badges.



NHS Digital badges are a fun way to find out more about the NHS, share your ideas on how it can be improved or tell us what you are doing to improve yours or others health. **We want to hear from you!**

NHS Reporter (over 8s)

For all those reporters out there! Take the **Fact Finder** badge mission or earn the **My Story** badge.



A **digital badge** is a validated indicator of accomplishment, skill, quality, or interest that can be earned in many learning environments.



NHS Inspector (over 8s)

Have your say with the **Your Views** and **Health Voice** badge missions, or inspect yourself with **Positive Change for Health**.



NHS Citizen (over 8s)

Would you like to (or do you) take a lead on health in your school or community? Earn the **Get Involved** badge, run a campaign with the **Speak** badge or get recognition for giving a **Helping Hand**.



UCAS

LUNCH AND FOOD TASTING

This month we were treated to Chicken Curry Pie and Vegetarian Lasagna for mains and deserts we could choose from a chocolate pudding with chocolate sauce! Or a raspberry jelly which was made from pureed raspberries or fruit cocktails! We all filled out feedback forms for the Chefs to help them when they make the next changes to the men



TRANSITION & YOU'RE WELCOME

You're Welcome

Nigel, our Adolescent Specialist Nurse gave the group an update on You're Welcome, which is a checklist from the Department Of Health, to help health services find out how young people friendly they are. GOSH used the checklist in 2012, the YPF were involved and we chose five priorities for staff to work on, one of which was Transition.

GOSH will be re-testing themselves very soon. Nigel explained that You're Welcome checklist is being updated by two organisations - the Association for Young People's Health and the British Youth Council (BYC). BYC are currently asking for people's feedback on the new changes they would like to make to You're Welcome. You can have your say here - <http://www.byc.org.uk/uk-work/you're-welcome.aspx>

Transition

Transition is the preparation of young people and their families for the transfer of care from GOSH and other children's hospitals to adult hospitals and services.

Some of us have had great transitions and some of us poor, and some of us haven't even started yet!

To help make sure we all have a smooth journey into adult services Fiona, our Children and Young People's Officer and Nigel, want to learn how to improve this change. We split up into two groups - transitioned and not transitioned and shared our thoughts, feelings and experiences (if we had them) with Fiona and Nigel.

They are going to meet up to decide what happens next but we discussed meeting up with the charity Fixers who came to the NHS England event, as they make videos for patients and staff on how to fix things for the future. We will invite them to a future meeting to help us, help the future transitioners.



SWOT

We have previously done a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis report on the YPF. To give us an update on how we were progressing with these, Fiona spent some time reviewing this and action planning, for example;

- You told us that lots of people come to speak to the YPF, which is great, but we don't always hear feedback, or what they've done with our comments and ideas. Fiona has put together a short application form for people coming to speak and this also means they have to sign to say HOW and WHEN they will feedback. We now have a system of emailing the next working day after a meeting reminding the speaker of when they need to feedback and making sure we have feedback for the next meeting.

UPOPOLIS

Emma, the Engagement and Involvement Officer, gave us a presentation on Upopolis. It is network for children and young people who are in hospitals and/or have long term conditions in Canada. We had identified that if you are in isolation or unable to leave your ward or even GOSH, it can get lonely in hospital so this is where Upopolis could help - you can message people in the room next door to you, in another ward, another hospital and possibly another country.

The site is for 10 to 18 year olds and works a bit like facebook. You have a page about you which you can design, you have a wall, you can join groups and message people, there are spaces which are like groups and there are sections for videos and information leaflets.

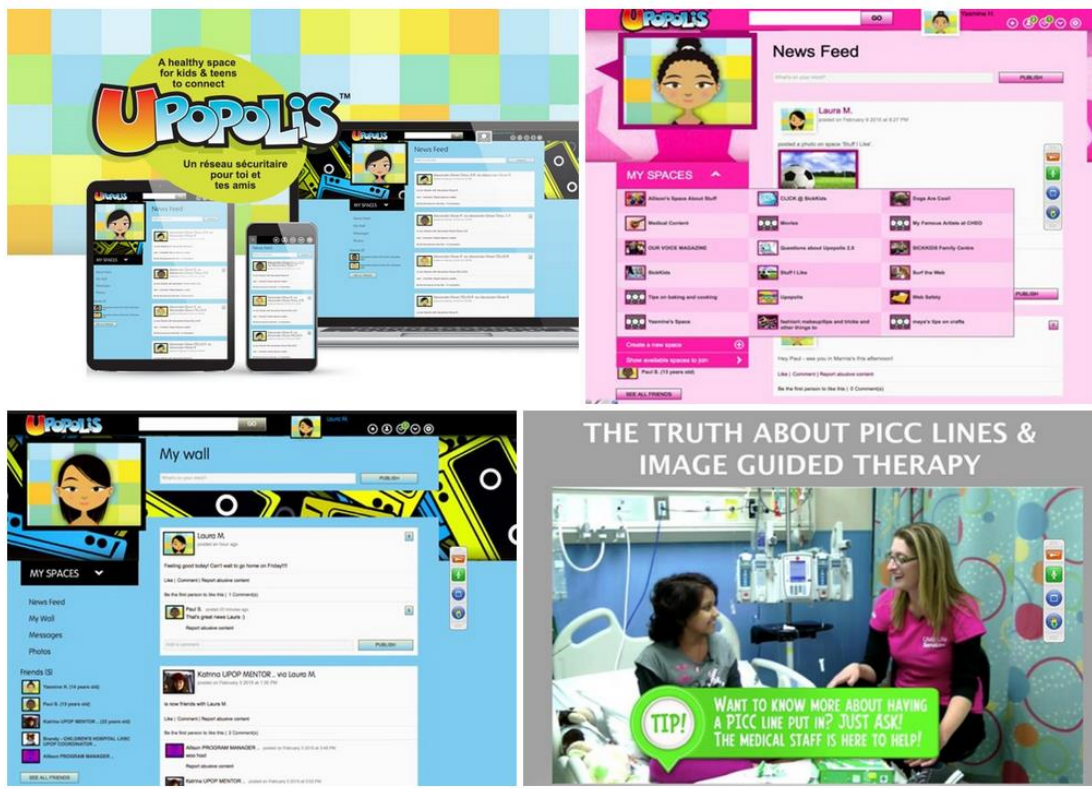
There are over 120 spaces which are for different things e.g the Personal interest spaces have groups like - I love PUGS or I support Manchester United. There are Medical groups such as Cystic fibrosis patients. There are Hospital Community spaces for the Hospital School, Volunteers, Chaplaincy and Staff programmed areas e.g how to use your wheelchair properly.

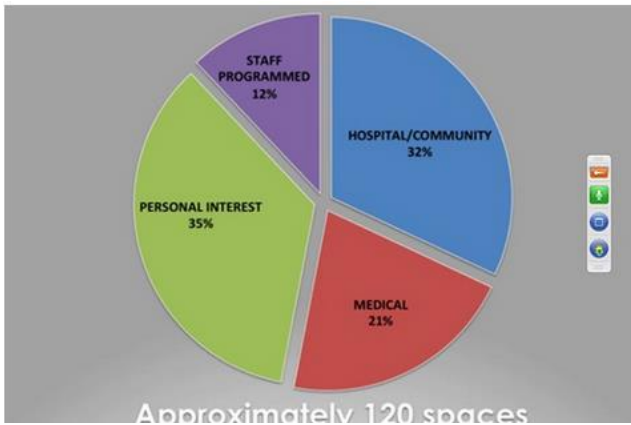
There are also videos that children and young people have made so for example if you were worried about having an MRI scan you could listen to someone tell you what it felt like, what it looked like, what happened. There are also interviews with staff and tours of areas like operating theatres.

It is different to facebook as there is no anonymity, you are you on the site and your full name is shared. You can only sign up to it by a member of staff at the hospital introducing you to it and explaining the rules. There are reporting buttons by every post, message, page and throughout the site. Immediate reporting results in immediate removal. If there is any misuse or abuse of the site or bullying, your account is closed.

Even though it is for 10 to 18 year olds, 75% of the users in Canada are 10 to 14. The company have said that the site has become important in helping children and young people not to feel alone, that they can meet others who have/are going through what they are and they can learn how to cope and live with their condition or illness.

We approved of the website and now Emma will be speaking to other teams in the hospital, e.g. Head of Information to make sure it is safe and secure. Emma will give us updates at the next meetings.





Daily Digest – User Activity on Upop Your Hospital

Activity log for domain upopols / Journal d'activité pour le domaine upopols

From: Wednesday, March 23, 2016 at 1:02 pm
To: upop@northshields.org

Date	Description	User / Utilisateur	Path / Chemin d'accès
2016-03-23 07:42:12	Set management email addr / a new thread with	CHLOE LIFE WHE...	wpf / wpf de TOLUS ADMIN M...
2016-03-23 07:42:12	Set management email addr / a new thread with	TOLUS ADMIN M...	wpf / wpf de TOLUS ADMIN M...
2016-03-23 07:42:17	Set management email addr / a new thread with	Lucas BONVOS UPOP LEAD...	wpf / wpf de Lucas BONVOS UPOP LEAD...
2016-03-23 07:42:17	Set management email addr / a new thread with	TOLUS ADMIN M...	wpf / wpf de TOLUS ADMIN M...
2016-03-23 08:00:00	Message	Karina UPOP MENTOR...	wpf / wpf de Karina UPOP MENTOR...
2016-03-23 11:25:08	Info message	Thane SPINEM...	wpf / wpf de Thane SPINEM...
2016-03-23 14:35:13	Message	Karina UPOP MENTOR...	wpf / wpf de Karina UPOP MENTOR...
2016-03-23 16:36:32	Copyright of Jaga Tetter this following tweet made me think about the possibilities for our hospital. Imagine if we had this.	Karina UPOP MENTOR...	wpf / wpf de Karina UPOP MENTOR...
2016-03-23 16:36:32	Info	Karina UPOP MENTOR...	wpf / wpf de Karina UPOP MENTOR...

Date	Description	User / Utilisateur	Path / Chemin d'accès	Commented on / Commentaires sur
2016-03-23 16:36:32	The use of AI (Service/Technology/Lighting and Engineering Skills)	Karina UPOP MENTOR...	Karina UPOP MENTOR...	Copyright of Jaga Tetter this following tweet made me think about the possibilities for our hospital. Imagine if we had this.

OTHER UPDATES

London Southbank University

We were given an update from the London South Bank University who visited us in January. Catherine and Caroline were re-writing the curriculum for student nurses and wanted input from us on what should be on it!

They have now built classes on the topics we gave them and now they want to know if/how young people could be involved in the teaching, they have made a survey for us to complete at <https://www.surveymonkey.co.uk/r/JTPL7Z7>

Electronic Patient Records Workshop

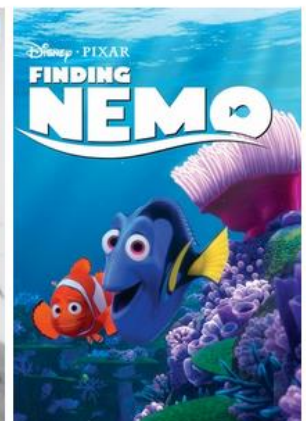
We were all reminded that we are invited to a workshop on Saturday 9 April to meet the team who are working on the creation and introduction of an electronic portal so that patients can access information about their appointments and test results. They want us to tell them what we think the portal should look like, how it could work, and any other features that users would feel are important and necessary. Contact María.Bjorklund@GOSH.nhs.uk for more information.

Patient Lead Assessments of the Care Environment (PLACE) Inspections

Every year GOSH and ALL other hospitals around the country need patients to walk around wards and departments and score us on the environment which means looking at how clean things are, if everything works and also taste our food! The GOSH assessments are happening on Friday 15 April. It will be 10am till 3pm and will you receive a short training session about the session and some of the rules of visiting clinical areas. Contact Tamryn.Rickson@GOSH.nhs.uk to take part.

New Disney Garden

Disney will be designing us a new garden, themed on Finding Nemo, which will be accessed from the Lagoon. They would like our feedback on the designs! There will be a stand and focus groups in the Lagoon on the 28 April. If you cannot come in person, don't worry the photos will be sent out via email and put on our facebook page too. These photo's are NOT TO GO PUBLIC, they are trusting us to keep these secret, so we are very excited to be able to share these with you and get your feedback but please when they are sent, do not pass these on to your friends!

NEXT MEETING DATE: SUNDAY 10 JULY

Expected Speakers...

- 1000 Genomes Project - the Team want to attend the next meeting so we can take them round the hospital with a camera and point out what is important to patients, so they can see the hospital through our eyes.

- Jim Linthicum, Head of Chaplaincy - to find out how we support religions and spirituality in the hospital and to discuss whether we think this is enough, too much, if it is reaching young people, and anything else we would like to speak to him about.

- Kirsty Glynn, Hospital Pyjamas for Teenagers - Kirsty has made dignity Pyjamas (makes sure your bum doesn't get cold if you are going for surgery etc) for younger children and would now like to make them for teenagers. She wants some ideas and inspirations on patterns and materials.

Attachment I

Members' Council

27 April 2016

Update from the Patient and Family Experience and Engagement Committee (PFEEC)

Summary & reason for item:

This is the Patient and Family Experience and Engagement Committee report which demonstrates to the Members Council how the Trust has been performing in relation to patient experience in the last quarter of the financial year.

Councillor action required:

To note the content of the report and the actions being addressed.

Report prepared by:

Juliette Greenwood - Chief Nurse

Item presented by:

Juliette Greenwood - Chief Nurse

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

Citizens Advice Bureau Annual Report

The Committee received a presentation on work done by the Citizens Advice Bureau services over the last year. The report highlighted statistics and outcomes of supporting families with children in the Trust.

Spiritual Care Service Presentation

The Committee received a presentation from the Spiritual Care team; this included a list of services that they provide to GOSH. The Spiritual Care team requested that all divisional staffs ensure that it is noted on patient folders what their faith/religious background is so that the Chaplainary team can plan the support available in advance rather than last minute referrals.

Clinical Research Facility Quarterly Performance Report

The Committee received the quarter 3 performance report from the Clinical Research Facility.

The Clinical Research Facility team was commended for their amazing work done and was instructed to share this with families.

The department are currently working on ideas on how to communicate this information and are looking into different mediums to integrate social media onto the wards.

Patient Information and Equality Update

The Committee received a report on Patient Information and Equality. An update outlining the progress of the work to refresh the bedside information packs that is to be trialed on Koala and Starfish wards.

In the report clarity regarding the responsibilities and what these are for providing and ensuring receipt of information sharing with parents, C&YP is being worked through. Beki Moul, Health and Information Language Manager is currently doing further research on this.

Non-Emergency Patient Transport (NEPTS) Report and Action Plan

The Committee received a summary on the changes made in some of the Clinical Commissioning Group's management of non-emergency patient transport. This will impact on some parents and C&YP patients at GOSH.

An action plan to manage the impact was presented. Concerns were raised by the Committee on how communications will be provided to families regarding changes made to the transport system and impact of their travel to and from GOSH. Other concerns were centred on those with learning disabilities.

Patient and Family Engagement and Experience Report

The committee received an update on the various Patient and Family Engagement and Experience work.

The success of the Young Person Forum event GOSH hosted with NHS England on 5th March 2016 was enthusiastically displayed and evidenced by the 141 attendees. This resulted in a Twitter trend that lasted for six hours. The Committee were also informed about the extent of the skills the young people were able to experience.

Friends & Family Test/Real-time Feedback Report

The committee received a report on the Friends and Family Test/Real-time project. The recent application for the Real-Time system funding had not been approved. An amended submission will be made in June 2016.

The Real-Time system provides an online option to input FFT results with hopefully increased response rates that create reports quicker with provide more detailed timely results. Real-Time system also increases accessibility to those with Learning Difficulties and who speak a foreign language. Discussions on exploring alternative methods of communications with patients and families were held.

Update on Actions from last meeting

The Committee received an update on actions stemming from the previous meeting. Parents had been invited to participate in a survey regarding any issues they experience during their stay using the Trust's accommodation. The survey started with 52 families on two wards and is on-going with the intent of increasing and is increasing in numbers and gaining improved information.

A process is being developed and put in place to standardise a response to parents who call the day before admission to confirm bed availability.

The Health Information and Language Manager is working on providing the appropriate wording on all admission and outpatient letters that advises parents and patients on the possibility of cancellations due to bed shortages, Heads of Nurses have agreed to check that all teams are making contact with families 1 night before due admission to warn parents of this as an interim.

The Committee heard that provision of completed complaint reports had fallen behind.

The Patient Safety and Complaints Manager reported that there has been improvement in some areas, but not within MDTS due to the department going through significant challenges and changes. The new divisions are reviewing their resources to identify how they can meet the increasing demands within MDTS.

Lastly, the PLACE inspection has been arranged for April 15th 2016. Consisting of 5 teams with 5 coordinators.

PALS report

The Q4 PALS report will be incorporated into the Annual Report. This will be presented to Members Council in June 16.

Attachment J

Members' Council

27th April 2016

Chief Executive Report – March 2016

Summary & reason for item:

This performance highlight report covers the following areas:

- Chief Executive Highlights Report
- Performance Report (March 2016)
 - Quality and Safety
 - Targets and Activity
 - Workforce
 - Finance

Councillor action required:

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

Report prepared by:

Peter Steer, Chief Executive.

Anna Ferrant, Company Secretary and Graham Terry, Head of Planning & Performance

Item presented by:

Peter Steer, Chief Executive and the Board

Chief Executive Report –March 2016

This report provides a summary of the issues and highlights of the Trust's performance since the previous report to the Members' Council in January 2016.

Chief Executive Highlights Report

Executive Restructure

From 1st April the Trust welcomed Nicola Grinstead as Deputy Chief Executive and Loretta Seamer as Chief Finance Officer.

Nicola Grinstead, Deputy CEO

Nicola has more than 15 years' management experience in the NHS and joins GOSH from Imperial College Healthcare NHS Trust where she was the Director of Operations and Performance. She has held a number of senior management positions in London teaching hospitals including at Guy's and St Thomas' NHS Foundation Trust, North West London Hospitals NHS Trust and St George's Healthcare NHS Trust. Nicola is currently the Chair of the World Board for the World Association of Girl Guides and Girl Scouts.

Loretta Seamer Chief Finance Officer

With experience in executive leadership, consulting and financial management across various sectors, including 13 years in the hospital and health sector, Loretta joins us from Children's Health Queensland Hospital and Health Service in Brisbane, Australia where she was Chief Financial Officer.

Divisional restructure

Following the end of a consultation into the restructure of the GOSH clinical divisions, the final configuration and appointments have been made.

This new structure, comprising two divisions, aims to better align services and facilitate more integrated ways of working with the ultimate aim of improving the quality of care and experience for all our patients.

Details of the divisional structure are provided at **Appendix 1**. Trust staff were consulted on the names of the divisions with the majority selecting 'West' after Charles West, founder of the Hospital and 'Barrie' after JM Barrie, creator of Peter Pan and for which Great Ormond Street Hospital Children's Charity has a right to royalty in perpetuity in the UK, granted by Copyright.

Junior Doctors' Strike

In February 2016 the government announced that they intended to move ahead with implementing a new junior doctors' contract after negotiations between the Department of Health and the British Medical Association (BMA) did not reach a compromise.

This new contract will come into effect nationally from August 2016, and as a result the BMA has announced further industrial action by junior doctors in the coming months.

The next industrial action will be held from Tuesday 26 April at 8am until Thursday 28 April at 8am.

Attachment J

Our primary concern is to ensure that the effect on our patients is kept to a minimum. Clinical and corporate management teams are working carefully together to plan for possible impact in each service, to ensure all hospital services remain safe and provide the best possible care for patients.

Some appointments have been rearranged and all patients and families are being contacted in advance of 26 April.

On this occasion junior doctors working in emergency care will also be included in the strike action.

PLACE Inspection

The Trust's PLACE inspection was conducted on Friday 15 April.

PLACE (patient-led assessments of the care environment) is the system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments apply to all hospitals providing NHS funded care. Scores are published nationally, and the reports are provided to the CQC.

The areas in which they evaluate us:

- Privacy and dignity of patients
- Condition, appearance and maintenance of the building (including ward general storage, tidiness at ward level)
- Cleanliness (including cleanliness of medical equipment on wards)
- Food and hydration
- Disability (access and equality)

Initial feedback on the inspection will be provided at the meeting.

Other matters of interest which arise between the date of this report and the meeting will be addressed verbally at the meeting.

Performance Update – March 2016

Quality and Safety, Targets and Activity

Access Improvement Update

Good progress continues in terms of training staff, validation of records, developing revised standard operating procedures and treating the longest waiting patients.

Looking forward the key challenges are:

- having sufficient, staffed, capacity (beds and outpatient slots) to deal with the back log and to sustain performance against the RTT, diagnostics and cancer standards
- reviewing those sub-speciality areas where compliance with the standards is going to be most challenging over the course of the next 12 months.

The report attached in Appendix 1 updates the Members' Council on key activities over the last eight weeks and performance against key milestones.

Friends and Family Test (FFT)

Since FFT commenced at GOSH in April 2014 the number of responses has reached over 20,000. The response rate dropped significantly to 13.3% in September 2015 when day case patients were first included in FFT, however the response rate has recovered steadily, with a response rate of 26.1% in March 2016, inclusive of day-case patients.

The overall percentage of inpatients 'likely to recommend' for Quarter 4 2015/16 is as follows:-

- The inpatient percentage 'likely to recommend' has remained consistently above the Trust target of 95% with a score of 99.5% in January 2016, 98.3% in February 2016 and 98.74% in March 2016.
- The Outpatient Percentage 'likely to recommend' has also remained consistently above 95% with 97.5% in January 2016, 97.0% in February 2016 and 97.54% in March 2016.

The response rate for inpatient and day case areas is as follows for Quarter 4 2015/16 is as follows:

	January 2016	February 2016	March 2016
Number of patients eligible for FFT	2883	3031	3030
% Response Rate	22.80%	23.70%	26.10%

The FFT response rate remains significantly below the trust target of 60% which was determined on a different basis, however the NHS choices data (February 2016) confirms that the average response rate equalled 23% with the highest response rate totalling 41%.

Hospital	Response Rate
Alder Hey Children's Hospital	6%
Royal Alexandra Children's Hospital - Brighton	10.80%
Royal Manchester Children's Hospital	13.00%
The Great North Children's Hospital	14.20%

Attachment J

Bristol Royal Hospital for Children	22.00%
Birmingham Children's Hospital	22.40%
Southampton Children's Hospital	23.00%
Great Ormond Street Hospital for Children	23.70%
Evelina Children's Hospital (GSTT)	28.80%
Leeds Children's Hospital	30.00%
Nottingham Children's Hospital	40.20%
Sheffield Children's Hospital	40.80%

Number of complaints in period

The Trust received 39 formal complaints in quarter 4, with 3 of these being graded as a red complaint (in line with the Trust's complaints policy). A breakdown of complaints by speciality and grading is available on the complaints dashboard. Within the complaints received, 51% of these raised concerns regarding communication with parents. Concerns were also raised regarding delays in treatment, delays in obtaining a diagnosis and staff who appeared uninterested.

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 monitor these to ensure they are completed and learning is shared across the Trust. In addition, the complaints team work with the clinical audit team to ensure there is assurance that actions are completed and effective.

Hospital Acquired Infections

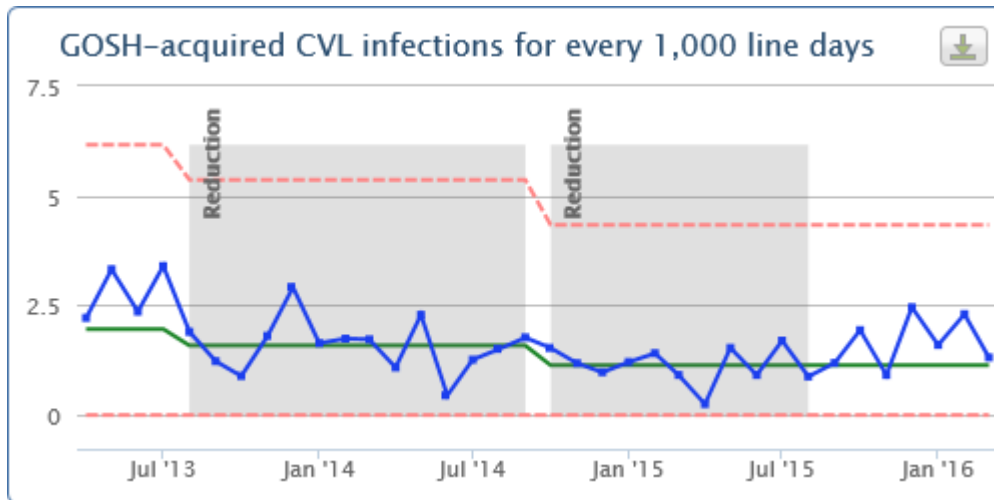
In March the Trust reported no cases of C.Difficile, assigned in patients aged two and over, tested on third day or later, leaving the total year to date cases recorded at 7 in 2015/16. These cases were not attributed to lapses of care outlined in the assessment criteria from Monitor and agreed with NHS England.

No cases of MRSA were recorded in March. 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.

No cases of E. Coli were reported in March following 48 hours of admission. Therefore the year to date total onset in Hospital remained at 10 cases in 2015/16.

One case of MSSA was reported in March following 48 hours of admission, taking the year to date total onset in Hospital to 8 cases in 15/16.

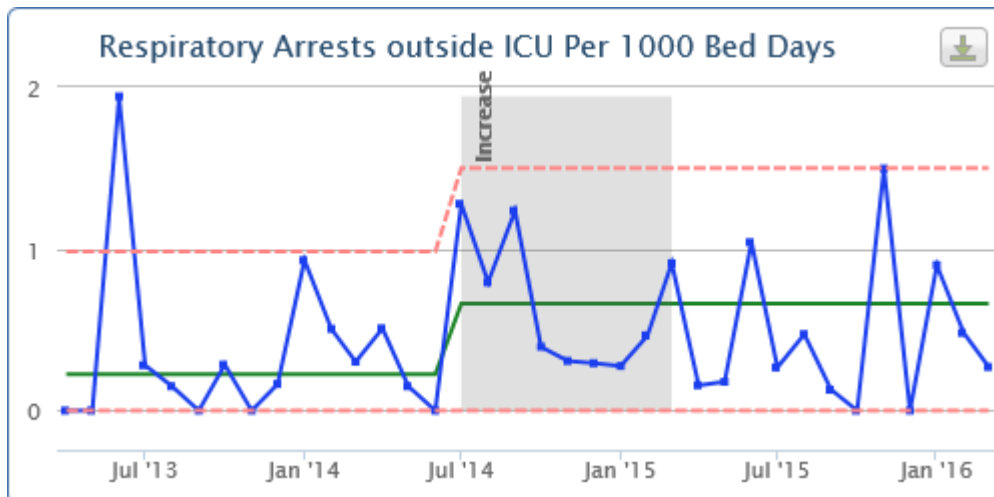
Central Venour line infections



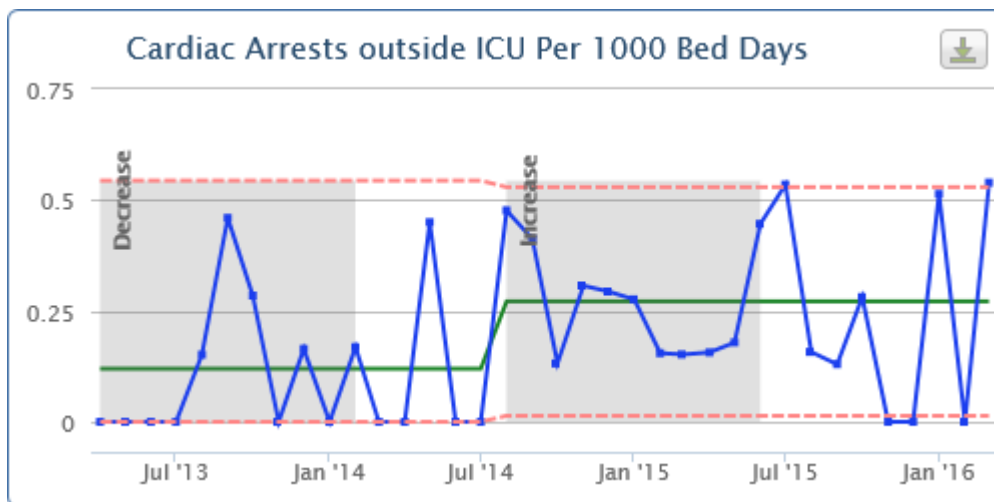
Aim: To make statistically significant reductions in the rate of CVL infections.

There was a reduction in the CVL infection rate which started in October 2014 and was subsequently been sustained. Subsequent data is within normal variation. The current “process mean” remains unchanged at 1.14 / 1000 line days. While this has maintained a relatively low rate, there were still 75 actual infections in the year to date identified by this surveillance criteria and we will review what additional interventions it is justified to introduce.

Avoidable cardiac and respiratory arrests



Attachment J

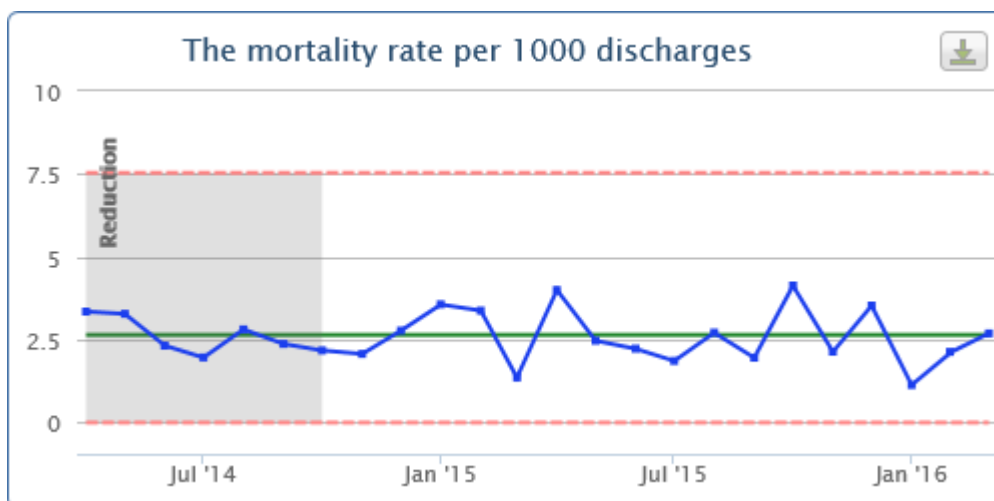


Aim: To decrease the number of potentially avoidable cardiac and respiratory arrests

Cardiac arrests – zero in November, December and peaked in March. The reasons for the March peak have been fully investigated and there were a couple of main reasons; some patients with particularly complex conditions.

Respiratory arrests – October, November and December were special causes (on the upper and lower control limits) ie wide variation. The upper limit month has been investigated and can be attributed due to multiple arrests on two very high risk patients.

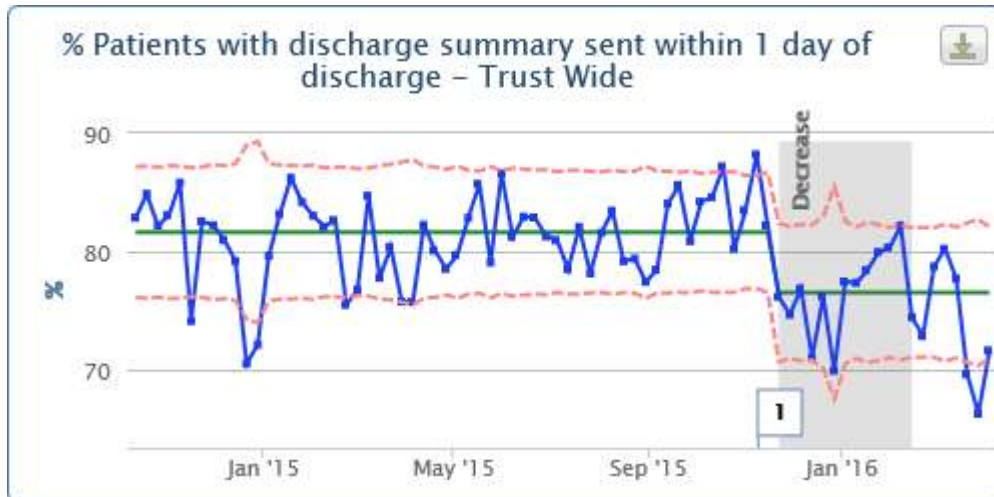
Mortality



Aim: To make reductions in the mortality rate

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

Discharge summary completion



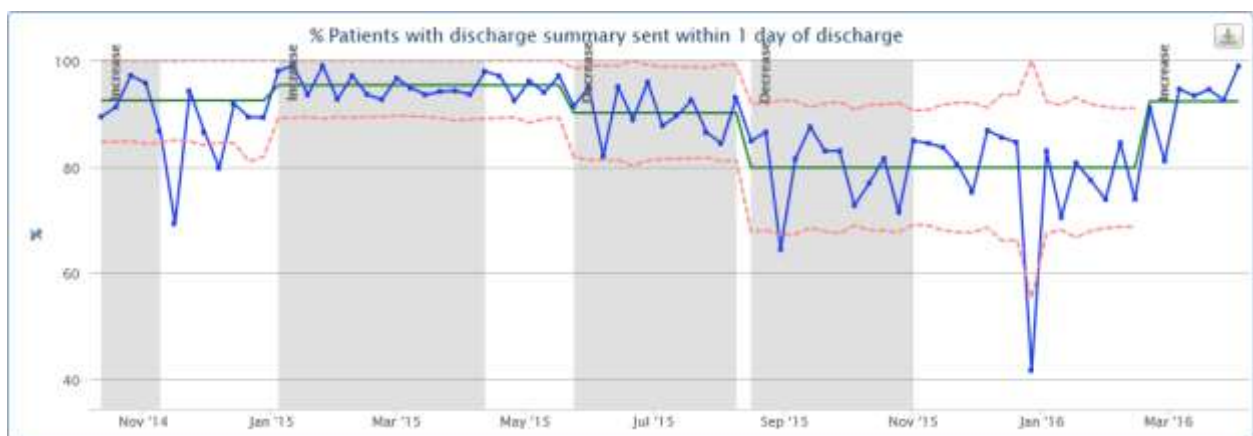
Aim: To make statistically significant reductions in the time taken to complete a discharge summary

There has been a reduction in the percentage of patients with a discharge summary sent within 1 day of discharge from 81% to 76%

Over the last few months the cumulative position was reported as follows: January 77.64%, February 77.83% and March 76.5% (against an expectation that all are sent within 24 hours).

The following chart shows that the medical specialties have shown significant improvement, unfortunately this is being offset by other areas (notably a number of specialties in Surgery, Neurosciences and Haematology / Oncology areas).

Medicine



As previously reported this is a process that requires frontline ownership in order to be sustainable. The data overall shows that there have been issues in sustaining improvements after the original QI project ended, in particular the administration teams in specialties with the greatest Access Improvement challenges. In addition, one division decided to review the quality of the content resulting in a days delay before the letters were sent out.

Attachment J

Inpatient and outpatient activity

March maintained an increase, since December, in NHS activity across the board. Consequently the year to date position for spells has improved reaching above the year to date target; outpatient activity remains below target, whilst ITU bed day activity levels are maintained above target.

The average number of bed closures in March rose compared to the previous two months in the quarter which were at some of the lowest levels in the year.

Workforce

Contractual staff in post

GOSH increased its contractual FTE (full-time equivalent) figure by 66 in March to 3,811. This increase is largely due to a medical rotation and newly qualified nursing intake.

Sickness absence

Sickness absence has decreased slightly to 2.47% (from 2.5%) and remains below the London average figure of 2.8%. Short-term sickness (STS) (episodes of sickness up to 4-weeks) has remained static across the Trust at 1.3% and 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 throughout November 15 to March 2016); this value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) turnover continues to increase – currently at 19.7% in March (+0.09% from February). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers).

The reported unfilled vacancy rate has decreased to 2.4% in March.

Agency usage

Agency usage for 2015/16 stands at 3.43% of total paybill (+0.35% from February); this has now exceeded the 2014/15 level (2.5%) and is expected to further increase. The significant increase is largely driven by the investment in validators to support the RTT workstream and in addition there have been a number of senior interim staff in the organisation.

PDR completion rates

The Trust overall appraisal rate stands at 71% - a 2% increase since December. Currently only one directorate is meeting the target of 95%, Human Resources & Organisational Development. HR are currently revisiting the PDR process to provide a simplified route to compliance.

Attachment J

Finance

The Trust is reporting a deficit of £8.9m, excluding capital donations, for the first eleven months of 2015/16, which is £1.1m better than the year to date plan (see Appendix 3).

Earnings before Interest, Tax, Depreciation and Amortisation (EBITDA) for the 11 Months to the end of February are £13.5m. The year to date EBITDA is £1.5m better than plan and represents 3.8% of income. EBITDA in Month 11 is £2.9m worse than plan.

The year to date positive variance is the net result of a number of positive and negative variances:

- NHS income (excluding pass through) is below plan by £(1.3)m, largely caused by lower than planned elective activity.
- Private patient income is £+6.0m above plan to date.
- Total employee expenses are £(4.1)m higher than planned 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 were lost earlier in the year.
- Non pay excluding pass through is £+1.0m better than plan. This is due to lower NHS activity, there are underspends in a number of areas.

The Trust continues to forecast an outturn deficit of £11.1m for 2015/16.

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

The Trust is forecasting a Financial Sustainability Risk Rating (FSRR) of 3 by the end of the financial year.

Appendices:

1. Referral to Treatment (RTT) & Cancer Access update
2. Performance Dashboard
3. Abridged Finance Report

REFERRAL TO TREATMENT (RTT) & CANCER ACCESS UPDATE

**Members' Council
April 2016**

Overview

Work continues across the Trust on rectifying the data quality issues associated with patient waiting times; improving operational systems and processes; and ensuring that those patients waiting the longest are being treated. This report provides updates on the main actions being taken.

Reductions in waits

There have been reductions in the numbers of the longest waiting patients during this period. Some specialties have found this challenging as a consequence of capacity constraints; patient choice which has resulted in increased referrals to GOSH, and complex pathways.

However, the recent demand and capacity exercise has highlighted that in a small number of specialities the Trust does not have sufficient capacity to meet the demand over the short and medium term, (this may be due to a shortage of surgeons, nursing staff or beds). The Trust is reviewing the options with its commissioners for addressing this.

Patient Tracking Lists (PTL)

As reported in January, the Trust now has robust Patient Tracking Lists (PTLs) in place. The main RTT PTL now has approximately 10,000 pathways (from 9,000 in January). This number will continue to fluctuate slightly as validation of the open pathways continues.

The Planned PTL is being well managed with minimal numbers of patients going beyond their "admit by date". Where planned patients are not seen by their admit date they are transferred onto the main RTT PTL in line with national guidance.

The receipt of accurate and timely data from referrers of patients from secondary care remains a significant challenge and this is impacting the Trust's ability to accurately manage patients waiting times.

Clinical Review Group

The Clinical Review Group meets on a weekly basis, to review patients who have waited over a defined period of time. No significant issues have been identified as a result of these reviews.

Diagnostics

The Trust has previously committed to commencing reporting against this standard from April 2016 (i.e. April's performance will be reported in May 2016). This will be focused on both the active diagnostic and planned diagnostic waiting lists.

Cancer Access

Although actions were taken to improve processes and implement a widely used IT recoding system, no issues with cancer wait reporting were identified. A recommendation will be made to the Board (along with commissioners and Monitor) to move cancer waiting time management, back to "business as usual".

Attachment J

Other update areas

Validation

The Trust has made good progress in validating patient pathways. A central team is now fully established to co-ordinate this and work with the operational divisions.

Training

The Trust has now completed a significant volume of training for those staff (clinical and non-clinical) in the management of patients on RTT pathways. This is being kept under close review and monitored fortnightly.

Standard Operating Procedures

A review of all processes is being undertaken and Standard Operating Procedures are being refreshed or redrafted where necessary.

Summary

Good progress continues in terms of training staff, validation, developing standard operating procedures and treating the longest waiting patients.

Looking forward the key challenges are:

- 1) having sufficient, staffed, capacity (beds and outpatient slots) to deal with the back log and to sustain performance against the RTT, diagnostics and cancer standards
- 2) reviewing those sub speciality areas where compliance against the standards is going to be most challenging over the course of the next 12 months and determining further action.

March 2016

West

Nicola Grinstead
Deputy Chief Executive

Allan Goldman
Divisional Co-Chair

Andrew Taylor
Divisional Co-Chair

Andrew Taylor
Divisional Director
- Portfolio A

Anne Layther
Divisional Director
of Operations

Dagmar Gohil
Divisional Assistant
Chief Nurse

Allan Goldman
Divisional Director
- Portfolio B

Portfolio A

Haematology/
Oncology

Respiratory

Immunology &
Gene Therapy

Palliative care

Cardiology

Infectious diseases

Haemophilia

Cardiothoracic
surgery

BMT

Rheumatology &
Dermatology

Portfolio B

CATS

Neonatal Services

Laboratory
Medicine

Genetics

PICU

Pharmacy &
Biomedical
Engineering

CICU

CSPs

Bed Management

Barrie

Nicola Grinstead
Deputy Chief Executive

Divisional Chair
Jane Valente

Liz Jackson
Divisional Director
- Portfolio A

Sarah James
Divisional Director
of Operations

Jilly Hale
Divisional Assistant
Chief Nurse

Jane Valente
Divisional Director
- Portfolio B

Portfolio A

Dental/
Maxillofacial/Cleft/
Plastics/ Craniofacial

Ophthalmology

Orthopaedics/
Spinal

ENT/ Audiology/
Cochlear Implant

Theatres/IR Suite

General Surgery

Renal

Anaesthesia/ Pain

Gastroenterology

General Paediatrics

Urology

Portfolio B

Neurosurgery

Diagnostics

Neurodisability

Neurology/
Neuromuscular/
Epilepsy/
Neurophysiology

Endocrinology

DCAMHS

Adolescent
Medicine

Psychology

Metabolic

Outpatients &
Health Records

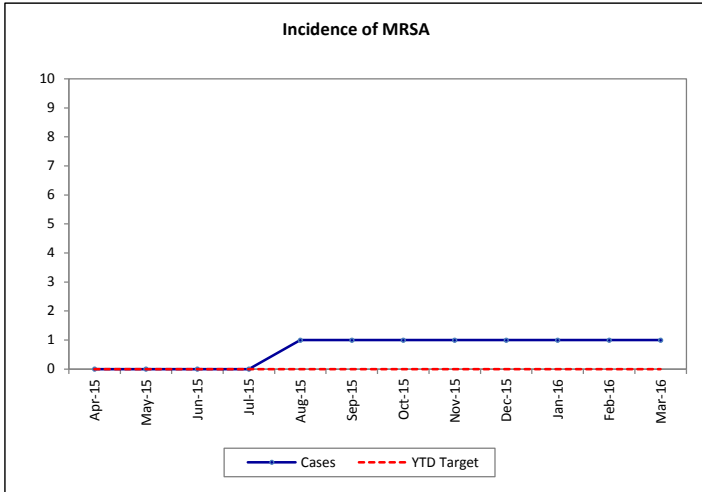
Therapies

Social Work

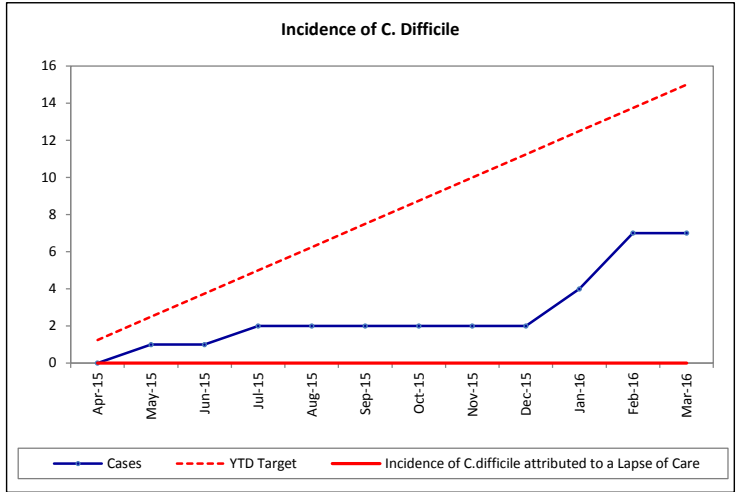
Targets & Indicators Report

		Target	YTD Performance	Monthly Trend											
				Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Activity & Use of Resources	Number of patient spells	34,467	34,857	2,847	2,732	3,057	3,008	2,568	2,892	2,967	3,092	2,735	2,873	3,040	3,046
	Number of outpatient attendances	159,368	150,285	12,307	10,705	13,053	13,343	11,373	13,240	13,060	13,991	11,782	12,110	12,708	12,614
	DNA rate (new & f/up) (%)	<10	7.9	7.7	8.3	9.0	9.9	8.8	8.3	7.3	7.3	7.9	6.9	6.7	6.6
	Number of ITU bed days	10,778	10,909	710	1,221	935	933	959	875	844	882	773	1,005	910	862
	Number of unused theatre sessions	-	208	22	9	21	29	48	22	14	4	16*	9	30	34
	Average number of beds closed - Total Ward	-	8.3	20.2	13.5	15.5	11.1	5.5	4.0	5.1	4.6	8.2	2.1	1.9	7.5
	Average number of beds closed - Total ICU	-	0.1	0.4	0.1	0.2	0.2	0.0	0.2	0.2	0.0	0.2	0.1	0.05	0.0
Patient Access	Patient Refused Admissions - Trust Total Excluding PICU/NICU & CATS**	90	138	8	5	20	12	7	12	7	14	22	15	16	11
	PICU/NICU & CATS Refusals	<235	253	17	21	20	11	8	14	15	24	54	26	43	20
	Cancer - Decision To Treat to first treatment	96	98.5	100.0	92.3	100.0	100.0	100.0	100.0	100.0	94.4	100.0	100.0	100.0	
	Cancer - Decision To Treat to subsequent treatment - surgery	94	95.9	100.0	100.0	87.5	100.0	100.0	100.0	100.0	75.0	100.0	100.0	100.0	
	Cancer - Decision To Treat to subsequent treat - drugs	98	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Patient / Referrer Experience	Number of complaints	40	143	13	7	16	17	15	13	8	15	9	14	16	8
	Number of complaints - High Grade	4	10	2	0	0	4	1	0	0	0	1	1	1	0
	Friends & Family Test (% of those Likely & Extremely Likely to recommend)	>95	98.4	98.1	96.9	98.9	98.1	98.5	99.0	98.5	98.0	98.5	99.5	98.3	99.0
	Friends & Family Test (% Response Rate)	-	22.5	27.8	28.3	28.1	29.7	16.6	13.3	18.1	21.0	18.6	22.8	23.7	26.1
	Clinic Letter Turnaround, % letters on CDD - sent within 7 working days	-	46.1	43.5	40.7	49.3	43.6	47.2	45.0	48.0	45.4	38.4	50.8	55.3	47.0
	Clinic Letter Turnaround, Average Days Letter Sent	-	10.3	11.0	10.9	10.6	10.5	11.3	10.7	10.3	9.9	11.7	8.6	7.7	8.7
Workforce	Sickness Rate (%)	3	2.6	2.5	2.6	2.6	2.7	2.6	2.6	2.6	2.6	2.5	2.5	2.5	2.5
	Voluntary Turnover Rate (%)	14	16.4	16.4	16.1	15.8	15.9	15.9	16.1	16.3	16.4	16.5	17.4	17.2	tbc
	Trust Turnover (%)	18	18.8	18.3	18.1	18.3	18.6	19.1	18.7	18.7	19.0	19.0	19.4	19.6	19.7

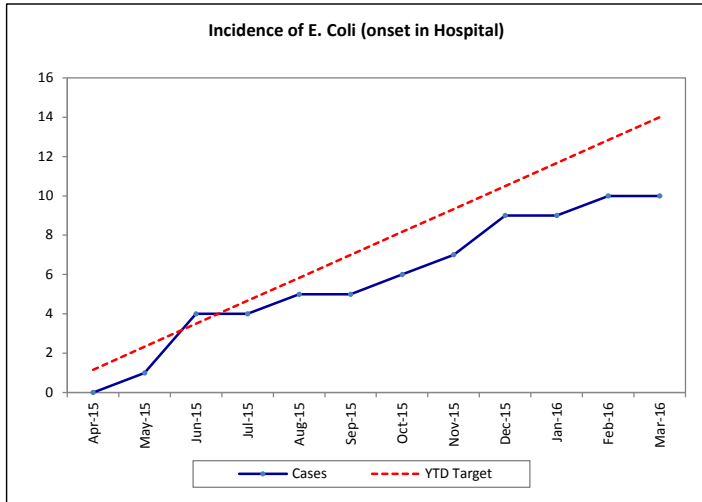
Health Care Associated Infection Indicators



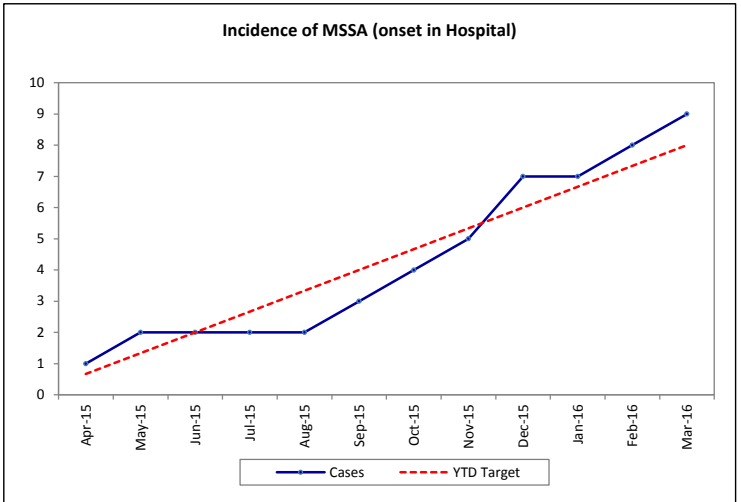
Description: MRSA bacteraemias
Target: Zero cases
Trend: 1 case reported to date
Comment: All episodes of positive blood cultures are reported to DH on HCAI site as bacteraemias



Description: Cumulative Cases detected after 3 days (admission day = day 1) are assigned against trust trajectory
Target: No more than seven cases per year
Trend: Trend remains below trajectory
Comment: The Trust has attributed no cases to a laspe of care for the YTD



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



Description: Cumulative incidence of MSSA bacteraemia episodes (Methicillin sensitive S. aureus)
Target: Internal Target no more than eight cases for the year
Trend: Performance has n't yet returned below trajectory
Comment: Performance being monitored closely

Monitor Governance Risk Rating

Targets - weighted (national requirements)		Threshold	Score Weighting	Reporting Frequency	Score Weighting Q1				Score Weighting Q2				Score Weighting Q3**			
					M1	M2	M3	Q1	M4	M5	M6	Q2	M7	M8	M9	Q3
1	MRSA - meeting the MRSA objective *	0	1	Quarterly	0	0	0	0	0	1	0	-	0	0	0	0
2	Clostridium difficile year on year reduction (Against Monitors defined Lapse of Care categorisation)	0	1	Quarterly	0	0	0	0	0	0	0	-	0	0	0	0
3	All cancers: 31-day wait for second or subsequent treatment comprising either:	100%	1	Quarterly	0	0	0	0	0	0	0	-	0	0	0	0
	Surgery	94%			0	0	0	0	-	0	0	0	0			
	Anti cancer drug treatments	98%			0	0	0	0	-	0	0	0	0			
					0	0	0	0	0	0	0	-	0	0	0	0
4	Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	Quarterly	0	0	0	0	1	0	0	-	0	0	0	0
5	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Annual	0	0	0	0	0	0	0	-	0	0	0	0
Total					0	0	0	0	1	1	-	-	0	0	0	0
Overall governance risk rating					Green	Green	Green		Green	Green	Green		Green	Green	Green	

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

**Note that at the time of reporting the cancer standards performance is yet to be finalised

Great Ormond Street Hospital for Children NHS FT - Summary Financial Performance Report. 11 Months to 29 February 2016

~ The Trust is reporting a deficit of £9.0m, excluding capital donations, for the first eleven months of 2015/16, which is £2.0m favourable to the year to date plan.

~ The Trust has been fined £0.5 million and is forecasting a year end fine of £0.6 million and is forecasting a deficit for the year of £11.1 million.

~ EBITDA is £13.5m year to date, a deficit of £1.7m in Month 11. The year to date EBITDA is £1.5m better than plan and represents 3.8% of income. EBITDA in Month 11 is £2.9m adverse against the plan.

* NHS income (excluding pass through) is below plan by £1.7m, which is due to the net effect of underperformance in surgery offset by income from the prior years contract settlement and improved tariffs. In month NHS income is £0.7m adverse to plan.

* Private patient income is £6.0m above plan to date, but in Month 11 underperformed by £0.2m.

* Pay is £4.1 worse than plan, £1.4m of which was the in month variance, and £6m of which is year to date agency spend.

* Non pay excluding pass through is £1m less than plan. This is due to lower NHS activity, there are underspends in a number of areas.

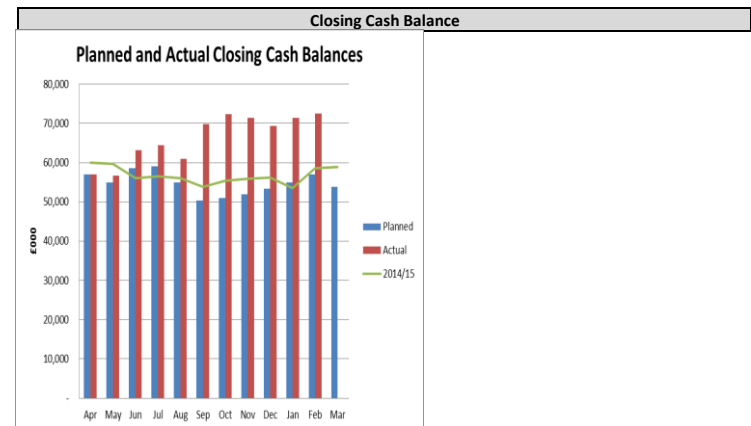
~ Cash is ahead of plan due to the under spend on Trust funded capital, and the positive EBITDA variance

~ 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.

Statement of Financial Position	31 March 2015 Actual	29 Feb 2016 Planned	29 Feb 2016 Actual
	£m	£m	£m
Non-Current Assets	372.9	411.4	393.7
Current Assets (exc Cash)	56.3	59.1	62.2
Cash & Cash Equivalents	58.9	57.0	72.4
Current Liabilities	(47.9)	(61.5)	(70.2)
Non-Current Liabilities	(6.7)	(6.2)	(6.3)
Total Assets Employed	433.5	459.8	451.8

Capital Expenditure	Annual Plan	29 Feb 2016 Planned	29 Feb 2016 Actual
	£m	£m	£m
Redevelopment - Donated	37.6	32.9	25.2
Medical Equipment - Donated	2.9	2.7	1.6
Estates - Donated	0.0	0.0	0.0
ICT - Donated	2.0	1.8	0.0
Total Donated	42.5	37.4	26.8
Redevelop& equip - Trust Funded	9.9	9.4	7.3
Estates & Facilities - Trust Funded	4.9	4.4	0.9
ICT - Trust Funded	5.0	4.8	2.7
Total Trust Funded	19.8	18.6	10.9
Total Expenditure	62.3	56.0	37.7

	31-Mar-15	31-Jan-16	29-Feb-16	RAG Rating
NHS Debtor Days (YTD)	25.53	4.65	6.85	G
IPP Debtor Days	130.73	181.90	182.25	R
IPP Overdue Debt (£m)	6.36	11.08	11.37	R
Creditor Days	33.00	30.90	36.20	A
BPPC - Non-NHS (YTD) (number)	88.3%	85.0%	85.4%	A
BPPC - Non-NHS (YTD) (£)	91.8%	87.7%	87.2%	A



I&E	Current Month			Current Year Year to Date			YTD Prior Year Year to Date		RAG Rating Current Year Variance
	Budget	Actual	Variance	Budget	Actual	Variance	Actual 2014/15	CY vs PY	
	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	
NHS & Other Clinical Revenue	20.3	19.6	(0.7)	223.5	222.3	(1.3)	224.1	(1.9)	R
Pass Through	4.5	4.9	0.4	51.9	50.1	(1.7)	46.3	3.8	
Private Patient Revenue	3.7	3.5	(0.2)	38.9	45.0	6.0	38.5	6.5	G
Non-Clinical Revenue	3.8	4.7	1.0	40.3	40.3	(0.0)	42.1	(1.8)	G
Total Operating Revenue	32.3	32.7	0.5	354.6	357.6	3.0	351.0	6.6	
Permanent Staff	(17.7)	(16.8)	0.9	(195.1)	(181.3)	13.8	(176.2)	(5.1)	
Agency Staff	(0.0)	(1.2)	(1.2)	(0.2)	(6.2)	(6.0)	(5.1)	(1.1)	
Bank Staff	(0.2)	(1.3)	(1.1)	(1.7)	(13.7)	(12.0)	(13.3)	(0.4)	
Total Employee Expenses	(17.9)	(19.3)	(1.4)	(197.0)	(201.2)	(4.1)	(194.6)	(6.5)	R
Drugs and Blood	(1.0)	(1.0)	0.0	(10.5)	(9.8)	0.6	(9.7)	(0.1)	G
Other Clinical Supplies	(3.2)	(4.3)	(1.1)	(35.1)	(36.3)	(1.1)	(34.1)	(2.1)	R
Other Expenses	(4.4)	(4.9)	(0.5)	(48.1)	(46.7)	1.4	(45.3)	(1.4)	G
Pass Through	(4.5)	(4.9)	(0.4)	(51.9)	(50.1)	1.7	(46.3)	(3.8)	
Total Non-Pay Expenses	(13.1)	(15.2)	(2.1)	(145.6)	(142.9)	2.7	(135.5)	(7.4)	
EBITDA (exc Capital Donations)	1.2	(1.7)	(2.9)	12.0	13.5	1.5	20.9	(7.4)	G
Depreciation, Interest and PDC	(2.3)	(2.2)	0.0	(23.0)	(22.5)	0.5	(22.1)	(0.4)	
Net (Deficit)/Surplus (exc Cap. Don. & Im)	(1.0)	(4.0)	(2.9)	(11.0)	(8.9)	2.1	(1.2)	(7.8)	G
EBITDA %	3.8%	-5.2%		3.4%	3.8%				
Estimated impairments									
Capital Donations	5.1	6.0	0.9	37.4	26.8	(10.6)			

Key Performance Indicators					
KPI	Annual			Forecast	Rating
	Plan	Q4 Plan	YTD Actual		
Liquidity	4	4	4	4	G
Capital Service Coverage	3	3	3	4	G
I&E Margin	4	4	4	4	G
Variance in I&E Margin as % of income	4	4	1	3	R
Overall	4	4	4	4	G

Attachment K

Members' Council

27th April 2016

**Clinical Governance Committee Summary Report
January 2016**

Summary & reason for item: To provide an update on the January meeting of the Clinical Governance Committee. The agenda to the meeting is also attached.

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

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Mary MacLeod, Chair of the Clinical Governance Committee

**Update from the Clinical Governance Committee meeting
held on 3rd February 2016**

Mortality Review Update

The Committee received a presentation on the mortality review process that was being undertaken to provide assurance that patients who had died at the Trust had been managed appropriately. It was reported that it was difficult, using the current GOSH IT system, to gain an overview of a patient who had died. It was suggested that a standardised form should be developed to be completed by the lead consultant to get a sense of the chronology and the thinking process prior to a patient's death. The Committee agreed that it was important for the EPR programme to consider the work of the mortality review group in its development and ensure that information from different systems could be seamlessly accessed.

Update on quality and safety impact of Productivity & Efficiency (P&E) programme

Two P&E schemes were reviewed and it was noted that neither had resulted in any adverse quality and safety impact. The Committee received an update on the work that had been taking place with PwC to develop a three year P&E plan to begin on 1st April 2016. It was reported that in future there would be a reduced number of high value schemes, all of which would have a robust Quality Impact Assessment. It was noted that this process was currently difficult to follow due to the large number of schemes operating.

Validation of referrals in haematology and oncology

The Committee welcomed the significant assurance provided by the work which was taking place to validate referrals in Haematology and Oncology. It was reported that work was continuing to ensure that minimum data sets were received from referring hospitals and those outstanding had now been escalated to commissioners.

Work of the clinical review group

It was reported that work had been done to implement a robust clinic outcome form and clinic cash-up process and in the coming weeks these paper based systems would become electronic. The Medical Director confirmed that he was satisfied that the correct process was in place going forward.

Risk 7: Recruitment and retention of sufficient highly skilled staff with specific experience

It was noted that a Nursing Workforce Recruitment Board had been established and would be working on current recruitment issues and forward planning. In depth exit surveys had been offered to all nursing staff leaving the Trust and key causes had been management relationships, flexible working and cost of living. It was agreed that the results of the exit surveys would be discussed at the next meeting.

Head of Nursing Report

The Committee noted that only 60% of staff was up to date with their level 2 infection prevention and control training and asked for an update showing improvement at the next meeting.

A report was requested on babies being treated in IPP who were not being visited by parents for long periods to ensure that the Trust had clarified the legal position and was operating within the relevant regulations.

Top Three Risks Analysis

The Committee noted that risks had been raised around medical care of the surgical patient and it was agreed that a report would be discussed at the next meeting.

Trust Workforce Metrics & Exception Report

It was agreed that as staff turnover levels had been high for a long time a deep dive would take place into the assumed drivers for this to ensure that assumptions were correct.

Intellectual (Learning) Disability Annual Report

The Committee received the report and welcomed the good work that was taking place around the Trust.

Quarterly Safeguarding Report (October 2015 – January 2016)

It was agreed that a report being produced to look at the capacity of the safeguarding team along with the effectiveness of training and the working relationship with the social work team would be shared with either the committee or Trust Board.

Internal Audit Progress Report (October 2015- January 2016)

The Committee noted that significant assurance had been provided for the risk management internal audit report which had focused on reviewing risks particularly at divisional level and the link between risk management and the Board Assurance Framework.

Clinical Audit update October 2015 – January 2016

The committee welcomed the work that had shown that learning points from a Serious Incident in 2015 had been well embedded.

Matters to be raised at Trust Board

It was agreed that the following matters would be raised at Trust Board:

- Clinical Audit
- Top 3 Risks
- Mortality review

CLINICAL GOVERNANCE COMMITTEE
Wednesday 3rd February 2016 at 2:00pm to 5:00pm in the Charles West
(Board) Room, Great Ormond Street Hospital for Children NHS
Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chairman		2:00pm
2.	Minutes of the meeting held on 19 th October 2015	Chairman	A	
3.	Matters arising/ Action point checklist	Chairman	B	
<u>PRESENTATIONS</u>				
4.	Update on Collation of Patient Stories	Chief Nurse	C	2:05pm
5.	Mortality Review Update	Medical Director	Presentation	2:15pm
<u>RISK</u>				
6.	Assurance Framework Update	Company Secretary	E	2:45pm
	Access improvement programme			
	<ul style="list-style-type: none"> Work of the clinical review group 	Medical Director	F	
	<ul style="list-style-type: none"> Validation of referrals in haematology and oncology 	Interim Chief Operating Officer	G	
	Update on gastroenterology	Medical Director	Verbal	
	Risk 7: Recruitment and retention of sufficient highly skilled staff with specific experience	Director of HR & OD	H	
7.	Top Three Risks Analysis	Director of Strategy and Planning	I	3:15pm
8.	Update on quality and safety impact of Productivity & Efficiency (P&E) programme	Interim Chief Operating Officer	J	3:25pm
<u>COMPLIANCE</u>				
9.	Compliance Update (including the CQC action plan)	Company Secretary	K	3:35pm
10.	Camelia Botnar Laboratories Environmental Safety Update	Director of HR and OD	W	3:45pm
<u>ASSURANCE</u>				

11.	Head of Nursing Report	Deputy Chief Nurse	L	3:50pm
12.	Trust Workforce Metrics & Exception Report	Director of HR and OD	M	4:00pm
13.	Intellectual Learning Disability Annual Report	Chief Nurse & Consultant Nurse Intellectual (Learning) Disabilities	N	4:05pm
14.	Update from Patient Safety and Outcomes Committee	Medical Director	P	4:15pm
15.	Quarterly Safeguarding Report (October 2015 – January 2016)	Deputy Chief Nurse	Q	4:20pm
16.	Internal Audit Progress Report (October 2015- January 2016)	KPMG	R	4:25pm
17.	Internal and external audit recommendations update	Deputy Director of Finance	S	4:30pm
18.	Clinical Audit update October 2015 – January 2016	Clinical Audit Manager	T	4:35pm
<u>GOVERNANCE</u>				
19.	Matters to be raised at Trust Board	Chair of the Clinical Governance Committee	Verbal	4:40pm
20.	Performance Report – January 2016	Interim Chief Operating Officer	U	4:45pm
21.	Audit Committee Summary – November 2015 and January 2016	James Hatchley, Independent Committee Member	V	4:50pm
22.	Any Other Business	Chairman		4:55pm
23.	Next meeting	Wednesday 13 th April 2016 2:00pm – 5:00pm		
24.	Terms of Reference and Acronyms	1		

Attachment L

Members' Council

27th April 2016

**Audit Committee Summary Report
January 2016**

Summary & reason for item: To provide an update on the January meeting of the Audit Committee. A verbal update will be provided for 18th April 2016 Audit Committee. The agendas for both meetings are attached.

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

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Charles Tilley, Chair of the Audit Committee

Update from the Audit Committee meeting held on 18th January 2016

Board Assurance Framework

The Committee discussed the meeting which had taken place to review the management of the BAF. It had been agreed that the revised BAF would be in a simplified format to enable more in depth discussions into the risks themselves rather than definitions.

The revised Trust risk appetite was considered and comments made. It was agreed that the statement would be considered by the Trust Board at the meeting in February 2016.

Risk 6: Operational Capacity

It was reported that a divisional re-organisation would be taking place and the Committee discussed the risks of a few people being responsible for a large number of key pieces of work. It was noted that the divisional reorganisation offered the opportunity to consolidate operational management and develop and operational substructure.

Analysis of Top 3 Risks

The Committee noted the responses to the top 3 risks survey and agreed that as risks were updated it would be important to bear in mind how risks had been articulated by respondents. The important issue of cyber security was discussed and it was agreed that it was important to understand the steer from the wider NHS when developing a strategy.

Update on data quality review

The review which was being undertaken by KPMG was not yet complete and the full report would be presented at an extraordinary meeting of the Audit Committee on 23rd February.

RTT Update

The Committee noted that good progress was being made on RTT in all areas with a robust patient tracking list now in place to track all patients and 4 out of 5 divisions managing patient pathways down to 18 weeks.

It was reported that commissioners were able to fine the Trust 1% of the contract value prorated and there was also the longer term risk of funding being based on meeting access targets.

Electrical Infrastructure Failure - Serious Incident

It was reported that the Serious Incident investigation was on-going but it was thought that the failure of the mains electrical supply in three GOSH buildings was caused by debris in the electrical switchboard panel which could only be found by removing a wall. It was confirmed that remaining panels had been accessed and no debris found. The final report would be provided at the next meeting.

Review of the Trust's insurance arrangements

The Committee received an update on the Trust's current insurance arrangements and noted that the Trust did not currently take out Trust wide insurance cover against terrorism or cyber attacks due to the difficulty in agreeing a policy which would cover the various scenarios in which a claim would be made.

Information Governance and Cyber Security risk assessment

The Committee approved the Trust's Information Governance Toolkit and agreed that it would be reconsidered later in 2016 following the review by KPMG.

It was agreed that the newly appointed IT Director would give a presentation on cyber security at the next meeting.

Care Quality Commission Report Update

The CQC inspection report had been published on 8th January and an action plan was being developed for the nine key recommendations made and other issues which had been raised in the report. It was requested that the actions around estates issues were confirmed as completed with the actions when appropriate.

External Audit Sector Update

The National Audit Office had released their guidance upon which Deloitte would base their Value for Money statement which was more detailed than in previous years and could result in additional testing being undertaken and the risk of an 'except for' opinion.

It was confirmed that in terms of a reference cost audit undertaken by Monitor, GOSH's result would be published in their annual report. She said that it was vital to ensure that the Trust's work in this area was in good order and added that a new reference cost system was being introduced along with an experienced new member of staff.

Internal Audit Progress Report (November 2015 – January 2016) and Technical Update

It was agreed that the review of governance within divisions would be removed from the calendar of work due to the upcoming divisional reorganisation. The Committee discussed the Productivity and Efficiency internal audit report and noted that it had been difficult for KPMG to review the calculations used to derive the value of schemes and in many cases it had not been possible to confirm the way a scheme value had been calculated.

The number of amber red reports issued in 2015/16 was noted and the committee queried the likely impact on the Head of Internal Audit Opinion. Mr Thomas said that he did not currently foresee any issues due to the ratings of various key audits.

Planning for 2015/16 year-end including review of Accounting Policies

It was reported that the Annual Reporting Manual had been issued and there were no significant changes affecting the Trust and its policies.

Raising Concerns in the Workplace Update

It was noted that no new concerns had been raised and GOSH's policy was being peer reviewed by another Trust.

Losses and ex-gratia payments

The Committee noted the losses around blood and drugs and it was agreed that this would be followed up to look at usual levels of wastage and to identify learning to mitigate the risk of further wastage at this level.

AUDIT COMMITTEE

**Monday 18th January 2016, 2:00pm, Charles West (Board) Room,
Great Ormond Street Hospital for Children, Great Ormond Street,
London WC1N 3JH**

AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chairman		2:00pm
2	Minutes of the meeting held on 5 th November 2015	Chairman	A	
3	Matters Arising and action point checklist	Chairman	B	
	<u>RISK</u>			
4.	Board Assurance Framework Update	Akhter Mateen, NED/ Interim Director of Strategy and Planning	C	2:10pm
(i)	Output of meeting held on 27 th November to discuss the future review and management of the BAF			
(ii)	Revised Trust Risk Appetite			
5.	Review of Strategic Risks (Audit Committee focus)			2:25pm
	Risk 6: Operational Capacity	Interim Chief Operating Officer	D	
	Risk 14: Leadership capacity	Director of HR & OD	E	
6.	Analysis of Top 3 Risks	Interim Director of Strategy Planning	F	2:45pm
7.	Risks identified at/ since the last meeting			2:55pm
	Update on data quality review	Interim Director of Strategy and Planning	G	
	RTT Update	Interim Director of Performance and Information	H	
	Electrical Infrastructure Failure-Serious Incident	Director of Development	J	
	Review of the Trust's insurance arrangements (action 52.2 – November 2015)	Interim Director of Strategy Planning	K	

8.	Information Governance and Cyber Security risk assessment	Interim Director of Strategy Planning	L	3:20pm
9.	Care Quality Commission Report Update	Company Secretary	M	3:30pm
10.	Debt write off recommendation	Deputy Director of Finance	N	3:35pm
<u>EXTERNAL AUDIT</u>				
11.	Sector Update	Deloitte	O	3:40pm
<u>INTERNAL AUDIT AND COUNTER FRAUD</u>				
12.	Internal Audit Progress Report (November 2015 – January 2016) and Technical Update	KPMG	P	3:50pm
13.	Internal and external audit recommendations – update on progress	Deputy Director of Finance	Q	4:00pm
14.	Overview of process for drafting and consulting on the Internal Audit Plan 2016-17, including focus on horizon scanning as well as internal risk issues	KPMG	Verbal Update	4:10pm
<u>GOVERNANCE</u>				
15.	Planning for 2015/16 year-end including review of Accounting Policies	Interim Chief Finance Officer	S	4:15pm
16.	Proposed Audit Committee Effectiveness Survey	Interim Chief Finance Officer	T	4:25pm
17.	Draft Audit Committee Report	Interim Chief Finance Officer	U	4:30pm
18.	Raising Concerns in the Workplace Update	Deputy Director of HR and OD	V	4:35pm
19.	Counterfraud Update	Counterfraud Officer	W	4:40pm
<u>ITEMS FOR INFORMATION</u>				
20.	Losses and ex-gratia payments	Deputy Director of Finance	Y	4:45pm
21.	Working Capital Update	Deputy Director of Finance	Z	
22.	Audit Committee Waivers – November 2015 to January 2016	Interim Chief Finance Officer	1	
23.	Performance Report – Month 8 (2015-16)	Interim Director of Strategy Planning	2	
24.	Finance and Investment Committee – Summary of meetings (November 2015)	David Lomas, Chairman of the F&I Committee	3	
25.	Clinical Governance Committee – Summary of meeting in October 2015	Independent Committee member – James Hatchley	4	

26.	Any Other Business			
27.	Next meeting	Wednesday 18th April 2016, 2:00pm – 5:00pm in the Charles West Room.		
28.	Audit Committee Terms of Reference and annual work-plan	For reference only - 5		

AUDIT COMMITTEE

**Monday 18th April 2016 at 2:00pm, Charles West (Board) Room,
Great Ormond Street Hospital for Children, Great Ormond Street,
London WC1N 3JH**

AGENDA

	Agenda Item	Presented by	Author	Time
1	Apologies for absence	Chairman		2:00pm
2	Minutes of the meeting held on: <ul style="list-style-type: none"> • 18th January 2016 • 23rd February 	Chairman	A B	
3	Matters arising and action point checklist	Chairman	C	
	<u>RISK</u>			
4.	Board Assurance Framework <ul style="list-style-type: none"> • 2015/16 • Strategy and suggested risks for 2016/17 	Company Secretary/ Interim Director of Strategy and Planning	D	2:05pm
5.	Risk Management Report	Head of Clinical Governance and Safety	E	2:15pm
6.	Presentation of high level risks <p>Risk 9: Research funding available to GOSH</p> <p>Risk 10: Access Policy</p> <p>Risk 12: Commissioners</p> <p>Risk 15: Data Quality Risk</p> <p>Data Quality Review Update</p>	Deputy Director of Research & Innovation Deputy Chief Executive Interim Director of Strategy and Planning Director of Information Interim Director of Strategy and Planning and Director of Information	F G H I 13	2:20pm
7.	Risks identified at and since last meeting: Final report on generator test serious incident International and Private Patient (IPP) Debt Update 2015/16	Director of Development	J 12	2:45pm
8.	Insurance arrangements update & request to amend SFIs to address NHS Litigation Authority (NHSLA) Clinical Negligence Scheme for Trusts (CNST) Claims	Interim Director of Strategy and Planning	L	2:50pm
9.	Cyber activity at GOSH	Interim Director of ICT	M	2:55pm
10.	Productivity and Efficiency Update	Deputy Chief Executive	N	3:00pm
11.	Schedules for Review by Audit Committee as per SFI No 1: <ul style="list-style-type: none"> • Losses and Comps (Debt Write off) • Aged Debtor/Creditors 	Chief Finance Officer	P	3:10pm

	Reference Cost Submission 2015/16	Chief Finance Officer	Q	
12.	Whistle blowing Update	Deputy Director of HR and OD	R	3:20pm
<u>EXTERNAL AUDIT</u>				
13.	External Audit: Interim update report to the Audit Committee for the year ended 31 March 2016	Deloitte LLP	S	3:25pm
<u>INTERNAL AUDIT AND COUNTER FRAUD</u>				
14.	Internal Audit Progress Report, Technical Update and Draft Head of Internal Audit Opinion for 2015-16	KPMG	V	3:45pm
15.	Draft Internal Audit Annual Report 2015/16	KPMG	W	3:55pm
16.	Internal Audit Strategic and Operational Plan: 2016-17	KPMG	U	4:05pm
17.	Internal and external audit recommendations – update on progress	Chief Finance Officer	X	4:15pm
18.	Counter Fraud Annual Report and Workplan 2016/17	Counter Fraud Manager, TIAA	Y	4:20pm
<u>GOVERNANCE</u>				
19.	Audit Committee Annual Effectiveness Survey Results	Chief Finance Officer	Z	4:25pm
20.	Draft Annual Governance Statement 15-16	Chief Finance Officer	1	4:35pm
21.	Draft Audit Committee Report to be included in the Annual Report	Chief Finance Officer	2	4:45pm
22.	Revised Terms of Reference & Annual Workplan	Company Secretary	4	4:50pm
23.	Compliance with the NHS provider licence – self assessment	Interim Director of Strategy and Planning	5	4:55pm
<u>ITEMS FOR INFORMATION</u>				
24.	Salary Overpayment Briefing	Chief Finance Officer	6	5:00pm
25.	Fire and Security Annual Report 2016	Facilities Manager & Director of Estates	7	
26.	Procurement Waivers –January 2016 to March 2016	Chief Finance Officer	8	
27.	Performance Report – Month 11 (2015-16)	Deputy Chief Executive	9	
28.	Finance and Investment Committee – Summary - January, February & March 2016	David Lomas, Chair of the F&I Committee	10	
29.	Clinical Governance Committee – Summary of meeting in January 2016	Company Secretary/ James Hatchley	11	
30.	Any Other Business		Verbal	
31.	Next meeting	Friday 20 th May 2016, 10:00am – 1:00pm in the Charles West Room.		

Attachment M

Members' Council

27th April 2016

**Finance and Investment Committee Summary Report
January 2016, February 2016 and March 2016**

Summary & reason for item: To provide an update on the January, February and March 2016 meetings of the Finance and Investment Committee. Agendas for January and March are attached. There is no agenda for February as this was a one item meeting.

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

Report prepared by: Neil Redfern, Financial Controller

Item presented by: David Lomas, Chair of the F&I Committee

**Update from the Finance and Investment Committee meeting held on
25th January 2016**

Q3 results including Forecast for the year to Mar 2016

The Committee discussed the Trust's financial performance for Q3 as well as the forecast for the year to March 2016.

The Q3 results excluded a fine in relation to RTT and the forecast outturn included additional pay costs in relation to RTT and increased locum costs (as funding for junior doctors posts have been reduced by Health Education North, Central and East London Deanery (HENCEL)).

2016/17 Draft Annual Plan

The 2016/17 Draft Annual Plan was reviewed and it was agreed that a special meeting of the Committee would take place before submission of the Annual Plan to Monitor.

The Committee requested a routine post implementation review of approved Business cases in order to monitor and assess delivery against the Annual Plan.

Productivity and Efficiency

The committee was advised that PwC has been engaged to assist in the identification of P&E schemes and it was agreed that P& E reporting will be reviewed once PwC has submitted their finalised report. The review will consider best practice in relation to productivity reporting as per Monitor and TDA guidance.

Financial Sustainability risks

The Committee discussed the risks around the Trust's Financial Sustainability and its ability to reach an Income and Expenditure breakeven position.

Development and Estates

The Business Case for Phase 4 remains work in progress as the financing of the building has not been finalised.

Trust Brand

The Committee discussed the need for the Trust to have the right to terminate agreements for misuse of the Trust brand and requested sight of the final agreement after obtaining legal advice.

**Update from the Finance and Investment Committee meeting held on
5th February 2016**

2016/17 Draft Annual Plan

Further to the meeting on 25th January the Committee discussed the contents of the Draft Annual Plan for 2016/17.

The areas considered were as follows:

1. Internal CIP target £12m with assumed delivery of £10m and £2m provision for attrition/costs of delivery
2. PwC Productivity and Efficiency report
3. Revenue contingency
4. The impact on CICU, IPP, EPR and the capital programme for the year
5. The Trust's ability to reach an Income and Expenditure breakeven position

The Committee approved the submission of the draft plan to Monitor.

Update from the Finance and Investment Committee meeting held on 24th March 2016

M11 results including Forecast Outturn

The Committee discussed the Trust's financial performance for M11 as well as the forecast for the year to March 2016.

Topics under discussion were:

- the latest position on the NHSE Specialised Commissioning proposed retention which has since reduced by 50%.
- Activity Volume variance on outpatients
- Kuwait education contract
- Bad debt provision and the increase in IPP debt

Procurement Plan

The Committee was advised that of the £2m of identified savings schemes, £1m had already been delivered through the full year impact of the outsourcing of Soft Facilities Management Services in 2015/16.

It was also noted that the PwC agenda included a review on the role of procurement and savings targets.

Productivity and Efficiency

The committee was advised that non recurrent savings were reported to Monitor which confirmed achievement of the CIP delivery plan, however this information was not included in internal reports.

It was confirmed that PwC are building a 3 year programme with quick wins happening in year one and that PwC were remunerated on a fixed fee basis.

Capital Programme

The Committee agreed that it should review all business cases 12 months after initial approval

Productivity report

The Committee agreed to review proposed metrics which would include Workforce data.

Annual Effectiveness Review

The Committee agreed the proposed review questions and review of the outcomes.

Annual Work Plan 2016/17

The Committee discussed the content of the annual work plan which included review and finalisation of a 5-year plan and also agreed that 4 business cases (NICU/PICU, IPP Positioning, EPR and Phase 4 OBC) would be reviewed in the year.

Terms of Reference

The Committee reviewed the Term of Reference

Consultancy and Advisory costs 2015/16

The Committee discussed the year to date values as well as benchmarking against other Trusts for consultancy expenditure

Review of Annual Budgets 2016/17

The Committee reviewed the Annual budgets for 2016/17 and discussed the process for identifying CIPS targets for each division.

Three Year Financial Plan 2016/17 to 2018/19

The Three Year Financial Plan 2016/17 to 2018/19, which excluded the impact of the implementation of the Electronic Patient Record or cost pressure in relation to the Premier Inn Clinical Building, was reviewed and the Committee requested that this plan is finalised prior to signing off the Phase 4 outline business case.

Annual Plan narrative

The Committee discussed the rise in planned outpatient activity and changes to be made to the Annual plan narrative on the sections relating to Workforce and Quality. The Committee agreed to recommend the Annual Budgets to the Trust Board at its meeting on 1 April 2016. The Committee agreed to support the plan to delegate submission of the Annual Plan to the Executive Team.

Enc 0

FINANCE AND INVESTMENT COMMITTEE MEETING AGENDA
25th January 2016
13.00 to 16.30
Charles West Room

Members:

David Lomas (DL)	Chair NED
Akhter Mateen (AM)	NED
Dr Peter Steer (PS)	Chief Executive
Dena Marshall (DM)	Interim Chief Operating Officer
Bill Boa (BB)	Interim Chief Finance Officer
Matthew Tulley (MT)	Director of Redevelopment
Claire Newton (CN)	Director of Strategy and Planning

Apologies:

In attendance:

<u>All meeting</u>	
Andrew Needham (AN)	Deputy Finance Director
Neil Redfern (NR)	Financial Controller and Minutes
<u>Part meeting</u>	
Cymbeline Moore (CM)	Director of Communications

		Provisional time	Paper Ref	Accountable
1	Apologies for absence	13.00		DL
1.1	Minutes of the November meeting and action check list	13.05	Enc 1.0 Enc 1.1	DL
FOR INFORMATION AND DISCUSSION				
2	Q3 results – Financial activity board report M09	13.15	Enc 2.0	BB
2.1	Detailed M09 forecast and bridge from Plan		Enc 2.1	BB
3.0	2016/17 Trust Plan – Summary of Draft Plan submission for approval (Capital and Revenue) – 8 February 2016	13.50	Enc 3.0	BB
3.1	2016/17 Trust Plan – planning timetable, narrative and non-financial content		Enc 3.1	CN
4	P&E Update	14.50	Enc 4.0	DM
5	Productivity reports - Cover - Data	15.00	Enc 5.0 Enc 5.1	CN
6	Financial Sustainability Risks	15.25	Enc 6.0	BB
7	Development and Estates update	15.35	Presentation	MT
8	Trust Brand	16.10	Enc 7.0	CM
	AOB	16.20		
	<i>Dates & times of next meetings:</i> Mon 14 th March 9-12.00 Wed 27 th April 8.30-11.00 (before TB) Mon 1 st August 13-16.00 (follows TB on 20 th Jul) Mon 31 st October 13-16.00 (follows TB on 19 th)			

Enc 0

FINANCE AND INVESTMENT COMMITTEE MEETING AGENDA

24th March 2016

15.30 to 18.00

Charles West Room

Members:

David Lomas (DL)	Chair NED
Akhter Mateen (AM)	NED
Dr Peter Steer (PS)	Chief Executive
Dena Marshall (DM)	Interim Chief Operating Officer
Bill Boa (BB)	Interim Chief Finance Officer
Claire Newton (CN)	Director of Strategy and Planning

Apologies:

In attendance:

<u>All meeting</u>	
Andrew Needham (AN)	Deputy Finance Director
Neil Redfern (NR)	Financial Controller and Minutes

		Provisional time	Paper Ref	Accountable
1	Apologies for absence	15.30		DL
1.1	Minutes of the January and February meetings and action check list	15.35	Enc 1.0 Enc 1.1 Enc 1.2	DL
FOR INFORMATION AND DISCUSSION				
2	Financial activity board report M11 and Forecast to Year end Finance Report to February 2016	15.40	Enc 2.0 Enc 2.1	BB
3	Procurement Plan update	15.55	Enc 3.0	AN
4	P&E Update	16.05	Enc 4.0	DM
5	Capital Programme update	16.15	Enc 5.0	NR
6	Productivity reports	16.30	Enc 6.0	CN
7	Annual Effectiveness Review	16.45	Enc 7.0	DL
8	Annual Work plan 2016/17	16.50	Enc 8.0	DL
9	Review of Terms of Reference	16.55	Enc 9.0	DL
10	Consultancy and Advisory Costs 2015/16	17.00	Enc 10.0	AN
11	Review of Annual Budgets 2016/17	17.10	Enc 11.0	BB
12	Three year Financial Plan 2016/17 to 2018/19	17.50	Enc 12.0	BB
13	Annual Plan narrative	18.05	Enc 13.0	CN
	AOB	18.15		
	<i>Dates & times of next meetings:</i> Wed 7 th April 8.30-11.00 (Teleconference) Thursday 12 th May 14.00-17.00 (Venue TBC) Monday 1 st August 14.00-17.00 (Venue TBC) Monday 31 st October 14.00-17.00 (venue TBC) Thursday 26 th January 2017 14.00-17.00 (Venue TBC) Thursday 23 rd March 2017 14.00-17.00 (Venue TBC) Thursday 6 th April 2017 14.00-17.00 (Teleconference) Thursday 11 th May 2017 14.00-17.00 (Venue TBC)			

Members' Council

27th April 2016

Process for the appointment of a non-executive director at Great Ormond Street Hospital for Children NHS Foundation Trust

Summary & reason for item:

To outline the appointment process for a non-executive director, as recommended by the Members' Council Nominations and Remuneration Committee.

Councillor action required:

To consider the recommendation to approve the appointment process.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Dr Anna Ferrant, Company Secretary

PROCESS FOR THE APPOINTMENT OF A NON-EXECUTIVE DIRECTOR ON THE BOARD OF DIRECTORS OF GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

1. PURPOSE

This paper proposes a process for the appointment of a non-executive director on the Board of Directors of Great Ormond Street Hospital for Children NHS Foundation Trust.

Appendices to this paper are provided in a separate pack.

2. BACKGROUND

2.1. Reason for the appointment

The tenure for Mr Charles Tilley OBE, non-executive director (NED) will come to end on the GOSH Foundation Trust (FT) Board on 31st August 2016. Mr Tilley will have served 4 years and 6 months on the FT Board (the maximum tenure for a NED on an FT Board is 6 years). Previous to this, Mr Tilley served 4 years and 6 months as a NED on the GOSH NHS Trust Board.

2.2. Composition of the Board and review by the Board of Directors

Currently the Board of Directors includes the Chairman, six Non-Executive Directors and five Executive Directors, plus the Chief Executive.

The Code of Governance (July 2014) states that "*When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.*"

In December 2015, the Company Secretary conducted an evaluation of the experience and knowledge of Board members (see separate copy of paper presented to the Members' Council in January 2016). This was based upon the required competencies of executive and NEDs on the GOSH Board and considered in light of the breadth of the revised Trust strategies.

A review of the Board's strengths shows:

Almost all NEDS and executives assessed themselves as having a high or medium level of experience and knowledge in the following areas:

- leading a large complex organisation (finance and governance experience) across private, academic and public sectors;
- strategy and planning;
- quality improvement systems;
- operational management/ performance management;
- partnership and stakeholder building;
- education and training in clinical and non-clinical settings
- research in clinical or non-clinical settings
- organisational development/ change management;
- project management and contract management;
- working with IT (recently strengthened with the appointment of Akhter Mateen NED); and
- human resources and employee relations.

Almost all NEDS assessed themselves as having a high or medium level of experience and knowledge in the following areas:

- Acting independently as a director/ NED in another organization
- Corporate social responsibility
- Sustainability
- Productivity and efficiency

The Council noted that all of these areas are the fundamental building blocks of the framework for the Trust strategy and provide assurance that the Board is sufficiently experienced and informed to implement, deliver and monitor the strategy going forward.

It was also noted:

- There is extensive governance experience at executive and non-executive roles in the private, public, academic and voluntary sectors
- There is a high level of experience and knowledge in healthcare settings amongst executive members and a lower level of experience and knowledge amongst NEDs. The Council will be asked to approve the appointment of a new NED on the Board who has a clinical academic background and this will strengthen this area of expertise.
- There is a slightly lower level of experience and knowledge in undertaking mergers and acquisitions, however this is viewed as sufficient for the purposes of delivery of the current Trust strategy (and independent professional advice would inevitably be sought in such situations).

The Committee recommended to the Council that there was only one NED who had scored 'high' for property development/ estate management and the Committee agreed that these skills would be considered when appointing a future NED to the Board.

Person specification for a new NED

Charles Tilley is an accountant with significant finance experience, both in investment banking and as an auditor. His leadership of the Chartered Institute of Management Accountants and understanding and knowledge of the governance framework of a membership based organisation has proven invaluable to the Board. Mr Tilley has extensive experience in the areas of finance, risk management, governance, strategy and performance management. The breadth of his experience has been invaluable in enhancement of the Trust risk management framework as well as the development of the Trust strategy.

Mr Tilley sits on the Board's Audit Committee and the Board of Directors' Remuneration Committee and Nominations Committee. It is proposed that the appointed NED will sit on all of these committees.

Mr Tilley is the Chairman of the Audit Committee. The Board shall consider the appointment of a new Chairman of the committee (from 1st September 2016) at the May 2016 Board meeting.

Mr Tilley is Deputy Chairman of the Trust. The Members' Council shall consider the appointment of another NED as Deputy Chairman (from 1st September 2016) at the June 2016 Members' Council meeting.

The Committee met on 7th April 2016 to consider the process for appointing a NED to the Board.

The committee considered the person specification and proposed in light of the importance of communication with patients, parents, carers and other stakeholders that an understanding or experience in customer services was desirable and should be included.

The committee agreed that a strong interest in healthcare issues and a high level of understanding of risk management and corporate governance was also key.

The Committee also agreed that:

- Details about the appointment and application process will be circulated to the Members' Council;
- The post will be advertised via the Public Appointments and NHS professionals in line with previous Non-Executive Director appointments.

3. PROPOSED APPOINTMENT PROCESS

The Code of Governance provides a high level overview of the principles of an effective NED appointment process (see **Appendix 1**)

The appointment of a Non-Executive Director will be made on merit, based on objective criteria following open competition. The process will be formal, rigorous and transparent and in line with the above provisions.

4. SUPPORT

The Board proposes that in the light of the proposed experience and skill set for the appointee, and taking account of the Trust brand and effectiveness of its communication channels, the appointment process will be run by the Trust's HR department and the Company Secretary. This will involve development of an advert, website copy, information pack and application form. Documentation will also be developed to ensure all agreed criteria are fairly assessed and that there is a clear audit trail for the appointment process. Further information is provided below.

5. DRAFT ROLE DESCRIPTION, PERSON SPECIFICATION & TERMS AND CONDITIONS

The role description and person specification for a NED position on the Board has been previously reviewed and approved by the Members' Council in 2014. The person specification has been amended to reflect the proposed experience, knowledge and skills of the advertised NED position, as outlined above. Both documents are attached in the separate pack at **Appendix 2**.

The Members' Council has previously agreed the terms and conditions of service for NEDs and the Chairman (November 2014). These are attached in the separate pack at **Appendix 3**.

6. COMMITTEE RESPONSIBILITIES

The Members' Council Nomination & Remuneration Committee will prepare a shortlist of candidates for the position of Non-Executive Director.

Members of the Members' Council Nomination & Remuneration Committee will sit on the interview panel and recommend an appointment to the full Committee. The Chairman will Chair the panel. In light of the experience and skills sought from the candidates, Mr Akhter Mateen will sit as a panel member.

The Committee will recommend approval of the appointment by the Council. Further information is provided below.

7. ELIGIBILITY OF APPOINTMENT

To be eligible for appointment, the successful candidate must be a public or parent/ carer foundation member of Great Ormond Street Hospital for Children NHS Foundation Trust (as outlined in the Trust Constitution). The candidate must also meet the 'fit and proper person' criteria (defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged)) which will involve relevant background checks such as references, DBS checks and qualification checks.

8. APPOINTMENT PROCESS TO BE ADOPTED

The following process is proposed for appointment of a Non-Executive Director to the GOSH Board of Directors. A timetable is attached at **Appendix 4** in the separate pack.

Advertisement

The post will also be advertised on the following websites:

- Public Appointments website <http://publicappointments.cabinetoffice.gov.uk/>.
- Great Ormond Street Hospital for Children NHS Foundation Trust website www.gosh.nhs.uk

Selection, Appointment & Remuneration

The recommended process will be as follows:

Application

Candidates will be asked to provide a CV and short covering letter outlining why they believe they meet the selection criteria.

Shortlist

Copies of all applications will be forwarded to the Members' Council Nominations and Remuneration Committee to shortlist the applications and identify those candidates that should be invited for interview. Barring an exceptional number of high calibre candidates, the Committee should aim to select for interview no more than three (3) candidates.

The Company Secretary will be present at the interviews to offer advice to the Committee, should it be needed.

References

Before the formal interviews two references will be sought for shortlisted candidates.

Shortlisted Candidates

There will be an opportunity for shortlisted candidates to speak with the Chairman of the Trust and/or Mr Akhter Mateen. Other NEDs may also wish to speak with shortlisted candidates.

Interviews

An interview panel of the Members' Council Nominations & Remuneration Committee will be established. It is proposed that this will include the following individuals:

- Tessa Blackstone (Chair of Panel)
- Akhter Mateen (NED)
- Three councillors from the Committee including two from the public/ patient and carer constituencies
- Anna Ferrant, Company Secretary (advice)

Prior to the interviews, the Interview Panel will decide on a set of questions to put to each candidate to ensure that the interviews are consistent, fair and transparent. Documentation will be provided to panel members to ensure all agreed criteria are fairly assessed.

At interview, candidates will be asked questions to assess whether they can demonstrate the required skills and expertise for the post. The selection process will ensure that the interview panel tests all the criteria.

Each interview will last around 30-40 minutes.

Decision and Recommendation of appointee

The Interview Panel will plan to offer the position to a candidate on the day. The offer will be subject to the appropriate checks, including a DBS check and assessment against the Fit and Proper Person assessment criteria, which may include qualification checks. It will also be subject to endorsement by the Members' Council Nominations & Remuneration Committee and the full Members' Council (at the June 2016 meeting).

9. RECOMMENDATION

The Members' Council Nominations and Remuneration Committee is asked to consider and recommend the following to the Members' Council meeting in April 2016:

- The recommended experience and skills sought for the advertised NED appointment as reflected in the NED person specification;
- The recommended appointment process and timetable.

Appendix 1

The Code of Governance provides a high level overview of the principles of an effective NED appointment process. It states:

B.2.a There should be a formal, rigorous and transparent procedure for the appointment of new directors to the board. Directors of NHS foundation trusts must be “fit and proper” to meet the requirements of the general conditions of the provider licence.

B.2.b The search for candidates for the board of directors should be conducted, and appointments made, on merit, against objective criteria and with due regard for the benefits of diversity on the board and the requirements of the trust.

B.2.c The board of directors and the council of governors should also satisfy themselves that plans are in place for orderly succession for appointments to the board, so as to maintain an appropriate balance of skills and experience within the NHS foundation trust and on the board.

B.2.1 The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS foundation trust and the skills and expertise required within the board of directors to meet them.

B.2.2. Directors on the board of directors and governors on the council of governors should meet the “fit and proper” persons test described in the provider licence. For the purpose of the licence and application criteria, “fit and proper” persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations.

B.2.3 The nominations committee(s) should regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the chairperson.

B.2.4 The chairperson or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chairman.

B.2.5 The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.

B.2.6 Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors.

B.2.7. When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.

B.2.9 An independent external adviser should not be a member of or have a vote on the nominations committee(s).

Appendix 2

Job description for a Non-Executive Director at Great Ormond Street Hospital for Children NHS Foundation Trust

Job Summary

The non-executive directors (NEDs) are responsible for providing appropriate oversight, governance and leadership to the trust in the pursuit of its strategies. NEDs should monitor the performance of management in meeting agreed goals. They should satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management are robust and defensible. They are responsible for determining appropriate levels of remuneration of executive directors and have a prime role in appointing, and where necessary removing, executive directors.

The Great Ormond Street Hospital (GOSH) board of directors is a unitary board and as such the non-executive directors and executive directors make decisions as a single group and share the same responsibility and liability.

Responsibilities include:

4. Strategy

- Establishing clear objectives to deliver the trust's agreed strategy, development, and long-term sustainability to meet its Terms of Authorisation, contributing to constructive debate upon – and regularly reviewing performance against – those objectives;
- Setting challenging objectives for improving performance of the trust and ensuring effective implementation of board of director decisions by the chief executive and the senior management team;
- Holding the chief executive to account for the effective management and delivery of the organisation's strategic aims and objectives, including achieving the trust's commitment to patients and targets for treatment;
- Providing vision to the foundation trust to capitalise on the freedoms it enjoys as a result of its status;
- Building and maintaining close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities;

2. Compliance

- Ensuring that the foundation trust complies with its Terms of Authorisation, the constitution and any other applicable legislation and regulations, including the maintenance of mandatory services and retention of protected property.
- Maintaining the trust's financial viability, controlling and reporting on financial affairs in accordance with the requirements set out by Monitor, in order to maximise effective treatment for patients;
- Ensuring that financial controls and systems of risk management are robust and that the board is kept fully informed through timely and relevant information;

- Participating in the appointment of the chief executive and other senior staff, as appropriate;
- With the assistance of the trust secretary, promoting the highest standards of corporate and clinical governance in compliance with the *NHS Foundation Trust Code of Governance* and other regulatory requirements and best practice, where appropriate;
- Upholding the values of the trust by example, safeguarding the trust's reputation, and ensuring that the organisation promotes human rights and equality and diversity for all its patients, staff and other stakeholders;

3. Board activities

- Participating fully in the work of the board, ensuring the corporate responsibility of the board of directors by working corporately with all directors of the trust.
- Attending and possibly chairing, committees and other ad hoc meetings of the main board
- Liaising and co-operating with the members' council, and having due regard of their opinions, as appropriate
- Participating in any board induction, training and evaluation identified as an individual and as part of the board or committee
- Working with the senior independent director on the annual performance evaluation of the chairman, in line with the process agreed by the members' council and reporting back to the members' council appropriately,
- Undergoing an individual and board performance appraisal, and attending any additional training highlighted as a result of the evaluation process.

4. Communications and relationships

- Bring independent judgment and experience based on commercial, financial, legal or governance expertise from outside the Trust and apply this to the benefit of the trust, its stakeholders and its wider community;
- Uphold the values of the Trust, act as an appropriate role model, and uphold the highest standards of integrity and probity.

Review

This job description will be subject to review by the Board of Directors and the Members' Council as appropriate.

Person specification

- Strong business and financial acumen, with considerable experience in a senior/ Board level financial or accounting role for a large/complex/changing organisation.
- Strong interest in healthcare issues.
- High level of understanding of risk management and corporate governance.
- A commitment to NHS values and principles of NHS foundation trusts.
- Highly developed interpersonal, communication and leadership skills.
- Sound, independent judgement, political astuteness and diplomacy.
- Clear understanding, and acceptance, of the legal duties, liabilities and responsibilities of non-executive directors.
- Sufficient time and commitment to fulfil the role, including attendance at Board and Audit Committee meetings.
- Professional accounting qualification (highly desirable).
- Understanding/ experience of large capital developments would be desirable but is not essential.
- Understanding/ experience of customer services would be desirable but is not essential.

Appendix 3

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST TERMS AND CONDITIONS FOR NON-EXECUTIVE DIRECTOR

These are the terms and conditions under which your appointment has been made. These are the standard terms and conditions for Non-Executive Directors of Great Ormond Street Hospital for Children NHS Foundation Trust. It is important that you read these carefully and contact the Company Secretary should you have any queries. Please indicate your acceptance of these terms and conditions by signing one copy and returning to the Company Secretary.

1. **Statutory basis for appointment** – Chairmen and non-executive members hold a statutory office under the National Health Service Act 2006. The appointment and tenure of office are governed by the requirements of the Act and the Foundation Trust's Constitution. Your appointment is made by the Members' Council. It does not create any contract of employment or contract for services between you and the Foundation Trust.
2. **Tenure of office** – The length of appointment will be determined by the Members' Council in accordance with the requirements of the Foundation Trust Constitution and Monitor's Code of Governance for NHS Foundation Trusts. Your appointment tenure will be set out in your letter of appointment. Your appointment will be subject to annual appraisal by the Chairman in accordance with a process agreed with the Members' Council.
3. **Employment law** – Appointments are not within the jurisdiction of Employment Tribunals. Neither is there any entitlement for compensation for loss of office through employment law.
4. **Fit & Proper Person Test (Health & Social Care Act 2008 (Regulated Activities))**
All providers are required to demonstrate that appropriate processes are in place to confirm that directors (and NEDs) are of good character, hold the required qualifications and have the competence; skills and experience required which may include appropriate communication and leadership skills, as well as a caring and compassionate nature.

The fitness of directors will be regularly reviewed after and during appointment. In addition, non-executive directors have a responsibility to report any mismanagement or misconduct issues to the Chairman of the Trust Board.

5. **Reappointments** – The Foundation Trust Constitution requires Non-Executive Directors to be appointed following a process of open competition. Non-Executive Directors are eligible to stand for reappointment under this process subject to satisfactory appraisal during their initial term and meeting all requirements of the Foundation Trust Constitution. There is no automatic right to be reappointed and any decision will be made by the Members' Council. In doing so, the Members' Council will

consider performance during the initial term, the make-up of the Board of Directors in terms of its skills, diversity and geographical representation, and the requirements of the NHS Foundation Trust Code of Governance in relation to the maximum tenure of Non-Executive Directors.

6. Removal from office

a. **Resignation** – You may resign at any time by giving reasonable notice in writing to the Company Secretary or in the case of a Non-Executive Director to the Trust Chairman.

b. Termination of appointment

The Trust may terminate your term of office if any of the following conditions apply:

- you become disqualified from office (see below);
- it is not in the interests of the Health Service that you should continue to hold office.
- if you do not attend three consecutive meetings of the Board of Directors unless the Board of Directors is satisfied that the absences were due to reasonable causes and you will be able to start attending meetings of the Board of Directors again within such a period as the Board of Directors consider reasonable.
- if you do not properly comply with the requirements of the regulations with regard to pecuniary interests in matters under discussion at meetings of the Trust (e.g. a failure to disclose such an interest).
- if you refuse to sign and deliver to the Company Secretary a statement in the form required by the Board of Directors confirming acceptance of the Code of Conduct for Directors.

The following list provides examples of matters which may indicate to the Trust that it is no longer in the interests of the Health Service that an Appointee continues in office. The list is not intended to be exhaustive or definitive; the Trust will consider each case on its merits, taking account of all relevant factors.

- If you no longer enjoys the confidence of the Members' Council.
- If you fail to ensure that the Board of Directors monitors the performance of the Trust in an effective way.
- If you fail to deliver work against pre-agreed targets incorporated within your annual objectives.
- If there is a terminal break down in essential relationships e.g. between you and the rest of the Board of Directors and/or the Members' Council.
- If you fail to meet the requirements of the Fit and Proper Person Test.

The removal of a non-executive director shall be in accordance with the following procedures:

Attachment N

- any proposal for removal must be proposed by a councillor and seconded by not less than ten councillors, including at least two elected councillors and two appointed councillors;
- written reasons for the proposal shall be provided to the non-executive director in question, who shall be given the opportunity to respond to such reasons;
- in making any decision to remove a non-executive director, the Members' Council shall take into account the annual appraisal carried out by the Chairman;
- removal of a non-executive director shall require the approval of three-quarters of the members of the Members' Council;

Appointment will also be terminated if, in accordance with the Constitution, you become disqualified from holding the appointment by virtue of any of the following circumstances:

- You have been adjudged bankrupt or your estate sequestrated and (in either case) you have not been discharged.
- You have made a composition or arrangement with, or granted a trust deed for, your creditors and have not been discharged in respect of it.
- Within the preceding five years you have been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on you.
- You have been required to notify the police of his/her name and address as a result of being convicted or cautioned under the Sex Offenders Act or other relevant legislation or whose name appears on the Protection of Children Act List;
- You are a member of the Members' Council or a councillor or director of an NHS body;
- You are the spouse, partner, parent or child of a member of the Board of Directors of the Trust;
- You are a member of a local authority's scrutiny committee covering health matters;
- You are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
- You are a person whose tenure of office as a chairman or as a member or director of an NHS body has been terminated on the grounds that his appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- You have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with an NHS body;

- You have refused without reasonable cause to fulfill any training requirement established by the Board of Directors; or
- You have refused to sign and deliver to the Company Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for directors, as the same may be in force from time to time.

7. **Remuneration** – You are entitled to be remunerated by the Foundation Trust for so long as you continue to hold office as a Non-Executive Director. You are entitled to receive remuneration only in relation to the period for which you hold office. There is no entitlement to compensation for loss of office. In accordance with the Constitution, remuneration for Non-Executive Directors will be set by the Members' Council.

Your fees and remuneration will be subject to applicable UK statutory deductions, including deductions for income tax, national insurance and similar liabilities.

8. **Tax and National Insurance** – Remuneration is taxable under Schedule E, and subject to Class I National Insurance contributions. Any queries on these arrangements should be taken up with the Inspector of Taxes or the Contributions Agency respectively.
9. **Allowances** – Chairmen and Non-Executive Directors are also eligible to claim allowances, at rates set by the Foundation Trust, for travel and subsistence costs necessarily incurred on Foundation Trust business
10. **Eligibility for NHS Pension** - Non-executive directors are not eligible to join the NHS Pension Scheme.
11. **Time commitment** – This may include some time commitment during the working day or in the evening according to the requirements of the Foundation Trust. The time commitment for Non-Executive Directors is 2½ days a month. A Non-Executive Director who is also the Audit Committee Chairman will need to spend additional time on these duties. By accepting this appointment, you confirm that you have sufficient time to undertake your duties as a Non- Executive Director and have informed the Foundation Trust of your existing significant commitments prior to taking up the position. Any future changes to your other significant commitments should be reported to the Company Secretary.
12. **Public speaking** – On matters affecting the work of the Foundation Trust, Non-Executive Directors should not normally make political speeches or engage in other political activities. In cases of doubt, the guidance of the Trust Chairman or Company Secretary should be sought.
13. **Conflict of interest** – The Foundation Trust Constitution requires Board Directors to declare any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors. A family interest will include those of a Director's spouse or partner. Such interests include:

- directorships, including non-executive directorships held in private companies, public limited companies or public benefit corporations (with the exception of those of dormant companies);
- ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;
- majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS;
- a position of Trust or fiduciary duty in a charity or voluntary organisation in the field of health and social care;
- any connection with a voluntary or other organisation contracting for NHS services;
- research funding/grants that may be received by an individual or their department;
- any other commercial interest in the decision before the meeting;
- to the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks; or
- membership of clubs, societies or organisations whose purpose may include furthering the business or personal interests of their members by undeclared or informal means. Such organisations include Masonic lodges and religious societies whose membership consists of professional and business people.

Further guidance on the relevance of an interest is available from the Trust Chairman or Company Secretary.

14. **Indemnity** – The Foundation Trust will indemnify you against personal civil liability which you may incur in whilst carrying out your Board functions, providing that at the time of incurring the liability, you were acting honestly and in good faith, and not recklessly.
15. **Disclosure and Barring Service (previously CRB)** - As a regulated organisation, Great Ormond Street Hospital requires all employees, contractors and temporary workers to undertake a DBS check prior to commencing any employment/placement. You will be asked prior to employment/placement to provide documentation to evidence your identity; in turn this will be used to undertake a check against the police service national computer database (to review any criminal convictions or cautions).

This process is repeated every 3 years.

Individuals are required to report any police caution or conviction that may occur at any time during their employment/placement at Great Ormond Street Hospital. The Trust reserves the right to withdraw any offer of employment made on the basis of the outcome of a DBS check.
16. **Trust Property** – On request and in any event on termination of your office for any reason you are required to return to the Trust all Trust property including your security pass and all keys, computer hardware and software provided by the Trust.

Appendix 4

**Timetable for appointment of a Non-Executive Director to the
Board of Directors at Great Ormond Street Hospital for Children NHS Foundation Trust**

Date	Action	Lead	Notes
Thursday 7 April 2016 10-11am (1 hour meeting)	MC Nominations and Remuneration Committee meets to discuss NED reappointment process, JD, PS and timetable	Anna Ferrant	Dates to be confirmed. Members of the committee: <ul style="list-style-type: none"> • Tessa Blackstone • Mary MacLeod • Matthew Norris • Lisa Chin A Yong • Jilly Hale • Rebecca Miller
Wednesday 27 April 2016	Seek approval of the NED appointment process, JD and PS and timetable Seek appointment of four members of the Committee	Anna Ferrant	Paper to be finalised by 17 April
Thursday 28 April 2016	Advertise the NED post: <ul style="list-style-type: none"> • GOSH Web • Cabinet Office Website for public appointments 	Karen Tarke	CV and covering letter only
Monday 16 May 2016	Closing date for adverts	Karen Tarke	
17-19 May 2016	Pre short listing exercise	Anna Ferrant	
Friday 20 May 2016	Send candidates' CVs to interview panel members plus the output of the pre short listing exercise	Anna Ferrant	Via encrypted email

Attachment N

Date	Action	Lead	Notes
Thursday 26 May	Shortlisting by interview panel members (1 hour): Between 1pm and 5pm (TBC with new councillor committee members)	Anna Ferrant	<p><u>Panel members</u> From the Nominations and Remuneration Committee: Tessa Blackstone (Chair) Three councillors including 2 from the public/ patient and carer constituencies (To be appointed at April Council meeting)</p> <p>Akhter Mateen (NED) Anna Ferrant (advice)</p> <p>Short list maximum 3 candidates</p>
8 June 2016	Interviews (3 – 3.5hours): Wednesday 8 June: 10:30am – 1:30pm (TBC with new councilor committee members)	Anna Ferrant/ Karen Tarke	Interviews will take place one after the other for 40 minutes each in duration, with time for discussions and selection afterwards.
After interview panel selection	Email Members’ Council Nominations and Remuneration Committee with the preferred candidate HR undertake checks in time for Council meeting on 29 June 2016	Anna Ferrant Karen Tarke	Via encrypted email
29 June 2016	Members’ Council Meeting	Anna Ferrant	Seek approval for the proposed candidate (all checks completed)
Following approval	Appointed NED start date – 1 st September 2016.	Anna Ferrant	

Attachment O

Members' Council

27th April 2016

Revised Members' Council Nominations and Remuneration Committee Terms of Reference

Summary & reason for item:

To propose minor amendments to the Members' Council Nominations and Remuneration Committee Terms of Reference.

Councillor action required: The Members' Council Nominations and Remuneration Committee recommend the proposed amendments for approval by the Members' Council.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Revised Committee Terms of Reference

A review of the current Terms of Reference (ToR) was undertaken by the Company Secretary against Monitor's Code of Governance. The Code of Governance was last updated in July 2014 and there were no changes to the ToR since the previous review in November 2014.

General governance and administrative amendments have been made to the ToR (please see tracked changes). These include:

- A revision of the quorum of the meeting so that it is clear that a majority of councillors are present for the meeting (see para 6)
- The committee considered the length of tenure for councillors on the committee. It was agreed that a statement should be added in the ToR that the length of tenure on the committee for a councillor should normally be 3 years (matching the 3 year councillor tenure) (see para 4.4) and will allow some flexibility if no other nominations are received to extend a councillor's tenure on the committee (with the approval of the Council). This does not remove the requirement for nominations to be sought from councillors each year and for all existing members to re-nominate themselves for a position on the committee.
- The committee noted that councillors were not required to have specific experience to sit on the committee. However, it was proposed that when nominations are sought for committee members, that emphasis should be placed on having a mix of councillors within their first and second terms on the Council. (see para 4.5)
- Monitor's (now NHS Improvement) Code of Governance states that "*chairperson or an independent non-executive director should chair the nominations committee*". The Code also mentions that at the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chairman. The Chairman and Non-Executive Director (Mary MacLeod) felt strongly that any discussions about appointments (including appointment panels) should be chaired by the Chairman or a non-executive director. Mr Matthew Norris raised a concern about the need for adopting the guideline but acknowledged that that the Code left this to the discretion of the committee and that any committee meeting or appointment panel is made up of a majority of councillors. The ToR remains unchanged and the Chairman will continue to chair the committee and appointment panels (except in cases where there is a conflict of interest).
- Reference to relevant documents where applicable i.e. the Code of Governance or annexes in the Constitution.

Recommendation

The Council is asked to approve the proposed amendments to the Terms of Reference.

DRAFT Members' Council Nominations and Remuneration Committee

Terms of Reference

The members' council nominations and remuneration committee is authorised by the members' council to act within its terms of reference. All members of staff are requested to co-operate with any reasonable request made by the members' council nominations and remuneration committee.

1. Nominations role

1.1 The members' council nominations & remuneration committee will:

- Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors on the board and make recommendations to the board of directors with regard to the outcome of the review.
- Give consideration to succession planning for the chair and non-executive directors in the course of its work, taking into account the challenges and opportunities facing the NHS foundation trust and the skills and expertise needed on the board of directors in the future.
- Keep the leadership needs of the foundation trust under review at non-executive level to ensure the continued ability of the NHS foundation trust to operate and compete effectively in the health economy.
- Keep up to date and fully informed about strategic issues and commercial changes affecting the NHS foundation trust and the environment in which it operates, having regard to any relevant legislation and requirements of the independent regulator.
- Agree with the members' council a clear process for the nomination of a chair and non-executive directors.
- Take into account the views of the board of directors on the qualifications, skills and experience required for each position.
- Prepare a description of the role and capabilities required for an appointment of non-executive directors, including the chair.
- Interview and nominate candidates as non-executive directors for approval by the members' council respectively, ensuring that candidates are eligible for appointment under the Constitution.
- Ensure that a proposed chair's or non-executive director's other significant commitments are disclosed to the members' council before appointment and that any changes to their commitments are reported to the members' council as they arise.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.

- Ensure that on appointment non-executive directors including the chair receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of directors meetings.
- Review the results of the performance evaluation process for the chairman and non-executive directors.
- Review annually the time requirement for non-executive directors.
- Advise the members' council in respect of re-appointment of any non-executive directors in relation to a term beyond six years (in accordance with paragraph 7, annex 9 of the Constitution [and Monitor's Code of Governance](#)).
- Advise the members' council in regard to any matters relating to the removal of office of a non-executive director including the chair [\(in accordance with Annex 7 of the Constitution\)](#).

2. Remuneration role

- 1.1 To decide and review the terms and conditions of office of the foundation trust's non-executive directors in accordance with all relevant foundation trust policies, including:
 - Salary, including any performance-related pay or bonus;
 - Provisions for other benefits, ~~including pensions and cars~~; and [allowances](#).
- 1.2 To adhere to all relevant laws, regulations and policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate non- executive directors whilst remaining cost effective.
- 1.3 To advise upon and oversee contractual arrangements for non-executive directors, including but not limited to termination payments.

3. Request for advice

- 3.1 The members' council nominations and remuneration committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.2 The committee is authorised, subject to funding approval by the company secretary, to request professional advisors and the attendance of individuals and authorities from outside the foundation trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

4. Membership

- 4.1 The members' council nominations and remuneration committee will comprise the chairman of the trust, the deputy chairman, two councillors from the public constituency and/or the patient and carer constituency, one staff councillor and one councillor from any constituency (patient and carer, public, staff or appointed). Each member of the committee shall have one vote.

4.2 The committee will normally be chaired by the NHS foundation trust chairman. Where the chairman has a conflict of interest, for example when the committee is considering the chairman's re-appointment or salary, the committee will be chaired by the deputy chairman.

4.3 When the chairman is being appointed or reappointed, the deputy chairman shall take his or her place, unless he or she is standing for appointment, in which case another non-executive director shall be identified and agreed prior to the meeting to take his or her place.

4.4 Councillor members will nominate themselves on an annual basis to sit on the Committee. The length of tenure on the committee for a councillor will normally be 3 consecutive years.

4.5 Where the number of councillors prepared to serve on the committee is greater than the number of places available, then committee members will be selected by election by their councillor peers. Wherever possible, a mix of nominations will be sought from councillors within their first and second term on the Council.

4.6 A quorum shall be ~~four~~ five members, including the chairman or deputy chairman and at least one councillor from the public constituency or the patient and carer constituency, ~~and one councillor from another constituency (patient and carer, public, staff or appointed).~~

5. Attendance

5.1 Meetings of the committee may be attended at the invitation of the chairman by the chief executive; head of human resources (operations); the company secretary; and any other person who has been invited to attend a meeting by the committee so as to assist in deliberations.

6. Frequency of meetings

6.1 Meetings shall be held as required, but not less than once a year.

7. Minutes and reporting

7.1 The minutes of all meetings of the committee shall be formally recorded.

7.2 The nominations and remuneration committee will report to the members' council after each meeting. The chair of the committee will be required to brief the board of directors.

7.3 The nominations and remuneration committee shall ensure that board of directors emoluments benefits are accurately reported in the required format in the foundation trust's annual report.

7.4 Members of the committee will be required to attend the annual general meeting to answer questions from the Foundation Trust members and the wider public.

8. Review

- 8.1 The terms of reference of the committee shall be reviewed by the members' council and the board of directors at least annually.

[April 2016](#)

Attachment P

Members' Council

27th April 2016

Councillor appointment to the Members' Council Nominations and Remuneration Committee

Summary & reason for item:

The term of office of the existing members of the Members' Council Nominations and Remuneration Committee ended in March 2016. Under the current terms of reference, the committee is comprised of the following seats to be filled by Councillors:

- two councillors from the public constituency and/or the patient and carer constituency
- one staff councillor and
- one councillor from any constituency (patient and carer, public, staff or appointed).

Committee members are required to attend a minimum of one meeting a year (in person by telephone). The term of office of the elected councillors is for one year. As proposed by the Members' Council Nominations and Remuneration Committee at the meeting on 7th April, Councillors may be a member of the Committee for three consecutive years. The Council will consider this proposal at the Council meeting prior to considering nominations for membership of the committee.

Expressions of interest for nomination to the Committee were sought via email on 15th April 2016. Councillors were advised that if more expressions of interest were received than positions available, the positions would be selected by a vote of councillors in attendance at the Members' Council meeting on **27th April 2016**. Councillors may use the dial in or webex facilities to attend this meeting and vote.

Nominations received

The list of nominees will be presented at the meeting.

Where there are more expressions of interest than seats available

To support councillors in reaching a decision about who to vote for, each nominee will be asked to make a **one** minute statement at the meeting stating why they should be elected to the committee. This process will be chaired by the Trust Chairman. The recently amended committee terms of reference are attached on the agenda.

Voting will be conducted via the alternative voting system on the day of the meeting. Ballot papers will be circulated to members in attendance at the meeting and emailed to those dialling in or on Webex on the day.

A ballot of councillors attending the meeting in person or by telephone or webex will be held and councillors asked to vote in order of preference (1, 2, 3 etc.) (Webex and telephone councillors will need to send their completed ballot papers by email to the Company Secretary - anna.ferrant@gosh.nhs.uk on the day). If no one receives over 50% of the votes, the lowest number of 1st choice votes will be redistributed on the basis of 2nd choices. This process will be repeated until a nominee has received over 50% of the votes. If

two candidates are tied with the same number of votes, lots will be drawn.

Councillor action required:

Councillors are asked to note the process for appointing members to the Committee.

Report prepared by:

Victoria Goddard, Trust Board Administrator

Item presented by:

Anna Ferrant, Company Secretary

Attachment Q

Members' Council

27th April 2016

Annual Endorsement of the Lead Councillor

Summary & reason for item: The Members' Council agreed at its January 2015 meeting that the tenure of Lead Councillor would be for three years but would require an annual endorsement.

Ms Claudia Fisher was elected to the role of Lead Councillor at the Extraordinary Members' Council meeting in March 2015. Endorsement for Ms Fisher as Lead Councillor was sought by email by the Company Secretary on 15th April 2016 and the result will be reported at the Council meeting.

Councillor action required: The Council is asked to note the process for endorsement of the Lead Councillor and that the results will be reported at the April Council meeting.

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Anna Ferrant, Company Secretary

Attachment R

Members' Council

27th April 2016

Compliance and Governance Update

Summary & reason for item:

To provide the Members' Council with an update on:

- implementation of formal and informal actions following the 2015 scheduled Care Quality Commission (CQC) inspection; and
- the NHS Improvement (previously called Monitor) Well-led assessment process.

CQC Update

Final action plans were submitted to the CQC on 18 March 2016, outlining the Trust's response to the formal requirement notice, 'must do' and 'should do' areas for improvement. The action plans will be circulated to councillors.

Requirement notice:

This requirement notice relates to the RTT and Access Improvement Programme. A detailed update on the progress of this programme will be provided under the Chief Executive's Report.

"Must do and should do" actions:

Of the 8 'must do' and 'should do' actions, all are in progress and either on track to deliver within agreed timeframes or with only minor delays.

Well-led Review Update

Under NHS Improvement's 'Risk assessment framework' and in line with the 'Code of Governance', NHS foundation trusts are required to carry out an external review of their governance, having regard to NHS Improvement's guidance "*Well-led framework for governance reviews: guidance for NHS Foundation Trusts*"

Planning for the assessment has commenced with the review findings reported to Trust Board in July 2016.

Overview of the well led assessment review

The guidance is split into 4 domains and ten questions (see appendix 1). NHS Improvement has worked to ensure that the guidance is aligned with the CQC's characteristics of 'good' under their well led domain.

The assessment should be carried out using the guidance but Boards can tailor the scope of the reviews they commission to cover any additional areas that they would specifically like to focus on. Further information will be provided at the June Council meeting.

Councillor action required:

To note the update provided.

Report prepared by:

Anna Ferrant, Company Secretary and CQC Nominated Individual

Rachel Pearce, Compliance and Governance Manager

Item presented by:

Anna Ferrant, Company Secretary and CQC Nominated Individual

Appendix 1

Monitor's Well Led Assessment (Four domains and ten questions)

Outlined below is a headline mapping of the Monitor questions followed by the relevant CQC characteristics of 'good' well-led organisations.

Strategy and planning

Q1 Does the board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?

- There is a clear statement of vision and values, driven by quality and safety. It has been translated into a credible strategy and well-defined objectives that are regularly reviewed to ensure that they remain achievable and relevant.
- The vision, values and strategy have been developed through a structured planning process with regular engagement from internal and external stakeholders, including people who use the service, staff, commissioners and others.
- The challenges to achieving the strategy, including relevant local health economy factors, are understood and an action plan is in place.
- Strategic objectives are supported by quantifiable and measurable outcomes which are cascaded through the organisation.
- Staff in all areas know and understand the vision, values and strategic goals.

Q2 Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?

- There is an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.
- Service developments and efficiency changes are developed and assessed with input from clinicians to understand their impact on the quality of care. Their impact on quality and financial sustainability is monitored effectively. Financial pressures are managed so that they do not compromise the quality of care.

Capability and culture

Q3 Does the board have the skills and capability to lead the organisation?

- The board has the experience, capacity and capability to ensure that the strategy can be delivered.
- The appropriate experience and skills to lead are maintained through effective selection, development and succession processes.
- The leadership is knowledgeable about quality issues and priorities, understands what the challenges are and takes action to address them.

Q4 Does the board shape an open, transparent and quality-focused culture?

- Leaders at every level prioritise safe, high quality, compassionate care and promote equality and diversity.
- Candour, openness, honesty and transparency and challenges to poor practice are the norm. Behaviour and performance inconsistent with the values is identified and dealt with swiftly and effectively, regardless of seniority.
- The leadership actively shapes the culture through effective engagement with staff, people who use the services, their representative and stakeholders. Leaders model and encourage co-operative, supportive relationships among staff so that they feel respected, valued and supported.
- Mechanisms are in place to support staff and promote their positive wellbeing.
- There is a culture of collective responsibility between teams and services.
- The leadership actively promotes staff empowerment to drive improvement and a culture where the benefit of raising concerns is valued.

Q5 Does the board support continuous learning and development across the organisation?

- Information and analysis are used proactively to identify opportunities to drive improvement in care.
- There is a strong focus on continuous learning and improvement at all levels of the organisation. Safe innovation is supported and staff have objectives focused on improvement and learning.
- Staff are encouraged to use information and regularly take time out to review performance and make improvements.

Process and structures

Q6 Are there clear roles and accountabilities in relation to board governance (including quality governance)?

- The board and other levels of governance within the organisation function effectively and interact with each other appropriately.
- Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.
- Quality receives sufficient coverage in board meetings and in other relevant meetings below board level.

Attachment R

Q7 Are there clearly defined, well-understood processes for escalating and resolving issues and managing performance?

- The organisation has the processes and information to manage current and future performance.
- Performance issues are escalated to the relevant committees and the board through clear structures and processes.
- Clinical and internal audit processes function well and have a positive impact in relation to quality governance, with clear evidence of action to resolve concerns.

Q8 Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?

- A full and diverse range of people's views and concerns are encouraged, heard and acted upon. Information on people's experience is reported and reviewed alongside other performance data.
- The service proactively engages and involves all staff and assures that the voices of all staff are heard and acted on.
- Staff actively raise concerns and those who do (including external whistleblowers) are supported. Concerns are investigated in a sensitive and confidential manner, and lessons are shared and acted upon.
- The service is transparent, collaborative and open with all relevant stakeholders about performance.

Measurement

Q9 Is appropriate information on organisational and operational performance being analysed and challenged?

- Integrated reporting supports effective decision-making.
- Performance information is used to hold management and staff to account.

Q10 Is the board assured of the robustness of information?

- The information used in reporting, performance management and delivering quality care is accurate, valid, reliable, timely and relevant.
- In developing this framework, we consulted experts and reviewed board governance, leadership and quality governance documents alongside our own experience of foundation trust governance.