

**GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST**  
**MEETING OF THE MEMBERS' COUNCIL**  
**Wednesday 28<sup>th</sup> September 2016**  
**4:00pm – 6.30pm**  
**Charles West Room, Paul O’Gorman Building**

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Chairman	4:00pm
2.	Apologies for absence		Chairman	
3.	Declarations of interest		Chairman	
4.	Minutes of the meeting held on 29 <sup>th</sup> June 2016	A	Chairman	
5.	Matters Arising and action log	B	Chairman	
<b>STRATEGY</b>				
6.	Roundtable discussion: What does ‘Quality’ mean to you?	C	Meredith Mora, Clinical Outcomes Development Lead/ Dal Hothi, Associate Medical Director for Quality and Safety	4:05pm
7.	Update on progress with the Always Values	D Presentation	Helen Cooke, Assistant Director for OD/ Simon Hawtrey-Woore, Parent Representative and Councillor	4:50pm
<b>PATIENTS, FAMILIES AND MEMBERS</b>				
8.	Updates from the Membership and Engagement Committee including Membership Strategy update	E	Carley Bowman, Chair of the MEC/ Deirdre Leyden, Membership and Governance Manager	5:10pm
9.	Update from the Young People’s Forum (YPF)	F	George Howell, Chair of YPF	5:25pm
10.	Update from the Patient and Family Experience and Engagement Committee (PFEEC) including <ul style="list-style-type: none"> <li>• Q1 PALS Report</li> <li>• Q1 Complaints Report</li> <li>• Update on November 2016 Listening Event</li> </ul>	G	Juliette Greenwood, Chief Nurse	5:35pm
11.	Councillor activities	H	All Councillors	5:45pm

	<b>PERFORMANCE AND GOVERNANCE</b>			
12.	<b>Reports from Board Assurance Committees</b> <ul style="list-style-type: none"> <li>• <b>Quality and Safety Assurance Committee (July 2016) (and agenda)</b></li> <li>• <b>Finance and Investment Committee Summary Report (August 2016) (and agenda)</b></li> </ul> <p><i>*There has been no meeting of the Audit Committee since the June Members' Council meeting</i></p>	<p style="text-align: center;"><b>J</b></p> <p style="text-align: center;"><b>K</b></p>	<p>Mary MacLeod, Chair of the CGC</p> <p>David Lomas, Chairman of the F&amp;I Committee</p>	5:50pm
13.	<b>Chief Executive Report (Highlights and Performance)</b>	<b>I</b>	Dr Peter Steer, Chief Executive & Executive Directors	6:00pm
<b>FOR INFORMATION</b>				
14.	<b>Dates of Trust Board and Trust Board subcommittee meetings.</b>	<b>L</b>	Anna Ferrant, Company Secretary	6:10pm
15.	<b>Any Other Business</b>	<b>Verbal</b>	Chairman	

# ATTACHMENT A

**DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING**29<sup>th</sup> June 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 Alexander-White	
Mr Edward Green*	Patients outside London
Ms Rebecca Miller	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	
Rev James Linthicum	
Dr Prab Prabhakar	
Professor Christine Kinnon	Appointed Councillor: UCL Institute of Child Health
CLr Jenny Headlam-Wells	Appointed Councillor: London Borough of Camden

**In attendance:**

Mr Charles Tilley	Non-Executive Director
Mr David Lomas	Non-Executive Director
Ms Mary MacLeod	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Professor Stephen Smith	Non-Executive Director
Dr Peter Steer	Chief Executive
Ms Nicola Grinstead	Deputy Chief Executive
Ms Loretta Seamer	Chief Finance 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
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator
Ms Herdip Sidhu-Bevan	Assistant Chief Nurse Quality and Patient Experience
Ms Emma James	Patient Experience and Engagement Officer
Miss Fiona Jones	Children and Young People Participation Officer

Dr Shankar Sridharan	Chief Clinical Information Officer and Consultant Paediatric Cardiologist
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*\*Denotes a person who was only present for part of the meeting*

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

<b>22</b>	<b>Apologies for absence</b>
22.1	Apologies were received from: Mr George Howell, Patient and Carer Councillor; Ms Susanna Fantoni Patient and Carer Councillor; Ms Sophie Talib, Patient and Carer Councillor; Mrs Carley Bowman, Patient and Carer Councillor; Mr Trevor Fulcher, Public Councillor; Mr Stuart Player, Public Councillor; Mr David Rose, Public Councillor; Ms Olivia Frame, Appointed Councillor; Mr Muhammad Miah, Appointed Councillor; Ms Hazel Fisher, Appointed Councillor.
<b>23</b>	<b>Declarations of Interest</b>
23.1	No declarations of interest were received.
<b>24</b>	<b>Minutes of the meeting held on</b>
24.1	The minutes of the previous meeting were <b>approved</b> subject to the following amendments: <ul style="list-style-type: none"> <li>• Minute 13 to be amended to read ‘... Young People’s Forum...’</li> <li>• Minute 15.4: remove the word ‘some’.</li> </ul>
<b>25</b>	<b>Matters Arising and action log</b>
25.1	The council noted the action log.
25.2	Mr Matthew Norris, Patient and Carer Councillor expressed concern that the Council had not received recent confidential Trust Board agendas and papers and suggested that the Deloitte report on the Quality Report should have been circulated to the Council at an earlier date.
25.3	<b>Action:</b> It was noted that the Deloitte report had been considered by the Audit Committee towards the end of May and had been provided to the Council at its next meeting (June). The Company Secretary apologised for the delay in receiving confidential minutes and agendas and it was agreed that these would be sent in the week beginning 11 <sup>th</sup> July.
25.4	It was noted that actions 83.2, 85.10 and 86.7 had been completed.
25.5	<b>Action:</b> The Council discussed the circulation of the Always Values Steering Group minutes and Patient and Family Engagement and Experience Group minutes and it was suggested that consideration would be given to providing an update to the Council on the work of the Always Values Steering Group. It was agreed that an update would be provided at the September 2016 meeting.

<b>26</b>	<b>Quality Report 2015/16 including External Auditor Report 2015/16</b>
26.1	Dr Vinod Diwakar, Medical Director presented the Quality Report which had been through a number of iterations and had now been published.
26.2	The Council discussed the 'Patient Status at a Glance' project and the percentage of staff who had answered incorrectly when asked about the patients on their ward with a CEWS (Children's Early Warning Score) of three or above, which had risen post project. Dr Peter Steer, Chief Executive said that considerable work was taking place on CEWS and plans were in place to change the system used at GOSH. It was confirmed that this work would be rolled up into the Trust's education work.
26.3	Ms Claudia Fisher, Patient and Carer Councillor queried whether there were timelines for next step actions for patients with a learning disability and Ms Juliette Greenwood, Chief Nurse said that the actions would be completed as the Trust's learning disability work was developed.
26.4	Mr Matthew Norris, Patient and Carer Councillor noted that two Deloitte recommendations from 2014/15 remained outstanding around RTT and discharge summaries. He asked for a steer on the level of Board confidence that the recommendations would be implemented.
26.5	Dr Steer said that a robust RTT workplan had been agreed by NHS England, NHS Improvement and CQC which was monitored by the Audit Committee and the Trust was currently above trajectory. A presentation would be made to Councillors on discharge summaries later on the agenda showing that progress had been made across the Trust.
<b>27</b>	<b>Updates from the Membership and Engagement Committee (MEC)</b>
27.1	Mrs Lisa Chin-A-Young, Patient and Carer Councillor said that patient story case studies were collected by Councillors during their time engaging with the hospital community and were presented at the Patient and Family Experience and Engagement Committee (PFEEC). Mrs Chin-A-Young said that the MEC was keen to ensure that actions were followed up and this would be discussed at an upcoming MEC away day.
27.2	Ms Claudia Fisher, Patient and Carer Councillor presented a case study which had been considered by PFEEC and emphasised the impact on families of challenges with communication with the hospital.
27.3	<b>Action:</b> Mrs Gillian Smith, Public Councillor noted the difficulties in recruiting members who were 10 – 16 years of age and asked that consideration be given to allowing Councillors onto the wards to recruit and engage. It was agreed that this would be considered and an update provided at the next meeting.
<b>28</b>	<b>Update from the Young People's Forum (YPF)</b>
28.1	Ms Emma James, Patient Experience and Engagement Officer said that although the YPF had not met since the last council meeting, work had been on-going. She said that an event had been held in March with NHS England to highlight the importance of development a YPF in all Trusts. Ms James said that a video of the

	event had been made and was available to watch on the GOSH website.
<b>29</b>	<b>Update from the Patient and Family Experience and Engagement Committee plus annual PALS report</b>
29.1	Ms Juliette Greenwood, Chief Nurse presented the report. Mr Matthew Norris, Patient and Carer Councillor noted that cancellations had increased significantly in 2015/16 and queried the actions that were being taken to address this.
29.2	Ms Nicola Grinstead, Deputy Chief Executive said that definitions around cancellations had been reviewed for inpatients which had led to a change in reporting criteria and a significant change in the number of reported cancellations from one month to the next. Ms Grinstead said it was vital that the Trust carried out a benchmarking exercise against other organisations to ensure the same interpretation of definitions was being used.
29.3	The Council discussed the high number of PALS contacts in relation to the gastroenterology service and requested an update on the work that was taking place with the team.
29.4	Dr Peter Steer, Chief Executive said that the service had been of some concern for some time and issues with the service were complex. He said that work had been taking place to ensure GOSH was working correctly with the extremely complex group of patients who were seen by the service and, external consultants had been engaged to provide external reassurance. Dr Steer confirmed that no physical harm had been found to have occurred.
29.5	Dr Steer said that it was important to ensure that all services produced either transparent outcome measures or were clearly benchmarked against other organisations. It was confirmed that the Trust Board and the Quality and Safety Outcomes Committee (QSAC) received updates and reviewed the action plan at each meeting.
29.6	Mr Matthew Norris, Patient and Carer Councillor expressed concern about the issues with the gastroenterology team and asked for a steer on the level of assurance that the QSAC had received.
29.7	Ms Mary MacLeod, Non-Executive Director confirmed that the committee was assured of progress with the action plan via the updates provided at each meeting.
29.8	<b>Action:</b> It was agreed that discussion would take place outside the meeting to consider the communications that were shared with staff, particularly the consultant body.
29.9	Discussion took place on benchmarking complaints and the Council noted that the Trust was focusing on improving responsiveness and there had been a reduction in the number of red complaints.
29.10	Councillors discussed their suggestion of operating a customer services strategy at the Trust. Dr Vinod Diwakar, Medical Director said that work was on-going with the GOSH Children's Charity to look at a real time patient experience feedback system which would support work to improve patient experience.

<b>29</b>	<b>Councillor activities</b>
29.1	<p>Councillors reported their involvement in the following matters:</p> <ul style="list-style-type: none"> <li>• Cllr Jenny Headlam-Wells, Appointed Councillor was invited to view the book of remembrance in the chapel;</li> <li>• Ms Claudia Fisher, Patient and Carer Councillor took part in a parent walkround as part of the Patient and Family Engagement and Experience Committee. Ms Fisher has also engaged with other lead councillors as a result of attending an NHS Improvement event in April and observed a meeting of the Quality and Safety Assurance Committee and the Audit Committee;</li> <li>• Mr Matthew Norris, Patient and Carer Councillor attended the RBC Race for the Kids event and observed the Trust Board meeting in May;</li> <li>• Mrs Lisa Chin-A-Young, Patient and Carer Councillor observed a Finance and Investment Committee meeting and an Audit Committee meeting.</li> </ul>
<b>30</b>	<b>Chief Executive Report (Highlights and Performance)</b>
30.1	<p>Dr Peter Steer, Chief Executive provided an update on the following matters:</p> <ul style="list-style-type: none"> <li>• Generous donation of the Chelsea garden to GOSH by Morgan Stanley.</li> <li>• Excellent work on RTT.</li> <li>• Inpatient themes from Friends and Family Test: access, transfer and discharge.</li> <li>• The Trust had begun the year well, but there were significant challenges ahead including the delivery of a £12million productivity and efficiency programme</li> <li>• The result of the referendum on Britain leaving the EU – a significant proportion of GOSH staff are non-UK passport holders and it is vital to support staff at this uncertain time. It was reported that 25% of the Trust's medical staff were non-UK EU passport holders as were 14% of nurses and Allied Health Professionals and 23% of other Trust staff.</li> </ul>
30.2	<p><b>Action:</b> The Council noted that the targets and indicators 'scorecard' had not been presented as part of the Council papers due to the fact that the format of the report was in transition and would be presented to the Board from June 2016 and the Council at its next meeting in September.</p>
<b>31</b>	<b>Update on discharge summaries</b>
31.1	<p>Dr Vinod Diwakar, Medical Director gave a presentation on the progress that was being made in improving discharge summary performance. He said that the Trust was on a steep improvement trajectory and was now achieving 93% of discharge summaries being sent within one day of discharge.</p>
31.2	<p>The Council welcomed the improvement and asked if there would be a review point to evaluate continuing progress. Dr Diwakar said that this indicator was now a key performance measure so progress would be monitored on an on-going basis at performance reviews and the new Board scorecard would support this.</p>



<b>32</b>	<b>Reports from Board Assurance Committees</b>
32.1	<u>Clinical Governance Committee (CGC) (May 2016)</u>
32.2	Ms Mary MacLeod, Chair of the Clinical Governance Committee said that the Committee had received internal audit reports on education strategy and governance and IT operations and infrastructure which had provided useful recommendations. Ms MacLeod confirmed that the committee followed up on the implementation of recommendations at each meeting.
32.3	It was reported that there had been some concern about the Clinical Audit Report, particularly on the results of a hand-washing audit and the management of neonatal jaundice. It was confirmed that further reports on these issues had been requested.
32.4	<u>Audit Committee Summary Report (March and May 2016)</u>
32.5	Mr Charles Tilley, Chair of the Audit Committee said that the internal audit plan and been approved and would be reviewed in October to ensure it incorporated feedback from the new Chief Finance Officer.
32.6	GOSH had received an unqualified report from the external auditors on the annual accounts. Deloitte had confirmed that IPP debtors had risen significantly but that the position was not out of line with other London Trusts.
32.7	The Committee had emphasised the importance of ensuring an IT strategy was in place by the end of 2016 prior to the implementation of an EPR.
32.8	Mr Matthew Norris, Patient and Carer Councillor highlighted the level of IPP debt and increase in debtor days. He asked at what level the Trust would review this debt.
32.9	Mr Tilley said that the risk was very high on the Audit Committee's agenda and noted that a very high proportion of the debt related to embassies and carried formal letters of guarantee. Dr Peter Steer, Chief Executive emphasised that the Trust had never written off bad debt from an embassy with the exception of a failed state.
32.10	Baroness Blackstone, Chairman said that this was Mr Tilley's last Members' Council meeting and thanked him for his work with the Audit Committee and his great contribution to GOSH.
32.11	<u>Finance and Investment Committee Summary Report (March and May 2016)</u>
32.12	Mr David Lomas, Chair of the Finance and Investment Committee said that the May meeting had considered the business case for phase 4 and the Trust's appetite for taking on debt to fund part of the development. It had been agreed that preliminary design would be undertaken.
32.13	<b>Action:</b> It was agreed that Board subcommittee dates would be provided in the Members' Council papers.

<b>33</b>	<b>Appointment of a NED on the GOSH Board</b>
33.1	Dr Anna Ferrant, Company Secretary said that three members of the Members' Council Nominations and Remuneration Committee sat on the interview panel and Mr James Hatchley had been recommended for appointment.
33.2	The Council <b>approved</b> the appointment of Mr James Hatchley to the Trust Board for a period of 3 years until 31 <sup>st</sup> August 2019.
<b>34</b>	<b>Appointment of the Deputy Chairman</b>
34.1	<i>Ms Mary MacLeod left the meeting.</i>
34.2	Dr Anna Ferrant, Company Secretary presented the paper which proposed that Ms Mary MacLeod, Non-Executive Director was appointed Deputy Chair from 1 <sup>st</sup> September 2016.
34.3	The Council <b>approved</b> the proposal.
34.4	<i>Ms MacLeod re-joined the meeting.</i>
<b>35</b>	<b>Compliance and Governance Update</b>
35.1	Dr Ferrant said that the Trust had made significant progress with RTT and had returned to diagnostic reporting.
35.2	It was reported that the Trust was taking part in a 'Well-Led' review which was being undertaken by Deloitte. It was confirmed that the Audit Committee were assured that no conflict of interest had arisen by Deloitte (as external auditors to the Trust) carrying out the work.
35.3	<b>Action:</b> Dr Ferrant said that a survey had been sent to Councillors which had so far received a low response rate. She encouraged all Councillors to complete the survey. It was agreed that the action plan arising from the recommendations of the review would be considered at the September meeting of the Council.
<b>36</b>	<b>Chairman and NED objectives</b>
36.1	Dr Ferrant said that the Chairman and NED annual objectives had been revised following an action which had arisen from the Members' Council in 2015 to ensure that objectives were SMART.
36.2	The Council <b>approved</b> the objectives.
<b>37</b>	<b>Application of the Policy for non – audit work</b>
37.1	Dr Ferrant said that Deloitte had not undertaken any non-Audit work in 2015/16 but highlighted the work they would be undertaking in 2016/17 on the Well Led Governance Review.
<b>38</b>	<b>Any other business</b>
38.1	There were no items of other business.

# ATTACHMENT B

**MEMBERS' COUNCIL - ACTION CHECKLIST**  
**September 2016**

**Checklist of outstanding actions from previous meetings**

<b>Paragraph Number</b>	<b>Date of Meeting</b>	<b>Issue</b>	<b>Assigned To</b>	<b>Required By</b>	<b>Action Taken</b>
16.3	27/04/16	Ms MacLeod said that the Clinical Governance Committee had received a presentation on the Trust's Mortality Review Group which was an example of best practice nationally. It was agreed that the Members' Council would also receive this presentation.	<b>AF</b>	<b>September 2016 but</b>	Rearranged to November 2016 meeting due to availability of presenter
25.3	29/06/16	It was noted that the Deloitte report had been considered by the Audit Committee towards the end of May and had been provided to the Council at its next meeting (June). The Company Secretary apologised for the delay in receiving confidential minutes and agendas and it was agreed that these would be sent in the week beginning 11th July.	<b>AF</b>	<b>July 2016</b>	Actioned and presentation of agendas and minutes up to date
25.5	29/06/16	The Council discussed the circulation of the Always Values Steering Group minutes and Patient and Family Engagement and Experience Group minutes and it was suggested that consideration would be given to providing an update to the Council on the work of the Always Values Steering Group. It was agreed that an update would be provided at the September 2016 meeting.	<b>AM</b>	<b>September 2016</b>	Paper and presentation on agenda
27.3	29/06/16	Mrs Gillian Smith, Public Councillor noted the difficulties in recruiting members who were 10 – 16 years of age and asked that consideration be given to allowing Councillors onto the wards to recruit and engage. It was agreed that this would be considered and an update provided at the next meeting.	<b>JG/HS-B</b>	<b>September 2016</b>	It is important to appreciate the complex nature of the treatments and nursing care provided to patients at GOSH and the impact this can have on parents, carers and families. Patients and families are additionally vulnerable while receiving care and opportunities

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
					to engage in the work of the hospital, (such as how to become a member etc) need to be made available in a way that does not increase pressure on them. Engaging with patients and families at the bedside or in an outpatient clinic would not provide the appropriate environment for them to openly share their views. On this basis regrettably we do not think it is appropriate for councillors to approach patients and families directly as inpatients or in the outpatient clinics. We do however think there is an opportunity to advertise when councillors will be available in the Lagoon to engage and learn about the Council etc.
29.8	29/06/16	Gastroenterology - It was agreed that discussion would take place outside the meeting to consider the communications that were shared with staff, particularly the consultant body.	<b>VD/CM</b>	<b>September 2016</b>	Update on gastroenterology to be provided at the Council meeting
30.2	29/06/16	The Council noted that the targets and indicators 'scorecard' had not been presented as part of the Council papers due to the fact that the format of the report was in transition and would be presented to the Board from June 2016 and the Council at its next meeting in September.	<b>NG</b>	<b>September 2016</b>	Item On agenda
32.13	29/06/16	It was agreed that Board subcommittee dates would be provided in the Members' Council papers.	<b>AF/DL</b>	<b>September 2016</b>	On agenda

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
35.3	29/06/16	'Well-Led' review. Dr Ferrant said that a survey had been sent to Councillors which had so far received a low response rate. She encouraged all Councillors to complete the survey. It was agreed that the action plan arising from the recommendations of the review would be considered at the September meeting of the Council.	Councillors	July 2016	Actioned - Survey now closed

**Members' Council**  
**28<sup>th</sup> September 2016**

**Roundtable discussion: What does 'Quality' mean to you?**

**Summary & reason for item:**

*'Improvements in the quality of care do not occur by chance. They come from the intentional actions of staff equipped with the skills needed to bring about changes in care, directly and constantly supported by leaders at all levels.'*  
*Improving Quality in the English NHS (Kings Fund, Feb 2016 page 3)*

Here at GOSH we have a Quality Strategy, which describes our priorities for quality and safety in the organisation. It sets out the domains of our improvement work and what we plan to achieve. It also describes how our quality improvement work will help us achieve our Trust vision to be the leading children's hospital in the world.

Our current Quality Strategy has been in place for three years and it is time to evolve our quality and safety priorities and the domains under which we have placed them. We would greatly appreciate your input at this early stage of review and drafting of the new Quality Strategy.

**Councillor action required:**

Participate in 45 minute roundtable discussion on:

1. Small groups: What Quality at GOSH means to you (15 min)
2. Small groups: Ways of defining Quality – what should our domains be? (15 min)
3. Plenary (15 min)

**Report prepared by:**

N/A

**Item presented by:**

Dr Dal Hothi, Associate Medical Director for Quality and Safety  
Meredith Mora, Clinical Outcomes Development Lead

**Members' Council**  
**28<sup>th</sup> September 2016**

**Our Always Values update presentation**

**Summary & reason for item:**

To provide a short update on activity and progress of Our Always Values work

**Councillor action required:**

To note activity

**Report prepared by:**

Assistant Director of OD (Helen Cooke), supported by Simon Hawtrey-Woore as parent representative on the Always Values Steering Board

**Item presented by:**

Assistant Director of OD and Simon Hawtrey-Woore



# Always



Welcoming



Helpful



Expert



One Team

# **Great Ormond Street Hospital**

## **Our Always Values**

### **Update to Members' Council**

### **28<sup>th</sup> Sep 2016**

# Always



Welcoming



Helpful



Expert



One Team

# Our Always Values and behaviours

	Our standards	People want to see	People don't want to see
Welcoming	<b>Respect</b>	<ul style="list-style-type: none"> <li>• Is open to everyone regardless of their views, culture, ideas, role or seniority</li> </ul>	<ul style="list-style-type: none"> <li>• Makes assumptions about or judges people</li> <li>• Bullying, belittling, gossiping, patronising</li> </ul>
	<b>Smiles</b>	<ul style="list-style-type: none"> <li>• A positive, cheerful, enthusiastic attitude</li> <li>• Is warm and makes people feel welcome</li> </ul>	<ul style="list-style-type: none"> <li>• Negative attitude, moaning, complaining</li> <li>• Grumpy, sullen, huffing or bored-looking</li> </ul>
	<b>Friendly</b>	<ul style="list-style-type: none"> <li>• Polite and courteous to everyone</li> <li>• Says 'hello my name is, my role is, and may I'</li> </ul>	<ul style="list-style-type: none"> <li>• Ignoring people ; Is 'unavailable'</li> <li>• Is rude... abrupt, aggressive, short-tempered</li> </ul>
	<b>Reduce waiting</b>	<ul style="list-style-type: none"> <li>• Values others' time, keeps waiting to an absolute minimum, uses time efficiently</li> <li>• Makes waiting feel less anxious / boring</li> </ul>	<ul style="list-style-type: none"> <li>• Unnecessary delays, time-wasting, disorganised</li> <li>• Makes people wait, poor timekeeping</li> </ul>
Helpful	<b>Understanding</b>	<ul style="list-style-type: none"> <li>• Treats people as individuals</li> <li>• Is considerate of peoples feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Insensitive to, or undermines other people</li> <li>• Not getting to know people</li> </ul>
	<b>Helps others</b>	<ul style="list-style-type: none"> <li>• Is caring, supportive, goes out of their way to be helpful even if it's outside their role</li> </ul>	<ul style="list-style-type: none"> <li>• "Not my job", 'walks past' people who need help</li> <li>• Makes people feel like a burden</li> </ul>
	<b>Patient</b>	<ul style="list-style-type: none"> <li>• Is patient and makes enough time for people</li> <li>• Demonstrates flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Appears to be 'rushing around' or "too busy"</li> <li>• Inflexible</li> </ul>
	<b>Reliable</b>	<ul style="list-style-type: none"> <li>• Has a can-do attitude, keeps promises</li> <li>• Takes responsibility for their actions</li> </ul>	<ul style="list-style-type: none"> <li>• Makes promises they can't or don't keep</li> <li>• Doesn't take (or shifts) responsibility</li> </ul>

# Our Always Values and behaviours

	Our standards	People want to see	People don't want to see
Expert	<b>Professional</b>	<ul style="list-style-type: none"> <li>• Is a role model in all they do</li> <li>• Stays calm, and puts people at ease</li> </ul>	<ul style="list-style-type: none"> <li>• Unduly passes their stress on to other people</li> <li>• Blames others or looks to 'pass the buck'</li> </ul>
	<b>Safe</b>	<ul style="list-style-type: none"> <li>• Highest standards of safety and hygiene</li> <li>• Always speaks up if safety is compromised</li> </ul>	<ul style="list-style-type: none"> <li>• Poor hygiene or cleanliness; smoking in uniform</li> <li>• Inconsistency, carelessness, cuts corners</li> </ul>
	<b>Excellence</b>	<ul style="list-style-type: none"> <li>• Strives for quality - to be the best</li> <li>• Aims to deliver the best outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Shows little interest in doing a great job</li> <li>• Happy with 'good enough'</li> </ul>
	<b>Improving</b>	<ul style="list-style-type: none"> <li>• Uses research and learning to improve</li> <li>• Looks for innovative solutions to problems</li> </ul>	<ul style="list-style-type: none"> <li>• Resistant to change, focused on problems</li> <li>• Doesn't take the initiative in getting better</li> </ul>
One team	<b>Listen</b>	<ul style="list-style-type: none"> <li>• Takes the time to listen to and hear people</li> <li>• Is interested in what people have to say</li> </ul>	<ul style="list-style-type: none"> <li>• Not listening... "Tells me what I think"</li> <li>• Dismissive of other people's opinions or views</li> </ul>
	<b>Communicate</b>	<ul style="list-style-type: none"> <li>• Ensures people know what's happening</li> <li>• Explains clearly, talks on a level with people</li> </ul>	<ul style="list-style-type: none"> <li>• Doesn't keep people informed and updated</li> <li>• Talks down to people</li> </ul>
	<b>Involve</b>	<ul style="list-style-type: none"> <li>• Involves patients, families and colleagues</li> <li>• Shares knowledge, information and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Treats other people as less important</li> <li>• Doesn't involve people in decisions</li> </ul>
	<b>Open</b>	<ul style="list-style-type: none"> <li>• Gives open, honest, appreciative feedback</li> <li>• Speaks up and encourages others to do so</li> </ul>	<ul style="list-style-type: none"> <li>• Is unappreciative of other people's efforts</li> <li>• Doesn't give or receive feedback openly</li> </ul>

# Embedding the Values

- A governance structure that has Executive oversight, parent involvement
- In recruitment & selection
- In PDR appraisals
- In policies and procedures
- In staff recognition
- In induction
- Communication, visibility
- Measuring and monitoring

# Embedding the Values

- Starting to work on changing the tone and language of written information to patients and families
- Adapting feedback systems to include our values and behaviours.
- Reviewing patient pathways from a Values perspective.

Essential: **E** Desirable: **D**

## In my job I will need to know

E	Masters level qualification in relevant subject, or equivalent experience
E	Recognised leadership qualification, or significant equivalent experience
E	Education/teaching/facilitation qualification or equivalent experience
D	Coaching qualification
E	About the current NHS environment and associated leadership challenges
E	Up-to-date research/knowledge of best practice leadership strategies and interventions
E	Up-to-date research/knowledge of best practice talent management initiatives

## My job needs me to be capable of

E	Communicating effectively with all types of staff and in particular those in leadership roles
E	Teaching, facilitating and presenting to a very high standard
E	Being flexible in approach to situations, issues and challenges
E	Negotiating and using consultancy skills
E	Analysing and solving problems
E	Managing and delivering on competing priorities
E	Leading others
E	Give open, honest and constructive feedback and challenge
E	Gravitas

## My job needs me to be

E	Expert in developing and delivering education, learning and development
E	Can do, and someone who keeps their promises
E	Open to new ways of working
E	Proactive and constantly striving for quality
E	Willing to take the time to listen, and hear, people
E	Warm, calm, and put people at ease
E	Keen to share knowledge, information and learning within and across teams
E	Someone who takes responsibility for getting things done as part of a team
E	Someone who adopts a partnership and collaborative approach in all that they do

## My job needs me to have experience in

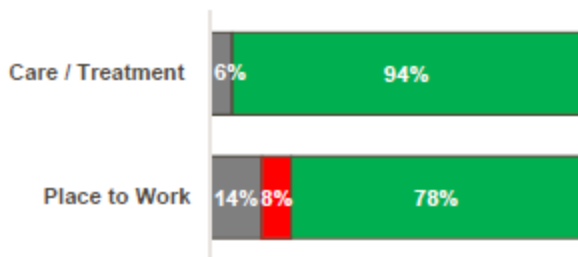
E	Creating high quality leadership development programmes from first line manager to strategic/Board level
E	Utilising a wide range of learning methodologies
E	Developing evaluation, return-on-investment and impact measures for organisational/individual performance of leadership development activities
E	Establishing a successful structured approach to talent management within a complex organisation
E	Working at a senior leadership level in a complex organisation
D	Experience of working in an NHS organisation
E	Staff management experience
E	Commissioning work from other organisations and managing suppliers to deliver value for money
E	Coaching

# Additional Clinical Services

## Staff Friends and Family Test

How likely are you to recommend this organisation to friends and family if they needed care or treatment?

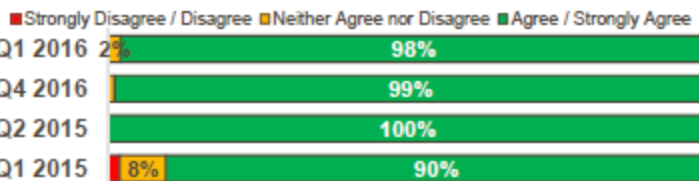
Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
32	14	3	0	0	0
% of people who would be likely to recommend it		Trust Average		% score last quarter	
94%		97%		95%	



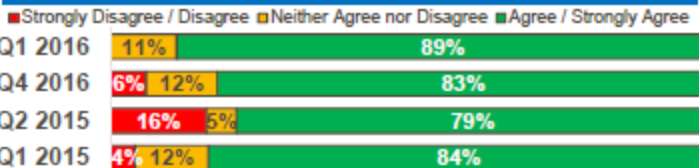
How likely are you to recommend this organisation to friends and family as a place to work?

Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
11	27	7	2	2	0
% of people who would be likely to recommend it		Trust Average		% score last quarter	
78%		76%		73%	

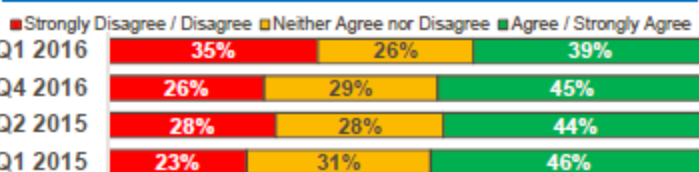
## I am aware of Always Values



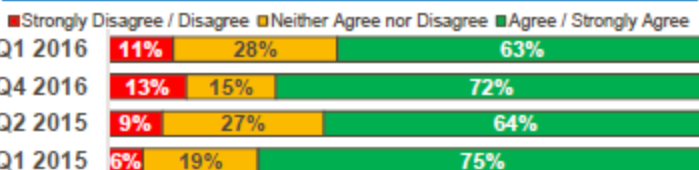
## Staff demonstrate our Always Values



## Know GOSH 2020 vision



## Understand how own work contributes





# Always Welcoming Campaign – Launches at AGM

- Being 'Always Welcoming' is an area where we are told we come up short  
Work will focus on:
  - Improving greetings
  - Ensuring staff always introduce and explain what they are doing
  - Being welcoming beyond hospital walls – must include all contact with patients and families
- Other welcoming campaigns, such as #HELLOMYNAMEIS exist but we agreed that our campaign should be GOSH focused and align with Our Always Values
- A proposal was developed in conjunction with April Strategy, experts in engagement and behaviour change
- Material has been agreed by Values Steering Board

# Welcoming

Great Ormond Street Hospital for Children NHS

The child first and always




**A smile is a proven clinical intervention.**

Smile →  
 Reduces anxiety ←  
 Feel less pain ←  
 Recover quicker ←



**Look up and smile**



Great Ormond Street Hospital for Children NHS

**SHOW** our patients a big GOSH welcome at reception

**S**mile  
**#H**ello my name is  
**O**ffer to help (or say what you're doing)  
**W**hat's your name?  
 Ask



**A Smile**

- Releases endorphins making us happier
- Stimulates positive thoughts
- Triggers creativity in the brain
- Makes us 12% more productive
- Reduces physical impact of stress



The child first and always

Great Ormond Street Hospital for Children NHS

**A big GOSH welcome**



**S**mile  
**#H**ello my name is  
**O**ffer to help (or say what you're doing)  
**W**hat's your name?  
 Ask

**Always**



Welcoming Helpful Expert One Team



## **Bite sized sessions**

- By managers to managers
- Support managers to talk about values with their teams – talking about behaviours, giving and receiving feedback, service provision
- Allows engagement and local perspectives / ideas to surface
- Starts Autumn 2016

# Always more work to do - with staff....

I totally agree with the hospital Always values. I see staff members demonstrating and contributing towards achieving them. I feel the vision is achievable

Work is not very joined up. Poor communication between and within teams. I don't think people feel valued or respected for their individual contribution

# ...and for patients and families

Baby daughter admitted to ward. It was a tough time for us. All the love, care and help they give us was amazing and i cant explain it in words. They are always helpful, caring and loving. i want to thanks everyone doctors, nurses, dietition, cleaners, play specialist etc for their love, support and care.'

We were told by the surgeon my son would be seen before Christmas. We went down to pre op assessment the same day and stayed late to avoid having to make the trip up again as it can take 3 hours. Since then I have rung numerous times, I'm always referred onto someone else and always very unhelpful. I rang again left voicemail, no one replied. Finally was told surgery was full till end jan, I couldn't have a date and he still needed another assessment. I'm emailing you as I'm fed up with the lack of communication. All I need is a date when surgery is available so I can organise my work situation to be with my son.

From project to business as  
usual...

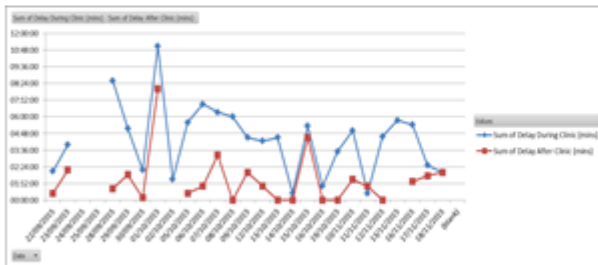
# Embedding our values...

- .... In our organisational structures
- .... In how we develop our leaders
- .... In our education
- .... In our organisational development work
- .... In how we manage our performance

# Embedding Our Always Values in how we deliver our services

## Flow in Outpatient clinics

- Reception processes:
  - Check in: Re-located reception desks in clinic areas
  - Effective check out
    - Staffing recourse to allow for a receptionist at every clinic location
    - Booking follow up appointments on the day



- Diagnostics
  - Process mapping to identify waste and inefficiencies
  - Data collection investigating delays in clinic

- Ideas/improvement and next steps
  - Next phase of the flow work to commence with appointment of new Outpatient Lead Nurse



# Upcoming work

- Me First – Communication skills
- Go create! – working with patients to explore the welcoming value
- Name badges
- OD and leadership work
- Greater visibility
- Ensuring that patient complaints and comments informs our work
- Continuing to embed Our Always Values in business as usual

# Always



Welcoming



Helpful



Expert



One Team

## Members' Council

28th September 2016

### Membership and Engagement Committee update – September 2016

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

1. Update from Membership Engagement Committee meeting and Away Day held on 8 September 2016
2. Membership Strategy update including statistics as at 1 September 2016 – (on power point presentation format)

**Report prepared by:** Deirdre Leyden, Membership and Governance Manager

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

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

## **1. Membership Engagement Committee – Update from Meeting and Away Day held on 8 September 2016**

### **1.1. Planning for the 2016 Annual General Meeting**

The meeting received an overview of the proposed AGM agenda which will include a presentation on the next phase of the Trust's Our Always Values. Information Stalls will be running pre and post meeting.

The event has been publicised in *FT Get Involved* emails and two additional membership emails have resulted in 10 members booking their place at the event. Adverts have gone out in *Member Matters* newsletter, *Roundabout* newsletter for staff and *Vfocus* and *Vbytes* for Trust volunteers. Staff will also be notified in their weekly GOSH newsletter, and on the intranet. An advert will appear in the Camden Journal newspaper and invitation letters will be issued to all affiliated organisations. Posters will be displayed across the hospital. The website has been updated.

The committee agreed that live-streaming of the event should be seen as a priority. Investigations are being made. If the resources/technology or cost does not support this, then we aim to have a video recording of the event and offer a short highlights video on demand on the website and via our email communications.

### **1.2 Database Update and Membership statistics and report as at 1 September 2016**

Migration to the new database provider (Membership Engagement Services) was completed in August 2016. A communication plan for membership will be put in place prior to the Members' Council elections 2017/18. The new database will enable GOSH to strengthen our communication links between members and councilors, with tailored emails to constituents available and reports broken down by public constituency.

The statistic reports will now comprise of:

- Total membership comparison figures (1 April 2016 - 1 September 2016)
- Patient and Parent Carer membership split
- Projected membership targets 2016/17 – overview
- Public membership profile - 3 separate reports

### **1.4 Membership and Engagement Committee Away Day 2 – 8 September 2016**

The Committee looked at the role of the Members' Council with group work around "what does success look like" focusing on where the Members' Council adds value to the Trust both individually and collectively. Themes arising were grouped with scoring for each in relation to how we prioritise each area. The committee also looked at benchmarking our engagement practice against other Trusts. Other sessions included the Membership Case Studies and how best to frame them and where to bring them. The role of the Members' Council in engagement was also discussed.

## **1.5 Membership Case Studies**

Councillors continue to engage with the hospital community and hear their views. Part of Patient and Family Experience and Engagement Committee's (PFEEC) work will be to review themes arising from the stories collected at engagement events by councillors. The plan is to look at themes emerging when councillors have collated at least 10 case studies. Case studies 7 and 8 were presented on Tuesday 20 September at PFEEC. These case studies have also been circulated to the Members' Council and the Trust Board.

## **1.6 Summary of Case Study 7**

Very positive feedback was received from a parent about their child's care and the front line support from volunteers in GOSH reception. Areas for improvement included: way-finding ; mobile reception; and, wifi in clinic areas. A suggestion was made about having free wifi in the clinic waiting areas which would enable families to access the GOSH map. Recommendations include a review of signage and wayfinding, boosting mobile reception and utilising volunteer skills to log parent experience.

## **1.7 Summary of Case Study 8**

A patient had very positive feedback about his care at GOSH. Suggestions about improving the environment and communication at GOSH school included a quiet revision area and common room for children of the same age and point in education and more liaison between home school and hospital school. Queries were raised about how best to give this feedback to the school. The patient was also interested in joining the Young People's Forum and a query was raised about how we can raise awareness of the YPF among older patients.

## **1.8 Engagement events- call for councillors**

Bloomsbury Festival -22 October: UCL Quad, Gower St, London WC1E 6BT, 11am-5pm.

Trust Listening Event- GOSH: 19 November. 10am-2pm.

**MEETING OF THE MEMBERS' COUNCIL MEMBERSHIP AND ENGAGEMENT COMMITTEE**

**22 June 2016**

**Trust Meeting Room , Barclay House**

**Attending:**

Lisa Chin-A-Young (LC) (Chair)	Patient and carer constituency
Carley Bowman (CB) (Chair)**	Patient and carer constituency
Simon Hawtrey-Woore (SHW)	Public constituency
Jim Linthicum (JL)	Staff Councillor
Kevin Armstrong (KA)	GOSH Member and GOSH Volunteer
Anna Ferrant (AF)	Company Secretary
Jamie Wilcox (JW)	Head of GOSH Volunteer Services
Deirdre Leyden (DL)	Membership and Governance Manager
Emma James (EJ)	Patient Involvement and Experience Officer
Ross Johnson (RJ)	Senior Internal Communications executive, GOSHCC
Georgie Day (GD)	Internal Communications Manager, GOSHCC
Stephen McCulloch (SMcC)	Head of Internal Communications, GOSHCC

**Apologies:**

Claudia Fisher (CF)	Patient and carer constituency
George Howell (GH)	Patient and carer constituency
Gillian Smith (GS)	Public constituency
Sophie Talib (ST)	Patient and carer constituency
Valerie Clyne (VC)	GOSH Volunteer

\* Denotes a person present for part of the meeting

\*\* Denotes a person present by telephone

<b>1</b>	<b>Welcome, Introductions and Apologies</b>	
<b>1.1</b>	LC welcomed everyone to the meeting. Apologies were noted.	
<b>2</b>	<b>Annual Membership report for the AGM</b>	
<b>2.1</b>	DL gave an overview of the report and how it is aligned to the Membership Strategy outlining our membership activities over the past year and our plans for the year ahead. It is distributed at the AGM and AMM, and will be referenced in the Lead Councillor's presentation. LCY thought it was important to continue the story from last year and see this reflected in the report.	
<b>2.2</b>	DL informed the committee that feedback and contributions for the report were welcome and listed dates to receive these. The report is designed at GOSHCC.	
<b>2.3</b>	EF asked about a youth friendly version of the report being created. AF said there was not the capacity to do this but suggested an info gram for future reports	
<b>2.4</b>	<b>Action:</b> DL to issue the committee with lead dates for feedback and drafts.	<b>DL</b>
<b>3</b>	<b>Planning for 2016 AGM</b>	
<b>3.1</b>	AF and CB had discussed this item over email. CB commented on last year's AGM remarking that it was poorly attended and in a large venue which was not easily located. This year the venue will be Weston House, a more suitable venue. CB would like to see better attendance from Members' Council and improved communications to membership for this year's AGM. CB acknowledged that there are limited opportunities	

<p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p> <p>3.6</p> <p>3.7</p>	<p>to change the structure, format and content for this year's event that there was a need to improve this event in the future.</p> <p>AF said that councillors had all been encouraged to attend and bring a guest.</p> <p>AF informed the meeting that plans were in place to re-launch Our Always Values at the AGM. Also that there might be the opportunity for a parent/child to speak about their experience at GOSH. SMcC said that by focussing on one of the values we can look more closely at the behaviour behind the values.</p> <p>AF spoke about the possibility of having the event live streamed and that next year this might be developed further.</p> <p><b>Action</b> AF to speak to the Trust Chairman about this.</p> <p>LCY thought this update was very encouraging and a positive step forward. She thought that last year's presentation were very good but unfortunately there wasn't the audience. She stressed the need for a two-way interactive event especially as GOSH has such a dispersed membership base.</p> <p>Discussion was had about the format for future AGM's and what our focus should be. EJ and JW spoke about other Trusts which combine AGM's and Open Days. AF said that the Board do not wish for this format at GOSH and there were also constitutional obligations to adhere to. However a Listening Event is another opportunity to engage with membership and hear their views. The committee also discussed how the event needs to appeal to people and draw them to it. SMcC said that the ESI appeal has generated a great resource of patients and families whose stories will resonate.</p> <p>GD spoke about future AGM's as stakeholder events, they can be a chance for staff and local residents to engage around redevelopment for example. AF said that these sometimes can be quite emotive issues and we would need to consider this if we were live streaming. Other ideas for the future format included showcasing a service- the new theatres or EPR, or Project Search for Learning Disabilities for example. Project Search might be an idea for the Listening Event.</p> <p>It was agreed that although there were limitations for this year, that live streaming was a good step forward and we should concentrate on raising numbers attending with the re launch of Our Always Values as part of the agenda. The AGM should in future be more patient, carer and staff focussed. JL noted that the staff awards are always well attended. JW offered to advertise the AGM in Vfocus volunteering newsletter. AF said she would like to see information stalls from Sustainability, Quality, Research, Development and Membership.</p> <p><b>Action</b> SMcC will be the lead on AGM planning and he and AF will take to the Board this year's AGM plan and ideas generated for the future. Next year's AGM to be an agenda item for the next MEC meeting in September and that planning should begin in January.</p>	<p>SMcC/A F</p>
<p>4</p>	<p><b>Planning for Away Day 2</b></p>	
<p>4.1</p>	<p>LCY gave an overview of Away Day 1 where good progress was made. The Away Day was an opportunity to define the role of the MEC in representing members by providing a framework for engagement and receiving feedback, escalating it and providing assurance. So far six case studies have been presented at PFEEC. Away Day 2 is a chance to make sure this work is becoming more embedded. LCY would also like to look at what the engagement expectations are for the Members' Council, build them into their role description and benchmark them against other Trusts in preparation for the</p>	

	next Members' Council election. The MEC will change to the MERC ( Membership Engagement and Recruitment Committee) <b>Action</b> DL to look up dates for Away Day 2 in September and invite councillors. DL to update the terms of reference for approval at the Away Day.	<b>DL</b>
<b>5</b>	<b>Database update</b>	
<b>5.1</b>	DL gave an update on progress. Testing to begin today 22 June with Project Manager from MES and Lead data manager at GOSHCC. A test set of data has been migrated to test against and we will be looking at the database platform also. The Information team at GOSH will be sent the patient carer data to check against the 6 year rule so that clean data will then be sent to MES- this process will be carried out every quarter in future. Future testing will look at report running and communications.	
<b>6</b>	<b>Membership Statistics as at 8 June 2016</b>	
<b>6.1</b>	DL gave an update. We have steadily grown our membership to a total of 9,242. Recent recruitment efforts will be reflected in our September report. However a data cleanse with the new database will reduce numbers but they will then be an accurate representation of our membership.	
<b>6.2</b>	Our projected figs for 2015-16 – under by 107 in parent/carers, under by 5 in patients, up 220 in public. Next year we want to concentrate on the patient and public 10-16 age bracket and bring up our parent carer numbers also.	
<b>7</b>	<b>Update on meeting held 3 June for electronic feedback methods for membership engagement and follow on</b>	
<b>7.1</b>	LCY and DL met with a member of the QI team to discuss. They looked at using survey monkey – we can get help with set up but we need to design it. The MEC will need to decide on the format. Do we want standard questions which link to themes and concentrate on a quarterly theme for feeding back on? LCY thought that we need to see what other methods are being used to receive feedback already. We will also need to merge with the Real Time Survey in the trust when it is set up.	
<b>7.2</b>	AF raised the issue of data protection and not collecting people's personal detail. AF also raised the suitability of Survey monkey for this. It was agreed that we need to be clear about what information we want to gather.	
<b>7.3</b>	<b>Action</b> DL to find out what method was used to set up the electronic FFT test as a starting point.	<b>DL</b>
<b>8.</b>	<b>Representing Members : Case studies</b>	
<b>8.1</b>	LCY updated the meeting that the MEC have so far presented two case studies at the last three PFEEC meetings. LCY felt that the MEC now have the scope to fulfil their statutory duties for representing members. Case studies are then shared at Members' Council meetings.	
<b>8.2</b>	AF agreed that these case studies are key and that PFEEC is the right forum to take them too. They can in turn support the work plan for PFEEC and the role of PFEEC is to then use them to help towards drawing up a list of priorities to focus on. It was important however to get the balance right and that one case study should be chosen to be presented at Members' Council with the remaining case studies circulated.	
<b>8.3</b>	CB spoke about the importance of highlighting to the Board the role of the Members' Council in this area, showing the difference they are making. AF assured the committee that the Board and the Chair are aware but that councillors must be clear that their role	



	is also to seek assurance that the NEDs are holding the board to account. Councillors attending PFEEC help drive the agenda and the themes from PFEEC are then presented at Members' Council. LCY would like to look at this again in more detail at Away Day 2 and would also like to generate two case studies a month.	
<b>9</b>	<b>Update and learning from recent engagement and recruitment events</b>	
<b>9.1</b>	<p>EJ updated the committee on recent Race for the Kids event- a great opportunity for YPF and membership to recruit and engage, very helpful to have PALs business cards to help with queries if needed. Councillors have been on walkabout to new accommodation. EJ is also revising the parent representative groups in the Trust.</p> <p>EJ informed the committee that there will be a Listening Event in November.</p> <p>DL reminded the committee that there will be a local community event - Bloomsbury Festival in October 2016 details to follow.</p>	
<b>10</b>	<b>Any Other Business</b>	
<b>10.1</b>	<p>DL updated the committee on meeting dates for 2017.</p> <p><b>2017 Meeting Dates</b>  19th January  13th April  15 June  14th September  16th November  ALL meetings held from 11:00am-1:00pm</p>	

2. Membership Strategy update including  
statistics as at 1 September 2016

# Membership Strategy Update

Recruit

Communicate

Engage

September 2016

## Objectives

*To maintain and develop membership achieving marginal growth in overall membership numbers (c.3%)*



**Total membership comparison figures  
(1 April 2016 - 1 September 2016)**

**Patient and Parent Carer membership split**

*To maintain and develop a membership that is representative of the communities the Trust serves and to increase the membership of patients*



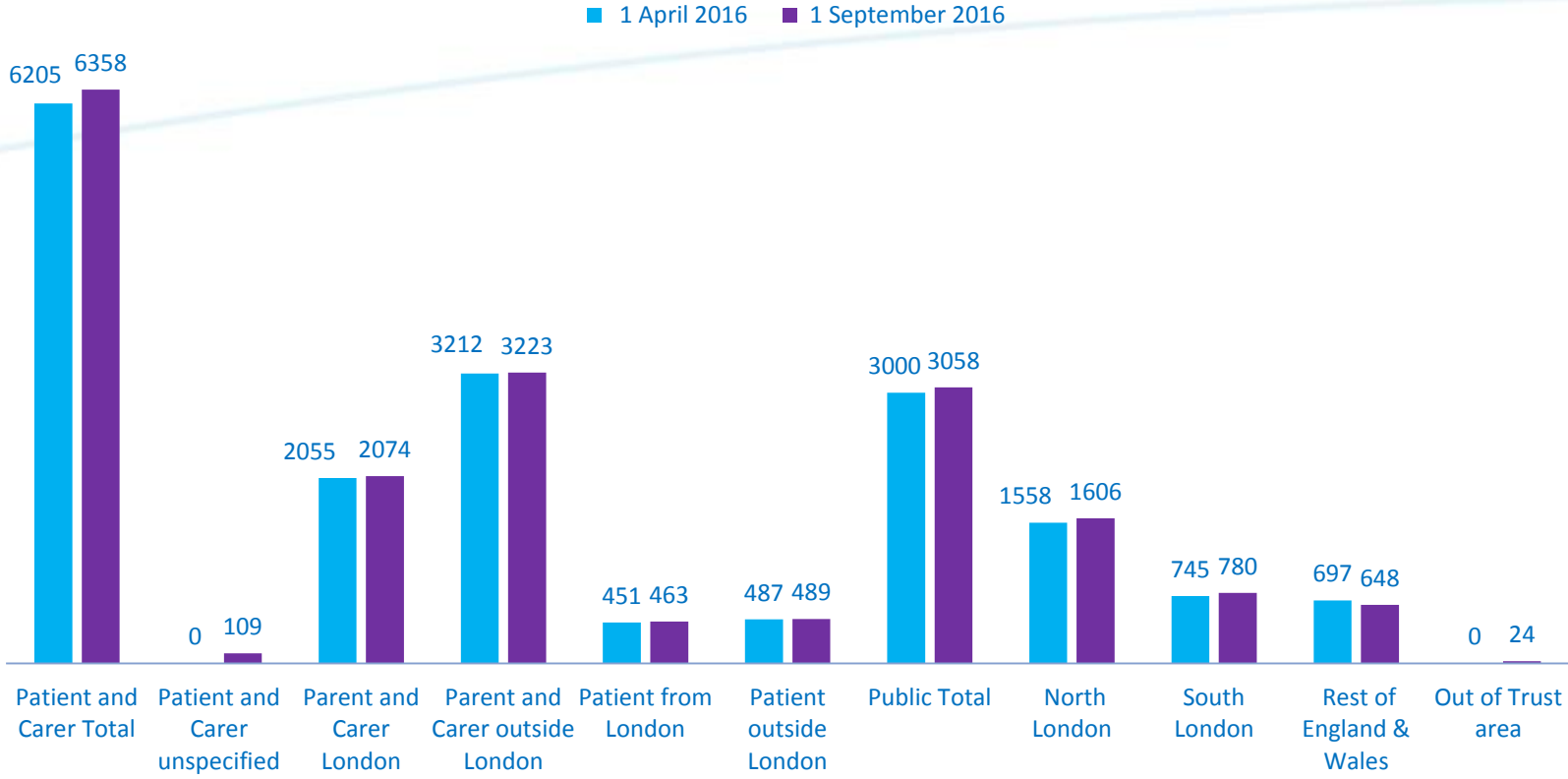
**Projected membership targets 2016/17**

*To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation*



**Public membership profile**

# Total membership figures comparison

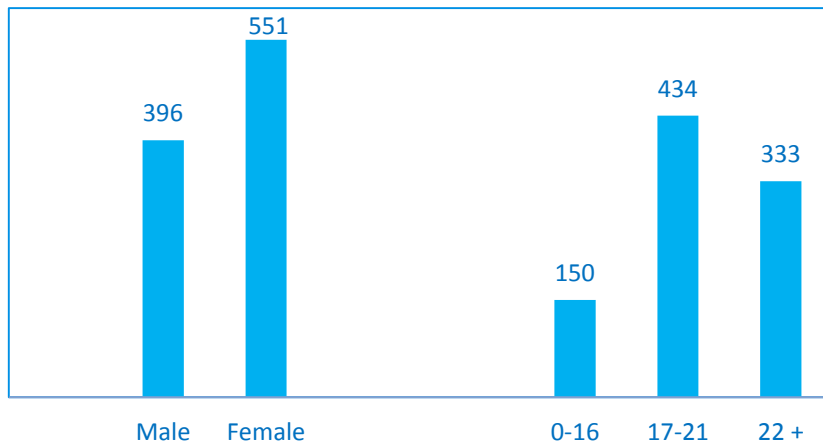


\* Out of Trust area: Our membership database is populated by Royal Mail's Postcode Address Files (PAF). New addresses can take a period of time to get updated by Royal Mail, thus defaulting these addresses to Out of Trust area. This figure could also include people who live outside of our constituencies.

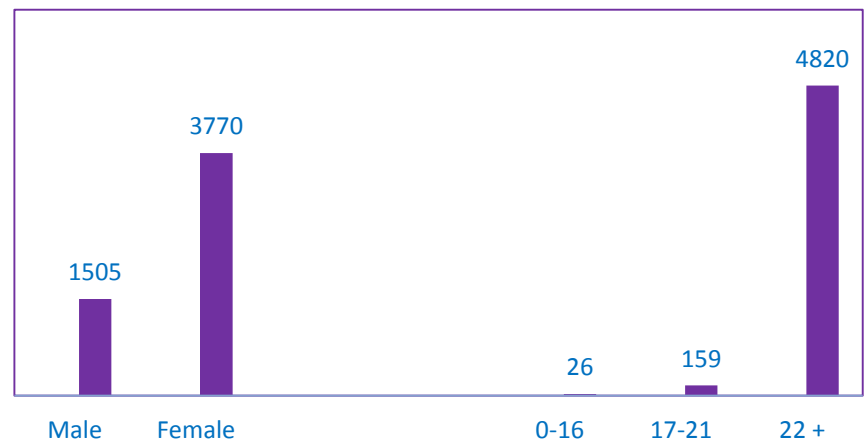
# Patient and Parent Carer membership split



## Patient Constituency



## Parent and Carer Constituency



### Patient and Parent and Carer Constituencies

This constituency includes people who have received treatment as an inpatient or outpatient within six years of joining as a member. In the case of parents and carers they must have attended the Trust with the patient within the six years immediately preceding the date of application. If a patient or carer has been a member for more than six years ago they are transferred to the public constituency.

# Projected membership targets 2016/17

Current position	Performance against projected targets	Note	Forward plans
<b>Total membership</b> 9416	Overall membership growth continues-increase of 211 members since 1 April	Quarterly data cleansing carried out by new database provider might result in numbers decreasing due to deceased and possible *gone-aways	Monitor these figures and communicate with possible gone-away members to check their current address
<b>Patient and Carer membership</b>	Membership growth continues-+12 in Patient constituency (against target of 28 over 2016/17) and +30 in Parent and Carer constituency (against target of 158 in 2016/17)	<ul style="list-style-type: none"> <li>• There will be movement from this constituency when quarterly **PIMS matching is carried out in October and last used services dates are checked</li> <li>• Under represented in 10-16 year age bracket for patients</li> </ul>	Concentrate recruitment efforts to offset predicted decrease and under representation <ul style="list-style-type: none"> <li>• Hospital and Outpatients, September and November</li> <li>• Trust Listening Event November</li> </ul>
	Unspecified numbers (109)	Comparing against June reporting it is unlikely that the majority of these members are patient carer	Database provider will be addressing this to reallocate these members
<b>Public membership</b>	Membership growth continues +58 (against target of 90 over 2016/17)	<ul style="list-style-type: none"> <li>• Predict an increase in this constituency from Patient Carer constituency when quarterly PIMS check is carried out in October</li> <li>• Under representation in 10-16 year age bracket</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor these figures and report back at November Members' Council meeting</li> <li>• Concentrate recruitment efforts at community events</li> </ul>

\*Gone-Aways are not lost members they have moved address and can no longer be picked up by PAF system (postcode address finder).

\*\*Patient Information Management System (PIMS) - we will be running quarterly checks against all data.

# Public membership profile and analysis of eligible membership compared against percentage of base population North London and surrounding areas

	Total	% of Membership	% of Area	Index
	<b>1,606</b>	<b>100.00</b>	<b>100.00</b>	
<b>Age</b>				
0-16	71	4.42	21.40	21
17-21	191	11.89	5.89	202
22+	1,260	78.46	72.70	108
Not stated	84	5.23	0.00	0
<b>Gender</b>				
Unspecified	6	0.37	0.00	0
Male	459	28.58	49.61	58
Female	1,141	71.05	50.39	141
<b>Ethnicity</b>				
Asian	243	15.13	15.81	96
Black	171	10.65	8.15	131
Mixed	72	4.48	3.70	121
Other	167	10.40	1.60	650
White	953	59.34	70.74	84
<b>ONS/Monitor Classifications</b>	<b>1,584</b>	<b>98.63</b>	<b>100.00</b>	
AB	468	29.14	27.27	107
C1	479	29.83	32.53	92
C2	266	16.56	17.55	94
DE	371	23.10	22.65	102

## Overview

Increase of 48 members since 1 April 2016

### Age:

- Under represented in under 16 age bracket
- Over represented in other age brackets

### Gender:

- Over representation of female members
- Under representation of male members

### Ethnicity:

- Broadly representative of Asian and White
- Over represented in other ethnic groups

Social and economic status is broadly representative of the demographics of this constituency

% of Area  
Index

The percentage of people in the local area in that constituency.  
A value indicating how representative of the area our membership is in comparison to that population.  
(100 is perfectly representative, <100 is underrepresented and >100 is over represented)

# Public membership profile and analysis of eligible membership compared against percentage of base population South London and surrounding areas

	Total	% of Membership	% of Area	Index
	<b>780</b>	<b>100.00</b>	<b>100.00</b>	
<b>Age</b>				
0-16	10	1.28	20.38	6
17-21	49	6.28	5.77	109
22+	657	84.23	73.86	114
Not stated	64	8.21	0.00	0
<b>Gender</b>				
Unspecified	4	0.51	0.00	0
Male	222	28.46	48.99	58
Female	554	71.03	51.01	139
<b>Ethnicity</b>				
Asian	63	8.08	6.65	121
Black	59	7.56	6.80	111
Mixed	32	4.10	3.19	129
Other	87	11.15	0.78	1,436
White	539	69.10	82.59	84
<b>ONS/Monitor Classifications</b>	<b>777</b>	<b>99.62</b>		
AB	251	32.18	28.30	114
C1	239	30.64	33.48	92
C2	132	16.92	18.34	92
DE	155	19.87	19.88	100

## Overview

Increase of 35 members since 1 April 2016

### Age:

- Under represented in under 16 age bracket
- Over represented in other age brackets

### Gender:

- Over representation of female members
- Under representation of male members

### Ethnicity:

- Good representation across all ethnicities but over representation of Other in comparison to local population

Social and economic status is broadly representative of the demographics of this constituency

% of Area  
Index

The percentage of people in the local area in that constituency.  
A value indicating how representative of the area our membership is in comparison to that population.  
(100 is perfectly representative, <100 is underrepresented and >100 is over represented)



	Total	*% of membership
<b>Total</b>	<b>648</b>	<b>100</b>
<b>Age</b>		
0-16	14	2.17
17-21	34	5.25
22+	522	80.55
Not stated	78	12.03
<b>Gender</b>		
Unspecified	14	2.17
Male	222	34.3
Female	412	63.6
<b>Ethnicity</b>		
Asian	29	4.48
Black	22	3.4
Mixed	7	1.08
Other	98	15.12
White	492	76
<b>ONS/Monitor Classification:</b>		
AB	179	27.63
C1	185	28.54
C2	134	20.67
DE	144	22.23

### Overview

Decrease of 49 members since 1 April 2016 – could be movement from this constituency to other constituencies due to database cleanse.

**Age:**

- Under represented in under 16 age bracket
- Highest representation in 22+ age bracket

**Gender:**

- Over representation of female members
- Under representation of male members


**Ethnicity:**

- Highest representation in White segment

Social and economic status is evenly spread.

*We do not compare our membership to the Rest of England and Wales as the number of members within this constituency is so small that it cannot be held to be an accurate microcosm of the population within it.*

Objective	How we are meeting our strategic aims	What are our future plans?
<p><b>Provide appropriate information to members and the Members' Council</b></p>  <p>Membership Report 2015/2016</p>	<ul style="list-style-type: none"> <li>The Membership Report 2015/16 is designed and ready for distribution at this year's AGM/AMM following consultation and input from the Membership and Engagement Committee. It provides updated information on all membership activities and opportunities in the past year and our aims and objectives for the year ahead.</li> <li>Councillors to receive their September Members' Council ebulletin and all relevant papers in advance for the September Members' Council Meeting</li> </ul>	<ul style="list-style-type: none"> <li>To include this report in our FT Get Involved email for all members and make it available on the Trust website. To use it as an engagement and recruitment tool and for prospective councillors to inform them on membership activities.</li> <li>Maintain and manage our new database to ensure we have as up to date information on members as possible, reinstate gone-away's and ensure we communicate with as many members as possible.</li> <li>Monitor our email communications (currently 76% of members have a valid email address)</li> <li>To continue to send ebulletin's to councillors and all other relevant information to support them in their role</li> </ul>

Objective	How we are meeting our strategic aims	What are our future plans?
<p><b>Communicate the benefits of membership and create new engagement opportunities</b></p>  <p>New membership form</p>	<p>Redesign of membership form</p> <p>Monthly <i>FT Get Involved</i> email has advertised four new involvement opportunities and other events to attend. We have advertised the AGM and AMM in <i>V focus – Volunteering</i> newsletter</p> <p>AGM and AMM will offer the opportunity for staff to engage with members at Information Stalls on :</p> <ul style="list-style-type: none"> <li>• Research and Innovation</li> <li>• Quality Improvement</li> <li>• Clinical Governance and Safety</li> <li>• Patient and Public Involvement</li> <li>• Electronic Patient Record Project</li> <li>• Redevelopment</li> </ul>	<p>Restock of forms in local organisations and across the Trust and in mail outs</p> <p>Increase engagement opportunities by identifying new teams across the Trust who need involvement from parents and patients in their work.</p> <p>Report back to our membership on all opportunities available</p>
<p><b>Build more awareness, communication, and interaction between councillors and their constituents</b></p>	<ul style="list-style-type: none"> <li>• Autumn <i>Member Matters</i> newsletter includes cover letters from councillors</li> <li>• Welcome from youth councillor and articles on Members' Council achievements.</li> <li>• Councillors will have the opportunity to meet members at this year's AMM</li> <li>• Using new database 'click email' tool we have sent tailored additional membership emails to advertise the AGM and AMM.</li> </ul>	<p>Update website with this information and all new reports.</p> <p>Investigate possibility of bespoke councillor emails to their constituents in future – for election purposes and to advertise events.</p>



Objective	How are we meeting our strategic aims ?	What are our future plans ?
<p><b>Harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities.</b></p>	<p>We will join this year’s Listening Event in November. We have engaged with Volunteer services those members already involved in trust activities to get in contact through FT Get Involved email.</p>	<p>To engage with young people from this event who may wish to stand for election in 2017 Members’ Council election.</p>
<p><b>Support the Trust’s Patient &amp; Public Involvement work and enable a single view of Trust, Partnership Organisations and Charity-wide engagement opportunities.</b></p>	<p>Our FT Get Involved emails have advertised opportunities for: Patient experience survey volunteers Parents to help improve the quality of research work with the Legacy team at GOSHCC GOSHCC events and campaigns – Bake it Better and Santa Dash.</p>	<p>Look into more opportunities across the Trust to get involved in.</p>
<p><b>Encourage a partnership approach between the Trust, its membership, and other likeminded organisations</b></p>	<p>We have been offered a recruitment and engagement stall at this year’s Bloomsbury Festival in October. We will provide membership information for Biomedical Research Centre open day in October</p>	<p>Request support from Members’ Council to help host this stall.</p>

## Members' Council

28<sup>th</sup> September 2016

### Young People's Forum Update and Revised Terms of Reference

**Summary & reason for item:** To provide an update of the activities of the Young People's Forum since the last Members' Council Meeting and to share its recently updated Terms of Reference.

**Councillor action required:** The Council is asked to NOTE the update and the revised Terms of Reference.

**Report prepared by:** Emma James, Patient Involvement and Experience Officer, Fiona Jones, Children and Young People's Participation Officer and George Howell, Chair of the YPF

**Item presented by:** George Howell, Chair of the YPF



## Great Ormond Street Hospital Young People's Forum

### Terms of Reference (Mission statement)

#### Introduction

The mission of the Great Ormond Street Hospital (GOSH) Young People's Forum (YPF) is to improve the experience of teenage patients at GOSH.

The YPF provides opportunities for young people to share their insights and experiences with staff to make sure the needs of young people are understood, considered and met.

Members are able to get involved in a range of activities at GOSH such as taking part in hospital inspections and working with hospital staff and decision makers to provide feedback on projects or plans. The YPF also run their own improvement projects such as developing leaflets for adolescent patients and working with the Trust to make sure young people's views are represented when employing new staff.

The YPF gives young people the chance to meet, share their views with each other and staff to help shape and improve services at GOSH, as well as an opportunity to support each other.

The GOSH YPF is chaired by an elected member of the group. At least one Members' Councillor is a member of the GOSH YPF and provides a link and regular updates between the YPF and the Members' Council.

Members of the YPF, and the YPF itself, always aim to be:

- Always Welcoming
- Always Friendly
- Always Expert
- Always One Team

#### 1. Purpose

The purpose of the GOSH Young People's Forum is to:

- Highlight the issues most important to young patients at GOSH; champion their concerns and to put forward their thoughts and ideas.
- Support GOSH to always think about the specific needs of young people on their patient journey.
- Allow young people the opportunity to meet as a group.
- Provide opportunities for young people to take part in activities to help them understand how the hospital works,
- Enable young people to understand what the hospital does well and be informed and given the chance to get involved with improvement areas and projects.
- Provide an opportunity to meet and engage with other young people who have care and treatment at GOSH.
- Respond to communications from GOSH staff on the GOSH YPF Facebook group, emails or during meetings.

- Take part in discussions.
- Support the development of services at GOSH.
- Support the development of the GOSH YPF's work.
- Increase the publicity and promotion of involvement and engagement opportunities and support those events across the Trust.
- Help recruit to the YPF and the running of the forum meetings.
- Support and take part in events that champion children and young people's voices.

## **2. Membership**

The GOSH Young People's Forum is made up of the following members:

- Chair and Vice Chair.
- A representative of the Foundation Trust Members' Council – known as a Members Councillor (<http://www.gosh.nhs.uk/about-us/foundation-trust/members-council>)
- Young people aged 11 to 25 years, comprising current and ex-GOSH patients and siblings; other young people with experience of healthcare.

Support will be provided by the following members of GOSH staff:  
 Children and Young People's Participation Officer  
 The Involvement and Experience Officer  
 Clinical Nurse Specialist for Adolescent Medicine

Other individuals, staff or external support will be invited as necessary for projects

Additional support staff will be available to meet safe ratios of staff to young people, a minimum of 1 staff member per 10 young people plus 1 extra staff member

### **Chair and Vice Chair**

Elections for the posts of Chair and Vice Chair are held every year.  
 The Chair and Vice Chair must have a direct connection to GOSH – i.e. either have been a GOSH patient or be the brother or sister of a GOSH patient.

## **3. Meetings**

- Six YPF meetings will be held every year.
- The dates will be agreed between the YPF members and GOSH staff.
- If needed, short meetings and group phone calls may also be held to allow members to work on specific projects.
- There must be a minimum of 15 YPF members present for a YPF meeting to take place.
- Agendas will be organised by GOSH staff with the input of YPF members and will be signed off by the YPF Chair. Agendas will be shared with the YPF one week prior to the meeting.
- Meetings will be run by the Chair of the YPF and GOSH staff
- Visual minutes will be circulated to the YPF members, within 3 weeks of each meeting.
- Members will be expected to attend a minimum of four meetings out of 6 meetings per year.

## **4. Reporting**

The GOSH YPF will receive reports and updates from:

- Teams and service areas that meet/work with the forum and have been asked to provide an update.
- Members' Councilors on issues discussed, relevant to the work of the YPF.
- External bodies such as the NHS England Youth Forum

The YPF will provide reports to:

- The Members' Council, via their member's councillor representative five times a year.
- The Patient and Family Experience and Engagement Committee, which will form part of the Involvement and Experience Report.
- Any other groups and committees as and when required or requested.

An annual report will be made available in April, on the GOSH YPF Facebook page and on the GOSH external website.

## **5. Monitoring**

The YPF shall review its membership, effectiveness and terms of reference once a year, as a minimum. This will involve monitoring and reviewing:

- Format and frequency of meetings
- Balance of patient and non – patient membership
- The representation of diverse groups in the YPF
- Attendance at meetings
- Recruitment of new members
- The roles taken on by YPF members
- Involvement in projects
- Involvement in consultations / engagement activities
- Attendance and profile of speakers
- Progress across agreed work streams
- Compliance with the purpose of the forum as outlined in the terms of reference and associated work plan

Terms of Reference were approved by the YPF in September 2016.

Terms of Reference are to be reviewed by the YPF in September 2017.



**Members' Council**  
**Wednesday 28<sup>th</sup> November 2016**

**Patient and Family Experience and Engagement Committee**

(Including: Q1 PALS and Q1 Complaints Report and an Overview of the November Listening Event)

**Summary & reason for item:** To inform and update the Members' Council on the Patient and Family Experience and Engagement Committee for the period of July 2016. Q1 PALS report and Q1 Complaints report are also included and an Overview of the November trust Listening Event.

**Councillor action required:** None

**Report prepared by:** Herdip Sidhu-Bevan- Assistant Chief Nurse – Patient Experience and Quality

**Item presented by:** Juliette Greenwood – Chief Nurse

## **Patient and Family Engagement and Experience Committee July 2016**

### **Introduction**

The Patient and Family Engagement and Experience Committee leads and monitors the development and delivery of the Trust's Patient Experience and Engagement Strategy, and assures that feedback from patients and families is encouraged, responded to and used to improve patient experience and the quality of care at Great Ormond Street Hospital. It provides a forum for sharing of best practice across and between the Divisions and from external organisations and reports.

### **PFEEC Report**

#### **Patient Stories/Vignettes and Parent walkabouts**

Patient stories/vignettes now alternate with Parent walkabouts which are led and organised by the Patient Experience and Engagement Officer (PEEO). The parent representatives and the PEEO will agree an area to visit based on FFT, Pals or Complaints data. The findings are shared at the following PFEEC and issues raised will be addressed by the relevant teams. This was the first time that PFEEC received feedback from the first Parent walkabout that took place in June 2016. The process will require some refinement as it develops.

#### **Annual Listening Event**

This event will take place on Saturday 19<sup>th</sup> November.

Please refer to attachment with regards to details of the event.

#### **Patient Engagement and Experience Report**

Patient and family engagement activity is a key area that enables GOSH to demonstrate effective compliance with the requirement to engage and involve children, young people and their families in order to put patients and their carers at the heart of the NHS. The following activities demonstrate the commitment to improve patient experience through engagement and involvement work:

- 1. Young People's Forum (YPF)** – EPR and research (Take More Notice Research Project) engagement during the July YPF. Submission of regular blogs by the Young People eg PICB. Creation of YPF publicity materials. Takeover Day is being organised which takes place in November 2016. Engagement with the organisation of the Trust listening Event.
- 2. Always Values** – Go create have been commissioned to create a 60 second video which will demonstrate the Always Welcome Value through engagement with patients, parents/carers.
- 3. Patient Bedside Entertainment** – the PEEO is looking at the scope of this system so that it meets the needs of all our patients and provides a platform for FFT, information, activities etc.

4. **Parent Accommodation** – Strategy group set up looking at demand, capacity, current services and future needs.
5. **Queen’s Birthday Party** – Event that took place in the Lagoon with help from the charity to provide age appropriate entertainment for young people. This has enabled closer working relationships between the charity and the patient experience team to ensure we meet the needs of the CYP across the Trust.

#### **School Update**

Jayne Franklin shared the school report and also mentioned the importance of support from the charity, in particular continuing support for nursery children.

#### **FFT Quarterly Report (Full Report Attached)**

More than 21,000 Friends and Family Test comments have been collected since it was established in April 2014. 2337 feedback cards were collected within inpatients throughout Q1 2016/17 and 915 from outpatients. The team works hard with the ward areas to ensure that staff are engaged with FFT and realise the benefits. The bid for the ‘real-time system’ was approved in June 2016.

#### **PALs Quarterly Report (Full Report Attached)**

A total of 478 Pals cases were made this quarter. An increase of 1.05% compared to Q4 of 2015/2016 and 26.2% increase compared with Q1 2015/16. 9 cases escalated to complaints; same as the previous quarter but 3 less than Q1 2015/16. The keys issues and themes raised through PALs were about Gastroenterology, Cancellations, Outpatient Experience, Communication, Admission /Discharge.

#### **Complaints Quarterly Report (Full Report Attached)**

The key points identified from this report are: 33 new formal complaints were investigated this quarter. There has been a statically significant reduction in the number of red complaints Trust wide and no new complaints were graded as red in quarter 1. Themes highlighted within complaints this quarter include delays in treatment, a lack of communication both between teams and with families.

## Pals Q1 report April-June 2016

### 1.0 Key themes of this report

- A total of 478 Pals cases were made this quarter. An increase of 1.05% compared to Q4 of 2015/2016 and 26.2% increase compared with Q1 2015/16
- 9 cases escalated to complaints; same as the previous quarter but 3 less than Q1 2015/16
- 7 Compliments were made regarding GOSH services
- 10 posts were made on NHS choices, Facebook and twitter
- 502 Information cases

Cases	Q1 16/17	Q4 15/16	Q1 15/16
Promptly resolved	378	386	279
Complex	59	59	80
Escalated	9	9	13
Compliments	7	14	6
Gastro review	25	5	0

### 2.0 Overview of Pals cases:

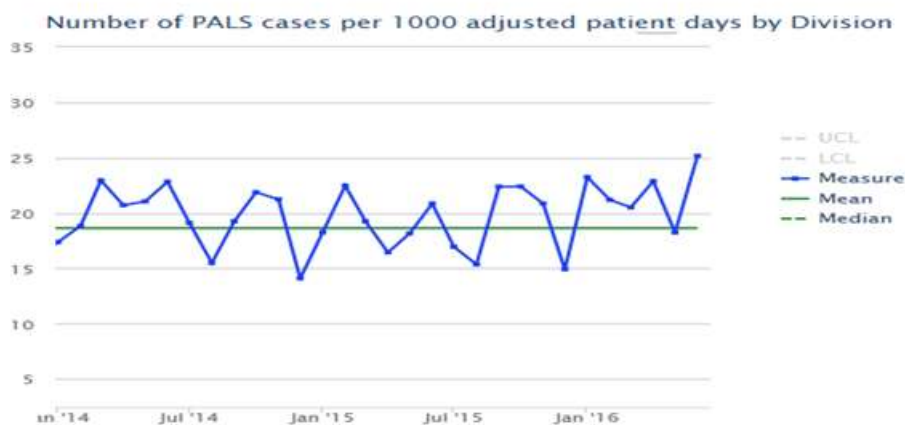


Table showing the top specialties that Pals received queries for during Q1 16/17 (n=478) compared to Q1 and Q4

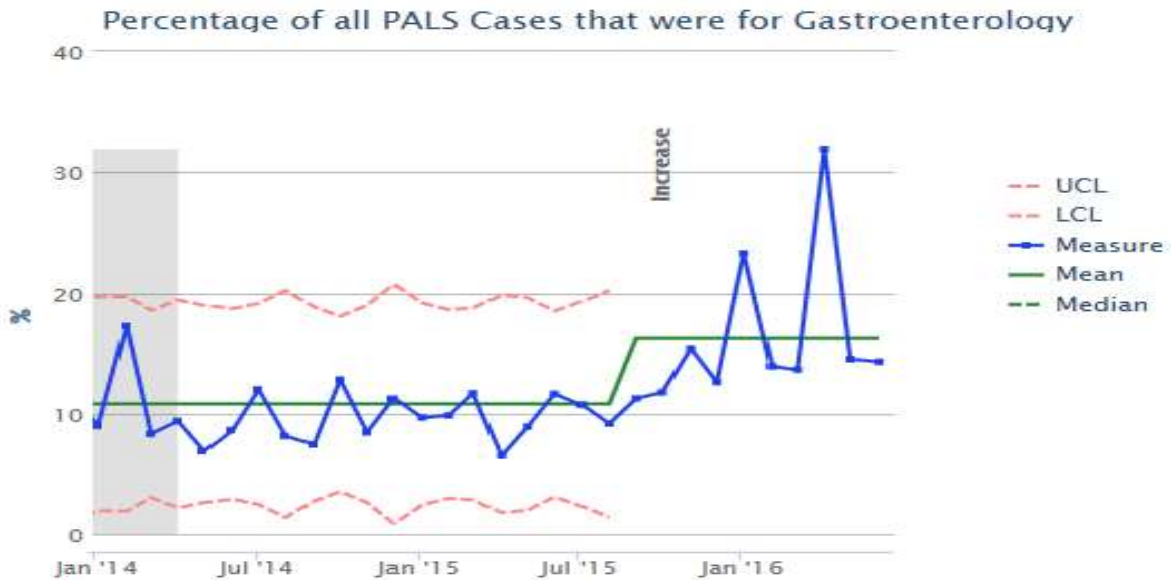
Specialty	Q1 15/16	Q4 15/16	Q1 16/17	Change
<b>Gastroenterology</b>	36	81	98 (20.5%)	↑
<b>Neurosciences - Medicine (Inc. Neurology)</b>	15	28	28(5.9%)	=
<b>Orthopaedics / spinal surgery</b>	13	22	28(5.9%)	↑
<b>Urology</b>	18	22	25 (5.2%)	↑
<b>Rheumatology</b>	29	10	22 (4.6%)	↑
<b>General Surgery (SNAPS)</b>	16	13	17 (3.6%)	↑
<b>Cardiac Surgery</b>	5	8	15(3.3%)	↑
<b>Endocrine</b>	15	15	13 (2.7%)	↓
<b>Nephrology</b>	5	6	13 (2.7%)	↑
<b>Critical care</b>	6	12	12(2.5%)	=

From the above table when comparing the top specialties during Q4 15/16 to the top specialties in Q1 16/17 there is little change in the top 5 specialties contributed to Pals casework during these quarters. However comparing Q1 15/16 to Q1 16/17 it is noticeable that the top 5 specialties during Q1 were Gastroenterology

(remained the same 1<sup>st</sup> during Q1 16/17); Rheumatology (which is now 5<sup>th</sup> in Q1 16/17) Ophthalmology (which is now 12<sup>th</sup> during Q1 16/17); Cardiology (which currently is placed 25<sup>th</sup>) ENT (which is currently 11<sup>th</sup> during Q1 16/17); Urology (which has increased to 4<sup>th</sup> during Q1 16/17) and General Surgery (which also has gone up to 6<sup>th</sup> highest speciality during Q1 16/17).

### 3.0 Update on key issues from Q4 15/16:

#### 3.1 Gastroenterology:



The above graph indicates that since August of 2015/16 the number gastro cases for Pals have been increasing. This is not mirroring the previous financial years where there was variation around the mean and has resulted in an increase in the mean for gastroenterology.

**Team Explanation:** The Trust is dedicated to listening to and learning from complaints and taking appropriate actions when gaps in our processes or themes have been identified. It is good practice to invite a review of services by other specialists in the same clinical area from other parts of the UK or internationally to help drive forward improvements and ensure best care. The Trust invited a review from the Royal College of Paediatric and Child Health of our Gastroenterology service.

Following the findings of the Royal College of Paediatric and Child Health, and taking the learning from the themes of the complaints received, a gastroenterology review group has been created which is led by Louise Glover- Programme Manager. This includes a review of how care is being managed and the themes detailed above will be reviewed as part of this work. In addition a new complaints co-ordinator has been recruited to support the service in fully investigating all complaints and in turn ensuring that families' questions are answered and concerns addressed.

Q1 16/17 update- In this quarter there were 98 gastro cases in the Pals team, however, in the same period only 6 cases were escalated to the formal complaints department. Our goal remains to hear concerns raised by families and to work to find solutions that meet those concerns, despite the significant number of cases with Pals the small percentage escalated to complaints provides some assurance that the Pals support for families is effective in supporting them.

#### 3.2 Cancellations:

During Q1 there were 55 Pals (11.8%) queries relating to cancellations. Compared to Q4 15/16 this is an increase of 5.66% and compared to Q1 15/16 this is an increase of 21.7%. Although cancellations are only 11.8% of our workload, the time taken to support each family is substantial; some families after being cancelled on the day can take over an hour to support and on some occasions significantly longer. Pals want to work with the departments cancelling in order to:

1. To improve the communication around cancellations
2. To focus the communication on the clinical needs of the child being cancelled
3. To provide assurance to the family that it is clinically safe to do so.

At the moment most cancellations are communicated by junior administrators.

Cancellations:

49.0% of cancellations were for outpatient appointments,

45.5% admissions

5.45% due to procedures cancelled during admissions.

The below table shows how the theme of cancellation varies by specialty, when comparing between the current financial quarter and previous ones.

Specialty	Q1 15/16	Q4 15/16	Q1 16/17	
Cardiac Surgery	6.4%	9.4%	10.9%	↑
ENT	10.6%	3.8%	10.9%	↑
Orthopaedic/spinal	4.3%	11.3%	9.1%	↓
Ophthalmology	12.8%	11.3%	9.1%	↓
Rheumatology	12.8%	3.8%	7.3%	↑

## Thematic analysis by Division.

### 4.0 J M Barrie Division

During Q1 there were 331 cases for the J M Barrie Division. From the below table it is noted that Gastroenterology, Neurosciences, Orthopaedics/Spinal surgery, Urology and General surgery were the 5 specialties that contributed the most towards the Pals casework during Q1 16/17.

The top 5 reasons why families attended Pals were:

- Outpatient Experiences 75 (22.7%)
- Communication and Information (18.4%)
- Admission/Discharge (10.9%)
- Health information 34 (10.3%)
- Outpatient appointments 33 (10%)

Table showing the top 10 specialities for the JM Barrie Division and how these have changed between Q1 15/16; Q4 15/16 compared to Q1 16/17.

Speciality	Q1 15/16(%)	Q4 15/16 (%)	Q1 16/17 (%)	Change
<b>Gastroenterology</b>	36(9.57)	81 (17.2)	98 (29.6)	↑
<b>Neurosciences (Inc. Neurology)</b>	15 (3.99)	28 (5.96)	28 (8.5)	=
<b>Orthopaedics / spinal surgery</b>	13 (3.46)	22 (4.68)	28 (8.5)	↑
<b>Urology</b>	18 (4.79)	22 (4.68)	25 (7.6)	↑
<b>General Surgery (SNAPS)</b>	16 (4.26)	13(2.77)	17 (5.1)	↑
<b>Endocrine</b>	15 (3.99)	15 (3.19)	13 (3.9)	↓
<b>Nephrology</b>	5 (1.33)	6 (1.28)	13 (3.9)	↑
<b>Ear Nose and Throat</b>	21 (5.59)	3 (0.64)	11 (3.3)	↑
<b>Ophthalmology</b>	22 (5.85)	16 (3.4)	11 (3.3)	↓
<b>Neurosurgery</b>	6 (1.6)	11 (2.34)	10 (3.0)	↓

Thematic analysis for top 5 specialties in Barrie:

The tables above show the top 10 specialities and the top 10 themes for the JM Barrie division.

- 1. Gastroenterology:** During Q1 16/17 Pan Trust Gastroenterology comprised of 20.5% of all Pals casework thereby contributing the most to all Pals cases for Q1 16/17. Within the JM Barrie division, Gastroenterology comprised of 29.6% of all casework for Pals during Q1.  
The themes:  
**Outpatient experiences (25)** the main reasons for queries relating to this theme were lack of communication/letters predominantly around the admin team not responding to messages in a timely manner; care advice from CNS's and advice due to lack of reports being sent out and concerns with transport to and from appointments  
**Communication/Information (18)** and the main reasons for communication concerns were lack of communication with parents, incorrect information in reports and not sending out reports  
**Outpatient appointments (6)** the only sub theme for this subject was failure to arrange appointments.
- 2. Neurosciences Medicine:** Pan Trust Neuroscience Medicine comprised of 5.9% of all Pals case work during quarter 1 16/17, out of the casework for Barrie it comprised of 8.5% of casework.  
The themes:  
**Communication information (7)** and the sub themes for this were lack of communication with parents; incorrect information; Referrals (7) and the sub themes related to this were lack of communication regarding status of referrals; advice on how to get referrals accepted once rejected and the waiting times to hear back about a referral; and queries relating to  
**Admission/Discharge (4)** and the sub themes for this were communication relating to admission plan and information on transport during an admission.
- 3. Orthopaedics/Spinal-** Pan Trust this speciality contributed to 5.9% of Pals casework during Q1 16/17; and 8.5% of case work for the JM Barrie division.  
The themes:  
**Communication/Information (8)** and the sub themes relating to this were telephone calls not being returned; lack of communication with parents and correspondence with families  
**Admission/Discharge (6)** cancellation of admissions; preadmission starving advice and lack of an admission letter  
**Outpatient appointments (3)** incorrect appointment details sent to a family; cancellation of appointment without notifying the family in advance and failure to arrange an outpatient appointment.
- 4. Urology:** Pan Trust urology contributed to 5.2% of all Pals case work during Q1 16/17, but for JM Barrie Urology contributed towards 7.6% of Pals case work during Q1.  
The themes:  
**Outpatient experience (7)** lack of communication relating to outpatient appointments; advice needed following an appointment due to lack of report sent to GP/hospital; and support with transport arrangements,  
**Admission/Discharge (6)** and the main subthemes were help with accommodation during the admission, cancellations of admissions and lack of admission letter/information  
**Inpatient Experience (4)** accommodation help whilst an inpatient for parents; lack of discharge letter and support with referring to other services whilst an inpatient.
- 5. General surgery:** Pan Trust this speciality contributed to 3.6% of all Pals cases during Q1; for the division JM Barrie however, they contributed to 5.1% of all cases.  
The themes:  
**Communication and Information (5)** lack of communication with parents; lack of information to families prior to procedures and concerns with lack of co-ordination of care between specialities  
**Admission/Discharge (2)** and the sub-themes were support with arranging accommodation for family during an admission and assistance with obtaining admission letter/instructions  
**Outpatient appointments (3)** the sub themes related to theme were parents needing assistance with arranging a follow up outpatient appointment and support with booking multiple tests/appointments on the same day as the outpatient appointment.

## 5.0 Charles West Division

In total there were 107 Pals cases for the Charles West Division during Q1 16/17. From the table below it is noted that the top 5 specialties contributing to Pals casework during Q1 were Rheumatology, Cardiac surgery, critical care, Immunology and Dermatology.

The main themes for the Charles West Division Pals casework were: issues relating to:

Inpatient Experiences 25 (23.4%)

Outpatient experiences 19.6%)

Admission/Discharge 16 15%)

Outpatient appointments 11 (10.3%)

Communication and Information 9 (8.4%)

Speciality	Q1 15/16 (%)	Q4 15/16 (%)	Q1 16/17 (%)n=107	Change
Rheumatology	29 (7.71)	10 (2.13)	22 (20.6)	↑
Cardiac Surgery	5 (1.33)	8 (1.7)	16 (14.9)	↑
Critical care	6 (1.6)	12 (2.55)	12 (11.2)	=
Immunology Clinical	2 (0.53%)	10 (2.13%)	10 (9.35)	=
Dermatology	5 (1.33%)	6 (1.28)	9 (8.41)	↑
Cardiac Services	2	2	8( 7.48)	↑
Clinical Genetics	3	3	7( 6.54)	↑
Cardiology	22	13	6(5.61)	↓
Respiratory medicine	4	2	5(4.67)	↑
Oncology	8	4	4(3.74)	=

- 1. Rheumatology:** Pan Trust Rheumatology contributed to 4.6% of all Pals cases during Q116/17 and 20.6% of all cases, thereby contributing the highest number of cases of Charles West.

The themes:

**Outpatient experiences (5)** and the main sub-themes for families coming about outpatient experiences were lack of communication/letters about outpatient appointments; finding out their appointment has been cancelled after arriving at the hospital and help with transport arrangements

**Outpatient appointments (4)** and the main reasons for families attending were due to cancellations of their outpatient appointments and queries relating to outpatient appointments that have not been arranged and

**Inpatient experiences (4)** – the main sub themes were related to care advice provided by teams that needed clarification and lack of reports following an admission.

- 2. Cardiac Surgery:** Pan Trust cardiac surgery contributed to 3.3% of all Pals cases and 14.9% of all cases for Charles West.

The themes:

**Admission/Discharge (8)** – the main sub-themes relating to this theme were cancellations of admissions, lack of admission letters/information and support with accommodation for families during an admission ;

**Inpatient admissions (3)** and the sub themes relating to this were cancellations of procedures once a family had been admitted and delays in arranging/providing families with an admission date

**Inpatient experiences (3)** and the sub themes relating to Inpatient experiences were concerns about the environment on the ward and changes to accommodation during admissions.

- 3. Critical Care:** Pan Trust Critical Care contributed towards 2.5% of all Pals cases for Q1 16/17; however contributed to 11.2% of cases for the Charles West Division.

The themes:

**Inpatient experiences (7)** and the main sub-themes were lack of communication during the admission about their child's care/treatment and support for parents needing accommodation



**Clinical care (2)** concerns from families about the treatment plan and language used around their child's clinical situation

**Inpatient Admissions (1)** and the sub theme related to this was cancellation of tests /procedure due to lack of beds on PICU.

4. **Immunology-** Pan Trust Clinical Immunology contributed to 2.1%; however it contributed to 9.35% of all Charles West's Pals cases.

The themes:

**Inpatient experiences (6)** the main sub themes related to parents needing additional support understanding their child's treatment plan, support with accommodation during an admission and the cleanliness of the ward;

**Outpatient Experiences (2)** the main sub theme was related to support needed from the clinical team when medication had run out

**Admission/Discharge (1)** and the query related to transport post discharge home.

5. **Dermatology** Pan Trust Dermatology contributed to 1.9%; however under Charles West Dermatology contributed to 8.41% of all Pals cases.

The themes:

**Outpatient experiences (4)** and these queries related to patients and members of the public wanting additional support relating to the clinical symptoms

**Admission/discharge (1)** this query related to a cancellation of an admission that had not been rebooked

**Outpatient Appointments (1)** which was related to an appointment that was not rescheduled appropriately.

## 6.0 Estates and Facilities

During Q1 16/17 Pan Trust there were 13 cases for Estates and Facilities contributing to 2.72% of all Pals case work.

The themes:

**Inpatient Experience (4)** and these queries related to the quality of the accommodation, the variety of food on the ward and the overall environment around the trust.

**Outpatient Experience (3)** were associated with transport queries when transport was either delayed or did not arrive thus impacting outpatient appointment attendance and

**Environment (2)** which was associated with concerns about smoking outside the trust even though there are clear signposts relating to non-smoking areas.

## 7.0 IPP

During Q1 16/17 there were 8 cases involving IPP, this contributed to 1.67% of all Pals case work.

The themes:

**Inpatient Experiences (4)** and the key sub themes were related to concerns about discharge planning and not understanding fully protocols and processes that had taken place on the ward

**Outpatient experience (2)** and the key sub-themes were related to lack of communication regarding medical reports and an invoice that had been received

**Admission/Discharge (1)** and the sub –theme related to this was care advice as a family were concerned about the team's motivations around discharge.

## 8.0 Our values

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

	15/16 Q4 (5) n=473	Q1 16/17 (%) n=478	Change since previous quarter
<b>Expert - Excellence</b>	12 (2.5)	6 (1.3)	↓
<b>Expert - Improving</b>	20 (4.2)	8 (1.7)	↑
<b>Expert - Professional</b>	57 (12.1)	58 (12.1)	=
<b>Expert - Safe</b>	39 (8.2)	50 (10.5)	↑
<b>Helpful - Helps others</b>	0	40 (8.4)	↑
<b>Helpful - Patient</b>	29 (6.1)	10 (2.1)	↓
<b>Helpful - Reliable</b>	14 (3.0)	77 (16.1)	↑
<b>Helpful - Understanding</b>	83 (17.5)	72 (15.1)	↓
<b>One Team - Communication</b>	69 (14.6)	105 (22.0)	↑
<b>One Team - Involve</b>	91 (19.2)	8 (1.7)	↓
<b>One Team - Listening</b>	12 (2.5)	10 (2.1)	↓
<b>One Team - Open</b>	14 (3.0)	15 (3.1)	↑
<b>Welcoming - Friendly</b>	18 (3.8)	6 (1.3)	↓
<b>Welcoming - Reduce waiting</b>	6 (1.3)	7 (1.5)	↑
<b>Welcoming - Respect</b>	5 (1.1)	4 (0.8)	↓
<b>Welcoming - Smiles</b>	2 (0.4)	2 (0.4)	=

## 9.0 Compliments received

All the below compliments have been shared with the clinical teams.

Location (exact)	Directorate (primary)	Specialty	Description
EAGLE	MDTS	NEPHR	Grandma sent compliment for team on acute and Eagle for care for grandson.
	SURGER	ORTSPI	PALS received a telephone call from Patient's mum, who wanted to compliment the play specialist who spent time with Child. Unfortunately Mum cannot remember the name of the play specialist but it was at the appointment for Spinal Cons. Parent said that they had a lovely manner and engaged with Child very well. Mum was very happy with the process.  Parent noted in particular that it was a "good experience" and was particularly happy with the separate room used to meet the specialist.
LADYB	CARDIA	EMERGE	Compliment from an ex patient of GOSH for two staff members
	MDTS	RADLGY	Parent called Pals to compliment member of staff in radiology for a pleasant manner after a difficult day.
	MDTS	NEPHR	Mother is sending an email to say thank you for the care her daughter has received for kidney problems.
UNKNO WN	NPE	VOLUNT	Mother has come in to nominate a volunteer for a GEMS award and to give him a compliment.
SKY	SURGER	ORTSPI	Posting from NHS choices complimenting staff on the ward.

## 10.0 Feedback on NHS Choices

The Trust received 2 reviews on NHS Choices this quarter and currently has a star rating of 3.5 / 5

Location (exact)	Directorate (primary)	Specialty	Description
Not identified	Neurosciences	CAMHS	Anonymous posting about having to see a local rheumatologist instead of seeing one at GOSH. Shared with clinical team.
Sky ward	Surgery	Orthopaedics	Posting from NHS choices complimenting staff on the ward. Shared with clinical team

Information from postings has been sent to relevant departments for them to share with staff and to address any concerns raised. Responses were placed on NHS Choices encouraging families to contact Pals if they wish to discuss areas for improvement with the team.

# Complaints Report

Quarter 1  
(2016-2017)

## 1.0 Summary of key points

The key points identified from this report are:

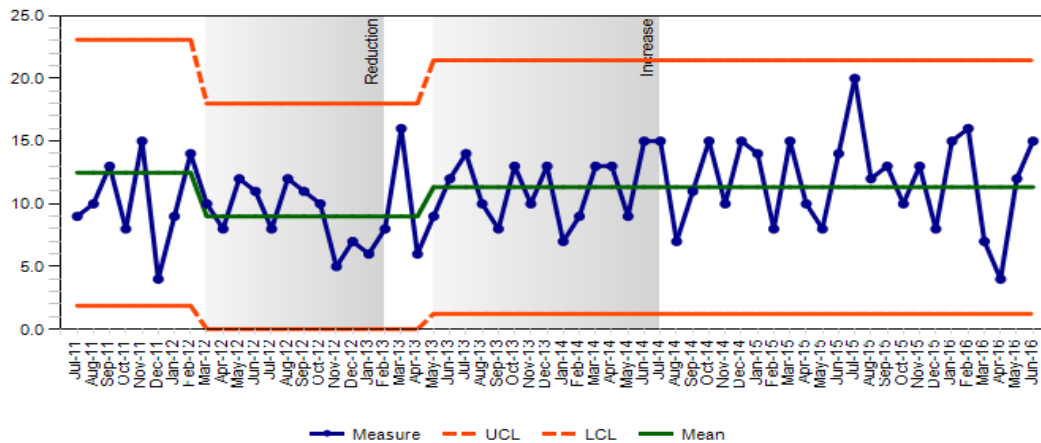
- 33 new formal complaints were investigated this quarter
- There has been a statically significant reduction in the number of red complaints Trust wide and no new complaints were graded as red in quarter 1
- Themes highlighted within complaints this quarter include delays in treatment, a lack of communication both between teams and with families

## 2.0 Number of formal complaints received by the Trust

The Trust saw the number of formal complaints received this quarter decrease by 13% compared to last quarter.

*Trends for the number of formal complaints received since July 2011.*

**All Complaints (red, amber and yellow): All Divisions / Directorates, All Specialties**



342

## 3.0 Number of complaints received by division, speciality and grading

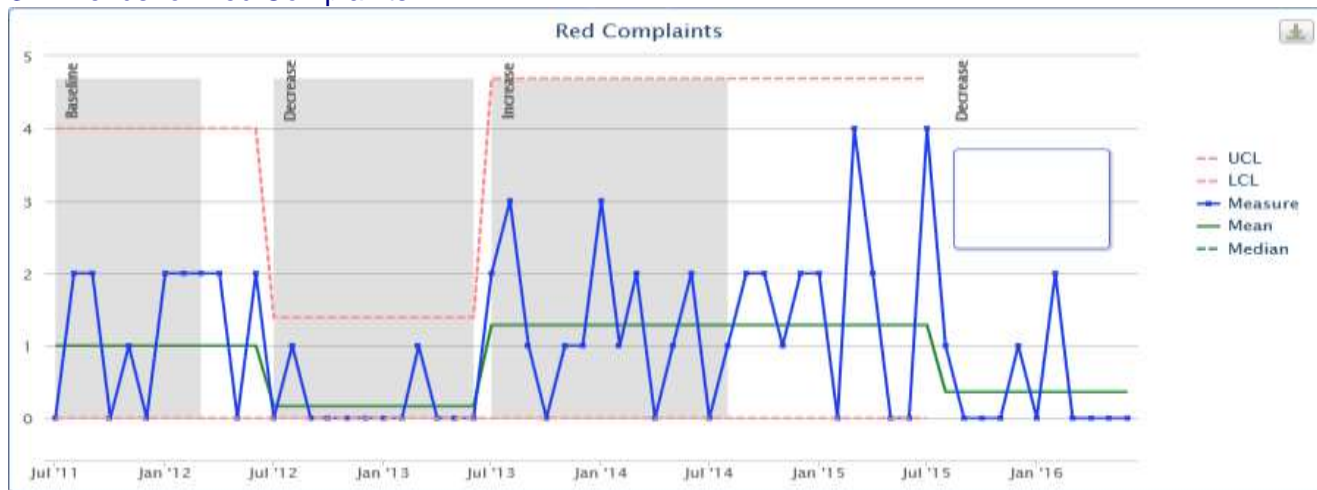
Division / Directorate	Specialty	High	Medium	Low	Total
Cardio Respiratory Services	Cardiology	1	0	0	1
	Critical Care	0	2	1	3
	Cardiac Surgery	1	0	0	1
ICI LM	Haematology- Labs	1	0	0	1
	Rheumatology	1	0	0	1
IPP	IPP	1	0	0	1
MDTS	Gastroenterology	0	2	4	6
	Social Work	0	2	0	2
Neurosciences	CAMHS	1	0	0	1
	Neurology	1	0	0	1
	Neurodisability	0	2	0	2
	Neurophysiology	1	0	0	1
	Neurosurgery	1	0	0	1
	Outpatients	0	2	0	2
Surgery	Audiology & Cochlear	1	0	0	1
	ENT	1	0	0	1
	Orthopaedics/Spinal	0	2	0	2
	Plastics	0	2	0	2
	Urology	0	2	0	2
Medical Director's Office	Clinical Governance & Safety	1	0	0	1

Red (high risk graded) complaints - severe harm to patient or family or reputation threat to the Trust.

Amber (medium risk graded) complaints - lesser than severe but still poor service, communication or quality evident.

Yellow (low risk graded) complaints - minor issues or difference of opinion rather than deficient service.

### 3.1 Trends for Red Complaints



### 3.2 New Red Complaints

There were no new red complaints in Q1 2016/2017.

Examples of the outcomes and learning from red complaints can be found in section 7 of this report. This information is also present to Trust Board and the Quality Safety and Assurance Committee.

### 4.0 Percentage of complaints received compared to patient activity for each division

Directorate	Total # of Complaints	Adjusted patient activity	Amount of Complaints per 1000 Adjusted Patient Days	% of Complaints per 1000 Adjusted Patient Days
MDTS	8	28436.79	0.281	29.6%
Surgery	8	45884.01	0.174	18.4%
Neurosciences	8	26546.2	0.301	31.7%
ICI-LM	2	34147.42	0.059	6.2%
Cardio-respiratory Services	5	65950.84	0.076	8.0%
IPP	1	17198.59	0.058	6.1%
<b>Totals:</b>	32*	218163.85	0.147	100.0%

\*There was 1 complaint logged under the Medical Directors Office which is not in this table as there are no comparable bed days.

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

### 5.0 Complaints closed within the agreed timescale

There were 28 complaints closed this quarter. 43% of the draft reports were received from the investigating staff on time and 72% of complaint responses were completed and sent to the complainant within the timescale agreed. All families were kept informed and advised of the reasons for the delay in being sent the completed investigation response; new timescales were discussed and agreed with the family.

Since April 2016, the timescales for all new complaints (which have since been closed) are being monitored at each stage of the process in order to further understand the delays and therefore what additional support may be required. The four stages are:

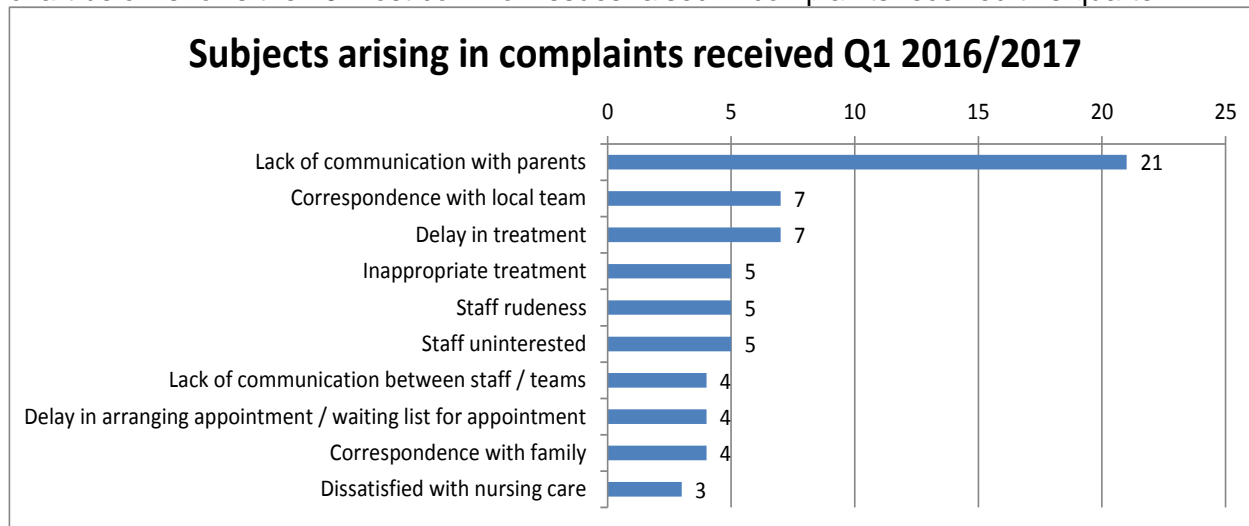
- Investigation by the division
- Review by the complaints team
- Executive Director review and sign off
- Chief Executive review and sign off

The Data Analysis within the Quality Improvement Team is currently working on the presentation of this data (including over time data) and this will be included in the next quarterly report.

## 6.0 Trend analysis of complaints received in Q1

### 6.1 Issues raised in complaints

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



### 6.2 Themes in complaints

#### Delay in treatment

This continues to be a theme in complaints raised in quarter 1. Concerns regarding cancelled surgery and admissions were raised in 10% of all complaints received this quarter. Two families also raised concerns about the amount of time it took GOSH to communicate that a referral had been declined, these families both raised concerns that this caused delays in the care and treatment for their child.

#### Communication

A lack of communication with parents continues to be highlighted as a theme within complaints and was raised in 64% of all complaints received this quarter. The Trust now logs each subject raised within complaints against one of the Trust's values. One aim of this is to provide more meaningful data and to try and identify more specific communication issues. This data is provided in the table below.

- **Written Communication**

Two families reported that they did not receive clinic letters and therefore follow up care did not take place. A summary of these complaints and actions put in place are detailed in section 7 of this report.

As above, two families raised concerns about the amount of time it took GOSH to communicate that a referral had been declined, these families both raised concerns that decision letters were received weeks later which delayed the care and treatment for their child.

- **Trust Values and One Team**

38% of the subjects raised this quarter were linked to the 'One Team – Communication' value. These included concerns regarding a lack of communication both with families and between teams whilst an inpatient. A family reported that the communication became worse as more teams became involved in their child's care.

Complaints by Values	Number
One Team - Communication	29
Welcoming - Reduce waiting	15
Expert – Excellence	14
One Team – Listening	6
Welcoming – Friendly	6
Expert – Safe	3
Helpful – Reliable	2
Expert – Professional	1
One Team – Involve	1

## 7.0 Learning from complaints

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

### Learning from a red complaint reference: 15/143

#### Details of complaint:

A patient died unexpectedly and the coroner ruled the cause of death as 'unascertained'. GOSH offered genetic testing using DNA tissue (samples) retained as part of the post mortem which the family consented to. The family's local team requested the samples so that testing could take place but were advised that there were no available samples. The family have queried whether the samples were lost and if so how this happened.

#### Learning/recommendations

The department has made significant improvements since 2012, and has progressed to a more stringent quality accreditation, achieved through the application of more thorough operating procedures, including the quality of record keeping. The process of assessing the quality of the department is through external assessment over a number of days by the United Kingdom Accreditation Service, against an international standard.

The standard operating procedure for storing and tracking samples (SSOP 10.05) is considerably more detailed now. In particular, it is much clearer both as to how records pertaining to samples should be made and where the record should be made. As part of the Histopathology laboratory's Quality Management System, there is a training record for all staff who need to use this standard operating procedure, and the staff member's competency to use the procedure is documented and assured.

In order to make sure that this procedure is effective, the Pathology Lead Quality and Risk Manager will conduct an audit of the records generated by the Histopathology Department.

### Complaint reference: 16/007

#### Details of complaint:

Patient attended a clinic appointment however a clinic letter was not sent detailing follow up actions. This meant the patient's kidney was not monitored locally as planned.

#### Actions taken

The service has recently started using an electronic clinic outcome form which means that all patients who are seen in clinic have a clear documented treatment plan. In addition this allows the administrative team to check all clinic patients have appropriate letters dictated, typed and sent out of the Trust. This form automatically identifies all patients who have not yet had a clinic letter sent to them.

**Complaint reference: 15/010****Details of complaint:**

Parent raised concerns that the clinic letter and follow up tests from a clinic 5 months ago had not been sent/arranged as agreed. Parent raised concerns about the implications of this.

**Actions taken**

The department has moved to recording the outcome of a clinic electronically. This allows the clinician to indicate, at the time of the clinic, the next step regarding a child's care. These outcomes are monitored both by the service and Outpatient department to ensure actions are followed up and both teams know the next stage in a child's care plan.

**8.0 Reviewing and Learning from Complaints**

The Trust is currently in the process of developing a Complaints Review Group to ensure we are collectively analysing all aspects of complaints, including the concerns and themes raised within complaints, the quality of investigations and reports, timescales, the monitoring of learning and action plans, feedback from the Parliamentary and Health Service Ombudsman etc.

The Assistant Chief Nurse of Patient Experience and Quality, Head of Clinical Governance and Safety and the Patient Safety and Complaints Manager have met to agree what this group will look like, a subsequent meeting is planned for September where the Terms of Reference will be drafted and any outstanding points agreed.

**9.0 Re-opened complaints**

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

Ref	Reason for dissatisfaction	Action taken
15/145	Complainant felt that part of the report was incorrect.	Further investigation has taken place and information provided to evidence the information detailed within the report
15/126	Parent has requested clarification on points within the investigation report.	A further response is being provided.

**10.0 Parliamentary and Health Service Ombudsman (PHSO)**

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

**9.1 New cases**

Ref	Case details	Update
15/051	Family raised concerns the team did not follow the correct treatment protocol and therefore delayed appropriate treatment.	The PHSO have confirmed the scope of their investigation and requested the patient's records and complaints file.

**9.2 Cases closed this quarter**

No cases have been closed by the PHSO this quarter.



## 10. Monitoring Effectiveness of the Complaints Process

The complaints process is monitored by a quarterly audit which ensures the process is working effectively and identifies areas for improvement. This report contains the results of the quarter 1 audit, undertaken using the audit tool contained in the complaints' policy. The audit was undertaken by the Complaints team, with a review of 10 complaints files closed between April and June 2016 and selected at random.

Number	Stage of Process	Yes	No	N/A
1	Complaint acknowledged within three working days	10	0	0
2	Complaint risk assessed and appropriate investigation determined	10	0	0
3	Has authorisation been sought if needed	0	0	10
4	Where complaint is taken orally, has a record of the complaint been sent to the complainant to sign and return	2	0	8
5	The acknowledgement letter gives information about NHS Complaints Advocacy service (formerly ICAS)	10	0	0
6	The acknowledgement letter offers the opportunity to discuss investigation/timescale	10	0	0
7	Draft response received from investigating officer by agreed deadline	5	5	0
8	Response sent within agreed timescale	7	3	0
9	Complainant informed if delays have occurred	3	0	7
10	Chief Executive or his representative has signed the response	10	0	0
11	Response includes an appropriate apology or expression of regret	10	0	0
12	Response includes information about the complainants right to refer to the Parliamentary and Health Service Ombudsman	10	0	0
13	Copies of correspondence sent to other parties if requested	0	0	10
14	Meeting/further investigation offered to complainant if they remain dissatisfied	10	0	0
15	'Feedback' request sent to staff involved in complaint when the case is closed	0	0	10
16	Complaint escalated if response not sent within agreed timescale	4	1	5
17	Actions identified and all added to complaint actions log sheet	3	0	7
18	Added to risk register	0	0	10
19	All actions from complaint have been followed up within one month	10	0	0
20	Relevant actions from complaint concluded and closed after one month	0	0	10
21	Involving bereavement	3	7	0
22	Multi team involvement (>1)	0	10	0
23	Multi-agency	0	10	0

## **UPDATED PROPOSAL FOR THE LISTENING EVENT SATURDAY 19.11.16**

### **1. Introduction**

A paper proposing a listening event has previously been presented to the Executive Team. It was agreed that the event should take place; the date has now been set for Saturday 19th November 2016.

This paper will update the Board on progress which has been made in the planning of the event and asks the Executive Team to approve future actions as set out in this paper.

### **2. Background**

In recent years there has been a patient experience movement across the world. This movement has been encouraged and supported by the UK Government, for example, in 2015 the NHS Citizens' Assembly was created.

As a consequence of the above, activities such as: coffee mornings, open days and listening events are becoming an essential part of NHS engagement. These activities offer great opportunities for patients, parents/carers, staff, volunteers, Foundation Trust councillors and members to see and hear first-hand what is happening in their local health services, how key issues are being addressed and what new innovations are being used or developed.

There is also a legislative framework within which patient/public involvement and engagement sits: the NHS Act 2006 (Section 242) and the NHS Constitution (January 2009). These require NHS organisations to involve patients and the public in how they plan and run their services. Patient and public involvement and engagement is also a component of the Care Quality Commission standards.

GOSH recognises its responsibility to support the statutory agenda for children's health, social care and education in Every Child Matters, the National Service Framework for Maternity and Children's Services, the Child Health Promotion Programme 2008 and the Children's Plan. It also takes account of Article 12 of the UN Convention of the Rights of the Child, which states: "Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account."

There is no strict definition of a 'listening event', but as the title suggests, there should be an opportunity for patients, parents and/or the public and Foundation Trust members to meet staff and discuss the Trust's services, plans or projects. Listening events should provide a safe space and adequate time for meaningful conversations with staff that patients and parents may not routinely meet. These situations then facilitate open and honest dialogue which enables staff and participants to work out solutions and reach decisions together.

#### **2.1 Why should GOSH hold a listening event?**

As stated above, listening events and other similar engagement opportunities are becoming commonplace across the country; GOSH should be carrying out activities similar to this trend, particularly as the Trust has always been a strong advocate of listening to families and putting the patient first. A listening event would be a continuation

of this commitment. Furthermore, as presented above, there is also a legislative framework which supports and encourages this engagement.

The event would also provide time for staff to discuss: future priorities for the annual plan, present new building plans and projects such as the patient portal (part of the Electronic Patient Record programme). The Trust will then be able to ensure and validate upcoming work reflecting families' experiences and that any changes or developments will help to improve their future visits, care and treatment.

### **3 Event structure**

To see details on the 2013 event, please see Appendix 2 for details.

The 2016 event will take place on Saturday 19 November. The day is planned to start at 10am and finish at 2pm, as in 2013. The location of the day has also been kept as Weston House for parents and the Charles West Boardroom for young people and children.

To ensure the event fulfils parents and patient's needs, as well as the Trust's, a working group of parent representatives (who already work with the Patient Experience Team) and patients (via the Young People's Forum), has been created. Discussions on key issues such as topics for the facilitated table conversations have already begun. These groups are being consulted via telephone conference calls on a monthly basis in August, and will be fortnightly in September and October and weekly in November.

Both parents and patients have agreed on a space theme for the event, with a title being, Help us make sure "**GOSH is always out of this world**".

#### **3.1 Facilitation**

It is proposed that the event is hosted by Chief Executive, Medical Director and Chief Nurse. This is aligned with our Always Values that we are all One Team and provides an opportunity for the new Executive Directors to show unity and leadership.

An external company will be used to facilitate the table discussions on the day, but the overall planning of the day is conducted by the Patient Experience Team. This is proposed because:

- The cost for an external company to facilitate in 2013 was over £10,000. This cost also covered staff interviews, and online survey, but did not include catering, decorations or any kind of thank you/party bag for attendees. (Please note, due to changes in staff, the current Patient Experience Team have been unable to find an overall cost for the 2013 event)
- GOSH staff know what outcomes are needed and therefore how to shape the day
- GOSH staff are better placed to make the event feel like GOSH
- The Patient Experience Team is bigger in 2016 than in 2013; therefore we have staff who are experienced in organising such events, already in-house. It is noted that support from other teams across the Trust will be needed in the run-up and day itself

External table facilitation has been discussed with the working groups and both were happy with this proposal. Quotes for external facilitation are currently being sourced.

#### **3.2 Attendees/target audience**

Looking at similar events run across the country, attendees have been patients, parents, the public and Foundation Trust Members (see Appendix 1). It is therefore suggested that the primary audience are patients and not staff (it was joint in 2013).

The Trust always endeavours to make sure that patients and parents/carers feel they can speak freely and honestly, for example, when collecting patient's opinions via surveys, volunteers are used to collect this information. Therefore if the priorities of staff and parents differ, with both seeing issues from alternative and opposing viewpoints, patients and parents/carers may not feel they can express their true feelings.

Having two audiences at one event may make patient and parents/carers feel less special if the day is not solely about listening to them.

It is therefore suggested that whilst there will be representatives from departments/wards/areas, an invitation is not issued to staff. Alternatively, they could be offered their own event which would be organised by the Human Resources Department and the outcomes from both events could be compared.

The definitive list of staff invited to the day will depend on the areas chosen by patient and parents via a social media campaign. However, a range of senior executives and high level members of staff, have already been invited.

It should be noted that some members of the parent and patient working group feel staff should be invited as they were in 2013, to support the One Team value.

### **3.3 Advertising**

Prior to advertising the date of the event, the Trust has used social media to ask patients and parents, what they would like to discuss with us during the day, via a survey.

The survey asks respondents to tick which areas they would most like to discuss with us. Issues on the pre-determined list were chosen because they have been raised via other patient feedback avenues – the Friends and Family Test, with our Patient Advice and Liaison Team and through formal complaints. There is also an option for respondents to add topics which are not listed.

The survey also asks the respondent whether they are a patient or parent, so we can track response rates for each group and topics for discussion.

Messages on twitter and Facebook were released on the 15.8.16; they will be repeated on the 22.8.16 and the 28.8.16.

The charity branding team are designing space themed invitations and related publicity materials. We aim to release invitations and publicity on the 29.8.16. Once again, it is planned that all free forms of publicity via social media will be utilised, with the addition of volunteers visiting outpatient and inpatient areas to distribute invites. Information will also be placed in publications such as the Foundation Trust newsletter. The aim is to attract a diverse group of patients and parents/carers.

Great Ormond Street Hospital Children's Charity added 3 new photos. Yesterday at 14:00 · €

Calling all patients and parents! Food, communication, admissions... we want to hear what matters to you about your GOSH experience. We'll be holding a Listening Event at the hospital later in year and to help us plan the event we want to know your top concerns. Fill out this quick survey to let us know what you'd like to talk to us about: <https://www.surveymonkey.co.uk/r/ListeningEventNov16> Keep an eye out for more info about our Listening Event. Any questions? Email [emma.james@gosh.nhs.uk](mailto:emma.james@gosh.nhs.uk)



The Trust is planning to insert invites into all admission/appointment letters from the 28.8.16. Invitations will be sent out in batches of 500, across the divisions, to allow for periodic reviews as space is limited.

### **3.4 Agenda of the event**

The main aim of the day is to listen; therefore this will make up the majority of the activities. However, GOSH can learn from other hospitals and use fun elements of their open days to make the event more attractive and engaging for children and young people. We will do this via the space theme which will be incorporated into the catering and decoration of the event.

The Trust is planning to separate children and parents for the facilitated discussions to allow these conversations to take place within age-appropriate activities. The RSVP will ask attendees to state the ages of the patients, so that activities can be tailored to the ages of those taking part. If necessary, additional activities for younger children could be provided.

#### **3.4.1 Opening of the event**

The working group has suggested that attendees should be introduced to the Executive Team and briefly be updated on developments from the last Listening Event. Parents have specifically asked the Trust to find a parent who can share their experiences on how the Always Values have improved their child's journey over the last three years, since the Values were launched.

#### **3.4.2 Facilitated table discussions**

During the breakout themes, it is suggested that a world café methodology is employed. This approach allows a large group of people to hold conversations about multiple topics. There could be up to six tables focusing on the areas which parents and patients have prioritised as being important for quality and improvement, via the social media campaign survey. Attendees would choose two topics which they would like to discuss, and change tables after 40 minutes. In the event that one theme proves more popular than another, flexibility will be built in to the programme so that everyone's voice can be heard.

On each table there would be writing materials – flip charts or a paper tablecloth and pens, the external facilitator will guide the conversations and make sure notes are taken on the chart or tablecloth.

Activities for young people could be co-led by the Young People's Forum (YPF), with the support of the Deputy Chief Executive, the Children and Young People's Participation Officer and the Adolescent Nurse Specialist.

After the table discussions the young people will join the parents again in Weston House for both groups to share their thoughts and ideas. Please see draft agendas below:

The draft parent agenda:

<b>Time</b>	<b>Time allocated</b>	<b>Session</b>
10.00am	30 minutes	Registration, refreshments
10.30am	20 minutes	15 mins Welcome, introduction of the team and the event. 15 mins Update on the values – hear from a parent, show the parent video This would be an opportunity to share successes from the last event and explanation of the topics to be discussed.
10.50am	40 minutes	Breakout themes (facilitated table discussions) session one
11.30pm	40 minutes	Breakout themes (facilitated table discussions) session two
12.10pm	10 minutes	Break
12.20pm	35 minutes	Feedback from young people and children
13.15pm	20 minutes	Feedback from parents
13.35pm	15 minutes	Summarise feedback
13.50pm	10 minutes	Close and next steps
14.00pm	1 hour	Lunch – and Market Place

The draft agenda for patients from the age of 11+:

<b>Time</b>	<b>Time allocated</b>	<b>Session</b>
10.00am	30 minutes	Registration, refreshments
10.30am	20 minutes	15 mins Welcome, introduction of the team and the event. 15 mins Update on the values – hear from a parent, show the parent video This would be an opportunity to share successes from the last event and explanation of the topics to be discussed.
10.50am	10 minutes	Welcome from the Young People's Forum (YPF) Chair and presentation on the YPF
11.00am	5 minutes	Ice breaker game
11.05am	35 minutes	Breakout themes (facilitated table discussions) session one
11.40am	35 minutes	Breakout themes (facilitated table discussions) session two
12.15pm	5 minutes	Break
12.20pm	35 minutes	Feedback from young people and children
13.15pm	20 minutes	Feedback from parents
13.35pm	15 minutes	Summarise feedback
13.50pm	10 minutes	Close and next steps
14.00pm	1 hour	Lunch – and Market Place

Blue shading denotes children and young people in a separate area

### **3.4.3 Question and answer session/feedback wall**

A question and answer panel, made up of the Executives, was discussed with the working group. However, both parents and patients felt that they would rather have more time for table discussions.

It has been suggested that there can be a feedback wall where attendees will be encouraged to write questions on post-it-notes and the responses will be shared via social media and subsequent publications to attendees.

### **3.4.4 Market place**

In order to provide a welcoming environment as soon as families arrive, it is suggested that a market place is set up in Weston House on the main and ground floors.

The working group have asked that the following teams are in attendance: the Charity, Electronic Patient Records, Foundation Trust, GO! Create, Redevelopment, Research, Young People's Forum, the Website Team and Volunteer Services.

The market place would also be available at the end of the event when people are eating or need a break before travelling on or home.

## **4. Other information**

### **4.1 Incentives**

The Charity Team are establishing whether our corporate partners can offer any family deals at local attractions, restaurants and hotels. This would assist families travelling a long distance, to make a day out of the event at a cheaper price.

### **4.2 Refreshments**

Refreshments will be served throughout the day and lunch would be offered at the end of the event, allowing staff and families to continue conversations and take up questions.

The Charity Team are in discussions with corporate partners such as Marks and Spencer's to see if catering can be provided. A meeting has also been sent up with Catering to obtain a quote.

The Trust has also contacted specialist cake and biscuit companies to source pricing on space themed food. The working group have suggested that theming the food with a space theme is a great idea, but if it becomes too expensive to theme all of the refreshments, perhaps the snacks throughout the day could just be themed.



### **4.3 Thank you presents/party bags**

The working group explored the potential to give parents a GOSH charity mug/ teatowl as a thank you for attending and giving children/ young people age/appropriate goody bags. Parents felt that this was not needed and the YPF also suggested that if the budget would not allow everyone to have a thank you present/party bag, younger children should receive a fun gift as a thank you for their time. These options are currently being costed.

### **4.4 Decorations**

Both parents and YPF members supported the idea of having space themed decorations to help create a sense of fun and excitement. Prop hire is being explored and GO! Create, the Hospital School and Activity Centre have been approached to see if they would like to add to the decorations.

## **5 Next Steps**

The Trust's Executive Team are asked to approve the overall direction of the Listening Event plan as detailed above.

**July 2016**

## APPENDIX 1

### Similar events at other Hospitals

Guy's and St Thomas' held their first Public and Patient Engagement Conference in December 2015. The event was opened by a keynote speaker who introduced the power and importance of the voice of patients in designing services. At the event were members of the public, staff, Healthwatch members and representatives of the local voluntary service. The event was hosted by their Patient Experience Team. During the meeting a Patient and Public Hub was launched, which is a toolkit to help staff involve patients in the design and development of services. The event ended by the presentation of awards which were given to teams who had displayed excellent engagement and transformation of services.



Alder Hey Children's Hospital held a Community Health Event in August 2015, between 11am to 3pm in Stanley Park, Liverpool. They offered family activities, an opportunity to talk to professionals who work at their hospital and in the emergency services. They also teamed up with community organisations such as a local food project and charities.

Central Manchester University Hospitals hold an annual Young People's Open Day. The event is aimed at 11 to 21 year olds and offers: career stands which also offer advice on work experience opportunities, how to become a volunteer, how to join their Youth Form, a health advice area, research taking place in the hospital, interactive sessions such as: Wii yoga, an opportunity to have an armcasts, emergency first aid training. On hand throughout the event was the hospital's mascot, Humphry.



Southampton Children's Hospital have also run Open Days. In 2014, their theme was 'through the keyhole', which gave everyone a chance to find out what goes on behind the scenes. There were tours of operating theatres, a giant inflatable pair of lungs and the air ambulance crew took questions and showed visitors around their helicopter. For younger children, activities ranged from dressing up as a scientist or surgeon, playing stem cell pinball and visiting the teddy bear hospital. Young adults and parents watched virtual autopsies, toured the research centre and found out how the hospital reacts to major trauma events.



At Bristol Royal Hospital for Children, the Cardiac Team held a special listening event in 2014. They invited 600 patients who had been through their care in the previous year. Their aim was to gather feedback, validate information they had already received through other means, as well as to discuss how they could work with patients and support groups to develop the service in the future. There was also a large amount of positive feedback for staff to replicate good practice.

As health services across the world are funded differently, for example many countries have a system of privately funded healthcare, the focus of engagement events differ from the UK. In America, involvement often centres on fundraising activities such as annual balls and smaller community parties to raise money such as seen at Cincinnati Children's Hospital. However, as different hospitals and departments are keen to exhibit and publicise their findings, new buildings or services, centre-specific open days/tours are common, for example previews of The Lady Cilento Children's Hospital in Queensland.



## APPENDIX 2

### Event structure in 2013

The last listening event was held on Saturday 22 June 2013. It started at 10.30am and finished at 2.00pm. Refreshments were served throughout the day and lunch was offered at the end of the event.

A total of 87 people (50 young people and parents and 37 members of staff) attended the event which was hosted by Mrs Liz Morgan, Chief Nurse and Families' Champion.

GOSH contracted Social and Market Strategic Research (SMSR) to run the listening event. SMSR began the day using their 'Quizdom' voting software system. The software was used at the beginning and end of the event to measure any changes in attitude and to evaluate enjoyment and perceived value of the day.

Adult attendees were split into six mixed groups each chaired by an SMSR trained facilitator. Sessions were focused on a specific topic and lasted 30 minutes, with a 15 minute feedback session to the rest of the adult audience.

Young people were involved in a separate facilitated programme away from the adults, run by a specialist facilitator experienced in working with young people. The facilitator was supported by a cartoonist to produce both working graphics but also visual representations of output themes and messages.



**Members' Council**  
**28<sup>th</sup> September 2016**

**Quality and Safety Assurance Committee Summary Report  
July 2016**

**Summary & reason for item:** To provide an update on the July meeting of the Quality and Safety Assurance Committee. The agenda for the meeting is 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 Quality and Safety Assurance Committee

**Quality and Safety Assurance Committee Summary**  
**13<sup>th</sup> July 2016**

Quality and Safety Assurance Committee Workplan

The Committee approved the workplan in line with the Terms of Reference and agreed that further iterations would consider the format of reports and receiving more presentations etc.

Quality and Safety Update

The Committee discussed the quality of data on central venous line infections and it was agreed that data over a period would be provided in future reports to show trends. It was reported that infection control training compliance had improved since the beginning of June 2016 and work was being done to ensure that the training offered was relevant to the various staff groups and was delivered efficiently.

Patient Experience Update

Some concern was expressed at the increase in the number of complaints received although there had been a 25% reduction in the number of red complaints. It was agreed that information would be provided at the next meeting to show what proportion of the increase was likely to be as a result of the difficult circumstances arising from work on RTT.

Patient Story

The Committee received a patient story which highlighted issues around a lack of GOSH signage in the Royal London Hospital for Integrated Medicine (RLHIM). It was confirmed that GOSH outpatient areas had now been named to give a GOSH identity.

Gastroenterology update

The Committee noted that review of the gastroenterology service continued and it was confirmed that no physical harm had been found to have occurred to when reviewing patients in the service. The Committee noted the wide range of opinions held by clinicians internationally on the treatment of particular conditions and that GOSH was working with the European Society of Gastroenterology.

Access Improvement update including update on work of the clinical review group

It was noted that GOSH was significantly ahead of its agreed RTT improvement trajectory and there were currently five specialties with an acknowledged mismatch in demand and capacity. Work was taking place with NHS England to find longer term solutions and the Trust was on schedule to have validated all patient pathways by September 2016. All long waiting patients over 30 weeks had been reviewed by the Clinical Harm Review Group, chaired by the Medical Director.

Quarterly Safeguarding Report (April 2016 – June 2016)

The committee noted that there had been challenges in ensuring that all relevant staff were able to undertake face to face PREVENT training however a plan was in place to ensure this could happen.

## Attachment J

Disappointment was expressed about the Trust's safeguarding training compliance rates and it was reported that a new Learning Management System was now in place which would support the improvement of training compliance in general. The committee was also informed that the content of all training was being reviewed.

### Board Assurance Framework (BAF) Update

The Chair said that she continued to be concerned about the lack of visibility of quality and safety risks on the BAF and confirmed that she would raise this issue for further discussion at the July risk meeting.

The Committee reviewed the following high level risk:

- Risk 7: The risk that due to external factors, there will be insufficient nursing graduates available to work at GOSH

### Deep Dive: Nurse retention

The committee noted the results of nursing exit surveys over the past two years and that 75% of respondents would return to work at GOSH. Discussion emphasised the importance of supporting people to develop their working careers within GOSH and looking at how the Trust could act to create a better work/life balance.

### Health and Safety Update

An inspection from the Health and Safety Executive (HSE) had been positive overall but had found weaknesses in some of the Trust's safety management processes including the risk assessment process in the laboratories. It was confirmed that a response and action plan would be provided to the HSE by the end of July.

The issue of reportable incidents had been raised at the last Health and Safety Committee as the process was fragmented and not wholly managed by one area. It had been agreed that further work would take place on this issue.

### Internal Audit Progress Report (May 2016 – June 2016)

The following final reports had been issued:

- Discharge arrangements: partial assurance with improvements required
- Self-certifications: significant assurance with minor improvement potential

The committee sought assurance that the actions were in place to deliver the recommendations.

### Clinical Audit update April 2016 – June 2016

Work had been conducted to look at the quality of the use of the WHO checklist. In general the Trust had a good safety checklist culture with a small number of areas for improvement.

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

- The visibility of quality and safety risks on the BAF

## Attachment J

- Patient experience – potential increase in complaints resulting from work on RTT
- High levels of concern about nursing recruitment risk particularly in light of planned national changes to university nurse education
- Internal audit results
- Clinical Audit highlights
- Compliance and the themes of issues that need to be improved.

**QUALITY AND SAFETY ASSURANCE COMMITTEE**  
**Wednesday 13<sup>th</sup> July 2016 at 2:00pm – 5:00pm in the Charles West (Board)**  
**Room, Great Ormond Street Hospital for Children NHS Foundation Trust**

**AGENDA**

	<b>Agenda Item</b>	<b>Presented by</b>	<b>Attachment</b>	<b>Time</b>
1.	<b>Apologies for absence</b>	Chairman		<b>2:00pm</b>
2.	<b>Minutes of the meeting held on 5<sup>th</sup> May 2016</b>	Chairman	<b>A</b>	
3.	<b>Matters arising/ Action point checklist</b>	Chairman	<b>B</b>	
4.	<b>Quality and Safety Assurance Committee Workplan</b>	Company Secretary	<b>C</b>	
<b><u>QUALITY AND SAFETY</u></b>				
5.	<b>Quality and Safety Update</b>	Medical Director	<b>D</b>	<b>2:05pm</b>
6.	<b>Patient Experience Update</b>	Chief Nurse	<b>E</b>	<b>2:15pm</b>
7.	<b>Patient Story</b>	Chief Nurse	<b>F</b>	<b>2:25pm</b>
8.	<b>Gastroenterology update</b>	Medical Director	<b>G</b>	<b>2:35pm</b>
9.	<b>Access Improvement update including update on work of the clinical review group</b>	Deputy Chief Executive/ Medical Director	<b>Presentation</b>	<b>2:45pm</b>
10.	<b>Quarterly Safeguarding Report (April 2016 – June 2016)</b>	Chief Nurse	<b>I</b>	<b>2:55pm</b>
<b><u>RISK AND GOVERNANCE</u></b>				
11.	<b>Board Assurance Framework Update</b>  Risk 6: Operational performance The trust is unable to demonstrate compliance with the 2016/17 regulatory framework  Risk 7: The risk that due to external factors, there will be insufficient nursing graduates available to work at GOSH	Company Secretary  Deputy Chief Executive  Chief Nurse	<b>J</b>  <b>Verbal</b>  <b>K</b>	<b>3:05pm</b>

12.	<b>Assurance of management of quality related high level and trust wide risks</b>	Medical Director	<b>L</b>	<b>3:15pm</b>
13.	<b>Assurance and Escalation Framework</b>	Company Secretary	<b>M</b>	<b>3:20pm</b>
14.	<b>Deep Dive: Nurse retention</b>	Chief Nurse	<b>N</b>	<b>3:30pm</b>
15.	<b>Compliance Update (including the CQC action plan)</b>	Company Secretary	<b>O</b>	<b>3:40pm</b>
16.	<b>Health and Safety Update</b>	Director of HR and OD	<b>P</b>	<b>3:50pm</b>
17.	<b>Whistle blowing update - Quality related whistle blowing cases</b>	Director of HR and OD	<b>Q</b>	<b>4:00pm</b>
<b><u>AUDIT AND ASSURANCE</u></b>				
18.	<b>Update on quality and safety impact of Productivity &amp; Efficiency (P&amp;E) programme</b>	Deputy Chief Executive	<b>R</b>	<b>4:10pm</b>
19.	<b>Internal Audit Progress Report (May 2016 – June 2016)</b>	KPMG	<b>S</b>	<b>4:20pm</b>
20.	<b>Internal and external audit recommendations update</b>	KPMG	<b>Verbal</b>	
21.	<b>Clinical Audit update April 2016 – June 2016</b>	Clinical Audit Manager	<b>U</b>	<b>4:30pm</b>
22.	<b>Matters to be raised at Trust Board</b>	Chair of the Quality and Safety Assurance Committee	<b>Verbal</b>	<b>4:40pm</b>
23.	<b>Performance Report – June 2016</b>	Deputy Chief Executive	<b>Verbal</b>	<b>4:45pm</b>
24.	<b>Audit Committee Summary – May 2016</b>	James Hatchley, Independent Committee Member	<b>W</b>	<b>4:50pm</b>
25.	<b>Any Other Business</b>	Chairman	<b>Verbal</b>	<b>4:55pm</b>
26.	<b>Next meeting</b>	<b>Wednesday 5<sup>th</sup> October 2016 2:00pm – 5:00pm</b>		
27.	<b>Terms of Reference and Acronyms</b>	<b>1</b>		

**Members' Council**  
**28<sup>th</sup> September 2016**

**Finance and Investment Committee Summary Report**  
**August 2016**

**Summary & reason for item:** To provide an update on the August meeting of the Finance and Investment Committee. The agenda for the meeting is attached.

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

**Report prepared by:** Victoria Goddard, Trust Board Administrator

**Item presented by:** David Lomas, Chair of the Finance and Investment Committee



**Update from the Finance and Investment Committee meeting held on  
1<sup>st</sup> August 2016**

Matters Arising

The Committee noted that the Trust had underperformed against contracted activity levels in 2015/16 however due to pass through and Quality, Innovation, Productivity and Prevention (QIPP) the outturn for the year had been above the contracted value for the year. The Committee requested that an update on phased performance against contract was provided at future meetings to provide early warning if underperformance in activity was likely.

Discussion took place around workforce planning tools and it was agreed that discussion would take place at the next meeting on current NHS workforce model assumptions used to calculate required staffing numbers and the basis of these assumptions. This discussion would contribute to the on-going work on capacity and demand.

Financial activity board report M3 outturn

The report outlined the revised control total offered to all Trusts who had not accepted their original offer on 9 June 2016. The revised control total for GOSH was £6.3m deficit (excluding capital donations and impairments). Agreement to this allowed the Trust to access the £2.4m STF.

The Committee noted the financial activity Board report for month 3 reporting a year to date deficit of £1.8m (excluding capital donations and impairments) for the three months ending 30 June 2016, £1.0 better than the plan deficit of £2.8m.

Productivity and Efficiency Update

It was noted that there was currently a gap between the Productivity and Efficiency target and the value of schemes about which there was high confidence of delivery. Work was taking place with divisions to support them to move schemes forward from the conceptual stage and to look at potential increases in some income streams.

Research and Development

An overview was provided on the Research Business Model. It was noted that the key strategic aims for the year were to secure the renewal of the Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) funding, the outcome of which would be known in September. Feedback received on the BRC bid so far had been positive and GOSH had emphasised to the BRC interview panel the vital importance of the bid for children's health nationally.

Capital Programme Update

A summary of the capital plan to forecast spend was presented to the committee. The main forecast variance to plan was due to timing to complete the EPR procurement tender. The Board noted that the PICB development schedule was behind schedule would now be monitored on a monthly basis due to the impact of the capital revenue of the Trust's NHS Improvement governance rating.

## Attachment K

### Workforce and Activity Review

The Committee noted a NHSI report outlining the increase in paybill costs for GOSH between 2013/14 and 2016/17 totals £24.85m. £13.58m relates to expected increases in pay costs as per the NHSI benchmark uplifts leaving a balance of £11.27m relating to the increase in commissioned NHS services, increase in Private Patient commissioned services and cost of staff involved in validation of RTT. It was agreed that the balance of clinical to non-clinical staff in the Trust would be reviewed to confirm whether it was at an appropriate level.

**FINANCE AND INVESTMENT COMMITTEE**  
Friday 20<sup>th</sup> May 2016, 1:00pm, Charles West 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	Verbal	1:00pm
2.	Minutes of the June meeting	Chairman	A	
3.	Matters Arising, Action point checklist	Chairman	B	
<b><u>STANDING ITEMS FOR INFORMATION AND DISCUSSION</u></b>				
4.	Financial activity board report M3 outturn	Chief Finance Officer/Deputy Chief Executive	C	1:10pm
<b><u>BUSINESS</u></b>				
5.	Productivity and Efficiency Update	Deputy Chief Executive/Chief Finance Officer	D	1.30pm
6.	Capital Programme Update	Chief Finance Officer	E	1.50pm
7.	Annual Review of Procurement and Supply Management	Chief Finance Officer / Interim Deputy Director of Finance	F Fi	2.10pm
8.	Workforce and Activity Review	Chief Finance Officer / Interim Deputy Director of Finance	G	2.20pm
<b><u>ANNUAL REVIEW OF BUSINESS MODELS</u></b>				
9.	Research and Development	Emma Pendleton/ David Goldblatt	H	2.30pm
10.	Any other business	Chairman	Verbal	

Attachment K

	<b>Agenda Item</b>	<b>Presented by</b>	<b>Attachment</b>	<b>Time</b>
<b>11.</b>	<b>Next meeting</b> Monday 31st October from 13:00-16:00 Charles West Room Thursday 26th January 2017 from 14:00-17:00 Charles West Room Thursday 23rd March 2017 from 14:00-17:00 Charles West Room Thursday 6th April 2017 from 14:00-17:00 (Teleconference) Thursday 11th May 2017 from 14:00-17:00 Charles West Room			

**Members' Council**  
**28<sup>th</sup> September 2016**

**Chief Executive Report – September 2016**

**Summary & reason for item:**

This performance highlight report covers the following areas:

- Chief Executive Highlights Report – Peter Steer, Chief Executive – See **Appendix 1**
- Performance Report (August 2016)
  - **Quality and Safety Report (Andrew Taylor, Acting Medical Director) – See Appendix 2**

The Quality and Safety report has been re-designed to provide information on whether patient care has been safe in the past, safe at the present time and what the organisation is doing to ensure that we are implementing and monitoring identified learning from our data sources (PALS, complaints, incidents, SIs).

The report also highlights areas of good practice identified through clinical audit and assurance that our systems and processes are reliable in the areas identified.

- **Integrated Performance Report (Nicola Grinstead, Deputy Chief Executive) – See Appendix 3**

The Integrated Performance Report (IPR) is focused on the key areas/ domains in line with the CQC, in order to be assured that the Trust's services are delivering to the level our patients and families, Trust Board and our commissioners and regulators expect.

The indicators included are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. It is expected that these will evolve and iterate overtime.

The narrative provides provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.

- **Workforce Report (Ali Mohammed, Director of HR and OD) – see Appendix 4**

This report provides an updated position of a number of workforce metrics, together with a summary of interventions for those areas of concern.

- **Finance Report (Loretta Seamer, Chief Finance Officer) – see Appendix 5**

This report provides an update on progress at Month 5 (31st August 2016) against the Trust financial plan for 2016/17.

- **International and Private Practice Update – see Appendix 6**

**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

## **Appendix 1**

### **Chief Executive Report to Members' Council –September 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 June 2016.

#### **Chief Executive Highlights Report**

##### **GOSH awarded £37 million funding to carry out pioneering paediatric research**

The National Institute for Health Research (NIHR) Great Ormond Street Biomedical Research Centre (BRC) has been awarded £37 million in funding to drive forward translational research into rare diseases in children. GOSH has the only dedicated paediatric BRC in the UK and our successful application, submitted as part of an on-going partnership between the Trust and University College London and its Great Ormond Street Institute of Child Health, secures BRC status for an additional five years, from 2017-2022. An update on research and the BRC will be provided at the November Members' Council.

##### **Referral to Treatment**

In July 2015, the Trust found anomalies in the way it was recording and reporting against the Referral to Treatment (RTT) standards when compared to the national rules. In partnership with commissioners and regulators, the Trust took the decision to stop reporting its RTT data whilst actions could be taken to improve the quality of data. A great deal of work has been undertaken to rectify the issues which led to the suspension of reporting, including investigations, improvements with reporting systems and processes, a revised access policy and enhanced training for staff. The Trust remains in course to deliver the Access Improvement Programme.

##### **New garden for families and patients now open**

As highlighted in my June report, a courtyard garden designed by Chris Beardshaw for the RHS Chelsea Flower Show has been moved to GOSH. The Morgan Stanley Garden for GOSH has been designed as a private, reflective space for patients and families. We are delighted to reveal that the garden is open for public use. The entrance to the garden is through the medical illustration waiting room, near the activity centre and school on floor two and is open from 8am-8pm every day.

##### **Hedgehog Ward**

Our International and Private Patients (IPP) division provides clinical care for private patients and patients from across the world who require specialist treatments that are often unavailable in their own countries. Hedgehog, the newly-refurbished IPP inpatient ward in Southwood Building, officially opened to patients on Monday 12 September. We are planning a tour of the ward for Councillors in the coming months.

## Attachment I

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Congratulations to the Nursing and Non-Medical Education Team at the hospital, for their work leading the Me first project, which has just been shortlisted in the '*Improving Outcomes through Learning and Development*' category for this year's prestigious Health Service Journal Awards. The results will be announced at a ceremony in London this November. Me first is an education and training resource that is designed to help healthcare professionals to develop their knowledge, skills and confidence in communicating with children and young people. The project has received recognition for encouraging a child-centric mentality in staff, and by providing a range of tools and advice to support this. For more information visit [www.mefirst.org.uk](http://www.mefirst.org.uk)

### **Foundation Trust Annual General Meeting (AGM): 11 October**

Everyone is invited to the 2016 Great Ormond Street Hospital for Children NHS Foundation Trust AGM. The meeting will take place from 5.30–6:46pm in the Lecture Theatre in Weston House. At this year's meeting, the Trust will reflect on its activities, challenges and achievements over the past financial year, with a number of stalls displaying successes throughout the Trust – including one on the new Electronic Patient Records programme. The meeting will also celebrate the launch of our next phase in the Our Always Values project.

### **Executive team talks – special guest Tim Peake**

At this month's Executive talks, we were joined by special guest, British Astronaut Tim Peake. Back in May, Tim took some time out of his day on board the International Space Station to link up live with the hospital and speak to some of our patients. Tim shared some of his recent experiences on the space station and answered questions. Earlier in the day Tim visited wards and met some of our patients.

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- Acting Medical Director – Andrew Taylor has taken on this role while Vin Diwakar is off until 31 October
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### **GOSH in the news**

- Button Batteries

Doctors at leading children's hospitals in the UK have joined together to raise awareness of the dangers of button batteries, after seeing a sharp rise in the number of children suffering severe injuries after swallowing them.



## Attachment I

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The prospect of widespread access to a life-changing drug for children with a rare muscular disorder is a step closer after the United States Food and Drug Administration (FDA) granted accelerated approval for a new medication.

Eteplirsen, the first drug approved to treat patients with Duchenne Muscular dystrophy (DMD), was originally developed by a UK consortium led by Professor Francesco Muntoni, Director of the Dubowitz Neuromuscular Centre at Great Ormond Street Hospital (GOSH) and the UCL Great Ormond Street Institute of Child Health.

The newly approved drug, Eteplirsen, will be used to treat patients with a specific subset of mutations of the dystrophin gene affecting 13 per cent of boys living with DMD.

## **Appendix 1**

### **Chief Executive Report to Members' Council –September 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 June 2016.

#### **Chief Executive Highlights Report**

##### **GOSH awarded £37 million funding to carry out pioneering paediatric research**

The National Institute for Health Research (NIHR) Great Ormond Street Biomedical Research Centre (BRC) has been awarded £37 million in funding to drive forward translational research into rare diseases in children. GOSH has the only dedicated paediatric BRC in the UK and our successful application, submitted as part of an on-going partnership between the Trust and University College London and its Great Ormond Street Institute of Child Health, secures BRC status for an additional five years, from 2017-2022. An update on research and the BRC will be provided at the November Members' Council.

##### **Referral to Treatment**

In July 2015, the Trust found anomalies in the way it was recording and reporting against the Referral to Treatment (RTT) standards when compared to the national rules. In partnership with commissioners and regulators, the Trust took the decision to stop reporting its RTT data whilst actions could be taken to improve the quality of data. A great deal of work has been undertaken to rectify the issues which led to the suspension of reporting, including investigations, improvements with reporting systems and processes, a revised access policy and enhanced training for staff. The Trust remains in course to deliver the Access Improvement Programme.

##### **New garden for families and patients now open**

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# Quality & Safety Report

Dr Vin Diwakar, Medical Director  
Juliette Greenwood, Chief Nurse  
September 2016



# Has patient care been safe in the past?

Measures where we have no concerns

Great Ormond Street  
Hospital for Children

NHS Foundation Trust



Measure	Comment
Patient safety incidents causing harm	No worrying trends this month
Medication Incidents reported via Datix causing harm	No worrying trends this month
Never Events	70 days since last Never Event reported to NHS England (as of 05.09.2016)
Non-2222 patients transferred to ICU by CSPs	No worrying trends this month
Cardiac and respiratory arrests	No worrying trends this month
Mortality	No worrying trends this month



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# Has patient care been safe in the past?

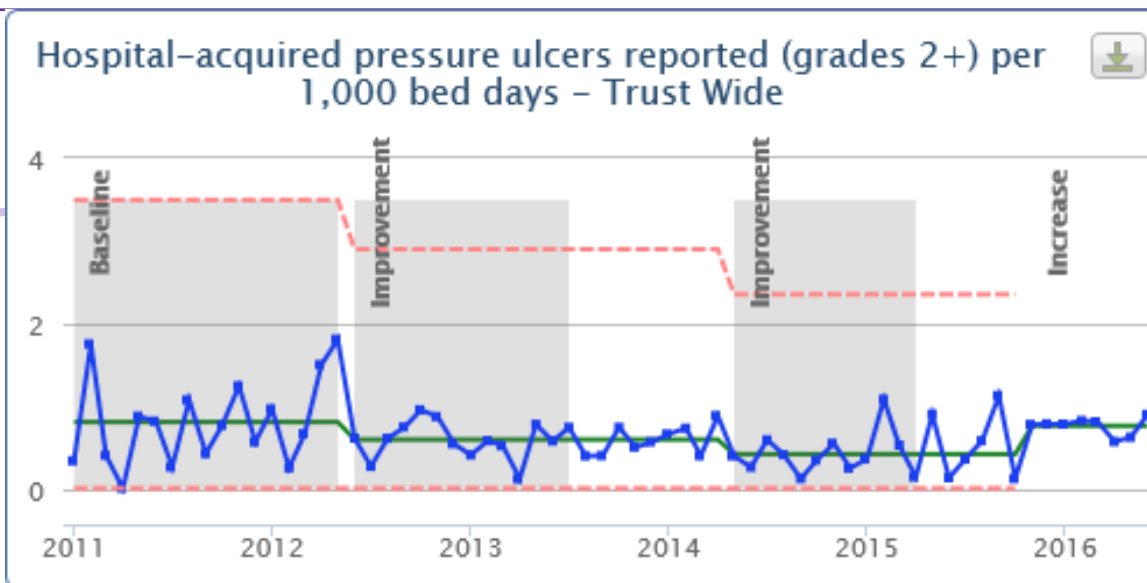
Important measures of interest



Great Ormond Street  
Hospital for Children



NHS Foundation Trust



## Hospital acquired pressure ulcers reported (grades 2+) per 1000 bed days

Do you have concerns about safety in this area?

Yes

### What the data tells us:

We have recognised there has been a consistent increase in pressure ulcers across the trust. We think there are a number of factors for attributing to this such as: re-establishment of the Tissue Viability service - raising awareness and increased reporting, higher recognition of device related pressure ulcers within the ICUs resulting in increased reports, increased numbers of clinically unstable patients within the ICUs that despite all preventative measures being undertaken are too unstable to move.

### Actions to improve:

1. Updating the pressure ulcer policy (awaiting final sign off).
2. Publication of an information leaflet "Looking after your child's skin during a hospital stay" which will be made available for all patients. We are in the process of arranging with pre-admission nurses and wards for these to be made available.
3. Development of a pressure ulcer prevention teaching programme with hope to launch during "stop the pressure week".



# Has patient care been safe in the past?

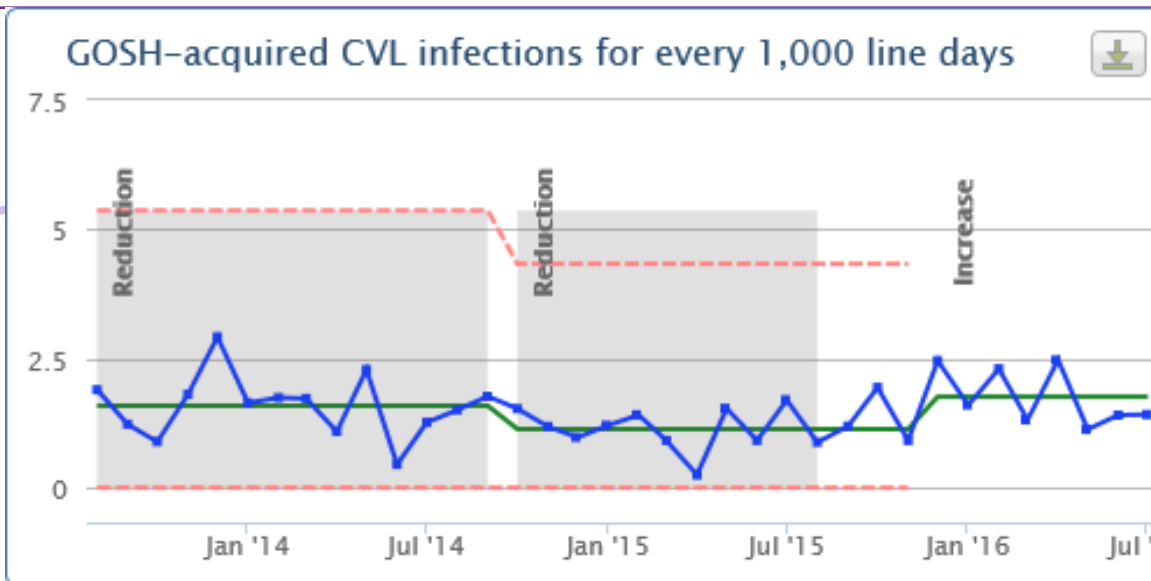
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Great Ormond Street  
Hospital for Children



NHS Foundation Trust



## Hospital acquired CVL infections for every 1,000 line days

Do you have concerns about safety in this area?

Yes

### What the data tells us:

The data tells us that we have seen an increase in the number and rate per 1,000 line days of CVL infections. This has been a sustained elevation since the beginning of 2016.

### Actions to improve:

In August a rollout of an adhesive parafilm for the ends of lines and connections was introduced in all ward areas (except intensive care) throughout the trust.

There has been communication to wards through divisional infection control meetings and other routes to highlight the importance of care bundle completion and line day completion.

# Has patient care been safe in the past?

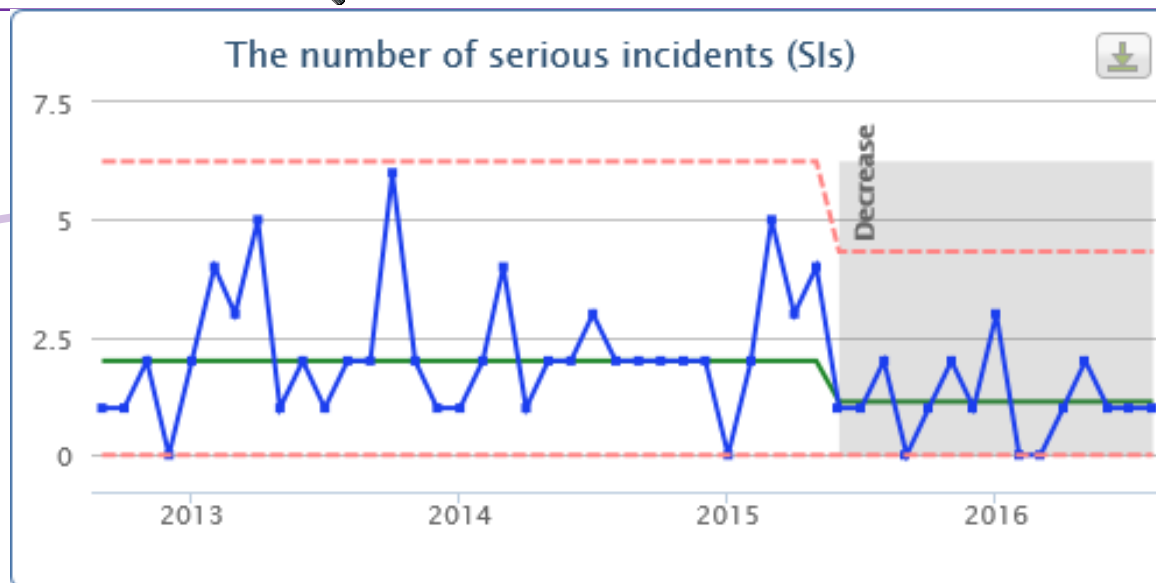
Important measures of interest



Great Ormond Street  
Hospital for Children



NHS Foundation Trust



## The number of Serious Incidents (SIs)

Do you have concerns about safety in this area?

No

### What the data tells us:

We have seen a reduction in the number of serious incidents reported to NHS England from an average of 2 per month to 1.3

This reduction coincides with the new NHS England SI criteria being released which changed the reporting criteria making it less prescriptive and more open. This meant that some events which were historically included in mandatory reporting (i.e. grades 3 and 4 pressure ulcers) are no longer reportable as SIs (unless there is learning for the trust). This has contributed to the decrease in numbers of SI's declared.

# Has patient care been safe in the past?

## Serious Incidents and Never Events in August 2016

No of new SIs declared in August 2016:

1

No of new Never Events declared in August 2016:

0

No of closed SIs/ Never Events in August 2016:

4

No of de-escalated SIs/Never Events in August 2016:

0

## Learning from closed SIs in August 2016:

Ref:	Summary:	Learning/Recommendations:
2015/36824	Failure to rebook a diagnostic test leading to a delay in detecting clinical deterioration	The clinical decisions and the process to book and monitor attendance at day case and inpatient admissions should be tested by Heads of Clinical Service (HOCS) and Service Managers to make sure it is robust.
2015/29954	Complication of migrated guidewire during arterial line insertion	Staff across the Trust to be reminded of the vascular insufficiency policy, where it is located electronically and how it can be accessed.
2015/32273	Communication error resulting in patient discharge and deterioration	Trust staff should be aware of the guidance for managing patients who do not attend outpatient appointments. The Patient Access Policy can be found in the document library on the Trust intranet site.
2016/12228	Delay in diagnosing lung metastasis leading to unnecessary treatment	It is important that the clinical team do not suffer from inattentional blindness, a psychological lack of attention to one area meaning that another, conspicuous event is missed. The clinical team were reassured by imaging early on in the patient's treatment that she was clear of lung metastasis and screening in this area then ceased.



# Has patient care been safe in the past?

Great Ormond Street  
Hospital for Children



NHS Foundation Trust

## Red Complaints in August 2016

No of new red complaints declared in August:

1

No of re-opened red complaints in August:

0

No of closed red complaints in the August:

0

## Learning from closed red complaints in August:

Ref:

Summary of complaint:

Learning/Recommendations:

No closed red complaints in August 2016



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# Are our clinical systems and processes reliable?

Measures where we have no concerns

Measure	Comment
Pressure ulcer risk assessments	No worrying trends this month
Extravasation referrals to Plastics	No worrying trends this month
CVL bundle compliance	No additional special cause variation detected. The previous drop is being sustained
Discharge summary timeliness	No worrying trends this month



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# Are we delivering high quality care today?

Measures where we have no concerns



Measure	Comment
All complaints	No worrying trends this month
Red complaints	No worrying trends this month
Amber complaints	No worrying trends this month
Yellow complaints	No worrying trends this month
PALS contacts per 1000 adjusted patient days	No worrying trends this month
Friends and Families test – extremely likely/likely to recommend	The process mean has increased from 98 to 99%
Friends and Families test – extremely unlikely/unlikely to recommend	The process mean remains at about 1%

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# Are we responding and improving?

## Quality Improvement Team – Current Project Aims



**Sepsis Project:** To reduce the incidence of sepsis (Introducing the Sepsis 6 bundle)

**ICU Flow:** To reduce the number of PICU/NICU bed hours lost due to avoidable inpatient delays or cancellations

**CEWS/PEWS:** To replace the Children's Early Warning Score with the Paediatric Early Warning Score

**Nursing Dashboard:** To demonstrate and clearly articulate nursing quality & performance by 31/03/2017

**Situational Awareness:** To introduce safety huddles and ePSAG onto all inpatient wards

**Transition:** To improve the process of patients transition from GOSH to an adult setting

**Access to Outpatients:** To develop and implement an eCOF (Clinic Outcome Form) system for outpatients

**Extravasation Project:** To reduce the incidence of extravasation injury

**Clinical Outcomes:** To deliver robust outcomes reporting – on the intranet for greater internal visibility, and on the Trust website for public visibility. As part of its strategic vision, GOSH also strives to increase the benchmarking of outcomes, nationally and internationally, with other paediatric centres of excellence

### Out Of Hours

**Managing Sick Children and Young people:** To have high compliance with effective mechanisms for identifying and escalating the critically ill or deteriorating child or young person

**Safe Handover Processes:** To have safe and efficient processes and expectations surrounding the hand-over of clinical information

**Standard Working Practices:** To have standardised processes for managing workloads and tasks OOH with clear responsibilities and escalation procedures

**Safe Staffing:** To ensure we have the appropriate staff with the right skill-set to fulfil the tasks required OOH, maintaining alignment to the 7 day Keogh standards

*Improvements in the quality of care do not occur by chance. They come from the intentional actions of staff equipped with the skills needed to bring about changes in care, directly and constantly supported by leaders at all levels.” - Improving Quality in the English NHS (Kings Fund, Feb 2016)*

### Completion of actions assigned by the Clinical Review Group

#### Executive Summary

The Clinical Review Group (CRG) has been in place for approximately 12 months to assess whether there has been any attribution of harm to patients due to potential delays in their review/treatment.

A purpose of the CRG is to identify what follow up actions are required for individual patients reviewed at the CRG.

The audit aims to confirm assurance about the completion of these actions.

#### Method and Sample

50/144 (35%) of cases where actions were identified at the CRG between 11/02/2016 – 27/04/201 were audited.

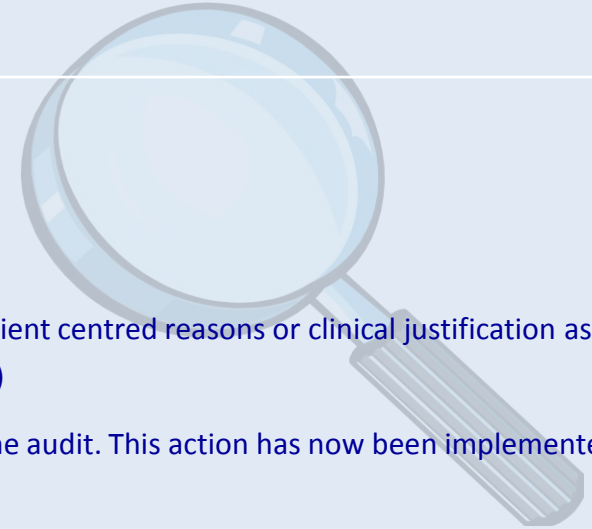
Data was reviewed by the Clinical Audit team using PiMS data and patient records to establish and identify evidence of whether these actions have been completed. Queries were raised with Divisional Service Managers as necessary.

#### Key Findings

Of the 50 cases reviewed.....

- **92%** (46/50) of the agreed actions have taken place
- **6%** (3/50) of agreed actions could not be completed but there were appropriate patient centred reasons or clinical justification as to why the actions had not been completed (e.g. if the patient no longer wants treatment)
- **2%** (1/50) of the agreed actions had not taken place when required at the time of the audit. This action has now been implemented as a result of the audit and reporting to Divisional Service Managers.

\*\*The audit does not highlight any recommendations for improvement





# Are we responding and improving?

## Learning from Friends and Family Test



### June Inpatients Results:

Overall FFT Response Rate = 25%

Overall Percentage to Recommend = 97.5%

### June Outpatients Results:

Overall Percentage to Recommend = 94%

In June, the top positive themes are Staff Behaviour, Care and Welcoming. The bottom 3 are Environment/Infrastructure, Admission/Discharge, Catering and Staff Behaviours. Included here are example comments from May's FFT.

### Update

**Database** - The FFT database design and first stage testing is complete. Training for ward administration staff commenced the week beginning 11<sup>th</sup> July 2016. First phase of the roll out plan is scheduled for the first week in August 2016. Patients and Parents will be able to enter their feedback via the Patient Bedside Entertainment/Education System (PBEE)

**Learning & Development** - Information about the Friends and Family Test (FFT) and the work of the Patient Experience Team will be included in the staff induction handbook going forward. A short video explaining FFT and the PE team in greater detail will be added to the GOSH Learning portal (GOLD) by October 2016

**Real Time Feedback System** - The Patient Experience Team have successfully been awarded the GOSH Charity Bid for the Real Time Patient Feedback System. A Project Group will be set up in due course.



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"Amazing, caring and professional nursing team. Can tell that they truly care about the patient. (names of 4 staff) were amazing and v. caring."

"The positive things were that the nurses were very friendly, they answered all our questions. Everything, what was happening, was clearly explained and we felt, we can go to the nurse's station and ask them for help if we felt we need to. Most important for (patient name) sleep study was to have privacy and quiet"



"Care is exemplary from all members of staff. Nothing is ever too much trouble. Occasionally when things don't go to plan it is not the fault of the ward staff and they work hard to rectify any problems"

"My son is disabled, he cannot stand or walk. He requires a hoist to get him from chair to bed. More training for staff is required. Every hoist in this building should be charged fully. Notice on them to say recharge after use"

"As a regular at GOSH I found today's stay below normal standards the nurses and care have been good but the facilities on this temporary ward were far from ideal. My son needed distraction from the A&V but there was none available. Toilets were difficult to access ...this arrangement could only be tolerated for one day"



## **Integrated Performance Report Narrative (as reported to the Trust Board in September 2016)**

The Trust Integrated Performance Report (IPR) is designed to focus on the key areas/ domains below, in order to be assured that our services are delivering to the level our patients & families, Trust Board and our commissioners & regulators expect.

The domains are consistent with the Care Quality Commission and cover:

- Caring
- Safe
- Responsive
- Well-led
- Effective

The IPR additionally includes further indicators and metrics with regard to Our Money (Finance) and Productivity. These indicators are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. It is expected that these will evolve and iterate over-time.

### **Summary**

The report for the Trust Board this month includes data up until the end of August 2016, for the most part. Where information is not presented, this will be as a result of the timelines associated with national submissions for the associated indicator.

Headlines for those areas which are achievements, concerns and key lines of enquiry for the reporting period are highlighted on the IPR. The key lines of enquiry section will develop month on month and will be driven to some by the monthly Trust Divisional Performance Meetings. The areas identified below are supported by the Divisional analysis, overview and action plans that are in place to address any outlying performance.

The following sections of the report provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.

### **Caring**

The items of exception under the caring domain are highlighted below. Overall the indicators would suggest the Trust as being caring and providing a good level of care to our patients. However there are areas that do require focus and improvement in forth coming months.

<b>Friends and Family Test (FFT) Response Rate (Inpatients) – see Dashboard for the current position</b>	
<b>Definition:</b>	<p>A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.</p> <p>It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice</p>
<b>What:</b>	<p>Whilst the % of responses that are positive remains high (above the national 95% standard) for inpatients, the Trust must improve upon its current response rate (averaging around 26-27% - which is however in line with national response rates of other Trusts). This month (August) has seen a deterioration in the rate to 17.28%</p>

	To note also that the outpatient “positive” score has slipped marginally below 95% (to 94.81%). This will need to be kept under scrutiny moving forward.
Why / How:	<p>As reported previously, the current response rate is hampered to some extent for inpatients by the frequent attendance nature of a number of our patients and families for whom repeatedly responding to this survey is challenging.</p> <p>The patient experience team continue to assess how best this can be resolved. Work continues with our ward staff to ensure all efforts are made to improve engagement and uptake of the overall rate. Via the Divisional Performance meetings, the Senior Nurse Leads have key actions for improving systems and uptake on the wards in support of this.</p>

<b>Complaints</b>	
Definition:	<p>This indicator provides the total number of formal complaints received by the Trust during the reporting period</p> <p>A Red Grade complaint is classified by severe harm to the patient or family</p>
What:	The number of year to date complaints is currently at 49, with 8 in the most recent month. For future months the dashboard is looking to contain an indication of response times, assessing how promptly the Trust responds and satisfactorily closes formal complaints.
Why / How:	<p>The number of complaints should not necessarily be viewed as a negative, as it is imperative we are able to empower our patients and families to raise issues with their experiences at the Trust.</p> <p>Predicated on the content and issues raised within the complaints, the Trust (via its Clinical Divisions and Departments) analyse for recurring themes and as such implement any necessary action plans to address.</p> <p>The red graded complaint for August is currently part of an on-going Serious Incident for which the usual Trust process and investigation is being followed.</p>

## Safe

As is evident from the IPR across the associated metrics and indicators for this domain, the picture is varied. With regard to Healthcare Associated Infections (HCAIs), C Diff is within the annual target with only 1 case YTD (against a total of 15 for the whole year), for MRSA however this is 2 cases YTD as at month 5 (with 1 case reported in month), with an expectation of no cases. CV Line Infection levels are increasing (and discussed further below) and discussed further below.

Work is progressing with enhancing the reporting and timeliness of SIs for this report and will be updated.

The remaining indicators have been highlighted and reported on by exception below:

<b>MRSA</b>	
Definition:	This indicator provides the total number of cases of MRSA at the Trust, reported against an expected level of zero for MRSA bloodstream infections.
What:	The year to date position for the Trust, taking into account the additional case reported in August, is 2 cases.
Why / How:	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.  The Trust will continue to keep this under close review

<b>CVL Infections for every 1,000 line days</b>	
Definition:	This reports the level of Hospital acquired Central Venous Lines infections for every 1,000 line days
What:	The Trust has seen an increase in the number and rate per 1,000 line days of CVL infections. This has been evident from the beginning of the year.
Why / How:	In August a rollout of an adhesive parafilm for the ends of lines and connections was introduced in all ward areas (except intensive care) throughout the Trust. There has been communication to Wards through divisional infection control meetings and other routes to highlight the importance of care bundle completion and line day completion.

<b>WHO Checklist Completion</b>	
Definition:	This reports the completion rate of the World Health Organisation (WHO) checklist audits in surgery, against an internal target of 98%
What:	August has seen a slight deterioration against the previous month's reporting, with a completion rate of 94.08%
Why / How:	This area is under constant review and continues to be so following the CQC review. These levels are monitored by the Clinical Divisions, and form regular updates at the Performance Meetings.

## Responsive

As reported previously whilst the Trust remains off line with regard to reporting on Referral to Treatment Times (RTT), it remains on course with the agreed Access Improvement Programme, and submitted recovery trajectory.

From next month refusals into ICU will additionally be included as requested by the Board.

The other areas are highlighted by exception below:

<b>Diagnostic: Patients waiting</b>	
Definition:	<p>The percentage of patients waiting greater than 6 Weeks for a Diagnostic Test at the given month end census date based on the Nationally defined basket of 15 key diagnostic tests / procedures</p> <p>The national standard is 1% can be waiting &gt; 6 weeks</p>
What:	<p>Up until this month (August) the Trust has been seeing delivery in excess of the improvement trajectory agreed at the start of the year, with the aim of delivering the 1% standard by October 2016. For this most recent month however the Trust has reported 8.29% against a trajectory of 4.4%.</p>
Why / How:	<p>Whilst there were a minimal number of &gt; 6 week waits in a few diagnostic modalities, the majority of those in excess of this standard (30) are for Audiological diagnostic tests. Having reviewed the pressures in this area, the main contributing factor is associated with capacity. The operational teams are putting additional capacity on where possible to mitigate the position, however a more detailed recovery plan is required to sustainably address this.</p>

<b>Last Minute Non-Clinical Hospital Cancelled Operations &amp; Breaches of 28 Day Standard (Quarterly reporting standard)</b>	
Definition:	<p>Count the number of last minute cancellations by the hospital for non-clinical reasons in the quarter. Last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.</p> <p>Count of the number of patients that have not been treated within 28 days of a last minute cancellation</p>
What:	<p>The Trust has now submitted Q1 data for 16/17. This is showing an improvement on Q4 of 2015/16. Reporting 197 number of last minute hospital cancelled operations for Q1 (vs 309 for Q4), and 31 number of those cancellations that the Trust was unable to rebook within 28 day (vs 52 in Q4).</p> <p>The numbers contained within the IPR are the monthly breakdowns contributing to the reported position.</p>
Why / How:	<p>As reported last time a high proportion of the non-clinical cancellations are driven by bed capacity issues within the Trust. Operational teams are working on revising the bed management processes and ensuring all systems are as effective as possible. Additional beds will be coming on line in the next couple of months, which is expected to have a positive impact on the number of cancellations.</p> <p>This area is additionally forming part of the Trust's CQUIN for 2016/17 to ensure that there are improvements against key operational themes that are identified.</p>

## Well-led

## Appendix 3

Across a number of key metrics under this domain, positive improvements are being seen, particularly with regard to Trust Appraisal rates. The remaining items that require highlighting are identified below.

For future reports nurse recruitment rates will additionally be included as requested by the Board.

<b>Appraisal (PDR) rate</b>	
Definition / What:	The Trust compliance rate of the % of completed staff appraisals against an internal annual target of 90% for 2016/17
Why / How:	<p>The Trust overall appraisal rate stands at 77%, which represents a significant increase of 11% since July. Currently four areas are meeting the in-year target of 90%, Human Resources &amp; Organisational Development (at 100%), Development and Property Services (up 19% to 97%), Finance (up 57% to 94%) and International (at 93%).</p> <p>For all other areas this is being picked up directly and for the Clinical Divisions in their monthly Performance Meetings</p>

<b>Mandatory Training</b>	
Definition / What:	An aggregate level % for all statutory and mandatory training undertaken within the Trust against a plan of 90%
Why / How:	<p>In August the compliance across the Trust increased by 1% to 85%. Currently six directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource &amp; Organisational Development, Finance, International, Research &amp; Innovation, Corporate Affairs and Development &amp; Property Services.</p> <p>Actions being undertaken to address this include: More visibility through the Learning Management System (LMS), Learning and Development &amp; ER team will work with managers to identify those who are non-compliant including further developments to the new LMS, additional face to face sessions run for DPS staff, Information sheets sent out for online courses.</p>

<b>Agency Spend</b>	
Definition / What:	<p>At Month 5 (August) this stands at 3.6% of total paybill (decrease of 0.1% from July)</p> <p>NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH).</p>
Why / How:	<p>The significant spend on agency staff (as percentage of paybill) is largely driven by the investment of validators to support the RTT improvement work and also a number of senior interims in the organisation.</p> <p>Trust spend on business as usual (BAU) agency staff is significantly below the ceiling.</p>

## Effective

Below identifies those areas for the domain that are not currently at the required level.

<b>Discharge Summaries</b>	
Definition:	This measures compliance with the requirement to issue a Discharge Summary within 24 hours following discharge to the Service User's GP and/or Referrer and to any third party provider
What:	Having seen a slight reduction in the improvements being made last month (July) this is back up to the significantly improved delivery of 90.61%.
Why / How:	<p>As reported previously this is being achieved with focused resource in this area, to ensure consistent systems, processes and checks are happening in all areas (using a combination of enhanced reporting, escalation to clinical leads etc). Areas where this remains an issue are being picked up via the Divisional Performance Reviews and specific action plans with deliverables.</p> <p>This area is additionally forming part of the Trust's CQUIN for 2016/17, to see sustained improvements in key specialties with a focus on the quality of the content of the discharge summary and the timeliness.</p>

<b>Clinic Letter Turnaround</b>	
Definition:	<p>The % of clinic letters that are sent within 7 &amp; 14 working days of the Outpatient Clinic</p> <p>The contractual requirement for 2016/17 is 14 working days turnaround.</p>
What:	The Trust is currently reporting 87.54% against the 14 day turnaround (and 56.64% for 7 days)
Why / How:	<p>All clinical Divisions review this area as a matter of course with their specialties. Where an area is not at the requisite level an action plan is either in place or being put in place to address. These will be updated and fed back at their respective Divisional Performance Meetings.</p> <p>This area is additionally forming part of the Trust's CQUIN, like with Discharge Summaries, will focus on the quality and content of the letters, as well as the timeliness.</p>

## Productivity

Based on feedback received from the Board and other stakeholders, this section of the report is to be enhanced with additional content in future months. A work programme is being set up to develop these indicators. It is envisaged to complete this for all lines this will take a period of time whilst the measures and data is made accessible for these purposes. Each will be fed into the report once completed. Updates will be provided on a regular basis. It is planned that this will cover:

- Clinic Utilisation
- Bed Occupancy
- Hospital Cancelled Appointments
- Activity vs Outturn

At present this section contains Theatre Utilisation for the Trust, against a nationally recommended level. This is to be further review by the Trust, and additional supporting narrative will be provided in future months.

## **Our Money**

This section of the IPR includes an year to date position inclusive of August 2016 (Month 5). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.1m lower than planned for this reporting period. This is as a result of a combination of factors including:

- Clinical Income (exc International Private Patients and Pass through Income) is £0.1m better than planned after adjusting for £1m reduction in income relating to 2015/16 outturn.
- International Private Patients income is £2.4m higher than planned, although it is £0.3m lower than plan in month.
- Staff costs are £1.1m higher than planned at the end of month 5.
- Non-pay costs are £1.9m higher than planned due to an increase in IPP bad debt provision.

Areas of concern at this point include the Trust include:

- Non pay costs being are higher than planned due to increasing levels bad debt provision (£1.9m), IPP Debtor days have increased from 197.1 days in March to 215.5 days in August
- Current delivery of recurrent P&E savings is lower than planned year to date (£1.88m)

Actions being taken to address these concerns are:

- IPP have drafted a revised debtors escalation policy for approval which identifies potential triggers for bad debt review, further work is being undertaken to review possible further actions required to reduce the risk of bad debts including deposits and refusal to treat.
- The PMO and Finance teams are currently working with all clinical and non-clinical divisions / departments to monitor progress against current P&E savings schemes and to support the identification and implementation of additional schemes required to close the current gap in savings. There are currently £6.1m of recurrent P&E schemes identified for 2016/17.



	Jun	Jul	Aug	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					-	-
% Positive Response Friends & Family Test: Inpatients	97.52%	97.00%	98.47%	↑		>95%
Response Rate Friends & Family Test: Inpatients	25.02%	21.98%	17.28%	↓	40%	
% Positive Response Friends & Family Test: Outpatients	93.75%	95.55%	94.81%	↓		>95%
Number of Complaints	15	5	8	↑		
Number of Complaints -Red Grade	0	1	1	→		
Mental Health Identifiers: Data Completeness	98.2%	98.5%	98.6%	↑		97%

	In-month	Jul	Aug	Trend	Plan	NHS Standard
Serious Patient Safety Incidents	2	1	1	→	0	
Never Events	1	0	0	→	0	
Incidents of C. Difficile	0	0	0	→	1	
C.Difficile due to Lapses of Care	0	0	0	→	1	
Incidents of MRSA	1	0	1	↑	0	
CV Line Infection Rate (per 1,000 line days)	1.41	1.42	2.22	↑	1.6	
WHO Checklist Completion	#REF!	#REF!	94.09%	↔↔↔	98%	
Arrests Outside of ICU	3	3	3	→	5	
Total hospital acquired pressure / device related ulcer rates grade II & above	7	6	7	↑		

	Jun	Jul	Aug	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting >6 Weeks	10.00%	6.26%	8.29%	↑		1%
Cancer 31 Day: Decision to Treat to First Treatment	93%	100%		↑		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery	100%	100%		→		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs	100%	100%		→		98%
Last Minute Non-Clinical Hospital Cancelled Operations	69	This measure is reported quarterly				
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	9	This measure is reported quarterly				0

	Jun	Jul	Aug	Trend	Plan	NHS Standard
Sickness Rate	2.34%	2.42%	2.29%	↓		3%
Turnover	19.3%	19.1%	19.1%	→	18%	
Appraisal Rate	73%	66%	77%	↑		90%
Mandatory Training	84.0%	84.0%	85.0%	↑		90%
% Staff Recommending the Trust as a Place to Work: Friends & Family Test	76%			↑		61%
Vacancy Rate	5.6%	2.2%	4.3%	↑		10%
Bank Spend	6.1%	6.1%	6.2%	↑		
Agency Spend	3.7%	3.7%	3.6%	↓		2%

	Jun	Jul	Aug	Trend	Plan	NHS Standard
Discharge Summary Turnaround within 24hrs	91.48%	86.57%	90.61%	↑		100%
Clinic Letter Turnaround within # 7 working days	49.12%	58.09%	56.64%	↓		
Turnaround within # 14 working days	69.88%	75.45%	87.54%	↑		100%
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)	8.08%	7.87%	8.86%	↑		8.36%

	Jun	Jul	Aug	Trend	Plan	NHS Standard
Theatre Utilisation (NHS UO4)	67.1%	65.5%	69.0%	↑		77%

	June	July	August	Trend	YTD Target	Variance
Net Surplus/(Deficit) v Plan	(0.6)	(0.7)	(0.3)	↑	(3.1)	0.1
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.3	0.3	0.4	↑	2.5	(1.0)
Pay Worked WTE Variance to Plan	32.5	3.8	54.1	↑	0.0	54.1
Debtor Days (IPP)	192	213	216	↑	120.0	(93.0)
Quick Ratio (Liquidity)	1.80	1.78	1.81	↑	1.77	0.04
NHS KPI Metrics	4.0	4.0	4.0	→	3.0	1.0

**Areas of Concern**  
 FFT Response Rate  
 Incidents of MRSA  
 Diagnostic Waiting Times  
 Cancelled Operations  
 P&E Delivery

**Achievements**  
 Improvements in PDR Rate  
 Discharge Summaries

**Key Lines of Enquiry**

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

- ↑ Positive increase
- ↓ Positive decrease
- ↔ Consistent trend
- Consistently positive trend
- ↔↔↔ Consistent trend
- ↑ Negative increase
- ↓ Negative decrease

## TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – AUGUST 2016

### Introduction

This suite of workforce reports includes:

- Voluntary turnover and total turnover;
- Sickness absence;
- Vacancy rates;
- PDR appraisal rates;
- Statutory & Mandatory training compliance;
- Agency usage as a percentage of paybill.

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

### Headlines

**Contractual staff in post** GOSH decreased its contractual FTE (full-time equivalent) figure by 27 in August to 3881 compared to July 2016. A new contractual FTE trend (over 12 months) report is now included in the reports section at Trust-level and divisional/directorate level, this currently excludes temporary workers.

**Sickness absence** has decreased slightly to 2.3% (from 2.43%) and remains below the London average figure of 2.8%. Short-term sickness (STS) (episodes of sickness up to 4-weeks) has not changed across the Trust at 1.3% whilst long-term sickness has decreased slightly to 1.0%.

**Turnover** is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 18.1%; this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) turnover has decreased to 19.1% in August (-0.4% from June). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers).

**Unfilled vacancy rate:** The Trust's unfilled vacancy rate stands at 4.3% (increase of 2.2% compared to July).

**Agency usage** for 2016/17 (year to date) stands at 3.6% of total paybill (decrease of 0.1% from July). The significant spend on agency staff (as percentage of paybill) is largely driven by the investment of validators to support the RTT improvement work and also a number of senior interims in the organisation. NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH, £6.525 million). The Trust is currently exceeding the agency ceiling for August due to RTT and the gastro review; however, Trust spend

on business as usual (BAU) agency staff is significantly below the ceiling. The Trust also reports on the number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in August, 148 shifts (no change from July) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 48% of total paybill (RTT and senior interims). Finance currently spends 22.4% of paybill on agency staff (decreasing).

<b>Agency Measure</b>	<b>Spend YtD (August 2016)</b>	<b>Shifts breaching agency cap</b>
<b>RTT agency staff</b>	<i>£1,601k</i>	<i>0</i>
<b>Gastro review agency staff</b>	<i>£259k</i>	<i>8</i>
<b>Business as usual agency staff</b>	<i>£1,649k</i>	<i>140</i>
<b>Total agency staff</b>	<i>£3,510k</i>	<i>148</i>
<b>Agency ceiling</b>	<i>£2,719k</i>	

**PDR completion rates** The Trust overall appraisal rate stands at 77% - a significant increase of 11% since July. Currently four areas are meeting the in-year target of 90%, Human Resources & Organisational Development (at 100%), Development and Property Services (up 19% to 97%), Finance (up 57% to 94%) and International (at 93%). The target for 2017/18 will increase to 95%.

**Statutory & Mandatory training compliance:** In August the compliance across the Trust increased by 1% to 85%. Currently six directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs and Development & Property Services.

Inclusion of 'CQC Intelligent Monitoring' measures to the sickness, turnover and vacancy reports. These are consistent with the calculations used by the CQC as a measure of risk.

**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT**  
**WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT**

Division	Contractual Staff in Post (FTE)	Voluntary Turnover Rate (% FTE) <small>(voluntary leavers in 12-months in brackets, &lt;14% green)</small>	Total Turnover Rate (% FTE) <small>(number of leavers in 12-months in brackets, &lt;18% green)</small>	Sickness Rate (%) <small>(0-3% green)</small>	PDR Completion (%) <small>(target 90%)</small>	Statutory & Mandatory Training Compliance (%) <small>(target 90%)</small>	Vacancy Rate (% FTE) <small>(Unfilled vacancies, 0-10% green)</small>	Agency (as % of total paybill, £) <small>(Max 0.5% Corporate, 2% Clinical)</small>
West Division	1550	19.4% (276.4)	20.0% (284.9)	2.3	75.0%	84.0%	1.6%	1.5%
Barrie Division	1577	15.3% (215.4)	16.8% (235.3)	2.1	75.0%	84.0%	2.9%	1.1%
International Division	181	18.0% (29.1)	17.4% (28.1)	3.5	93.0%	93.0%	18.1%	0.0%
Corporate Affairs	9	11.2% (1.0)	11.2% (1.0)	1.3	88.0%	91.0%	23.9%	4.7%
Clinical Operations	89	12.6% (9.9)	11.4% (8.9)	3.2	62.0%	88.0%	1.6%	48.4%
Human Resources & OD	81	30.4% (24.0)	33.5% (26.4)	4.4	100.0%	97.0%	12.8%	2.6%
Nursing & Patient Experience	73	15.7% (10.3)	18.1% (11.9)	1.8	67.0%	89.0%	0.0%	0.0%
Medical Directorate	39	32.6% (11.9)	29.9% (10.9)	0.9	59.0%	62.0%	13.4%	0.0%
Finance	51	27.1% (14.0)	31.0% (16.0)	3.1	94.0%	95.0%	15.2%	22.4%
Development & Property Services	140	10.8% (13.8)	11.6% (14.7)	2.7	97.0%	90.0%	0.0%	6.4%
Research & Innovation	89	19.2% (16.6)	20.5% (17.6)	2.4	79.0%	91.0%	15.9%	0.0%
<b>Trust</b>	3881	<b>18.1% ▲ (622.4)</b>	<b>19.1% ► (655.8)</b>	<b>2.3% ▼</b>	<b>77.0% ▲</b>	<b>85.0% ▲</b>	<b>4.3% ▲</b>	<b>3.6% ▼</b>

## HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT

### Highlights & Actions

#### Vacancy Rate

##### Actions

- Recruitment Advisors will be attending regular meetings with Ward Sisters to identify vacancies, offering support on filling those vacancies
- ER Team working with Barrie Division and Workforce Intelligence to identify vacancies to support with recruitment strategies.
- Expecting overseas nurses to start in post over coming weeks. - Newly qualifies nurse in take expected in September.
- New ward hedgehog opened which has impacted upon vacancy rate

#### Sickness Rate

##### Actions

- IPP - Drop in sessions ran for managers in IPP to discuss employees with sickness concerns. This is predominantly made up of short term sickness as they have a very low long sickness rate.
- Development & Property Services – a dedicated HR lead is working with the estates and facilities team to support their intermittent cases which is predominantly what drives the higher percentage.
- HR&OD – Long term sickness cases are driving high sickness rates, these are being managed in line with policy
- Regular meetings set up with service leads to provide additional support in managing sickness cases.

#### Agency Spend

##### Actions

- On-going recruitment to posts within finance

#### Voluntary Turnover Rate

##### Actions

- There has been a significant amount of work undertaken over the past few months to better understand the broader turnover position - with specific focus on areas of low stability and high turnover. Whilst this is work in progress, there have been developments in also understanding the reasons why people leave and where they go. In addition, the work around nurse recruitment and retention is now a focused project under the Nursing Workforce Board.
- Development of retention survey, focus group & analysing exit data.
- Developing B5s into vacant B6 roles helps to decrease turnover of B5s

#### PDR Completion

##### Actions

- PDR rates now regularly reported and accessible via the intranet. Significant increases across all divisions

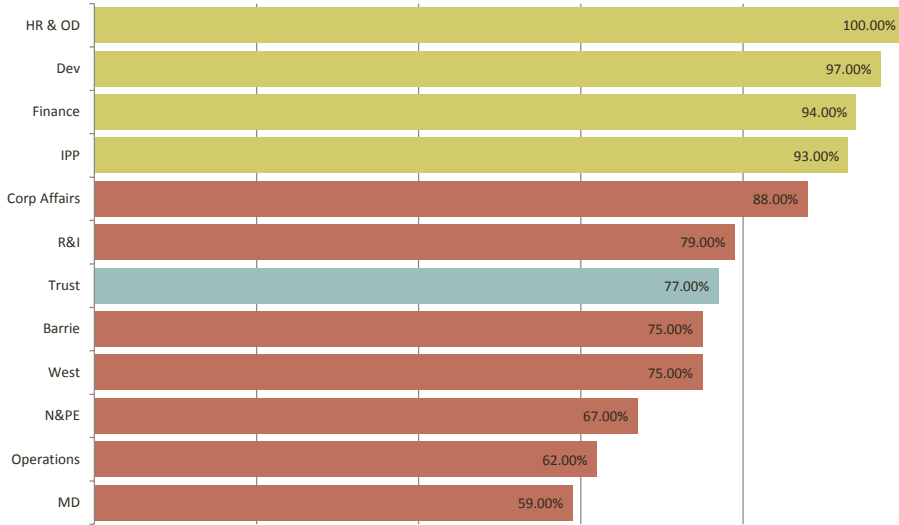
#### Statutory & Mandatory Training Compliance

##### Actions

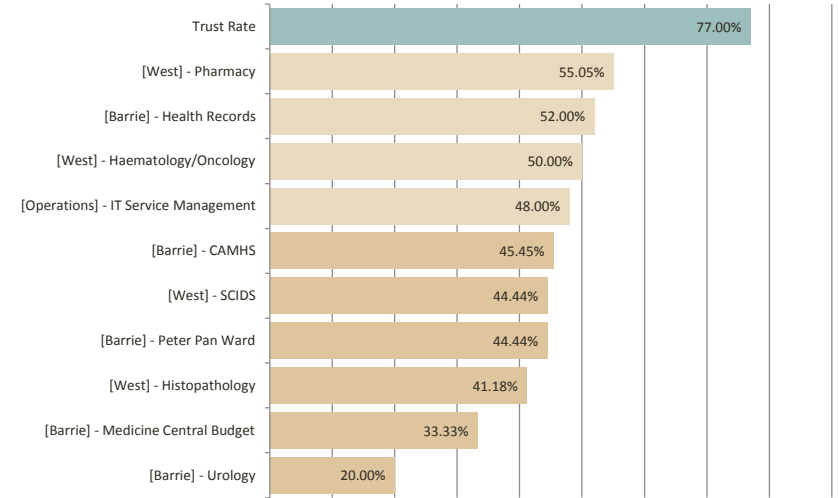
- More visibility through LMS
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Additional face to face sessions run for DPS staff. Information sheets sent out for online courses.

**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT**  
**WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT**

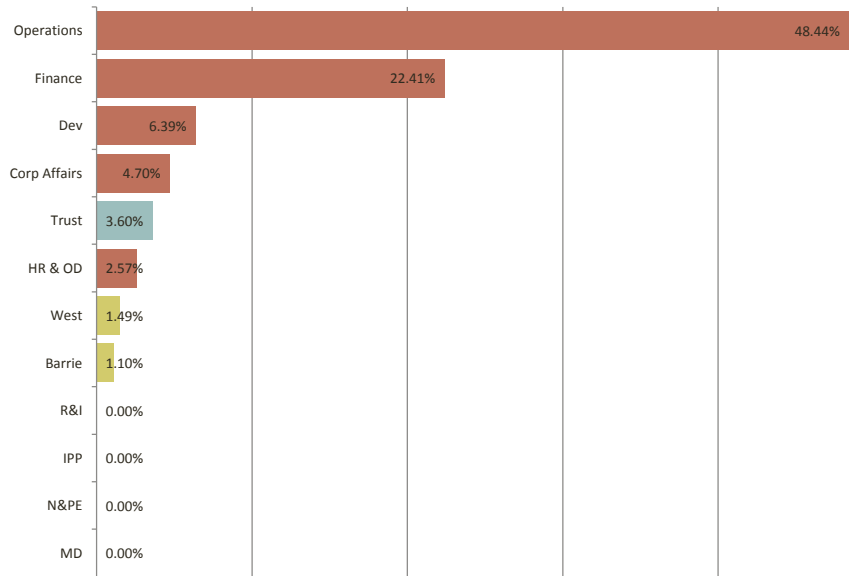
**Divisional PDR (Target 90%)**



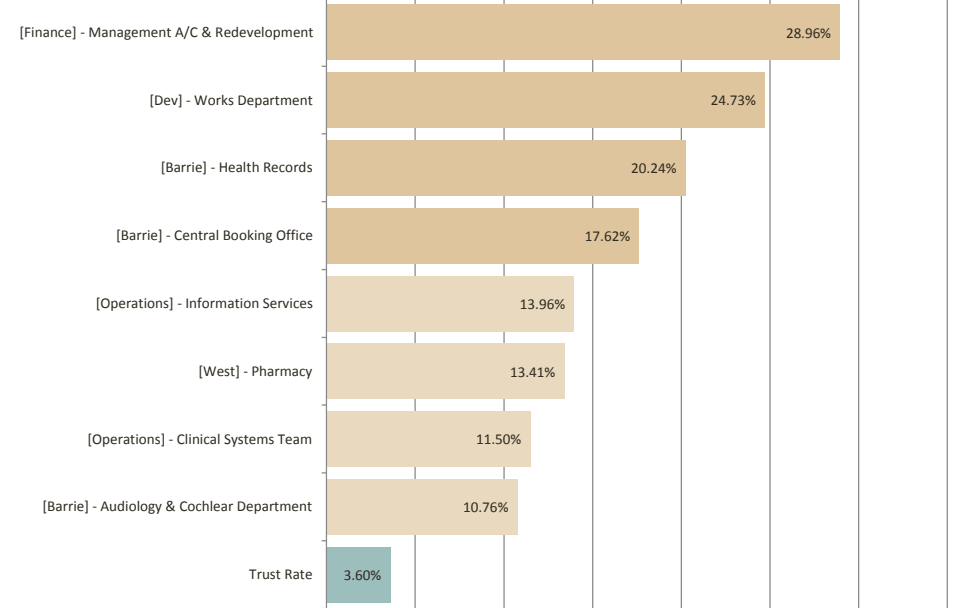
**Exception Reporting PDR**



**Divisional Agency as % of paybill**

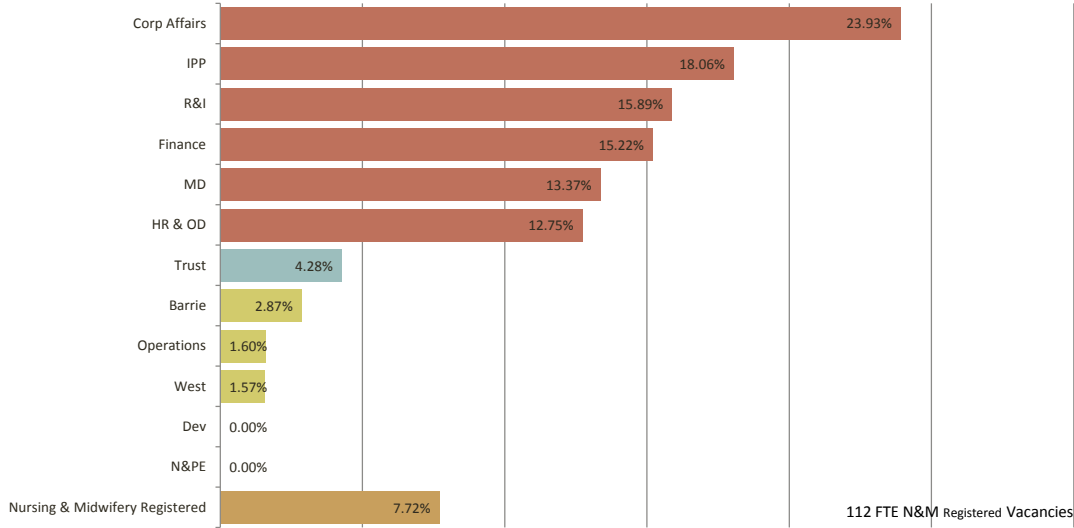


**Exception Reporting Agency as % of Paybill**

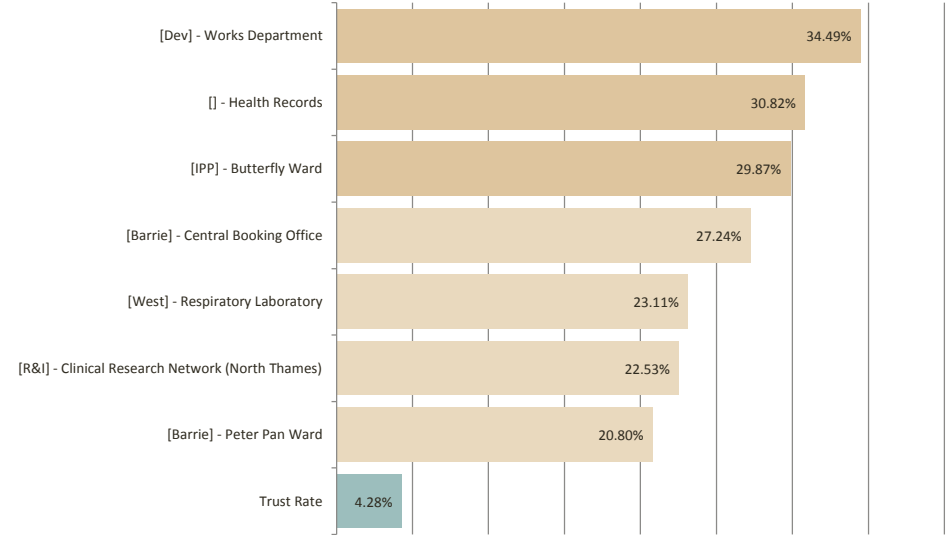


**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT**  
**WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT**

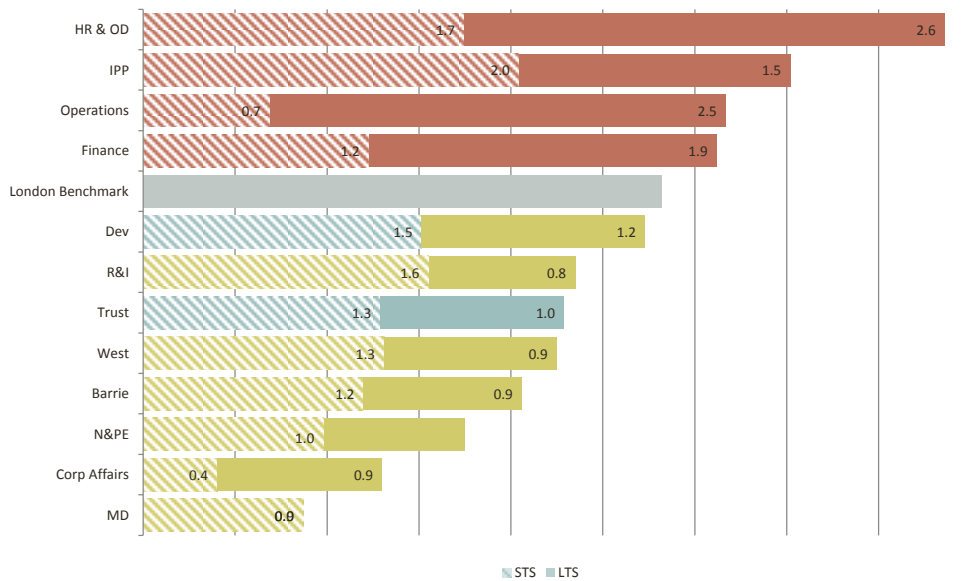
**Divisional Vacancy Rate**



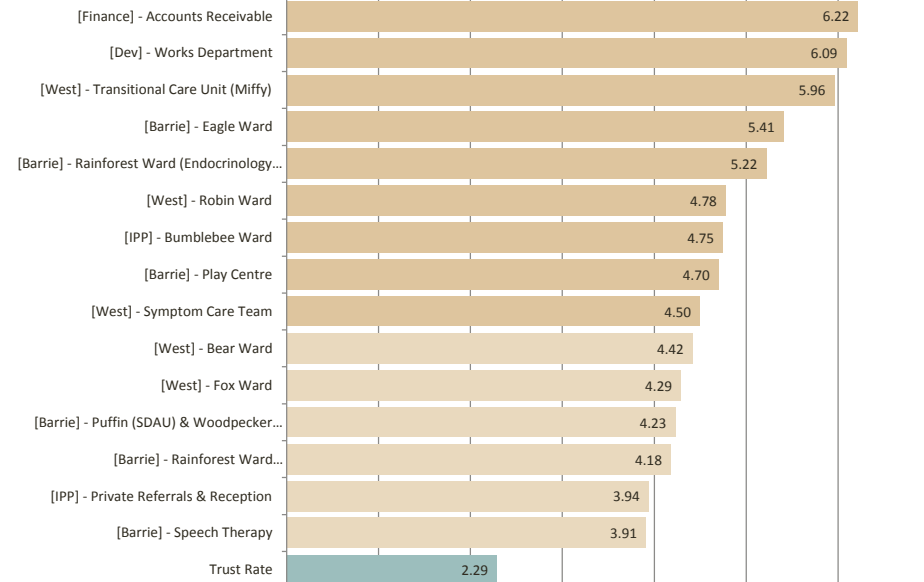
**Exception Reporting Vacancy Rate**



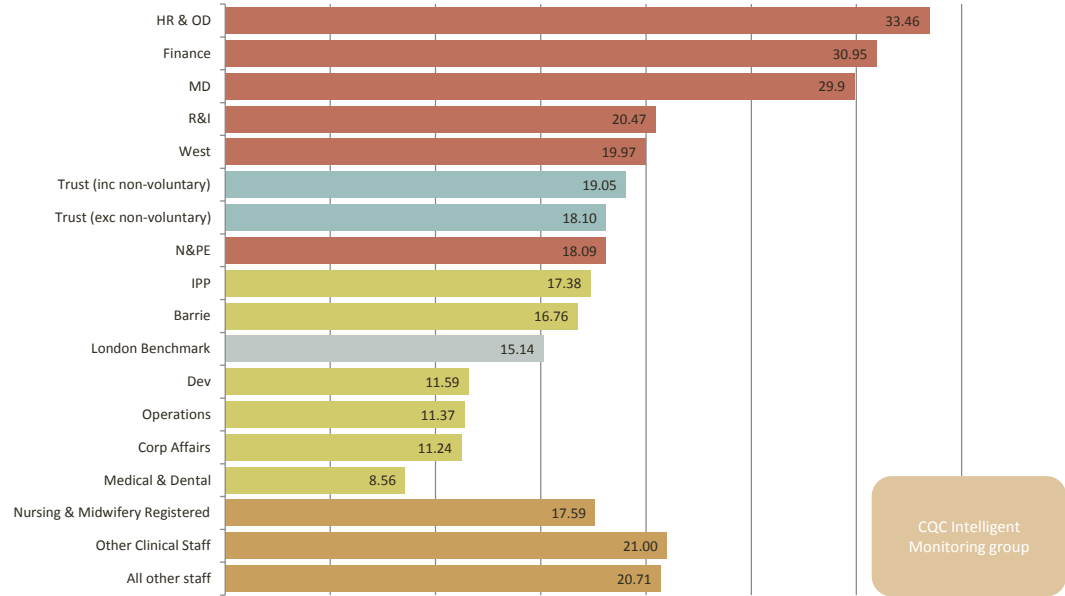
**Divisional Sickness**



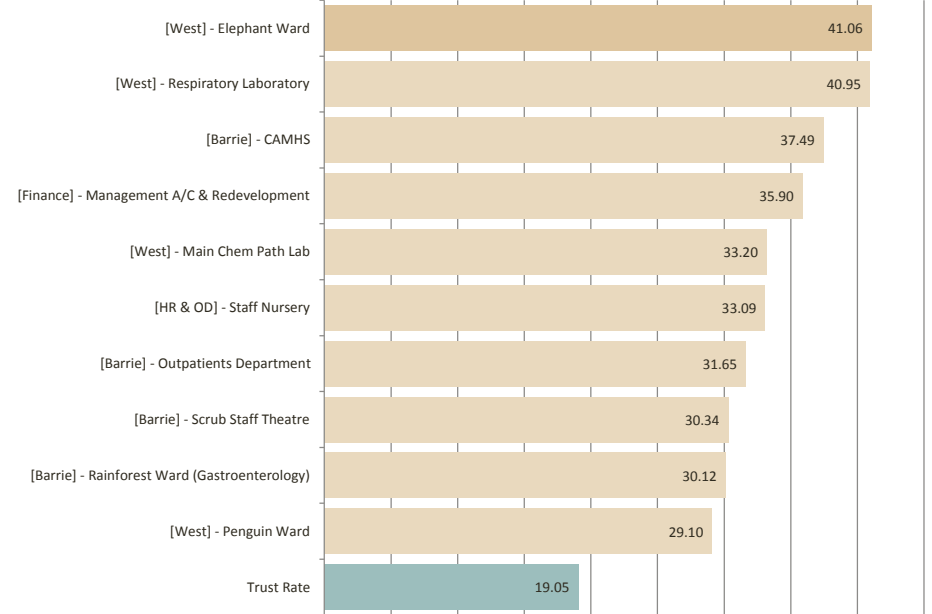
**Exception Reporting Sickness**



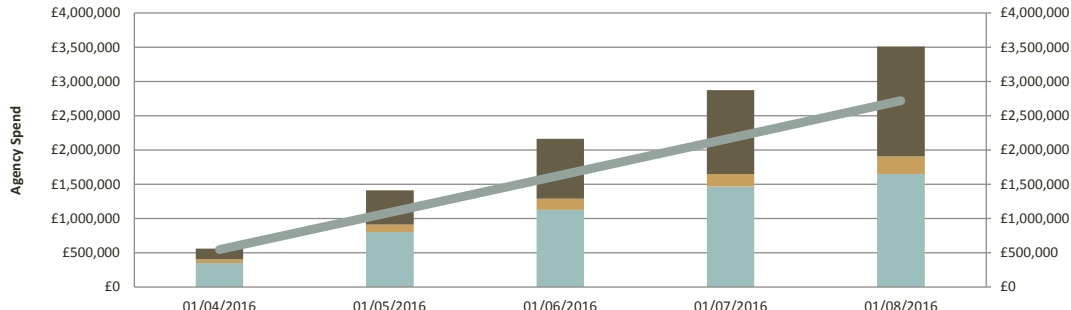
### Divisional Turnover (Voluntary & Non-Voluntary)



### Exception Reporting Turnover

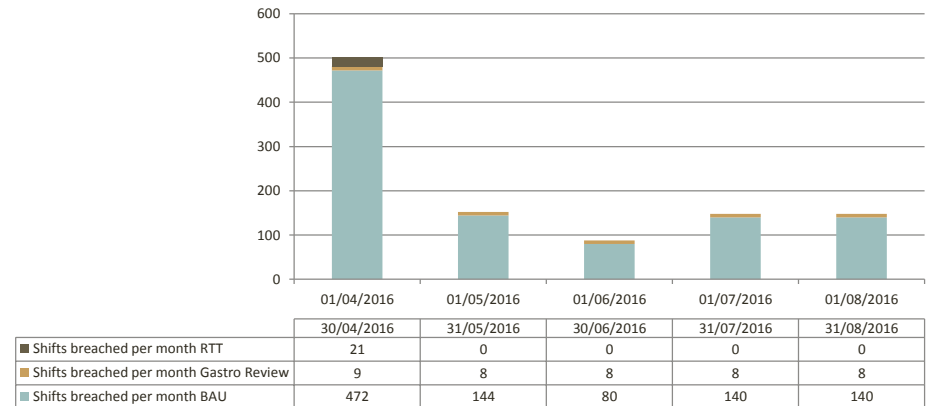


### Agency Spend Ceiling (NHS Improvement Directive, Cumulative)



	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016
RTT	£153,012	£499,693	£873,238	£1,222,238	£1,601,238
Gastro Review	£57,040	£110,080	£163,120	£183,620	£258,935
Agency BAU	£349,203	£802,378	£1,126,514	£1,466,414	£1,649,904
Agency Ceiling	£543,750	£1,087,500	£1,631,250	£2,175,000	£2,718,750

### NHS Improvement Agency Rule Breaches (shifts per month, target zero)

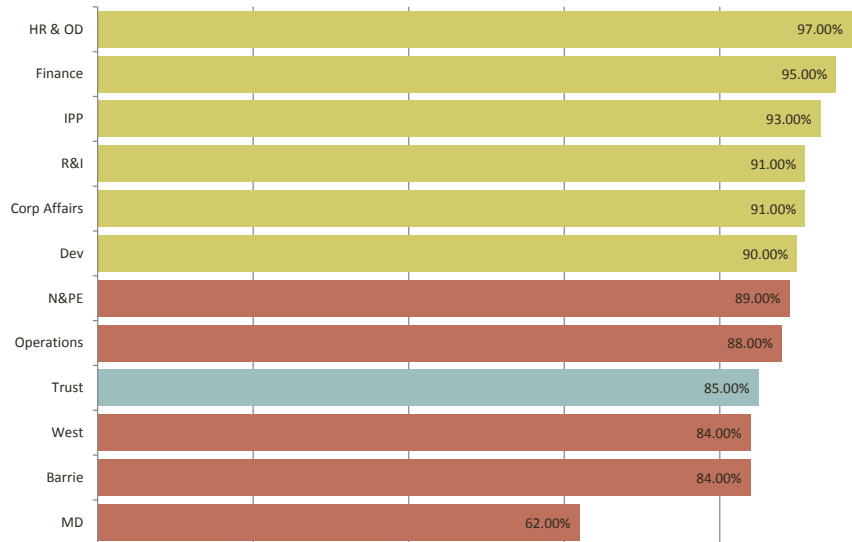


	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016
Shifts breached per month RTT	21	0	0	0	0
Shifts breached per month Gastro Review	9	8	8	8	8
Shifts breached per month BAU	472	144	80	140	140



### Statutory & Mandatory Training Compliance (%)

(target 95%)



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT  
 WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT

Division	Total Turnover Rate (% FTE) <small>(number of leavers in 12-months in brackets, &lt;18% green)</small>	Total Turnover Rate (% FTE) <small>Monthly variation trend over 12 months</small>	Sickness Rate (%) <small>(0-3% green)</small>	Sickness Rate (% FTE) <small>Monthly variation trend over 12 months</small>	Contractual Staff In Post Trend (FTE) <small>Monthly variation trend over 12 months excludes temporary staff</small>
West Division	19.4% (276.4)		2.3		
Barrie Division	15.3% (215.4)		2.1		
International Division	18.0% (29.1)		3.5		
Corporate Affairs	11.2% (1.0)		1.3		
Clinical Operations	12.6% (9.9)		3.2		
Human Resources & OD	30.4% (24.0)		4.4		
Nursing & Patient Experience	15.7% (10.3)		1.8		
Medical Directorate	32.6% (11.9)		0.9		
Finance	27.1% (14.0)		3.1		
Development & Property Services	10.8% (13.8)		2.7		
Research & Innovation	19.2% (16.6)		2.4		
Trust	18.1% ▲ (622.4)		2.3% ▼		

The scale varies per division to enable a trend view for 12-month with sufficient detail (blue line). The red 'direction of travel' indicates the overall direction of travel across each of the 12-months. The 'total turnover rate' approximates to the total of each individual's months' turnover rate.

## Finance and Workforce Performance Report Month 5 2016/17

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YOY Activity Summary to month 5	8
Clinical Income Trend Analysis	9

Trust Income and Expenditure Performance Summary for the 5 months ending 31 August 2016

2016/17 Annual Budget	Income & Expenditure	2016/17								RAG Rating Current Year Variance
		Month 5				Year to Date				
		Budget	Actual	Variance	Variance	Budget	Actual	Variance	Variance	
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			
255.3	NHS & Other Clinical Revenue	21.9	21.8	(0.1)	-0.5%	106.7	106.8	0.1	0.1%	G
57.3	Pass Through	4.9	5.5	0.6	12.2%	24.0	25.5	1.5	6.3%	
54.1	Private Patient Revenue	4.9	4.6	(0.3)	-6.1%	21.0	23.4	2.4	11.4%	G
43.3	Non-Clinical Revenue	3.7	3.4	(0.3)	-8.1%	17.9	17.9	0.0	0.0%	G
<b>410.0</b>	<b>Total Operating Revenue</b>	<b>35.4</b>	<b>35.3</b>	<b>(0.1)</b>	<b>-0.3%</b>	<b>169.6</b>	<b>173.6</b>	<b>4.0</b>	<b>2.4%</b>	
(227.7)	Permanent Staff	(19.0)	(17.6)	1.4	7.4%	(94.2)	(87.2)	7.0	7.4%	
(2.1)	Agency Staff^	(0.3)	(0.6)	(0.3)	-100.0%	(1.7)	(3.5)	(1.8)	-105.9%	
(1.0)	Bank Staff^	(0.1)	(1.5)	(1.4)	-1400.0%	(0.6)	(6.9)	(6.3)	-1050.0%	
<b>(230.8)</b>	<b>Total Employee Expenses</b>	<b>(19.4)</b>	<b>(19.7)</b>	<b>(0.3)</b>	<b>1.5%</b>	<b>(96.5)</b>	<b>(97.6)</b>	<b>(1.1)</b>	<b>-1.1%</b>	A
(12.3)	Drugs and Blood	(1.0)	(1.0)	0.0	0.0%	(5.1)	(4.6)	0.5	9.8%	R
(41.4)	Other Clinical Supplies	(3.4)	(3.1)	0.3	8.8%	(17.2)	(17.1)	0.1	0.6%	A
(48.6)	Other Expenses	(4.0)	(4.3)	(0.3)	-7.5%	(19.5)	(21.4)	(1.9)	-9.7%	R
(57.3)	Pass Through	(4.9)	(5.5)	(0.6)	-12.2%	(24.0)	(25.5)	(1.5)	-6.3%	
<b>(159.6)</b>	<b>Total Non-Pay Expenses</b>	<b>(13.3)</b>	<b>(13.9)</b>	<b>(0.6)</b>	<b>-4.5%</b>	<b>(65.8)</b>	<b>(68.6)</b>	<b>(2.8)</b>	<b>-4.3%</b>	R
<b>(390.4)</b>	<b>Total Expenses</b>	<b>(32.7)</b>	<b>(33.6)</b>	<b>(0.9)</b>	<b>-2.8%</b>	<b>(162.3)</b>	<b>(166.2)</b>	<b>(3.9)</b>	<b>-2.4%</b>	A
19.6	EBITDA (exc Capital Donations)	2.7	1.7	(1.0)	37.0%	7.3	7.4	0.1	1.4%	G
(25.9)	Depreciation, Interest and PDC	(2.1)	(2.0)	0.1	-4.8%	(10.4)	(10.4)	0.0	0.0%	
<b>(6.3)</b>	<b>Net (Deficit)/Surplus (exc Cap. Don. &amp; Impairments)</b>	<b>0.6</b>	<b>(0.3)</b>	<b>(0.9)</b>	<b>-150.0%</b>	<b>(3.1)</b>	<b>(3.0)</b>	<b>0.1</b>	<b>3.2%</b>	G
4.8%	EBITDA %	7.6%	4.8%			4.3%	4.3%			
0.0	Impairments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	
35.2	Capital Donations^^^	4.5	4.8	0.3	-6.7%	19.5	18.4	(1.1)	-5.6%	
<b>28.9</b>	<b>Net Result</b>	<b>5.1</b>	<b>4.5</b>	<b>(0.6)</b>	<b>11.8%</b>	<b>16.4</b>	<b>15.4</b>	<b>(1.0)</b>	<b>-6.1%</b>	

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

NHSI Key Performance Indicators				
KPI	Annual Plan	M5 YTD Plan	M5 YTD Actual	Rating
Liquidity	4	4	4	G
Capital Service Coverage	4	3	3	G
I&E Margin	4	4	4	G
Variance in I&E Margin as % of income^^	2	2	3	G
Overall	4	3	4	G
Overall after Triggers	4	3	4	G

Notes:

^ The Trust has only set bank and agency budgets for planned short term additional resource requirements ie RTT and Gastro

^^ Plan for variance in I&E margin as % of income was set for 2016/17 based on 2015/16 outturn and cannot be revised

^^^ Budget profile revised in month 3 following review of forecast on capital donations

2015/16 YTD Actual	CY vs PY Variance	CY vs PY Variance
(£m)	(£m)	%
101.4	5.4	5.3%
21.5	4.0	18.6%
19.0	4.4	23.2%
17.5	0.4	2.3%
<b>159.4</b>	<b>14.2</b>	<b>8.9%</b>
(81.7)	(5.5)	6.7%
(1.8)	(1.7)	94.4%
(6.1)	(0.8)	13.1%
<b>(89.6)</b>	<b>(8.0)</b>	<b>8.9%</b>
(4.2)	(0.4)	9.5%
(15.2)	(1.9)	12.5%
(21.3)	(0.1)	0.5%
(21.5)	(4.0)	18.6%
<b>(62.2)</b>	<b>(6.4)</b>	<b>10.3%</b>
<b>(151.8)</b>	<b>(14.4)</b>	<b>9.5%</b>
7.6	(0.2)	-2.6%
(10.0)	(0.4)	4.0%
(2.4)	(0.6)	25.0%
4.8%	-0.5%	-10.6%
0.0	0.0	0%
8.4	10.0	119.0%
<b>6.0</b>	<b>9.4</b>	<b>156.7%</b>

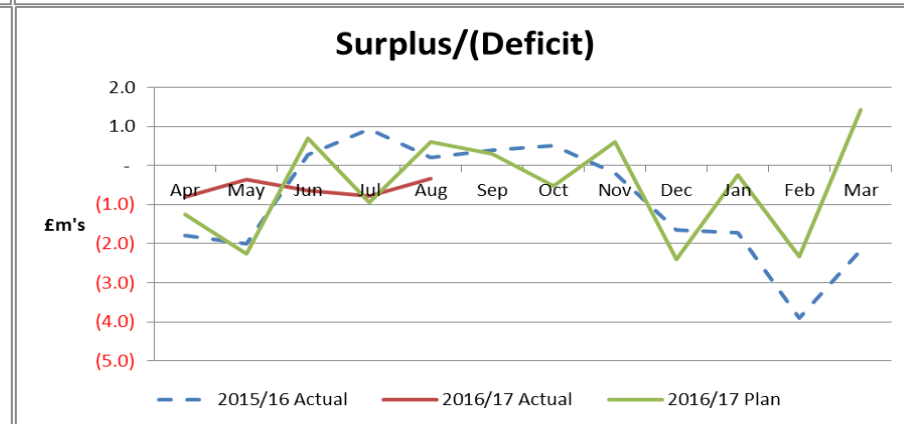
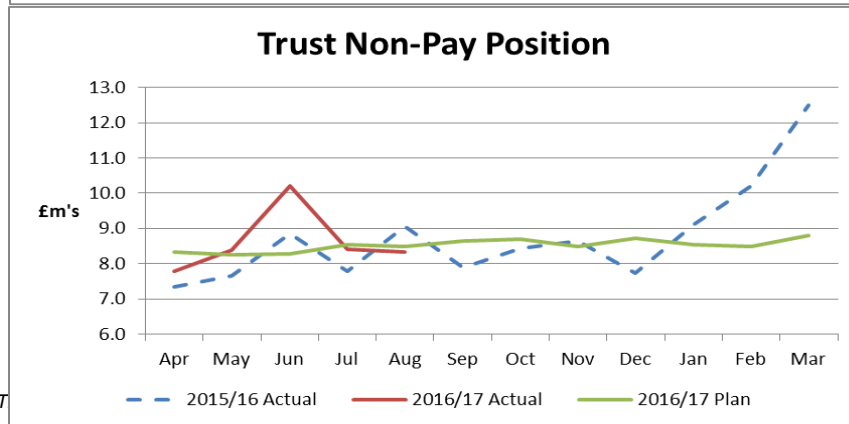
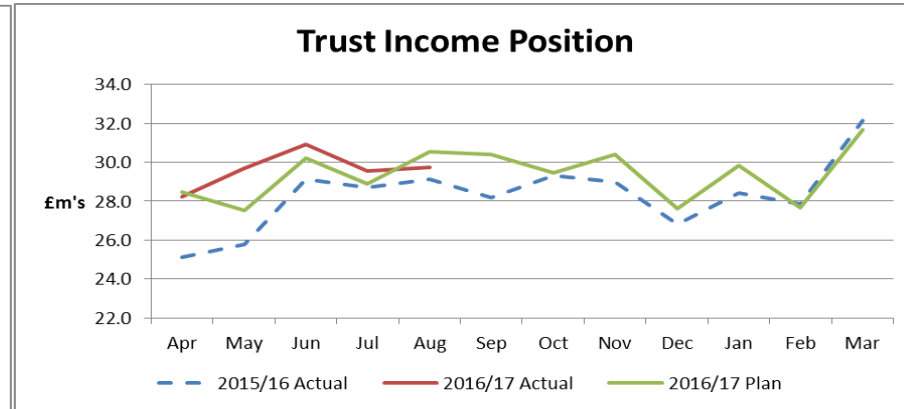
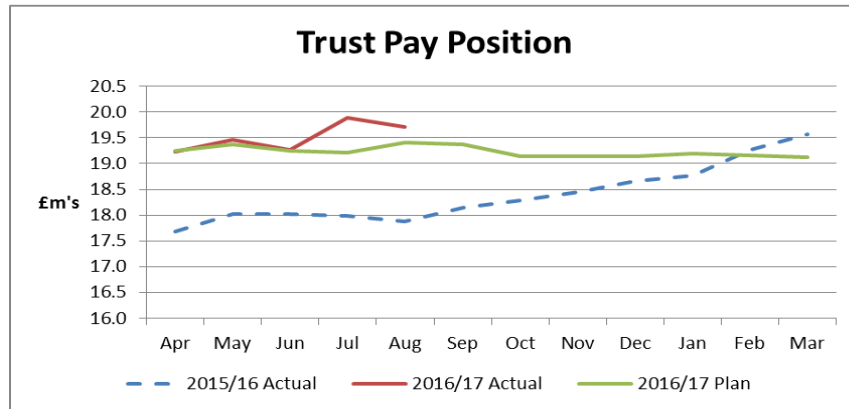
Summary:

- For the year to the end of August the Trust is reporting a £3.0m deficit, excluding capital donations. This is £0.1m better than planned for the year to date.
- The position in month 5 was a £0.3m deficit, £0.9m worse than plan.
- The month 5 YTD EBITDA was a £7.4m surplus which is £0.1m favourable to plan and represents 4.3% of income.

Notes:

- NHS income (excluding pass through) YTD is above plan by £0.1m. The year to date plan includes £1.0m (5/12) of the agreed £2.4m Sustainability and Transformation funding and £1.2m for the outcome of the local pricing review following the publication of the PwC report; accrued income of £1.0m and 1.9m has also been included respectively for these items in the year to date position. The YTD position includes a £1.0m reduction in income for the movement in contract outturn between annual accounts production and final chargeable activity for last financial year.
- Private patient income YTD is £2.4m above plan. This was delivered through increased activity and a high level of complex patients.
- Pay is adverse to plan in month by 0.3m, with agency spend £0.3m above plan. The agency spend is higher than the prior year due to the continuing cost of RTT validation and the Gastro review. The pay overspend is following the YTD trend after the higher than average M4 caused by a catch-up in invoicing.
- Non pay excluding pass through YTD is £1.3m adverse to plan. This is due to increased bad debt provision (£1.4m).
- The overall weighted Monitor rating for M5 was a 4. This represents an improvement against plan for the variance in I&E margin and being on target for the other measures.

I&E Run Rate Summary for the 5 months ending 31 August 2016



**Income**

- Private patient income over performed by £2.4m YTD at month 5 due to increased bed occupancy levels and an increase in the proportion of complex cases being seen.
- Other Clinical income has over performed by £0.2m YTD after adjustment for the 2015/16 Income of £1.0m. This income includes the S&T funding and Local Price review.

**Pay**

- The Trust's pay expenditure has risen every month since September 2015, due to staff working on RTT, until April 2016 when spend fell due to a reduction in ICT temporary staffing. The Trust pay budget profile takes into account the planned reduction in RTT validation staff which is offset by the planned opening of Hedgehog ward.
- Following the high M4 pay value caused by medical staff invoices for M1-4 from other organisations the pay bill has fallen to a value expected to continue going forward (not taking account of changes for RTT staffing).

**Non Pay**

- The trusts non-pay expenditure has fallen from M12 2015/16 following one off expenditure in M12 relating to medical equipment purchased less than £5,000 (which was offset by charitable donations).
- Expenditure is above plan YTD due to £1.4m of additional bad debt provision and increased pass through expenditure (offset by income), additional costs for work on the governance review and increased research costs (offset by income). The spending pattern remains consistent with 2015/16.

**Surplus/Deficit**

- The lower than planned income at month 5, is partly offset by lower non pay costs. The resulting overall deficit is higher than planned in month. The Trust is now focused on delivering its P&E savings to ensure costs are reduced whilst expecting income against plan to improve next move.

Cash, Capital and Statement of Financial Performance Summary for the 5 months ending 31 August 2016

**Cash**

The closing cash balance was £54.2m, £2.6m higher than plan. This was due to higher than planned EBITDA (£0.2m), lower than planned trust funded capital expenditure (£3.6m) and the movement on working capital net of capital payables and receivables (£1.2m).

**NHS Debtor Days**

NHS debtor days remained low since there are no areas of concern with the outstanding items. Invoices for Q1 over-performance will be raised in September which will result in an increase to debtor days.

**IPP Debtor Days**

No improvement was seen in the receipt of IPP cash and, as a result, debtor days remain in line with the previous month. Receipts (net of deposits) in August totalled £3.7m; the average for the last 12 months is £3.6m.

**Creditor Days**

On-going improvements in Accounts Payable led to a higher value of invoices being paid in August, this resulted in a significant reduction in creditor days. However, since a greater proportion of invoices settled were out of terms this has also led to a worsening of the BPPC statistic.

**Non-Current Assets**

Non-current assets increased by £4.1m in month, the effect of capital expenditure of £5.6m less depreciation of £1.5m. Year to date capital expenditure was £4.7m below plan and is the cause of the lower than planned total value of non-current assets at 31 August. The variance in capital expenditure is detailed in the capital expenditure schedule.

**Inventory Days**

Drug inventory days have remained in line with the previous month at 9. The value of blood products held as stock fell between 31 July and 31 August resulting in a reduction in non-drug inventory days.

Statement of Financial Position	31 Mar 2016 Actual	31 Aug 2016 Plan	31 Aug 2016 Actual
	£m	£m	£m
Non-Current Assets	440.8	460.8	456.2
Current Assets (exc Cash)	58.9	70.4	74.9
Cash & Cash Equivalents	63.7	51.6	54.2
Current Liabilities	(60.3)	(64.4)	(66.9)
Non-Current Liabilities	(6.3)	(6.0)	(6.1)
<b>Total Assets Employed</b>	<b>496.8</b>	<b>512.4</b>	<b>512.3</b>

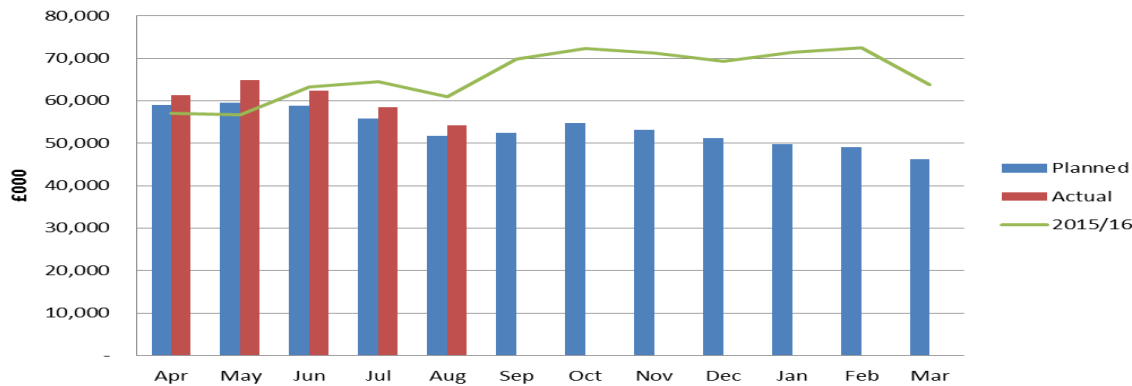
Capital Expenditure	Annual Plan	31 Aug 2016 YTD Plan	31 Aug 2016 YTD Actual	YTD Variance
	£m	£m	£m	£m
Redevelopment - Donated	32.3	18.9	17.8	1.1
Medical Equipment - Donated	2.9	0.6	0.6	0.0
Estates - Donated	0.0	0.0	0.0	0.0
ICT - Donated	0.0	0.0	0.0	0.0
<b>Total Donated</b>	<b>35.2</b>	<b>19.5</b>	<b>18.4</b>	<b>1.1</b>
Redevelopment & equipment - Trust Funded	9.0	4.1	3.0	1.1
Estates & Facilities - Trust Funded	2.4	0.6	0.1	0.5
ICT - Trust Funded	10.0	2.7	1.4	1.3
Contingency	3.0	0.7	0.0	0.7
<b>Total Trust Funded</b>	<b>24.4</b>	<b>8.1</b>	<b>4.5</b>	<b>3.6</b>
<b>Total Expenditure</b>	<b>59.6</b>	<b>27.6</b>	<b>22.9</b>	<b>4.7</b>

Working Capital	31-Mar-16	31-Jul-16	31-Aug-16	RAG
NHS Debtor Days (YTD)	11.8	5.9	8.2	G
IPP Debtor Days	197.1	213.8	215.5	R
IPP Overdue Debt (£m)	13.0	18.6	20.2	R
Inventory Days - Drugs	6.0	8.6	9.0	G
Inventory Days - Non Drugs	51.0	55.7	53.0	R
Creditor Days	35.0	31.4	22.0	G
BPPC - Non-NHS (YTD) (number)	85.2%	83.0%	80.3%	R
BPPC - Non-NHS (YTD) (value)	87.8%	81.2%	82.6%	R

**RAG Criteria:**

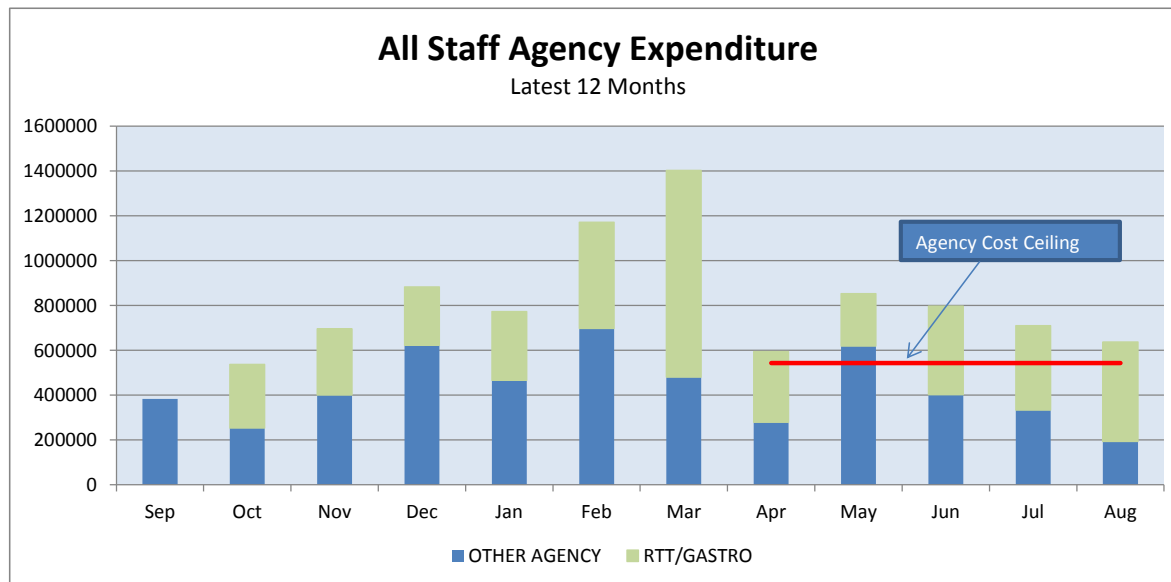
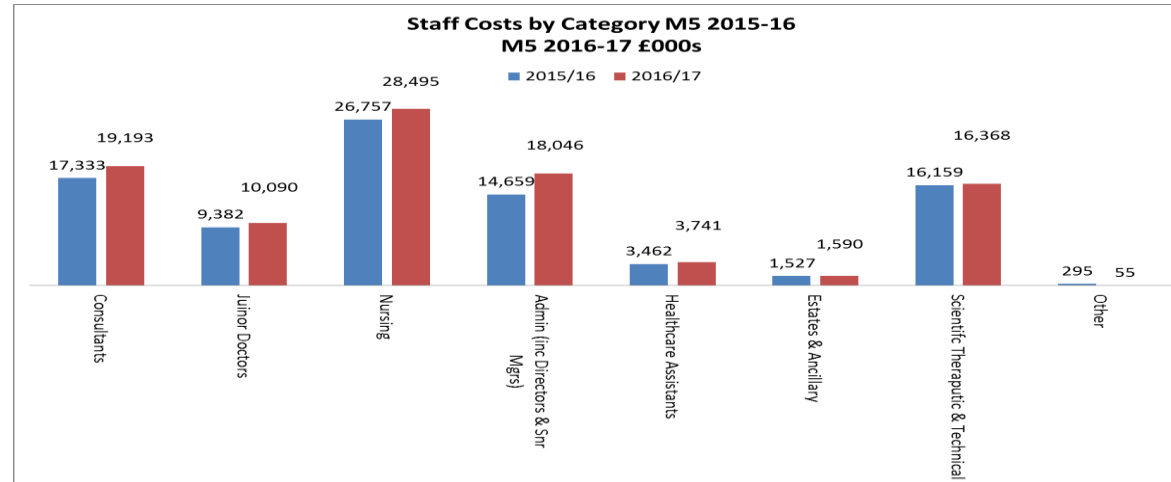
NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)  
BPPC Number and £: Green (over 90%); Amber (85-90%); Red (under 85%)  
IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)  
Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)

Planned and Actual Closing Cash Balances

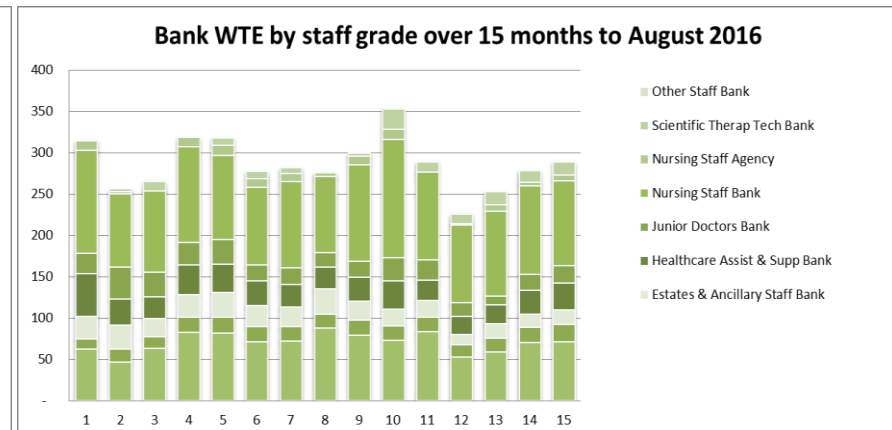
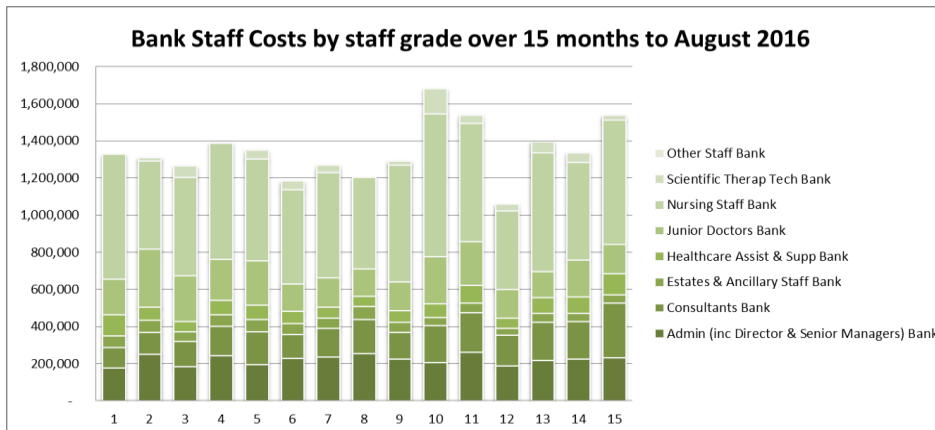
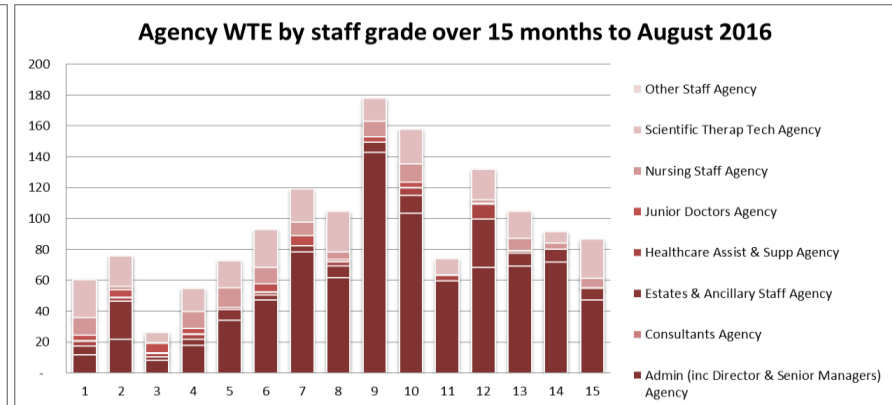
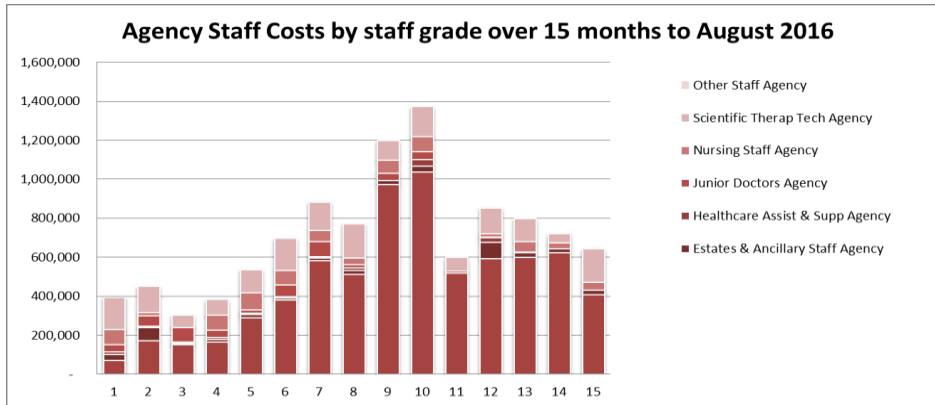
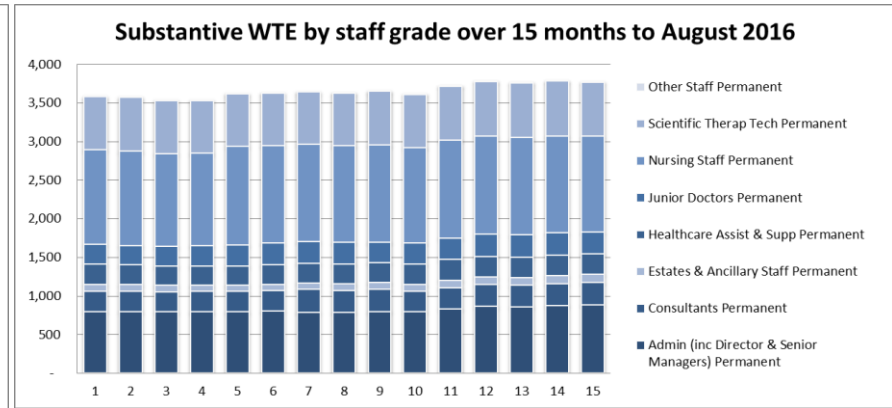
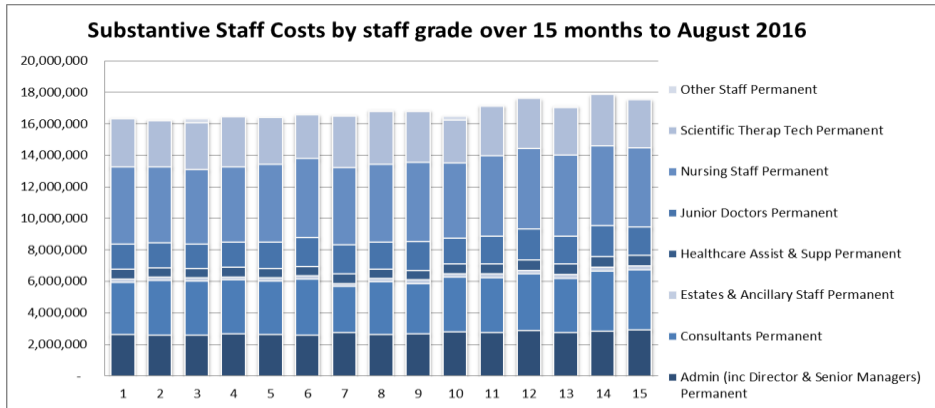


## Workforce Summary for the 5 months ending 31 August 2016

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



- The agency spend graphs show agency spend as a proportion of total pay spend,
  - Top Graph shows this gross of referral to treatment (RTT) and Gastro spend.
  - Bottom Graph shows this net of £1.4m RTT validation agency staff and Gastro review agency staff. Divisional RTT agency staff are still included
- Temporary staffing levels between M4 and M5 have remained consistent across both agency and bank staffing levels..
- As at end August there are over 100 agency staff still working on RTT.
- The percentage of agency spend against permanent has continued to decrease.
- The RTT agency staff are the main reason for the increase in pay costs throughout the last 6 months of 2015/16 and into 2016/17. They are the key reason for the change in pay spend seen between 2015/16 and 2016/17. M5 agency spend has fallen, as a percentage of total pay, below the 2015/16 levels, although this has been offset by an increase in bank spend.
- The drop in pay spend across the trust is a result of the high Month 4 spend due to invoices received for consultants and junior doctors employed by other trusts but working at GOSH. The increase seen in July contained £0.5m associated with M1-3.
- A change in National Pay rules removing discounted employer National Insurance rates has increased the Monthly pay bill by £0.3m
- Other reasons for an increase in pay costs are associated with inflationary increase, pay increments and research costs (offset by income) partly offset through the introduction of NHS agency Caps.
- The Trust is currently running above its NHSI notified cost ceiling for agency staff due to the continued cost of RTT validation and the Gastro review. RTT validation costs are expected to reduce significantly in September/October when the Trust should return to below its notified ceiling.



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



NHS Clinical Activity & Income Summary for the 5 months ending 31 August 2016

	2016/17 YTD								2015/16 YTD					
	Income				Activity				Income			Activity		
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan	Actual *	Variance	Variance %	Actual £'000	Variance 16/17 to 15/16 £'000	Variance 16/17 to 15/16 %	Actual	Variance 16/17 to 15/16	Variance 16/17 to 15/16 %
<b>Day case</b>	<b>10,233</b>	<b>10,060</b>	<b>(173)</b>	<b>-1.7%</b>	<b>7,506</b>	<b>8,120</b>	<b>614</b>	<b>8.2%</b>	<b>10,752</b>	<b>(692)</b>	<b>-6.4%</b>	<b>8,375</b>	<b>(255)</b>	<b>-3.0%</b>
Elective	22,493	24,012	1,519	6.8%	5,198	5,294	96	1.8%	22,040	1,973	9.0%	5,109	185	3.6%
Elective Excess Bed days	1,276	1,330	54	4.2%	2,514	2,650	136	5.4%	1,318	11	0.9%	2,489	161	6.5%
<b>Elective</b>	<b>23,769</b>	<b>25,342</b>	<b>1,573</b>	<b>6.6%</b>					<b>23,358</b>	<b>1,984</b>	<b>8.5%</b>			
Non Elective	6,187	5,561	(626)	-10.1%	714	593	(121)	-16.9%	5,964	(403)	-6.8%	728	(135)	-18.5%
Non Elective Excess Bed Days	903	832	(71)	-7.9%	1,582	1,624	42	2.7%	839	(7)	-0.8%	1,566	58	3.7%
<b>Non Elective</b>	<b>7,090</b>	<b>6,392</b>	<b>(697)</b>	<b>-9.8%</b>					<b>6,802</b>	<b>(410)</b>	<b>-6.0%</b>			
<b>Outpatient</b>	<b>15,800</b>	<b>15,677</b>	<b>(123)</b>	<b>-0.8%</b>	<b>61,720</b>	<b>61,521</b>	<b>(199)</b>	<b>-0.3%</b>	<b>15,279</b>	<b>398</b>	<b>2.6%</b>	<b>60,781</b>	<b>741</b>	<b>1.2%</b>
Undesignated HDU Bed days	2,153	1,843	(310)	-14.4%	2,097	1,766	(331)	-15.8%	2,412	(569)	-23.6%	2,466	(700)	-28.4%
Picu Consortium HDU	1,228	1,457	229	18.6%	1,029	1,511	482	46.8%	1,031	426	41.3%	1,019	492	48.3%
<b>HDU Beddays</b>	<b>3,381</b>	<b>3,300</b>	<b>(81)</b>	<b>-2.4%</b>	<b>2,097</b>	<b>3,277</b>	<b>1,180</b>	<b>56.3%</b>	<b>3,443</b>	<b>(143)</b>	<b>-4.1%</b>	<b>3,485</b>	<b>(208)</b>	<b>-6.0%</b>
Picu Consortium ITU	11,240	11,377	136	1.2%	4,806	4,631	(175)	-3.6%	11,182	194	1.7%	4,758	(127)	-2.7%
<b>PICU ITU Beddays</b>	<b>11,240</b>	<b>11,377</b>	<b>136</b>	<b>1.2%</b>	<b>4,806</b>	<b>4,631</b>	<b>(175)</b>	<b>-3.6%</b>	<b>11,182</b>	<b>194</b>	<b>1.7%</b>	<b>4,758</b>	<b>(127)</b>	<b>-2.7%</b>
Ecmo Bedday	196	422	226	115.7%	36	77	41	113.6%	155	266	171.3%	29	48	165.5%
Psychological Medicine Bedday	487	452	(35)	-7.3%	1,225	1,119	(106)	-8.7%	515	(63)	-12.3%	1,297	(178)	-13.7%
Rheumatology Rehab Beddays	559	618	58	10.4%	998	1,087	89	8.9%	686	(68)	-10.0%	1,077	10	0.9%
Transitional Care Beddays	1,014	1,221	208	20.5%	709	843	134	18.8%	805	416	51.7%	633	210	33.2%
<b>Total Beddays</b>	<b>2,255</b>	<b>2,712</b>	<b>457</b>	<b>20.3%</b>	<b>2,969</b>	<b>3,126</b>	<b>157</b>	<b>5.3%</b>	<b>2,161</b>	<b>551</b>	<b>25.5%</b>	<b>3,036</b>	<b>90</b>	<b>3.0%</b>
<b>Packages Of Care Elective</b>	<b>3,000</b>	<b>3,007</b>	<b>7</b>	<b>0.2%</b>					<b>2,798</b>	<b>210</b>	<b>7.5%</b>			
Highly Specialised Services (not above)	10,113	9,576	(537)	-5.3%					10,610	(1,034)	-9.7%			
Other Clinical	14,127	13,616	(734)	-4.5%					12,251	3,380	27.6%			
Adjustment for 2015/16 Outturn	0	(890)	(890)	0%					0	(890)	0%			
STF Funding	1,000	1,000	0	0%					0	1,000	0%			
Pricing Adjustment	1,238	1,905	667	53.9%					0	1,905	0%			
Non NHS Clinical Income	3,424	3,766	342	10.0%					2,774	992	36%			
<b>NHS and Other Clinical Income</b>	<b>106,671</b>	<b>106,841</b>	<b>170</b>	<b>0.2%</b>					<b>101,411</b>	<b>5,431</b>	<b>5.4%</b>			

**Elective/Non Elective**

- Bone Marrow Transplants have seen a change in case mix leading to increased income from the treatment of more complex patient groups.
- Paediatric Cancer has seen an increase in activity compared to 2015/16 leading to improved income .
- Increased activity associated with a push to clear the RTT backlog in RTT challenged specialities; Orthopaedics, spinal and urology has seen an increase in Elective income
- Neurosurgery have seen a reduction in cancellations and an increase in complex cases

**Day case**

- Gastroenterology review causing a reduction in income of £0.2m

**Outpatients**

- Across the organisation outpatients income is on plan

**Bed Days**

- HDU income is down due to a reduction in long stay patients within Respiratory compared to 2015/16
- Cardiac has seen a change in case mix leading to increased PICU income

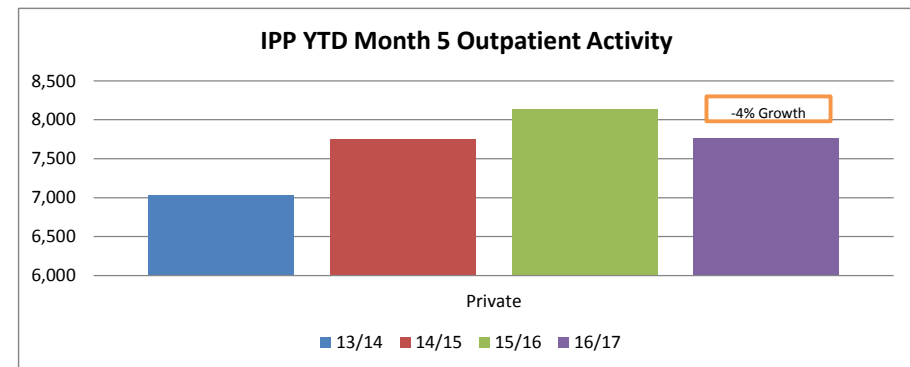
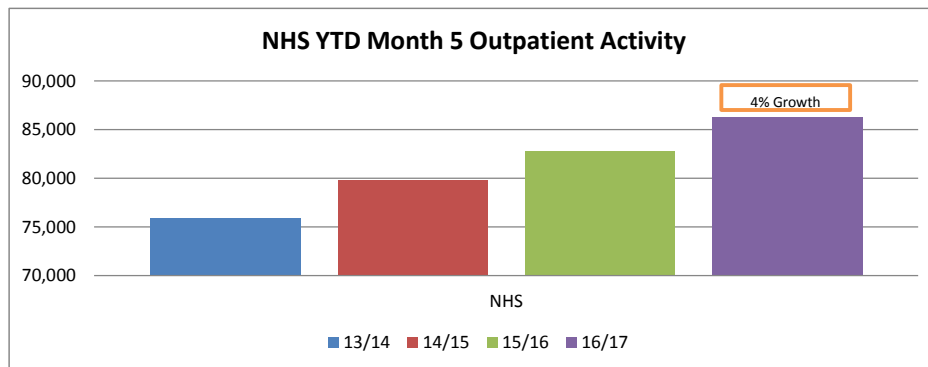
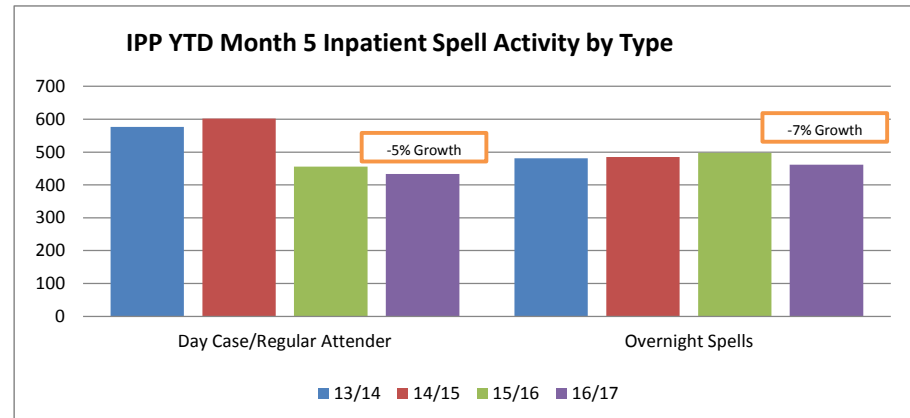
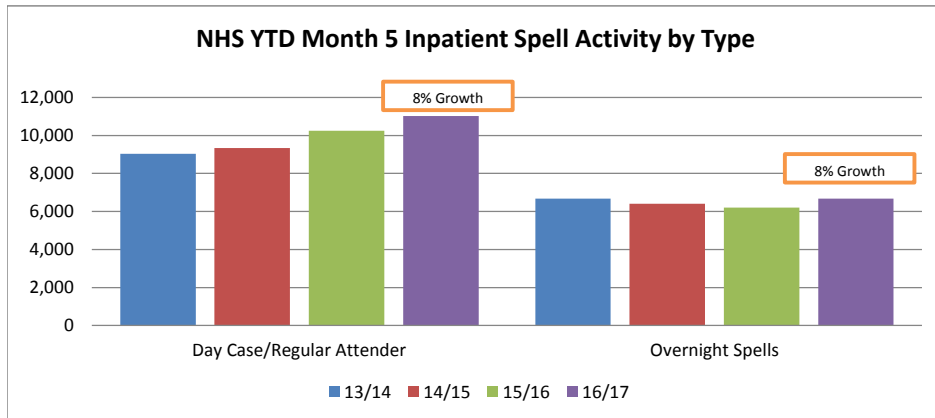
**Other Clinical**

- This includes income for CQUIN and the target for the local pricing review
- CQUIN income is below plan to take account of risk to full delivery
- The £1m reduction in income for 2015/16 outturn is included within Other Clinical Income.
- Local Pricing Review outcome is £1.9m YTD reflecting an updated assessment.

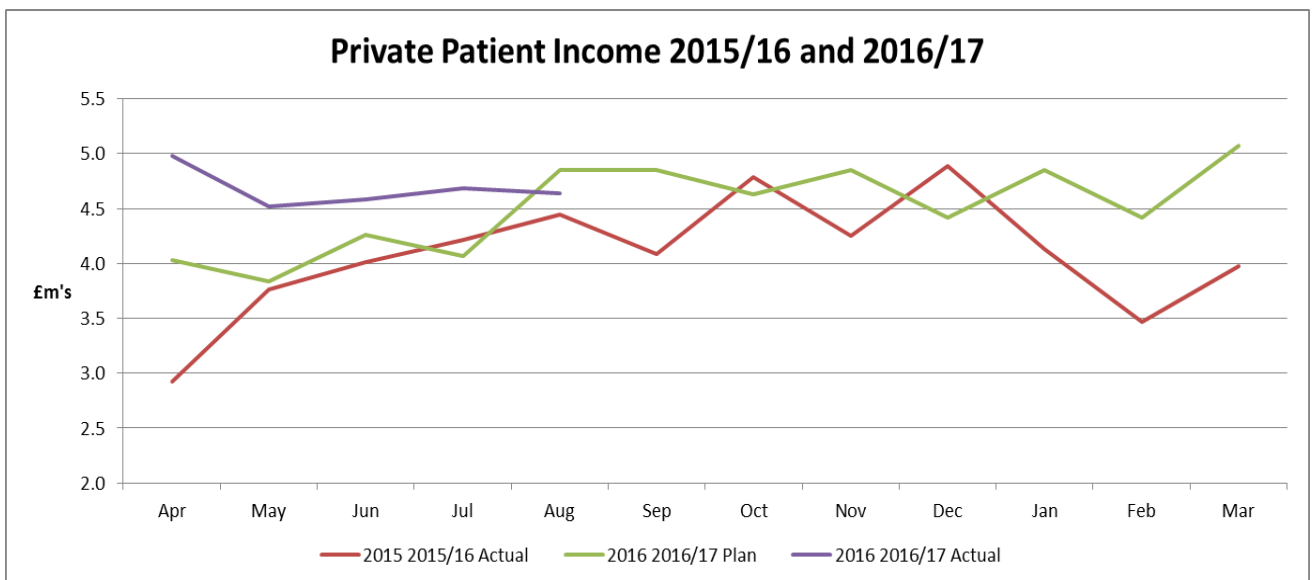
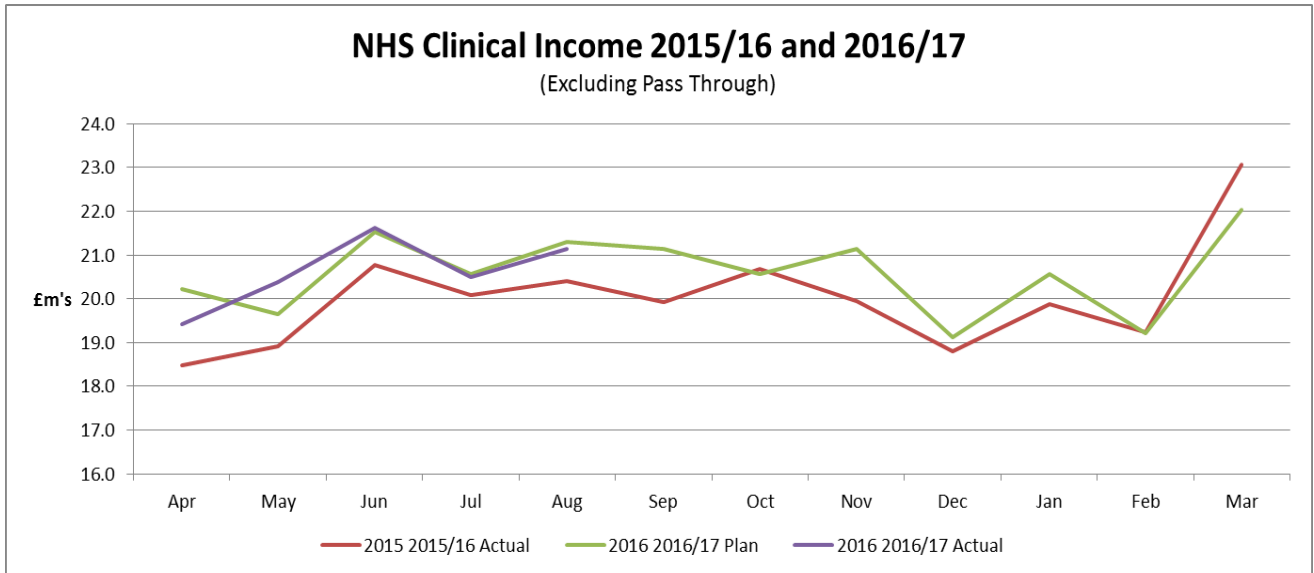
\*Activity = Billable activity

\*Activity is an extract from SLAM taken at Day 1 and is subject to changes following coding completion

Trust Inpatient and Outpatient Activity year on year trend analysis



Trust NHS Clinical Income and Private Patient trend analysis



## Attachment I

### Appendix 6: IPP Update (as at 15 September 2016)

#### ***Finance and activity***

Demand for IPP services income is ahead of plan for 2016/17 and above the same time last year. As at the end of August 2016 income was over-performing by £2.5m against plan and £4.4m year on year, this growth is being delivered within dedicated private wards rather than via funded beds on NHS wards.

During this period of growth, three dedicated private beds (from the total pool of 43) continue to be allocated to assist NHS RTT pressures and when beds are available, assistance is provided to deal with daily NHS bed management issues (422 bed days up to end of August). In addition, privately funded beds on NHS wards have provided a surplus of 437 bed days which were available to treat NHS patients.

#### ***Debt***

Debt levels remain high (£27.5m at end of August) and in excess of levels previously seen. Although the vast majority of this debt is 'guaranteed' by governments of referring countries the Finance department and the International Division continue to manage the situation closely. Collection strategies have been reviewed and triggers for the debt escalation process have been revised.

#### ***Hedgehog ward***

A new dedicated ten bed private patient ward opened on 14 September 2016. This is the first phase of the additional bed capacity required to deliver the approved IPP growth strategy. Located on three wings of Southwood level 3, the ward will treat patients from both surgical and medical specialities and is an expansion of the IPP 'general' bed pool.

The additional capacity will enable GOSH to treat more private patients, improve responsiveness to private inpatient referrals and ensure we can admit a wider range of patient case-mix and specialities.

The ward will also enable the testing of an enhanced hotel services to enable GOSH to better compete with other London based and international paediatric care providers. If successful this will be rolled-out across existing dedicated private wards and can provide valuable information for NHS services.

#### ***Future growth***

GOSH is reviewing the business case for the phase 2B-Premier Inn Clinical Building (PICB). The aim of this review is to conduct a final test of the assumptions used in designing the model of care described in the business case to ensure fit with the Trust's strategic direction and to clarify the impact the relocation/expansion will have on services across the hospital. IPP are working with NHS divisional teams to consider how the additional capacity in the PICB building can contribute to the further growth in bed numbers required to achieve the IPP strategy.

IPP continues to work with NHS divisions to support the opening of unfunded beds on NHS wards. Since the last update, this support has enabled additional capacity in PICU and a business case for respiratory growth of one bed on Badger ward is at an advance stage. Finally, initial discussion have commenced for nephrology growth of one bed on Eagle ward.

These growth projections do not breach the four control measures for non-NHS income.

The IPP division will continue to engage with members' council with updates and involvement in future strategy, and to this end a follow-up meeting of the Members' council IPP strategy sub-group is being planned for November 2016.

## Members' Council

28<sup>th</sup> September 2016

### Meetings Councillors are welcome to observe 2016 and 2017

**Summary & reason for item:** To confirm to the Members' Council the Trust Board and Board assurance committee dates for the remainder of 2016 and for 2017. Any councillors are invited to observe public Board meetings and two councillors are invited to observe every Board assurance committee (Quality and Safety Assurance Committee, Finance and Investment Committee and Audit Committee).

The process for observing meetings will be as follows:

- Dates will be circulated via the attached Members' Council paper and in the regular e-bulletin sent by the Membership and Governance Manager.
- Please contact the Trust Board Administrator [Victoria.goddard@gosh.nhs.uk](mailto:Victoria.goddard@gosh.nhs.uk) to express interest in observing any of the meetings.
- Confirmation emails will be sent to the Councillors observing two weeks prior to each meeting to confirm attendance.
- Where more than two Councillors have expressed an interest in observing an assurance committee meeting, the Trust Board administrator will request that Councillors decide amongst themselves who will attend.

**Councillor action required:** The Council is asked to note the meeting dates and the process for attending Trust Board and its subcommittees as observers.

**Report prepared by:** Victoria Goddard, Trust Board Administrator

**Item presented by:** Anna Ferrant, Company Secretary

**Meetings that Members' Council are welcome to observe for 2016**

**as at 21<sup>st</sup> September 2016**

Date	Meetings and times
Wednesday 28 <sup>th</sup> September	From 11:30am: Trust Board
Wednesday 5 <sup>th</sup> October	2:00pm – 5:00pm Quality and Safety Assurance Committee
Monday 10 <sup>th</sup> October	2:00pm – 5:00pm Audit Committee
Tuesday 11 <sup>th</sup> October	5:30pm: AGM (Western House Lecture Theatre) 6:45pm Reception
Monday 31 <sup>st</sup> October	1:00pm – 4:00pm Finance and Investment Committee
Wednesday 7 <sup>th</sup> December	Trust Board (from approximately 12 Noon)

Meetings Councillors are welcome to observe 2017

Date	Meetings and times
Wednesday, 18 <sup>th</sup> January	2:00pm – 5:00pm QSAC
Tuesday 24 <sup>th</sup> January	2:00pm – 5:00pm Audit Committee
Thursday 26 <sup>th</sup> January	2:00pm – 5:00pm Finance and Investment Committee
Wednesday 1 <sup>st</sup> February	From approximately 12 Noon: Trust Board
Thursday 23 <sup>rd</sup> March	2:00pm – 5:00pm Finance and Investment Committee
Wednesday 29 <sup>th</sup> March	Trust Board (from approximately 12 Noon)
Wednesday, 12 <sup>th</sup> April	2:00pm – 5:00pm QSAC
Tuesday 18 <sup>th</sup> April	2:00pm – 5:00pm Audit Committee
Thursday 11 <sup>th</sup> May	2:00pm – 5:00pm Finance and Investment Committee
Friday 19 <sup>th</sup> May / Monday 22 <sup>nd</sup> May	Audit Committee 10:00am – 1:00pm Trust Board (afternoon)
Wednesday 12 <sup>th</sup> July	2:00pm – 5:00pm QSAC
Friday 21 <sup>st</sup> July	From approximately 12 Noon: Trust Board
TBC	5:30pm: AGM 6:45pm Reception
Wednesday 27 <sup>th</sup> September	From approximately 12 Noon: Trust Board
Wednesday 18 <sup>th</sup> October	2:00pm – 5:00pm QSAC
Tuesday 24 <sup>th</sup> October	2:00pm – 5:00pm Audit Committee
Wednesday 29 <sup>th</sup> November	Trust Board (from approximately 12 Noon)