

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE MEMBERS' COUNCIL
Wednesday 7th December 2016
5:00pm – 6.30pm
Charles West Room, Paul O’Gorman Building

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Chairman	5:00pm
2.	Apologies for absence		Chairman	
3.	Declarations of interest		Chairman	
4.	Minutes of the meeting held on 28 th September 2016	A	Chairman	
5.	Matters arising and action log	B	Chairman	
PATIENTS, FAMILIES AND MEMBERS				
6.	Updates from the Membership and Engagement Committee <ul style="list-style-type: none"> • Membership Strategy update • Updated Terms of Reference for the Membership and Engagement Committee 	C D	Carley Bowman, Chair of the MEC/ Deirdre Leyden, Membership and Governance Manager	5:05pm
7.	Update from the Young People’s Forum (YPF)	E	George Howell, Member of YPF	5:15pm
8.	Update from the Patient and Family Experience and Engagement Committee (PFEEC) including: <ul style="list-style-type: none"> • Q2 PALS Report • Q2 Complaints Report 	F	Juliette Greenwood, Chief Nurse	5:20pm
9.	Councillor activities	Verbal	All Councillors	5:30pm
PERFORMANCE AND GOVERNANCE				
10.	GOSH final two year operational plan - discussion	M	Nicola Grinstead, Deputy Chief Executive	5:35pm
11.	Reports from Board Assurance Committees <ul style="list-style-type: none"> • Quality and Safety Assurance Committee Summary Report and agenda (October 2016) • Audit Committee Summary Report and agenda (October 2016) 	G H	Mary MacLeod, Chair of the QSAC Akhter Mateen, Chair of the Audit Committee	5:50pm

	<ul style="list-style-type: none"> • Finance and Investment Committee Summary Report and agenda (October 2016) 	I	David Lomas, Chairman of the F&I Committee	
12.	Chief Executive Report (Highlights and Performance)	J	Dr Peter Steer, Chief Executive & Executive Directors	6:00pm
13.	Reviewing the Constitution: Re-establishing the Constitution Working Group	K	Company Secretary	6:20pm
	FOR INFORMATION			
14.	Update of Schedule of Matters Reserved for the Trust Board and Members' Council	L	Company Secretary	6:25pm
15.	Any Other Business	Verbal	Chairman	
16.	For Information: Members' Council meetings 2017 (4:00pm – 6:30pm) <ul style="list-style-type: none"> • Wednesday 1st February 2017 • Wednesday 26th April 2017 • Wednesday 28th June 2017 • Wednesday 27th September • Wednesday 29th November 2017 			

ATTACHMENT A

DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING**28th September 2016****Charles West Boardroom**

Baroness Tessa Blackstone	Chair
Mr Matthew Norris	Patient and Carer Councillors: Parents and Carers from London
Ms Mariam Ali	
Ms Claudia Fisher	Patient and Carer Councillors: Parents and Carers from outside London
Dr Camilla Alexander-White	
Mrs Carley Bowman	
Mr Edward Green	Patients outside London
Mr George Howell	Patients from London
Ms Sophie Talib	
Mr Simon Hawtrey-Woore	Public Councillors: North London and surrounding area
Mrs Gillian Smith	Public Councillors: South London and surrounding area
Ms Jilly Hale	Staff Councillors
Mr Rory Mannion	
Ms Clare McLaren	
Dr Prab Prabhakar	
Professor Christine Kinnon	Appointed Councillor: UCL Institute of Child Health
Cllr Jenny Headlam-Wells	Appointed Councillor: London Borough of Camden
Mr Muhammad Miah	Appointed Councillor: Great Ormond Street Hospital School

In attendance:

Ms Mary MacLeod	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Mr David Lomas	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
Ms Juliette Greenwood	Chief Nurse
Mr Ali Mohammed	Director of HR and OD
Ms Cymbeline Moore	Director of Communications
Professor Andrew Taylor	Acting Medical Director
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator
Ms Deirdre Leyden	Membership and Governance
Ms Herdip Sidhu-Bevan	Assistant Chief Nurse Quality and Patient Experience
Dr Shankar Sridharan	Chief Clinical Information Officer and Consultant Paediatric Cardiologist
Mr Stephen McCulloch	Head of Internal Communications

Ms Helen Cooke	Assistant Director of Organisational Development
Dr Daljit Hothi	Head of Clinical Services for Nephrology & Clinical lead for Home Haemodialysis Associate Medical Director for Quality, Safety & Patient Experience
Ms Meredith Mora	Clinical Outcomes Development Lead

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

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

39	Apologies for absence
39.1	Apologies were received from: Ms Susanna Fantoni Patient and Carer Councillor; Mr Trevor Fulcher, Public Councillor; Ms Rebecca Miller, Public Councillor; Mr Stuart Player, Public Councillor; Mr David Rose, Public Councillor; Rev James Linthicum; Ms Hazel Fisher, Appointed Councillor.
40	Declarations of Interest
40.1	No declarations of interest were received.
41	Minutes of the meeting held on 29th June 2016
41.1	The minutes of the previous meeting were approved .
42	Matters Arising and action log
42.1	Action: Minute 35.3 – It was agreed that the Well Led Review Report would be shared with the Members' Council.
43	Roundtable discussion: What does 'Quality' mean to you?
43.1	Dr Daljit Hothi, Associate Medical Director for Quality, Safety & Patient Experience and Ms Meredith Mora, Clinical Outcomes Development Lead led a discussion with groups of Councillors around the definition of quality at GOSH.
43.2	Action: It was agreed that following the consultation, the updated Quality Strategy would be circulated to the Members' Council.
44	Update on progress with the Always Values
44.1	Ms Helen Cooke, Assistant Director of Organisational Development gave a presentation on the implementation of the Always Values in the Trust. She said that other organisations continued to commend GOSH for the level of patient and parent engagement in the development of the Always Values.
44.2	Mr Simon Hawtrey-Woore, Public Councillor and member of the Always Values Steering Group said that he had seen the Values become embedded across the hospital.
44.3	Ms Cooke said that the work had been incorporated into recruitment and training

	and would be on-going.
44.4	Ms Claudia Fisher, Patient and Carer Councillor suggested that 'One Team' would be the most difficult value to embed in order to make demonstrable change within the Trust. She highlighted the number of complaints around communications between teams and asked what was being done across the Trust to respond to this.
44.5	Ms Juliette Greenwood, Chief Nurse said that the communications theme encompassed a variety of complaints and it was important to look at the types of complaint within the theme. Ms Cooke agreed that it was important as part of the Values work, to consider how teams could be brought together across the Trust.
44.6	Ms Mariam Ali, Patient and Carer Councillor asked when a step-change was likely to be achieved. Ms Cooke said that other organisations had described a ten year culture change and emphasised the long term, incremental nature of embedding the Values. She added that the work would continue to be driven forward. The Council welcomed the Trust's commitment to the Always Values work.
45	Updates from the Membership and Engagement Committee including Membership Strategy update
45.1	Ms Claudia Fisher, Patient and Carer Councillor presented a summary of a Membership and Engagement Committee (MEC) away day which had considered how the Council could add value to the Trust.
45.2	Priority areas for Council engagement were suggested: <ul style="list-style-type: none"> • Patient experience • Engagement with and representation of the membership • Interaction with Non-Executive Directors • Provide an external perspective and alternative skill set • Open interaction
45.3	Ms Fisher provided an overview of the current strengths of each of these areas as considered by the MEC and presented a list of suggested actions for further consideration.
45.4	Baroness Blackstone, Chairman welcomed the presentation and said that the issues raised would serve as a useful context to the actions that will be considered in response to the recommendations in the Well Led Review report.
46	Update from the Young People's Forum (YPF)
46.1	Mr George Howell, Member of the Young People's Forum gave an update on the following matters: <ul style="list-style-type: none"> • The YPF had provided feedback on the Electronic Patient Record (EPR) project and members had tested a small number of potential suppliers' systems • A takeover day was being planned in the Trust to enable young people to get involved with the work of staff • The YPF had met with the head of spiritual care and visited some of the faith spaces at GOSH

46.2	<ul style="list-style-type: none"> • The YPF had heard about the process of recruitment and are working towards a young person taking part in interview panels • A new chair and vice chair had been appointed. <p>The Board and Members' Council thanked Mr Howell for his work as Chair of the YPF from its inception.</p>
47	Update from the Patient and Family Experience and Engagement Committee (PFEEC)
47.1	Ms Juliette Greenwood, Chief Nurse presented the report and said that there was an on-going challenge to engage families in the Friends and Family Test (FFT) and receive a good number of responses. She said that when benchmarked against other paediatric hospitals or Trusts with large paediatric services, GOSH had the fourth best response rate and had the second highest number of responses that would recommend the Trust. Work was on-going to look at the use of technology in promoting the FFT.
47.2	<u>Q1 PALS Report</u>
47.3	Ms Greenwood said that a key theme of PALS contacts in the quarter was cancellation of both inpatient and outpatient appointments. She added that it was important to support and train staff members responsible for telling families about cancellations so as to ensure that there was a standard approach.
47.4	<u>Q1 Complaints Report</u>
47.5	Thirty three new complaints had been received in the quarter however no new red complaints were received which was positive. Themes had been identified around delays in treatment and a lack of communication between teams and with patients. Work was taking place to develop a complaints review group which would bring together the divisions to learn from complaints and share good practice.
47.6	<u>Listening event</u>
47.7	Ms Herdip Sidhu-Bevan, Assistant Chief Nurse for Patient Experience and Quality said that the Listening Event would take place on Saturday, 19 th November. Discussion topics include communication, food, transition and outpatients and had been drawn from FFT responses, complaints and suggestions gathered from social media. The event would be focused on patients and parents. A separate workstream for staff would be considered.
47.8	Dr Camilla Alexander-White, Patient and Carer Councillor noted the small number of positive comments and queried whether there was a process in place for capturing these.
47.9	Ms Greenwood said that it was not sufficiently robust to capture many of the compliments that were given. She acknowledged that it was important to share areas of good work throughout the Trust.
47.10	Action: The Council discussed PALS contacts and noted that cases remained open until action had been taken and that families were satisfied with or, in cases where this was not possible, support was given to escalate issues to a formal

47.11	<p>complaint. It was agreed that in future complaints and PALS reports to the Board and Members' Council, a denominator of patients seen in a service would be provided to give a sense of the proportion of complaints received in each area.</p> <p>Mr George Howell, Patient and Carer Councillor queried whether a similar listening event would be held for staff. He emphasised the importance of staff being able to give their feedback. Mr Ali Mohammed, Director of HR and OD said that the Trust was currently in the process of appointing 'Freedom to Speak Up' ambassadors and once they had begun in the role, he would be interested to hear their views of the issues being raised with them.</p>
48	Councillor activities
48.1	<p>Councillors reported their involvement in the following matters:</p> <ul style="list-style-type: none"> • Mr Matthew Norris, Patient and Carer Councillor took part in the GOSH Children's Charity 'Ride 100' fundraising event. • Mr Simon Hawtrey-Woore, Public Councillor was sitting on the Learning Disability Steering Board which was working positively. • Mrs Carley Bowman, Patient and Carer Councillor took part in a parent walkround. She said it had been helpful to be able to go onto a ward to talk to families. It was confirmed that parent walkrounds were taking place on a quarterly basis. • Ms Claudia Fisher, Patient and Carer Councillor took part in the parent walkround; completed a ten mile walk around Hyde Park raising money for GOSH's bone marrow transplant fund; continued to work with the Lead Governors network; provided comments on the Masterplan design brief; and, attended the Food Improvement Group.
49	Reports from Board Assurance Committees
49.1	<u>Quality and Safety Assurance Committee (July 2016)</u>
49.2	Ms Mary MacLeod, Non-Executive Director said that the Quality and Safety Assurance Committee was observed by two members of the Well Led Review team who had made positive informal comments about the meeting.
49.3	A helpful patient story had been received which had led to ensuring the GOSH outpatient area in the Royal London Hospital for Integrated Medicine (RLHIM) was suitably signposted with a GOSH identity. Ms MacLeod emphasised that GOSH was committed to building learning from patient story themes.
49.4	The Committee undertook a deep dive into nurse recruitment and retention which was a key risk for the Trust and had requested further updates on the management of neonatal jaundice and pressure ulcers.
49.5	<u>Finance and Investment Committee Summary Report (August 2016)</u>
49.6	Mr David Lomas, Non-Executive Director said that the committee had considered GOSH's financial results in the first three months and noted that they were slightly better than plan, and had also looked at sources of income and expenditure in Research and Innovation. He added that work was on-going to review workforce cost growth and productivity metrics.

49.7	Mrs Gillian Smith, Public Councillor who had observed the meeting said that in her view the committee was effective however it would have been beneficial to be able to access the papers prior to the meeting.
49.8	Mr Matthew Norris, Patient and Carer Councillor noted the continued increase in IPP debtor days and the risk this posed to GOSH. He asked how assured committee members were by the proposed actions.
49.9	Mr Lomas said the Board as a whole was concerned about IPP debt and this continued to be discussed by the Board, the Audit Committee and the Finance and Investment Committee. He emphasised the importance of the significant IPP contribution to the Trust's NHS activity and confirmed that the Finance and Investment Committee would be undertaking a deep dive on IPP debt as requested by the Board.
50	Chief Executive Report (Highlights and Performance)
50.1	Dr Peter Steer, Chief Executive gave an update on the following matters: <ul style="list-style-type: none"> • Biomedical Research Centre (BRC) bid: GOSH had successfully renewed its BRC funding following a very competitive process. An increase in funding had been awarded to GOSH despite the increase in the number of BRCs appointed. • Access Improvement Programme: Following significant work throughout the organisation, work was now taking place to agree the return to RTT data reporting which had been paused. Meetings had been taking place bi-weekly with NHS England and NHS Improvement.
50.2	Mr Matthew Norris, Patient and Carer Councillor commended the clarity of the integrated performance dashboard. He noted the levels of theatre utilisation and queried how this could be improved.
50.3	Ms Jilly Hale, Staff Councillor and Divisional Assistant Chief Nurse said that the issue was one of ensuring that a bed was available for a post-operative patient and work was underway on patient flow to ensure that beds could be used efficiently throughout the Trust. Dr Steer agreed that it was a complex issue and said that the key barrier to opening additional beds was nurse availability.
50.4	Ms Mariam Ali, Patient and Carer queried whether the vacancy rate was as a result of posts not being filled due to productivity and efficiency obligations.
50.5	Dr Steer said that posts which were not required would be removed and therefore it was important to reduce the vacancy rate by filling posts as far as possible. He said that year-end outturn was dependent on GOSH achieving its productivity and efficiency programme of £10 million.
51	Any other business
51.1	Mr James Hatchley, Non-Executive Director from 1 st September 2016 introduced himself to the Council.
51.2	Dr Anna Ferrant told the Council that Mrs Lisa Chin-A-Young (Parents and carers

	from London constituency) had unfortunately had to step down due to a change in personal circumstances. She said that under the Constitution it was possible to offer the seat to the next highest polling candidate, with the individual sitting on the Council until February 2018 when a standard election would be held.
51.3	Dr Ferrant said that an election would take place to fill the seat in the public councillor representing North London and the surrounding area constituency. A timetable had been developed with the election due to close on 6 th December and the aim of inviting the newly appointed Councillor to the meeting on 7 th December.
51.4	A letter had been written to selfmanagement uk to request the nomination of an appointed councillor in that seat.
51.5	Action: It was suggested that small gifts could be sent to those Councillors who had stepped down.
51.6	Dr Ferrant reminded Councillors that the AGM was taking place on 11 th October.

ATTACHMENT B

MEMBERS' COUNCIL - ACTION CHECKLIST
December 2016

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
16.3	27/04/2016	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.	AF	Jan 2017	Rearranged to January 2017
42.1	07/12/2016	It was agreed that the Well Led Review Report would be shared with the Members' Council.	AF	December 2016	Actioned on 25 November 2016
43.2	07/12/2016	It was agreed that following the consultation, the updated Quality Strategy would be circulated to the Members' Council.	Meredith Mora	TBC	The Quality Strategy is in development and work is underway to align it with the GOSH strategic plan
47.10	07/12/2016	It was agreed that in future complaints and PALS reports to the Board and Members' Council, a denominator of patients seen in a service would be provided to give a sense of the proportion of complaints received in each area.	JG	December 2016	On reviewing the requested approach it will not be feasible or appropriate to use the number of patients seen in a service as the denominator because of the complex nature of complaints and PALS contacts. Often issues raised by patients and parents span across a number of themes or areas and may not relate to the service speciality. The more appropriate approach is to utilise total patient activity which is a very simple measure of all patient activity at Great Ormond Street Hospital. It combines inpatient (finished consultant

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
					episodes) and outpatient (attended appointments and ward attenders) activity so that it can be used as a denominator for comparable measures across the Trust such as complaints, harm and incident rates. It is useful for measures with numerators (such as the number of formal complaints etc) that are applicable across multiple patient groupings (e.g. not only inpatients).
51.5	07/12/2016	It was suggested that small gifts could be sent to those Councillors who had recently stepped down.	VG	December 2016	In progress.

Members' Council

7 December 2016

Updates from the Membership and Engagement Committee including Membership Strategy update

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

1. Membership and Engagement Committee meeting held on 17 November 2016
2. Membership Strategy update including statistics as at 1 November 2016 – (on power point presentation format)

Report prepared by: Deirdre Leyden, Membership and Governance Manager

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

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

1. Membership and Engagement Committee – Update from Meeting held on 17 November 2016

1.1 Key learning's from the 2016 Annual General Meeting and looking ahead to the 2017 Annual General Meeting

The committee felt overall the AGM was successful and that their proposals for the planning of the event contributed towards this. These included:

- utilising communications tools on the new membership database to generate two tailored emails to engage with Foundation trust members about the event
- an increase in Foundation Trust members attending. Approximately 80 people in total attended 21 of whom were Foundation Trust members
- two patient speakers linking their experience to Our Always Values
- filming of the event was published on the Trust website for members and the public to engage in

The committee believes that plans can be made to move forward with live streaming next year; including engaging with the young people's forum who may want to get involved in this.

1.2 Updated Terms of Reference for the committee and appointment of co-chair

An annual review of work was conducted and changes to Terms of Reference discussed including a change of name for the committee. A report outlining the breakdown of changes agreed and the revised Terms of Reference is provided separately on the Council agenda. The Members' Council will be asked to approve the revised Terms of Reference at their December meeting.

Carley Bowman, Chair of the committee was endorsed in role for a further year. Gillian Smith was appointed as Deputy Chair following Lisa Chin-A- Young's resignation from the Council.

1.3 Membership Statistics and report as at 1 November 2016

Total Membership stands at **9,363**. A full breakdown of statistics and an update on the Membership Strategy is attached.

1.4 Away Day findings and next steps

The chair gave a summary of the report and made a recommendation that a follow up on these findings be carried out in the New Year. The Company Secretary will speak to the Volunteer Manager about how he has implemented a skills matrix in the past.

1.5 Recruitment and Engagement of young people

The committee discussed the challenges involved in the recruitment and engagement of the 10-16 year patient and public membership segment. Discussion was had around how best to focus our engagement and recruitment of this segment using a full range of communication methods including face-to face and considering how to access patients transitioning to adult care from GOSH. Gillian Smith reported that she and appointed councillor Muhammad Miah will be attending GOSH School on 2 December to engage with students. The aim is to establish regular engagement slots there.

1.6 Representing Members: Case studies

A guide to gathering feedback drafted by the Chair was available at the meeting. It was recommended that this be sent to all committee members for comment and suggestions.

Membership Strategy Update

Recruit

Communicate

Engage

November 2016

Objectives

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



**Total membership comparison figures
(1 April 2016 - 1 November 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



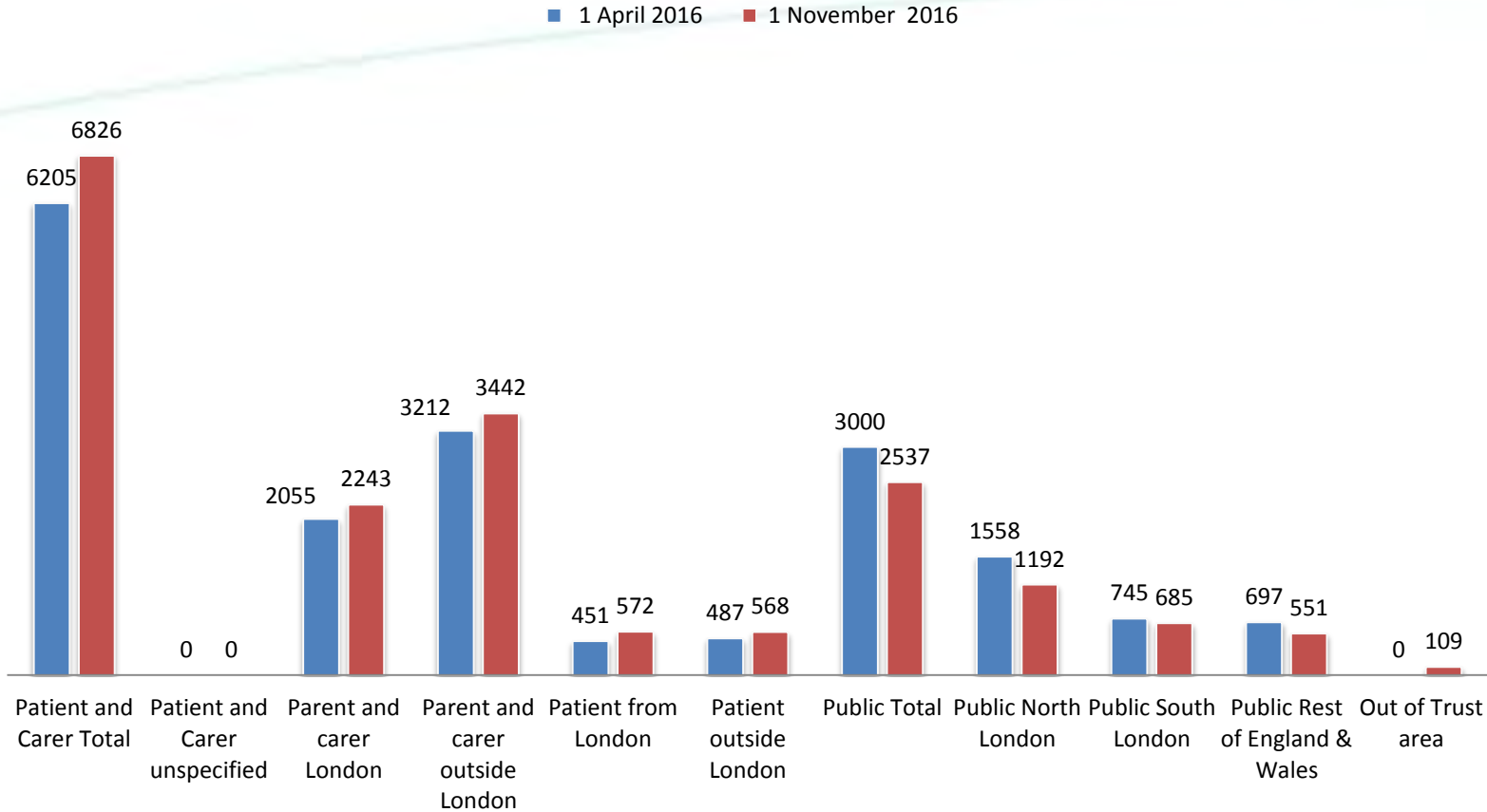
Projected membership targets 2016/17

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 as at 1 November 2016

Total membership figures comparison

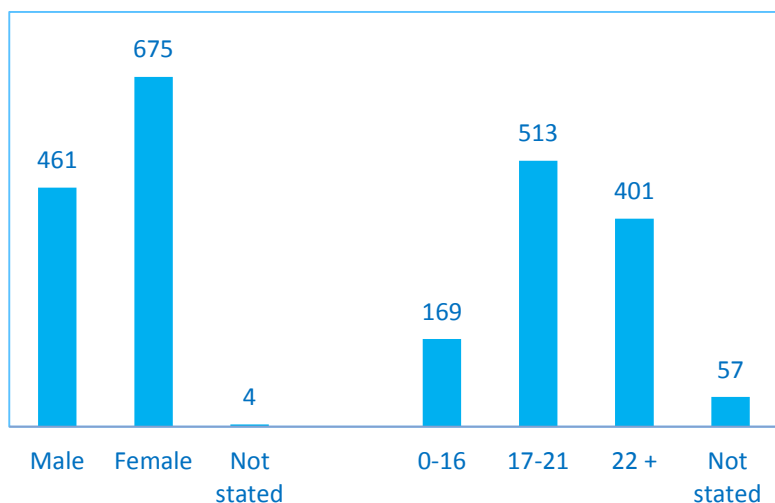


* Out of Trust area: Our membership database is populated by Royal Mail's Postcode Address Files (PAF). New addresses can take a period of time to get updated by Royal Mail, thus defaulting these addresses to Out of Trust area. This figure could also include people who live outside of our constituencies.

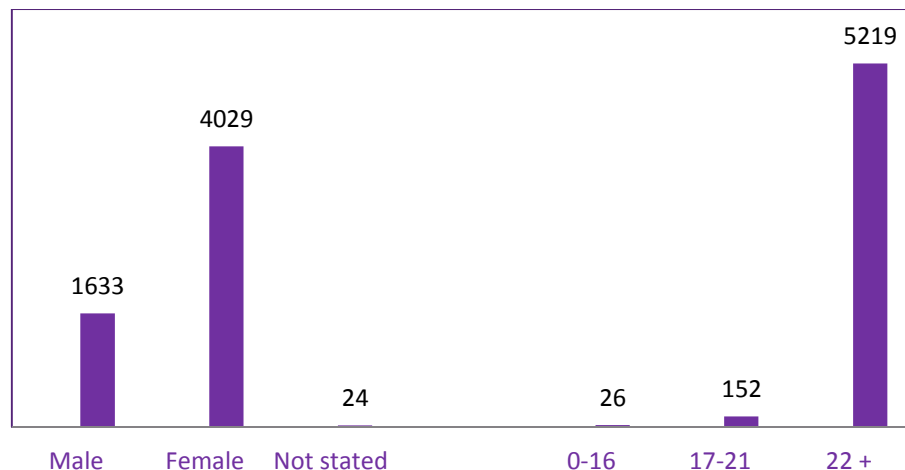
Patient and Parent Carer membership split



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 as at 1 November 2016	Performance against yearly projected targets	Note	Forward plan
Total membership	Total membership stands at 9,363 Numbers are below the yearly projected target of 9,481 by 118.	As predicted the data cleanse and *PIMS check resulted in numbers decreasing due to deceased and/or opt out	Monitor these figures and report back at February 2017 Members' Council Meeting
Patient and Carer membership	Total Patient membership is 1,140 , exceeding yearly projected target of 966 by 174. Total Parent carer membership is 5,685 , exceeding yearly projected target of 5,425 by 260.	Outcome of quarterly *PIMS check <ul style="list-style-type: none"> • 718 Public were reassigned into this constituency (as they had a last used services date) • Increase of 19 new members in the 10-16 patients • 1051 had a last used services date updated • 104 members had their record amended with a last used services date • 2351 have no last used services date 	Concentrate recruitment efforts in membership segments where there is under representation (10-16 patient) <ul style="list-style-type: none"> • Hospital and Outpatients November & December • Trust Listening Event and Takeover Week November • Visit to GOSH School in December • Engaged with YPAG
	Unspecified numbers (109) are now 0	All except 9 (who had a last used services date) have been reassigned into public constituencies	Monitor any members who are assigned to this segment.

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

Projected membership targets 2016/17

Current position as at 1 November 2016	Performance against yearly projected targets	Note	Forward plan
Public membership	Total Public membership is 2,537 Numbers are below the yearly projected target of 3,090 by 553.	<ul style="list-style-type: none"> • Decrease in these constituencies due to quarterly *PIMS cleanse and movement to Patient/ Carer constituencies. • Under representation in 10-16 year age bracket. • Some Out of Trust members may move over into these constituencies 	<ul style="list-style-type: none"> • Monitor these figures and report back at February Members' Council meeting • Recruitment efforts at Sixth Form resulted in 23 young members joining - not yet added to database • Engaged with YPF to increase membership • Engaged with St Georges University to repeat visit in 2017 • Consider stepping up recruitment efforts

**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

Gender	Total	*% of membership	*% of area	Index
Male	329	27.6	49.69	56
Female	859	72.06	50.31	143
Not stated	4	0.34	0	0
Age				
0-16	47	3.94	21.47	18
17-21	134	11.24	5.76	195
22+	946	79.36	72.76	109
Not stated	65	5.45	0	0
Ethnicity				
White	682	57.21	70.01	82
Mixed	56	4.7	3.66	128
Asian	186	15.6	15.64	100
Black	136	11.41	8.07	141
Other	132	11.07	2.62	422
ONS				
AB	348	29.19	27.27	107
C1	358	30.03	32.53	92
C2	192	16.11	17.55	92
DE	282	23.66	22.65	104

% 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)

Overview

* Total: 1,192
Decrease of 366 since 1 April 2016
Decrease of 414 since 1 September 2016

Age Profile:

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

Gender Profile:

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

Ethnicity Profile :

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

ONS

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

* Partly due to data cleansing exercise on moving to the new database.

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

Gender	Total	*% of membership	*% of area	Index
Male	184	26.86	49.02	55
Female	497	72.55	50.98	142
Not stated	4	0.58	0	0
Age				
0-16	9	1.31	20.39	6
17-21	33	4.82	5.65	85
22+	582	84.96	73.96	115
Ethnicity				
White	463	67.59	82.28	82
Mixed	32	4.67	3.18	147
Asian	55	8.03	6.62	121
Black	54	7.88	6.77	116
Other	81	11.82	1.14	1033
ONS				
AB	219	31.97	28.3	113
C1	210	30.66	33.48	92
C2	114	16.64	18.34	91
DE	138	20.15	19.88	101

Overview

Total: 685
Decrease of 60 since 1 April 2016
Decrease of 95 since 1 September 2016

Age Profile :

- Under represented in under 16 age bracket
- Under represented in 17-21 age bracket
- Over represented in other age brackets

Gender Profile:

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

Ethnicity Profile:

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

ONS

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
Gender		
Male	183	33.21
Female	354	64.24
Not stated	14	2.55
Age		
0-16	9	1.64
17-21	26	4.71
22 +	440	79.85
Not stated	76	13.8
Ethnicity		
White	405	73.5
Mixed	5	0.9
Asian	28	3.62
Black	20	3.62
Other	93	16.87
ONS		
AB	153	27.92
C1	158	28.84
C2	113	20.62
DE	124	22.62

Overview

Total: 551

Decrease of 146 since 1 April 2016

Decrease of 97 since 1 September 2016

Age Profile :

- Lowest representation in under 16 age bracket
- Highest representation in 22+ age bracket

Gender Profile :

- Higher representation of female members
- Lower representation of male members


Ethnicity Profile :


- Highest representation in White segment





ONS

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>Provide appropriate information to members and the Members' Council</p> 	<ul style="list-style-type: none"> • Autumn <i>Member Matters</i> - issued in September • September and November <i>FT Get Involved</i> email to membership reached 6,837 members. • Website updated for AGM/AMM information, highlights, links to Annual Report and Annual Membership Report and film of the event • North London and surrounding areas members informed of By election by post and bespoke emails and on website – 4 members nominated themselves for election. Election closes on 5 December 2016. • Councillors to receive December Members' Council ebulletin and all relevant papers and meeting dates 	<ul style="list-style-type: none"> • Preparation for spring <i>Member Matters</i> editorial meeting • Preparation for December <i>FT Get Involved</i> email to membership • Updated <i>Welcome Pack</i> for new members • To ensure we as have as up to date information on members as possible, reinstate gone-away's by utilising the membership database with timely communications in preparation for the 2017/18 election to Members' Council • Continue to update our membership communities in preparation for the 2017/18 Members' Council elections • To continue to send ebulletin's to councillors and all other relevant information to support them in their role.

Objective	How we are meeting our strategic aims	What are our future plans?
<p>Communicate the benefits of membership and create new engagement opportunities</p>  <p>Advert in Taal Brochure-Bancroft's School</p>	<ul style="list-style-type: none"> • Monthly <i>FT Get Involved</i> email has advertised 3 new involvement opportunities and events to attend • Two bespoke AGM emails issued to members with four nominations as a result • To encourage youth membership sign up: <ul style="list-style-type: none"> - FT materials sent to Young Persons Advisory Group with invitation to join - Membership advertisement taken out in Bancroft's School Taal Brochure - Young People's Forum encouraged to join as members • North London and surrounding areas Members' Council election 	<ul style="list-style-type: none"> • Bespoke email to members for key Trust events and opportunities.
<p>Build more awareness, communication, and interaction between councillors and their constituents</p>	<ul style="list-style-type: none"> • Councillors met members at this year's AMM – 21 members attended • Personalised emails from North London councillor to their constituents to advertise the By election and from Patient councillor to Patient/carer members to advertise Listening Event 	<p>Councillors to</p> <ul style="list-style-type: none"> - host membership stall at Trust Listening event in November - Follow up email for reminder to vote - write personalised letters for Spring <i>Member Matters</i> Newsletter and Welcome for Youth version - Two councillors will attend GOSH School in December to meet and engage with pupils

Objective	How are we meeting our strategic aims ?	What are our future plans ?
<p>Harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities.</p> 	<p>Increased attendance from our membership community at this year's AGM with 21 members attending alongside staff , guests and councillors. We estimate approximately 80 people attended the AGM.</p> <p>Members attended an Information Fair and posed questions to key Trust staff.</p>  	<ul style="list-style-type: none"> • The MEC will make further plans to increase attendance at next years AGM and utilise this event as an engagement event • Utilise this event to increase awareness of the role of a councillor and 2017/18 Members' Council elections 



Objective	How are we meeting our strategic aims ?	What are our future plans ?
<p>Harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities.</p>	<ul style="list-style-type: none"> • Councillors and membership staff attend Listening Event in November • Young members are involved in GOSH Children’s Commissioner’s Takeover Challenge • Members’ Council continue to engage with members pre Members’ Council meetings 	<ul style="list-style-type: none"> • To engage with young people from these events who may wish to stand for election in 2017 Members’ Council election. • To continue to attend Trust events such as Diwali celebrations to engage with the hospital community
<p>Support the Trust’s Patient & Public Involvement work and enable a single view of Trust, Partnership Organisations and Charity-wide engagement opportunities.</p>	<p>Our <i>FT Get Involved</i> emails have advertised opportunities for:</p> <ul style="list-style-type: none"> - Parents’ Advisory Group - Green Champions Network - Listening Event - Children’s Commissioner’s Takeover Challenge - GOSHCC events and campaigns - Santa Dash 	<p>Continue to engage with GOSH staff to advertise more opportunities to FT members.</p>
<p>Encourage a partnership approach between the Trust, its membership, and other likeminded organisations</p>	<p>Operation TLC at GOSH - Global Action Plan attended AGM and hosted an information stall</p>	<p>Continue to look for opportunities to engage in partnership work.</p>

Members' Council

7 December 2016

Updated Terms of Reference for the Membership and Engagement Committee

Summary & reason for item:

The Terms of Reference of the Membership and Engagement Committee are reviewed on an annual basis with any proposed changes discussed and agreed as necessary.

The committee held a review of activities undertaken in the reporting period September 2015 - September 2016 at its meeting held on 17 November. Changes to the Terms of Reference for the committee were discussed and agreed at the meeting. A change of name for the committee was agreed amongst members of the committee outside of the meeting.

Councillor action required:

To review and approve the updated Terms of Reference for the Membership and Engagement Committee.

For current committee members to confirm they wish to remain on the committee.
For interested councillors to nominate themselves to the two vacancies on the committee.

Summary of changes to the Terms of Reference of the Membership and Engagement Committee

Appendix 1- Updated Terms of Reference of the Membership and Engagement Committee

Report prepared by: Deirdre Leyden, Membership and Governance Manager
Item presented by: Deirdre Leyden, Membership and Governance Manager

Summary of changes to the Terms of Reference of the Membership and Engagement Committee.

Following a review of compliance against the terms of reference, the committee proposes the following changes to the terms of reference (see Appendix 1 for the relevant changes):

1.1 Name of the committee

Change name to reflect the work conducted by the committee in the recruitment and representation of Foundation Trust members.

Membership Engagement Recruitment and Representation Committee
(MERRC)

1.2 Duties

Change current headings to align with the Membership Strategy strand headings:

- change 'Membership' to 'Membership Recruitment'
- change 'Communication' to 'Membership Communication'

Add a new heading to reflect the representation of Foundation Trust members:

- 'Membership Representation and Engagement'

1.3 Membership Recruitment

The following changes have been made to the Terms of Reference (please see Appendix 1):

- 3.4 Highlight the need for all councilors to support membership recruitment
- 3.5 Clarification that we review the public membership profile against the demography of the population.

1.4 Membership Representation and Engagement

This heading to include feedback by the committee in the planning of the Annual General Meeting.

1.5 Membership

Reference to Patient and Carer or Public Councillors to be appointed as Chair and Deputy Chair following discussion held at the November meeting.

1.5 Meetings

Members will be expected to attend a minimum of three meetings out of five meetings a year. Additional members from the Members' Council and volunteering community are welcome to attend meetings.

The Members' Council is asked to

- **approve** this change of name of the committee;
- **approve** the amendments to the terms of reference of the committee.

Appendix 1. - Updated Terms of Reference for the Membership and Engagement Committee

Membership Engagement, Recruitment and Representation Committee

Terms of Reference

1. Authority and Scope

The **Membership Engagement, Recruitment and Representation Committee** is a subcommittee of the Members' Council of Great Ormond Street Hospital for Children NHS Foundation Trust. It is chaired by a public or patient/carer Councillor.

The Committee has delegated authority from the Members' Council to make decisions on behalf of and be accountable to the Members' Council for recruiting and engaging with the Trust's membership and representing the interests of the patients, carers, families and the general public in the areas served by the Trust.

2. Purpose

The purpose of the Committee is to oversee the recruitment and retention of members and maximise engagement **and representation** opportunities for the members.

3. Duties

Membership Recruitment

- 3.1 Review the Membership Strategy and associated Action Plans.
- 3.2 Develop a work programme and action plan and review and monitor progress.
- 3.3 Consider actions for growing membership numbers.
- 3.4 **Agree and monitor the involvement of councillors to support recruitment activity.**
- 3.5 **Review the public membership profile against the demography of the population to inform decisions on future membership recruitment strategy and recruitment activities**
- 3.6 Present an annual report on the Membership Strategy at the Annual Members Meeting.

Attachment D

Membership Communication

- 3.7 Develop communication tools to support implementation of the Membership Strategy that are of use to all membership and the wider public (regardless of age or language).
- 3.8 Consider the requirements of Councillors in communicating with:
- their constituencies
 - between themselves and
 - with the Board of Directors
- and recommend tools to aid communication.
- 3.9 Develop quality monitoring systems for Foundation Trust membership and communications and provide assurance to the Members' Council that the Foundation Trust membership is being appropriately communicated with.
- 3.10 Review membership recruitment material and the welcome and introduction pack for members.
- 3.11 Review communication methods for members. These will include:
- Newsletter (*Member Matters*)
 - Volunteers Newsletter (*VFocus*)
 - E mail and eCommunications (including with staff)
 - Regular contributions in the Staff Newsletter (*Roundabout*)
 - Communication via the intranet (staff) and website
- 3.12 Oversee content/production of *Member Matters'* Newsletter.
- 3.13 Work closely with the Communications & Marketing Team to maximise opportunities for positive public relations using the media and other forums to promote the Trust.

Membership Representation and Engagement

- 3.14 Review the Membership Strategy engagement work plan
- 3.15 Develop **representation and engagement** opportunities and events, working alongside the Patient Experience Team and Volunteering Team
- 3.16 **Feed into the planning and promotion of the Annual General Meeting and Annual Members' Meeting.**

4. Reporting

- 4.1 The Committee reports to the Members' Council at every meeting (5 times a year). This will be in the format of a submission of minutes and summary report.

Attachment D

5. Membership

5.1 The **Membership Engagement, Recruitment and Representation** Committee is made up of the following members:

- Nine representatives of the Members' Council of which
 - at least six representatives are from the Patient and Carer or Public Constituencies
 - one of the Patient and Carer or Public Councillors will be appointed as Chair
 - one of the Patient and Carer or Public Councillors will be appointed as Deputy Chair
- GOSH Foundation Trust member
- GOSH FT Company Secretary;
- GOSH FT Head of Volunteer Services;
- GOSH FT Membership, Governance and Relationship Manager;
- GOSH FT Patient Involvement and Experience Officer;
- GOSHCC Senior Internal Communications Officer

5.2 Additional members from the Members' Council and volunteering community may be invited to attend meetings.

5.3 The Chair and Deputy Chair of the committee will be elected from the councillor representatives. Endorsement of both role will be carried out on a yearly basis.

5.4 For a quorum, there must be a minimum of seven members present, including at least three Patient/Carer or Public Councillors, the Company Secretary, Membership Governance and Relationship Manager or Stakeholder Communications and Marketing Manager.

6. Meetings

6.1 The Committee will meet five times a year allowing timely reporting to the Members' Council.

6.2 Members will be expected to attend a minimum of three meetings out of five meetings per year.

6.3 Papers will be sent out at least four working days before the meeting.

6.4 Secretariat support for the Committee will be provided by the Membership and Governance Manager.

7. Monitoring

7.1 The Committee shall review its terms of reference on an annual basis.

November 2016

MEETING OF THE MEMBERS' COUNCIL MEMBERSHIP AND ENGAGEMENT COMMITTEE

8 September 2016

9:30am-10:30am

Level 6 Meeting Room, Paul O'Gorman Building

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
Claudia Fisher (CF)	Patient and carer constituency
Gillian Smith (GS)	Public constituency
Sophie Talib (ST)	Patient and carer constituency
George Howell (GH)	Patient and carer constituency
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

Apologies:

Anna Ferrant (AF)	Company Secretary
Kevin Armstrong (KA)	GOSH Member and GOSH Volunteer

* Denotes a person present for part of the meeting

** Denotes a person present by telephone

1.	Welcome, Introductions and Apologies	
1.1	LC welcomed everyone to the meeting. Apologies were noted.	
2.	Planning for 2016 AGM	
2.1	<p>DL gave an update on the planning for the event. This included:</p> <p><u>Agenda</u></p> <ul style="list-style-type: none"> - to include - Always Values update (Smile, Hello my name is Offer to help What's your name (SHOW) – overview, patient and YPF speaker (and 5 minute film on the Always Values) - Looking into live streaming of the event SMc is lead on this and speakers above - Lead councillor presentation- DL to send draft to CF 14/9 - Information Stalls : <ul style="list-style-type: none"> Research and Innovation Quality Improvement Team Clinical Governance and Safety Team Foundation Trust Membership and Patient and Public Involvement Electronic Patient Record Project Request made to Redevelopment <p><u>Publicity</u></p> <ul style="list-style-type: none"> - <i>FT Get Involved</i> email has featured AGM/AMM since July - <i>Member Matters</i> - Vfocus and Vbytes for Trust volunteers - Camden newspaper - Invitation letters out to appointed organisations, local organisations and 	

Attachment D

	<p>organisations with a connection to GOSH</p> <ul style="list-style-type: none"> - Separate membership email sent on 30/8 using click email facility on new database with link to info stalls info-10 members have already booked a place and been communicated with. An update email will be sent on 30 September - Website has been updated - Councillors to be informed via eBulletin and asked to bring a guest - YPF and Teen gosh on website - Posters in Outpatients, GOSH School and in the hospital 	
2.2	Action: ensure that on the day publicity is available to the hospital community	DL
2.3	RJ updated the meeting on internal communications- the advert is in <i>Roundabout</i> , the intranet will be updated.	
2.4	<p>ST reported that she had asked several members of the YPF to attend but it hadn't appealed to them because of the agenda being very governance led and the timing of the meeting. She said the group didn't feel they would be engaged and that it would be like attending a lecture.</p> <p>RJ suggested ways of making it more interesting and inclusive for YPF members and if they were to do their own live streams.</p> <p>There was discussion about live streaming</p> <p>CB suggested "3 min sound bites" using a camera and to film short sections which were set up- people arriving, interacting with councillors and speakers. If live streaming was not going ahead and to also use the skills of TPF members who are on media studies courses etc. EJ gave the example of YPF involvement with the NHS England event.</p> <p>DL raised the issue of concern and EJ said that on sign in people would be asked if they gave consent – if not they could be issued with a sticker to alert us that they didn't want to be filmed.</p>	
2.5	Action: RJ to enquire with the content team at GOSHCC to see if they can support this. EJ would liaise with him around involvement from YPF and CB and ST to link in also.	RJ
2.6	LCY enquired about live tweeting. RJ explained this would have to be through the GOSH twitter account. LCY asked for examples of tweets.	
2.7	Action: EJ to send LCY examples of tweets from the last Trust she worked at.	EJ
2.8	CF asked about the Our Always Values part of the agenda. RJ explained it would be about the development of the values and focussing on the "Always Welcoming"	
2.9	CF explained that the Lead councillor presentation would include some slides on recent case study- using the text messaging case study. DL said she would send CF a draft presentation by 14 September to work off and would speak to AF about including case study.	
2.10	Action- DL to send CF a draft of the Lead councillor presentation by 14/09	DL
2.11	<p>Action: RJ to make visible the AGM page which links to outline of information stalls</p> <p>RJ to adapt the posters to make them more public friendly</p> <p>RJ to look into AM Screen ads above the Charity desk to run the advert</p>	RJ & DL

Attachment D

	<p>RJ to ask SMC for an update on live streaming- by next week and report back to the MEC DL to provide RJ with a photo for using on social media DL to update vbytes DL to send additional membership email DL to ensure publicity is sent to UCL Great Ormond Street Institute of Child Health</p>	
3.	Database update	
3.1	<p>DL provided the meeting with an update on new database:</p> <ul style="list-style-type: none"> - Migration to the new database provider, Membership Engagement Services was undertaken between June and August, - The last remaining sign ups since will be transferred this month. - Testing on the new system was carried out. This included : <ul style="list-style-type: none"> • Checking basic functionality and membership fields against Raisers Edge (old system) • Running parallel statistic reports to check accuracy of figures • Training on new system for reporting and communications to members 	
3.2	<p><u>Testing on PIMS</u></p> <p>A time table for checking membership data against PIMS has been agreed. This included:</p> <ul style="list-style-type: none"> - An initial check of Patient and Carer data carried out prior to the migration to ensure data was as up to date as possible - A meeting was arranged for MES project manager and Information manager to discuss data quality issues and the quarterly timetable - Membership data is checked against PIMS – postcode of current address & surname & deceased. Info team send all back to MES and highlight those with last used services date, MES update database and move members if necessary. - Data quality issues – two different systems trying to work together- many different reasons and combinations for data quality issues to arise. <ul style="list-style-type: none"> - No last used services date – may be their appointment is in the future, did not take up referral (DNA) - No match on PIMS- may be address has changed, divorced and living at different address , surname could be entered with typo so won't get picked up on PIMS, surname could have changed <p>It was agreed to check Patient and Carer data and Public data and to add the previous address if this is known– this will commence in October 2016. Members may move into public and back out again if they become patients/parent carers again. We will get a better picture of our membership also membership manager to go on PIMS training and a communications plan for this constituency to be put in place prior to MC elections 2017/18.</p>	
3.3	<p>LCY asked about how the database can enable us to strengthen our link between members and councillors. DL said that was already starting by being able to personally respond to AGM meeting acceptances and owning the data more as we can run specific reports for example and communications out to a particular</p>	

Attachment D

	constituency – for example patients outside London	
4.	Membership statistics and report as at 1 September 2016 and focus on recruitment and engagement of young people	
4.1	DL provided the meeting with an update on the new look membership statistics report. Following advice from our new databases providers we have a new structure for the report. It will also be linked to the Membership Strategy in terms of reporting against our projected membership targets and our engage and communicate sections.	
4.2	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	
4.3	In terms of communications and engagement: <ul style="list-style-type: none"> - DL now manages foundation@gosh.nhs.uk and is responsible for keying in new members on to the database. - Online membership form has been changed and updated and is now linked directly to MES - FT Get Involved is now sent out via MES we also can see diagnostics - email bounce/opens/clicks - emails to members- change of address and email queries, also some give us new email addresses, bookings, can start to build up a more personal communications with members. - New membership form has been designed and printed. 	
	Any Other Business Next meeting is Thursday 17 November 2016 Projects Meeting Room, level 4 Barclay House	
	DL updated the committee on meeting dates for 2017. 2017 Meeting Dates 19th January 13th April 15 June 14th September 16th November ALL meetings held from 11:00am-1:00pm	

Members' Council
Wednesday 7th December 2016

Young People's Forum Update

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

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

Report prepared by: Faiza Yasin, Chair of the YPF.

Item presented by: George Howell, Member's Councillor.

Young People's Forum (YPF):

The last YPF meeting was in September 2016. Membership currently stands at 43. Since January 2016 the YPF's membership has grown by 60%.

Since the last Council meeting there has been an election for the role of the YPF Chair and Vice Chair. The YPF Chair elections closed on the 10 September; Faiza Yasin was elected (Fig 1). The Vice Chair elections closed on the 18 September; Hannah Deakins was re-elected (Fig 1).



Publicity

Since September YPF members have written the following blogs for their page on the Great Ormond Street Hospital (GOSH) website.

Fig 1. YPF Chair - Faiza Yasin (left), YPF Vice Chair - Hannah Deakins (right)

- Just keep swimming, by Jamie
- How to tell people about your health condition, by Jamie
- Five things you'll understand if you live with a long-term condition, by Susanna
- Working together with student nurses, by Eve

The Autumn Foundation Trust Newsletter, Member Matters, included an introduction from the outgoing Chair and Vice Chair, George and Hannah, as well many other YPF activities including the Cooking Up a Youth Voice event. Both the young people's version and adult version of Member Matters, included articles from YPF member Ethan, who wrote about 'What happens before an operation' and his experience of GOSH (see below).



Fig 2. Autumn Member Matters

Since September, three opportunity bulletins were sent to YPF members. Activities included: asking young people for their views on the Trust's Quality Strategy, an opportunity to help out at the Trust's Biomedical Research Centre open, their thoughts on whether teenagers will enjoy using a Lego MRI, a request for volunteers to help distribute the Christmas Stocking Appeal messages to wards in December and a reminders for Takeover week and the Listening Event.

YPF Involvement Opportunities

Takeover Day 2016

Takeover Day is an opportunity for children and young people to meet and learn about the teams that run the services they use. Patient's Takeover people's jobs for a day and are given opportunities to be involved in decision making. The week aims to empower young people and ensure their voice is heard.

The Trust has not taken part in the Children's Commissioner's Takeover day since 2014. As there is now a Children and Young People's Participation Officer in post, the Trust was able to create a Takeover week for 2016.

Prior to the week, YPF members were asked to fill in an expression of interest form to allow GOSH staff to identify who young people wanted to Takeover and in what form.

Attachment E

In total, 33 young people were in the Trust over the week of 14 to 18 November. Please see below for an overview of which teams were Takeover.

Monday 14	Tuesday 15	Wednesday 16	Thursday 17	Friday 18
Development and Property Services	Electronic Patient Records Team	Chief Nurse	Executive Team	GO Create!
	Pharmacy Team	Facilities Team Floor Manager	Communications Team	Chaplaincy
	Quality Improvement Team	Catering Team		Ward teachers
		Radio Lollipop		
		Development and Property Services		

Opportunities within the teams included: Chairing the Patient and Family Experience and Engagement Committee, becoming young Art Directors, Communications Manager and Quality Improvement Advisors



Fig 3. Pharmacy Takeover - Emma, Charlotte and Thomas



Chief Nurse Takeover - Juliette Greenwood and Beth Keyzer



Quality Improvement Team Takeover - Iman, Lana and Zara



Chaplaincy Team Takeover - Gabriel, Jim, and Anne-Marie the Chaplains



Hospital Floor Manager Takeover - Costa



Redevelopment Team Takeover - Grace and Morgan



GO Create! Team Takeover - Cheska, Jamie, Faiza, Faye and Sara put together an exhibition of photos taken by Ethan, Ezara and Charlie on Monday's Redevelopment Takeover



Redevelopment Team Takeover - Ethan, Charlie and Ezara



Deputy Chief Exec Nicola Grinstead and Medical Director Vin Diwaker Takeover - Maisie, Pavan, Susanna and James take part in the Divisional Performance Reviews

All those who took part in Takeover – staff and patients have been asked to complete evaluation forms. The findings of these surveys will be shared at the next Foundation Trust Council meeting.

Listening Event

The YPF took part in monthly conference calls with the Assistant Chief Nurse for Patient Experience to help plan and shape the Trust's Listening Event. Young people helped in designing the day from choosing the theme (space), to setting the agenda, advising on who should be attending, and even catering ideas.

During the event both Alice and Sophie, YPF members, spoke about their experiences to both parents and patients. Chair Faiza and Vice Chair Hannah, also told the children and young people about the YPF and encouraged them to learn more and join up.



Fig 4. YPF members Jamie and Beth

As with Takeover Day, further investigations are needed to identify what ideas and solutions were presented by the families and patients. Initial reviews of the evaluation sheets handed out on the day revealed the following answers:

Do you feel you were listened to?

*Yes, but it is important that the next steps are communicated to attendees soon after the event
Yes. Lots of rapport. Several of the team came and asked me for more detail after the sessions*

What was your highlight of the day?

*The space cupcakes
Meeting the people who can make a difference (and the gingerbread men were super tasty!)
Discussions with the other young people and the market place*

Student Nurses Open Day

Four YPF members attended the Student Open Day at GOSH for the London South Bank University (LSBU). The young people had the opportunity to give students an insight into being a young patient at GOSH, the importance of engaging with adolescents, tips on how to engage with teenagers and the value of student nurses.

The open day continues the work which began in January, when lecturers from the LSBU School of Nursing, invited members to suggest what topics should be inserted onto the curriculum.



Fig 5. YPF members talking to student nurses

YPF attend the latest Electronic Patient Record (EPR) workshop

On Wednesday 7 September, five YPF members attended a workshop on the EPR programme. The event involved watching and scoring demonstrations of companies that have made patient portals for other hospitals.



Fig 6. YPF members with the EPR team

Speaking at the Trust Annual General Meeting (AGM)

YPF members, Alice and Sophie, volunteered to speak at the Trust Annual General Meeting on 11 October.

Alice and Sophie spoke about their experiences at GOSH and related them to the importance of the Trust Always Values. The girls also represented the YPF in the market place area at the AGM

Supporting the Play Team

Two YPF members met with members of the Play Team to discuss their experiences of play at GOSH as teenagers and share ideas on how to provide adolescents and teenagers with more support. Some members of the YPF are considering setting up a coffee morning or afternoon, run at GOSH by young people for young people. This is being discussed with the Patient Experience Team.

The YPF also had a stall during Hospital Play Week to encourage teenagers and young people to sign up to the YPF.

Halloween Party

The YPF's ideas were translated into reality at the Halloween Party.

Under their guidance, a Haunted House area for teenagers was created. Activities included: a glow jar making craft activity, spooky smoothies provided by the Catering Team, face painting and temporary tattoos.

YPF member, Emma, attended and said that the 'teenager Haunted House section was brilliant and that the smoothies were delicious'. Party goers were also asked to judge the YPF pumpkin carving competition, by placing a sticker on which photo was the best.

November 2016

Members' Council
Wednesday 7th December 2016

**Patient and Family Experience and Engagement Committee (PFEEC)
PALs and Complaints Q2 Reports**

Summary & reason for item: To update the Council on the work of the PFEEC.

Councillor action required: None

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

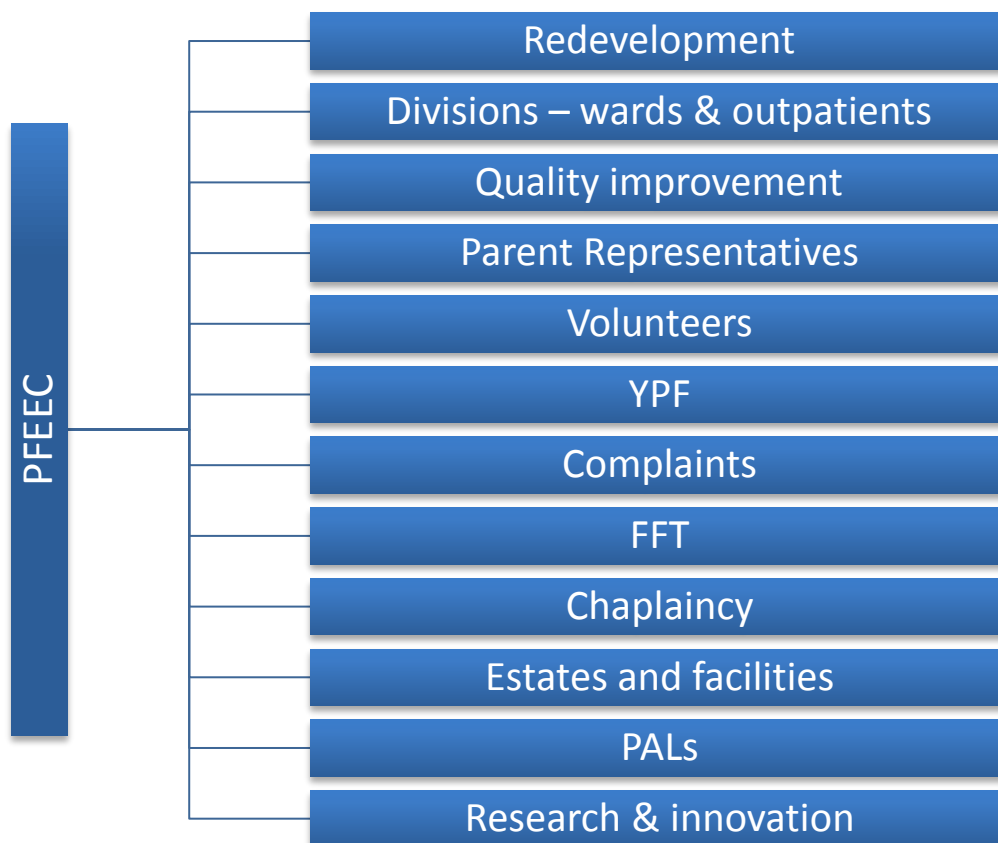
Item presented by: Juliette Greenwood – Chief Nurse

Patient and Family Experience and Engagement Committee

1.0 Introduction

The Patient and Family Engagement and Experience Committee leads and monitors the development and delivery of the Trust's Patient Experience and Engagement plan, 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.

It aligns up with the following Trust areas/services:



2.0 PFEEC REPORT

2.1.1 Real-Time Patient Feedback System

The Patient Experience Team was successful in their application of a Charity bid to introduce a real-time feedback system. This project has commenced, working closely with ICT initially. Wider engagement with users, EPR, patients and parents etc, will form part of the Project Steering Group. It is estimated that this system will take about nine months to introduce and enable more timely feedback data, actions and improvements. We have almost completed informal meetings with various companies that deliver feedback systems which when then progress to a formal process of selecting an appropriate company who we will work with to develop the system.

2.1.2 Friends and Family Testing (FFT)

This data continues to be collected on a monthly basis and improvements are being made in conjunction with the QI team to make the system more efficient. Moving forwards FFT comments that require action will be produced on a template that will be completed by the relevant areas to demonstrate actions. This will be presented in PFEEC providing assurance around local ownership of FFT data and improvements required. The October 2016 FFT showed an improvement in response rates compared to the previous two months. The Patient Experience team are planning a re-launch of FFT to ensure engagement and understanding of feedback at ward level with the relevant staff.

2.1.3 Patient Stories

Patient stories/case studies/walkabouts (collated by parent representatives/MC) that are presented at PFEEC will have the associated action plans sent to the appropriate areas with the story and will require feedback to PFEEC where we can demonstrate implemented changes. This involvement of the appropriate staff at ward leads to a greater engagement with FFT and the value of feedback that enable improvements.

The patient experience team are to collate a video library of patient stories that will be shared with the trust in the appropriate forums such as Trust Board, QSAC, Divisions etc. The framework for the stories has been designed to ensure that the correct process is adhered to and that the Trust staff engages with the patient stories.

2.1.5 Complaints/PALs

Please see the attached Q2 reports for PALS and Complaints. Current themes within Complaints and PALs are lack of communication (between teams and families, correspondence) delays in treatment, outpatient experience.

2.1.6 Transition

An improvement manager for transition commenced work on transition in September 2016. The initial work has explored the overall aim which is to have transition plans in place for all young people aged 13 years and above. Data is being collated and the initial focus will be on young people aged 16yrs and above with regards to transition plans if required. Medical leads are also required for the specialities in order to ensure transition plans are being put in place within their areas of responsibility. Performance and engagement will be managed in

the future at divisional level through identifying age appropriate patients being on transition plans. The steering group for this project is being set up with the relevant staff to ensure engagement and we have linked up with other children's hospital to look at their transition models.

2.1.7 Listening Event

The Trust listening event took place on Saturday 19th November 2016. The topics discussed at the event were communication, food, outpatients and transition. The feedback from the event is currently being compiled. There were 60 patients and parents that attended the event which was supported by all the executive team and many other staff. Various staff were able to showcase their work on the day such as research, EPR, Pals etc.

2.1.8 Accommodation

The accommodation strategy group led by Estates and Facilities with GOSH charity involvement is looking at the demand and capacity and meeting the requirements of all users. This work is also taking into account the future new buildings and facilities offered in these new areas. The current booking process is also being reviewed to ensure maximum use of the Trust facilities. The policy is currently under review and the clinical areas will be required to adhere to the policy and criteria set within once ready. Part of this work also involved re-locating the midwife clinic which was based in Weston House, this has been successfully moved to an appropriate outpatient setting.

2.1.9 Extravasation Project

The key focus of this work is to standardise the number of cannulation attempts made on a patient requiring intravenous access. This work will ensure assessment of the child, question why they require access, what it is to be used for, how long it is required for and what devices would best suit the needs of the patient. An assessment tool has been designed which is currently being validated. Distraction therapy through play and the environment are also key elements to this work. This will help improve the experience for the patient and family. Various senior staff are managing the different streams of work that form part of this work.

2.1.10 Divisional Engagement

Current work in progress is to have more divisional engagement with regards to patient experience through a reporting system, where accountability and responsibility for the patient experience is clear. This will demonstrate work being carried out in the divisions which will be shared through PFEEC.

2.1.11 Patient Reported Experience Measures (PREMS)

The team (Jo Wray and Geryl Oldham) have carried out a survey collecting in excess of 300 surveys on the week of 31st October for patients aged 8-16 years. This survey was designed by the children and young people and the team tested out the surveys over a period of a week. The results will be ready in January 2017.

2.1.12 Bereavement Report

The aim of the report was to learn from the experience of bereaved parents and carers whose children died at Great Ormond Street Hospital and evaluate how supportive the experience at GOSH was for the bereaved. The outcome of the survey demonstrated the quality of care and support that was provided to the children and their families at a very difficult time. The staff received high praise for the support they provide to the families. The Family Liaison nurses, Palliative care roles and Bereavement services and their value were highlighted as well. Recommendations were also highlighted in the report with regards to improved information, training in communication and post mortem discussions with families.

Pals Q2 report July-September 2016

1.0 Key themes of this report

- 412 Pals cases
- Overview of Pals cases Pan-Trust
- Update on previous issues raised
- JM Barrie Division Cases
- Charles West Cases
- Estates and Facilities
- International and Private Patients
- Our Always Values
- Social Media including NHS Choices

Cases	Q2 16/17	Q1 16/17	Q2 15/16
Promptly resolved cases (-48h)	317	369	286
Complex Cases (48h+)	87	91	78
Escalated to Formal Complaints	3	11	18
Compliments	5	7	6
Total	412	478	388

2.0 Overview of Pals cases:

Top 5 specialties Q2 16/17

Specialties	Q2 16/17	Q1 16/17	Q2 15/16
Gastroenterology	44	97	41
Orthopedics / Spinal	26	28	28
Neurosciences Medicine	24	28	19
General Surgery	24	17	16
Cardiology	23	6	12

Gastroenterology has fallen significantly since the preceding quarter and is now half what it was. It is however now back to the number of cases it had in the same quarter the preceding year.

There have been two new specialties in the top 5 this quarter: Cardiology and General Surgery; the main themes for the increase in cases for these two teams this quarter has been lack of communication, waiting times and cancellations.

Top 5 themes Q2 16/17

Theme	Q2 16/17	Q1 16/17	Q2 15/16
Communication	62	135	129
Cancellation	59	55	48
Waiting time	37	16	20
Transport	30	18	16
Failure to arrange an appointment	28	16	7

Three aspects of the patient journey through GOSH services are communication, waiting times and cancellations. These three are interconnected but families have presented to Pals with problems that relate to these three issues.

Communication: The number of families contacting Pals about communication problems has nearly halved, from 135 cases last quarter to 62 cases this quarter. This was previously high with families reporting the lack of responses to phone calls, answerphone messages or unreturned emails about appointments and admissions.

Waiting times: There has been an increase from 16 cases in the last quarter to 37 cases this quarter of families contacting Pals having been waiting to hear about admissions or appointments but having no dates given, teams are responding but not able to confirm the specific dates.

Cancelations: The number of families contacting Pals continues to be high. It has slightly risen from 55 contacts last quarter, to 59 contacts regarding cancelations this quarter. Pals have worked with families and staff to ensure a child is seen if possible and if not, reasonable travel costs incurred due to the GOSH error are reimbursed to enable a repeated journey.

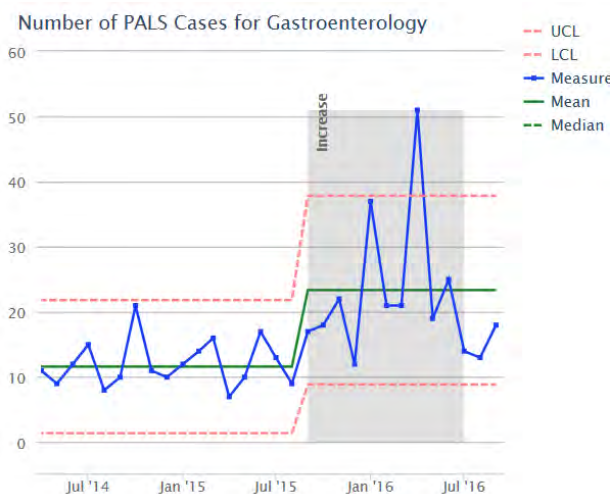
Non-Emergency Patient Transport (NEPT): There has been an increase the number of families contacting Pals about NEPT. There has been a change in service provision from some CCG's and this change is reflected in the Pals concerns we receive. In the previous quarter 18 families contacted Pals looking for help with NEPT but this quarter this had risen to 30 families.

Failure to arrange an appointment: This is where families have contacted Pals as they had expected an appointment but there was no booking made for that OPA. Pals had to first work with the clinician to agree the need for the OPA then with the admin team to make the arrangements.

3.0 Update on key issues from Q1 16/17:

3.1 Cancelations: Please see above.

3.2 Gastroenterology:



This graph indicates that since August of 2015/16 the number gastro cases for Pals have been increasing with a peak in April 2016. However, the numbers have been gradually decreasing and are similar to the previous year.

4.0 J M Barrie Division (262 cases)

Table showing the top 5 specialities and how these have changed from preceding quarters.

Speciality	Q2 16/17	Q1 16/17	Q2 15/16
Gastroenterology	44	98	41
Orthopaedics/Spinal	26	28	28
Neurosciences Medicine	24	28	19
General Surgery	24	17	16
Ophthalmology	16	11	17

Thematic analysis for top 5 specialties in Barrie:

Gastroenterology: The most common theme for this speciality is contact to Pals is about arranging outpatient appointments.

Orthopaedics/Spinal: The most common themes are about admission planning with families waiting for admission dates to be confirmed. Cancellations for both admissions and appointments are also a significant theme for this speciality.

Neurosciences Medicine: The two themes related to this specialty are arranging transport for outpatient appointments and communication around appointment dates.

General surgery: Pals have been contacted by families about cancellations of admissions and needing support to arrange follow up appointments post-surgery.

Ophthalmology: The main themes for this specialty were the cancellation of appointments and requests for NEPT.

5.0 Charles West Division (100 cases)

Table showing the top 5 specialities and how these have changed from preceding quarters.

Specialty	16/17 Q2	16/17 Q1	15/16 Q2
Cardiology	23	6	13
Cardiac Surgery	18	16	8
Rheumatology	11	22	10
Critical care (PICU, NICU & CICU)	9	12	12
Immunology Clinical	6	10	10

Cardiology: Admission dates and cancellations were the two most frequent themes in the contacts from families about cardiology.

Cardiac Surgery: Cancelled admissions were the primary theme for contact to Pals from families. Pals arranged for the reimbursement of reasonable travel costs or arranged for the clinical team to make the payments.

Rheumatology: The most common theme for Rheumatology were families not receiving outpatient appointment dates.

Critical care: Pals supported 9 families whose children were in ICU's. The most common theme was emotional and practical support.

Immunology: This specialty had 6 contacts about supporting communication with the clinical team.

6.0 Estates and Facilities

There were 5 cases specific to the Estates and Facilities team. These were for a short period of two weeks while the hospital laundry was not available. The clinical team most affected was BMT, whose parents had to use other facilities in the local area due to the specific way clothes for the patients need to be treated when washing. The Head of Estates and Facilities agreed to work with the Redevelopment team to investigate washing machine provision for the BMT families.

Although the Non-Emergency Patient Transport (NEPT) is arranged by the clinical teams across the Trust the contracts are managed by Estates and Facilities so Pals wants to highlight that in the last quarter 18 families contacted Pals looking for help with NEPT but this quarter this had risen to 30 families regarding hospital transport.

7.0 IPP

International and Private Patients had 3 cases in this quarter. Two cases were about referrals and arranging payment to the service. One case was escalated to the Patient Safety team.

8.0 Our values

The below shows the number of cases where the Trust "Always Values" were not met. We have assigned each Pals case to one of the Always Values and identified where the Trust Values was absent.

Values	
Expert - Excellence	5
Expert - Improving	9
Expert - Professional	40
Expert - Safe	19
Helpful - Helps others	56
Helpful - Patient	35
Helpful - Reliable	133
Helpful - Understanding	47
One Team - Communication	46
One Team - Involve	2
One Team - Listening	1
One Team - Open	3
Welcoming - Friendly	4
Welcoming - Reduce waiting	12
Totals:	412

9.0 Compliments received

All the below compliments have been shared with the clinical teams and GEMS committee.

ID	Description	Specialty
14675	Mother complimenting the staff that has been looking after her child since she first came to GOSH.	Ophthalmology
14651	Mother describing a staff nurse member as: "kind and helpful" she was and how "experienced and knowledgeable" so that over the years of working with her they had always felt "they were in the hands of someone who really cared".	Rheumatology
14814	Mother wants to give her thanks to a nurse named Jodie who she describes as hard working.	General Surgery (SNAPS)
14568	Mother would like to thank all staff on the ward for looking after her child.	Cardiac Surgery
14904	NHS choices posting: Mother praising the staff on the ward for treating our child.	Cardiology

10.00 Social Media and NHS Choices

Postings on Social Media and on NHS Choices are shared with the clinical team that the posting relates to. NHS Choices has a public reply posted from the Pals Team encouraging direct contact with us to help support the concerns raised by the family. The postings are however anonymous and each of the postings this quarter had to be shared with the relevant teams without patient details to act upon.

Complaints Quarterly Report

Quarter 2 2016-17

Donna Robinson

Patient Safety and Complaints Manager

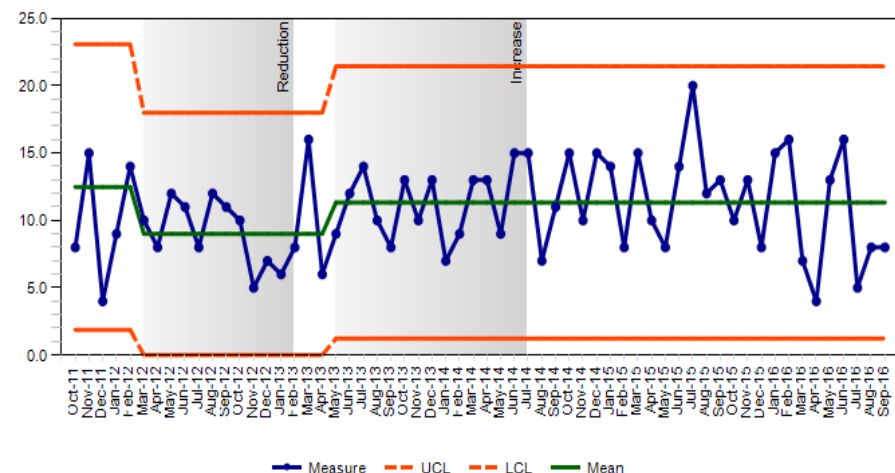
Summary of Key Points:

The key points identified for this report are:

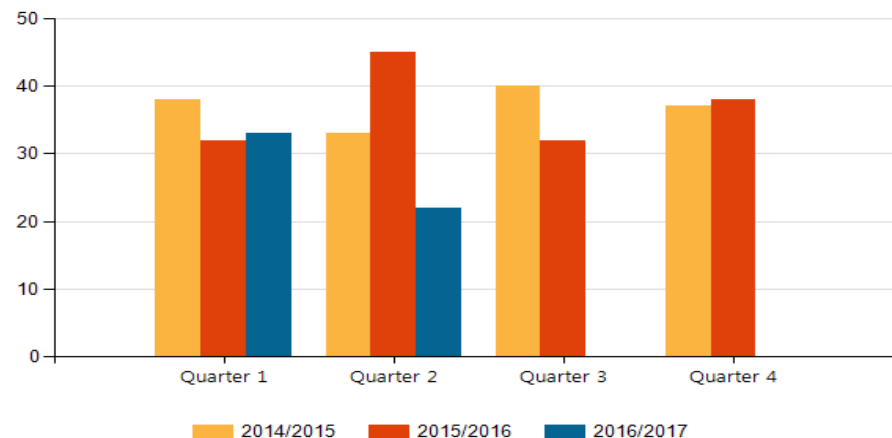
- 22 new formal complaints were investigated in this quarter (Q2)
- There were 2 new red complaints logged this quarter and 1 of these is being investigated as a serious incident
- Themes highlighted within complaints include delay in treatment, lack of communication with parent/carer and lack of communication with staff/teams.

Number of formal complaints received by the Trust:

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



Complaints by Quarter and Financial Year



Trends for the number of formal complaints received since October 2011

Commentary:

There was no significant variance in the number of complaints received during the months within this quarter, compared to the number of formal complaints received since October 2011. However 22 formal complaints in one quarter is low compared to recent reporting periods (please see next graph).

Trends for number of formal complaints received per quarter

Commentary:

The number of complaints received this quarter decreased by 33% compared to the last quarter (Q1 2016/2017) and also decreased 50% compared to quarter 2 last year. Within quarter 2 last year the Trust saw the highest amount of formal complaints received in one month which can partly explain this large percentage increase.

Complaints by Patient Activity

Combined Patient Activity

“Combined Patient Activity” is a very simple measure of all patient activity at Great Ormond Street Hospital. It combines inpatient (finished consultant episodes) and outpatient (attended appointments and ward attenders) activity so that it can be used as a denominator for comparable measures across the Trust such as complaints, harm and incident rates. It is useful for measures with numerators (such as the number of formal complaints etc.) that are applicable across multiple patient groupings (e.g. not only inpatients).

combined patient activity = outpatient attendances + inpatient episodes

This combined activity measure has advantages over other such measures of overall patient activity in that it is simple to understand and calculate, is easy to combine or separate NHS and private activity and it can be applied across a number of hospitals. It also produces patient numbers that are realistic, without applying complex weightings to different patient groupings.

Percentage of complaints received compared to patient activity for each Division:

Directorate	Total number of Complaints	Adjusted patient activity	Amount of Complaints per 1000 Adjusted Patient Days	% of Complaints per 1000 Adjusted Patient Days
MDTS	5	10238	0.488	27.1%
Surgery	6	15117	0.397	22.0%
Neurosciences	3	14270	0.210	11.6%
ICI-LM	4	13438	0.298	16.5%
Cardio-respiratory Services	1	16728	0.060	3.3%
IPP	2	5676	0.352	19.5%
Totals:	21	75467	0.278	100.0%

Commentary:

*There was 1 complaint logged under Facilities which is not included within this table as there are no comparable bed days.

Complaints Timescale

Complaints closed within the agreed timescales:

Total number of complaints received in the quarter:	22	Total number of complaints closed in the quarter:	30
Percentage of draft reports received from investigation staff on time:	40%	Percentage of responses completed and sent to complainant within agreed timescale:	77%

Complaints timescale monitoring

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.

	JM Barrie	Charles West	IPP	Corporate Departments
Number of complaints	22	6	0	2
% of drafts received on time	45%	17%	n/a	50%
% of responses sent on time	77%	83%	n/a	50%

Stage of the formal Complaints sign off process

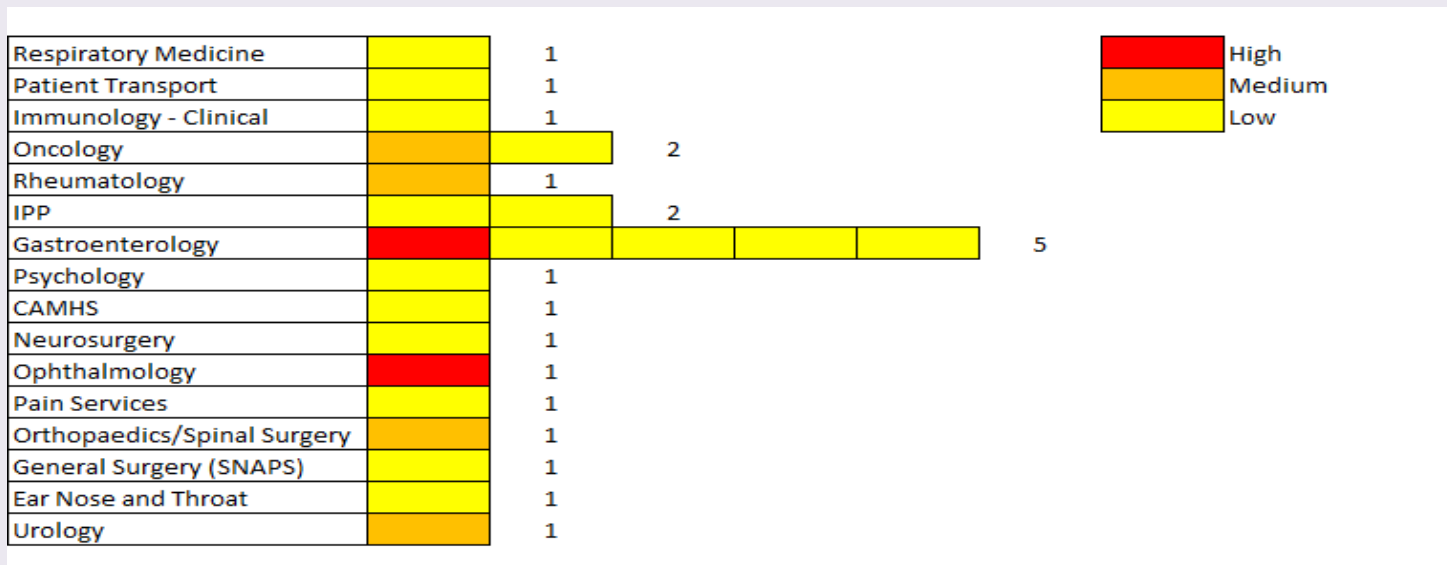
Average number of days

Average working days for the complaints team to review draft	3.7
Average working days for the division to finalise the report following the draft review	22.7
Average working days Chief nurse sign-off	1.1
Average working days CEO sign-off	2.3

Complaints by Grading

Complaint grading definitions:

Red (high)	Suggested that severe harm to patient or family has incurred.
Amber (medium)	Short term injury or harm (not severe) and/or poor service, communication and quality evident.
Yellow (low)	No injury, difference of opinion rather than deficient service.



Number of complaints received by specialty and grading

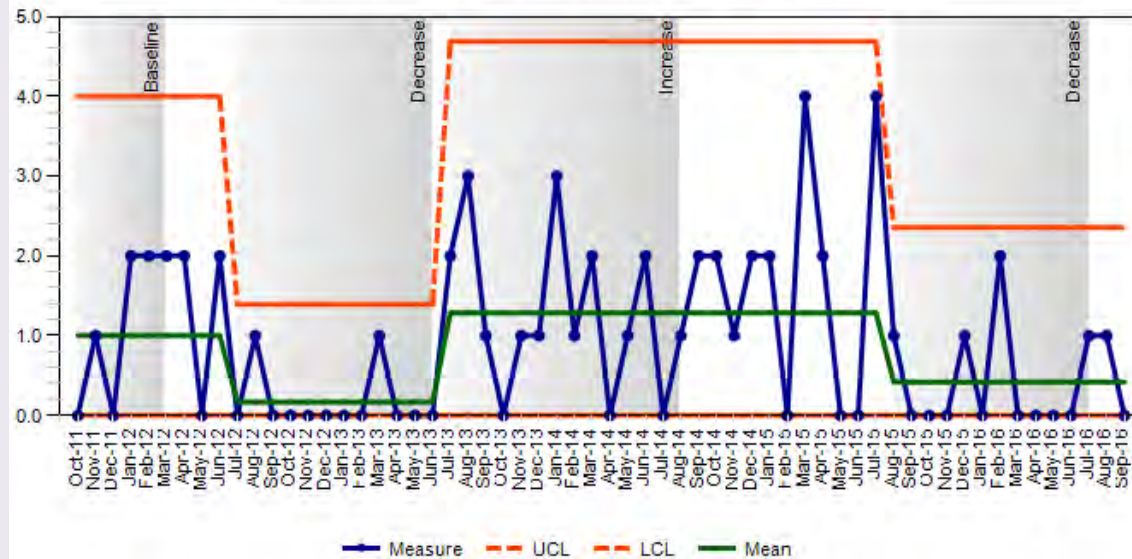
Commentary:
The Ophthalmology red complaint is being investigated as a serious incident (SI) and the Gastroenterology red complaint is being investigated externally. (please see next slide for details of the red complaints)

Red Complaints



Red Complaints

Red Complaints: All Divisions / Directorates, All Specialties



No of new red complaints in Q2:	2
No of re-opened red complaints in Q2:	0
Total no of open red complaints:	2
No of closed red complaints in Q2*:	0

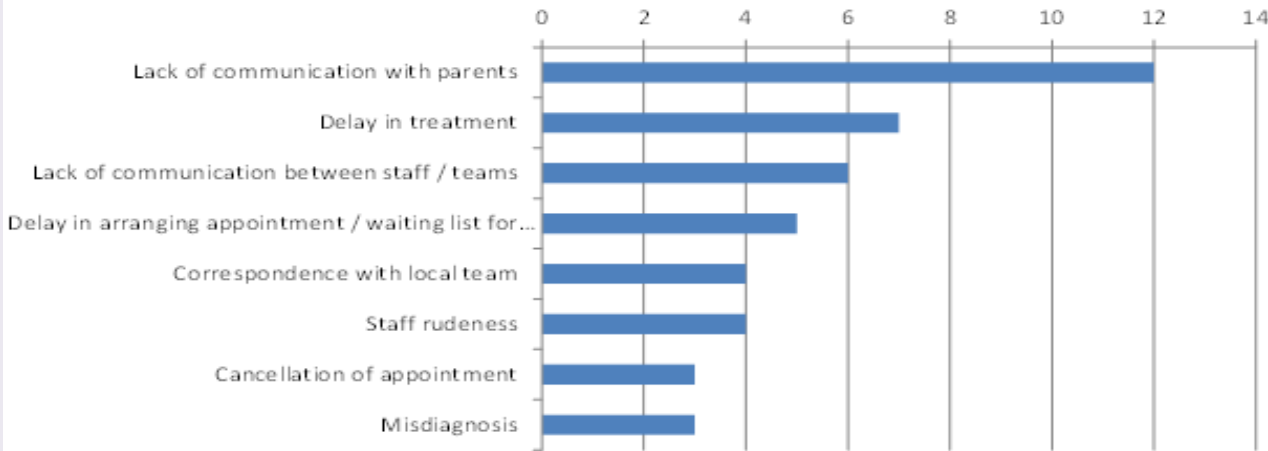
Open red complaints

Ref	Opened Date	Date Report Due	Description of Complaint	Divisions Involved	Exec Lead	Division Lead	Next Steps:
16/039	19/07/16	10/10/16	Concerns raised regarding the care, treatment and discharge of patient. Patient subsequently admitted to local hospital who queried the patient's health.	Gastroenterology	JW	Liz Jackson /Katy Mackinlay	External report has not been received in the timescale originally given – reviewer has been asked for an update and a new timescale
16/040	03/08/16	02/11/16	Potential failure to treat patient urgently; this is being investigated as an SI (2016/21207)	Ophthalmology	AT	Jilly Hale	Draft investigation report out for comment

Complaints Trend Analysis

Subjects arising in complaints received Q2 2016/17

Subjects arising in complaints opened Q2 2016/2017



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.

Delay in treatment

- Delay in treatment was noted as a theme in the quarter 1 data and continues as a theme in quarter 2 with 32% of complaints relating to a delay in treatment.
- Two of the complaints raised concerns regarding transition to adult services and referrals. The Trust is currently completing a CQUIN to review and improve the transition process.
- Concerns were raised regarding scheduling of follow up appointments; several complaints indicated that the appointments were not booked which resulted in the family contacting the teams in order to arrange the appointments.

Communication:

Communication makes up 81% of complaints in quarter 2. Complaints are also monitored against the Trust 'Always Values' which include communication and can be viewed on the next slide.

Lack of communication with parents

- 54% of complaints received indicated a lack of communication with the parent/carer.
- Communication covers a broad spectrum and the key areas of poor communication were highlighted as: poor communication regarding scheduling appointments and late cancellations, lac of communication regarding care plans and treatment and communication issues with patient transport.

Communication between staff/teams

- 27% of communication issues were between staff/teams.
- Several of the complaints raise lack of communication between staff which resulted in appointments being cancelled, often at short notice. The complaints have queried communication within the teams and have raised concerns about administration support and processes.

Complaint and the Always Values


30% of the subjects raised this quarter were linked to the 'One Team- Communicate' value. A further breakdown of complaints in relation to the Trust Always values and themes from these can be found below:

Complaints and the Trust Always Values:

Always Welcoming- Respect	1	Always Welcoming- Friendly	6	Always Helpful- Understanding	1	Always Helpful- Help others	1
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	14	Always Helpful- Patient	0	Always Helpful- Reliable	3
Always Expert- Professional	0	Always Expert- Excellence	10	One Team- Listen	5	One Team- Involve	0
Always Expert- Safe	7	Always Expert- Improving	0	One Team- Communicate	21	One Team- Open	0


Themes

Always Welcoming




- Reduce Waits: several complaints have raised concerns regarding appointments not being scheduled, late cancellations and multiple cancellations.
- Friendly: a number complaints indicated that we did not meet the value however the complaints raised different issues which include: concerns regarding staff behaviour and also communication.
- Respect: concerns were raised that personal items were moved by a staff member and were left in display in the bay.

Always Expert




- Excellence: several complaints indicated that they did not feel that the care received was excellent and did not meet the expected standard
- Several complaints queried the diagnosis of the patient.
- Safe: families have raised concerns regarding the care provided to the patient.
- Concerns were raised regarding cancellation of appointments/procedures and whether this would have an effect on the patient's conditions.
- One family raised concerns that discharge was rushed and the patient had to be readmitted.

Always Helpful



- The 'Always Helpful' value had the lowest number of complaints.
- Reliable: the complaints indicated the patient had appointments cancelled, one patient had multiple cancellations.
- Understanding: concerns were raised regarding patient transport. The family had requested a later transport time due to the patient's needs however this was not accounted for.
- Help others: the complaints raised concerns regarding the care provided and also around the transfer of care to another team.

Always One Team

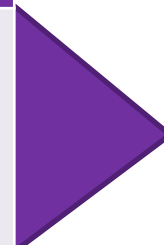


- Communication: one family report that communication become worse as more teams became involved in their child's care.
- Several families complained that communication around cancelling and rescheduling of appointments is poor.
- There has been a number of communication issues resulting in patient transport not being booked, being late or arriving at a different time than that requested by the family.
- Listen: this fits in with the wider communication issues raised in complaints. Many families have indicated that listening is an issue. Two complaints raised concerns that information which they raised with the clinical team was not listened to.

Learning from Complaints



Learning from Complaints:(3)		
Ref	Details of complaint:	Action taken:
16/002	The parents raised concerns that their child's transition to adult care was poorly organised and managed and no formal transition clinic was booked.	The speciality have changed the way they monitor and book their transition clinics. This is being monitored by the speciality wide improve project and has also fed into the Trust wide transition project .
16/005	Parent raised concerns about the management of her child Hickman line which needed to be replaced at GOSH on three occasions	<p>In future, when infants are transferred from PICU at GOSH having had a Hickman line inserted, it will be recommended by the GOSH PICU team in the discharge summary that an x-ray should be obtained at the accepting unit in order to check that the line has not moved during transport.</p> <p>As the policy at GOSH for the management of Hickman lines in neonates does not reflect current practice on NICU, the NICU, IR, CVAT and surgical teams will review and update GOSH guidelines for management of CVL lines in neonates.</p>
16/016	Foster carer raised concerns that staff may not be alerted to children who are subject to legal proceedings before making changes on the Patient Information Management System.	An alert is in the process of being added to the Patient Information Management System (PiMS) to inform staff when a child is subject to legal proceedings and who they should contact.



Quality Improvement Trust Wide Project:

The learning from this complaint has been fed into the Trust wide transition project which aims to improve the transition process.

Re-opened Complaints



Re-opened Complaints: (4)

Ref	Reason for dissatisfaction:	Action taken:
15/121	Complainant felt that part of the report was incorrect and asked for further information on the action plan.	Further investigation has taken place and information provided regarding the action plan.
16/009	Parent had questions on the information provided within the report.	A further response was provided.
16/021	Parent wishes to take up an offer of meeting to discuss the complaint and complaint response	Meeting being arranged
15/007	Parent requested clarification on points within the investigation report.	A further response is being drafted.

Parliamentary and Health Service Ombudsman (PHSO) updates:

No new cases were referred the Ombudsman and there were no concluded cases this quarter.

Attachment M

Members' Council

7 December 2016

GOSH final two year operational plan - discussion

Summary & reason for item:

NHS improvement and NHS England published the NHS Operational Planning and Contracting guidance on 22 September 2016. This set out a clear timetable for Trusts to develop Operational Plans the next two years, with draft plan submission due on 24 November 2016 and final plan submission due on 23 December 2016. The Council will note that these dates are earlier than previous years.

The Board received a draft copy of the Financial and Operational Plans for 2017-19 at its meeting on 18 November 2016. The draft Operational Plan was submitted on 24 November 2016. A copy of the final draft submitted is attached for information.

Further work is being undertaken to develop and finalise the final Operational Plan for submission on 23 December 2016.

Councillor action required:

The Council is asked to note the revised timetable for submission of the two year plan. The Council is asked to provide feedback on the draft plan at the Council meeting.

Item presented by: Nicola Grinstead, Deputy Chief Executive

Great Ormond Street Hospital for Children NHS Foundation Trust Annual Operational Plan 2017/18 – 2018/19- DRAFT

Introduction

Since its inception more than 160 years ago, Great Ormond Street Hospital has been at the forefront of specialist paediatric research and specialist care. This tradition continues today in our aspiration to be the leading children's hospital in the world – in terms of research, quality of care and staff experience, delivered on a sustainable basis. Our guiding principle remains 'the child first and always' and this is reflected in our 'always' values – to always be welcoming, helpful, expert and one team.

The Trust provides a mixture of specialised and highly specialised services to a local, regional and national population and has a very active research programme. It does not carry out this work alone, working with a multitude of health and academic partners including our principal academic partner University College London and other members of UCL Partners Academic Health Science Centre. Much of our research activity is already world-leading.

The hospital is supported by Great Ormond Street Hospital Children's Charity which provides a significant contribution to the Trust, particularly in funding its long term redevelopment programme.

This sets the strategic context of the Trust's operational plan for 2017/18 and 2018/19. The Trust faces a number of financial and operational challenges over this period, which this plan seeks to address. The key actions include:

- **Opening of the Premier Inn Clinical Building** - transforming the hospital's inpatient facilities and helping us move towards our goal of providing modern accommodation for all the young patients at GOSH. It will also provide additional physical space for future consolidation of paediatric specialist services - for example, the potential transfer of patients to GOSH as a result of the Congenital Heart Disease Review.
- **Improving performance against national access targets** – implementing detailed demand and capacity plans for challenged specialities to deliver agreed improvement trajectories.
- **Delivering a £22.6m productivity and efficiency programme** – including significant programmes of work aimed at improving efficiency across a number of cross-cutting areas such as procurement, patient flow and workforce.
- **Implementing the recommendations of the Local Price Review** – which was commissioned jointly with NHS England to determine local prices that appropriately reflect the resource requirement of the Trust's specialised services.

The joint national planning guidance for 2017/18 to 2018/19 sets out nine 'must-dos' that commissioners and providers should be aiming to achieve through implementation of their operational plans.

The following table summarises the requirements and the trust's response, and references where this is discussed further in this operational plan, where applicable.

National 'must do' area	Trust response	Reference in this document
1. Implementing Sustainability and Transformation plans	Not directly relevant to the Trust, but engagement planned where appropriate.	Section 6
2. Finance <ul style="list-style-type: none"> • Achieve financial control totals • Deliver demand management schemes • Deliver efficiencies 	The assumption of this operational plan is that the Trust will achieve the financial control totals in 2017/18 and 2018/19 – in the context of the detailed risks and assumptions set out in 4.1 and 4.2	Section 4.1 and 4.2
3. Primary care	Not directly relevant to the Trust	n/a
4. Urgent and Emergency Care – including: <ul style="list-style-type: none"> • Deliver the A&E target • Meet 4 standards for seven day services 	A&E target not directly relevant to the Trust The implications of seven day services for the trust are set out in section 2.2.8	Section 2.2.8
5. Referral to Treatment times	A key focus of this plan is improving the Trust's achievement of RTT targets	Section 1.2
6. Cancer – including: <ul style="list-style-type: none"> • Deliver national cancer targets • Implement the cancer taskforce report 	GOSH has sustainably achieved the cancer standards relevant to the Trust and predicts it will continue to do so	Section 1.2
7. Mental health – including: <ul style="list-style-type: none"> • Delivery of the Mental Health Five Year Forward view • Achieve mental health access and quality standards 	The Trust will work with commissioners in delivery of the Mental Health Five Year Forward view. Mental health access targets are not applicable to GOSH services.	
8. People with learning disabilities – including: <ul style="list-style-type: none"> • Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism 	The Trust has clear objectives to support the care and treatment of patients & families with a learning disability. Work is underway to define the plan to underpin the delivery of these objectives in line with recognised national best practice.	
9. Improving quality <ul style="list-style-type: none"> • Implement quality improvement plans • Participate in the annual publication of findings from reviews of deaths • Measure and improve efficient use of staffing resources 	The Trust has an established quality improvement programme and is well placed to participate in the publication of avoidable deaths. The Trust's approach to delivery efficiencies is set out in section 4.2	Section 2.2 Section 4.2

DRAFT

**Operational Plan
2017/18 and 2018/19**

DRAFT

1 Approach to activity planning

1.1 Activity plan

In setting the activity plan for 2017/18 and 2018/19, the Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) has used a baseline of the Trust's 2016/17 forecast outturn position, at specialty and point of delivery level, and added known demographic, service changes and increases in activity needed to deliver national access targets on a sustainable basis.

The proposed NHS contract activity plan is set out in the following table. This is subject to change through the contract negotiation process (addressed in further detail in section 4).

Type	2016/17 forecast	2017/18 plan	2018/19 plan	% change to 2017/18	% change to 2018/19
Admitted Patient Care	38,081	39,174	39,703	3%	1%
Bed Days	39,935	42,202	42,772	6%	1%
Other	8,875	9,682	9,813	9%	1%
Outpatient	152,464	158,529	160,669	4%	1%
Packages of Care	48,315	48,967	49,628	1%	1%

Key assumptions:

- Demographic growth has been included at 1.35% (per ONS).
- Further planned growth in outpatients (and admitted patient care to a lesser extent) is driven by increased activity to deliver national access targets (described further below).
- Increase in chargeable bed days is an agreed increase in NHS PICU and NICU beds which supports the growth assumptions set out above and also activity currently being diverted.

The following sections set out further detail in relation to these changes, in terms of activity and physical capacity.

1.2 Access targets

Determining the activity changes required for sustainable delivery of access targets has been a significant focus during 2016/17, and the Trust has continued to work closely with its specialist commissioner, NHS England, the CQC and NHSI, to address the associated challenges and requirements. The complex and tertiary nature of the services delivered at GOSH and the on-going actions addressing the Trust's data issues mean this is an iterative process. Progress is monitored through fortnightly tripartite meetings externally and through a fortnightly access improvement board internally.

Following support from the NHS IMAS Intensive Support Team (IST) in 2015/16, the Trust has used IST tools to model demand and capacity – particularly focusing on the key challenged specialties:

- Orthopaedics
- Spinal
- Urology
- Specialist neonatal and paediatric surgery (SNAPS)
- Plastic Surgery
- Endocrinology
- Chest wall

For each speciality, these models have been used to determine the level of activity and the associated capacity needed to support delivery. These activity assumptions have then been included in the Trust's activity plan.

Provisional recovery trajectories were agreed for Referral to Treatment (RTT) targets and diagnostics targets through the tripartite meetings described above and these are currently in the process of being revised. GOSH is sustainably achieving the cancer targets applicable to the Trust and the assumptions of this plan are consistent with this continuing.

1.3 Physical capacity changes

Construction of the Premier Inn Clinical Building (PICB) is due for completion in early 2017/18. This is expected to increase bed capacity in late 2017/18 by 46 overnight patient beds, enabling GOSH to address current capacity constraints and to deliver agreed service developments.

Significant work has been undertaken throughout early Autumn to review activity and capacity assumptions by speciality to ensure the most effective use is made of this increase in capacity, in terms of the configuration of the new beds, the decant plans and also to revise models of care where feasible, all taking into account the longer term estates redevelopment strategy.

The draft activity plan assumes a requirement of an additional 21 staffed overnight patient beds which is delivered through the opening of PICB.

This is summarised in the following table:

Overnight bed spaces			Staffed overnight beds		
Current	Impact of PICB	Total planned	Current	Impact of growth assumptions	Total planned
343	46	389	334	21	355

At the time of this draft operational plan, this work is being finalised. Following completion of the work, the activity plan may be adjusted before submission of the final operational plan on 23 December.

1.4 Other significant assumptions – transfer of congenital heart disease patients

The Trust is currently in discussion with NHS England regarding the transfer of an estimated 150 congenital heart disease patients to GOSH, as a consequence of a national review of congenital heart disease services.

This transfer has not yet been agreed and has not been included in the Trust's activity plan at this stage. However, physical capacity to undertake the activity will be available when required, as a result of the PICB development noted above.

2 Quality planning

2.1 Approach to Quality Governance

Under the Executive directorship of the Medical Director, Quality Improvement at the Trust is part of the broad remit of the Quality and Safety team which incorporates Clinical Audit, Risk Management, and Patient Safety in addition to a team of Quality Improvement specialists working together to ensure an organisational approach to maintaining and improving our quality governance processes.

Executive oversight of Patient Experience and Engagement is through the Chief Nurse who, with the Medical Director, ensures an organisation wide approach to integrated delivery of the Quality Governance agenda. They are supported in this work by a number of senior roles including the Assistant Chief Nurse for Quality, Safety and Patient Experience, the Head of Quality and Safety and the Associate Medical Director for Quality, Safety and Patient Experience (a new role established in 2015/16).

Working with the divisional management teams the aim is to continue to develop a culture of continual identification of learning from events and making changes that are effective, sustainable and improve the quality of the service and experience of our children, young people and their families.

The Quality and Safety team work collaboratively with the Trust's Project Management Office (PMO) to ensure the right resources are available to the right work streams at the right time. This will reduce the risk of duplication of efforts and support the transition of projects to 'business as usual' whilst providing effective support to sustain changes and monitor outcomes.

Each of the priority quality improvement projects have an allocated Executive Director, operational lead and allocated specialist from the quality and safety team, who, along with other key specialists, form a steering group to oversee and support delivery.

Each steering group reports to relevant Trust committees such as the Quality Improvement Committee (QIC), the Patient Safety and Outcomes Committee (PSOC) or the Patient Family Experience and Engagement Committee (PFEEC). These committees, alongside a newly-established Education and Workforce Committee, provide assurance to the Trust Board on the quality and safety programme.

Using the Institute for Health Improvement (IHI) model for improvement, the Quality and Safety team use data to encourage improvement activity and to demonstrate and evidence the impact of the improvement programme.

2.2 Summary of Quality Improvement plan

The Quality Improvement specialists work to support, enable and empower teams to continuously improve the quality of care provided to patients across GOSH. They are supporting a number of priority QI improvement projects such as:

- Safe staffing (Medical)
- Identification and management of sepsis
- Neonatal care
- Improvement activities requested as part of Commissioning for Quality and Innovation (CQUIN)
- Transition
- Outpatient Improvement Project
- Intensive Care Unit flow (focussing on Respiratory and Spinal Pathways)
- Safety Huddles and Electronic Patient Status at a Glance (EPSAG)

In addition there are a number of locally led quality improvement projects which may receive mentorship and guidance from the Quality Improvement specialists.

Participation in national clinical audits is monitored by the Clinical Audit Manager within the Quality and Safety Team. There is a central clinical audit plan where work is prioritised to provide assurance and to review implementation of learning from serious incidents, risk, patient complaints, and to identify areas for improvement.

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

The Trust has historically defined a range of clinical outcome measures for each specialty and published them on our website. In order to ensure continuing improvement with outcome measurement and reporting we will:

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

2.2.2 Ensuring medical and other clinical staffing out of hours cover addresses the complex case mix of our patients

There are challenges with ensuring we have appropriately skilled levels of out of hours medical cover in certain specialties. We have made a series of changes in resources and introduced a night surgical SHO rota. The Hospital Out of Hours (OOH) project has been set-up to streamline and enable a co-ordinated approach to addressing the complexities of working OOH. The programme has four objectives:

- 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.
- To have safe and efficient processes and expectations surrounding the hand-over of clinical information.
- To have standardised processes for managing workloads and tasks OOH with clear responsibilities and escalation procedures.
- To have high compliance with effective mechanisms for identifying and escalating the critically ill or deteriorating child.

2.2.3 Recognition of the deteriorating child

Through the process of reviewing respiratory and cardiac arrests across the Trust it was identified that some children were having unplanned admissions to Intensive Care Units (ICU) yet this was not predicted or reflected in the patient's Early Warning Score. A systematic review of different scores was conducted and found the predictive performance of PEWS to be greater than the current CEWS score in this respect. Plans are now underway to roll this change out across the Trust for completion during 2017. The Trust continues to emphasise the importance of clinical observations, nurses "global professional judgement" and parental observations for identifying the deteriorating child.

The Trust is progressing a number of work streams to review its other processes and ensure they are effective. In particular we have completed the roll out of ePSAG (electronic Patient Status at a Glance) boards into every inpatient ward and bespoke ambulatory areas and will complete the roll-out of the use of clinical safety huddles across all inpatient ward areas to increase situational awareness by December 31st 2016.

2.2.4 'Sign up to safety' priorities

The Trust is signed up to the NHS England 'Sign up to Safety Priorities' which include:

- **Put safety first.** Commit to reduce avoidable harm in the NHS by half and make public our goals and plans developed locally.
- **Continually learn.** Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are.
- **Honesty.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
- **Collaborate.** Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
- **Support.** Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

2.2.5 Quality Improvement

The priorities of our Quality Improvement Programme are as follows:

➤ **Enable delivery of our strategic objectives**

- Enable change that will help us to achieve our strategic aims whilst also supporting innovation and creative ideas from the front line
- Align with other enablers of transformational change such as our redevelopment programme, electronic patient records and research and innovation

- **Facilitate continuous improvement in clinical outcomes and the experience of our children, young people and families**
 - Have a direct impact on outcomes, safety and the experience of patients and staff
 - Design and implementation of a Real Time Patient Experience system
 - Strengthen partnerships through co-leadership with patients and families
 - Transform operational management and business intelligence through the use of data

- **Transform the culture of Great Ormond Street Hospital so that everyone is looking for ways to improve patient care every day**
 - The programme is overseen by the QIC and is currently supporting various projects to improve patient flow (ICU & Outpatients), improving clinical processes through automation, e.g discharge summary completion, e-Patient Status at a Glance; and the Out of Hours improvement project referred to in 2.3.2 above.

2.2.6 Annual publication of avoidable deaths

The Trust is well placed to participate in publication of avoidable deaths. All deceased patients are discussed at a Local Case Review Meeting, with an outcomes form completed and shared with the Trust-wide Mortality Review Group (MRG) which reviews all deaths in the hospital. Every case is then independently reviewed by MRG within 8 weeks of the child's death. This provides a Trust-level overview of themes/risks which would be used to identify improvement actions where relevant. The MRG also functions to provide assurance that the patient pathway has been managed appropriately by the organisation, and coordinates information for relevant programmes e.g. national audits, Child Death Overview Panels where appropriate.

The Trust is also working with NHS England to establish a national system for peer review of in-hospital deaths of children and young people.

2.2.7 Seven day services

GOSH does not have an A&E department and the majority of its inpatient admissions are on an elective basis. Certain services such as paediatric critical care, acute transport and non-elective surgery are staffed by consultants all days of the week. We have comprehensive on call arrangements, in some cases shared with other Trusts in order to ensure the Trust can access specialised skills at all times. We will continue to participate in NHS England's national audits of emergency admission throughout this planning period.

The Trust now offers some outpatient and diagnostic appointments on Saturdays and extended a daycase ward to admit patients over six days. All new medical staff are recruited on flexible contracts. International Private Patients Division already offers a wide range of services on Saturdays and Sundays.

2.3 Summary of Quality Impact Assessment

The Trust has continued the work described in the 2016/17 business plan to enhance and embed its approach to Quality Impact Assessment (QIA). Following the input and advice from an external consultancy partner, a new Programme Management Office (PMO) has been established to oversee the Trust's CIP (and other major) plans for the next 3 years, and business partners have been recruited to support divisions with the scoping and delivery of their contributing projects.

The PMO has a well-developed integrated system to scope each plan and assess its quality impact. The PMO - working with the Medical Director, Chief Nurse and QI Team - has substantially revised the QIA process in line with Internal Audit recommendations from 2015/16. In support of the new divisional structure with its reinforcement of greater divisional responsibility, development of QIAs has been devolved to Divisional (Clinical) Chairs and Corporate Directors, subject to a related QIA scheme of delegation, with:

- Proposals likely to have more significant potential impact (including for example those of a cross-cutting nature) always requiring formal assessment and sign off by the QIA panel (co-chaired by the Medical Director and Chief Nurse);
- The QIA panel to be kept informed of the approval status of all schemes including those signed off at divisional level, and to oversee a regular audit process including those approved locally.

QIAs are required for any scheme with a potential to directly or indirectly impact quality. This includes back office and support services. The required framework considers impacts on patient safety, clinical outcomes, patient experience and staff experience.

In addition to regular meetings of the QIA panel, progress with QIAs is overseen at the monthly integrated performance meetings with divisions as well as separate dedicated Productivity & Efficiency (CIP) meetings. Executive oversight is provided by a monthly executive-level Productivity & Efficiency Programme Board discussion. In addition, QIA reports are provided to each meeting of the Quality & Safety Assurance Committee (QSAC) which reports to the Trust Board. The QSAC is provided with updates on completion of QIAs and any concerns arising, undertakes deep dives and receives post implementation reviews into individual schemes at each of its meetings, and considers reports on quality key performance indicators which could be used to provide early warning of impacts (both positive and negative) that may be attributable to the P&E programme. A wide range of such indicators is already reported through monthly dashboards as part of the divisional performance review process. In addition, a set has now been developed for routine reporting in QIA updates to the QSAC, covering issues such as:

- patient feedback (Friends and family test feedback, 'red' complaints – with plans to include patient Real Time Patient Feedback in future);
- workforce issues (Sickness absence, turnover, vacancies and temporary staffing);
- clinical indicators (Serious incidents, outpatient DNA rates, incomplete RTT pathways over 18 weeks, cancelled operations, theatre utilisation rates and late starts).

2.4 Summary of triangulation of quality with workforce and finance

Divisional performance reviews take place on a monthly basis, attended by divisional management and Trust executives. These reviews are designed to facilitate a triangulated and risk-focused discussion across a number of key domains: Caring, Safe, Responsive, Well-led (people, management and culture), Effective, Finance, Productivity.

The review packs contain an integrated dashboard which provides a one page summary of key metrics across the domains, allowing rapid identification of linked risks and issues. The packs also contain more in-depth dashboards for each domain.

An integrated performance report is then scrutinised at each Board meeting. This provides a summary of the key issues in each domain and actions planned to resolve, as well as an integrated dashboard – this provides trust level data using the same format as the divisional integrated dashboard reviewed in the monthly performance reviews.

Examples of metrics contained in the integrated dashboard are:

- **Caring:** Friends and family scores and number of complaints
- **Safe:** serious incidents and never events
- **Responsive:** performance against access targets
- **Well led:** sickness, turnover, appraisal rates
- **Effective:** DNA rate
- **Productivity:** theatre utilisation
- **Finances:** variance to plan

3 Workforce planning

3.1 Workforce plan

	2016/17 Forecast	2017/18 Plan	2018/19 Plan	% change to 17/18	% change to 18/19
Medical	619	632	637	2.1%	0.8%
Nursing	1,345	1,366	1,374	1.6%	0.6%
Other clinical	1,613	1,647	1,654	2.1%	0.5%
Non-clinical	651	608	609	-6.6%	0.3%
Total	4,227	4,252	4,275	0.6%	0.5%

3.2 Workforce planning methodology and alignment to integrated plans

The Trust undertakes workforce planning throughout the organisation as part of its business planning and operational activities in order to support the Trust's strategic approach to workforce. The plan is informed by activity and finance planning to establish demand requirements at POD/specialty level for future years. Furthermore, considerations regarding national, international and local drivers are included in the drawing up of plans. A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans to meet the level of anticipated demand. New positions and business developments identified through this process are aligned with our operational plans.

Business developments, either within the activity planning cycle, or outside are subject to scrutiny by clinical and corporate professionals to ensure business plans are fit for purpose, have considered risk and mitigations, considered downside strategies and retain or improve quality and outcomes – with regards to workforce. Similarly, organisational change across the Trust is subject to similar considerations, prior to and during consultations.

The Trust recognises the challenging financial environment it must adapt to and, as such, stresses quality and workforce risk as an integral part to its productivity and efficiency programme. Proposed schemes, during scoping and revisited throughout the programme, have an associated Quality Impact Assessment (QIA) undertaken to address consequence and likelihood of risk occurring (described in section 2.4 above).

3.3 Workforce strategy and staff involvement

Over the past year, the Trust has implemented an organisational redesign for its clinical delivery structure, based on the following principles:

- To maximise the clinical and operational synergies across clinical specialties;
- To facilitate more integrated, joined up, ways of working (and reduce silos) across pathways of care;
- To improve the quality, speed and effectiveness of decision making and care provided;
- To strengthen and leverage the investment made in clinical leadership across medics, nurses and AHPs.

The proposals were tested widely with staff who influenced the design, process and future development. In 2017-19, emphasis will be on:

- Standardisation of processes and roles where possible (including roll out of Standard Operating Procedures associated with patient flow);
- Roll out of development programmes for leaders;
- Ensuring we can respond to national challenges, via recruitment, retention and education of staff;

- Continuation of the programme to embed Our Always Values, which underpins both patient and staff satisfaction.

3.4 Workforce governance

The Trust Board regularly receives workforce analysis and key performance indicators, benchmarkable metrics including staffing profile, voluntary and non-voluntary turnover, sickness, agency usage (as percentage of paybill) and vacancies. Monthly divisional performance reviews are Executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data to identify themes or impact on service delivery. Nurse recruitment and retention workstreams report on a monthly basis to the Executive team.

The new Education and Workforce Development Board will ensure the alignment of clinical and non-clinical education and development with our workforce requirements. As part of its workforce planning processes and safe staffing assessments, the Trust also uses PANDA (the paediatric acuity and nurse dependency assessment tool), which the Trust co-designed, as an acuity tool for inpatient paediatric services.

Services, specialties and divisions hold risk registers which are reviewed and updated to provide a feedback mechanism to Trust risk registers. Trust-wide strategies to mitigate workforce risks are formulated which include nurse recruitment strategies, an integrated Nursing Workforce Programme Board, overseas fellowship programme (for medical staff) and other actions which all form part of the Trust's developing workforce plans.

3.5 Workforce efficiencies

The Trust will roll out a new e-rostering system for medical staff by the end of 2016/17, and for nursing staff by September 2017. This will improve the quality of rota management across individual specialties and the Trust more generally. We also propose to move to the same rostering provider for all our clinical staff thereafter, facilitating much greater multi-professional working and supporting integrated clinical care.. In addition, we will launch the new e-job planning module which will enable staff such as Clinical Nurse Specialists to record their job plans in a single system, facilitating demand and capacity planning. Nurse rosters are based upon agreed establishments with the Assistant Chief Nurse (Workforce) and finance representatives and reviewed on a regular six-month basis. The Trust also complies with the publication of the safe staffing monthly report which includes:

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

Recommendations and actions are taken to Board to address workforce issues and in turn update the workforce plans for the organisation (<http://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/safe-nursing-staffing-reports>). In relation to temporary staffing, the Trust has undergone a dramatic profile change over the previous six years. The Trust currently has low agency spend on doctors and nurses. However there are a number of senior interims with immediate plans to move them to bank or terminate arrangements with the Trust where appropriate.

3.6 Workforce initiatives and staff development

The development of new roles and our education strategy are integral to delivering our workforce requirements. We will continue the development of Talent for Care to build our band 2-4 clinical support workforce, and scope the role of Physicians Assistant to allow our registered clinical workforce to focus on direct patient care and deliver greater productivity and quality. We are the host Trust for a North Central London pilot of the new Nursing Associate and we will also review the role, education requirements and frameworks for development of Advanced Nurse Practitioners with the aim of developing nurse-led services where clinically appropriate.

Our Education and Workforce Development Plan reflects the Trust's increased emphasis on multi-professional education and recognises the criticality of education in meeting the Trust's current and future workforce needs. It also responds to the challenges of changes to funding, including maximising our income-generating capability as a leader in paediatric education.

Recognising our future challenges in student nurse recruitment with the removal of the student bursary from September 2017, we are developing an innovative marketing strategy and concentrating upon providing an excellent, high-quality interactive learning environment including simulation training. Through earlier student recruitment, we will be able to offer regular contact and education opportunities giving them a GOSH identity prior to starting their academic education. Our aim is to recruit our student nurses for their career here at GOSH from the day they first apply online to study. In addition we will explore the opportunities around clinical apprenticeships, ensuring full use of our Trust Levy, to support both undergraduate training and post graduate Clinical Professional development for our workforce. We have been successful in our bid to become a pilot site for the Child and Young Person Nursing Associate role in response to the Shape of caring review.

Whilst we exceeded our apprenticeship target in 2015/16 we are looking at additional ways to mitigate the impact of the levy (forecast to be c£900k in 2017/18). GOSH is working in partnership with other trusts in the STP footprint to develop a joint status as an Apprenticeship Provider. In addition, we intend to scope the conversion of existing training programmes at postgraduate level (eg ICU nursing) into high level apprenticeships pathways. We are involved in a number of trailblazer employer groups to develop new apprenticeship standards including business management and the new national pilot for a paediatric Nursing Associate role.

3.7 Workforce resourcing

We will continue to develop structured fixed term International Fellowship roles which provide outstanding clinical experience for overseas medics, allow us to recruit to service delivery roles in a planned way, and bring in income. These roles are filled from outside the European Union. We are and will continue to review our approach to recruitment from overseas in the light of the Brexit vote. Whilst timescales and impact on EU nationals in UK employment remain unclear, we will continue to use overseas recruitment tactically, particularly in nursing, to fill known vacancies.

The ability to recruit and retain nursing staff in particular remains a critical challenge, and is recognised as a risk to our activity plans. Activity on recruitment will include: ensuring we market the Trust as a provider of outstanding employment and education; actively participating with other employers as part of Capital Nursing (for example to promote career pathways within London) and; identifying greater opportunities for safely appointing adult-trained nurses with high quality paediatric experience, which will expand our potential applicant pool. Equal emphasis will be given to retaining staff, with new leadership programmes for ward and senior managers recognising the critical role they play in shaping the employment experience of staff. We are planning improved support for career development, in particular for Band 6 nurses. These plans are in addition to work to implement new roles and in particular increase the capacity and skill of our Band 2-4 clinical support workforce.

The Trust has a strong record in controlling temporary staffing costs and will continue to monitor all long term agency usage (more than 6 months) with the intention to convert these staff to bank roles or recruit substantively if there is no planned end date.

The Trust is a signatory to the London Procurement Partnership pan London Agreement, to agree bank rates lower than the NHSI Agency capped rates, and work collaboratively to further reduce agency spend.

The improvements in rostering systems will allow for increased efficiency in the management of clinical resource allocation. The Trust will continue to use its patient dependency tool to identify appropriate nurse staffing levels based on acuity. New divisional structures, including revised Matron roles, will enable more effective resource utilisation across specialisms, with nurse staffing levels continuing to be monitored at Board level in Safe Staffing reports.

3.8 Seven day services

The implications for the Trust of seven day services are set out in the section 2.

DRAFT

4 Financial planning

4.1 Financial Forecast and Modelling

The NHS planning and contracting process has been reset in for 2017/18 with new requirements to enter into a 2 year contract and agreement of control totals for 2017/18 and 2018/19. The control totals notified by NHS Improvement are:

Year	Control Total	Adjustment for Depreciation on Charity Funded Assets	Net Surplus (Deficit) including Dep'n for charity funded assets
2016/17	£2.2 million Surplus	£8.5 million	-£6.3 million Deficit
2017/18	£9.714 million Surplus	£9.5 million	£0.2 million Surplus
2018/19	£11.005 million Surplus	£11.5 million	£0.5 million Deficit

The financial plan for 2017/18 has been modelled from the 2016/17 forecast outturn (as at month 6). Each of the financial, activity and workforce plans have then been adjusted for the following changes where appropriate:

- Non-recurring and full year impact on income and expenditure including changes to local prices agreed with Commissioners and the financial impact of delivering compliance with agreed trajectories for RTT.
- changes in proposed contract activity for demographic growth (1.35% as per ONS), private income, STF payments as notified by NHS Improvement, and CQUIN has been included at 2% as per the national guidance, risk adjusted to 80% to reflect expected delivery;
- the impact of National Tariff changes based on the 2017/18 consultation tariff, including HRG+, Commissioner Identification Rules changes and Specialist top ups has been modelled and included.
- known local changes to costs for future years;
- cost inflation has been included using the national assumptions, productivity and efficiency target (3%) and cost pressures including exchange rate fluctuations have also been included;
- any business cases approved or likely to be approved; and
- The impact of opening the Premier Inn Clinical Building which will replace older infrastructure and provide an additional 46 overnight patient beds.

Any strategic developments or service reviews outlined in the NHS England Specialist Commissioning intentions in relation to the next two years, but not as yet approved or without detailed impact assessments, or implementation plans, have not been included in the plans. In particular the current assessment of the Congenital Heart Disease service has not been included in this plan. As a result, the Trust has not made any material changes to its activity projections for these plans. We believe this approach is consistent with that adopted by our commissioners.

All assumptions included above are consistent with current contractual activity and financial offers shared with Commissioners in line with the national contracting timetable.

The key risks for consideration within the 2017/18 plan are as follows:

- The latest Contract offer received from NHSE on 18 November 2016 is £55.5 million less than the GOSH response. The NHSE Income in the plan includes the amendment from the Local Price Review, additional growth for RTT in 2017/18, reduction in QIPP, and demographic growth.
- Achieving P&E each year of £10.6 million and £11.7 million respectively. The initial consultation with the divisional teams identifies programmes valued at approximately £6-7 million of CIP in year 1 but at this stage the plan for year 2 is less developed. The PMO team are undertaking further work to develop additional key strategies to achieve the target.

- Ensuring delivery of the 2016/17 Control Total.
- The plan includes growth in income and costs for RTT and demographic growth. PICB will provide the infrastructure to support this growth (estimated. 21 beds). Although reasonable costs have been included, the risk is the additional facility cost to the Trust given that this will not release costs to continue to operate older buildings.
- Allowances for contingencies and cost pressures have been included and initial review suggests these should be sufficient.

The following tables bridge the impact of the assumptions detailed above for 2017/18 and 2018/19:



Based on the assumptions set out above and notwithstanding the risks detailed above, the Trust would be able to deliver its notified control totals in both 2017/18 and 2018/19. The impact on the primary financial statements of the Trust has been modelled as follows:

Statement of Comprehensive Income

£m	2016/17 FOT	2017/18	2018/19
NHS & Other Clinical Revenue	256.1	278.5	282.5
Pass Through	61.2	67.7	74.2
Private Patient Revenue	55.6	58.8	60.8
Non-Clinical Revenue	45.8	44.4	44.4
Total Operating Revenue	418.7	449.4	461.9
Permanent Staff	(212.4)	(221.7)	(229.2)
Agency Staff [^]	(7.4)	(5.0)	(4.5)
Bank Staff [^]	(16.8)	(17.0)	(14.7)
Total Employee Expenses	(236.6)	(243.6)	(248.4)
Drugs and Blood	(11.4)	(11.9)	(12.4)
Other Clinical Supplies	(41.2)	(42.5)	(39.2)
Other Expenses	(48.6)	(55.5)	(58.4)
Pass Through	(61.2)	(67.7)	(74.2)
Total Non-Pay Expenses	(162.5)	(177.7)	(184.1)
Total Expenses	(399.0)	(421.3)	(432.5)
EBITDA	19.6	28.1	29.4
Depreciation on Trust-funded assets	(10.2)	(11.2)	(11.2)
Interest	0.3	0.3	0.3
PDC	(7.5)	(7.5)	(7.5)
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	2.2	9.7	11.0
Depreciation on Donated Assets	(8.5)	(9.5)	(11.5)
Impairments	0.0	(8.0)	0.0
assets)	(6.3)	(7.8)	(0.5)
Capital Donations	35.4	55.8	56.1
Net Result	29.2	48.0	55.7

Statement of Financial Position

£m	2016/17 FOT	2017/18	2018/19
Non-Current Assets	472.7	516.3	561.6
Inventory	8.0	7.3	4.3
Debtors	65.8	73.3	69.8
Cash	49.9	59.9	74.7
Creditors	(64.8)	(75.4)	(76.0)
Provisions & Non-Current Liabilities	(6.4)	(5.7)	(5.7)
Total Assets Employed	525.1	575.7	628.7
PDC Reserve	126.1	126.1	126.1
I&E Reserve	289.2	339.8	392.8
Revaluation Reserve	106.7	106.7	106.7
Other Reserves	3.1	3.1	3.1
Total Taxpayers' Equity	525.1	575.7	628.7

Assumptions Applied:

- PICB will be brought into use during 2017/18, an impairment of £8m has been assumed. No other adjustments have been put through for property revaluations.
- The levels of IPP debt for 2017/18 and 2018/19 have been assumed to remain the same as the forecast outturn for 2016/17.

- For other debtors, it has been assumed that these will rise in line with NHS and other non-IPP income in both 2017/18 and 2018/19. Similarly creditors have been increased in line with non-pay expenditure.
- Estimated stock reductions of £1.2m in 2017/18 and £2.9m in 2018/19 have been assumed.

Cash Flow

£m	2016/17 FOT	2017/18	2018/19
Cash flows from operating activities			
Operating (deficit) / surplus - excluding charitable capital expenditure contributions	6.9	7.4	6.7
Impairment and Reversals	0.0	(8.0)	0.0
Charitable capital expenditure contributions	35.4	60.8	54.0
Operating surplus	42.4	60.2	60.7
Non-cash income and expense			
Depreciation and amortisation	18.7	20.7	22.7
Impairments and Reversals	0.0	8.0	0.0
Gain on disposal	0.0	0.0	0.0
Increase in trade and other receivables	(15.0)	(7.6)	(1.5)
(Increase) / Decrease in inventories	(0.2)	0.7	3.0
Increase in trade and other payables	0.9	10.4	5.7
Decrease in other current liabilities	(0.4)	0.0	0.0
Decrease in provisions	(0.2)	0.0	0.0
Net cash inflow (outflow) from operating activities	3.8	32.2	29.9
Cash flows from investing activities			
Interest received	0.3	0.3	0.3
Purchase of property, plant and equipment and Intangibles	(52.8)	(75.2)	(68.6)
Net cash used in investing activities	(52.5)	(74.9)	(68.3)
Cash flows from financing activities			
PDC dividend paid	(7.5)	(7.5)	(7.5)
Net cash outflows from financing activities	(7.5)	(7.5)	(7.5)
Increase/(decrease) in cash and cash equivalents	(13.9)	10.0	14.9
Cash and cash equivalents at period start	63.7	49.9	59.9
Cash and cash equivalents at period end	49.9	59.9	74.7

4.2 Efficiency Savings

The 2017/18 target for cost improvements included in the plan is £10.7 m and £11.9 m in 2018/19 which is approximately 3% of influenceable expenditure.

Approach to Productivity & Efficiency planning

The plan has been informed by work undertaken by external consultants in collaboration with the Trust on development of a three year productivity and efficiency (P&E) programme. Informed by external benchmarking, this work focussed on the identification of a small number of major trust-wide schemes, concentrating on clinical productivity/flow, procurement processes and support costs. These, alongside benefits from accelerated rollout of a new electronic staff rostering system, form major themes of the 2017/19 P&E programme, supplemented by a range of local P&E schemes developed by the clinical divisions and corporate directorates. The Trust is also working up schemes beyond the immediate planning period, including detailed consideration of the transformation and benefits enabled by the implementation of its new Electronic Patient Record system.

Lord Carter's report

We are fully-committed to learning from and implementing the recommendations where appropriate from the Lord Carter's report on productivity and efficiency. Benchmarking has commenced through NHSI and GOSH are also working with NCL STP to identify other opportunities. At this stage there are limited benefits identified in the first cut CIP plans except those noted below.

First cut CIP plans

So far, we have identified £2.3 million full year effects of schemes introduced partway through 2016/17, and have added new P&E schemes amounting to £4.5 million for 2017/18 which have been identified through the planning process. These include:

- £2.5 million related to flow and pathway management, informed by work with external consultants over the past year and with benefits from improved utilisation of outpatient clinics, beds and theatre capacity;
- £1.5 million related to cost management, including a range of procurement savings, improvements in inventory management and stock wastage;
- £0.4 million from workforce productivity, in particular resulting from the accelerated rollout of the Trust's e-rostering solution.

Work continues to scope further significant cross-cutting schemes for incorporation in the programme including:

- Workforce – informing future rosters through analysing and benchmarking care hours per patient day, implementing new job planning systems for consultants and for clinical nurse specialists, and continued focus on reducing Agency costs (including through reducing the length of time taken for the Trust's recruitment process);
- Lord Carter – addressing areas where benchmarking work undertaken with STP colleagues suggests that the costs of GOSH corporate and back office services are outliers;
- ICT – pursuing ICT enabled savings which can be delivered in advance of EPR implementation, for example from developments such as transcription services or voice recognition.

In addition, the programme does not as yet include local productivity and efficiency schemes which are being developed within each division. In order to assist with that process, the PMO has shared learning from elsewhere in the form of an 'ideas checklist' which they will work through with divisions, in order to identify additional schemes for local development and delivery. This checklist covers a broad range of areas including:

- Clinical productivity;
- Non clinical productivity;
- Workforce;
- Resource utilisation;
- Expenditure management;
- Demand management;
- Service strategy and business opportunities.

In total, the Trust is planning to scope the schemes identified above in order to deliver a productivity and efficiency programme valued at more than £10.7m in 2017/18 and £11.9m in 2018/19, and aims therefore to build in a margin for slippage.

Schemes identified are subject to the Quality Impact Assessment (QIA) process overseen by the Medical Director and Chief Nurse, as described elsewhere in this narrative, and will only be accepted into the final operational plan if they are agreed through that process. Development of detailed project scopes and documentation including milestones to enable proactive tracking of delivery is being led by the newly-established Programme Management Office and its divisional business partners. Delivery is overseen at monthly meetings of the Executive Management Team who function as the P&E Programme Board, with regular reports also being provided to the Trust Board and its sub-committees (QIA to the Quality and Safety Assurance Committee, financial delivery to the Finance and Investment Committee, and risk to the Audit Committee).

4.3 Capital Plan

Capital is funded by a combination of charity funds and trust funds. Charity funding included has been allocated tentatively pending grants committee approvals on final business cases. Funding from the Trust capital is based on not exceeding free cash flow available in each year.

The capital plan has been based on the following assumptions:

- the Trust's major site redevelopment programme of Phase 2B completing in 2017/18 and Phase 4 commencing in 2017/18 of £15 million (subject to required business case approvals from the Trust Board and NHS Improvement);
- an annual allocation required for major maintenance of the estate and an allocation for refurbishments, lift replacements to ensure existing estate is maintained to ensure safe, productive services;
- the planned investment in an Electronic Patient Record system to commence in 2017/18 and go live in 2019/20;
- general ongoing investment and replacement programmes for ICT;
- funding for replacement medical equipment <£500k funded by the charity; and
- Specific Health Technology items >£500k requiring replacement funded by the charity.

The Estate maintenance and equipment replacement is part of a longer term risk assessed replacement programme which is currently being updated with the final plan including more detail in regard to the programmes. The Trust redevelopment programme for buildings is based on the Masterplan approved by the Board and Members Council in 2015. The masterplan outlines and 20 year plan for replacement of older buildings. There is no surplus land available in the portfolio.

All capital requests are subject to formal approval of business cases. Significant transactions are subject to the development of the five case model and approved by the Board and Members Council and NHS Improvement as required.

Capital Expenditure Plan

		2016/17 Forecast Outturn £'000	2017/18 Plan £'000	2018/19 Plan £'000
Trust Funded	Description			
Estates and Facilities	Maintenance/Upgrades/Refurbishments	2,429	3,823	3,268
Estates and Facilities	Chiller Upgrade/Replacement	2,333	1,000	0
Estates and Facilities	IPP Expansion and Refurbishment	2,063	1,200	0
Estates and Facilities	LIFT replacement programme	425	800	800
Information Technology	Electronic Patient Record	2,489	5,000	6,400
Information Technology	Other ICT Projects	4,497	5,075	4,500
Medical Equipment	General Allocation	583	500	1,000
Contingency		17	2,000	3,000
Total Trust Funded		14,836	19,398	18,968
Charity Funded				
Information Technology	Electronic Patient Record	0	12,300	14,900
Medical Equipment - Major Items	Cath Lab	0	1,500	0
Medical Equipment - Major Items	Interoperative MRI (new)	0	2,000	0
Medical Equipment - Major Items	Imaging/CT/MRI Replacement Programme	350	1,700	1,700
Medical Equipment - Major Items	Theatre/Surgical Equipment/Lab	360	1,300	800
Medical Equipment - Major Items	PICU/NICU Bed Expansion	1,070	0	0
Medical Equipment	General Allocation Replacement/New	3,049	1,525	1,625
Redevelopment	Phase 2b - PICB	28,965	12,432	0
Redevelopment	Phase 4 - Frontage Building	750	15,000	35,000
Estates and Facilities	Mortuary	222	2,067	0
Estates and Facilities	Interoperative MRI (Building Expansion)	398	11,000	0
Estates and Facilities	Other ICT Projects	266	0	0
Total Charity Funded		35,430	60,824	54,025
Total Capital Plan		50,266	80,222	72,993

5 Membership and elections

5.1 Members' Council elections in previous years and plans for the coming 12 months

There are 27 elected and appointed councillors on the GOSH Members' Council.

Members' Council representation by constituency

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

The Trust has held four Members' Council elections to date:

- November 2011 (in readiness for FT authorisation on 1 March 2012) - 22 seats in Patient and carer, Public and Staff constituencies.
- November 2013 - Staff By-election for 1 seat.
- February 2015 - 20 seats in Patient and carer, Public and Staff constituencies. (2 uncontested seats in Patients from outside London constituency).
- December 2016 – Public By-election for 1 seat: North London and surrounding areas class

The Trust will be holding an election for 22 seats in the Patient and carer, Public and Staff constituencies in November 2017 for appointment from 1 March 2018.

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

Councillor Recruitment: Pre election information sessions are held for councillor recruitment alongside a dedicated election page on the Trust website, including podcasts etc. Membership communication tools such as the Membership Newsletter (Member Matters) and monthly membership emails are used to keep members informed of upcoming elections.

Training and development: On appointment, councillors receive mandatory Trust training and continued development by attending tailored information sessions delivered by key Trust staff. Councillors are also encouraged to attend NHS Providers events and Deloitte Governor Workshops.

Membership and public engagement: The monthly Members' Council eBulletin offers a variety of opportunities for councillors to engage with their members including:

- regular "meet your councillor" engagement sessions in the hospital
- visits to schools and universities including the Hospital School and Activity Centre
- hosting membership stalls at community events, GOSH Children's charity events, and key Trust events
- attending Trust committees and Patient forums
- writing personalised letters and articles in *Member Matters* Membership Newsletter, *Roundabout* Staff Newsletter and Welcome Pack for new members
- online link to contact a councillor is included in all eCommunications on the Trust website and in all printed membership publications and on the Annual Plan surveys to membership

- councillors also have the opportunity to send personalised emails to their constituent members to engage with them around elections and for key trust events such as the AGM.

5.3 Membership Strategy

An updated Membership Strategy 2015-18 was approved at the September 2015 Members' Council meeting.

It sets out the methods that will be used to continue to develop and grow, engage and involve our membership, taking into account our geographical spread.

The Trust has moved to a new specialist provider of membership databases. This has enabled a more detailed reporting system to analyse membership data and map under representation in constituencies so we will be able to target our future recruitment and engagement activities.

6 Link to the local sustainability and transformation plan

The Trust is located within the footprint for North Central London. Although the Trust is fully supportive of a joined up local planning process to deliver transformational change, the STP model is not directly meaningful for the Trust's tertiary and quaternary services which extend both across London but also throughout England. However, the Trust is ready and keen to engage with local plans to improve processes and deliver efficiencies – for example, we have taken part in an STP-wide benchmarking exercise of back office services and are working in partnership with other trusts in the STP footprint to develop a joint status as an Apprenticeship Provider.

The Trust believes that over the next five years, further collaborative service models should be developed to include tertiary paediatric services and that GOSH has a pivotal role to play in developing and in many cases leading such networks. In a number of services there are already informal shared care and network arrangements being developed. Exemplars already exist for Epilepsy Surgery and Cystic Fibrosis by which the Trust provides leadership for the system in a particular region. The models of operation will depend on the service and the types of collaborative partners and may range across a spectrum from basic outreach models, through to integrated networks with services commissioned from the network lead provider.

Members' Council

7th December 2016

Quality and Safety Assurance Committee Summary Report October 2016

Summary & reason for item: To provide an update on the October 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
5th October 2016

Patient Story

The Committee welcomed the story of a GOSH patient who was now an outpatient but had initially been at the Trust for a long stay as an inpatient. An update was provided on the actions taken in response to the patient's feedback and the committee agreed to write to the patient to provide a fuller update on the work that was being done at the Trust around communication.

Quality and Safety Update

The increase in pressure ulcers was highlighted and it was confirmed that the one grade three pressure ulcer that had been reported had not occurred in the Trust. It was noted that GOSH was a high reporting organisation in this area.

Update on the management of Jaundice Management in neonates

Discussion took place around the management of neonatal jaundice following previous disappointment expressed in the reduction in compliance. The committee noted that improvement work continued and dedicated quality improvement was being used to roll out new work in a timely fashion.

Patient Experience Update

Work was taking place around transition which was an important focus in response to a CQC recommendation and a Commissioning for Quality and Innovation (CQUIN) target. The Committee noted that the Trust's adolescent nurse specialist had been seconded to the Quality Improvement Team to support this work.

Gastroenterology update

The Committee noted that a teleconference had taken place with the CQC who had welcomed the open approach taken by the Trust and noted the complex nature of the issue.

Access Improvement update

Agreement had been reached to begin closing down cohorts. The committee welcomed the progress made.

Quarterly Safeguarding Report (July 2016 – September 2016)

Discussion took place around training and education in particular for honorary consultants. It was agreed that an update on honorary consultant safeguarding training would be provided at the next meeting and work would be done before the next meeting to ensure that honorary consultants were clear about the requirement to complete this training.

Attachment G

The Committee discussed the resourcing of the safeguarding team and agreed that it was important to establish clear roles and responsibilities to ensure that the team was operating efficiently and to appoint a substantive named doctor.

Board Assurance Framework Update

The Committee expressed some concern at the proposal to only review risks with a net score of 16 at Board Assurance Committees. It was agreed to recommend to the Audit Committee that this remained at 12 as had previously been the case.

It was agreed that risk 5: operational performance would be separated into two risks. One would remain the current risk and the other would focus on clinical governance and safety matters.

The Committee considered the following high level risk:

- Risk 10: Research Hospital Status - The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered

Good progress had been made on work that was taking place in research finance and capacity and ensuring research was a key part of the work on EPR.

Risk Management Report

The Committee requested a deep dive into pharmacy staffing levels as the issue had been discussed by the committee a number of times.

Deep Dive: RTT complaints

It was reported that a review of complaints data had shown the increase in complaints to not be as a result of RTT. The Committee discussed the number of cancellations on the day which had increased and agreed that data would be provided around cancellations which occurred within days of the appointment and was also likely to result in a poor patient and family experience.

CQC Action Implementation Update

The Committee received an update on the CQC action plan and the timetable for completing the actions.

Health and Safety Update

Work was taking place around sharps compliance and it was noted that the area required increased focus over the coming months.

Update on quality and safety impact of Productivity & Efficiency (P&E) programme (linked to BAF risk 2: Productivity)

The Committee received an update on the status of Quality Impact Assessments (QIAs) requiring sign off and discussed the process for the committee to review new schemes.

Internal Audit Progress Report (July – September 2016)

The Committee received the report on Electronic Patient Record implementation which had provided a rating of 'no assurance'. It was confirmed that significant work had taken place since the report's field work and the majority of actions were complete. Three recommendations were not yet due and one low priority risk was overdue. It was confirmed that that swift action had been taken and had been underway before the report was received. It was confirmed that the findings of the report would not impact the Trust's ability to implement EPR within the agreed timeline.

A report on CQC action plan follow up audit was received which provided a rating of 'significant assurance with minor improvement'.

Internal and external audit recommendations update

Concern was expressed that the recommendation from the ICT audit to implement KPIs had not been completed. It was agreed that if the update provided to KPMG could not be verified, the matter would be escalated to the Trust Board.

Clinical Audit update July 2016 – September 2016

Work had been added to the clinical audit programme to support work around line occlusions which had helped to identify the scale of the problem. This work had demonstrated that sharing safety messages across the organisation was challenging.

Matters to be raised at Trust Board

- Gastroenterology review update
- RTT update and RTT complaints
- Quarterly safeguarding report
- Patient story
- Risk update
- Internal Audit update
- Outstanding recommendations from the ICT internal audit
- Good progress on CQC actions
- Assurance on the work of the Clinical Review Group
- Internal audit work on EPR

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

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chairman		2:00pm
2.	Minutes of the meeting held on 13 th July 2016	Chairman	A	
3.	Matters arising/ Action point checklist	Chairman	B	
<u>QUALITY AND SAFETY</u>				
4.	Patient Story	Chief Nurse	C	2:10pm
5.	Quality and Safety Update Update on the management of Jaundice Management in neonates	Acting Medical Director Head of Clinical Governance and Safety	D X	2:25pm
6.	Patient Experience Update	Chief Nurse	E	2:35pm
7.	Workforce Metrics & Exception Reporting – August 2016	Director of HR & OD	F	2:45pm
8.	Gastroenterology update (linked to BAF risk 6: operational performance)	Acting Medical Director	Verbal Update	2:55pm
9.	Access Improvement update (linked to BAF risk 6: operational performance)	Deputy Chief Executive/ Medical Director	H	3:00pm
10.	Quarterly Safeguarding Report (July 2016 – September 2016)	Chief Nurse	I	3:10pm
<u>RISK AND GOVERNANCE</u>				
11.	Board Assurance Framework Update Risk 10: Research Hospital Status The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered	Company Secretary Director/ Deputy Director of Research and Innovation	J K	3:20pm

12.	Risk Management Report	Head of Clinical Governance and Safety	L	3:40pm
13.	Plan for management of Claims when there has been no prior investigation	Head of Clinical Governance and Safety	M	3:50pm
14.	Deep Dive: RTT complaints	Head of Clinical Governance and Safety	N	3:55pm
15.	CQC Action Implementation Update	Company Secretary	P	4:05pm
16.	Health and Safety Update	Director of HR and OD	Q	4:10pm
17.	Whistle blowing update - Quality related whistle blowing cases	Director of HR and OD	R	4:15pm
<u>AUDIT AND ASSURANCE</u>				
18.	Update on quality and safety impact of Productivity & Efficiency (P&E) programme (linked to BAF risk 2: Productivity)	Deputy Chief Executive	S	4:20pm
19.	Internal Audit Progress Report (July – September 2016)	KPMG	T	4:30pm
20.	Internal and external audit recommendations update	KPMG	U	4:40pm
21.	Clinical Audit update July 2016 – September 2016	Clinical Audit Manager	V	4:50pm
22.	Matters to be raised at Trust Board	Chair of the Quality and Safety Assurance Committee	Verbal	
23.	Performance Report – August 2016	Deputy Chief Executive	W	
24.	Any Other Business	Chairman	Verbal	
25.	Next meeting	Wednesday 18th January 2017 2:00pm – 5:00pm		
26.	Terms of Reference and Acronyms	1		

Members' Council

7th December 2016

Audit Committee Summary Report October 2016

Summary & reason for item: To provide an update on the October meeting of the Audit 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: Akhter Mateen, Chair of the Audit Committee

Update from the Audit Committee meeting held on 10th October 2016

Access Improvement Update

The Committee noted that the process of closing down cohorts had begun. Discussion took place about the impact of non-reporting on the external audit opinion within the Quality Report. The External Auditor confirmed that audit requirements on the quality accounts had not yet been set for 2016/17 however if RTT was chosen, an automatic qualification would be received due to GOSH's period of non-reporting and assurance provided around any reporting up to April 2017.

Board Assurance Framework Update

The Committee discussed the revised gross and net risk definitions and the period of time that the definitions should reference. It was agreed that the Committee agreed that the threshold for reporting high risks to the committees should remain at 12 rather than 16 as recommended by the Quality and Safety Assurance Committee.

The Audit Committee review the following high level risks:

- Risk 5: Operational Performance
- Risk 11: Electronic Patient Record

Internal Audit Progress Report and Technical Update October 2016

The Committee noted the findings of the internal audit report on Electronic Patient Record implementation. Concern was expressed on the rating of the report however they welcomed the assurance that had been provided by the rapid mitigation work that had taken place. It was agreed that a meeting would take place with the Board to discuss the current position of the IT strategy and the role of EPR.

Cyber risk at GOSH

The Committee received an update on the work that was taking place in this area. The importance of this high risk area was noted and it was agreed that discussion would take place outside the meeting to agree the way in which cyber security would be included in the committee workplan.

Assurance against Information Governance Toolkit

It was reported that challenges remained in ensuring that the target of 95% of staff were compliant with information governance training. It was confirmed that the ICO had agreed to formally end their review process after a follow up table top exercise had taken place showing significant improvements.

IPP Debt

Discussion took place around the Trust's top 10 debtors which held approximately 90% of the GOSH IPP debt. It was noted that a modelling exercise was taking place to explore the effect of taking a decision to consider alternative mitigations to manage the risk. The Trust's external auditor confirmed that GOSH had not previously been an outlier in this area.

External Audit Planning Report to the Audit Committee on the year ending 31st March 2017 and Sector Update

The Committee discussed valuation of the estate and recommended that a valuation should be undertaken in 2016/17. It was agreed that the Chair of the Finance and Investment Committee (F&I) would discuss this with the Chief Finance Officer and agree a way forward prior to the next F&I committee meeting.

Update on raising concerns in the workplace (Whistleblowing)

It was noted that eight freedom to speak up ambassadors had been appointed in line with a recommendation from the Francis report.

Audit Committee Waivers – April to September 2016

The Committee discussed the reasons for the waivers and agreed that they should be discussed going forward. The importance of implementing a contract management system to support this work was emphasised.

AUDIT COMMITTEE

Monday 10th October 2016 at 2:00pm, Charles West (Board) Room,
Great Ormond Street Hospital for Children, Great Ormond Street,
London WC1N 3JH

AGENDA

	Agenda Item	Presented by	Author	Time
1	Apologies for absence	Chairman		2:00pm
2	Minutes of the meeting held on 20 th May 2016	Chairman	A	
3	Matters arising and action point checklist	Chairman	B	
4	Finance and Investment Committee – Summary of meeting in August 2016 and verbal update from September meeting	David Lomas, Chairman of the F&I Committee	C	2:10pm
5	Quality, Safety and Assurance Committee – Summary of meeting in July 2016 and verbal update from October meeting	James Hatchley, NED	D	
	<u>RISK</u>			
6	Access Improvement Update	Deputy Chief Executive	E	2:20pm
7	Notes of the Risk Management Meeting held in July 2016 and progress with actions	Company Secretary	F	2:30pm
	Board Assurance Framework Update	Company Secretary	G	
	Risk 5: Operational Performance	Deputy CEO	H – to follow	
	Risk 11: Electronic Patient Record	Chief Finance Officer	I	
8	Compliance with the Risk Management Strategy	Head of Clinical Governance and Safety	J	3:00pm
9	Cyber risk at GOSH	Director of ICT	K	3:10pm
10	Assurance against Information Governance Toolkit	Head of Information Governance	L	3:20pm
11	Update on Debt Write Off	Deputy Director of Finance	N	3:25pm
12	IPP Debt	Director of IPP	M	3:35pm

<u>AUDIT AND COMPLIANCE</u>				
13	External Audit Planning Report to the Audit Committee on the year ending 31st March 2017 and Sector Update	Deloitte LLP	O	3:45pm
14	Internal Audit Progress Report and Technical Update October 2016	KPMG	P	4:00pm
15	Internal and external audit recommendations – update on progress	KPMG	Q	
16	Counter Fraud Update	Counter Fraud Manager, TIAA	R	4:15pm
17	Update on CQC Compliance – estates issues	Director of Development	S	4:20pm
18	Internal control self-assessment programme	Chief Finance Officer	T	4:25pm
19	NHS Litigation Authority – annual update and claims analysis	Head of Clinical Governance and Safety	U	4:35pm
<u>GOVERNANCE</u>				
20	Update on raising concerns in the workplace (Whistleblowing)	Deputy Director of HR and OD	V	4:45pm
<u>ITEMS FOR INFORMATION</u>				
21	Salary Overpayment Report	Deputy Director of Finance	X	4:50pm
22	Audit Committee Waivers – April to September 2016 (Chief Finance Officer	Y	
23	Performance Report – Month 5 (2016-17)	Deputy Chief Executive	Z	
24	Any Other Business	Chairman	Verbal	
25	Next meeting	Monday 24th January 2017, 2:00pm – 5:00pm in the Charles West Room.		
26	Audit Committee Terms of Reference and annual work-plan	1 - For reference only		

Members' Council

7th December 2016

Finance and Investment Committee Summary Report October 2016

Summary & reason for item: To provide an update on the October 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
31st October 2016**

Phase 4 Redevelopment Update

The Committee received an update on the progress with the Phase 4 Redevelopment Project which included the development of the health planning process, the development of the Outline Business Case, the options for funding and procurement of an architect/contractor for the early design phase. It was agreed that as each component was developed the information would be shared with the committee and Board to ensure there was a shared understanding of the content.

Discussion took place around the absence of an Integrated Overarching Strategy and Enabling Plans (or Integrated Business Plan) and therefore linkages to the decision points for Phase 4 Redevelopment. It was agreed the timelines related to the strategic plan review and plans would be included in the Phase 4 timeline. It was agreed that the NED's, Chief Executive, Deputy Chief Executive and Chief Finance Officer would meet to discuss the scope of the IBP. The Committee emphasised the importance of having clear discussions with the GOSH Children's Charity which would be fundraising to support the redevelopment. The Committee agreed to consider a revised timetable which would note the points in the process at which discussion would take place as to whether phase 4 should stop, pause or continue and the point at which final agreement would be reached to go ahead with the project.

Performance Scorecard

Discussion took place around the time lag between a performance period and the data being available to the Board and subcommittees. It was agreed that a verbal update would be provided at each meeting to highlight any concerning trends from the latest data.

Financial & Workforce Report Mth 6/Q2

It was reported that although the Trust was currently on plan, the internal forecast had highlighted that a review of the forecast highlighted the risk that the control total for year end may not be achieved without significant focus on monitoring costs, achieving the activity income targets and focus on achieving productivity and efficiency targets.

Discussion took place on the division's performance and the committee noted that discussions were taking place with the commissioners to agree the local price increase resulting from the PwC price review.

Activity Review

It was noted that activity data across the papers could not be compared in a like for like way to support triangulation. It was agreed that where this was the case a narrative would be provided on each cut of the data and what it was showing.

Data Quality Report

The Committee noted that a data quality dashboard was being developed but expressed concern about the timeline of the assurance being available. It was reported that there had been delays as a result of external timelines which had meant that GOSH had been unable to

Attachment I

begin closing cohorts and it was agreed that the impact of this delay would be discussed further at a future meeting.

The Committee stressed the importance of being assured about data quality and expressed some concern about the possibility of critical actions from the KPMG internal audit review carrying over into 2017/18 and the affect this may have on the internal audit opinion for 2016/17. It was agreed that it was important to be clear that what was being deferred was not related to key issues.

Productivity and Efficiency Update

It was reported that the Trust was currently significantly behind the £10.4million net target with £2.8 million having been delivered by September and £6.4million projected delivery by year end. The Committee discussed whether or not income generation should be included in the P&E programme and it was noted that NHS England had been clear that this should not be the case. It was agreed that reports would become increasingly forward looking to enable to committee to consider bigger schemes.

EPR Programme Update

It was discussed that a joint meeting of the Board subcommittees would take place to discuss this matter. The committee discussed the development of the cash and non-cash benefits arising from the EPR implementation. It was reported that it had been made clear that the benefits included in the business case must be achievable, specific and measurable.

PICB Business Case Review

It was reported that work was taking place to review the assumptions that had been made and ensure that they were fit for purpose. It was also outlined that NHSE had requested information from GOSH to provide an impact assessment for activity that would be transferred to GOSH from other providers as a result of the Safe and Sustainable review into Paediatric Congenital Cardiac services. This demand would be managed through the growth in capacity at PICB.

FINANCE AND INVESTMENT COMMITTEE

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chairman	Verbal	1:00pm
2.	Minutes of the August meeting	Chairman	A	
3.	Matters Arising, Action point checklist	Chairman	B	
4.	Phase 4 Update	Loretta Seamer Matt Tulley Nicola Grinstead	C	1:15pm
<u>PERFORMANCE AND FINANCE</u>				
5.	Performance Scorecard	Nicola Grinstead	D	1:30pm
5a.	Financial & Workforce Report Mth 6/Q2	Loretta Seamer	E	
5b.	Activity Review	James Corrigan	F	
5c.	Data Quality Report	Peter Hyland	G	
6.	NHS Contract Status Report and Q2 Performance	Loretta Seamer	H	2:30pm
7.	Productivity and Efficiency Update	Nicola Grinstead Loretta Seamer Jon Schick	I	2:50pm
8.	Deep Dive Review of Outpatient Service	Nicola Grinstead Sarah James	J to follow	3:10pm
<u>BUSINESS CASE UPDATES</u>				
9.	EPR Programme Update	Loretta Seamer Richard Collins	K	3:40pm
10.	PICB Business Case Review	Nicola Grinstead Steve Hoskins	L	4:00pm
<u>OTHER BUSINESS</u>				
11.	Exchange Rate Risk and Hedging	Loretta Seamer/ James Corrigan	M	4:15pm
12.	Review of Meeting Schedule and Workplan	Chairman	N	4.30pm
13.	Any other business	Chairman	Verbal	4:45pm
14.	Next meeting (will be reviewed based on revised workplan) Meeting required in early Dec 2016 to approve NHSI Operational and Finance Plan – Date to be advised.			

Members' Council

7 December 2016

Chief Executive Report – December 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 (October 2016)
 - **Quality and Safety Report (Vin Diwakar, 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 October 2016) against the Trust financial plan for 2016/17.

Attachment J

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 –December 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 September 2016.

Chief Executive Highlights Report

£3 million extra funding for Somers Clinical Research Facility centre

Great Ormond Street Hospital (GOSH) has won £3 million for its world leading Somers Clinical Research Facility. This centre is a dedicated space for children from across the UK undergoing clinical treatment trials. Since 2013 the Clinical Research Facility (CRF) team has supported 92 early phase studies and helped coordinate clinical research across the hospital. The new funding will allow the centre to focus on more complex early research for some of the rarest childhood conditions.

Sustainability and Transformation Plans and GOSH

In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 STP 'footprints'. The health and care organisations within these geographic footprints are working together to develop STPs which will help drive genuine and sustainable transformation in health and social care organisation and service delivery with positive benefits to service users experience and support improvements to population based health outcomes in the longer-term. Such changes will provide the blueprint for significant redesign including of workforce – roles, scope, employment and delivery

The footprints are locally defined, based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required, along with how they best fit with other footprints.

Great Ormond Street Hospital sits geographically with the North Central London (NCL) Sustainability & Transformation Plan (STP) and has started to be engaged within the Specialist Commissioning STP Services.

In relation to the NCL STP, GOSH has only 2.3% of patients funded via the NCL CCG network, with the majority of income commissioned via NHSE (85.7%) and other NHS organisations (i.e. non NCL CCGs) (12.0%). GOSH is predominately a national footprint with limited secondary procedures. As most of GOSH's demand is from outside the NCL STP, there is an argument for GOSH to not be formally included in the NCL STP.

Attachment J

The GOSH Board has agreed that the Trust should continue to engage with the NCL STP via attendance at its Transformation Board and the NCL STP Clinical Cabinet meeting. Despite the recognised 'lack of fit' with the NCL STP footprint, the Board is keen to maintain a dialogue with the NCL STP, in particular, to consider the implications on proposed changes to the provision of secondary care paediatric services on specialist services at GOSH; changes to networks such as Paediatric Oncology Shared Care Units (POSCUs); and, collaboration around consolidation of back office functions.

Further updates on the implications of the work programmes and decision making arising from the NCL STP and the Specialised Commissioning STP will be provided to the Members' Council as it becomes available.

Referral to Treatment

The Trust remains on course to deliver the Access Improvement Programme and is planning on returning to reporting in Q4 2016/17.

GOSH doctor wins HSJ award

Great Ormond Street Hospital clinician and researcher, Professor Francesco Muntoni, has won an EU staff award at the Health Service Journal (HSJ) Awards. Professor Muntoni has worked at GOSH for over twenty years. Most recently he led a team developing a new medication for muscular dystrophy. He is one of the first ever recipients of this special award, launched by HSJ this year to celebrate the contribution to the NHS by staff from elsewhere in the EU.

GOSH in the news

Prenatal test trialled at Great Ormond Street Hospital to be made part of NHS maternity care in England

A safer pre-natal screening test pioneered at Great Ormond Street Hospital (GOSH) is to form part of NHS maternity care across England from 2018.

The new test for Down's syndrome, Edwards' syndrome and Patau's syndrome is a maternal blood test that checks for DNA fragments of these chromosomal syndromes which occur in around 1 in 150 pregnancies.

Every year current tests, such as amniocentesis, are offered to around 10,000 women who have an increased chance of having a baby with one of these syndromes. These invasive tests require a small cell sample to be taken from amniotic fluid, a process that carries a small chance of miscarriage.

Research shows that the introduction of the new test could result in a fall in the number of women undergoing invasive testing each year. This means that there could be a reduction in the number of miscarriages related to these invasive diagnostic tests.

BBC DIY SOS at Great Ormond Street Hospital

The DIY SOS Big Build Great Ormond Street Hospital special aired on BBC1 on Thursday 10 November. The programme followed the transferal of Chris Beardshaw's gold-award-winning Morgan Stanley Garden for Great Ormond Street Hospital from the RHS Chelsea Flower Show to a

Attachment J

rooftop space at the hospital. The garden was kindly commissioned and donated by Morgan Stanley as part of their charitable partnership with us.

Sainsbury's

This year Great Ormond Street Hospital Children's Charity has been chosen as Sainsbury's official Christmas charity partner. Monday 14 November Sainsbury's launched its Christmas musical style ad. It features the charity's logo. The money raised by customers will go towards brand new parent accommodation for families of children at the hospital through sales of specially created Gingerbread 'Dave' (£1) from the advert and The Greatest Gift film animation kit (£5). Customers also have the option to make a 20p donation at the till with all the proceeds going straight to the charity.



Quality & Safety Report

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



Has patient care been safe in the past?

Measures where we have no concerns

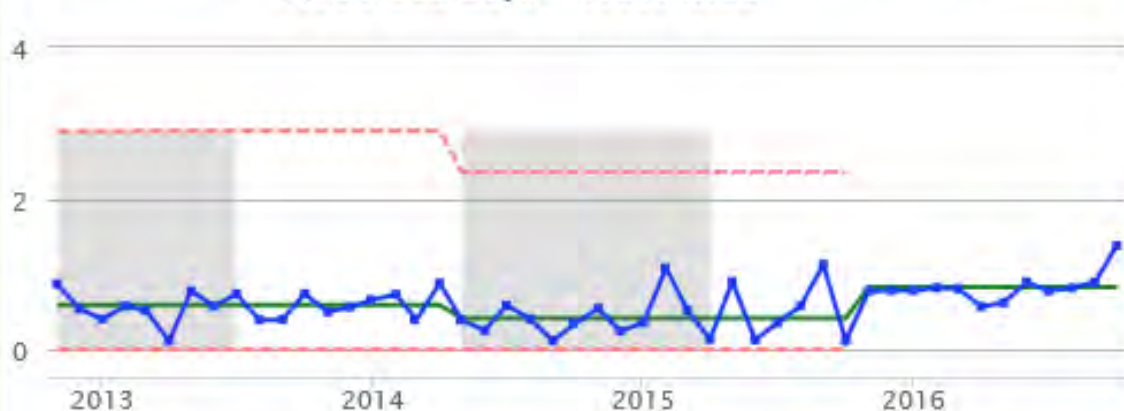
Measure	Comment
<p>Medication Incidents reported via Datix causing harm**</p> <p>**It is not possible to meaningfully report the incidence of medication errors causing harm per patient contact at this time</p>	No worrying trends this month. Performance remains stable at 9.5%.
<p>Never Events</p>	No worrying trends this month. The last never event was in June 2016 and performance remains stable at an average of 220 days between never events. The Never Event was discussed at the Trust's Patient Safety and Outcomes Committee; a summary of the learning can be found on slide 7.
<p>Non-2222 patients transferred to ICU by CSPs**</p> <p>** patients should be transferred to ICU before they have an arrest where possible which would indicate the early identification of a deterioration prior to an arrest.</p>	No worrying trends this month. Performance remains stable at an average of 8 per month.
<p>Cardiac and respiratory arrests]</p> <p>**currently the October analysis is not available.</p>	<p>No worrying trends this month. Performance remains stable for both measures at 2 cardiac arrests per month and 2 respiratory arrests per month.</p> <p>There were no respiratory arrests outside of ICU's in September 2016.</p> <p>There were two cardiac arrests outside of ICU's in September 2016; following review they have been graded as 'probably not preventable'.</p>
<p>Mortality</p>	No worrying trends this month. Performance remains stable at 6.5 deaths per 1000 discharges.
<p>CVL infections per 1000 line days</p>	The increase reported in September is being sustained. The current rate is 1.74 per 1000 line days.
<p>Serious Incidents</p>	No worrying trends this month. Performance remains stable at 1.1 per month. The number of current open SIs within the Trust has decreased.

Has patient care been safe in the past?

Important measures of interest



Hospital-acquired pressure ulcers reported (grades 2+) per 1,000 bed days - Trust Wide



	Hospital acquired pressure ulcer (GOSH)	Pressure ulcer noted on admission
Injury to skin/tissue (<u>not</u> preventable)	9	1
Injury to skin/tissue (preventable)	2	1

**5 reported incidents within the period are currently being investigated/reviewed and therefore are not included in the figures above

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:

Starting in November 2015 there has been an increase in this measure from 0.4 to 0.8 per 1000 bed days

It has been recognised there has been a rise in pressure ulcers across the trust last month. The majority of these have been device related and where applicable the ward areas have been contacted to raise awareness on this issue. The Tissue viability team have been working hard at trying to raise awareness and had an educational stand in the lagoon last week promoting 'stop the pressure' alongside a new Tissue Viability Times quarterly newsletter that was issued on Friday. An updated Pressure Ulcer Prevention teaching rollout is in development and planned for the new year for all ward staff pan Trust alongside mini RCAs for all grade 2 pressure ulcers.

At present this sudden increase is not a constant and this month numbers are back at 6 grade 2 PU's across the trust.

Of the 13 pressure ulcers; 3 were preventable and of these two were acquired whilst the patient's were at GOSH and were graded as low (grade 1).

The not preventable pressure ulcers were graded as low (grade 1).

Has patient care been safe in the past?

Serious Incidents and Never Events September-October 2016

No of new SIs declared in Sept-Nov 2016:	1	No of new Never Events declared in Sept-Nov 2016:	0
No of closed SIs/ Never Events in Sept- Nov 2016:	6	No of de-escalated SIs/Never Events in Sept-Nov 2016:	0

Learning from closed SIs in September-October 2016:

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/3144	<p>Total System Failure of the Critical Care Application (CareVue). The Trust's Critical Care application (CareVue), used to record observations suffered a total system failure and a downtime of 8 days. during the downtime, a contingency plan using paper documentation was implemented.</p> <p>An external review of the ICT infrastructure was also undertaken as part of the SI investigation.</p>	<p>The events described occurred due to an unexpected total system failure of the CareVue electronic system but were compounded by a lack of defined business continuity plans for the units in the event of a prolonged downtime period.</p> <p>Outdated ICT database structure; this could not support the CareVue application.</p>	<ul style="list-style-type: none"> The Emergency Planning Officer will support a nominated Lead Nurse to develop a standard operating procedure to confirm roles and responsibilities of staff in the event of future incidents involving Carevue. Action cards have been developed for staff which are linked to the standard operating procedure in the event of CareVue downtime (planned and unplanned). The system has been upgraded and a rolling plan for future upgrades is in place. 	<p>The importance of clear business continuity plans in the event of electronic system failure.</p>

Has patient care been safe in the past?

Learning from closed SIs in September-October 2016 (continued)...

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/19145	<p>Incorrect dose and strength of vincristine supplied and administered to a patient.</p> <p>The wrong dose of Vincristine was administered to the patient on 5 July 2016. This incident was realised on 13 July 2016.</p>	<ul style="list-style-type: none"> The non-availability of pre-diluted vincristine bags available for staff to use to manufacture the patient's medication meant that it was necessary for staff to switch to a different strength of vincristine to make up the patient's dose. The availability of worksheets for both the pre-diluted bag method and vial method should not have occurred simultaneously. A formal change control process for switching between the two manufacturing methods for different strengths of vincristine needed to be in place. 	<ul style="list-style-type: none"> To review the current suppliers of pre-diluted vincristine bags with a view to arranging a backup supplier should similar issues be experienced regarding stock of pre-diluted vincristine bags. In the event that it is necessary to change to a different strength raw material, a robust system (short term change control) should be used to facilitate the safe transfer to a different strength of raw material. This applies to all products made in technical services. Storage of Vincristine vials to be reviewed in cytotoxic pharmacy Change set up of JAC so that "Tray sheet description" is more reflective of the raw material All products manufactured in pharmacy technical services where multiple strengths of raw materials are available should be reviewed to ensure a similar incident does not occur with a different drug. Develop improved communication systems within the cytotoxic unit 	<p>When a new product or technique is introduced to an area, it is essential that there is a robust plan and systems in place to ensure transition occurs without incident.</p>
2016/17559	<p>Never Event: Medications inadvertently administered via a misplaced nasogastric tube.</p> <p>The patient received three doses of medications via an incorrectly placed nasogastric tube before the misplacement was detected.</p>	<ul style="list-style-type: none"> A misplaced nasogastric tube was not detected on chest x-ray post-operatively The bedside nurse stated that a nasogastric tube position check would have been undertaken on initial assessment and prior to medication administration via the nasogastric tube. However this was not documented as per the recommendation of the Trust Management of feeding lines policy (2012). Ahead of the third dose of medication there was a position check and the aspirate had a pH within range but this is thought to have been contaminated with medications previously instilled which had solution pH of 4.1 and 3,3 respectively. In the event the bedside nurse recalls that this dose was then given orally as the patient was extubated and awake. 	<p>All nasogastric tubes placed in theatre should have a position check attempted in line with NHS Improvement guidance (2016). If the check is negative (for instance there is no nasogastric aspirate) this fact must be communicated to the recovery/intensive care team at handover.</p> <p>Reiterate the importance of documentation when undertaking cares and the need for compliance with key standards to be monitored and fed back to clinical staff.</p>	<p>All nasogastric tubes placed in theatre should have a position check attempted in line with NHS Improvement guidance (2016). If the check is negative (for instance there is no nasogastric aspirate) this fact must be communicated to the recovery/intensive care team at handover.</p>

Has patient care been safe in the past?

Learning from closed SIs in September-October 2016 (continued)...

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/17756	<p>Delay in detecting compression of the bone by the Ilizarov frame rather than the desired distraction</p> <p>The patient had surgery for an application of an Ilizarov frame to her left leg on 12th May 2016. The procedure and recovery were thought to be uneventful and she was discharged home on 18th May 2016. On 22nd June it was identified that the device had not been assembled in the standard fashion and that the lengthening/distraction process was causing compression of the osteotomy, rather than distraction.</p>	<ul style="list-style-type: none"> The components of the Ilizarov frame were accidentally applied in a different manner to the most conventional manner; following investigation it was agreed that this was human error and there were no modifiable factors. <p>The following contributory factors were found:</p> <ul style="list-style-type: none"> this meant that the nuts would need to be turned anti-clockwise rather than clockwise to achieve the lengthening. The patient was taught to do the turns in a clockwise manner i.e. the correct way for the correct application There was no formal check of the frame at any point or notably before distraction was started or the patient was discharged The compression of the bone was not identified when the patient returned to clinic post-operatively, despite clinical signs and x ray imaging which required more timely escalation and review 	<ul style="list-style-type: none"> Post-operatively, a Consultant or designated deputy must re-check how the frame is assembled and then provide clear treatment instructions prior to turns being commenced. This will provide assurance that the treatment is appropriate and correct for the way that the frame has been assembled. There must be clear, consistent information and a standard level of training for each individual family/ parents/carers when communicating teaching instructions on turns. The individuals delivering this teaching should have competent to deliver the training. In cases where distraction commences after the patient has been discharged, the teaching and observation should be carried out in the same way using a 'mock' frame Review the treatment care pathway to ensure that it describes important time-lines and checks, such as timings of planned X-rays and appointments. A review of how patients are booked into post-operative clinics should be carried out in light of the capacity issues. For patients who will follow a routine pathway (such as being seen every 2 weeks after surgery)- could these appointments be booked ahead as soon as operation is completed 	<p>Patients must be booked into the clinic requested by the Consultant in charge of their care. A different clinic should not be booked, or changes to clinics made, without discussion with the appropriate consultant.</p>

Has patient care been safe in the past?

Learning from closed SIs in September-October 2016 (continued)...

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/12588	<p>Unexpected death. An infant patient had an acute deterioration and respiratory arrest following an apparent absence seizure. The patient consequently went for a CT scan where a skull fracture and a large bleed between the skull and the surface of the brain were discovered. An emergency operation was performed to evacuate the bleed. However, the patient sadly died the next day.</p>	<ul style="list-style-type: none"> The investigation utilised the root cause analysis approach however no root cause has been identified as there is no clear event that lead to the head injury. 	<ul style="list-style-type: none"> The observation monitoring plan on Nervecentre will be reviewed and updated on a daily basis by the multi-professional team, or following a change in clinical condition as per the Observations and CEWS Policy. All long term inpatients within the IPP division will have a SEAL (Section 85 Assessment of Long-Stay patients) assessment as appropriate. A Standard Operating Procedure (SOP) relating to Non Related Adult Carers will be written for use within the IPP division. All Combined Mandatory Risk Assessments must be completed and updated as per the Moving and Handling Policy and the Falls Policy. (E.g. it should be complete on admission, after any changes including a fall as a minimum of weekly). 	<p>A new Combined Mandatory Risk Assessment must be completed every 3 months for long term patients.</p>

Has patient care been safe in the past?

Red Complaints in September-October 2016

No of new red complaints declared in Sept-Oct 2016:

0

No of re-opened red complaints in Sept-Oct 2016:

0

No of closed red complaints in Sept-Oct 2016:

0

Learning from closed red complaints in August:

Ref:

Summary of complaint:

Learning/Recommendations:

No closed red complaints in Sept-Oct 2016:



Are we delivering high quality care today?

Measures where we have no concerns



Measure	Comment
All complaints	No worrying trends this month. Performance remains stable at 11 per month
Red complaints	No worrying trends this month. Performance remains stable at 0.4 per month
Amber complaints	No worrying trends this month. Performance remains stable at 2.3 per month
Yellow complaints	No worrying trends this month. Performance remains stable at 6.8 per month
Number of PALS cases	No worrying trends this month. Performance remains stable at 128 per month

The child first and always

Are we responding and improving?

Featured Project: Sepsis 6

Project aim:

To improve the early identification and treatment of Sepsis, through implementation of the Sepsis 6 bundle at GOSH by 31st March 2017.

This is a trust-wide initiative at Great Ormond Street Hospital, seeking to improve the early identification and treatment of sepsis. This work is led by a multi-disciplinary project team, including Medical, Nursing and Quality Improvement leads. The project was initiated in response to the NCEPOD 'Just Say Sepsis' report published in November 2015 which included a number of recommendations for NHS Trusts to review and implement where appropriate. In May 2016, the Managing Sick Children Project Group recommended to GOSH Resuscitation Committee that the Sepsis 6 bundle should be implemented at GOSH. Following a review of the information, the decision was made in June 2016 for Sepsis 6 to be implemented at GOSH and rolled out across all specialities.

Expected Benefits of the Project:

- Early recognition of sepsis
- Clearly defined escalation process to ensure early medical review
- Timely treatment of sepsis that reduces likelihood of morbidity and mortality
- Agreed 'step down' procedure from antibiotic regimes following clear pathology results.
- Utilisation of Trust IT systems to support to identification, escalation and appropriate treatment of at risk children
- Training resources and engagement materials co-designed with families
- Alignment of GOSH policy with national standards to increase compliance of practice

What is Sepsis:

“What is Sepsis:
“Sepsis is a life-threatening organ dysfunction due to a dysregulated host response to infection”

Measures for Improvement:

SPC charts and audit data will be utilised to measure results of the project.

Outcome measures:

- Reduction in 3 day and 30 day mortality due to sepsis
- % compliance with the Sepsis 6 bundle

Process measures:

- no. of patients triggering the Sepsis 6 bundle
- % completeness of nursing observations
- ICU admissions due to sepsis
- time taken for senior medical review of child with suspected sepsis
- time taken to administer antibiotics when sepsis is suspected.

Balancing measure:

- impact on antibiotic stewardship

The image shows the 'Paediatric Sepsis 6' bundle, which includes a flowchart and a checklist. The flowchart outlines the process from identifying a child at risk to providing treatment and monitoring. The checklist details the six components of the bundle: 1. Give high flow oxygen, 2. Give fluids, 3. Give antibiotics, 4. Measure lactate, 5. Monitor urine output, and 6. Monitor vital signs. It also includes a section for 'What to do if you are unsure' and a 'Checklist for the Sepsis 6 bundle'.

Progress to date:

- Draft Sepsis 6 protocol approved by Steering Group
- Pilot started on 4 wards. Protocol revised multiple times in response to feedback
- Antibiotic protocol developed & tested
- Train- the- trainer package developed & in testing phase
- Scoping e-learning options for nursing and medical induction
- Measurement plan developed
- Parent involvement in designing education for parents and patients
- Shared findings from pilot with QI Committee and Trust Nursing Board
- Comms with other Trusts using the Sepsis 6 to learn and share ideas

Next Steps:

- Trust-wide roll out due w/c 23rd January 2017.
- Sepsis Awareness Week (Trust-wide comms and education tools)
- Measuring the impact of Sepsis 6
- Sustainable education for all new nursing and medical starters.
- Agreement on format of protocol and integration with Trust systems.
- Support teams to embed new practice.
- Identify where delays occur in the process and test new improvements.

Are we responding and improving?

Learning from Friends and Family Test



Inpatient Results

Outpatient Results

September 2016

Overall FFT Response Rate = 14.1%
Overall % to Recommend = 99%

October 2016

Overall FFT Response Rate = 25%
Overall % to Recommend = 98%

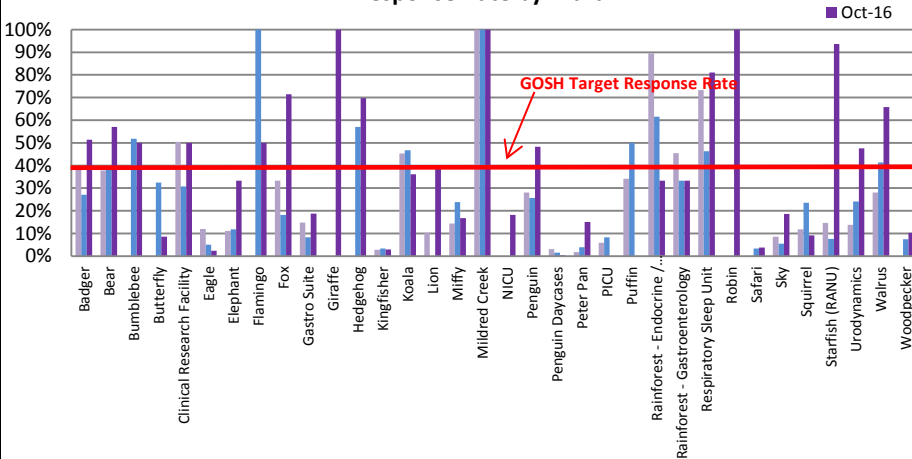
September 2016

Overall % to Recommend = 91.2%

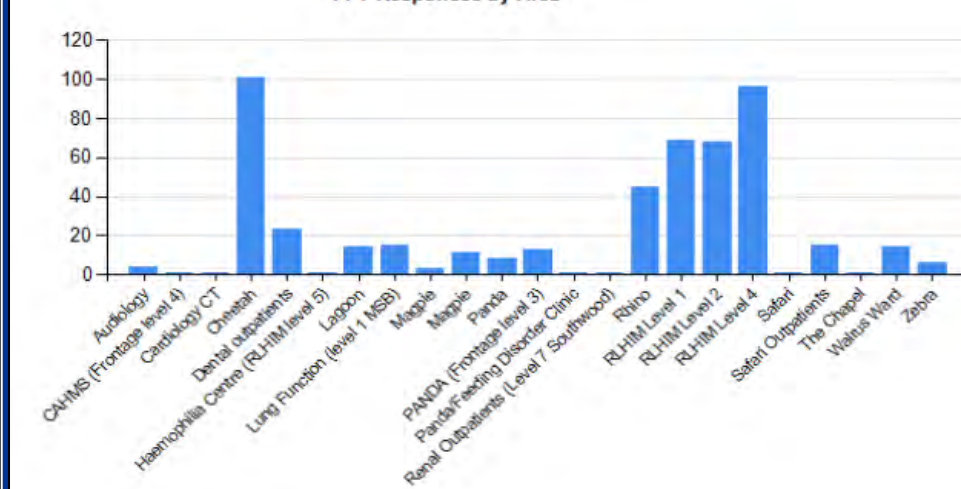
October 2016

Overall % to Recommend = 95.6%

FFT Response Rate by Ward



FFT Responses by Area



The overall FFT response rate for inpatients has risen from 14.1% to 25%; overall there had been a slow decline in response rate between July, August and September however this has increased again in October. The decline highlighted that many wards are reliant on one member of staff to lead on FFT which causes issues when they are off sick or on leave. PE team to work with the wards to ensure they apply a team approach.

Outpatients do not have a minimum response rate target. The overall percentage to recommend stayed above 90% with the exception of July 2016 when then percentage was at 82.41%.

positive

September 2016 Trends

negative

- Caring
- Staff
- Welcoming
- Equipment/Facilities
- Communication
- Waits (outpatients)

positive

October 2016 Trends

negative

- Friendly
- Helpful
- Teamwork
- Facilities
- Appointment cancellations
- Food

The overall feedback from September and October has indicated that staff are caring, friendly and helpful. The Trust could improve on waiting times for appointments/clinics and the communication of waits and also last minute cancellations. It was also noted that some of the facilities could be improved; some of the older Wards are outdated and that the temperature is often an issue.

Are we responding and improving?

Learning from Friends and Family Test



Update

Database – Design and testing of the FFT database is complete. Training for ward administration staff is also complete. Roll out will commence on 1st December 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 and the work of the Patient Experience Team will be included in the staff induction handbook going forward. Awaiting final approval from Learning and Development team.

Real Time Feedback System - The Patient Experience Team have successfully been awarded the GOSH Charity Bid for the Real Time Patient Feedback System. Procurement will commence in January 2017.



“The care our son has had here has been absolutely outstanding, all the staff has looked after him and ourselves wonderfully, we are so pleased we chose to come to GOSH for (patient name) treatment, lovely, helpful people in all departments - thank you!”

“(patient name) received exceptional care on Badger ward at GOSH. Her treatment was meticulously planned in close and regular consultation with all relevant departments. Decisions were discussed with the family and our views were taken into account. The family was treated with respect and support was always readily available.”



“Friendly, welcoming staff. Minimal waiting time. Investing child/family friendly environment. All professionals were open and friendly with patients. Children relaxed and welcome. Nurse was optimistic - positive. Sonographer was very gently with my grandchild. Cardiologist was very reassuring. Very impressed.”

“To everyone employed in the Lagoon: Thank you for providing food and drink of every sort during the last eight months of our grand daughters tragic illness. No one wants to be in a hospital but the Lagoon made it bearable. A refuge to recharge our batteries, with good quality refreshment, served with a smile in spotless surroundings. Thank you to everyone from a grateful grandma & granddad. :-).”

“At our previous appointment, we clearly requested that we would like to see Dr (staff name) Unfortunately frustratingly we had to see a registrar. There is very poor communication between teams, which is a shame.”

“Very good apart from the fact that we had to wait for a long time. Also, the corridor is not a very practical place as a waiting area.”

“The only thing we think could be improved on is communication between doctors and also doctors to parents on the treatments and procedures.”



“Our appointment for 10.30 was cancelled at 10.05. We have spent almost 2 hours to get here to be told to go home as consultant is on annual leave.”

“Bad: All nurses should introduce themselves to parent and child I found 2 out of all nurses to do this which created offset for the child and parent

“Consultants - very sorry - which meant a lot of confusion - not the right information on paperwork which left me and my disabled son very anxious and fed up, confused, very upset - still angry! As not the 1st, 2nd or 3rd time.”

November 2016 – Trust Board: Integrated Performance Report Narrative

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.

As a continuation of the development of the IPR the following additions and changes have been made this month:

Formatting:

- RAG rating – in month performance is now RAG rated (green for meeting or exceeding the plan / standard, red for not)
- Arrows – these show improvement (up) or deterioration (down) between months. Further iterations will also include spark lines to see trends over a longer time period

Metrics / Indicators:

- Caring – no changes. The complaints team are developing a metric to report the length of time to respond to complaints, this is not yet finalised.
- Safe:
 - Arrests Outside of ICU – this is under development and will in future reports differentiate for those that were preventable
 - Hospital Acquired Pressure Ulcers – This now reports any above grade 3 for which there should be zero. Further analysis and work is looking at other grades and how the Trust should report these
- Responsive – no changes
- Well-Led:
 - Nurse Vacancy rate is now included (definition included in the domain section)
- Effective – no changes
- Productivity – the following metrics are now included under this domain:
 - Bed Occupancy
 - Refused Admissions for Cardiac and PICU / NICU
 - Same day / day before hospital cancelled outpatient appointments
 - Activity (Year on year comparison):
 - Total Discharges (inpatient and day case)
 - Critical Care bed-days
 - Outpatient attendances (all – new and follow-up)
- Our Money – no changes

Future Changes:

- The intention is that once the Trust starts to officially receive a performance rating on the NHS Improvement Single Oversight Framework, this will be recorded and presented as part of the IPR
- The Key Lines of Enquiry box will be populated with key points for a deep dive exploration

Summary

The report for the Trust Board this month includes data up until the end of October 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.

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.

Friends and Family Test (FFT) Response Rate (Inpatients) – see Dashboard for the current position	
Definition:	<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>
What:	<p>Whilst the % of responses that are positive remains high (above the national 95% standard) for inpatients, the Trust needs to improve upon its current response rate (averaging around 26-27% YTD - which is however in line with national response rates of other Trusts, although 18.8% over the last 3 months).</p> <p>This month (October) has seen an improvement on the last few months, returning to previous levels with 25.16% against a Trust plan of 40%. During October the positive response score has dropped to 97.87% (but remains above the 95% standard).</p> <p>To note also that the outpatient “positive” score has returned to above the 95% standard with 95.6%, which had declined over the past few months.</p>
Why / How:	<p>From the updates received at the Divisional Performance meetings, Senior Nurse Leads in each Division have action plans in place to increase the response rate to the required standard, which is linked to the central work being led by the Patient Experience team. Actions include centralising and improved administrative processes and targeting key specialties with the poorest response rate. More detail is available in the Quality & Safety report</p> <p>Note: 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>

Complaints	
Definition:	<p>This indicator provides the total number of formal complaints received by the Trust during the reporting period</p> <p>As stated in the introduction it is expected that this indicator will be updated to include length of time taken to respond to complaints in addition the numbers received.</p>
What:	<p>The number of year to date formal complaints is currently at 69, with 12 in the most recent month.</p> <p>There have been no red complaints for the last 2 months.</p>
Why / How:	<p>As stated previously the number of complaints should not necessarily be viewed as a negative, as it is imperative the Trust empowers patients and families to raise issues with their experiences at the Hospital.</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>

Safe

From the dashboard, for a number of the measures and indicators for this domain, the picture is varied with regard to year to date performance. In the more recent months however delivery against the range of standards has been largely positive.

With regard to Healthcare Associated Infections (HCAIs), C Diff remains within the annual target with only 1 case YTD (against a total of 15 for the whole year), for MRSA however there have been 3 cases YTD (with the expectation of zero cases for 16/17). There have however been no cases in the most recent month (October). CV Line Infection levels have reduced this month, to the lowest level of the year of 0.89 per 1000 line days. Further information is contained within the Quality & Safety report.

Below provides detail on those measures not meeting the required standards:

WHO Checklist Completion	
Definition:	This reports the completion rate of the World Health Organisation (WHO) checklist audits in surgery, against an internal target of 98%
What:	The last 3 months have seen deterioration in compliance to below 95%, in comparison to the rest of the year. The most recent month (October) reported 93.6% against the target of 98%
Why / How:	<p>The recent deterioration is largely attributable to areas outside of main theatres. The Trust is currently implementing the NatSIPPs (National Safety Standards for Invasive Procedures) project, which will focus on how to improve WHO Checklists in these areas. The project is due to complete in late Q4 16/17, when it is expected that the Trust will become compliant in these areas.</p> <p>Updates and progress are being flagged through the Divisional Performance Meetings, via the Divisional Assistant Chief Nurse in JM Barrie leading.</p>

--	--

Hospital Acquired Pressure / Device related Ulcers Grade 3+	
Definition:	<p>This reports the number of clinically graded pressure and device related sores that have been acquired whilst in hospital.</p> <p>The expectation is that there are zero grade 3+</p> <p>As stated above, further work is being taken forward to report grades <3 for future months.</p>
What:	The Trust has reported 1 grade 3 pressure ulcer in October against this standard (of zero).
Why / How:	The reason / cause for the reported grade 3 pressure ulcer is currently being investigated. An update will be provide for the next Trust Board, and further detail is contained with the Quality & Safety Report.

Responsive

The Trust is currently off line from reporting against the national RTT incomplete standard. Below details other key metric for this domain, as highlighted by exception:

Diagnostic: Patients waiting	
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 > 6 weeks</p>
What:	The most recent performance against this standard is 4.24%. The Trust has been reporting a steady improvement over the last few months, however is expecting to remain at this level for the rest of 2016/17.
Why / How:	Of those reported waiting > 6 weeks in October, 23 of the reported 26 patients were for Audiological diagnostic tests. Having reviewed the pressures in this area, the main contributing factor is associated with capacity. The operational teams have put in place immediate additional lists, as aswell work to increase the provision of a soundproof booth. The Division's recovery plan confirms that with these actions, the service will be compliant in April.

Cancer 31 Day: Decision to Treat to First Treatment	
Definition:	Patients on a 31 day cancer pathway are required to receive first definitive treatment, 31 days from the date the treatment decision has been agreed (e.g. surgery, chemotherapy, radiotherapy). For this particular cancer pathway, the operational standard is 96%.

What:	<p>Given the national reporting timetable – the most recently submitted month is September. For this month the Trust experienced one breach of this pathway standard, as such reported a position of 94% (against 96%).</p> <p>The Trust is however managed against quarterly performance for cancer pathways and as consequently met this standard for Q2 ((having attained 100% in the previous 2 months).</p>
Why / How:	<p>This breach was as a result of a complicated surgical pathway being jointly managed between 2 cancer services across 2 hospitals. A Route Cause Analysis was undertaken and the actions have / are being put into place. This is being reported through the Trust PTL meeting and into the Trust’s Access Improvement Board and Divisional Performance Meetings.</p>

<p>Last Minute Non-Clinical Hospital Cancelled Operations & Breaches of 28 Day Standard (Quarterly reporting standard)</p>	
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 most recently reported quarterly position for the Trust (Q2) reported 191 last minute hospital cancelled non-clinical operations (a marginal improvement on Q1 of 197). Against the 28 day standard, the Trust failed to rebook 32 patients within that timeframe (compared to 31 in Q1).</p> <p>As this is a quarterly reported indicator this is not available for October.</p>
Why / How:	<p>Whilst there remain a number of constraints in the system that result in last minute non-clinical cancelled operations (primarily with regard to bed capacity, emergency cases being treated in place of elective etc.), the Clinical Divisions have action plans in place to mitigate these as much as possible. The actions include the improvement in process and procedures for avoiding cancelling patients where these opportunities exist, closure linkages and communications between admission and ward staff, and theatres. Additionally ensure the appropriate escalation processes are being used and followed with the Trust’s Bed Management Meetings. It is envisaged that once these have been implemented fully, improvements will be seen during Q3 and into Q4.</p>

Well-led

The below identifies those areas that require highlighting.

<p>Appraisal (PDR) rate</p>	
Definition / What:	<p>The Trust compliance rate of the % of completed staff appraisals against an internal annual target of 90% for 2016/17</p>

Why / How:	<p>The Trust overall appraisal rate stands at 84% - a significant increase of 7% since August. Currently four areas are meeting the in-year target of 90%, Corporate Affairs (at 100%), Human Resources & Organisational Development (at 97%), Development and Property Services (at 97%) and Finance (at 90%). The target for 2017/18 will increase to 95%.</p> <p>For the Clinical Divisions this is being picked up directly in their monthly Performance Meetings, for which they each have action plans and are showing good improvement also.</p>
------------	---

Mandatory Training	
Definition / What:	An aggregate level % for all statutory and mandatory training undertaken within the Trust against a plan of 90%
Why / How:	<p>Compliance across the Trust has increased to 87%. Currently eight (up from six) directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs, Development & Property Services, Nursing & Patient Experience and Clinical Operations. All remaining Clinical Divisions have all shown significant improvements.</p> <p>Actions being undertaken to address this include: More visibility through the Learning Management System (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.</p>

Agency Spend	
Definition / What:	<p>At Month 7 (October) this stands at 3.8% of total paybill (increase of 0.2% from August)</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 (at 76% of ceiling). Based on current spend, the Trust will breach the ceiling by December. The HR & OD directorate are currently working alongside NHS Improvement reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage.</p>

Nurse Vacancies	
Definition / What:	This has been calculated by looking at the difference between the established number of posts in a division (nursing registered only) minus the contractual nursing staff. This

	excludes temporary staff and gives the underlying vacancies.
Why / How:	<p>As at October the Trust has a 7.2% vacancy rate for nursing against this metric.</p> <p>The nursing recruitment team receives a weekly report that provides active recruitment position of posts which is viewed in conjunction with the work being undertaken and lead by the Corporate Nursing team and Clinical Divisions.</p> <p>At this time the above figure does not provide recruitment “in pipeline”, clearly however there is and will be activities contributing to the above.</p> <p>This metric will continue to be reviewed alongside the main vacancy metric (which is establishment minus the actual staff (inc bank and agency)).</p>

Effective

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

Discharge Summaries	
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:	The average compliance this year is 87.46%, which is a significant improvement on previous years. This month has seen a slight decline to 84.2% for October.
Why / How:	<p>The reduction in October was seen across a number of specialties and not isolation to one area (which in part can be explained by the start of Junior Doctors over this period). However, this is being picked up operationally to ensure Heads of Clinical Service and Service Managers ensure requirement and processes are appropriately communicated to ensure these instances are minimised.</p> <p>The Clinical Divisions have action plans in place to ensure improvements continue, which are expected from November onwards, in order to attain the standard.</p>

Clinic Letter Turnaround	
Definition:	<p>The % of clinic letters that are sent within 7 & 14 working days of an Outpatient Clinic</p> <p>The contractual requirement for 2016/17 is 14 working days turnaround.</p>
What:	The Trust is currently reporting 75.83% against the 14 day turnaround (and 44.46% for 7 days)
Why / How:	<p>Work continues across the Divisions, with improvements seen over the last 3 months, averaging 75% for the 14 day standard.</p> <p>Where an area is not at the requisite level an action plan is in place to address this. These are being updated and feedback at the relevant Divisional Performance</p>

	Meetings. Data capture and reporting of this metric is additionally reviewed as part of the process.
--	--

Productivity

This domain has now been updated as confirmed above to include a range of indicators, as a means to start to assess the productivity of the organisation at a headline level. It is important to note that whilst these indicators are being included within the report they are additionally being reviewed and refined, and so consequently may change slightly in future iterations (any updates / changes will of course be communicated).

Four indicators are included to give an indication as to how productively the Trust is using its resources across: Theatres, Beds, ICU and Outpatients, viewed alongside how much activity has been delivered over the same period.

Theatres Utilisation:

This has seen a slow decline over the last few months which is being investigated by the theatres team to better understand the reasoning behind this, as up to August performance had been improving and utilisation increasing.

Key actions the Divisions are undertaking include (this is not exhaustive – intended to be illustrative):

- Improvements in bed booking processes for Radiological procedures that require theatres, and balancing the demands between emergency and elective cases (expected to be operational from January)
- Review of current: Neurology and Neuromuscular and Ophthalmology lists
- Process for spinal cases requiring PICU beds, which impacts on flow from theatres (and cancellations with increased emergency cases)
- Improve utilisation in areas outside of main theatres

These will be followed up at the Performance Meetings and the Theatres Group that has recently been established.

Bed Occupancy:

This indicator and methodology is currently under-review as part of the data quality review, and as such the metrics should be used as a guide at this time, pending completion of this exercise.

As at October bed occupancy was at 81.7%, which is a minor reduction compared to the previous months. Further analysis will be required with regard to day and overnight occupancy levels, and what the range of occupancy is across the Trust, whether this can be understood because of the case mix and patients using those beds, and where opportunities exist to improve.

Refused Admissions into Cardiac and PICU / NICU:

As per the information collated by the service, over the last 3 months the Trust has had to refuse 19 Cardiac referrals into the Trust and 25 PICU / NICU referrals, due to capacity constraints.

Clearly as the Trust now heads towards winter these numbers will need to be reviewed and assessed as the operational teams do on a daily and weekly basis.

Same day / day before hospital cancelled appointments (outpatients):

This measure will be reviewed to make sure provides the best possible / most useful view on how the Trust utilises OP capacity. This measure looks at last minute cancelled appointments made from the Trust (not patients). In October there were 1.49% of all outpatient appointments that were booked, cancelled by the Trust. In future iterations it will be useful to look at this alongside the Did Not Attend / Was Not Brought measure (in the Effective domain), which has recently shown signs of improvement reducing to 7.54%.

Activity:

Across the 3 main points of operational delivery (inpatients – discharges, Critical Care beddays and outpatients) a comparison is provided looking at year on year differences, cumulatively YTD and individual month on month.

As is evident – the cumulative YTD position across all is up on the same period last year, however it is noticeable that for the month of October, activity is down compared to October last year. This will be reviewed to understand the cause and will need a view on November to ensure this trend is not sustained.

Our Money

This section of the IPR includes a year to date position up to and including October 2016 (Month 7). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.2m 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 £0.3m below plan, however this is after adjusting for £1m reduction in income relating to 2015/16 outturn.
- Non Clinical revenue is £1.4m higher than plan
- International Private Patients income is £1.9m higher than planned, although it is £0.5m lower than plan in month.
- Staff costs are £2.8m higher than plan at the end of month 7.
- Non-pay costs (excluding passthrough costs) are £0.7m higher than planned due to an increase IPP bad debt provision.

Areas of concern at this point include the Trust include:

- Pay costs are £2.8m higher than plan with an increasing monthly run rate.
- 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 234.1 days in October.
- Current delivery of recurrent P&E savings is lower than planned year to date (£3.2m)

Actions being taken to address these concerns are:

- Review and reduction of inventory on hand, including introduction of pilot projects to enhance supply chain process.
- Further work is required on the internal forecast to understand how the impact of increased staffing numbers will impact on activity.
- Enhanced workforce controls are being introduced to reduce agency staff costs and ensure all non-clinical posts advertised are reviewed.

	Aug	Sep	Oct	Trend	Plan	NHS Standard
Caring						
Access to Healthcare for people with Learning Disability				→	-	-
% Positive Response Friends & Family Test: Inpatients	98.47%	98.81%	97.87%	↓		95%
Response Rate Friends & Family Test: Inpatients	17.28%	14.06%	25.16%	↑	40%	
% Positive Response Friends & Family Test: Outpatients	94.81%	91.29%	95.60%	↑		95%
Number of Complaints	8	8	12	+4		
Number of Complaints -Red Grade	1	0	0	→		
Mental Health Identifiers: Data Completeness	98.71%	98.72%	98.83%	↑		97%

	In-month	Aug	Sep	Oct	Trend	Plan	NHS Standard
Safe							
Serious Patient Safety Incidents	YTD	2	0	0	→	0	0
Never Events	YTD	1	1	1	→	0	0
Incidents of C. Difficile	YTD	1	1	1	→	1	15
C.Difficile due to Lapses of Care	YTD	0	0	0	→	1	1
Incidents of MRSA	YTD	2	3	3	→	0	0
CV Line Infection Rate (per 1,000 line days)		2.22	1.87	0.89	↑	1.6	
WHO Checklist Completion		94.09%	93.51%	93.60%	↑	98%	
Arrests Outside of ICU	Cardiac Arrests	3	2	3	↓	5	
	Respiratory Arrests	4	2	2	→		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	1	↓	0	

	Aug	Sep	Oct	Trend	Plan	NHS Standard
Responsive						
Diagnostics: Patients Waiting >6 Weeks	8.29%	6.07%	4.24%	↑		1%
Cancer 31 Day: Decision to Treat to First Treatment	100%	94%		↓		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	56	57		↓		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	6	9		↓		0

	Aug	Sep	Oct	Trend	Plan	NHS Standard
Well-Led						
Sickness Rate	2.29%	2.26%	2.21%	↑		3%
Turnover	Total	19.1%	18.9%	19.0%	↓	18%
	Voluntary	18.1%	16.7%	18.3%	↓	14%
Appraisal Rate	Consultant	77%	79%	84%	↑	90%
		81%	80%	80%	→	
Mandatory Training		85.0%	85.0%	87.0%	↑	90%
% Staff Recommending the Trust as a Place to Work: Friends & Family Test			75%			61%
Vacancy Rate	Nursing	4.3%	4.0%	0.0%	↑	10%
			7.2%			
Bank Spend		6.2%	6.4%	6.2%	↑	
Agency Spend		3.60%	3.80%	3.80%	→	2%

	Aug	Sep	Oct	Trend	Plan	NHS Standard
Effective						
Discharge Summary Turnaround within 24hrs	90.61%	88.96%	84.20%	↓		100%
Clinic Letter Turnaround within 7 working days	48.87%	44.46%		↓		
Turnaround within 14 working days	77.17%	75.83%		↓		100%
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)	8.92%	7.76%	7.54%	↑		8.36%

	Aug	Sep	Oct	Trend	Plan	NHS Standard
Productivity						
Theatre Utilisation (NHS UO4)	69.0%	65.1%	64.6%	↓		77%
Bed Occupancy	83.2%	83.0%	81.7%	↓		
Refused Admissions	Cardiac refusals	8	5	6	↓	
	PICU / NICU refusals	7	20	18	↑	
Same day / day before hospital cancelled appointments	1.14%	1.34%	1.49%	↓		
Activity						
Total Discharges (YOY comparison)	In-month	3,729	3,633	3,458	↓	3,630
	YTD	18,579	22,212	25,670	↓	24,598
Critical Care Beddays (YOY comparison)	In-month	1,181	1,159	1,135	↓	1,141
	YTD	5,714	6,873	8,008	↓	7,788
Outpatient Attendances (All) (YOY comparison)	In-month	20,131	22,019	20,721	↓	21,895
	YTD	101,345	123,364	144,085	↓	141,301

	Aug	Sep	Oct	Trend	YTD Target	YTD Variance
Our Money						
Net Surplus/(Deficit) v Plan	(0.3)	0.2	(0.5)	↓	(3.4)	0.2
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.4	0.8	0.4	↓	7.0	(4.3)
Pay Worked WTE Variance to Plan	48.7	(9.1)	(196.9)	↓	0.0	(14.0)
Debtor Days (IPP)	215.5	223.8	234.1	↓	120.0	(89.7)
Quick Ratio (Liquidity)	1.81	1.87	1.87	→	1.77	0.1
NHS KPI Metrics	1.0	1.0	2.0	↓	1.0	(1.0)

Areas of Concern
 Caring - Friends & Family response rate
 Safe - WHO Checklist; Grade 3 pressure ulcers
 Responsive - Diagnostic waits (Audiology); Cancelled operations
 Well-led - Nursing vacancy rate; Agency spend
 Our Money - P&E delivery

Achievements
 Caring - Friends & Family Test score in outpatients
 Responsive - improved Diagnostic Wait Times
 Well-led - Trust sickness and overall vacancy rate
 Effective - Was Not Brought (DNA) rate

Key Lines of Enquiry

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

- ↑ Improvement
- Consistent trend
- ↓ Deterioration
- On / above target
- Below target
- No target

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – OCTOBER 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 28 in October to 4068 compared to September 2016. A new 12-month rolling contractual staff in post split by staff group is now included in the suite of reports against total contractual staff in post. This demonstrates a large increase in nursing staff (associated with the new intake) since September and sustained increases in administrative positions over the last eight months.

Sickness absence has decreased slightly to 2.2% (from 2.3%) 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% also long-term sickness has remained unchanged at 1.0%.

Unfilled vacancy rate: The Trust's unfilled vacancy rate stands at 4.3% (no change).

Agency usage for 2016/17 (year to date) stands at 3.8% of total paybill (rising, increase of 0.2% from August). 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 October due to RTT and the gastro review; however, Trust spend on business as usual (BAU) agency staff is significantly below the ceiling (at 76% of ceiling). Based on current spend, the Trust will breach the ceiling by December. The HR & OD directorate are currently working alongside NHS Improvement reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage. The Trust also reports on the

Appendix 4

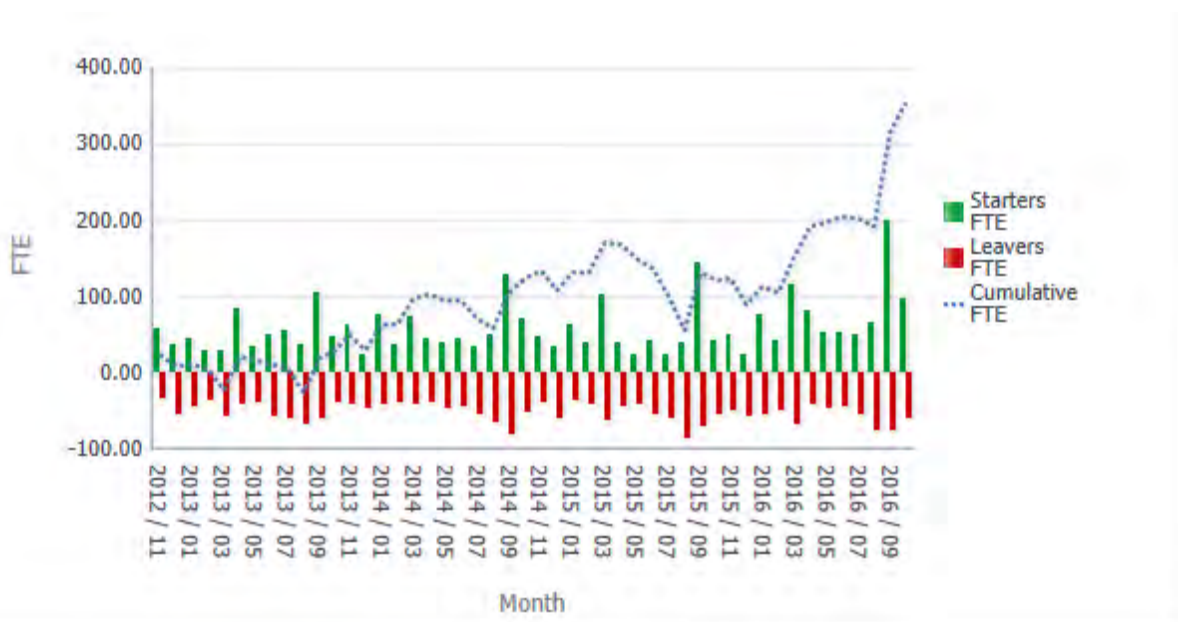
number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in October, 148 shifts (no change) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 70% of total paybill (RTT and senior interims). Finance currently spends 24.4% of paybill on agency staff (increasing).

Agency Measure	Spend YtD (October 2016)	Shifts breaching agency cap
RTT agency staff	£2,056k	0
Gastro review agency staff	£278k	8
Business as usual agency staff	£2,898k	140
Total agency staff	£5,233k	148
Agency ceiling	£3,806k	

PDR completion rates The Trust overall appraisal rate stands at 84% - a significant increase of 7% since August. Currently four areas are meeting the in-year target of 90%, Corporate Affairs (at 100%), Human Resources & Organisational Development (at 97%), Development and Property Services (at 97%) and Finance (at 90%). The target for 2017/18 will increase to 95%.

Statutory & Mandatory training compliance: In October the compliance across the Trust increased by 2% to 87%. Currently eight (up from six) directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs, Development & Property Services, Nursing & Patient Experience and Clinical Operations. All remaining divisions (Medical Directorate, West and Barrie) have all shown significant increases in StatMan compliance.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 17.3%; 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 18.9% in October (-0.05% from September). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers).



Appendix 4

Following the national calculation (leavers from the Trust – does not include internal movements between departments and excludes junior doctors), the monthly turnover between 2012 and October 2016 follows a normal range averaging at 1.39% across all staff groups with the months of March, August and September which are significantly, and consistently, higher – specifically, the average for March is 1.68%, 2.15% for August and 2.20% for September. These trends are consistent with the newly qualified nurse intake periods through the year. The above chart denotes the monthly leavers (FTE) red versus the monthly starters (FTE) green, the dashed line indicating the net effect of starters and leavers.

Turnover, length of service

Staff Group	<1 Year	1 to 2 Years	2 to 5 Years	5 to 10 Years	10 to 15 Years	15 to 20 Years	20 to 25 Years	25 to 30 Years	>=30 Years
Add Prof Scientific and Technic	6.95%	29.46%	35.30%	14.45%	6.39%	2.45%	0.00%	5.00%	0.00%
Additional Clinical Services	40.97%	25.49%	23.52%	6.78%	2.42%	0.00%	0.83%	0.00%	0.00%
Administrative and Clerical	21.72%	23.56%	32.50%	13.38%	3.85%	3.95%	1.03%	0.00%	0.00%
Allied Health Professionals	24.02%	12.29%	34.63%	7.76%	8.41%	3.23%	3.19%	0.00%	6.47%
Estates and Ancillary	18.25%	45.62%	0.00%	36.13%	0.00%	0.00%	0.00%	0.00%	0.00%
Healthcare Scientists	3.51%	21.91%	14.90%	35.50%	7.54%	4.38%	6.57%	2.19%	3.51%
Medical and Dental	25.23%	28.50%	12.31%	15.66%	0.00%	8.70%	6.33%	3.26%	0.00%
Nursing and Midwifery Registered	19.93%	21.80%	31.93%	14.08%	5.84%	2.39%	1.35%	2.68%	0.00%
Grand Total	23.13%	23.92%	28.42%	14.01%	4.44%	2.70%	1.61%	1.38%	0.39%

The above table highlights the length of service with the Trust when they leave. The Trust experiences very high turnover across the majority of staff groups within the first two years of commencement (47% of individuals do not stop in the Trust for longer than two years). Within nursing 41% leave within the first two years, as the most sizeable staff group this has the largest effect on the Trust's overall turnover; furthermore, the nursing turnover spikes in March, August and September – coinciding with the anniversary of newly qualified intakes. Retention issues with regards to nursing are being addressed via the Nursing Recruitment & Retention Project to lead on specific workstreams following feedback and questionnaires. The shortest length of service for under two years is found within 'additional clinical services' at 66%, this group includes support to clinical services (HCAs, laboratory support etc); followed by Estates & Ancillary staff (63%) and administrative staff (45%).

Turnover, reason for leaving

Reason for leaving	Add Prof Scientific and Technic	Additional Clinical Services	A&C	AHPs	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
Dismissal		1%	3%					2%	2%
Fixed Term Contract	9%	8%	7%	14%		2%	52%	2%	7%
Making Choices	2%	1%	1%						1%
Other							4%		
Redundancy	1%		1%						
Retirement	4%	1%	4%	8%	4%	14%	23%	6%	6%
TUPE	1%					2%			
Voluntary - Child Dependents	1%								
Voluntary Resignation - Adult Dependents			2%					1%	1%
Voluntary Resignation - Better Reward Package		3%	5%		8%	4%			2%

Appendix 4

Voluntary Resignation - Child Dependants	3%	1%				5%	2%		
Voluntary Resignation - Health	2%	5%	2%	1%	8%		3%	3%	
Voluntary Resignation - Incompatible Working Relationships			1%						
Voluntary Resignation - Lack of Opportunities	6%	2%	1%					1%	
Voluntary Resignation - Other/Not Known	35%	17%	31%	26%	37%	9%	4%	18%	22%
Voluntary Resignation - Promotion	17%	15%	22%	19%	8%	32%	6%	6%	15%
Voluntary Resignation - Relocation	8%	8%	9%	25%	17%	19%	12%	32%	17%
Voluntary Resignation - To undertake further education or training	3%	23%	5%			4%		5%	8%
Voluntary Resignation - Work Life Balance	11%	13%	4%	7%	17%	13%		19%	12%

Excluding 'voluntary other', the most frequent reason for leaving is promotion to an external Trust across all staff groups, poor quality of 'destination on leaving' when managers complete leavers forms means we have insufficient information whether these promotions are to local Trusts or to outside of London; similarly, 'relocation', a frequent reason, has poor leaving destination data but moving abroad to a non-EU country is prevalent at 20%. Upon declaration of a leaver, a revised questionnaire is now sent out to all leavers, results of which will be merged with our HR management information to provide a fuller picture for the reasoning of leaving the Trust.

Turnover, leaving destination

Leaving destination	Add Prof Scientific and Technic	Additional Clinical Services	A&C	AHPs	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
Abroad - EU	0%	1%	0%	0%	8%	0%	8%	3%	2%
Abroad - Non-EU	0%	3%	3%	15%	0%	9%	8%	7%	5%
Education Sector	4%	8%	6%	0%	8%	2%	0%	2%	4%
Education/Training	3%	12%	4%	0%	0%	2%	0%	1%	4%
NHS/Public Service	41%	44%	38%	44%	25%	49%	47%	52%	45%
No Employment	16%	8%	22%	4%	25%	8%	10%	18%	16%
Not specified	21%	21%	20%	23%	25%	22%	22%	13%	19%
Private Sector (non-Health)	12%	4%	5%	14%	8%	7%	6%	4%	5%
Self Employed	4%	0%	0%	0%	0%	2%	0%	0%	1%

Poor quality leaving destination details on leaver forms completed by managers, results in 19% of unspecified destinations upon leaving. Approximately 75% of the remaining leavers with information move onto employment with other NHS Trusts or public organisations. A sizeable 7% of our leavers move abroad with a similar number moving to private health sector employment. Similarly with better leaving destination data and merging with leaver questionnaire information, a clearer picture of why and where our employees move onto should help to evolve our retention programmes.

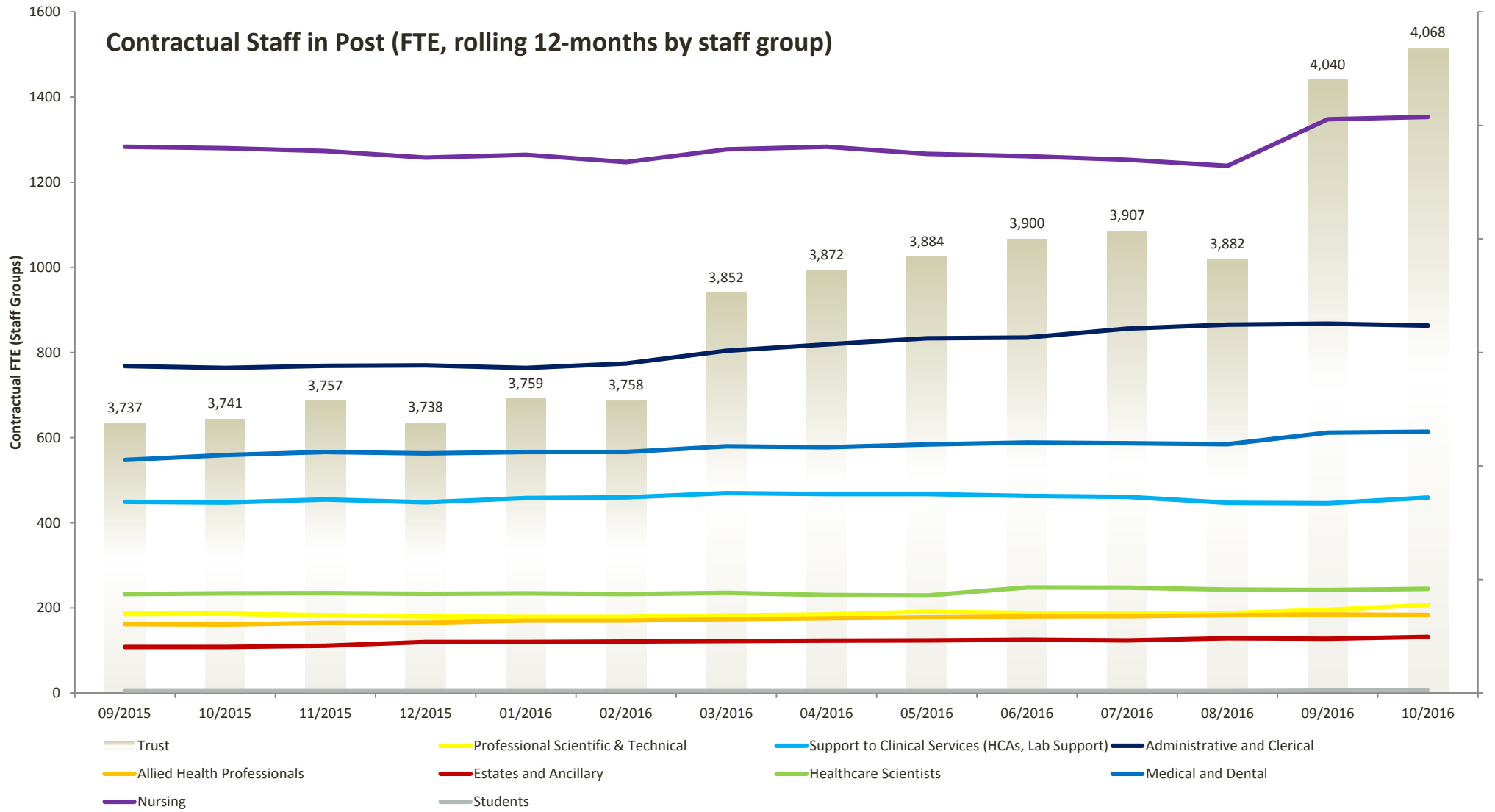
Turnover, exceptions

The HR Board report regularly highlights the divisions/directorates and also individual departments/wards with exceptional turnover (greater than 3 standard deviations from the mean). Areas that feature regularly on the exception report tend to also show on the vacancy and agency reports (as expected link between all three), with some connection to PDR rate and sickness.

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

Division	Contractual Staff in Post (FTE)	Voluntary Turnover Rate (% FTE) <small>(voluntary leavers in 12-months in brackets, <14% green)</small>	Total Turnover Rate (% FTE) <small>(number of leavers in 12-months in brackets, <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	1639	18.5% (265.3)	20.0% (286.4)	2.2	84.0%	86.0%	0.0%	1.9%
Barrie Division	1648	14.7% (209.3)	17.0% (241.8)	2.0	82.0%	86.0%	0.0%	1.1%
International Division	191	19.0% (31.9)	20.2% (33.9)	3.3	85.0%	95.0%	10.9%	0.0%
Corporate Affairs	9	11.1% (1.0)	11.1% (1.0)	1.3	100.0%	91.0%	23.1%	5.0%
Clinical Operations	89	14.6% (11.9)	14.6% (11.9)	3.1	73.0%	90.0%	0.3%	69.7%
Human Resources & OD	82	26.4% (21.0)	30.7% (24.4)	4.0	97.0%	96.0%	8.1%	2.4%
Nursing & Patient Experience	86	16.5% (11.3)	17.8% (12.2)	1.9	72.0%	91.0%	0.0%	0.0%
Medical Directorate	41	27.3% (9.9)	30.1% (10.9)	0.9	54.0%	89.0%	9.4%	0.0%
Finance	48	31.1% (16.0)	35.0% (18.0)	3.3	90.0%	95.0%	21.2%	24.4%
Development & Property Services	146	13.8% (18.2)	13.8% (18.2)	2.6	97.0%	94.0%	0.0%	7.7%
Research & Innovation	87	20.3% (17.6)	21.6% (18.6)	2.2	86.0%	91.0%	11.5%	0.0%
Trust	4068	17.2% ▼ (615.4)	19.0% ► (677.2)	2.2% ▼	84.0 ▲	87.0% ▲	4.3% ▲	3.8% ▲

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



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 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 previously impacted upon vacancy rate, however this is now improving.

Sickness Rate

Actions

- IPP - Regular meetings held with managers in IPP to discuss employees with sickness concerns which has improved over recent months. This is predominantly made up of short term sickness as they have a very low long term 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 have previously driven sickness rates higher, however an improvement in long-term sickness is expected as these cases have concluded.
- Bitesize training on managing sickness cases is now available for managers which has been well attended.
- 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
- Working with divisions to reduce any agency that has been in place for over six months

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.
- A retention survey has recently been launched to obtain feedback from staff after they have been in post for 3 months
- Developing B5s into vacant B6 roles helps to decrease turnover of B5s
- Focus groups are scheduled for Jan 2017 to obtain feedback from Band 6 nurses to support retention
- Exit questionnaire data currently being analysed

PDR Completion

Actions

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

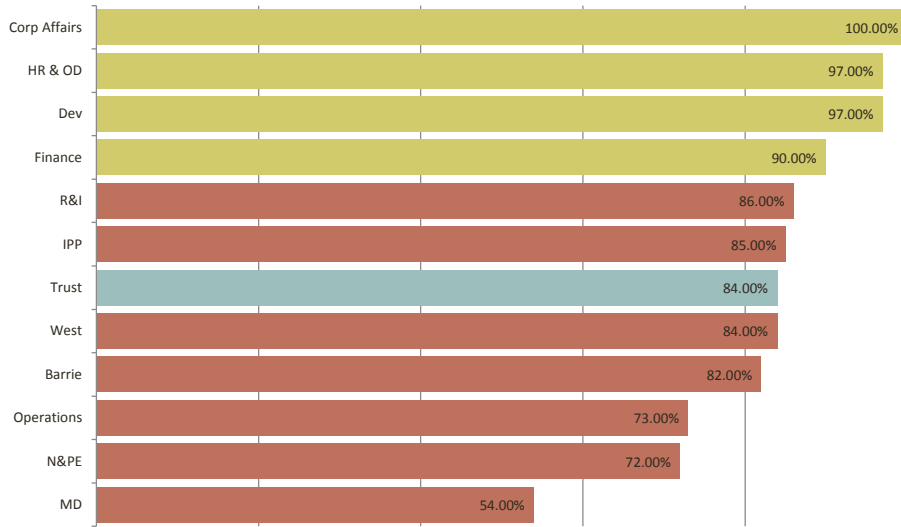
Statutory & Mandatory Training Compliance

Actions

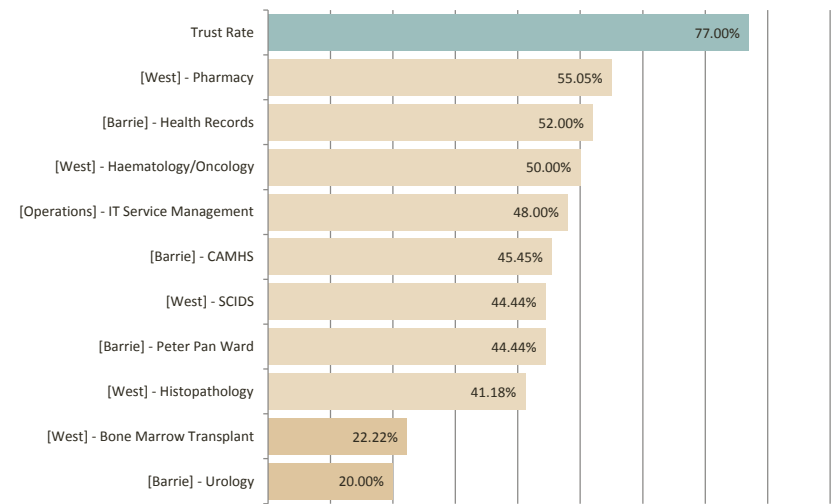
- More visibility through LMS
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Additional face to face sessions have been run for DPS staff. Information sheets sent out for online courses.

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

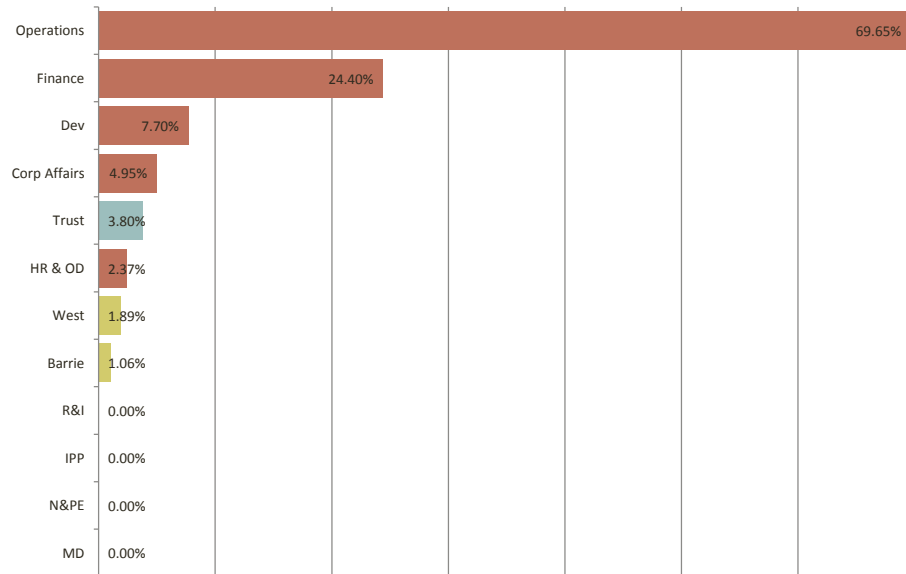
Divisional PDR (Target 90%)



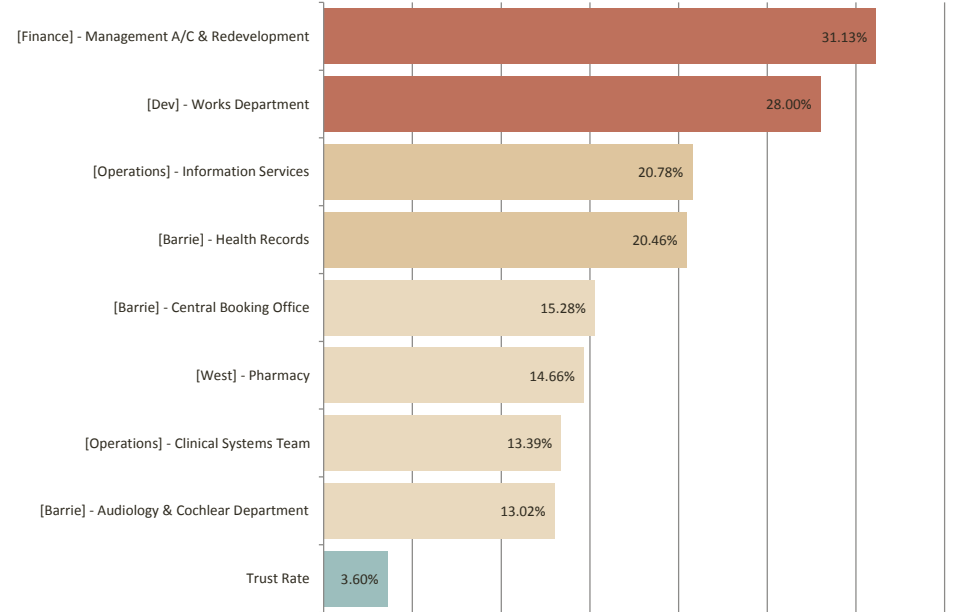
Exception Reporting PDR



Divisional Agency as % of paybill

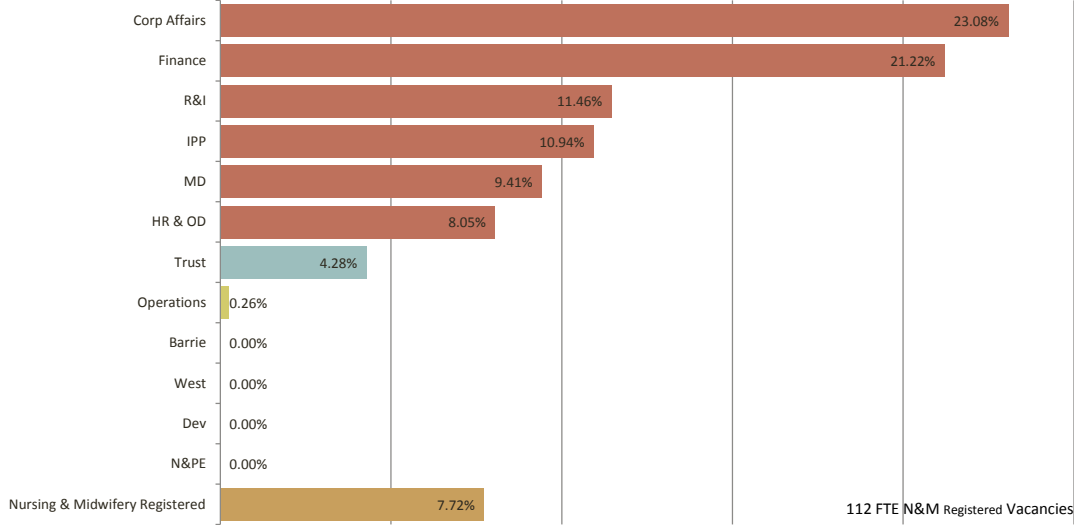


Exception Reporting Agency as % of Paybill

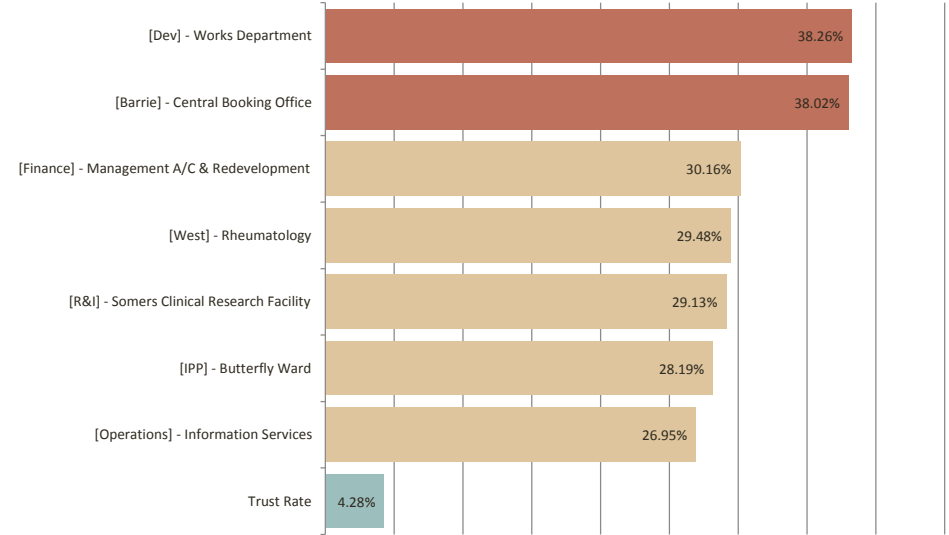


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2016 REPORT

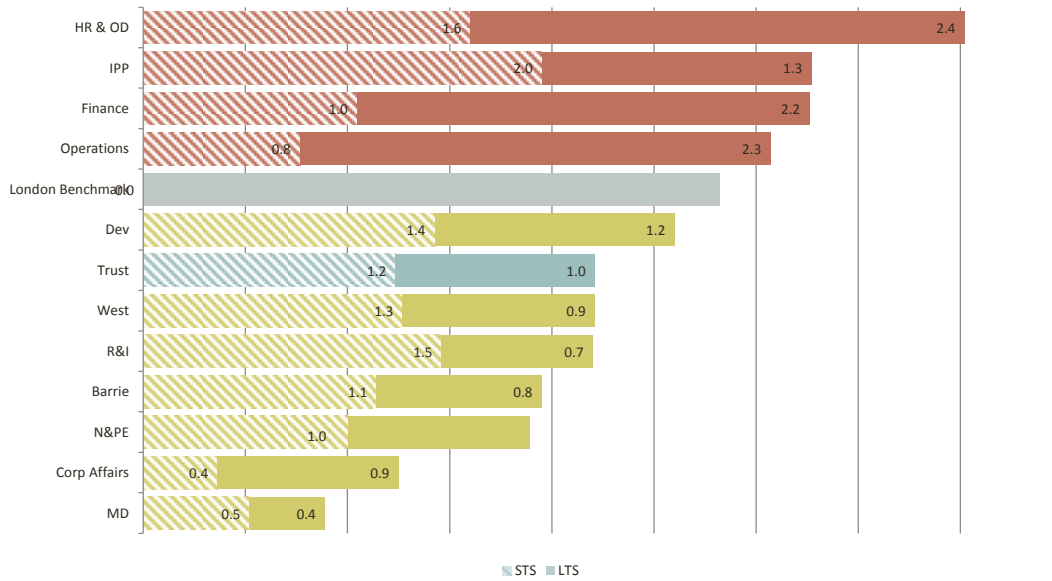
Divisional Vacancy Rate



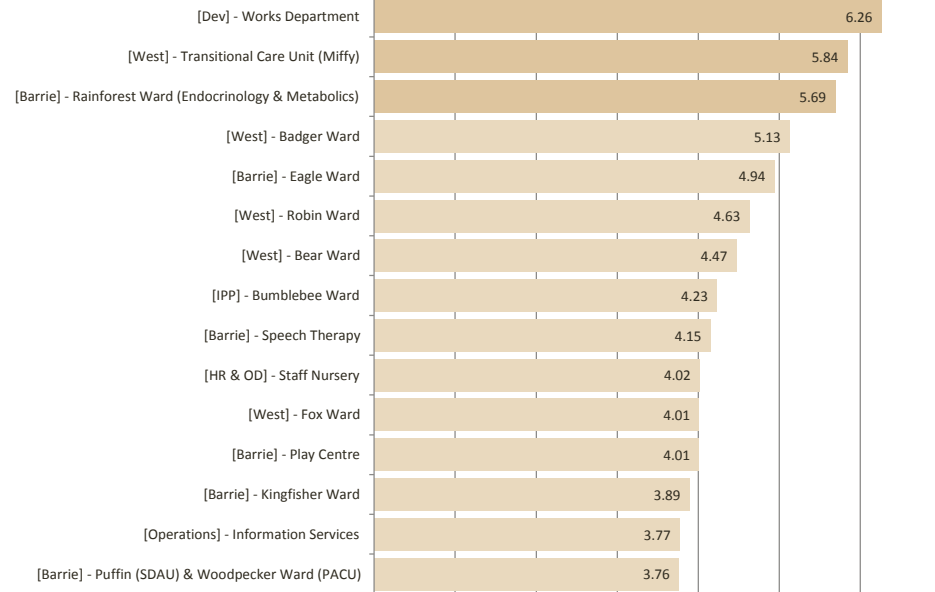
Exception Reporting Vacancy Rate



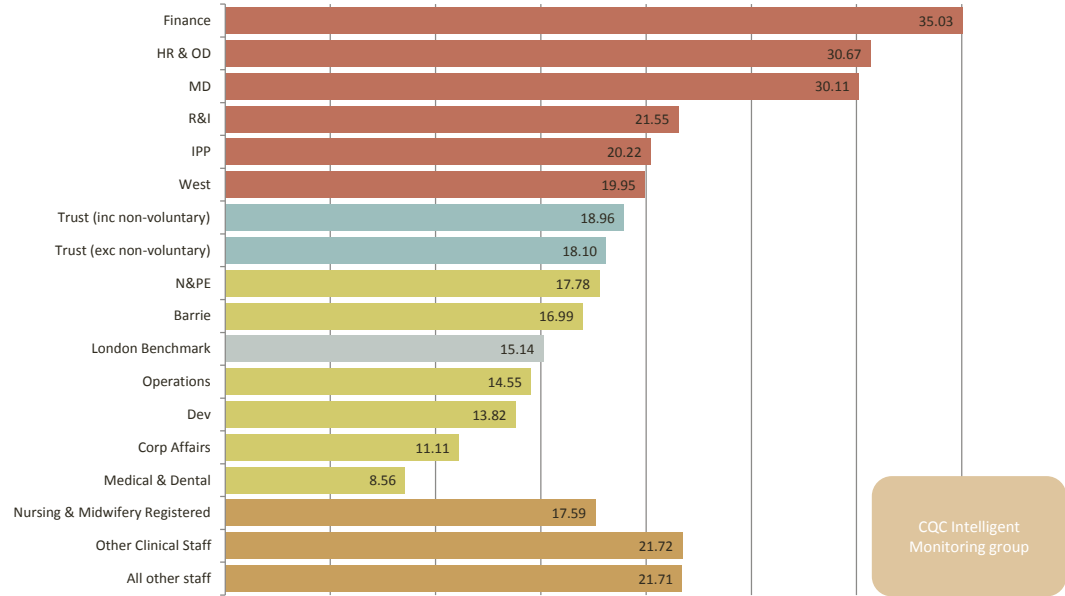
Divisional Sickness



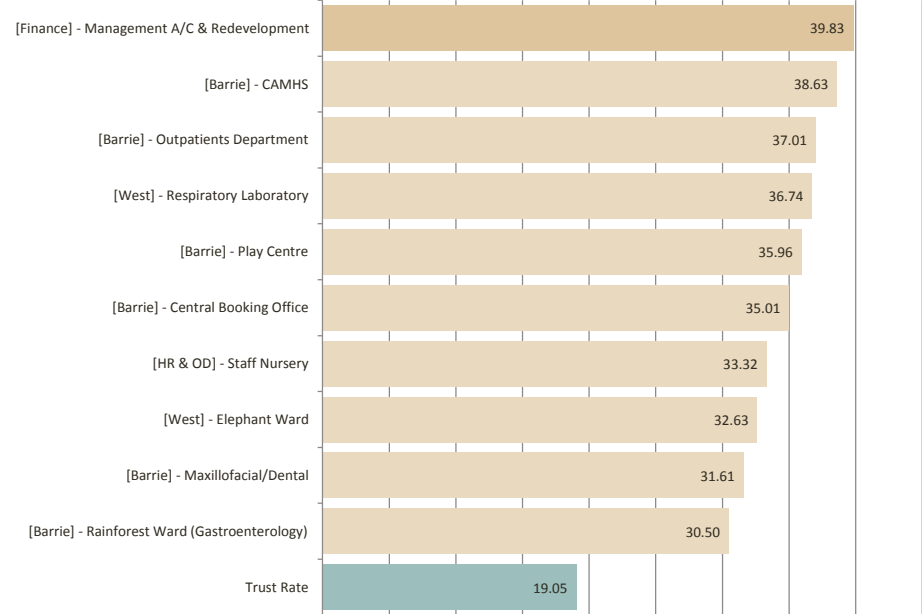
Exception Reporting Sickness



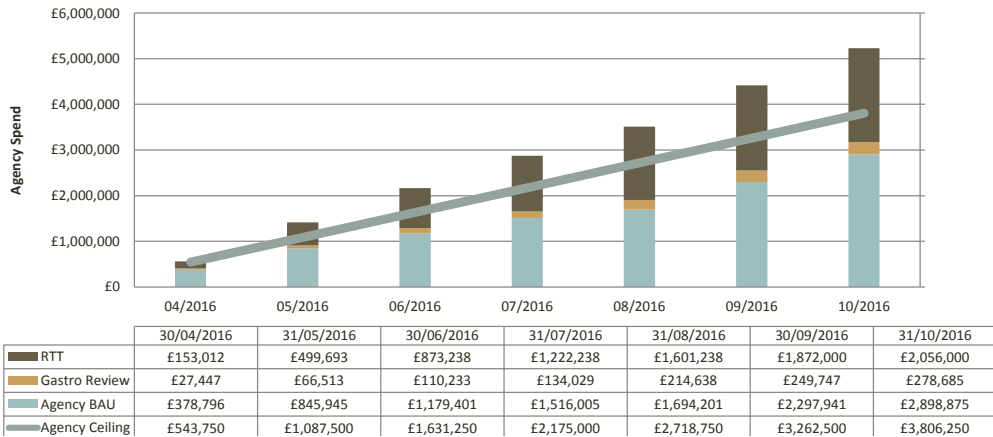
Divisional Turnover (Voluntary & Non-Voluntary)



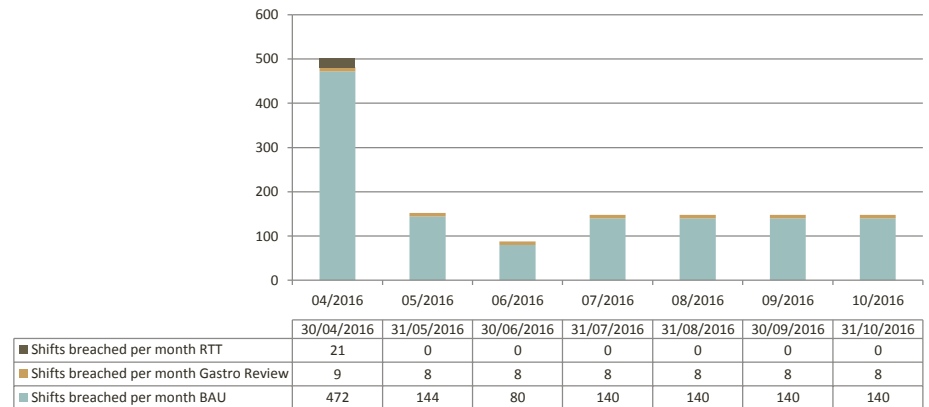
Exception Reporting Turnover



Agency Spend Ceiling (NHS Improvement Directive, Cumulative)

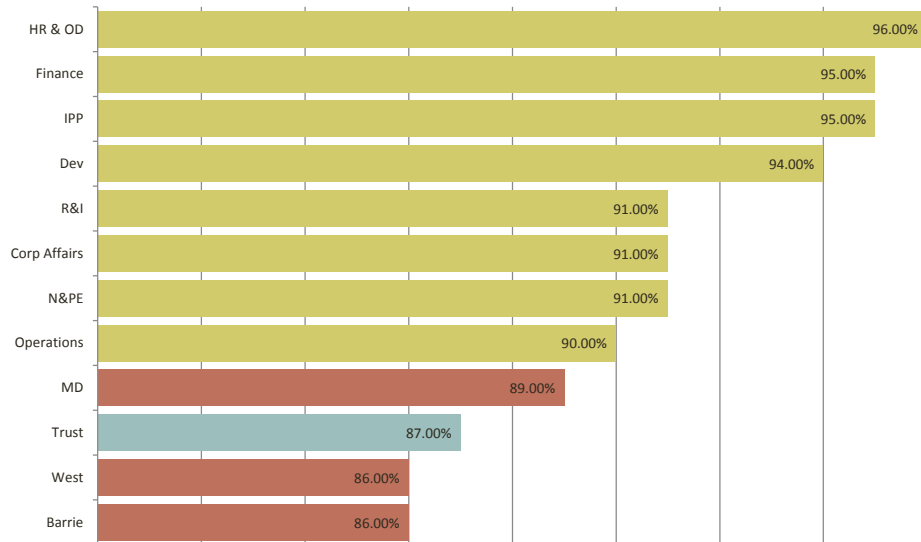


NHS Improvement Agency Rule Breaches (shifts per month, target zero)



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

Statutory & Mandatory Training Compliance (%)
(target 95%)



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

Division	Total Turnover Rate (% FTE) <small>(number of leavers in 12-months in brackets, <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	20.0% (286.4)		2.2		
Barrie Division	17.0% (241.8)		2.0		
International Division	20.2% (33.9)		3.3		
Corporate Affairs	11.1% (1.0)		1.3		
Clinical Operations	14.6% (11.9)		3.1		
Human Resources & OD	30.7% (24.4)		4.0		
Nursing & Patient Experience	17.8% (12.2)		1.9		
Medical Directorate	30.1% (10.9)		0.9		
Finance	35.0% (18.0)		3.3		
Development & Property Services	13.8% (18.2)		2.6		
Research & Innovation	21.6% (18.6)		2.2		
Trust	19.1% ▶ (677.2)		2.2% ▼		

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.

Appendix 5

Financial Position – Month 7

The Trust is reporting a year to date deficit of £3.2m (excluding capital donations and impairments) for the seven months ending 31 October 2016, £0.2m better than the plan deficit of £3.4m.

The Trust continues to forecast that it will achieve its control total deficit of £6.3m for 2016/17, although internal divisional forecasts suggest that if further mitigating actions are not taken the Trust would end the year with a deficit of £8.0m (before removal of the S&T Funding not already paid), £1.7m higher than the agreed control total for 2016/17.

Income

At the end of month 7, year to date income is £5.3m higher than plan. International Private Patients has exceeded plan income by £1.9m. NHS and other clinical income (excluding pass through) is £0.3m worse than plan after adjusting for the £1.0m reduction in income relating to 2015/16 outturn.

The year to date income position also includes £1.4m representing 7/12ths of the £2.4m Sustainability and Transformation Fund agreed with NHS Improvement and £1.7m for additional income expected in the first 7 months from the outcome of the local price review work recently undertaken by PwC on behalf of GOSH and NHS England. The outcome of the local price review has been risk adjusted to reflect the possibility that the full £4.6m will not be recovered in 2016/17.

Expenditure

Pay costs for the year to date are £2.8m higher than plan. The Trust continues to exceed the agency cost ceiling set by NHS Improvement for the year to date due to the additional costs of RTT validation and the Gastroenterology review; and given the recent regulator requirement to extend the validation work on RTT it is now likely that the Trust will exceed its Agency cost ceiling for 2016/17.

Trust non pay costs are lower than plan on Blood and Drugs and other Clinical Supplies (£0.7m). Other non-pay expenses are £1.4m higher than plan largely due to the inclusion of a year to date increase of £1.4m bad debt provision relating to International Private Patients.

Current delivery of recurrent P&E savings is £3.24m for the year to date. The full year P&E requirement is £12.0m and the Trust has identified £6.3m of potential savings to date. This excludes non-recurrent savings identified for the current year.

PE Category	YTD (£m's)	Forecast (£m's)
Clinical Supplies expense	0.5	1.0
Drugs Expense	0.0	0.1
Misc. Other Operating Expense	0.7	1.6
Non-clinical Supplies expense	0.1	0.1
Pay expense	1.4	2.3
Revenue Generation (Excl NHS Clinical)	0.5	1.2
Total	3.2	6.3

Risks

Delivery of the Financial Plan for 2016/17 remains dependent on delivery of a number of key assumptions/risks:

Risk/Assumption	Update
Net £10m delivery of P&E savings (£11.6m savings offset by £1.6m for cost of delivery)	As reported above £6.3m savings identified to date for 2016/17. The shortfall in delivery of savings is currently being offset by non-recurrent underspends across other budgets.
Achievement of £4.7m CQUIN Income	Based on the profiling of CQUIN the Trust could achieve £0.86m in Quarters 1 and 2. The self-assessed achievement, for the same period, submitted to NHSE is £0.85m. The balance of the £4.7m is available in the last two quarters of 2016/17. The current financial position has been risk adjusted to include achievement of 80%.
IPP Income £1.4m higher than plan	IPP income £1.9m higher than plan year to date, £0.5m lower than plan in month 7.
NHS activity and income remaining at or above contracted levels excluding commissioner QIPP assumptions	NHS income currently £0.3m lower than plan excluding Commissioner QIPP assumptions.
The impact of currency fluctuations post referendum not impacting significantly on the price of non-pay expenditure in the short to medium term	There has been no significant immediate impact of currency changes impacting on non-pay costs as a significant amount of expenditure is within contracts where prices were agreed pre referendum.
Local price review increasing NHS Income by £4.6m higher than plan	The month 7 position has been risk adjusted to £3.5m.

Forecast Outturn

The Trust continues to forecast that it will achieve its control total deficit of £6.3m for 2016/17, however internal Divisional forecasts suggest that without further intervention the Trust would end the year with an £8.0m deficit (before removal of the £2.4m S&T Fund).

The principle movements from plan to internal forecast include:

- Partial delivery of P&E savings
- Increased staff costs in Q2 and Q3
- Access to Beds has seen neonatal SNAPs referrals refused
- Nursing Shortages on Koala has resulted in bed closures preventing access to non-elective neurosurgery admissions

- Long term absence of senior medical staff has required backfill at significant cost.

To bring the forecast into line to meet the Control Total the following actions have been implemented:

- Review and reduction of inventory on hand, including introduction of pilot projects to enhance supply chain process.
- Further work is required on the internal forecast to understand how the impact of the increased run rate in payroll costs will deliver increased activity later in the year due to reduced bed closures resulting from staffing shortages.
- Enhanced workforce controls are being introduced across the Trust to reduce agency staff costs and ensure all non-clinical posts advertised are reviewed.
- Charles West division has identified and implement several steps to control spend including a weekly nursing vacancy control panel, tighter controls on discretionary spend, a renewed focus on recruitment and retention and a commitment to deliver a 5% reduction in agency spend. In addition ways to maximise income are being explored through further improvements in coding and monthly income clinic meetings with the contracts team.
- J M Barrie Division is developing a management action plan aimed at to recover £1m of the £5.6m adverse forecast position. Schemes include: a review of recruitment pipeline to consider if alternative arrangements within existing resources can be used, review of recharges to other trusts to ensure recoup the cost for the use of staff, activity increases through partnership working with other trusts using their spare capacity to see GOSH patients, reduction in bed closures through review of how resources are employed and a coding/billing review to ensure non block contract activity is accurately billed.

A review undertaken in month 7 suggest that current income projections fully reflect the impact of the additional RTT work that is planned in the last 5 months of 2016/17 to meet the Trusts agreed trajectory, although delivery of this additional work remains contingent on sufficient bed availability.

Cash

The closing cash balance was £42.6m, £12.1m lower than plan. This was due to lower than planned EBITDA (£0.3m), lower than planned trust funded capital expenditure (£5.2m) and the movement on working capital (£17.6m). The movement on working capital (£17.6m) largely relates to higher than planned creditors (16/17 over-performance on NHSE Main Contract) £5.0m; Transformation funding £1.4m; IPP Debtors £6.2m and a decrease in creditors of £4.8m through improved processes in accounts payable.

NHS Debtor Days

Invoices for Q1 over-performance were raised in September and remain outstanding at the end of October.

IPP Debtor Days

IPP Debtor days increased from 223.8 to 234.1 in month. Receipts (net of deposits) in month totalled £3.0m; the average for the last 12 months is £3.8m. Since the end of month 7 significant payments have been received from Bahrain Health (£0.9m) and Kuwait Health (£1.2m).

Creditor Days

Creditor days increased slightly in month from 18.9 days to 22.6 days but remains within the agreed target of 30 days.

Non-Current Assets

Non-current assets increased by £2.3m in month, the effect of capital expenditure of £3.3m less depreciation of £1.0m. Year to date capital expenditure was £10.1m below plan and is the cause of the lower than planned total value of non-current assets at 31 October 2016. The variance in capital expenditure is due to lower than planned expenditure to date on EPR, VCB Chillers and PICB.

Finance and Activity Performance Report Month 7 2016/17

Contents

	Page
Summary Reports	
Income & Expenditure Financial Performance Summary	2
Income £ Expenditure - Run Rate Analysis	3
Cash, Capital and Statement of Financial Performance Summary	4
Workforce Summary	5
Workforce Trends	6
Income and Activity Summary	7
YOY Activity Summary	8

Trust Income and Expenditure Performance Summary for the 7 months ending 31 October 2016

2016/17 Annual Budget (£m)	Income & Expenditure	2016/17										RAG Rating Current Year Variance	Note	2015/16 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
		Month 7				Year to Date				Internal Forecast (Subject to Review)						
		Budget (£m)	Actual (£m)	Variance (£m)	Variance %	Budget (£m)	Actual (£m)	Variance (£m)	Variance %	Full-Yr (£m)	Var to Plan (£m)					
255.2	NHS & Other Clinical Revenue	21.3	22.3	1.0	4.7%	149.8	149.5	(0.3)	-0.2%	256.4	1.2	A	1	143.1	6.4	4.5%
57.3	Pass Through	4.9	5.1	0.2	4.1%	33.5	35.8	2.3	6.9%	61.4	4.1			31.8	4.0	12.6%
54.1	Private Patient Revenue	4.6	4.1	(0.5)	-9.9%	30.5	32.4	1.9	6.2%	55.5	1.4	G	2	27.7	4.7	17.0%
43.3	Non-Clinical Revenue	3.6	3.8	0.2	6.7%	25.2	26.6	1.4	5.6%	46.0	2.7	G		24.6	2.0	8.1%
410.0	Total Operating Revenue	34.3	35.3	1.0	2.9%	239.0	244.3	5.3	2.2%	419.3	9.3			227.2	17.1	7.5%
(227.7)	Permanent Staff	(19.0)	(18.0)	1.0	5.4%	(132.2)	(122.8)	9.4	7.1%	(212.9)	14.8			(114.5)	(8.3)	7.3%
(2.1)	Agency Staff^	0.0	(0.8)	(0.8)	-	(2.0)	(5.2)	(3.2)	-160.0%	(8.4)	(6.3)			(2.7)	(2.5)	92.6%
(1.0)	Bank Staff^	(0.1)	(1.3)	(1.2)	-	(0.8)	(9.8)	(9.0)	-	(16.6)	(15.6)			(8.8)	(1.0)	11.4%
(230.8)	Total Employee Expenses	(19.1)	(20.1)	(1.0)	5.1%	(135.0)	(137.8)	(2.8)	-2.1%	(237.9)	(7.1)	R	3	(126.0)	(11.8)	9.4%
(12.0)	Drugs and Blood	(1.0)	(1.3)	(0.3)	-30.0%	(7.0)	(7.1)	(0.1)	-1.4%	(11.8)	0.2	A		(5.9)	(1.2)	20.3%
(41.7)	Other Clinical Supplies	(3.5)	(2.9)	0.6	17.1%	(24.3)	(23.5)	0.8	3.3%	(40.9)	0.8	G		(21.8)	(1.7)	7.8%
(48.6)	Other Expenses	(4.2)	(4.8)	(0.6)	-15.2%	(27.9)	(29.3)	(1.4)	-5.1%	(50.3)	(1.7)	R		(29.4)	0.1	-0.2%
(57.3)	Pass Through	(4.9)	(5.1)	(0.2)	-4.1%	(33.5)	(35.8)	(2.3)	-6.9%	(61.4)	(4.1)			(31.8)	(4.0)	12.6%
(159.6)	Total Non-Pay Expenses	(13.6)	(14.1)	(0.5)	-3.9%	(92.7)	(95.7)	(3.0)	-3.3%	(164.4)	(4.8)	R	4	(88.9)	(6.8)	7.7%
(390.4)	Total Expenses	(32.7)	(34.2)	(1.5)	-4.6%	(227.8)	(233.6)	(5.8)	-2.5%	(402.3)	(11.9)	R		(214.9)	(18.7)	8.7%
19.6	EBITDA (exc Capital Donations)	1.6	1.1	(0.5)	32.1%	11.3	10.8	(0.5)	-4.4%	17.0	(2.6)	A		12.3	(1.5)	-12.5%
(25.9)	Depreciation, Interest and PDC	(2.1)	(1.6)	0.5	-25.0%	(14.7)	(14.0)	0.7	-4.6%	(25.0)	0.9			(13.8)	(0.2)	1.3%
(6.3)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(0.5)	(0.5)	0.0	-3.2%	(3.4)	(3.2)	0.2	5.3%	(8.0)	(1.7)	G		(1.5)	(1.7)	113.7%
4.8%	EBITDA %	4.7%	3.1%			4.7%	4.4%			4.1%				5.4%	-1.0%	-18.6%
0.0	Impairments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	0.0	0.0			0.0	0.0	0%
35.1	Capital Donations^^	3.9	2.2	(1.7)	43.6%	28.4	23.6	(4.8)	-16.8%	35.4	0.3			14.3	9.3	65.2%
28.8	Net Result	3.4	1.7	(1.7)	50.0%	25.0	20.4	(4.6)	-18.4%	27.4	(1.4)			12.8	7.6	59.5%

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	M7 YTD Plan	M7 YTD Actual	Rating
Liquidity	1	1	1	G
Capital Service Coverage	1	1	2	G
I&E Margin	2	2	2	G
Variance in I&E Margin as % of income^^	1	1	1	G
Agency Spend^^^^	1	2	2	A
Overall	1	1	2	G
Overall after Triggers	1	1	2	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
- ^^^^From M7, performance against the NHSI agency ceiling contributes to the overall NHSI rating

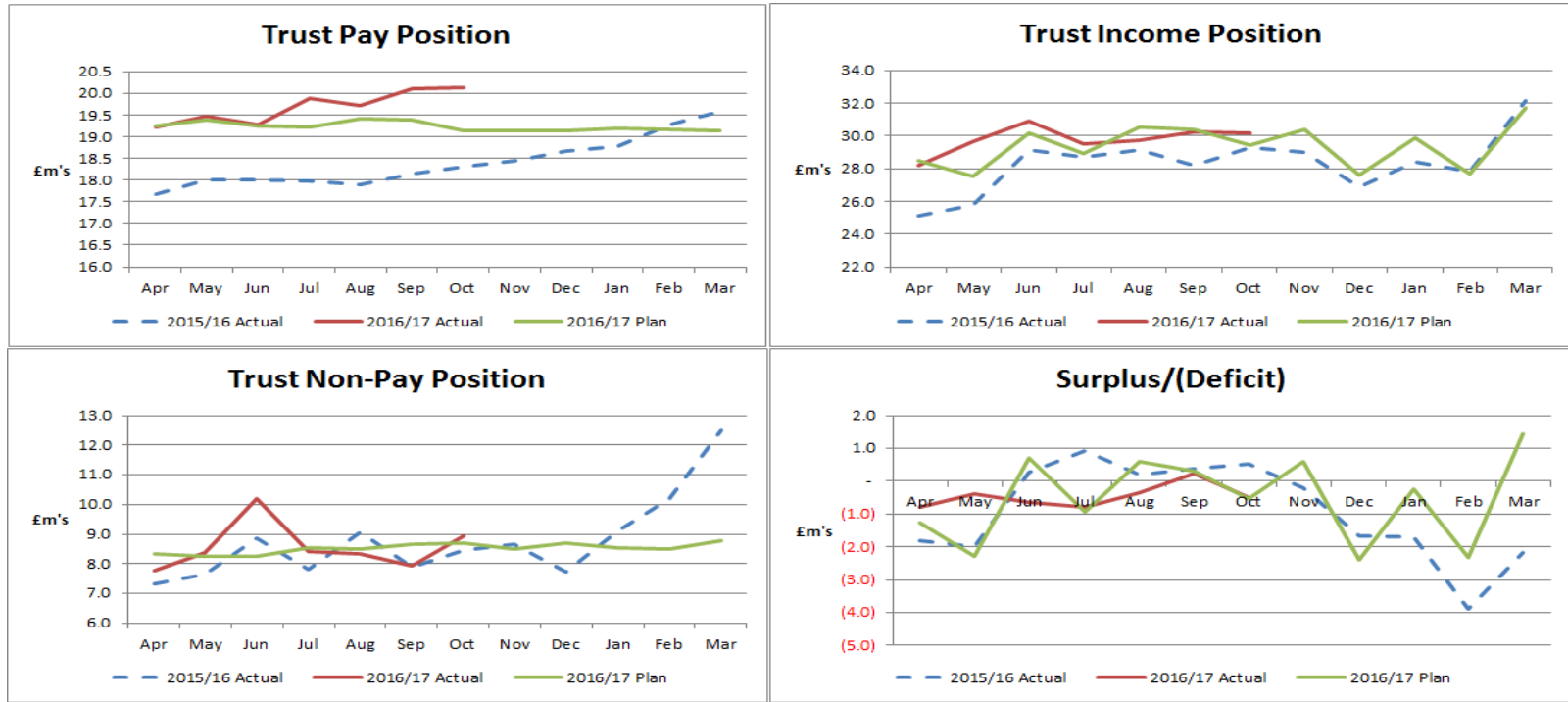
Summary:

- For the year to the end of October the Trust is reporting a £3.2m deficit, excluding capital donations. This is £0.2m better than planned for the year to date.
- The position in month 7 was a £0.5m deficit which is on plan.
- The month 7 YTD EBITDA was a £10.8m surplus which is £0.5m worse than plan and represents 4.4% of Income.

Notes:

- NHS income (excluding pass through) YTD is behind plan by £0.3m. The year to date plan includes £1.4m (7/12) of the agreed £2.4m Sustainability and Transformation funding and £1.7m for the outcome of the local pricing review following the publication of the PwC report; accrued income of £1.2m and £2.0m 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 £1.9m above plan. This has been delivered through increased activity and a high level of complex patients. Private Patient income in month 7 was £0.5m worse than plan. due to reduced activity.
- Pay is adverse to plan in month by £1.0m, with agency spend £0.8m above plan. The agency spend is higher than the prior year due to the continuing cost of RTT validation and the Gastro review.
- Non pay excluding pass through YTD is £0.7m adverse to plan. This is due to increased bad debt provision (£1.8m).
- The overall weighted NHSI rating for M7 was a 2. This is in line with the NHSI plan. There was a recent change to the rating method which means a rating of 1 is now the highest rating and 4 is now the lowest. This explains the change to the NHSI key performance indicator numbers for M7. Performance against the agency ceiling also contributes to the overall rating.

I&E Run Rate Summary for the 7 months ending 31 October 2016



Trust Non-pay and Income graphs Exclude Pass Through

Income

- Private patient income over performed by £1.9m YTD at month 7 due to increased bed occupancy levels and an increase in the proportion of complex cases being seen. This includes a revision to the bad debt provision for work in progress that saw a release in month of £0.9m. In M7 private patient income was lower than plan due to lower occupancy in month.
- Other Clinical income has over performed by £0.5m 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.
- In M7 there were increased pay costs across several divisions compared to the average YTD which is driven by recruitment to posts (£0.1m), catch up of the YTD position (£0.2m) and one-off items including charity and R&I related expenditure that is matched by income (£0.1m).

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 £1.8m 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 broadly consistent with 2015/16.

Surplus/Deficit

Income is broadly on plan in month partly driven by a release of a provision on NHS income (£0.6m). The resulting overall deficit is broadly as planned in the 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 month.

Cash, Capital and Statement of Financial Performance Summary for the 7 months ending 31 October 2016

Cash

The closing cash balance was £42.6m, £12.1m lower than plan. This was due to lower than planned EBITDA (£0.3m), lower than planned trust funded capital expenditure (£5.2m) and the movement on working capital (£17.6m).

The movement on working capital (£17.6m) largely relates to higher than planned Receivables (Over-performance 16/17 £5.0m; IPP Debtors £6.2m; Transformation funding £1.4m. In addition, trade payables was £4.8m lower than plan.

NHS Debtor Days

There has been a slight improvement to debtor days although the Invoices for Q1 over-performance (£3.5m raised in September) still remain outstanding.

IPP Debtor Days

IPP debtor days increased in month. Receipts (net of deposits) in month totalled £3.0m; the average for the last 12 months is £3.8m.

Creditor Days

There was an increase to creditor days but this remains within target.

Non-Current Assets

Non-current assets increased by £2.3m in month, the effect of capital expenditure of £3.3m less depreciation of £1m. The closing balance is £9.4m lower than plan as a result of the M7 YTD capital expenditure being less than plan by £10.1m and depreciation less than plan by £0.7. This expenditure variance is analysed on the capital expenditure schedule.

Inventory Days

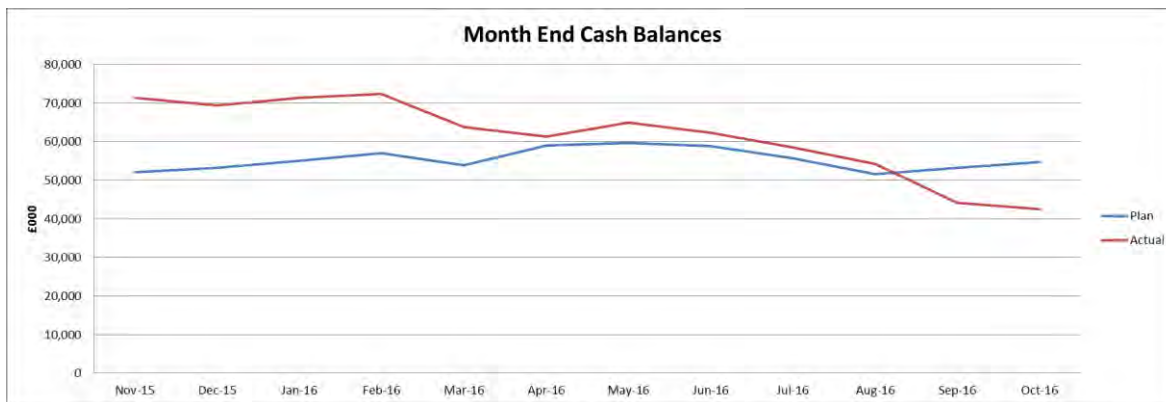
Drug inventory days have remained in line with the previous month at 6.

Non Drug inventory days reduced in month to 60 days largely due to the decrease in the level of Blood stock held (26%).

Statement of Financial Position	31 Mar 2016 Actual	31 Oct 2016 Plan	31 Oct 2016 Actual
	£m	£m	£m
Non-Current Assets	440.8	470.8	461.4
Current Assets (exc Cash)	58.9	67.3	80.4
Cash & Cash Equivalents	63.7	54.7	42.6
Current Liabilities	(60.3)	(65.9)	(61.1)
Non-Current Liabilities	(6.3)	(5.9)	(6.0)
Total Assets Employed	496.8	521.0	517.3

Capital Expenditure	Annual Plan	31 Oct 2016 Plan	31 Oct 2016 Actual	YTD Variance
	£m	£m	£m	£m
Redevelopment - Donated	32.3	26.7	22.2	4.5
Medical Equipment - Donated	2.9	1.8	1.4	0.4
Estates - Donated	0.0	0.0	0.0	0.0
ICT - Donated	0.0	0.0	0.0	0.0
Total Donated	35.2	28.5	23.6	4.9
Redevelopment & equipment - Trust Funded	9.0	5.1	4.2	0.9
Estates & Facilities - Trust Funded	2.4	1.2	0.5	0.7
ICT - Trust Funded	10.0	4.6	2.3	2.3
Contingency	3.0	1.3	0.0	1.3
Total Trust Funded	24.4	12.2	7.0	5.2
Total Expenditure	59.6	40.7	30.6	10.1

Closing Cash Balance



Working Capital	31-Mar-16	30-Sep-16	31-Oct-16	RAG
NHS Debtor Days (YTD)	11.8	14.7	10.7	G
IPP Debtor Days	197.1	223.8	234.1	R
IPP Overdue Debt (£m)	13.0	22.0	24.5	R
Inventory Days - Drugs	6.0	7.0	6.0	G
Inventory Days - Non Drugs	51.0	82.0	60.0	R
Creditor Days	35.0	18.9	22.6	G
BPPC - Non-NHS (YTD) (number)	85.2%	80.3%	81.1%	R
BPPC - Non-NHS (YTD) (£)	87.8%	83.6%	84.9%	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)

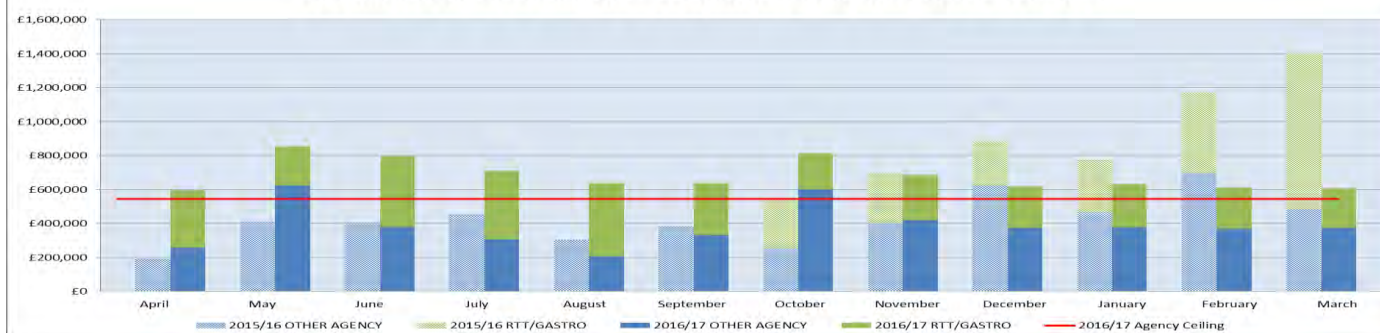
Workforce Summary for the 7 months ending 31 October 2016

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

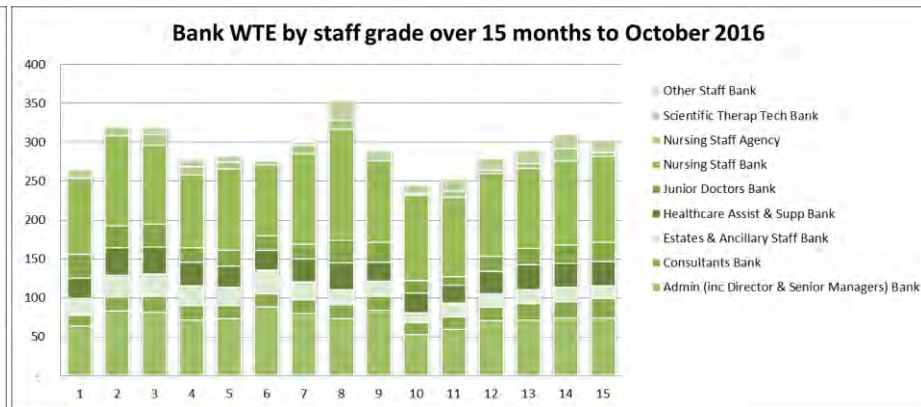
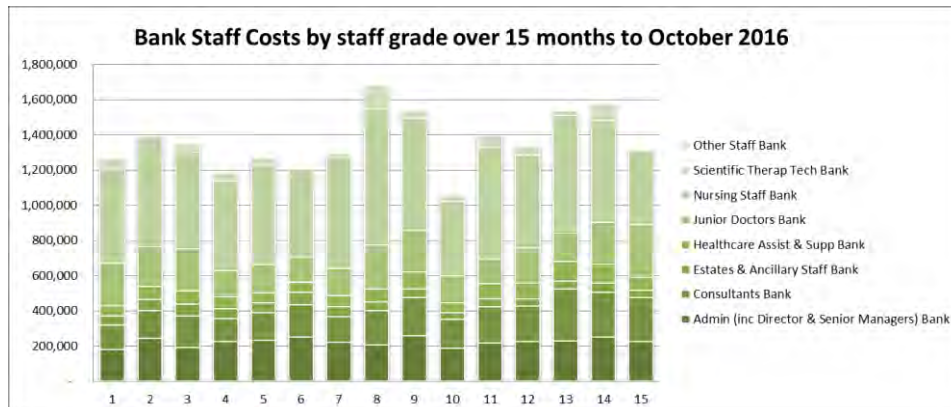
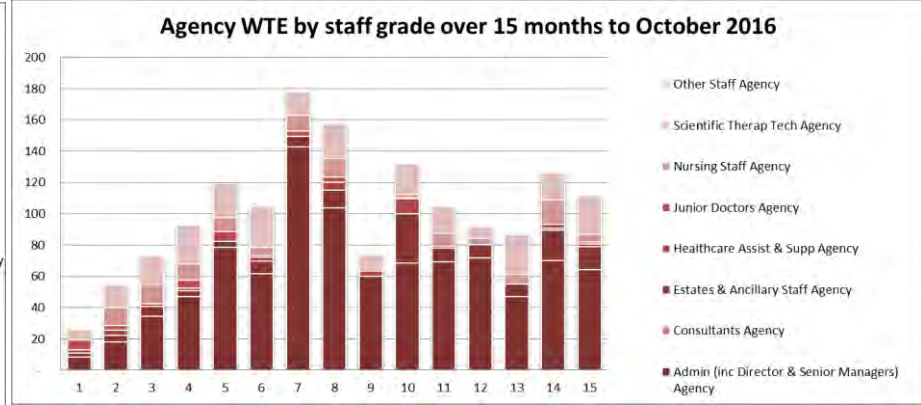
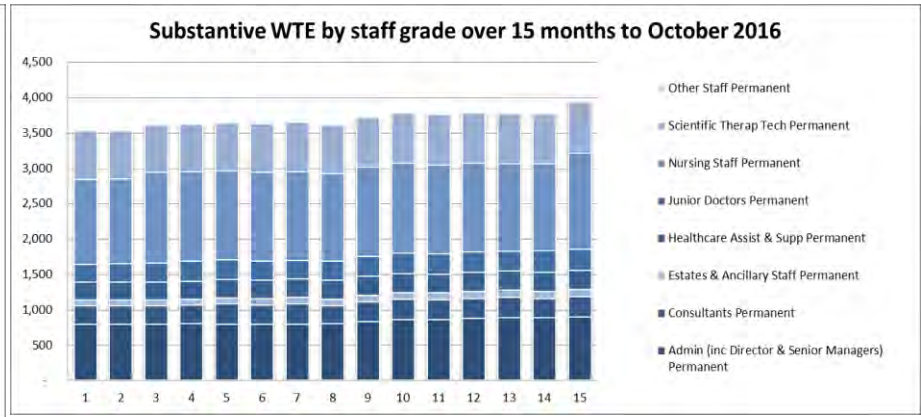
2015/16 Actual (£m)	2016/17 Annual Plan (£m)	Staff Group	2016/17							
			Month 7				Year to Date			
			Budget (£m)	Actual (£m)	Variance (£m)	Variance %	Budget (£m)	Actual (£m)	Variance (£m)	Variance %
(38.9)	(42.6)	Admin (inc Director & Senior Managers)	(3.4)	(3.8)	(0.4)	12%	(25.6)	(25.6)	(0.0)	0%
(41.8)	(44.3)	Consultants	(3.7)	(3.9)	(0.2)	5%	(25.8)	(26.8)	(1.0)	4%
(3.5)	(3.8)	Estates & Ancillary Staff	(0.3)	(0.3)	(0.0)	5%	(2.2)	(2.3)	(0.1)	3%
(8.2)	(8.8)	Healthcare Assist & Supp	(0.7)	(0.7)	0.0	-3%	(5.1)	(5.2)	(0.1)	2%
(23.0)	(24.0)	Junior Doctors	(2.0)	(2.2)	(0.2)	11%	(14.0)	(14.4)	(0.4)	3%
(65.7)	(70.2)	Nursing Staff	(5.9)	(5.7)	0.2	-3%	(40.9)	(39.9)	1.0	-2%
(0.3)	(0.4)	Other Staff	(0.4)	(0.0)	0.4	-98%	(2.5)	(0.1)	2.4	-97%
(38.9)	(40.8)	Scientific Therap Tech	(3.4)	(3.4)	(0.1)	2%	(23.8)	(23.4)	0.3	-1%
(0.3)	4.1	Cost Improvement Plan	0.6	0.0	(0.6)	-100%	4.9	0.0	(4.9)	-100%
(220.7)	(230.8)	Total	(19.1)	(20.1)	(1.0)	5%	(135.0)	(137.8)	(2.8)	2%

2015/16 Average WTE	2016/17 Annual Plan WTE	WTE Including Perm, Bank and Agency Staff Group	2016/17							
			Month 7				Year to Date (average WTE)			
			Budget WTE	Actual WTE	Variance WTE	Variance %	Budget WTE	Actual WTE	Variance WTE	Variance %
911.3	992.1	Admin (inc Director & Senior Managers)	992.5	1,029.8	(37.3)	-4%	990.9	1,001.2	(10.3)	-1%
287.3	302.4	Consultants	302.4	313.6	(11.3)	-4%	302.4	300.2	2.2	1%
125.0	123.6	Estates & Ancillary Staff	124.0	134.3	(10.4)	-8%	123.1	129.9	(6.7)	-5%
290.7	304.6	Healthcare Assist & Supp	305.1	300.1	5.0	2%	303.7	298.7	5.0	2%
294.5	314.5	Junior Doctors	314.5	324.4	(9.9)	-3%	314.3	307.0	7.3	2%
1,349.3	1,451.0	Nursing Staff	1,452.6	1,473.4	(20.7)	-1%	1,449.5	1,381.5	68.0	5%
6.4	8.6	Other Staff	8.6	5.4	3.2	38%	8.6	5.7	2.9	34%
711.6	796.2	Scientific Therap Tech	791.1	763.6	27.6	3%	801.9	741.1	60.8	8%
0.0	(143.1)	Cost Improvement Plan	(143.1)	0.0	(143.1)	100%	(143.1)	0.0	(143.1)	100%
3,976.1	4,149.8	Total	4,147.7	4,344.6	196.9	5%	4,151.3	4,165.3	(14.0)	0%

All Staff Agency Expenditure - 12 Months Actual and Forecast 2016/17



- Bank and Agency spend between M6 and M7 has decreased,
- As at end October across the Trust there are 97 agency staff still working on RTT of which 64 are within the central validation team.
- The percentage of agency spend against permanent has reduced in M7 though this was partly as a result of a YTD adjustment in respect of RTT validator spend.
- 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. Though M6 agency spend has increased as a percentage of pay it is lower than the level seen in the last 6 months of 2015/16
- 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 slightly over the coming months though it is now expected the majority of staff will continue until the end of the financial year.



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

NHS Clinical Activity & Income Summary for the 7 months ending 31 October 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 %
Day case	14,563	13,775	(788)	-5.4%	10,682	10,443	(239)	-2.2%	15,195	(1,420)	-9.3%	11,739	(1,381)	-11.8%
Elective	32,009	33,093	1,084	3.4%	7,397	7,641	244	3.3%	30,734	2,359	7.7%	7,319	300	4.1%
Elective Excess Bed days	1,816	1,855	40	2.2%	3,680	3,763	83	2.2%	1,903	(48)	-2.5%	3,644	119	3.3%
Elective	33,825	34,949	1,124	3.3%					32,637	2,311	7.1%			
Non Elective	8,804	7,916	(888)	-10.1%	1,015	916	(99)	-9.8%	8,405	(489)	-5.8%	1,013	(97)	-9.6%
Non Elective Excess Bed Days	1,285	1,179	(106)	-8.2%	2,357	2,406	49	2.1%	1,219	(39)	-3.2%	2,334	72	3.1%
Non Elective	10,089	9,095	(994)	-9.8%					9,624	(528)	-5.5%			
Outpatient	22,485	22,392	(93)	-0.4%	87,832	86,642	(1,190)	-1.4%	22,248	144	0.6%	87,081	(3,330)	-3.8%
Undesignated HDU Bed days	3,011	2,944	(67)	-2.2%	2,933	2,821	(112)	-3.8%	3,237	(293)	-9.1%	3,249	(458)	-14.1%
Picu Consortium HDU	1,718	2,076	358	20.8%	1,442	2,159	717	49.7%	1,445	631	43.7%	1,428	731	51.2%
HDU Beddays	4,729	5,020	291	6.2%	4,376	4,980	604	13.8%	4,682	338	7.2%	4,677	273	5.8%
Picu Consortium ITU	15,722	15,519	(203)	-1.3%	6,542	6,313	(229)	-3.5%	15,886	(367)	-2.3%	6,477	(164)	-2.5%
PICU ITU Beddays	15,722	15,519	(203)	-1.3%	0	6,313	(229)	0.0%	15,905	(386)	-2.4%	6,477	(164)	-2.5%
Ecmo Bedday	278	503	224	80.7%	51	92	41	79.3%	400	103	25.6%	74	18	24.3%
Psychological Medicine Bedday	693	644	(48)	-7.0%	1,744	1,597	(147)	-8.4%	726	(81)	-11.2%	1,827	(230)	-12.6%
Rheumatology Rehab Beddays	796	847	51	6.4%	1,420	1,490	70	4.9%	974	(128)	-13.1%	1,473	17	1.2%
Transitional Care Beddays	1,442	1,591	148	10.3%	1,009	1,098	89	8.8%	1,205	385	32.0%	913	185	20.3%
Total Beddays	3,209	3,584	375	11.7%	4,225	4,277	52	1.2%	3,305	279	8.4%	4,287	(10)	-0.2%
Packages Of Care Elective	4,269	4,209	(60)	-1.4%					4,288	(78)	-1.8%			
Highly Specialised Services (not above)	14,391	13,384	(1,007)	-7.0%					13,964	(580)	-4.2%			
Other Clinical	18,521	19,587	1,065	2.3%					17,388	1,250	7.2%			
Adjustment for 2015/16 Outturn	0	(890)	(890)	0%					0	(890)	0%			
STF Funding	1,400	1,400	0	0%					0	1,400	0%			
Pricing Adjustment	1,734	2,042	308	17.8%					0	2,042	0%			
Non NHS Clinical Income	4,821	5,422	601	12.0%					3,884	1,538	40%			
NHS and Other Clinical Income	149,758	149,487	(271)	-0.2%					143,119	5,655	4.0%			

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. Epilepsy surgery has grown in 2016/17 as the service is now fully operational. However the increase in elective cases has impacted on non-elective activity in Snaps and Neurosurgery

Day case

- Gastroenterology review causing a reduction in income of £0.4m

Outpatients

- Across the organisation outpatients income is slightly behind plan

Bed Days

- Undesignated HDU income is slightly 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 HDU 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 £2.0m YTD reflecting an updated assessment of the likely outcome of the decision with NHS England

*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

Prior Year 2015/16								Activity Analysis								Current Year 2016/17								Change YOY	% Change YOY	Current Year Trend
Apr	May	Jun	Jul	Aug	Sep	Oct	Total YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Total YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Total YTD			
Inpatients																										
Number of Discharges																										
2,174	1,947	2,260	2,294	1,932	2,095	2,100	14,802	Day Case	2,082	2,061	2,229	2,040	2,162	2,031	1,971	14,576	(226)	-1.5%								
								Overnight:																		
1,058	1,058	1,084	1,218	1,087	1,192	1,271	7,968	Elective	1,155	1,153	1,256	1,246	1,170	1,179	1,102	8,261	293	3.7%								
59	62	56	55	71	59	70	432	Non Elective	64	67	65	63	58	74	62	453	21	4.9%								
206	167	172	172	170	171	169	1,227	Non Elective (Non Emergency)	164	175	178	152	158	169	156	1,152	(75)	-6.1%								
0	1	15	18	58	57	20	169	Regular Attenders	157	171	183	189	181	180	167	1,228	1,059	626.6%								
3,497	3,235	3,587	3,757	3,318	3,574	3,630	24,598	Total Discharges	3,622	3,627	3,911	3,690	3,729	3,633	3,458	25,670	1,072	4.4%								
Beddays																										
839	774	918	911	785	854	818	5,899	Day Case	793	768	906	814	870	895	768	5,814	(85)	-1.4%								
0.39	0.40	0.41	0.40	0.41	0.41	0.39	0.40	Day ALOS	0.38	0.37	0.41	0.40	0.40	0.44	0.39	0.40	0.00	0.1%								
								Overnight:																		
4,686	5,197	5,577	5,565	5,470	5,456	5,680	37,631	Elective	5,450	5,889	5,619	5,863	5,610	5,495	5,472	39,398	1,767	4.7%								
561	713	610	494	526	687	808	4,398	Non Elective	716	625	557	487	485	453	460	3,783	(615)	-14.0%								
2,133	2,267	2,044	2,324	2,181	2,033	2,160	15,142	Non Elective (Non Emergency)	2,106	2,180	2,202	2,245	2,313	2,148	2,281	15,475	333	2.2%								
0	1	1	1	1	4	1	8	Regular Attenders	85	98	112	116	108	110	98	726	718	9080.3%								
7,380	8,178	8,232	8,383	8,178	8,180	8,649	57,179	Total Overnight Beddays	8,356	8,792	8,491	8,711	8,516	8,205	8,311	59,383	2,204	3.9%								
2.11	2.53	2.30	2.23	2.46	2.29	2.38	2.32	Overnight ALOS	2.31	2.42	2.17	2.36	2.28	2.26	2.40	2.31	-	0.01	-0.5%							
Midnight Census (ON Bed days)																										
4,459	4,983	5,337	5,242	5,213	5,218	5,364	35,816	Elective	5,160	5,620	5,291	5,520	5,301	5,206	5,224	37,322	1,506	4.2%								
558	701	604	492	521	685	805	4,366	Non Elective	706	618	541	478	474	445	452	3,714	(652)	-14.9%								
2,127	2,262	2,043	2,321	2,157	2,030	2,154	15,094	Non Elective (Non Emergency)	2,090	2,167	2,190	2,240	2,305	2,137	2,271	15,400	306	2.0%								
0	1	1	0	0	1	0	3	Regular Attenders	0	0	1	2	0	0	0	3	0	0.0%								
7,144	7,947	7,985	8,055	7,891	7,934	8,323	55,279	Total	7,956	8,405	8,023	8,240	8,080	7,788	7,947	56,439	1,160	2.1%								
238	256	266	260	255	264	268	258	Average ON Beds Utilised	265	271	267	266	261	260	256	264	5	2.1%								
Critical Care Beddays																										
311	475	480	439	488	467	439	3,100	Elective	408	452	360	390	401	404	382	2,797	(303)	-9.8%								
73	139	93	79	83	120	127	714	Non Elective	213	141	89	101	132	70	50	797	83	11.6%								
654	531	545	628	554	487	574	3,974	Non Elective (Non Emergency)	547	530	661	639	648	685	703	4,414	440	11.1%								
1,039	1,145	1,117	1,147	1,125	1,074	1,141	7,788	Total	1,169	1,124	1,110	1,130	1,181	1,159	1,135	8,008	220	2.8%								
35	37	37	37	36	36	37	36	Average Critical Care Beds Utilised	39	36	37	36	38	39	37	37	1	2.8%								
Outpatients																										
19,467	18,432	21,403	21,295	17,624	21,185	21,895	141,301	Outpatient Attendances (All)	19,886	19,853	21,211	20,264	20,131	22,019	20,721	144,085	2,784	2.0%								
3,664	3,530	4,295	4,267	3,449	4,222	4,354	27,781	First Outpatient Attendances	3,816	3,868	4,120	3,881	3,837	4,167	3,885	27,574	(207)	-0.7%								
15,803	14,902	17,108	17,028	14,175	16,963	17,541	113,520	Follow Up Outpatient Attendances	16,070	15,985	17,091	16,383	16,294	17,852	16,836	116,511	2,991	2.6%								
4.3	4.2	4.0	4.0	4.1	4.0	4.0	4.1	New to Review Ratio	4.2	4.1	4.1	4.2	4.2	4.3	4.3	4.2	0.1	3.4%								

Inpatients:

The total number of inpatients discharged has increased by 4.4% in the first 7 months of 2016/17. The most significant area of growth has been in Non-elective inpatients (3.7%)
Overnight beddays have increased by 3.9% as would be expected given the growth in inpatient elective activity. Average length of stay has reduced 0.5% on the same period in 2015/16
Overnight beds utilised has increased by 2.1%.

Outpatients:

The total number of outpatients has increased by 2% and new to review ratio has increased from an average of 4.1 to 4.2.

* Note that this is all Trust activity

Members' Council

7 December 2016

Reviewing the Constitution: Re-establishing the Constitution Working Group

Summary & reason for item:

To re-establish the Constitution Working Group to review the Constitution and appendices to ensure its compliance with the Health and Social Care Act 2012 and to review the Constitution in light of:

- best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014)
- changes to strengthen governance arrangements for the membership, Members' Council and Trust Board.
- changes to the structure of the Members' Council or Trust Board since September 2014 (the last update)

The Working Group is made up of members of the Trust Board and Members' Council. The Group will present an update on progress with the review to both bodies in February and April 2017. It is proposed that a revised Constitution will be recommended for approval at the April 2017 meetings of the Trust Board and Members' Council.

Meetings will be held as required, with the Group holding its first meeting towards the end of January 2017.

Councillor action required:

- a) Agree the terms of reference proposed for the Constitution Working Group
- b) Request for nominations to the group from councillors (five councillors including 1 staff councillor).

Report prepared by:

Anna Ferrant, Company Secretary

Item presented by:

Anna Ferrant, Company Secretary

Constitution Working Group DRAFT Terms of Reference

1. Authority

The Constitution Working Group is set up as a short life working group to complete a review of the Constitution and propose amendments where appropriate.

The Constitution Working Group is authorised by the Trust Board and Members' Council to take any decisions which fall within its' Terms of Reference.

The Constitution Working Group will acknowledge the requirements for amending the Constitution:

The Trust may make amendments of its constitution only if –

- *More than half of the members of the Members' Council of the Trust voting approve the amendments, and*
- *More than half of the members of the Board of Directors of the Trust voting approve the amendments.*

Where an amendment is made to the constitution in relation the powers or duties of the Members' Council (or otherwise with respect to the role that the Members' Council has as part of the Trust), the Trust must give the members an opportunity to vote on whether they approve the amendment.

Amendments by the Trust of its constitution are to be notified to Monitor.

2. Duties

2.1. To review the Constitution and appendices to ensure its compliance with the Health and Social Care Act 2012.

2.2. To review the Constitution and appendices in light of:

- 2.2.1. best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014)
- 2.2.2. changes to strengthen governance arrangements for the membership, Members' Council and Trust Board.
- 2.2.3. changes to the structure of the Members' Council or Trust Board.

2.3. To make recommendations to the Trust Board and Members' Council on changes to the Constitution and appendices.

3. Membership

3.1. The members of the working group are:

- Deputy Chief Executive (Chair)
- Company Secretary (Deputy Chair)
- Programme Director
- 1 Non-Executive Director
- 5 councillors including 1 Staff Councillor

- 3.2. Meetings will be chaired by the Deputy Chief Executive. The Company Secretary will be the Deputy Chair of the Working Group.
- 3.3. Other members may be co-opted as required.
- 3.4. Deputies may attend with the prior agreement of the Chair of the Working Group, but will not count towards the quorum.
- 3.5. Papers will be sent out at least four working days before the meeting.
- 3.6. Secretariat support for the Group will be provided by the Membership and Governance Manager.
- 3.7. Dial in facilities will be available for members' participation at meetings if required.

4. Quorum

- 4.1. The quorum will be made up of the Chair or Deputy Chair of the Working Group, the Programme Director or Non-Executive Director plus two Councillors.

5. Frequency of Meetings

- 5.1. Meetings will be held as required.

6. Reporting

- 6.1. The Working Group reports to the Trust Board and Members' Council. A revised Constitution will be recommended for approval at both meetings of the Trust Board and the Members' Council.

November 2016

Members' Council

7th December 2016

Schedule of matters reserved for the Trust Board, Members' Council and delegated committees

Summary & reason for item:

The Code of Governance requires that there should be a formal schedule of matters which defines those powers specifically reserved to both the Trust Board and the Members' Council.

The document has been formatted to reflect decision making powers of the Trust Board and the Members' Council as well as monitoring responsibilities.

The Trust Board approved the attached Schedule of Matters at its meeting in September 2016.

Councillor action required:

To consider and note the matters reserved to the Members' Council

Report prepared by:

Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

No.	Reference	Matters reserved to the Board of Directors	BoD	MC	Board Committee
1. Strategy and Management					
1.1	CoG A1c, C2 BoD ToR	Responsibility for the overall leadership of the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed.	x		
1.2	CoG A1d B8.a BoD ToR	Responsibility for ensuring compliance with its provider licence, constitution, mandatory guidance issued by regulatory bodies, relevant statutory requirements and contractual obligations.	x		Audit Committee and Quality and Safety Assurance Committee
1.3	CoG A1f BoD ToR	Setting the strategic aims of the Trust (taking into consideration the views of the council) and ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives	x	In consultation with the Members' Council	
1.4	CoG A1h BoD ToR	Responsibility for ensuring that the NHS foundation trust functions effectively, efficiently and economically.	x		
1.5	CoG A1e CoG A1i BoD ToR	Setting the Trust's vision, values and ensure its obligations to members, patients and other stakeholders as understood, clearly communicated and met	x		
1.6	Con 43 CoG A1f	Approval of an annual business plan.	x	In consultation with the Members' Council	
1.7	SFIs	The exercise of financial supervision and control by: -ensuring the financial strategy is consistent with and an integral part of the Trust's business plan -Requiring the submission and approval of budgets within approved allocations/overall income -Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money)	x		Finance and Investment Committee
1.8	CoG A1 SFIs	Review of performance in the light of the Trust's strategy, objectives, business plans and budgets and ensuring that any necessary corrective action is taken	x		Finance and Investment Committee
1.9	CoG A1g BoD ToR	Ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS and regulatory bodies.	x		Quality and Safety Assurance Committee
1.10	NHS Act 2006	Extension of the Trust's activities into new business or geographic areas.	x		Finance and Investment Committee

1.11	NHS Act 2006	Any decision to cease to operate all or any material part of the Trust's business.	x		Finance and Investment Committee
2. Structure and organisation					
2.1	NHS Act - CoG	Major changes to the Trust's management and control structure.	x		BoD Nominations Committee
2.2	HSCA 2012 Constitut 49	Major changes to the Trust's corporate structure, including, but not limited to, acquisitions, mergers, separations or dissolution of the Trust and significant transactions falling within the definition outlined in the Trust's Constitution.	x	x final approval to be provided by the MC	Finance and Investment Committee
2.3	BoD SOs	The establishment of Board of Directors' sub-committees, their Terms of Reference and the delegation of authority to them. Monitoring reports from these committees in respect of their exercise of delegated powers.	x		
2.4	NHS Act 2006	The establishment of subsidiary companies, charities, partnerships, joint ventures or other corporate entities linked to or managed by the Trust.	x		Finance and Investment Committee
2.5	NHS Act 2006 Constitut 49 CoG A5.15	Application for acquisitions, mergers, separations or dissolution of the Trust	x	MC approves application (more than half of councillors an approve an application for a merger, acquisition, separation or dissolution)	Finance and Investment Committee

2.6	NHS Act 2006 Constitut 49 CoG A5.15	<p>Approval of entering into a significant transaction falling within the definition agreed in the Trust's Constitution. "Significant transaction" means a transaction which meets any one of the tests below:</p> <ul style="list-style-type: none"> - the total asset test; or - the total income test; or - the capital test (relating to acquisitions or divestments). <p>The total asset test is met if the assets which are the subject of the transaction exceed 25% of the total assets of the Trust;</p> <p>The total income test is met if, following the completion of the relevant transaction, the total income of the Trust will increase or decrease by more than 25%;</p> <p>The capital test is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the trust following completion (where "gross capital" is the market value of the relevant company or business's shares and debt securities, plus the excess of current liabilities over current assets, and the Trust's total taxpayers' equity).</p>	x	MC approves application (more than half of councillors who vote)	Finance and Investment Committee/ Quality and Safety Assurance Committee
2.7	Con 43.7 CoG A5.15	<p>Approval of increase (by 5% or more) of the proportion of the Trust's total income attributable to activities other than the provision of goods and services for the health service</p> <p>(Councillors determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.)</p>	x	MC approves application (more than half of councillors who vote)	Finance and Investment Committee/ Quality and Safety Assurance Committee
3. Financial and Governance Reporting and Controls					
3.1	Con 42	Approval of annual report and accounts.	x		Audit Committee
3.2	BoD ToR	Approval of governance and other compliance declarations to NHS Improvement, the CQC and other relevant regulatory bodies, requiring board approval by statute, regulation or under contractual obligations.	x		
4. Internal Controls					

4.1	CoG C2	Ensuring maintenance of a sound system of internal control and risk management including: -Receiving reports on and reviewing the effectiveness of, the Trust's risk and control processes to support its strategy and objectives -Undertaking an annual assessment of these processes -Approving an appropriate statement for inclusion in the annual report.	x		Audit Committee
5. Contracts					
5.1	SFI 8.1 SoDeleg	Major capital projects	x		Finance and Investment Committee
5.2	NHS Act 2006	Contracts which are material strategically or by reason of size, entered into by the Trust [or related subsidiary] in the ordinary course of business, for example, bank borrowings with a repayment period of over one year or acquisitions or	x		Finance and Investment Committee
5.3	NHS Act 2006	Contracts of the Trust [or any subsidiary] not in the ordinary course of business, for example loans with a repayment period of over one year or major acquisitions or disposals	x	x (subject to approval by the MC where any of the significant transactions tests are met	Finance and Investment Committee
5.4	NHS Act 2006	Major investments [including the acquisition or disposal of interests or voting shares or the making of any takeover offer].	x	x (subject to approval by the	Finance and Investment
5.5	High risk transactions	All investments which fall within the Regulator's definitions of High Risk transactions	x		Finance and Investment Committee
6. Communication					
6.1	BoD SOs	Approval of resolutions and corresponding documentation to be put forward to councillors at a general meeting.	x		
6.2	CoG E1	Ensuring appropriate consultation with members, patients and the local community.	x	x	
6.3	CoG E2	Ensuring that the NHS foundation trust co-operates with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy (including ensuring that processes are in place to enable cooperation and collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each)	x		
7. Board membership and other appointments					
7.1	CoG A4	Appointment of the Senior Independent Director.	x		In consultation with the MC
7.2	BoD SOs	Appointment to boards of subsidiaries.	x		
8. Remuneration					

9. Delegation of authority					
9.1	BoD SOs SoM	The division of responsibilities between the Chair, Chief Executive and other executive directors.	x		
9.2	BoD SOs	This schedule of matters reserved for board decisions.	x		
10. Corporate Governance matters					
10.1	CoG A1 CoG A1.8	Establishing the values and standards of conduct for the Trust and its staff and operating a code of conduct that builds on these values.	x		
10.2	CoG A5.15	Approve a change to the constitution (more than half the members of the Board voting approve the amendment)	x	Also see MC matters	
10.3	CoG B.6.e	Evaluation of the Board of Directors	x	Report findings to the Council	
11. Policies					
11.1	Con Annex 9	Approval of Standing Orders for the Board of Directors.	x		Audit Committee
11.2	BoD SO 2.4	Standing Financial Instructions, Scheme of Delegation and Matters Reserved for the Board of Directors and Members' Council.	x		Audit Committee
12. Other					
12.1	SoDeleg	Prosecution, defence or settlement of litigation [involving above £500k or being otherwise material to the interests of the Trust].	x		Audit Committee
12.2	NHS Act 2006	Any decision likely to have a material impact on the Trust from any perspective, including, but not limited to, financial, operational, strategic or reputational impact.	x		Relevant assurance committee

KEY	
NHS Act 2006	NHS Act 2006
HSCA 2012	Health and Social Care Act 2012
Constitut	GOSH Constitution (2014)
CoG	Code of Governance (2013)
SoDeleg	Scheme of Delegation (2015)
SFI	Standing Financial Instructions (2015)
BoD SO's	Board of Directors Standing Orders (2014)
MC Sos	Members' Council Standing Orders (2014)
Green highlight	Powers of the Board (decision rights)
White highlight	Recommending, monitoring and leadership responsibility of the Board
Committee column	The committees in the final column have an assurance role but do not make decisions in these matters, unless coloured in blue highlight

No.	Reference	Matters reserved to Board Committees	Committee	Reporting to BoD	Informing/ approval of MC
1. Strategy and Management					
2. Structure and organisation					
3. Financial and Governance Reporting and Controls					
3.3	SOs	Approval of any significant changes in accounting policies or practices.	Finance and Investment Committee	x	
3.4	SOs SFI 4.1	Approval of treasury management policies, including external funding (borrowing arrangements), banking arrangements and operating cash management policy.	Finance and Investment Committee	x	
4. Internal Controls					
5. Contracts					
6. Communication					
7. Board membership and other appointments					
7.3	NHS Act 2006 Con 23	Changes to the structure, size and composition of the board of directors.	BoD Nominations Committee	x	Approval where the changes impact on the number of NED appointments
7.4	NHS Act 2006 Con 29	Appointment and removal of the Chief Executive.	BoD Nominations Committee	x	Approval of the appointment
7.5	NHS Act 2006 Con 29	Appointment and removal of Executive Directors to the Board of Directors	BoD Nominations Committee	x	Informing
7.6	BoD SO 20.8	Appointment of Acting Executive Directors.	BoD Nominations Committee	x	Informing
7.7	NHS Act 2006 Con 31	Continuation in office of any director at any time, including the review of suspensions, termination of service of an executive director as an employee of the Trust, subject to the law and their service contract.	BoD Nominations Committee	x	
8. Remuneration					
8.1	NHS Act 2006 Con 35	Determining the remuneration policy for the executive directors, Company Secretary and other senior executives and managers.	BoD Remuneration Committee	x	
8.2	NHS Act 2006 Con 35 CoG D1	The introduction of any performance related remuneration or bonus scheme for executive directors or staff.	BoD Remuneration Committee	x	
9. Delegation of authority					
10. Corporate Governance matters					
8.2	Audit Code	Approval of a policy delegating authority by the Members' Council to the CEO and Audit Committee for commissioning additional services from the external auditor	Audit Committee	x	Approval
11. Policies					
12. Other					
12.3	CoG C3	Review and approve arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Audit Committee	x	
12.4	Cons 47	Approval of the overall levels of insurance for the Trust including Directors' and Officers' liability insurance [and indemnification of directors].	Finance and Investment Committee	x	
KEY					
NHS Act 2006		NHS Act 2006			
HSCA 2012		Health and Social Care Act 2012			

Constitut	GOSH Constitution (2013)
CoG	Code of Governance (2013)
SoDeleg	Scheme of Delegation (2013)
SFI	Standing Financial Instructions (2013)
BoD SO's	Board of Directors Standing Orders (2013)
MC Sos	Members' Council Standing Orders (2013)
Audit Code	Monitor (NHSI) Audit Code
Blue highlight	Powers of the Committees (decision rights) - these committees report these decisions to the Board

No.	Reference	Matters reserved to the Members' Council	MC	BoD	Committee
1. Strategy and Management					
1.1	CoG A1f BoD ToR	Providing input to the strategic aims of the Trust as recommended by the Board	x	Board recommends strategy	
1.2	Con 43 CoG A1f	Providing input to the annual business plan as recommended by the Board.	x	Board recommends plan	
2. Structure and organisation					
2.1	NHS Act 2006 Constitut 49 CoG A5.15	Approves application for acquisitions, mergers, separations or dissolution of the Trust	x (more than half of councillors approve an application)	Board recommends application	Finance and Investment Committee
2.2	NHS Act 2006 Constitut 49 CoG A5.15	<p>Approval of entering into a significant transaction falling within the definition agreed in the Trust's Constitution. "Significant transaction" means a transaction which meets any one of the tests below:</p> <ul style="list-style-type: none"> - the total asset test; or - the total income test; or - the capital test (relating to acquisitions or divestments). <p>The total asset test is met if the assets which are the subject of the transaction exceed 25% of the total assets of the Trust;</p> <p>The total income test is met if, following the completion of the relevant transaction, the total income of the Trust will increase or decrease by more than 25%;</p> <p>The capital test is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the trust following completion (where "gross capital" is the market value of the relevant company or business's shares and debt securities, plus the excess of current liabilities over current assets, and the Trust's total taxpayers' equity).</p>	x (more than half of councillors who vote)	Board recommends application	Finance and Investment Committee/ Quality and Safety Assurance Committee
2.3	Con 43.7 CoG A5.15	<p>Approval of increase (by 5% or more) of the proportion of the Trust's total income attributable to activities other than the provision of goods and services for the health service (more than half of councillors who vote)</p> <p>Councillors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.</p>	x (more than half of councillors who vote)	Board recommends increase	Finance and Investment Committee/ Quality and Safety Assurance Committee
3. Financial and Governance Reporting and Controls					
3.1	Con 44	Receiving the annual report and accounts, auditor reports and annual reports at a general meeting.	x		
4. Internal Controls					

5. Contracts					
6. Communication					
6.1	CoG E1 Con 16.1.2	Represent the interests of the members of the Trust as a whole and the interests of the public	x		Membership Engagement Committee
7. Board membership and other appointments					
7.1	NHS Act 2006 Con 23	Changes to the structure, size and composition of the board of directors.	x (NEDs)		MC Nominations Committee
7.2	NHS Act 2006 Con 12	Changes to the structure, size and composition of the Members' Council and membership.	x (and requires membership approval)		Constitution Working Group
7.3	NHS Act 2006 Con 26	Appointment and removal of the Chairman of the board.	x		MC Nominations and Remuneration Committee
7.4	NHS Act 2006 Con 29.2	Approval of the appointment of the Chief Executive.	x	x (NEDs appoint and remove CEO but recommend the appointment to the Council)	
7.5	NHS Act 2006 Con 26	Approval of the process for appointment and the appointment and re-appointment of Non-Executive Directors.	x	x(consultation with the Board)	MC Nominations and Remuneration Committee
8. Remuneration					
8.1	NHS Act 2006 Con 35	Setting the remuneration and term of office of the non-executive directors (and market testing every three years using external professional advisers).	x		MC Nominations and Remuneration Committee
9. Delegation of authority					
10. Corporate Governance matters					
10.1	NHS Act 2006 Con 40.2	Appointment, reappointment or removal of the external auditor.	x		Audit Committee
10.2	HSCA 2012 Con 2	Holding the Non-Executive Directors to account for the performance of the Board of Directors, including ensuring the Board acts so that the Trust does not breach the conditions of its licence.	x	x (in consultation with the Board)	
10.3	CoG B.6.d	Assess collective performance of the Council and impact on the Foundation Trust	x (and report to membership)	x (in consultation with the Board)	

10.4	MC SOs	Establishing the visions, values and standards of conduct for the councillors and members and operating a code of conduct that builds on these values.	x	x (in consultation with the Board)	
10.5	CoG B6.6	Approval and implementation of policy for removal of councillors who consistently and unjustifiably fails to attend the meetings of the council; has an actual or potential conflict of interest which prevents the proper exercise of their duties; or, where behaviours or actions of a councillor or group of councillors may be incompatible with the values and behaviours of the NHS foundation trust.	x		
10.6	CoG A5.15	Approve a change to the constitution (more than half the members of the Council voting approve the amendment)	x	x	
11. Policies					
11.1	ConAnnex 8	Standing Orders for the Members' Council.	x	x	
12. Other					

KEY	
NHS Act 2006	NHS Act 2006
HSCA 2012	Health and Social Care Act 2012
Blue highlight	GOSH Constitution (2014)
SoDeleg	Scheme of Delegation (2015)
SFI	Standing Financial Instructions (2015)
BoD SO's	Board of Directors Standing Orders (2014)
MC Sos	Members' Council Standing Orders (2014)
Yellow highlight	Powers of the Council (decision rights)
White highlight	General duties and monitoring role of the Council
Green highlight	Council is consulted (advisory role)
Committee column	The committees in the final column have an advisory role