

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE MEMBERS' COUNCIL
Wednesday 1st February 2017
4:00pm – 6.30pm
Charles West Room, Paul O’Gorman Building

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Tessa Blackstone, Chairman	4:00pm
2.	Apologies for absence		Tessa Blackstone, Chairman	
3.	Declarations of interest		Tessa Blackstone, Chairman	
4.	Minutes of the meeting held on 7 th December 2016	A	Tessa Blackstone, Chairman	
5.	Matters Arising and action log	B	Tessa Blackstone, Chairman	
	GOVERNANCE			
6.	Chair Recruitment Process	C	Mary MacLeod, Deputy Chairman	4:15pm
7.	NED Appraisals 2016	D	Tessa Blackstone, Chairman	4:30pm
8.	Update on progress with the Well Led Governance Review action plan	E	Anna Ferrant, Company Secretary	4:40pm
	STRATEGY			
9.	Developing the GOSH Integrated Business Plan	F to follow and roundtable discussion	Nicola Grinstead, Deputy Chief Executive	4.50pm
10.	Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 16/17	G	Nicola Grinstead, Deputy Chief Executive	5:15pm
	PATIENTS, FAMILIES AND MEMBERS			
11.	Updates from the Membership Engagement, Recruitment and Representation Committee including Membership Strategy update	H	Carley Bowman, Chair of the MERRC, Deirdre Leyden, Membership and Governance Manager	5.25pm
12.	Update from the Young People’s Forum (YPF)	I	George Howell, Councillor	5:35pm
13.	Update from the Patient and Family Experience and Engagement Committee (PFEEC) including Q3 2016/17 PALS Report	J	Juliette Greenwood, Chief Nurse	5:40pm

14.	Councillor activities	Verbal	All Councillors	5.50pm
PERFORMANCE AND GOVERNANCE				
15.	Reports from Board Assurance Committees <ul style="list-style-type: none"> • Quality and Safety Assurance Committee (January 2017) (and agenda) • Audit Committee (January 2017)(and agenda) • Finance and Investment Committee Summary Report (January 2017) (and agenda) 	K	Mary MacLeod, Chair of the QSAC	5.55pm
		L	Akhter Mateen, Chair of the Audit Committee	
		M	David Lomas, Chairman of the F&I Committee	
16.	Chief Executive Report (Highlights and Performance)	N	Peter Steer, Chief Executive and Executive Directors	6.10pm
FOR INFORMATION				
17.	Dates of Trust Board, Trust Board subcommittee and Members' Council meetings.	O	Anna Ferrant, Company Secretary	6:25pm
18.	Any Other Business	Verbal	Chairman	

ATTACHMENT A

DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING7th December 2016

Charles West Boardroom

Baroness Tessa Blackstone	Chair
Ms Fran Stewart	Patient and Carer Councillors: Parents and Carers from London
Ms Claudia Fisher	Patient and Carer Councillors: Parents and Carers from outside London
Mrs Carley Bowman	
Mr George Howell	Patient and Carer Councillors: Patients outside London
Ms Sophie Talib	Patients from London
Mr Simon Hawtrey-Woore	Public Councillors: North London and surrounding area
Ms Rebecca Miller	
Mrs Gillian Smith	Public Councillors: South London and surrounding area
Mr Stuart Player	Public Councillor: The rest of England and Wales
Ms Jilly Hale	Staff Councillors
Rev Jim Linthicum	
Ms Clare McLaren	
Dr Prab Prabhakar	
Professor Christine Kinnon	Appointed Councillor: UCL Institute of Child Health
CLr 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
Professor Rosalind Smyth	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
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

Miss Faiza Yasin	Chair of the Young People's Forum
Mr Jon Schick*	Programme Director
Mr Peter Hyland*	Director of Operational Performance and Information
Ms Fiona Jones	Children's and Young People's Participation Officer
Three Trust members	

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

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

61	Apologies for absence
61.1	Apologies were received from: Mr Edward Green, Patient and Carer Councillor; Ms Susanna Fantoni Patient and Carer Councillor; Mr Matthew Norris, Patient and Carer Councillor; Ms Mariam Ali, Patient and Carer Councillor; Dr Camilla Alexander-White, Patient and Carer Councillor; Mr Trevor Fulcher, Public Councillor; Mr David Rose, Public Councillor; Mr Rory Mannion, Staff Councillor; Ms Hazel Fisher, Appointed Councillor; Mr Muhammad Miah, Appointed Councillor.
62	Declarations of Interest
62.1	No declarations of interest were received.
63	Minutes of the meeting held on 28th September 2016
63.1	The minutes of the previous meeting were approved .
64	Matters arising and action log
64.1	The actions taken were noted.
65	Updates from the Membership and Engagement Committee
65.1	Ms Carley Bowman, Chair of the Membership and Engagement Committee highlighted the discussions that had taken place about the 2016 Annual General Meeting/Annual Members' Meeting. She said that the Committee had been pleased with the number of attendees and welcomed the event being filmed and uploaded to the GOSH website.
65.2	It was confirmed that the Committee Terms of Reference had been reviewed with the key points being a change of name to the Membership Engagement Recruitment and Representation Committee (MERRC) in order to better show the committee's work to represent the Trust's membership.
65.3	The Council approved the revised Terms of Reference, including the revised name of the committee.
65.4	Mrs Gillian Smith, Public Councillor said that she had taken part in a successful session at the GOSH school undertaking a poetry exercise based on the Always Values however, in general, further engagement and recruitment was required with

	patients and younger members.
65.5	Ms Bowman asked Councillors to let her know if they wished to join the MERRC.
66	Update from the Young People's Forum (YPF)
66.1	Mr George Howell, Member of the Young People's Forum said that the Trust had held a successful young people's takeover week in which young people shadowed various Trust staff including members of the Executive Team.
66.2	It was reported that a good number of young people had attended the Listening Event and were keen to remain involved.
67	Update from the Patient and Family Experience and Engagement Committee
67.1	Ms Juliette Greenwood, Chief Nurse said that there had been a substantial decrease in contacts with the Patient Advice and Liaison Service (PALS) around the Gastroenterology Service. Key themes of PALS contacts continued to be communication, waiting times and cancellations.
67.2	It was reported that there had been a very low number of complaints in quarter 2 alongside a low number of PALS contacts. Ms Greenwood confirmed that this was being monitored.
67.3	Mr Howell noted that a transition steering group was being developed and emphasised the importance of young people and patient involvement. Ms Greenwood agreed that this was key and confirmed the involvement would take place.
67.4	Action: It was agreed that future reports would include the agenda of the previous Patient and Family Experience and Engagement Committee meeting.
68	Councillor Activities
68.1	Councillors reported their involvement in the following matters: <ul style="list-style-type: none"> • Mr Simon Hawtrey-Woore, Public Councillor attended a valuable Governor Development Workshop held by NHS Providers, attended the Always Values Steering Group and had been involved in Project Search. • Ms Carley Bowman, Patient and Carer Councillor had been pleased to support work to film the Listening Event • Ms Sophie Talib, Patient and Carer Councillor presented to a group of sixth form students at a school engagement session. She said it was a successful event at which 23 young people were recruited as members • Ms Claudia Fisher, Patient and Carer Councillor reported that she continued to work with the lead Governor network.
69	GOSH final two year operational plan – discussion
69.1	Mr Peter Hyland, Director of Operational Performance and Information said that the deadline for submitting the two year operational plan was 23 rd December 2016 with a draft plan having been submitted at the end of November 2016. He said that work was taking place to draw together the assumptions underpinning the plan

69.2	<p>and to finalise the contract with NHS England. Key challenges were around the current gap in the contract offer from NHS England, the opening of the Premier Inn Clinical Building and the achievement of the productivity and efficiency programme.</p> <p>Councillors took part in a round table discussion on flow both internally and between GOSH and external organisations. Councillors also provided general ideas for improvement and Mr John Schick, P&E Programme Manager agreed to look into the ideas.</p>
70	Reports from Board Assurance Committees
70.1	<u>Quality and Safety Assurance Committee Summary Report and agenda (October 2016)</u>
70.2	Ms Mary MacLeod, Chair of the Quality and Safety Assurance Committee said that the Committee continued to welcome patient stories which were positively impacting the work of the committee. She said that the committee would ensure that patients were communicated with to follow up on the work that had been done based on their recommendations.
70.3	The Committee had requested and received reports on pressure ulcers and the management of neonatal jaundice which were issues that were being overseen by the Clinical Audit team.
70.4	It was confirmed that an explicitly quality based risk had been added to the Board Assurance Framework as requested by the Committee.
70.5	In response to an increase in the number of complaints, a deep dive had taken place to consider whether there was a link between this increase and the Trust's RTT issues. It had been shown that there was no evidence that this was the case.
70.6	<u>Audit Committee Summary Report and agenda (October 2016)</u>
70.7	Mr Akhter Mateen, Chair of the Audit Committee reiterated that Councillors were welcome to attend the committee as observers. He said that work was taking place to review the committee's work plan to eliminate duplication where possible between the Board Assurance Committees. This would allow additional discussion on key committee matters.
70.8	It was reported that the committee had received the internal audit report on Electronic Patient Record implementation which had provided a rating of 'no assurance'. Mr Mateen confirmed that at the time the committee had reviewed the report, the majority of the recommendations had been implemented and KPMG had been satisfied with the action taken.
70.9	IPP debt and debtor days, which continued to rise, was being discussed by the committee at each meeting. Mr Mateen said that the issue had also been discussed by the Trust Board earlier in the day who had requested a decline in debtor days by January 2017 or a focused action plan to work on the matter.
70.10	Ms Rebecca Miller, Public Councillor noted that the Information Commissioner's Office (ICO) had agreed to formally end their review process and as for some

	further information on the review that had taken place.
70.11	Dr Anna Ferrant, Company Secretary said that the Trust had volunteered to be audited by the ICO and had now completed the majority of the action plan arising from the review. She said that following a further paper based assurance exercise, the ICO had been satisfied with the actions that had been taken.
70.12	The Council discussed the Trust's current level of IPP debt. Mr Matthew Norris, Patient and Carer Councillor suggested that an action plan should be in place irrespective of whether there had been any reduction by January 2017.
70.13	Mr Mateen said that he had reiterated to the Board that in his view this issue was extremely high risk. He said that notwithstanding any reduction in debtor days, significant focus on the issue would remain.
70.13	<u>Finance and Investment Committee Summary Report and agenda (October 2016)</u>
70.14	Mr David Lomas, Chair of the Finance and Investment Committee said that the committee had considered current performance both financial and activity based, and at the integrated performance report.
70.15	Mr Lomas said that in terms of IPP debt discussions, the committee had noted that a significant majority of the debt was underwritten by government and had always been paid with the exception of a failed state. He highlighted the substantial contribution the work made to the Trust and therefore the challenge in moving forward with potential termination of contracts.
70.16	Mrs Gillian Smith, Public Councillor said that she had observed a number of Finance and Investment Committee minutes and suggested that it was valuable for Councillors to observe similar committees on more than one occasion. She welcomed the challenge posed by the Non-Executive Directors.
71	Chief Executive Report (Highlights and Performance)
71.1	<p>Dr Peter Steer, Chief Executive gave an update on the following matters:</p> <ul style="list-style-type: none"> • Electronic Patient Record work was progressing well and the Board would be considering the business case early in 2017. • Work to develop the STP was continuing. Whilst GOSH was geographically positioned within the North Central London STP the Trust's specialist nature was recognised and work was taking place to ensure GOSH continued to be heavily engaged in the specialist STP for London. • Meetings had taken place to explore and establish a European Children's Hospital Organisation (ECHO) with the focus of the collaboration initially being the promotion and advocacy of children's health, benchmarking, education and research. • A national tender for genetic laboratories was being released in Spring 2017. It had been confirmed that there would be two regions for tender in London: North Thames and South Thames. GOSH was working within its existing successful partnership in the North Thames Genomic Medicine Centre as the steering group for the North Thames consortium bid.

71.2	Ms Carley Bowman, Patient and Carer Councillor asked for a steer on the value of the Trust being involved in the STP work.
71.3	Dr Steer said that there were very significant savings required from STPs and it was important that GOSH made it clear that it could support this work. He said it was clear that the savings required would continue year on year.
72	Reviewing the Constitution: Re-establishing the Constitution Working Group
72.1	Dr Anna Ferrant, Company Secretary said that the constitution was being reviewed in advance of the Members' Council election towards the end of 2017. She said that she would work with the Membership Engagement, Recruitment and Representation Committee to consider the impact any amendments would have to the membership. Dr Ferrant said that the draft Terms of Reference of this task and finish group had been approved by the Board. The Committee would be chaired by the Deputy Chief Executive and Mr Akhter Mateen, Non-Executive Director would be a member.
72.2	The terms of reference were approved .
72.3	Action: It was agreed that membership of the group in terms of Councillors would be agreed outside the meeting via email.
73	Update of Schedule of Matters Reserved for the Trust Board and Members' Council
73.1	Dr Ferrant said that the schedule of matters was a requirement of the NHS Improvement Code of Governance. She said it had been updated to reflect the work of the Board and Members' Council and to ensure that there was clarity around the decisions that were made in conjunction with the Council. Additional wording had been added around significant transactions which had been taken from the Trust's constitution.
73.2	Action: It was agreed that a copy of the schedule with the tracked changes would be circulated outside the meeting to show the updates that had been made.
74	Any other business
74.1	Dr Peter Steer, Chief Executive said that Dr Vinod Diwakar, Medical Director would be stepping down from his position on 31st December 2016 to take up the post of Medical Director for NHS England (London Region).
74.2	Dr Steer congratulated Dr Diwakar on the appointment and thanked him for his commitment and support to the organisation and to patients and families over the past 18 months.

ATTACHMENT B

MEMBERS' COUNCIL - ACTION CHECKLIST
January 2017

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
16.3	27/04/16	Ms MacLeod said that the Clinical Governance Committee had received a presentation on the Trust's Mortality Review Group which was an example of best practice nationally. It was agreed that the Members' Council would also receive this presentation.	AF	January 2017	Due to workload of the Council at the January 2017, rearranged to April Members' Council meeting.
43.2	07/12/16	It was agreed that following the consultation, the updated Quality Strategy would be circulated to the Members' Council.	Meredith Mora	January 2017	Work is underway to review the Quality Strategy to ensure it is aligned with the other Trust strategies
51.5	07/12/16	It was suggested that small gifts could be sent to those Councillors who had recently stepped down.	VG	December 2016	Actioned in December 2016
59.7	07/12/16	It was agreed that the Trust Board and Members' Council name plate signs would be updated to ensure that they took the same format.	AF	January 2017	Actioned for January 2017 Council meeting
59.8	07/12/16	Mr Matthew Norris, Patient and Carer Councillor asked for some examples of good engagement between Board and Council and it was agreed that Mr Bevington would share this.	Deloitte	January 2017	The Well Led Working Group is overseeing implementation of the recommendations and seeking names of possible facilitators, including from Deloitte.
67.4	07/12/16	It was agreed that future patient experience reports would include the agenda of the previous Patient and Family Experience and Engagement Committee meeting.	JG	January 2017 and on-going	Actioned – on agenda

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
72.2	07/12/16	It was agreed that membership of the Constitution Working Group in terms of Councillors would be agreed outside the meeting via email.	AF	January 2017	Following recent discussions with the Chairman and Lead Councillor, it has been agreed that the work on the Constitution will take place towards the end of Q4 2016/17. The membership of the group will be agreed closer to that time.
73.2	07/12/16	It was agreed that further updates to the schedule of matters reserved for the Trust Board and Members' Council would be circulated with tracked changes to show the updates that had been made.	AF	February 2017	Not yet due

Members' Council

1st February 2017

Process for the appointment of a Chairman of the Trust Board and Members' Council at Great Ormond Street Hospital for Children NHS Foundation Trust

Summary & reason for item:

To outline the proposed appointment process for a new Chairman at GOSH.

Councillor action required:

To consider and approve the proposed process, as recommended by the Members' Council Nominations and Remuneration Committee.

Harvey Nash has been appointed as recruitment advisers for the Chairman appointment (see paper below). Mr Frank McKenna, Managing Director, Global Healthcare Practice, Harvey Nash will be attending the meeting to answer questions about the appointment process and gather comments on the person specification for the post.

To consider and approve the recommendation to extend Mary MacLeod's tenure (Deputy Chairman) for two months, ending on 31st October 2017 for the purposes of ensuring a smooth handover for the Chairman appointment process.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Mary MacLeod, Deputy Chairman

PROCESS FOR THE APPOINTMENT OF A CHAIRMAN OF THE TRUST BOARD AND MEMBERS' COUNCIL OF GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

1. PURPOSE

This paper proposes a process for the appointment of a Chairman of the Trust Board and Members' Council of Great Ormond Street Hospital for Children NHS Foundation Trust.

Appendices to this paper are provided in a separate pack.

2. BACKGROUND

2.1. Reason for the appointment

Baroness Tessa Blackstone, Chairman of the Trust Board and Members' Council has advised the Senior Independent Director and Deputy Chairman, Mary MacLeod, the Trust Board and the Members' Council of her intention to step down from her role as Chairman of GOSH on 30 April 2017.

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

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

Baroness Blackstone chairs the Trust Board, Members' Council, the Board of Directors' Nominations Committee and the Members' Council Nominations and Remuneration Committee. The new Chairman will continue to carry out these duties.

In June 2016, Deloitte conducted a Well Led Governance Review at GOSH. The Board is in the process of implementing the recommendations. A Well Led Governance Review Group has also been established to consider those recommendations relevant to the roles and responsibilities of the Members' Council. The new Chairman will be responsible for following through on the implementation of these recommendations.

The Board and Chief Executive will be consulted throughout the process in order to meet the requirement of the Code of Governance (July 2014) which states that "*When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.*"

3. PROPOSED APPOINTMENT PROCESS

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

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

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

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

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

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

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

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

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

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

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

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

The appointment of a Chairman will be made on merit, based on objective criteria following open competition. The process will be formal, rigorous and transparent and in line with the above provisions (see below for further detail).

4. SUPPORT

The appointment process will be led by the Deputy Chairman and Senior Independent Director (Mary Macleod). The Board has agreed that in the light of the recommendations in the Well Led Review Report and seniority, proposed experience and skill set of the candidate being sought, the appointment process will be conducted by an external senior recruitment firm (head-hunter), with administrative support from the Company Secretary.

Monitor's Governors' Guide (2013) states that when appointing such advisers, consideration should be given to the following:

- *previous experience of board-level recruitment;*
- *independence from the NHS foundation trust;*
- *track record of successful appointments;*
- *previous experience of public sector recruitment;*
- *knowledge of the health sector and candidate research ability; and*
- *selection principles and processes, such as candidate assessment techniques.*

GOSH has previously worked with Harvey Nash who supported the Trust to successfully appoint the current Chief Executive, Deputy CEO and Chief Finance Officer. Harvey Nash has a robust understanding and appreciation of the importance of the Trust's profile and reputation as an NHS Foundation Trust and international centre of excellence for paediatric healthcare. It recognises the importance of the relationships with GOSH's key stakeholders and the stature and significant experience required of a candidate to undertake the Chair role at GOSH. This includes experience of having led similar organisations of scale and complexity and possession of exceptional engagement and stakeholder management skills.

Harvey Nash has significant experience in appointing to Chairman and NED appointments across the NHS. Two positive telephone references have been taken by Mary Macleod about Harvey Nash and the content of these shared with the committee on 12th January 2017.

Following this committee meeting, members discussed the appointment of the recruitment company and agreed that Harvey Nash should be appointed by the Trust to run the search process, with a request to meet with a representative from the company to discuss how this process will be conducted.

A senior representative from Harvey Nash (Frank McKenna) attended a meeting of available committee members on 17th January to provide an overview of his and Harvey Nash's experience in running Chairman appointments and the proposed process for recruitment and

appointment. Feedback from the committee was used to inform the recruitment process, draft Job Description and Person Specification.

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

The Members' Council provided feedback via the Lead Councillor on those skills perceived as key for an effective Chairman of the Trust. The results were analysed through a review of the essential and highly desirable results (see **Appendix 1**) and discussed at the committee meeting on 25th January 2017.

Following discussions with the committee, a draft Job Description (see **Appendix 2**) and Person Specification (**Appendix 3** – to follow) has been developed. These will be subject to review by the Trust Board and the Members' Council at the respective meetings on 1st February 2017. The committee is also agreeing a list of prompts focusing on the soft skills of candidates (and matters raised in the feedback from councillors in Appendix 1), to be used by the recruitment adviser and interview panel when recruiting and interviewing candidates.

The Members' Council has previously agreed the terms and conditions of service for NEDs and the Chairman (November 2014). These have been reviewed and refreshed for the purposes of this recruitment process (both internally and by legal advisers) and these are attached at **Appendix 4**. New text is highlighted in red.

The Members Council Nominations and Remuneration Committee recommended that:

- The salary for the Chairman position should remain at £55k/ year for the appointment and noted that both NED and Chairman remuneration would be subject to review and benchmarking in the next few months.
- The time commitment for the Chairman post should be amended from 3 days to a minimum of 2 days a week (paragraph 12) to move in line with other Chairman positions in the NHS and other public sector organisations.

6. COMMITTEE RESPONSIBILITIES

Following a detailed executive search and recruitment process, Harvey Nash will present a comprehensive analysis of candidates who have applied for the position of Chairman. The analysis will comprise candidates' applications along with an overarching summary that will grade and rank candidates into a number of provisional categories for the panel's consideration. The selection panel will then conduct a longlist meeting where all applications received will be duly considered with a view of starting to select a number of high value individuals to take forward further in the process via detailed assessment discussions. A subsequent shortlisting meeting will then take place where the panel will select a handful of senior candidates to invite to final interview.

The role of the panel is to make a recommendation to the Members' Council Nominations and Remuneration Committee for a preferred candidate to be appointed to the role of

Chairman. As outlined in Monitor's Governors' Guide (2013), councillors make up a majority of the votes on the interview panel.

The committee recommends that the following individuals will comprise the final interview panel:

- Deputy Chairman (Chairman of Interview Panel) (voting)
- Lead Councillor (voting)
- Three (out of the four) members of the Members' Council Nomination & Remuneration Committee (voting). At 25th January committee meeting it was agreed that Jilly Hale (Staff Councillor); Edward Green (Patient Councillor); Mariam Ali (Parent Councillor) would sit on the interview panel with Rebecca Miller (Public Councillor) in reserve
- An independent member. The independent panel member is present to ensure that appointments are made on merit after a fair, open and transparent process. They must be independent of the appointing organisation and should also provide guidance to the selection panel on the calibre, ability and attributes of the candidates at interview. They will participate in the discussion among the panel members when reviewing the candidates' performance in the post interview discussions (non-voting). Mary MacLeod has approached Lord (Robert) Kerslake, Chairman of Kings College Hospital NHS Foundation Trust to sit as the independent member.
- A representative from NHS Improvement (non-voting).

The Chief Executive, Director of HR and OD, Recruitment Adviser and Company Secretary will also be in attendance as observers and for advice.

Having interviewed all candidates the Chairman of the interview panel will, in plenary session:

- Hear the advice and opinion of the independent assessor and NHSI representative.
- Hear from councillors panel members their opinion of each candidate.
- Hear from the CEO his opinion of each candidate.
- The recruitment adviser will represent the opinion of the Board at this stage.

The interview panel will recommend a candidate for appointment to the Members' Council.

Support for councillor members of interview panel

Harvey Nash will provide training for councillor interview panel members to support them in conducting the interview and asking questions.

7. ELIGIBILITY OF APPOINTMENT

To be eligible for appointment the successful candidate must be a public or parent/ carer foundation member of Great Ormond Street Hospital for Children NHS Foundation Trust (as outlined in the Trust Constitution).

8. APPOINTMENT PROCESS TO BE ADOPTED

The following process is proposed for appointment of a Chairman at GOSH. A draft indicative timetable is attached at **Appendix 5** in the separate pack. The committee noted that the dates of the interview may be subject to the availability of shortlisted candidates.

Advertisement

It is proposed that the post is advertised by Harvey Nash on the following websites:

- The Sunday Times website: appointments.thesundaytimes.co.uk
- Public Appointments website <http://publicappointments.cabinetoffice.gov.uk/>.
- Great Ormond Street Hospital for Children NHS Foundation Trust website www.gosh.nhs.uk
- Harvey Nash PLC global website.

An advert will be drafted and circulated to committee members for approval on behalf of the Council. The position will be advertised for a minimum of 6 weeks.

Selection, Appointment & Remuneration

All interview panel members are reminded of the absolute and critical importance of preserving the confidential identity of all applicants throughout and after the process. This is both good practice but is also essential to ensure we can successfully engage and attract the highest quality and stature of candidates.

Harvey Nash will conduct a wide ranging and detailed search of the market for suitable high profile candidates.

Longlist

Harvey Nash will analyse the applications and discuss and agree the long list with interview panel members. Harvey Nash will hold assessment interviews with long list applicants.

Shortlist

Following the long list assessment interview process, the recruitment advisers will present a report on the most suitable candidates as assessed against the role description and person specification and taking into account the findings of the long list assessment interview process (covering quality aspects, candidate interests) and any information pertinent to the fit and proper persons test.

The interview panel will shortlist and identify those candidates that should be invited for interview. Barring an exceptional number of high calibre candidates, the Committee should aim to select for interview no more than five (5) candidates.

It is not unusual for interviews involving high profile candidates to be conducted in such a way that the confidentiality of applicants and short listed candidates is maintained at all times. This will determine how the interview process will be conducted, including ensuring that candidates are not made aware of other applicants/ candidates and that they do not meet during the process.

Stakeholder meetings

Each candidate will be required to attend a stakeholder panel to meet with key members of partner organisations and other stakeholders. The purpose of the stakeholder panel meeting is to provide an opportunity for candidates to explore matters of interest prior to their final interview. Importantly, it also provides stakeholders with the opportunity to meet candidates and assess how they engage with different groups of external representatives and key staff in an informal setting.

It is important that the stakeholder meeting is kept to a manageable number (maximum 6-8 individuals). It is suggested that the Charity, ICH and UCL Partners are included as well as representatives from senior GOSH management (clinical and non-clinical). It is proposed that the committee will approve the final membership of the stakeholder event. Feedback from the stakeholder event will be presented to the Deputy Chairman, a councillor interview opanel member and the Recruitment Adviser.

Interviews

Prior to the interviews, the Interview Panel will decide on a series of questions and areas for discussion with candidates, ensuring that the interviews are consistent, fair and transparent. Documentation will be provided to panel members to ensure all agreed criteria are fairly assessed.

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

Each interview will last approximately one hour although they may be reason to go beyond this to ensure that the panel is able to conduct a full and comprehensive discussion with each candidate.

Decision and Recommendation of appointee

The Interview Panel will seek to arrive at an agreed decision on a preferred candidate at the conclusion of the final interview process. Any provisional offer will be subject to a range of appropriate checks including two detailed references (in writing), a DBS check and assessment against the Fit and Proper Person assessment criteria, which may include qualification checks. It will also be subject to endorsement by the Members' Council Nominations & Remuneration Committee and the full Members' Council.

Interim Chairman position and extension of tenure of the Deputy Chairman

The committee discussed management of the period between the current Chairman leaving on 30 April 2017 and the new Chairman joining the Trust. In the circumstance where the new Chairman is not yet recruited or unable to join the Trust by 1st May 2017, the committee recommends the following:

- Mary MacLeod is appointed as Interim Chairman until such time as the new Chairman candidate can start at the Trust.
- For purposes of ensuring that there is a handover period, Mary MacLeod's tenure is extended from 31st August 2017 to 31st October 2017.
- A recruitment process for Mary MacLeod's NED position is run in April/ May 2017 to allow time for the new NED to start before Mary steps down from the Trust Board.

9. RECOMMENDATION

The Members' Council is asked to consider and approve the following at the Members' Council meeting on 1 February 2017:

- The proposed recruitment process and indicative recruitment timetable.
- The draft Chairman job description, person specification
- The revised terms and conditions of service.
- Mary MacLeod is appointed as Interim Chairman until such time as the new Chairman candidate can start at the Trust.
- For purposes of ensuring that there is a handover period, Mary MacLeod's tenure is extended from 31st August 2017 to 31st October 2017.
- A recruitment process for Mary MacLeod's NED position is run in April/ May 2017 to allow time for the new NED to start before Mary steps down from the Trust Board.

The Members' Council is also asked to endorse the following:

- The committee will approve the final membership of the stakeholder event;
- An advert will be drafted and circulated to committee members for approval on behalf of the Council.

Analysis of Members' Council skill survey for Chair Person Specification

No.	Hard Skills (Essential + Highly Desirable Criteria)		Included in draft JD/PS
1	Healthcare professional	11/18 (6+5)	No but see under (2) – sound knowledge and understanding of healthcare issues
2	Politician	7/18 (2+5)	Yes - an essential skill is included for 'politically astute' (see under 4)
3	Business executive (knowledge of commercial org)	12/18 (4+9)	Yes – see under (2)
4	Experience of leading a large org	16/19 (13+3)	Yes – see under (2)
5	Experience of large scale building projects	8/19 (0+8)	No – not sufficiently supported
6	Experience of chairing a world class org	19/19 (10+6)	Yes – see under (2)
7	Track record of change management	15/19 (8+7)	No – other NEDs have these skills
8	Meeting budget and operating targets	9/19 (6+3)	No – not sufficiently supported and more a requirement for executives
9	Experience of implementing large scale IT projects	11/19 (1+10)	No – not sufficiently supported
10	Experience of improving customer service	14/19 (5+9)	Yes – see under (2) – first requirement

No.	Soft Skills (Essential + Highly Desirable Criteria)		Included in draft JD/PS
1	Sufficient time to focus on role	16/19 (13+3)	Yes – see under (3)
2	Record of stakeholder engagement - communicator	17/18 (16+1)	Yes – see under (4)
3	Establishes rapport quickly	18/19 (10+8)	Yes – see under (4)
4	Team builder	16/19 (11+5)	Yes – see under (4)
5	Improver/ legacy builder	16/19 (10+6)	Yes – see under (2) – well respected – can be tested out by recruitment adviser via due diligence
6	Well organised	11/18(5+6)	No – not sufficiently supported
7	Inclusive, supportive and visible	15/19 (13+2)	Yes – see under (4)
8	Strategic awareness	19/19 (15+4)	Yes – see under (2)
9	Transparency	18/19 (17+1)	Yes – see under (4) – visible etc.
10	Embodies Always Values	18/19 (18+0)	Yes – see under (1)

Chairman

Great Ormond Street Hospital for Children NHS Foundation Trust

GOSH profile

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is a national centre of excellence in the provision of specialist children's health care, currently delivering the widest range of specialist care of any children's hospital in the UK. It is the only specialist Biomedical Research Centre for paediatrics, the largest centre in the UK for children and young people with heart or brain problems, and the largest centre in Europe for children and young people with cancer. It works in partnership with the UCL Institute of Child Health (ICH), part of University College London, and together they form the largest paediatric research and teaching centre in the UK.

The hospital at Great Ormond Street is the only exclusively specialist children's hospital in the UK. It does not have an Accident and Emergency department and only accepts specialist referrals from other hospitals and community services. The population of children and young people served by the hospital is characterised by those with multiple disabilities and/or health problems and rare and congenital (present at birth) conditions. Many children and young people need the help of different specialist teams. Improvements in health care and diagnosis mean that many children and young people have dramatically improved survival rates and more therapeutic options than was the case 10 years ago. Sadly though, many of the children cared for at GOSH still have life threatening or life-limiting conditions.

Our strategic plan sets out a programme of work to enable us to achieve our vision of being the leading children's hospital in the world and be recognized as such. It takes in to account the changing political and economic landscape and seeks to define areas where the Trust can explore taking a more deliberate leadership role locally, regionally and nationally.

Key facts

The hospital receives over 255,000 patient visits (inpatient admissions or outpatient appointments) a year, and carries out approximately 18,800 operations each year.

The hospital has 383 patient beds, including 44 intensive care beds (21 CICU, 15 PICU and 8 NICU). Many of the children and young people on our wards require high dependency care or are classed as ward intensive care, requiring one-to-one nursing.

Around 4,100 full-time and part-time staff work at the hospital. The ICH has around 600 staff. Many senior staff have roles in both organisations.

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The hospital has approximately 50 paediatric specialties, the widest range of any hospital in the UK, which uniquely enables it to diagnose and pioneer treatments for children and young people with highly complex, rare or multiple conditions. It has 19 highly specialised national services.

1. Trust Values and Expected Behaviours

The Trust has developed the Always Values with our staff, patients and families. The Values characterise all that we do and our behaviours with our patients and families and each other in support of an ethos of 'the child first and always'.

Our Always Values are that we are:

- Always Welcoming
- Always Helpful
- Always Expert
- Always One Team

Each value is underpinned by behavioural standards and all staff and directors are expected to display these behaviours at all times.

2. Job Summary

The chairman leads both the board and the members' council, ensuring that high standards of probity and governance prevail and the trust remains within its terms of authorisation.

The board is collectively responsible for the success of the trust, including delivering high standards of clinical and corporate governance, responsibility for financial viability, using resources effectively in line with financial controls and ensuring value for money.

3. General responsibilities

- Lead the Board and Council in setting the strategic direction of the Trust;
- Ensure the Trust complies with the Terms of Authorisation, the Constitution and any other applicable legislation and regulations, including the maintenance of mandatory services and retention of property;
- Lead the Board in setting the Trust's values, standards and culture of the organisation;
- Uphold the Always Values of the trust by example and ensure that the organisation promotes human rights and equality and diversity for all its patients, staff and other stakeholders;
- Set the tone and style of Board discussions which facilitate effective decision- making and constructive debate and ensure, with the Chief Executive, effective implementation of decisions;
- Ensure effective communications are maintained between the Board and the Members' Council and that the Board, in reaching decisions, is aware of the views of the Council, where appropriate;
- Hold the Chief Executive to account for the effective management and delivery of the organisation's strategic aims and objectives, including achieving the trust's commitment to patients through improving the patient and family experience and meeting targets for treatment;

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- Develop a constructive, frank and open relationship with the Chief Executive through regular communication and meetings and provide support and advice while respecting executive responsibility;
- With the Chief Executive maintain effective communication with the Foundation Trust's members;
- Safeguard the good name and reputation of the Trust;
- With the assistance of the Company Secretary, promote the highest standards of corporate and clinical governance in compliance with the *NHS Foundation Trust Code of Governance* and other regulatory requirements and best practice, where appropriate;
- Establish and build a constructive relationship with healthcare inspectorates, regulators and commercial partners;
- Ensure that the Trust retains constructive and productive relationships with the GOSH Charity and Institute of Child Health and the Academic Health Science Partnership;
- Support, and where appropriate 'mentor' other Board members and senior executives, including ensuring new directors' induction and identification of individual and board-wide development needs.

4. Board responsibilities

- Ensure the appropriate delegation of authority from the Board to the senior management team;
- Set challenging objectives for maintaining and improving performance of the Trust and ensure effective implementation of the Board decisions by the Chief Executive and the senior management team;
- Ensure, through the leadership of the Chief Executive, that the Board:
 - Establishes effective sub-committees with appropriate non-executive director involvement.
 - Establishes clear objectives to deliver the agreed plans and meet the terms of its authorisation and regularly to review performance against these objectives.
 - Maintains mandatory services and retains protected property as defined in the Terms of Authorisation.
 - Maintains financial viability, uses resources effectively and controls and reports its finances in accordance with the requirements set by Monitor.
 - Undertakes commissions or makes facilities available for research and development and health care education, in conjunction with universities, further education institutions and research funding bodies.
 - Participates in a full, formal and tailored induction programme and subsequent development activities, facilitated by the company secretary.
 - Works with commissioners to ensure the effective delivery of services commissioned through contracted arrangements.
 - Meets all statutory requirements, legal and contractual requirements, safety hazard notices and advice relating to safety of the public, staff and patients, personal privacy and patient confidentiality.

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- Support and challenge, where appropriate, the Chief Executive and other directors to ensure that the Board conforms to the highest standards of corporate governance and makes appropriate decisions;
- Ensure the provision of accurate, timely and clear information to directors;
- Ensure the performance of the Board, its committees and individual directors is evaluated at least annually, acting on the results of such evaluation and identifying individual and collective development needs;
- Build an effective and collegiate Board, and with the nomination committees, initiate change and succession planning for executive non-executive director appointments (subject to Council approval) which can meet the needs of the foundation trust;
- Arrange informal meetings of the members of the non-executive directors (at which the executive directors are not present) to ensure sufficient time and consideration is given to complex, contentious or sensitive issues.

5. Members' Council responsibilities

- Chair Members' Council meetings and give direction to the work of the Council;
- Ensure the provision of accurate, timely and clear information to councillors;
- Maintain regular contact with councillors to understand their issues and concern and feeding back these comments/ concerns to the Board;
- Ensure that councillors are given appropriate development for their role.
- Support and challenge, where appropriate, the Lead Councillor and Councillors to ensure that the Council conforms to the highest standards of corporate governance, makes appropriate decisions, and fulfils its remit;
- Ensure the Members' Council review its performance and acts on the results of such evaluation.

6. Other responsibilities

- Represent the Trust with national, regional or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered and to be an ambassador for the Foundation Trust;
- With the Company Secretary, ensure that all administrative aspects of board and council meetings are properly executed in accordance with the requirements of the Constitution.

7. Review

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

8. Other information

Great Ormond Street Hospital for Children NHS Foundation Trust is a dynamic organisation, therefore changes in the core duties and responsibilities of this role may be required from time to time. These guidelines do not constitute a term or condition of employment.

9. Confidentiality

On appointment you may be given access to confidential information which must only be disclosed to parties entitled to receive it. Information obtained during the course of employment should not be used for any purpose other than that intended. Unauthorised disclosure of information is a disciplinary offence.

10. Risk Management

You will be required to ensure that you implement systems and procedures at a local level to fulfill the requirements of the organisation's Risk Management Strategy including local management and resolution of complaints and concerns, management of SUIs/incidents and near misses. Your specific responsibility for risk management will be clarified to you by your manager at your local induction.

11. Emergency Planning

In accordance with the organisations responsibilities under the Civil Contingencies Act 2004, you may be required to undertake alternative duties as is reasonable directed at alternative locations in the event of and for the duration of a significant internal incident, major incident or flu pandemic.

12. Human Rights

You are required to comply with the regulations of the Human Rights Act 1998 during the course of your employment.

13. Sustainable Development

You will be required to demonstrate a personal commitment to the Trust's Sustainable Development Plan and to take personal responsibility for carrying-out your work duties in a way which is compliant with this Plan.

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

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

1. **Statutory basis for appointment** – The Chair (and other non-executive Trust Board members) hold a statutory office under the National Health Service Act 2006. The appointment and tenure of office are governed by the requirements of the Act and the Foundation Trust's Constitution. Your appointment is made by the Members' Council. It does not create any contract of employment. This document is a contract for services and not a contract of employment between you and the Foundation Trust.
2. **Tenure of office** – The length of appointment will be determined by the Members' Council in accordance with the requirements of the Foundation Trust Constitution and the NHS Foundation Trust Code of Governance. Your appointment tenure will be set out in your letter of appointment. Your continued tenure of appointment is contingent on your satisfactory performance and will be subject to annual appraisal by the Senior Independent Director (SID) in accordance with a process agreed by the Members' Council. The tenure of appointment shall be for an initial period of three years commencing on **DATE** and ending on **DATE** subject to the termination provisions set out at paragraph 7.
3. **Appointment** - Your appointment is subject to the Foundation Trust's Constitution. Nothing in these terms and conditions shall be taken to exclude or vary the terms of the Constitution as they apply to you as Chair of the Foundation Trust. Your appointment is also subject to the Job Description approved by the Members' Council and to the Foundation Trust's Code of Conduct as amended from time to time.
4. **Employment law** – Appointments are not within the jurisdiction of Employment Tribunals. Neither is there any entitlement for compensation for loss of office through employment law.
5. **Fit & Proper Person Test (Health & Social Care Act 2008 (Regulated Activities) law**
 - 5.1. All providers are required to demonstrate that appropriate processes are in place to confirm that directors are of good character, hold the required qualifications and have the competence, skills and experience required which may include appropriate communication and leadership skills, as well as a caring and compassionate nature.
 - 5.2. The fitness of directors will be regularly reviewed on appointment **and thereafter**. In addition, non-executive directors have a responsibility to report any mismanagement or misconduct issues to the Chair of the Foundation Trust Board **or, in the case of the Chair**

to the Senior Independent Director.

- 5.3. You warrant that you are a fit and proper person as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended or supplemented from time to time) to hold a Board level appointment within the Foundation Trust.
 - 5.4. You understand that there is an on-going duty to advise the Foundation Trust immediately if you become aware of any facts or circumstances that may mean you are no longer a fit and proper person to hold the role of Chair of the Foundation Trust and agree to do so.
 - 5.5. You understand that all directors have a collective and individual responsibility to help ensure the Foundation Trust complies with its obligations under this law. You also understand that there is an on-going duty to advise the Foundation Trust immediately if you become aware of any facts or circumstances that may mean another Executive or Non-Executive Director of the Foundation Trust is no longer a fit and proper person to hold the position which they hold within the Foundation Trust and agree to do so.
 - 5.6. You understand that in the event the Foundation Trust has reason to believe at any time that you may not be a fit and proper person then it may suspend you from any or all of your duties pending investigation, the outcome of which may result in your removal from your role.
6. **Reappointments** – The Foundation Trust Constitution requires the Chair and other Non-Executive Directors to be appointed following a process of open competition. You are eligible to stand for reappointment for a further three years appointment (to a maximum of 6 consecutive years), subject to satisfactory appraisals during your initial term and meeting all relevant requirements of the Foundation Trust Constitution.
- 6.1. There is no automatic right to be reappointed and any decision will be made by the Members' Council in accordance with the process set out in the Foundation Trust's Constitution. The Members' Council will consider performance during the initial term, the knowledge, skills and experience required by the Trust Board, the requirements and interests of the Foundation Trust and the requirements of the NHS Foundation Trust Code of Governance in relation to maximum tenure. Any re-appointment is subject to your continued eligibility under the criteria set out in the Foundation Trust's Constitution.
 - 6.2. If the Members' Council does not re-appoint you at the end of your term, your appointment shall terminate automatically, with immediate effect and without compensation.
7. **Removal from office**
- 7.1. **Resignation** – You may resign at any time by giving reasonable at least three months' notice in writing to the Senior Independent Director and Company Secretary.

7.2. Termination of appointment

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

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

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- You have refused to sign and deliver to the Company Secretary a statement in the form required by the Foundation Trust Board confirming acceptance of the code of conduct for directors, as the same may be in force from time to time.
- it is not in the interests of the Health Service and/or the Foundation Trust that you should continue to hold office.
- if you do not attend three consecutive meetings of the Foundation Trust Board unless the Foundation Trust Board is satisfied that the absences were due to reasonable causes and you will be able to start attending meetings of the Foundation Trust Board again within such a period as the Board considers reasonable.
- if you do not properly comply with the requirements of the regulations with regard to pecuniary interests in matters under discussion at meetings of the Foundation Trust (e.g. a failure to disclose such an interest).
- if you refuse to sign and deliver to the Company Secretary a statement in the form required by the Board confirming acceptance of the Code of Conduct for Directors.

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

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

7.4. Any removal of the Chair will be carried out in accordance with the Foundation Trust Constitution.

8. Remuneration – The annual fee rate as at the date of this document is £55,000 gross per annum, paid in arrears on the last working day of each working month by direct credit (exceptions may apply when the last working day falls on a Bank Holiday).

8.1. You are only entitled to receive remuneration in relation to the period in which you hold

office. This fee covers all duties, including service on any Board committee.

- 8.2. All fees will be paid through PAYE and are subject to income tax and other statutory deductions.
- 8.3. There is no entitlement to compensation for loss of office. In accordance with the Constitution, remuneration for the Chair will be set by the Members' Council and is subject to **periodic review**.
- 8.4. **In line with the requirements of the Health & Social Care Act, information on Directors' remuneration must be included in the Trust's Annual Report & Accounts.**
9. **Expenses** – You are eligible to claim the reasonable and properly-documented travel and other expenses you incur in performing the duties of your office at the rates set by the Foundation Trust and in accordance with Foundation Trust policy and procedure.
 - 9.1. **In line with the requirements of the Health & Social Care Act, information on Directors' remuneration must be included in the Trust's Annual Report & Accounts.**
10. **Role and responsibilities**- Your role and responsibilities are set out in the job description attached to these terms and conditions of service.
 - 10.1. You will be expected to perform your duties, whether statutory, fiduciary or common-law, faithfully, efficiently and diligently to a standard commensurate with both the functions of your role and your knowledge, skills and experience.
 - 10.2. You will exercise your powers in your role as a Chair having regard to relevant obligations under prevailing law and regulation, including the NHS Foundation Trusts Code of Governance, the Foundation Trust Constitution, the Role Description approved by the Members' Council and any relevant Codes of Conduct and Foundation Trust or Department of Health guidance (or similar) in force from time to time, including the Department of Health's Code of Conduct & Accountability for NHS Boards.
 - 10.3. You will have particular regard to the general duties of Directors, set out in the Foundation Trust Constitution, including the duty to promote the success of the Trust so as to maximise the benefits for the general public and the Foundation Trust's Members.
11. **Eligibility for NHS Pension** – As chair of the Foundation Trust, you (and other non-executive directors) are not eligible to join the NHS Pension Scheme.
12. **Time commitment** – You will be expected to devote such time as is necessary for the proper performance of your duties. You should be prepared to spend a minimum of 2 days a week on Foundation Trust business. By accepting this appointment, you confirm that you

have sufficient time to undertake your duties and have informed the Foundation Trust of your existing significant commitments prior to taking up the position. Any future changes to your other significant commitments should be reported to the Company Secretary.

- 12.1. The nature of the role makes it impossible to be specific about the maximum time commitment, and there is always the possibility of additional time commitment in respect of preparation and ad hoc matters which may arise from time to time, and particularly when the Foundation Trust is undergoing a period of increased activity. At certain times it may be necessary to convene additional Board, committee or Members' Council meetings.
13. **Confidentiality** - All information acquired during your appointment is confidential to the Foundation Trust and should not be released, communicated or disclosed to third parties or used for any reason other than in the interests of the Foundation Trust, either during your appointment or following termination (by whatever means), without prior clearance from the Trust Board.
 - 13.1. Your attention is also drawn to the requirements under both legislation and regulation as to the disclosure of inside information. Consequently you should avoid making any statements that might risk a breach of these requirements without prior clearance from the Foundation Trust Board.
 - 13.2. You acknowledge the need to hold and retain Foundation Trust information (in whatever format you may receive it) under appropriately secure conditions.
 - 13.3. You hereby waive all rights arising by virtue of Chapter IV of Part I of the Copyright Designs and Patents Act 1988 in respect of all copyright works created by you in the course of performing your duties hereunder.
 - 13.4. For the avoidance of doubt, nothing in this agreement restricts or otherwise affects your ability to make a protected disclosure under the Public Interest Disclosure Act 1998 and your attention is drawn to the Foundation Trust's whistleblowing policy which is available from the Company Secretary.
14. **Public speaking** - On matters affecting the work of the Foundation Trust, the Chair should not normally make political speeches or engage in other political activities. In cases of doubt, the guidance of the Company Secretary or Director of Communications should be sought.
15. **Induction** - After the commencement of your appointment, the Trust will ensure you receive a formal and tailored induction.
16. **Independent Legal Advice**- In some circumstances you may consider that you need professional advice in the furtherance of your role and it may be appropriate for you to seek advice from independent advisors. The Company Secretary will provide information

on instructing solicitors.

17. **Conflict of interest** – The Chair is required to comply with and adhere to the relevant provisions on conflicts of interest as set out in the Foundation Trust Constitution. The Foundation Trust Constitution requires Board Directors to declare any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors.

17.1. A family interest will include those of a Director's spouse or partner. Such interests include:

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

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

Gifts and inducements - It is an offence for you to accept any gifts or consideration as an inducement or reward for:

- doing, or refraining from doing, anything in your official capacity; or
- showing favour or disfavour to any person in your official capacity.
- You may only receive hospitality which is line with the Trust Policy and free of any impropriety.
- Any hospitality received must be declared and entered into the Hospitality Register.

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- You will at all times comply with and notify the Foundation Trust with any breaches or potential breaches of the Bribery Act 2010 as amended from time to time.
 - You are required to comply with the Foundation Trust's Declaration of Interest and Gifts and Hospitality Policy.
18. **Indemnity** – The Foundation Trust will indemnify you against personal civil liability which you may incur in whilst carrying out your Board functions, providing that at the time of incurring the liability, you were acting honestly and in good faith, and not recklessly.
- 18.1. The Foundation Trust has directors' and officers' liability insurance in place and it is intended to maintain such cover for the full term of your appointment.
19. **Disclosure and Barring Service (previously CRB)** - You agree at the request of the Foundation Trust to undergo a Disclosure and Barring Service (DBS) check, to provide any relevant information to the DBS and to submit any necessary documentation to the DBS to enable such a check to be made. This obligation extends to processing any requests for criminal record checks, enabling the DBS to decide whether it is appropriate for you to be placed on or removed from a barred list or placing you on or removing you from the DBS children's barred list and adults barred list for England, Wales and Northern Ireland.
- 19.1. You must promptly respond to any communications from the DBS and provide the Chief Executive with a copy of any correspondence of such nature as soon as it is received. The Chief Executive will deal with such matters in confidence and with a view to ascertaining whether it may indicate that you may not be a fit and proper person for your post when dealing with the DBS.
- 19.2. This process is carried out on appointment and is repeated every 3 years or when required.
- 19.3. You are required to report any police caution or conviction that may occur at any time during your appointment. The Foundation Trust reserves the right to withdraw any offer of appointment made on the basis of the outcome of a DBS check.
20. **Trust Property** – On request and in any event on termination of your office for any reason you are required to return to the Foundation Trust all Foundation Trust property which may be in your possession or under your control including but not limited to your security pass and all keys, computer hardware and software provided by the Foundation Trust and you shall not retain any copies thereof.
- 20.1. All documents, equipment, manuals, hardware and software provided to you by the Foundation Trust, and any data or documents (including copies) produced, maintained or stored on the Foundation Trust's computer systems or other electronic equipment (including mobile phones), remain the property of the Trust.

21.Data protection- By signing this document you consent to the Trust holding and processing information about you for legal, personnel, administrative and management purposes and in particular to the processing of any sensitive personal data (as defined in the Data Protection Act 1998) including, as appropriate:

- 21.1. information about your physical or mental health or condition in order to monitor sickness levels and take decisions as to your fitness to carry out your duties; or
- 21.2. information about you that may be relevant to ensuring equality of opportunity and treatment in line with the Foundation Trust’s Equality and Diversity obligations and in compliance with equalities legislation; or
- 21.3. information relating to any criminal proceedings in which you have been involved for insurance purposes and in order to comply with legal requirements and obligations to third parties; and,
- 21.4. You consent to the Trust making such information available to any of its Officers, Committees, those who have an appropriate reason to access this information including payroll administrators, regulatory authorities, potential or future employers, governmental or quasi-governmental organisations).

You will comply at all times with the Foundation Trust’s Confidentiality policy

22.Rights of third parties -The Contracts (Rights of Third Parties) Act 1999 shall not apply to this document. No person other than you and the Foundation Trust shall have any rights under this agreement and the terms of this agreement shall not be enforceable by any person other than you and the Foundation Trust.

23.Law - Your engagement with the Foundation Trust is governed by and shall be construed in accordance with the laws of England and your engagement shall be subject to the jurisdiction of the courts of England.

- 23.1. This letter constitutes the entire terms and conditions of your appointment and no waiver or modification thereof shall be valid unless in writing and signed by the parties hereto.

I agree to accept the post on the terms and conditions as set out above

.....
Signed

.....
Dated

Attachment C – Appendix 5

Great Ormond Street Hospital for Children NHS Foundation Trust

Chair Appointment Process

Indicative Milestones

Date	Activity
25/01/2017 01/02/2017	Meet with MC Nominations Committee to develop the search brief Meet with Trust Board and Members' Council to develop the search brief
26/01/2017	Begin market mapping, develop a micro-site to support the searches
02/02/2017	Advert to appear in chosen media – (Sunday Times- TBC)
TBC	Councillor interview panel member support (run by Harvey Nash)
17/03/2017	Closing date for applications
22/03/2017	Analyse applications and dispatch to the Trust
w/c 27/03/2017	Review long-list meeting with the Trust
w/c 03/04/2017	Harvey Nash assessment interviews with candidates
w/c 10/04/2017	Agree final shortlist with Trust
w/c 24/04/2017 or 01/05/2017 Or 08/05/2017	Final interviews
TBC	Members' Council Approval (subject to checks)

Attachment

Members' Council

1st February 2017

Appraisal of the Non-Executive Directors 2016

Summary & reason for item:

This purpose of this paper is to present the recommendations from the Members' Council Nominations and Remuneration Committee on the outcome of the NED appraisal process 2016

Councillor action required:

To review the results of the appraisal process for the Non-Executive Directors and accept the outcome as recommended by the Members' Council Nominations and Remuneration Committee.

Presented by: Tessa Blackstone, Chairman/ Anna Ferrant, Company Secretary

**Members' Council
1st February 2017**

Appraisal of the Non-Executive Directors 2016

1. Introduction

- 1.1.** This purpose of this paper is to present the relevant information to the Committee to enable it to fulfil its role in relation to the appraisal of the non-executive directors (NEDs).
- 1.2.** The Members' Council Nominations and Remuneration Committee met on 25th January and was presented with an overview of the appraisal process and the appraisal summaries for each Non-Executive Director.

2. NED Appraisal Process

- 2.1.1. The Chairman conducted the non-executive directors' appraisals in January 2017.
- 2.1.2. The councillors provided informal, anonymous and confidential feedback on the performance of the NEDs as follows:
- Feedback on Mary MacLeod (Deputy Chairman) was collated by the Lead Councillor and reported directly to the Chairman;
 - Feedback on the NEDs was collated by the Deputy Chairman and reported directly back to the Chairman.
- 2.1.3. The executive directors also provided informal, anonymous and confidential feedback via the Chief Executive.
- 2.1.4. All feedback was used to inform the outcome of the appraisals.
- 2.1.5. A formal 360 degree appraisal process will be designed (in collaboration with the Members' Council and new Chair) and implemented for the 2017 Chair and NED appraisal process.
- 2.1.6. At its meeting on 25th January, the committee reviewed each of the appraisal summary statements and agreed to recommend them to the Members' Council on 1st February 2017. The committee agreed that it was important for NEDs to actively engage with councillors and have visibility across the hospital. It was noted that this could be considered when reviewing the NED objectives for 2017 as part of the work of the Well Led Review Working Group on NED appraisal.
- 2.1.7. The framework and objectives agreed at the June 2016 Members' Council, against which the NEDs have been appraised, are attached at **appendix 1**. This includes information about membership of committees, NEDs' attendance during the year as well as other activities that they undertake on behalf of the Trust.

Attachment D

2.1.8. The following information is provided for each non-executive director (see appendix 2):

- a summary of work conducted during the year by each individual assessed against the NED appraisal objectives.
- a summary of the performance appraisals conducted for each NED.

ACTION REQUIRED: To review the results of the appraisal process for the Non-Executive Directors and accept the outcome as recommended by the Members' Council Nominations and Remuneration Committee.

Appraisal of the Non-Executive Directors 2016

Appraisal of the Non-Executive Directors (NEDs)

The following objectives were agreed by the Council (June 2016) for the 2016 appraisal process for the Non-Executive Directors. Each NED will be appraised against these objectives. The objectives have been mapped to the approved competencies (see below):

OBJECTIVE 1: Challenges made at Board during the past year are predominantly in relation to strategic matters and the management of corporate risks (competencies 1,2,3)

OBJECTIVE 2: Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration; and, the annual code of conduct declaration) (competencies 4,5)

OBJECTIVE 3: Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily (competency 6)

OBJECTIVE 4: Undertakes all relevant statutory and mandatory training in accordance with relevant timescales (competency 6)

OBJECTIVE 5: Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year. (competency 7)

OBJECTIVE 6: Attends external events and/or hospital visits and /or meetings with executives and Members' Council meetings during the year to gather information and inform viewpoints (competencies 8, 9)

OBJECTIVE 7: Chairs of the Board/ Board committees have reviewed the effectiveness of their Board/committees (on an annual basis) and the Chair has received reasonable feedback (competency 10)

OBJECTIVE 8: Are courteous to and supportive of other Board members (competency 11).

Chairman and Non-Executive Directors personal style/leadership competencies

1. Strategic direction (Contributes creatively and realistically to planning; can balance needs and constraints; debates cogently)
2. Intellectual flexibility (Can digest and analyse information; willing to modify own thinking; thinks creatively and constructively; sees the detail as well as the big picture)
3. Influencing and communication (Persuades with well-chosen arguments; uses facts and figures to support argument)
4. Independence and objectivity (Not influenced by personal feelings; opinions or involvement in other activities in considering and representing facts)
5. Openness and transparency (honest, open and truthful in all dealings with patients, the public, staff and stakeholders)
6. Holding to account (Accepts personal accountability; challenges constructively and effectively; contributes to effective governance)
7. Commitment (attends relevant meetings; demonstrates has read documents)
8. Patient and Stakeholder Focus (Understands local health issues; understands diversity of the patient and carer community and its differing viewpoints; engages with the Members' Council and other stakeholders)
9. Team working (Involves others in decision-making process; respects other team members; understands the Non-Executive and Members' Council role; shares expertise and knowledge freely)

Attachment D - Appendix 1

10. Leadership style for chairing the Board of Directors and Members' Council (Chairman) or chairing Board committees, seeking assurance on behalf of the Board and escalating matters of significance to the Board (for the Audit Committee, Clinical Governance Committee and Finance and Investment Committee)(Non-executive directors)
11. Demonstrates a commitment to NHS/Trust values; promotes these values and acts in a way which is consistent with these values.

Members' Council

1st February 2017

Well Led Governance Review Action Plan Update

Summary & reason for item: To provide the Members' Council with a regular update on progress with implementation of the Well Led Governance Review recommendations.

Councillor action required: To note the update including progress with recommendations relevant to the role and responsibilities of the Members' Council.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Tessa Blackstone, Chairman/ Anna Ferrant, Company Secretary

Attachment E

Following the independent Well Led Governance Review at GOSH, an action plan to deliver the recommendations has been developed and was reviewed by the Trust Board in December 2016. The actions have been assigned to the relevant assurance committees or Trust Board for monitoring progress. The Trust Board will retain overall responsibility for ensuring that the recommendations are acted upon in a timely manner and agree any required changes to stated actions or timescales, where appropriately evidenced.

Nine of the 36 recommendations have been completed. The rest of the recommendations are either in progress or work is due to start.

A summary of progress with the recommendation is detailed below. Many of the recommendations are linked or co-dependent. A copy of the action plan is available on request. External assurance of progress with the implementation of the recommendations will be provided in summer 2017 (see recommendations 11 and 31).

Recommendations and action progress update

Recommendations	Actions and progress update
<p>1 (Update the strategy); 2 (align KPI reporting to the Board to the strategy); 3 (prioritise and refresh the key enabling strategies); 4 (improve communication on the strategy); 5 (align the divisional KPIs to the strategy); Monitor each service against key performance; 34 (ensure that each service at the Trust is monitored and managed against key performance indicators)</p>	<p>In October 2016 the Board reviewed progress with the strategic plan. Work is underway to refresh the strategy and realign the supporting plans over the next few months for reporting to the Board in March 2017. (In progress)</p> <p>Once the strategy has been refreshed, create communication and engagement plan. To include hard copy summary and digital copy as well as senior management presentation. (In progress)</p> <p>The new performance dashboard was introduced in July 2016 and has been updated every month since. This will be subject to on-going development and review and includes alignment with the current strategic plan and regulatory frameworks. COMPLETED</p> <p>For 2016/17 divisional objectives have been aligned with the current annual plan. For 2017/18, divisional operational plans and objectives will be linked to the refreshed strategy. (In progress)</p> <p>Divisional Boards review service level and divisional level performance indicators. Executives attend divisional performance reviews and scrutinise and challenge performance and offer support where required. COMPLETED</p>
<p>6 (Strengthen the Board Assurance Framework)</p>	<p>A quality risk has been agreed and controls and assurances identified and documented. The risk was reviewed at the January QSAC meeting. COMPLETED</p> <p>The assurance committees will continue to receive an overview of all BAF risks (on the summary chart). Each committee will receive detailed information about their relevant risks at every meeting. Deep dives into the relevant risks will move from once a year to twice a year, but will be subject to flexibility on a risk</p>

Attachment E

Recommendations	Actions and progress update
	<p>based basis. COMPLETED</p> <p>The Board calendar is under review for all reporting including alignment with committee workplans and this will be included. (In progress).</p> <p>Work has already stated to reference alignment of Board and committee items to strategic risks and will continue. COMPLETED</p>
<p>7, 8 and 9 (Strengthen sign off of QIAs assurance reporting and engagement with staff to enhance P and E); 33 (enhance reporting on P&E to Board)</p>	<p>A formal sign off process is being implemented. The QIA process is based upon best practice and learning from other organisations and aims to strike a balance between minimising bureaucracy and providing the required level of assurance to enable schemes to proceed with confidence. All schemes that involve a change to skill mix and/or headcount; service redesign; and/or change to a business process or service delivery are required to complete a QIA. The sign-off process depends on whether the scheme has a quality impact on other Divisions or parts of the hospital; poses any Trust-wide quality risks; contains an individual quality risk with a net 5x5 score of 12 or above or, for schemes from corporate areas, has potential clinical quality or patient safety impacts.</p> <p>In order to support continuous learning, the central QIA Panels meet bi-monthly and audits selected QIAs reviewed at Divisional level. The QIA Panel also agrees a programme and appropriate dates for post implementation reviews of schemes, depending upon potential impacts identified through the QIA process. This programme will include schemes approved by the Panel and also some approved within Divisions, with the aim of encouraging a virtuous cycle of feedback, informing the future QIA approval process.</p> <p>The work of QIA panels and specific quality impact analysis on two schemes a quarter are reported to QSAC and from there to Board. COMPLETED</p>
<p>10 (Commission an on-going Board development programme); 14 (formal succession planning for the Board); 15 (assessment of successes and risks for GOSH)</p>	<p>A Board Development Programme Output specification is in development. This will cover succession planning and assessment of success and risk at GOSH. (In progress)</p>
<p>12 (Use of headhunters for NED positions); 13 (360 appraisal process); 29 (commission an independent facilitated programme of development between the Board and Council); 30 (engage with other FTs that have good levels of</p>	<p>The Well Led Review Working Group met for the first time on 18 January. It agreed to inform the Board and Council of the following:</p> <ul style="list-style-type: none"> • To recommend that headhunters will be used for all NED appointments (Headhunters are currently being used for the Chair appointment). Approval of the use of headhunters will be subject to approval of cost (by the Board, using companies on the appropriate framework (and subject to procurement

Attachment E

Recommendations	Actions and progress update
engagement between councillors and Board)	<p>rules)) and assessment of quality of the recruitment process proposed (as assessed against the Monitor guidance). Both the Board and Council will sign off the use of headhunters for each NED appointment. For final approval at 1 February Members' Council meeting.</p> <ul style="list-style-type: none"> • The HR and OD Director will oversee the development and implementation of a 360 degree appraisal process for NEDs. This will be aligned with best practice, the GOSH staff 360 degree appraisal process and developed in collaboration with councillors and the new Chair of the Trust. (In progress) • Committee members have been allocated with responsibilities to collate feedback from committee members on the framework for the facilitation programme (covering roles and responsibilities and behaviours) and names of possible independent facilitators. Looking at a programme that feeds in to induction for councillors and NEDs. Agreed that the programme should be underway within the next 3 months. (In progress) • Committee members have been allocated with responsibilities to collate feedback from committee members on names of Trusts that have evidence of good levels of engagement between the Board and the Council. To consider the issues to be researched with these organisations including the support provided to councillors, roles and responsibilities, engagement between NEDs and councillors, deputy lead councillor position etc. (In progress)
16 (Align the code of conduct)	For delivery at the February Board and April Council. (In progress)
17 (Implement a formal programme of NED/ Board walkrounds); 23 (formal NED committee chair meetings)	<p>A schedule of formal NED/ Board walkrounds is being drawn up (In progress).</p> <p>The first formal NED committee chair meeting took place in January and will be held again later in the year to share information, leaning and ensure effectiveness between committees. COMPLETED</p>
18 (introduce regular patient stories and Board and QSAC); 19 (introduce a rolling programme of divisional team presentations to QSAC); 24 (introduce assurance based reporting cards from committees to Board); 25 (update committee ToR); 26 (introduce improvements to Board/ committee administration); 27 (clarify the committee responsible for performance); 32 (deliver a fully integrated Board performance report)	<p>The QSAC will continue to receive patient stories at every meeting (subject to availability of the individual patient) and the Board will also receive 3-4 stories a year (in progress of being timetabled). Different formats are being tested including videoed patient stories. (In progress).</p> <p>Reporting to and from the assurance committees is under review including report cards, minutes of meetings and divisional team presentations (In progress).</p> <p>The executive office will review the how administration for Board and committees is resourced (In progress).</p> <p>The Finance and Investment Committee is responsible for performance and the workplan now reflects this COMPLETED</p>

Attachment E

Recommendations	Actions and progress update
	Meetings have been held to discuss and progress integration of the performance report to Board (In progress).
20 (Explore the culture of GOSH); 21 (introduce a culture barometer)	Work to construct an appropriate framework for cultural analysis in the context of organisational governance will start in the next month (In progress).
22 (feedback on learning from patient/staff feedback)	Friends and Family Test posters provided to all ward areas and the Trust Listening Event held in November 2016. (In progress).
28 (improve internal staff communication);	Resourcing of internal communications is underway, leading to a refreshed programme of work to enhance internal communications (In progress).
35 (update the data quality strategy o clearly define the Executive post holder responsible for data quality and the Board Committee accountable for receiving assurance reporting in this area.); 36 (Re-visit the action plan produced in response to the external data quality review)	<p>The accountable executive is the DCEO. The Audit Committee receives assurance on data quality and this is reflected in the AC Terms of Reference. Following a restructure, there is now a new post of Director of Planning and Information and also a Chief Information Officer appointed. A data quality dashboard is being procured to enhance reporting to the Data Quality Committee and AC. COMPLETED</p> <p>The action plan has been updated and reviewed at the January Audit Committee COMPLETED</p>

ATTACHMENT F to follow

Members' Council

Wednesday 1st February 2017

Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 16/17

Summary & reason for item:

To select a local Quality Indicator for Deloitte to undertake a review as part of the Quality Accounts review.

Councillor action required:

Each councillor to select a first preference and second preference from the list above. Please email your clearly stated first preference and second preference to Alissa.Angelova@gosh.nhs.uk by **12pm Tuesday 14th February 2017**.

Report prepared by: Peter Hyland, Director of Operational Performance and Information

Item presented by: Nicola Grinstead, Deputy Chief Executive

Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 16/17

Introduction

As part of the annual preparation for the Quality Report, Deloitte will test the accuracy of data for three indicators as set by NHS Improvement. One of the indicators is to be determined locally, and this is an opportunity to select based on relevance to each Trust.

GOSH asks its Foundation Trust councillors to select a local indicator from a shortlist felt to be of most relevance to our organisation and its members. The selection is conducted by email to enable every councillor to participate. The indicator with the most selections will be tested. The second preference option is used in the event of a tie of first preferences. Deloitte's findings from the data testing will be published in the Quality Report.

Last year, councillors selected discharge summary completion times for data testing.

List of local indicators to select from for 16/17:

Domain	Indicator	Description
Safety	CV Line related blood-stream infections (per 1000 line days)	A central venous line (CVL) is an indwelling tube with its tip lying in the central veins. Infections are significant because they harm the patient, disrupt treatment provided through the CVL, and cost money to treat. A large percentage of children at GOSH require CVLs and while the rate of infection is not high, the absolute number is significant. Surveillance of infections is used to drive the preventative intervention programme.
Responsiveness	Last Minute Non-Clinical Hospital Cancelled Operations	Last Minute Non-Clinical Hospital Cancelled Operations is a nationally reported standard on a quarterly standard with a tolerance of less than 0.8% of elective admissions. This indicator is directly related to the experience of the patient as cancellation of the patient on the day of surgery is not acceptable. This has been an area of delivery the Trust has struggled to achieve recently, although there is focused work being completed to reduce the volume.

Experience	Discharge summary completion time	Timely and informative discharge summaries are an essential element of safe ongoing care, providing the link between hospital and local healthcare professionals. Our referrers rely on the information provided in discharge summaries to manage patients safely and effectively, ensuring that post-hospital care is well co-ordinated and without delay.
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What is required from councillors?

Each councillor is asked to select a first preference and second preference from the list above. Please clearly state your first preference and second preference and send it in an email to Alissa.Angelova@gosh.nhs.uk by **12pm on Tuesday 14th February 2017**.

Councillors will be informed of the result by email on **Friday 17th February**. The tested indicator will also be noted in the minutes at the Members' Council meeting in April 2017.

Many thanks for your engagement in this process. I look forward to receiving your selections.

Peter Hyland
 Director of Operational Performance and Information
 23rd January 2017

Members' Council

1st February 2017

Updates from the Membership Engagement Recruitment and Representation Committee held on 12 January 2017 including Membership Strategy update as at 1 January 2017

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

1. Membership Engagement Recruitment and Representation Committee held on 12 January 2017
2. Membership Strategy update including statistics as at 1 January 2017 – (on power point presentation format)

Report prepared by: Deirdre Leyden, Membership and Governance Manager

Item presented by: Carley Bowman, Chair of the Membership Engagement Recruitment and Representation 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 12 January 2017

1.1 2017 AGM – planning

The committee discussed the content and engagement with the wider membership. This includes making this year's AGM more accessible. The following was discussed in more detail: options of live streaming and/or videoing of the event with sound bites as well as engaging with the young people's forum who may want to get involved in this. Updates in IT were planned across the Trust and the committee asked to be updated on progress in this area where it impacted on the AGM.

The committee also discussed using the AGM as a platform to engage with membership for the 2017/18 Members' Council elections.

1.2 Membership constituencies and governance

Discussion took place about the age for joining the Trust and membership constituencies in terms of how the six year rule operates for the Patient and carer constituency.

The committee will be provided with a Risk Benefit Analysis for discussion at the April meeting on the impact of:

- The 6 year rule for membership and Members' Council elections
- Age of membership for members

The committee's views will feed into the Constitution Working Group and align with the Members' Council election timetable. All committee members agreed that the Trust should retain the Patient and Carer constituency.

1.3 Members' Council elections 2017/18

The committee discussed communications with and recruitment and engagement of members for the purposes of the Council elections at the end of 2017. It was felt important that distinctions were made between youth and adult communications and that potential nominees are aware of the time commitment involved in the role of a Councillor.

1.4 Membership Statistics and report as at 1 January 2017

Total Membership stands at 9,442. A full breakdown of statistics and an update on the Membership Strategy is attached. Councillors were encouraged to support recruitment of new members to help us reach our yearly target.

1.5 Guide for gathering feedback for Case studies

A guide to gathering feedback drafted was presented at the meeting. It was agreed that this guide would support councillors when they meet with members of the public and members. The guide will be circulated with agreed changes to the Members' Council.

Membership Strategy Update

Recruit

Communicate

Engage

1 January 2017

Objectives

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



**Total membership comparison figures
(1 April 2016 - 1 January 2017)**

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



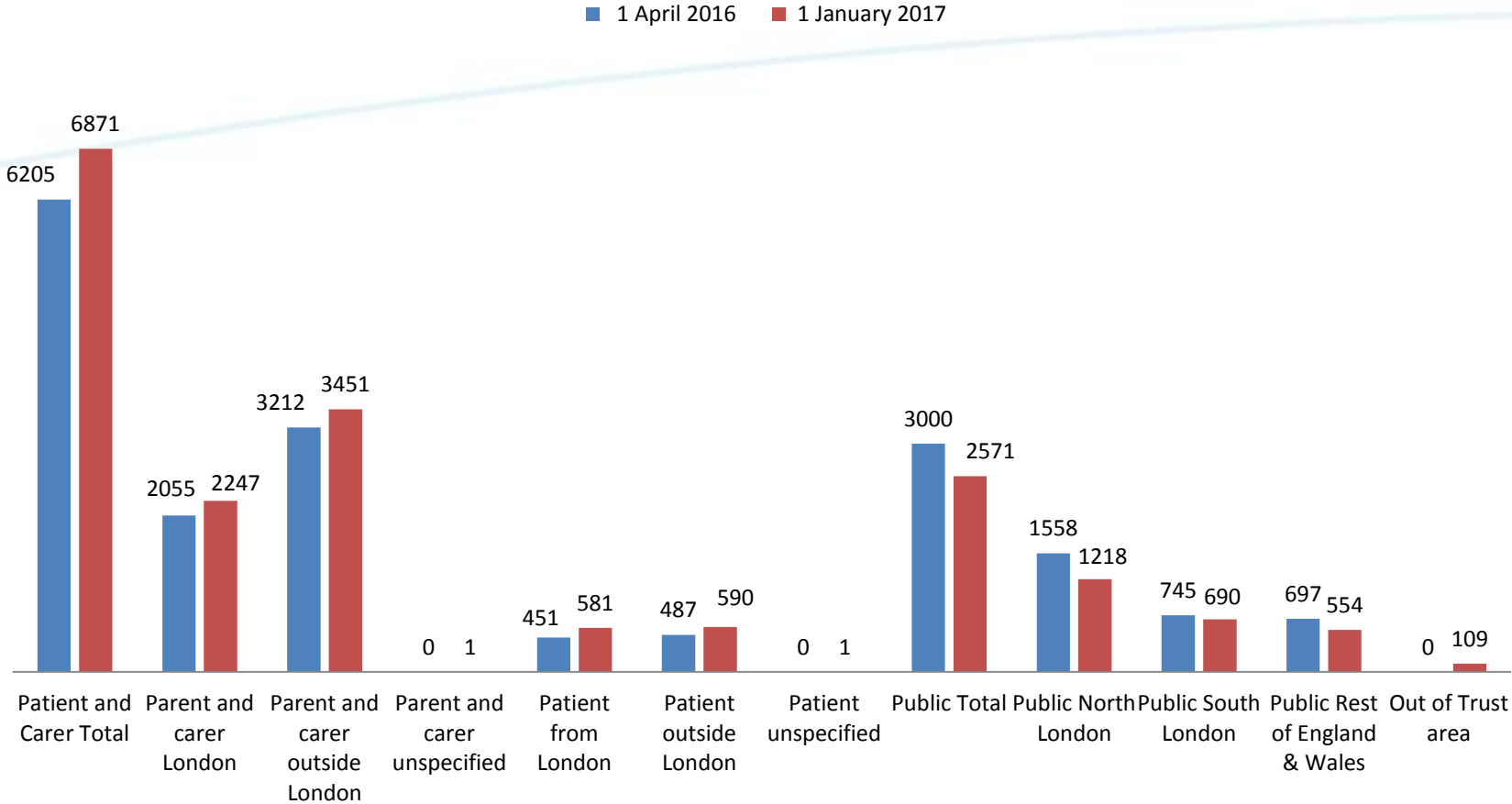
Projected membership targets 2016/17

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 January 2017

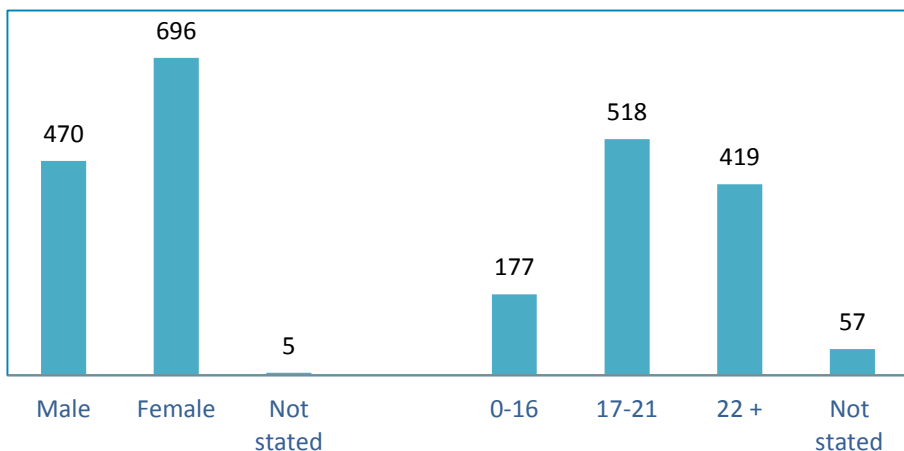
Total membership figures comparison



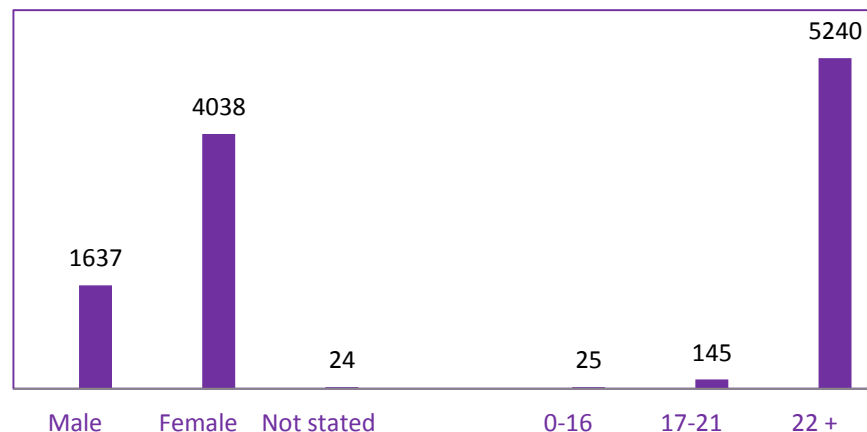
* Out of Trust area: Our membership database is populated by Royal Mail's Postcode Address Files (PAF). New addresses can take a period of time to get updated by Royal Mail, thus defaulting these addresses to Out of Trust area. This figure could also include people who live outside of our constituencies.

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 January 2017	Performance against yearly projected targets	Note	Forward plan															
Total membership	Total membership stands at 9,442 . We have increased our membership by 79 since December 2016 .	We are below the yearly projected target of 9,481 by 39.	To meet our total projected membership target by 31 st March 2017.															
Patient and Carer membership	<p>Total Patient membership is 1,171 exceeding yearly projected target of 966 by 214 with an increase of 31 since November 2016 reporting.</p> <p>Total Parent carer membership is 5,699, exceeding yearly projected target of 5,425 by 274 with an increase of 13 since November 2016 reporting.</p>	<ul style="list-style-type: none"> Increase of 8 members in 10-16 patients since November reporting and an increase of 27 in this segment since September due to targeted recruitment in this segment. Overall increase in Parent carer membership due to movement from Public to Parent carer. Snapshot face-to-face recruitment and Members' Council involvement. <table border="1"> <thead> <tr> <th>Date</th> <th>Activity</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>02/11/16</td> <td>School visit</td> <td>23</td> </tr> <tr> <td>19/11/16</td> <td>Listening event</td> <td>21</td> </tr> <tr> <td>November 2016</td> <td>Takeover week</td> <td>19</td> </tr> <tr> <td>December 2016</td> <td>Hospital</td> <td>14</td> </tr> </tbody> </table>	Date	Activity	Number	02/11/16	School visit	23	19/11/16	Listening event	21	November 2016	Takeover week	19	December 2016	Hospital	14	<p>Report quarterly *PIMS check outcome at April 2017 Members' Council meeting.</p> <p>Continue to concentrate recruitment efforts in under-represented segments (10-16 patient)</p> <ul style="list-style-type: none"> Hospital and Outpatients for next quarter Saturday recruitment session March18
Date	Activity	Number																
02/11/16	School visit	23																
19/11/16	Listening event	21																
November 2016	Takeover week	19																
December 2016	Hospital	14																

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

Projected membership targets 2016/17

Current position as at 1 January 2017	Performance against yearly projected targets	Note	Forward plan
Public membership	Total Public membership is 2,571 Numbers are below the yearly projected target of 3,090 by 529	<ul style="list-style-type: none"> • Decrease in Public constituencies due to quarterly *PIMS matching and movement to Patient/ Carer constituencies. This will affect our yearly projected target outcome. • Under representation in 10-16 year age bracket. • Some Out of Trust members may move over into these constituencies in time. 	<ul style="list-style-type: none"> • Consider stepping up recruitment efforts in local community and schools to facilitate recruitment of new members. • Promoting membership via FT Get Involved email - member to recruit member. • Replenish leaflets in local organisations and community groups.

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

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

	Total	*% of membership	% of area	Index
Gender				
Male	334	27.42	49.69	55
Female	879	72.17	50.31	143
Not stated	5	0.41	0.00	0
Age				
0-16	56	4.60	21.47	21
17-21	138	11.33	5.76	197
22 +	959	78.74	72.76	108
Not stated	65	5.34	0.00	0
Ethnicity				
Asian	193	15.85	15.64	101
Black	142	11.66	8.07	145
Mixed	60	4.93	3.66	135
White	689	56.57	70.01	81
Other	134	11.00	2.62	420
ONS				
AB	353	28.98	27.27	106
C1	364	29.89	32.53	92
C2	196	16.09	17.55	92
DE	290	23.81	22.65	105

% 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: 1,218
Decrease of 340 since 1 April 2016
Increase of 26 since 1 November 2016

Age Profile:

- Under represented in 10-16 age bracket, (increase of 9 since November reporting)
- 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

* Due to movement from public to patient carer constituency with last PIMS matching exercise.

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	26.67	49.02	54
Female	502	72.75	50.98	143
Not stated	4	0.58	0.00	0
Age				
0-16	9	1.30	20.39	6
17-21	32	4.64	5.65	82
22+	589	85.36	73.96	115
Not stated	60	8.70	0.00	0
Ethnicity				
Asian	55	7.97	6.62	120
Black	56	8.12	6.77	120
Mixed	32	4.64	3.18	146
White	467	67.68	82.28	82
Other	80	11.59	1.14	1,013
ONS				
AB	220	31.88	28.30	113
C1	211	30.58	33.48	91
C2	114	16.52	18.34	90
DE	139	20.14	19.88	101

% 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: 690

Decrease of 55 since 1 April 2016

Increase of 5 since 1 November 2016

Age Profile :

- Under represented in 10-16 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

*Due to movement from public to patient carer constituency with last PIMS matching exercise.

	Total	*% of membership
	554	
Gender		
Male	186	33.6
Female	354	63.9
Not stated	14	2.5
Age		
0-16	8	1.45
17-21	26	4.7
22 +	444	80.14
Not stated	76	13.71
Ethnicity		
Asian	28	5.05
Black	21	3.79
Mixed	5	0.9
White	407	73.46
Other	93	16.8
ONS	550	
AB	153	27.82
C1	159	28.91
C2	114	20.72
DE	124	27.55

Overview

Total: 554

Decrease of 143 since 1 April 2016

Increase of 3 since 1 November 2016

Age Profile :

- Under represented in 10-16 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>  <p>Get Involved December 2016</p> 	<ul style="list-style-type: none"> Autumn <i>Member Matters</i> -issued in September 2016 and uploaded to Trust website. December 2016 and January 2017 <i>FT Get Involved</i> email to membership reached 6,815 members. Website updated with photos and statements for new Appointed councillor and Parent and carer councillor. <p><u>Members' Council</u></p> <ul style="list-style-type: none"> Councillors to receive January Members' Council ebulletin and all relevant papers and meeting dates. One councillor attended Governor Development Workshop hosted by NHS Providers. Delivery of online GOLD training modules. 	<ul style="list-style-type: none"> Spring <i>Member Matters</i> editorial meeting planned for 19 January 2017. Preparation for February 2017 <i>FT Get Involved</i> email to membership. Updated <i>Welcome Pack</i> for new members will be issued in January 2017. Update website with statement and photo of newly elected Public councillor in North London and surrounding areas . Develop an election communications planner to prepare our membership communities for the 2017/18 Members' Council elections . January e bulletin to councillors will contain relevant information to support them in their role. Councillors to attend Phase 4 Redevelopment sessions in February 2017 and March 2017. Councillors training to be streamlined with GOSH volunteer and NED training . Councillors will receive a breakdown of training modules and log in instructions via email.

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>	<ul style="list-style-type: none"> January <i>FT Get Involved</i> email has advertised 4 involvement opportunities. Feedback from Patient Experience Team indicates that bespoke email to members to advertise Trust Listening event resulted in increased attendance by GOSH members. 	<ul style="list-style-type: none"> Continue to request more opportunities for members through GOSH staff newsletter and by engaging with new teams across the Trust. Plan for more bespoke emails to members for key Trust events. Meeting with YPAG coordinator and Transition manager.
<p>Build more awareness, communication, and interaction between councillors and their constituents</p>  <p><i>Councillor at Listening Event workshop</i></p>	<ul style="list-style-type: none"> 3 GOSH members attended the December 2016 Members' Council meeting as observers and met their representatives on the Members' Council post meeting. Councillors attended the Trust Listening Event on 19 November and met their constituents. Two councillors attended GOSH School in December to meet and engage with pupils and facilitate an exercise on the Trust's Our Always Values 	<ul style="list-style-type: none"> Continue to advertise Members' Council meetings in FT Get Involved email. Organise more planned visits to GOSH School and Activity Centre Two councillors will write personalised letters to constituents for spring edition of <i>Member Matters</i> Newsletter



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><i>Members attend Listening Event</i></p>	<ul style="list-style-type: none"> • Good attendance from our membership community at the Trust’s Listening Event on 19 November 2016 and engaging in workshops and discussions on Trust services and young members at Children’s Commissioner’s Takeover Challenge week in November 2016. • Members’ Council continue to engage with members pre Members’ Council meetings and at Trust events 	<ul style="list-style-type: none"> • To work in collaboration with the Patient Experience team to engage with our members at similar events in the future. • To continue to engage with young members who may wish to stand for election in 2017 Members’ Council election. • To attend Phase 4 Redevelopment event on March 18 and 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"> - Parent Speaker at a National Conference - Young Person’s Advisory Group - Young People’s Forum - Patient Led Assessments of the Care Environment (PLACE) - GOSHCC events and campaigns 	<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 Trust Listening event and hosted an information stall</p>	<p>Continue to look for opportunities to engage in partnership work.</p>

Members' Council
Wednesday 1st February 2017

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 in December 2016.

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

Report prepared by: Fiona Jones, Children and Young People's Participation Officer and Faiza Yasin, Chair of the YPF.

Item presented by: George Howell, Members' Councillor.

TAKEOVER CHALLENGE REPORT 2016

1. Introduction

What is Takeover challenge?

The Children's Commissioners Takeover Challenge is a national event coordinated by the office of the Children's Commissioner for England. The Children's Commissioner is responsible for protecting children's rights; the original Takeover Day was started in 2006 by Paediatrician and first children's commissioner, Sir Al Aynsley-Green, to promote children's rights. In particular Article 12 of the [United Nations Convention on the Rights of the Child](#) (UNCRC) – Respect for the views of the child; *every child has the right to say what they think in all matters affecting them, and to have their views taken seriously*

The Takeover Challenge asks for services to welcome children and young people 'behind the scenes' and to allow them access to Key Decision Makers. This takes many forms, including large scale group events, individual take overs and long term projects. Examples of services that have taken part historically are the BBC, London Museums, Members of Parliament, NHS Trusts and Museums.

In 2015, 44,000 children and young people took part in the Children's Commissioner Takeover Day in over 1,200 organisations across England.

1.1 Why celebrate Takeover Challenge

Hosting a Takeover Challenge at GOSH shows the Trusts commitment to Children's Rights and the involvement and engagement of our patients as well as providing many benefits to both adults and children.

Takeover activities provide an alternative avenue for the views of our patients to be heard and an opportunity for young people to learn about the governance of the hospital and how decisions are made, showing the 'bigger picture'.

For staff being 'taken over' they have chance to view their work from an alternative perspective and to be reminded of the impact of their decisions, particularly for those teams and areas where staff do not have regular patient contact.

This engagement relates to all three of GOSH's priorities as the young people may help to improve the safety, effectiveness and patient experience of our patients.

2. Events

Takeover Activities were held over a week, starting on Monday 14 and finishing on the official national Takeover Day, Friday 18 November 2016.

The decision was made to spread activity over the week to allow for flexibility for teams to host on days where activity could be most interesting and engaging for the young people. Most Takeover Days were scheduled to run from 10am til 3pm, this would allow travel time for young people travelling from outside of London, and ensure that the teams had chance to set up and debrief their teams.

Prior to Takeover, teams were asked to submit proposals for their Takeover Activities and profiles of their Takeover leader. These were created into 'adverts' and sent to young people for their information.

The young people created similar profiles which were given to Takeover leaders, along with information about support requirements, allergies and emergency contact numbers

Monday

Development and Property Services

This was the first of three Takeovers hosted by the Development and Property Services (DPS)

Three young people were welcomed by Deputy Director of DPS, Stephanie Williamson and introduced to different members of the team, taking in a tour and learning about the Plant Rooms and Kitchen, before receiving a photography lesson from the GOSH Arts Team. The young people then used their new found photography skills on a tour of the new Premier Inn Clinical Building.



Tuesday:

Electronic Patient Records Team

Unfortunately the young people due to Take over the EPR team were taken ill before the day and were unable to attend. We hope to rearrange the opportunity in the future.

Pharmacy

Three young people took over the Pharmacy team and were hosted by Chief Pharmacist, Judith Cope.

The young people worked with the Dispensary Team experiencing some of the challenges in checking and dispensing prescriptions for inpatients and outpatients.

All three young people had had recent personal experiences of prescriptions from the GOSH pharmacy and were able to share these with the team as they worked.

The young people highlighted that they enjoyed seeing behind the scenes of Pharmacy and where their medicine comes from, they also appreciated seeing the process of prescribing and where any delays can occur.



'The Pharmacy team itself is not always responsible for long delay. It was normally the doctor making a mistake. It also takes as long as it does because the pharmacists triple check every prescription. I think people should know this so they don't get annoyed at the pharmacists themselves if it takes a while.' – Young Person

QI Team

Three young people took over the Quality Improvement Team, led by Quality Improvement manager, Katy Cook.

The young people took part in a whole team meeting, learning about the role of the team and many of the different Quality Improvement Projects running at GOSH.

The young people learnt how QI projects can be created in response to an incident; they explored this through a scenario of a cancelled operation due to a patient being given food despite being Nil by Mouth. The young people plotted through all aspects of the Quality Improvement Project including giving ideas of how technology could be used to the track the Nil by Mouth status of patients.

Chief Nurse

YPF Member Beth Keyzer took over the role of Chief Nurse, Juliette Greenwood and spent the day shadowing and co-chairing meetings including the Patient Family Engagement and Experience Committee.

It was interesting seeing what the Chief Nurse does and all the people she meets in one day! I enjoyed the challenge of chairing a meeting and it was fab to see staff from different departments and what projects they are up to. I was able to give ideas that they hadn't thought of before and give a younger perspective. – young person



Wednesday

Development and Property Services

Two young people took part in the second Takeover Challenge hosted by the DPS Team, including the youngest participant, aged 10. Both young people had a particular interest and personal experience of dietary restrictions, and were particularly interested in seeing how this is managed within the kitchens.



The young people separately took over the roles of Director and Deputy Director of DPs, learning about a variety of aspects of the departments work including Health Care Planning, helping to design a new therapy space, Catering and special diets, Computer Aided Design and Architecture. The young people also chaired a meeting with representatives of Coram Fields to agree the design of Hoardings.

The DPS identified that the staff benefitted from interacting with patients and they planned to feedback learning from Takeover day to the wider team in particularly staff who do not regularly have contact with patients and families.

Floor manager

Floor Manager Michael Glynn hosted one young person to find out more about his varied role.

The day involved learning about the importance of and how to organise appropriate levels of cleaning, the practicalities of ward food service, auditing equipment, organising supplies and liaising with all levels of staff, patients and families.

The young person enjoyed the experiences of understanding the different components required to ensure the hospital is running safely and smoothly for patients and told us that;

'When you are a patient, you don't get to see behind the scenes, it was really exciting to see all that happens and all the people involved' – Young Person

Radio Lollipop

Two inpatients were recruited for the opportunity to become Radio Lollipop DJs for the evening.

The two young people were from different wards in the hospital and appreciated the chance to take part in evening



activity. The Radio Lollipop team welcomed them into their briefing, explaining how shows are planned around a theme which spans across the radio show and the activities taken to the wards by Radio Lollipop Volunteers. The young people were able to choose facts, jokes, songs and a competition question in preparation for the show and took over the studio, picking the playlist, performing 'links' between songs and answering phone calls from listeners.

The patients benefitted greatly, overcoming shyness and nerves to take part and having a space for the patients and parents.

'It was fun, I learnt to use the desk, and pick songs. I have listened to Radio Lollipop while I was on the ward before, and it was really good to meet another patient of my age. I don't think I would have had this chance otherwise' – Patient

'It's been really good, the girls have really enjoyed themselves and it's made their day. I can't believe she managed to use the phone, she doesn't at home' - Parent

Thursday,

Divisional Review Meetings

Four young people were recruited to take over the role of Deputy Chief Executive Officer, Nicola Grinstead and Medical Director Vinod Diwakar, in chairing the monthly Divisional review meetings for J.M Barrie, Charles West and International and Private Patient Divisions.

The young people were given examples of the reporting template for the divisions prior to the day and asked to note questions to ask during the meetings and each meeting held a focus on the involvement of patients as well as reporting the usual Quality and Safety measures.

The comments and feedback from the young people were noted during the meeting, their feedback included;

'Make outpatients feel as important as inpatients

'For reception staff in areas of the hospital to make patients feel more welcome'

'For letters to be on time, use less hospital jargon and to address the patient not their parents'

Communications

One young person took over the communications team for the day, the young person was able to create and post content on the GOSH Social Media Channels, gave feedback on the Trust and Charity Website and interviewed and photographed young people on their Takeover activities.

'It was great that I was able to take over a department that I was eager to work with'. – Young person

Friday

Development and Property Services – GOSH Arts

Five young people were recruited to work with GOSH Arts Team and took over the role of art directors for the day.

The young people learnt about the Arts programme within the hospital and the benefits of Arts in healthcare while curating an exhibition of work.





The exhibition was created using the photos taken by young people who were part of the Monday Takeover of Development and Property Services and displayed in the main entrance of the hospital.

'I really enjoyed my day and everyone we met was very welcoming. It was also interesting to find out how exhibitions are curated.' – Young Person

Chaplaincy

One YPF member requested to spend their Takeover Day with the Chaplaincy Team and was hosted by Head Chaplain, Jim Linthicum. They explored the different ways that the team support patients, parents and staff and thought about ways to make the team more accessible to young people who do not follow a particular faith.

'The Chaplaincy Team surprisingly does not just work on a religious level but also on a personal level. From what I learned when I was there the chaplaincy isn't just for religion but also working with patients and parents on a personal helpful level to counsel, support and help with grief, suffering and general life.' – Young Person

3. Results and feedback

5 teams completed evaluations of their Takeover Activities Via Survey Monkey. Verbal feedback after the event was positive from Young People, Parents and Teams.

4 of 5 respondents gave a positive response to the question 'how likely would you be to host a Takeover in future?'

The same amount of respondents felt that the young people they hosted were 'very engaged' in Takeover and 'very well matched' the fifth stated that the young people were 'Quite engaged' and 'Quite well matched'

Both young people and teams stated that creating schedules for the Takeover Days would have been useful, including guidance for teams on timelines and schedules for the day. The teams requested more face to face interaction with the Children and Young People's Participation Officer during the planning stages.

Comments from teams

'Young people are GREAT and we should work with YPF more often'

'We have staff that come to work every day and don't see or meet a patient. Must be very hard to remain connected to the patient and family and maybe we should find a way of giving them the opportunity to meet their clients?'

'This was a great experience and rewarding to be involved in'

'Everyone appreciated having young people around with such a refreshing and different perspective - great to know the future is in good hands!'

4. Summary and Conclusion

The Children and Young People's Participation Officer would like to expand opportunities and engage with more teams across the trust to do this for the Takeover Challenge in 2017.

MERRY CHRISTMAS FROM THE YPF



YPF DECEMBER 2016

The December meeting was the first meeting chaired by Elf Fizzle Pops (Faiza).

23 people attended the meeting, and many were dressed to impress in their onesies, Christmas jumpers and lots of Christmas accessories!

Faiza opened the meeting by reminding the group about the YPF pledge, then there was the Elf and Safety Briefing(!). Everyone then introduced themselves by telling each other what their name would be, if they were an Elf.



TWO TRUTHS AND A LIE

As part of the welcome to the meeting, Faiza, YPF Chair, and Deputy Chief Executive Officer, Nicola Grinstead and YPF favourite, Nigel Mills, now the GOSH Transition Improvement Manager, all shared two truths and a lie each. The group had to guess which of the three statements was a lie...



Nicola gave three examples of jobs that she did as a student; working in a toilet roll factory, waxing floors in a shopping centre and waiting tables at a restaurant. The lie was the waitressing job!

Nigel told the YPF; he used to work in a bakery and had to start work really early which meant that one time he fell asleep in his soup in a restaurant, he was thrown into the fountain at Trafalgar Square on one New Years Eve and had to walk home, which was 26 miles away, and that his name is not really Nigel. The lie was his name not being Nigel!

It was Faiza's turn next, she told the group; that in her charity races she has run the equivalent of a marathon, she has taken part in the Three Peak Challenge and that she can do a yoga pose like a handstand. The lie was the three peak challenge, which she hasn't done yet!



REDEVELOPMENT UPDATE

Stephanie Williamson, Deputy Director of Redevelopment, visited the YPF to give an update on how the forum are helping to re-design the current Frontage building, pictured bottom left.

Last year, the YPF attended workshops with the Redevelopment Team to create moodboards and postcards to show what it's like being a patient at GOSH. This work has now been placed into a design brief book which is being given to architects, across the world, to inspire them to create new designs for the building!

Members received a copy of the book to keep as evidence of their work. This involvement can be used when writing CV's or going to job/university/college interviews.

The YPF were given information on what would be in the new building, such as new wards. The group were excited to hear that a separate Teenagers Centre has been featured in the plans as a space specifically for older patients.

Stephanie also informed the group that:

- Go Create, the arts team have changed their name to GOSH Arts
- New signage has been installed to help patients find the Lullaby Factory art installation in the Lagoon



RESEARCH STUDY –WHAT DECISIONS CAN YOU MAKE IN HOSPITAL?

Jessica Russell, a researcher from ORCHID (the Centre for Outcomes and Experience Research in Children’s Health, Illness and Disability) came to visit the YPF to find out what decisions or choices, children and young people feel they are able to make for themselves, when they are in hospital. These findings will help the researchers to understand how much independence patients have, or how much control a patient has, over their body, treatment, stay and anything else.

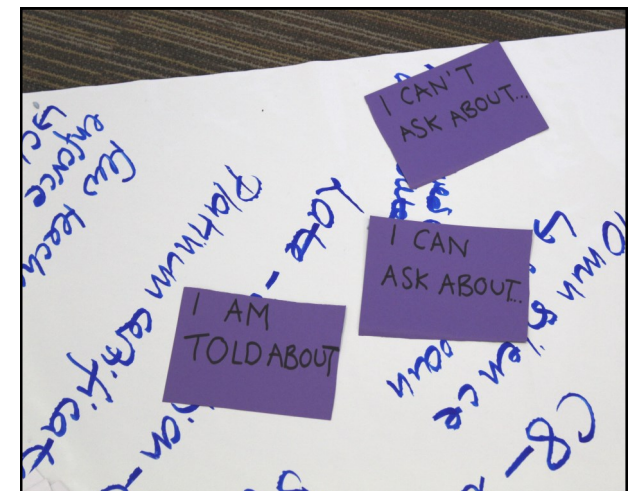
The group began by thinking about rules at school, who makes them, and what happens if you do or do not follow them.

Then the group thought of rules in hospital - for example when you have an X-ray, you have to take off all jewellery. Different categories were stuck on the wall, these were; having an operation, blood test, medicines or treatment, staying in hospital, YPF members wrote their thoughts and ideas about the rules in these areas under the headings.



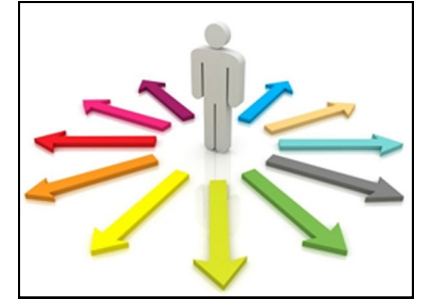
Jessica discovered that there are a lot of decisions that patients can have a choice over, but, some patient’s are not always aware of that they can have a say in these decisions. For example being able to choose which side you have a cannula, or being able to bring in an ipad in to hospital.

Jessica will use the results and ideas to improve the activity for use with other patients. The GOSH YPF team will feedback the comments to the GOSH and will let us know if there are any changes made as a result of this feedback.



TRANSITION UPDATE

YPF members were pleased to see Nigel, the Transition Improvement Manager, as he was such a key member of staff who helped to set up the YPF. Nigel told the group about the work he has been doing to improve the transition of young people to adult services; below is an overview of the challenges ahead:



- **Finding out how many patients have a transition plan in place by the time they are 14**

Alice was assigned the role of Data Manager for the Trust and had to help Nigel decide whether a selection of case studies needed transition plans. The case studies were:

- Patient one: had only attended the hospital for a second opinion and was cared for at another hospital
- Patient two: was emigrating to another country
- Patient three: was seen by four different teams.

The challenge was trying to decide if ALL of the young people needed a transition plan.



- **Measuring if transition plans are working**

Nigel wanted to know how GOSH could measure if transition plans are helping for young people. He told members that at the moment the Trust doesn't measure if the transition plan is right for a young people, and GOSH does not yet know how to do this. The situation is further complicated because when young people leave the care of GOSH, there isn't a chance to follow up with them. Furthermore, there is no national plan on how to measure this.

- **Sending letters to young people over the age of 16, as some are not being directly addressed to them**

Nigel has discovered that young people over 16 should legally have letters addressed directly to them and not their parents, unless they choose otherwise. The group discussed when and how young people should be told about this law.

- **Collecting transition stories**

GOSH has started asking patients to share their experiences at the hospital, in writing, by speaking to staff or making a video. These stories are presented to managers at formal meetings and actions are taken if any issues are raised. Nigel would like to collect patient stories specifically about transition. The feeling from the group was that this is a good idea and a few were interested in providing their transition story in the future.

- **Lack of young people specific information on topics such as alcohol**

YPF members looked at some specific information that had been created for young people. The information is aimed at young people who have had treatments or operations as children, to explain the long terms affects.



Q&A WITH THE DEPUTY CHIEF EXECUTIVE OFFICER, NICOLA GRINSTEAD

Nicola came along to the YPF to see what the group gets up to and to provide an opportunity to ask her important questions, such as, what is her role in the hospital?

Fun Facts about Nicola

A royal appointment; She was put in charge of managing the hospital where Princess Charlotte were born. Nicola had to make sure that all of the staff looking after the Royals were trained in etiquette and were able to keep information confidential.

Her CV

Nicola studied Geography at Nottingham University, she then joined the NHS Management scheme and completed a Masters Degree in Health Care Management. At her last Trust, Imperial College, she was the Director of Operational Performance. She is also the Chair of the World Board of the World Association of Girl Guides and Girl Scouts.

Keen to listen

Nicola is keen to listen to and work with the YPF to make sure the hospital is doing a good job, from problem solving to creating new buildings for patients.



STAFF RECRUITMENT

GOSH want to get the YPF more involved in helping to choose the right people to work at the hospital. In September, YPF members were given an introduction to recruitment and covered the topics such as the stages of recruiting new staff.

In the December meeting, Patricia Skowronska returned and this time she was joined by Susan Twinn, for two important activities!

The first activity was to create a bank of interview questions which could be used when a young person is not available to sit on an interview panel. This is needed because GOSH holds over 500 interviews each year and it will be difficult to have a young person in every interview.

To create these questions, YPF members started by thinking about the qualities and skills patients would want from staff. Then they thought about how a candidate could show an interview panel that they had these skills and qualities. 15 questions were created, one of the questions were: how would you communicate with a child differently to a teenager?

The second activity was based on practical advice and training on what to do when you are interviewing someone. Training began by Fiona and Susan performing a role play with Faiza and Alice, they showed how not to act in an interview! The YPF then split into two smaller groups so that more members could practice being an interviewer. This helped members create a list of top tips for the YPF and other young people, who will sit on interview panels in the future. Some of the tips were; if you're not asking a question, focus on making notes, make sure you make eye contact - but don't stare!

We'll update you on our next steps with staff recruitment in our next opportunity bulletin.



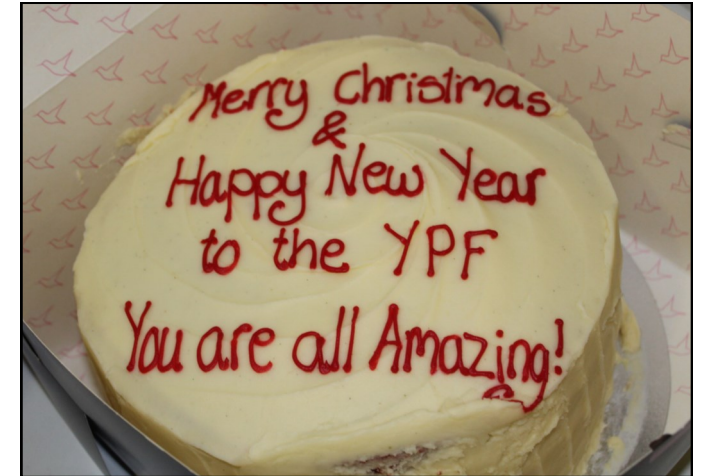
PARTY TIME!

As Christmas is coming, there was a quiz and the meeting was rounded off with TWO cakes!

Grace brought in a cake to celebrate her 13th birthday and Faiza had organised the donation of a huge rainbow cake from the Hummingbird Bakery.

Elf Fizzle and Elf-Fiona then turned into quiz hosts with a quick fire quiz. The first round of the quiz was a picture round of zoomed in celebrity faces and the second was a sing-along, the teams had to buzz in to see if they could finish the line of well known Christmas songs.

Some of the faces are below, can you remember who they are?



Answers: Barack Obama, David Bowie and Tim Peake

EVALUATIONS

This was the second meeting using the new evaluation forms.

The words used most to describe the meeting were; fun, interesting and friendly.

The Food

Members said the food was ok, but you would like to know what will be available to eat, before each meeting.

The speakers

Members enjoyed having visitors, especially the question and answer session with Nicola Grinstead.

Many people were happy to see Nigel again and said that it would be great to hear from the Redevelopment Team again, when they have any new updates.

Christmas Games

Members felt there could have been longer for the Christmas Games at the end of the meeting.

Suggestions for our next meetings

There were suggestions of who to invite next, the Director of Finance, the Chief Nurse and Director of IT. there was also the suggestion of a tour of all the Gardens at GOSH.



DATES FOR YOUR DIARY

YPF Meetings 2017

28 January

26 March

8 July

19 August

21 October

16 December



AND FINALLY...

The YPF and Patient Experience Team wish you best wishes for the festive season, and a wonderful new year



Members' Council

February 1st 2017

Update from the Patient and Family Experience and Engagement Committee

Summary & reason for item: To update the members' council on the Patient and Family Experience and Engagement Committee, Pals Quarter 3 2016/17. The November 2016 and January 2017 PFEEC agendas are also attached.

Councillor action required: To receive and note the report.

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

Item presented by: Juliette Greenwood- Chief Nurse.

Members Council - February 2017

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

1.0 Patient and Family Engagement Report

1.1 Report highlights were the Takeover day and the overwhelming positive feedback received from the Children and Young People (C&YP) and staff. Other topics covered were the Young People's Forum, involvement opportunities and Harvey's Gang. The listening Event report will be presented in next month's PFEEC meeting (February 2017).

2.0 Friends and Family Test Report

2.1 FFT *Inpatient Response Rate* has increased to 27.3% in December 2016 compared with 25.5% in November 2016. *Percentage to Recommend for Inpatients* reduced to 97.3% compared with 99% in November 2016. *Outpatients* reduced to 91% from 92.3% in November 2016.

Great Ormond Street Hospital (GOSH) and Bristol Children's Hospital had *the joint highest percentage to recommend score* when compared to 12 other like trusts (Range 82% - 98%).

GOSH had the 9th highest response rate when compared with 12 similar trusts. (Range 13% - 42%).

3.0 Outpatient Survey Report

The results of the Picker Institute Children's Outpatient survey were received. This was an optional survey and unfortunately very few Trusts engaged in the survey to enable comparisons. The outcomes have been aligned with the current improvement works taking place in outpatients department.

4.0 Hoist Compliance

The divisions presented a report on hoist compliance across the Trust based on previous feedback about staff confidence and knowledge around the use of hoists. The results highlighted gaps in knowledge in areas that did not consistently use hoists on a regular basis. The education aspect will be revisited and staff having access to experts if required.

5.0 Transition Update

5.1 A verbal update on the progression of the improvement work was provided to the committee including the intended scope of work that will take place. Formal reporting of progress to PFEEC is to be established.

6.0 Accommodation

6.1 The ongoing parent accommodation action plan was revisited with an update provided on work completed and on-going work. Activity / occupancy data is still being collected prior to presentation to a future meeting.

7.0 Information and Inclusion

7.1 A brief update was provided on the information that is requested and required by families and the variety of formats that this can and will be delivered in to meet the needs of patients and families. The annual equality report is to be presented to the Trust Board will be provided to the next PFEEC meeting specifically focusing on the three patient / family objectives

8.0 Bereavement Report

8.1 The aim of the audit 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. Families noted the high quality and great value to the care they received at and following bereavement at GOSH. The staff received high praise for the support they provide to the families specifically with roles such as the Family Liaison Nurses, Palliative Care roles and Bereavement services and their value were highlighted.

8.2 Recommendations highlighted in the report included improved information, training in communication and post mortem discussions with families. The improved information is currently with Health Information which is looking at information at ward level. Training in communication is part of a bespoke education packages and the roll out of End of Life Care (EOLC) sessions 4 times a year as well as specific PMGE workshop once a year. Post mortem discussions with families will be addressed in the EOLC training.

9.0 Pals Quarter 3 2016/17 Report

Please see the attached report.

Patient and Family Experience and Engagement Committee Agenda.
15th November 2016, 11.00-13.00
Charles West boardroom

	Agenda Item	Attachment	Presented by	Type (Report, Presentation, Discussion)	Time allocated (min)	Time slot
1.	Welcome and apologies		Chair	Verbal	5 mins	11.05-11.10
2.	Minutes of the Previous Meeting		Chair	Verbal	5 mins	11.10-11.15
3.	Action Log		Chair	Verbal	10 mins	11.15-11.25
	Reports/Presentation/ Discussion Topic					
4.	Patient Story	Attachment A	Emma James	Presentation / Video	20 mins	11.25-11.45
5.	Patient stories framework update		Emma James	Verbal	5 mins	11.45-11.50
6.	Feedback from Rainforest, Fox and Lion Wards	Attachment B/C/D	Jilly Hale / Dagmar Gohil	Presentation	10 mins	11.50-12.00
7.	Information and Inclusion		Beki Moulton	Verbal	5 mins	12.00-12.05
8.	Faith audit		Beki Moulton	Verbal	5 mins	12.05-12.10
9.	FFT update (process framework)	Attachment E	Suzanne Collin	Presentation	10 mins	12.10-12.20
10.	Operational Sisters' Group		Herdip Sidhu-Bevan	Verbal	5 mins	12.20-12.25
11.	Involvement and engagement report	Attachment F	Emma James	Presentation	5 mins	12.25-12.30
12.	Takeover week	Attachment G	Fiona Jones	Presentation	10 mins	12.30-12.40
13.	Listening Event update	Attachment H	Emma James	Presentation	5 mins	12.40-12.45
14.	Bereavement Audit	Attachment I/J	Rachel Cooke	Presentation	10 mins	12.45-12.55

AOB

Date and time of the next meeting: Tuesday 17th January, 11.00-13.00, Charles West Boardroom

Patient and Family Experience and Engagement Committee Agenda.
17th January 2017, 11.00-13.00
Charles West boardroom

	Agenda Item	Attachment	Presented by	Type (Report, Presentation, Discussion)	Time allocated (min)	Time slot
1.	Welcome and apologies		Chair	Verbal	5 mins	11.05-11.10
2.	Minutes of the Previous Meeting		Chair	Verbal	5 mins	11.10-11.15
3.	Action Log		Chair	Verbal	10 mins	11.15-11.25
	Reports/Presentation/ Discussion Topic					
4.	Involvement and engagement report	Attachment A1/A2	Emma James	Report	5 mins	11.25-11.30
5.	Takeover Report	Attachment B	Fiona Jones	Report	10 mins	11.30-11.40
6.	FFT Update	Report to follow 16/01/17	Suzanne Collin	Report	10 mins	11.40-11.50
7.	Information and Inclusion (including ward information)		Beki Moulton (Laura Sennett)	Verbal	5 mins	11.50-11.55
8.	Outpatient Survey	Attachment C	Emma James	Report	5 mins	11.55-12.00
9.	Audit of compliance - training hoists	Tabled	Hayley Lawson-Wood / Geriene Chapman	Report	10 mins	12.00-12.10
10.	Transition update		Nigel Mills	Verbal	10 mins	12.10-12.20
11.	Accommodation Update	Attachment D	Duncan Winter	Report	5 mins	12.20-12.25
12.	NEPT update		Margaret Hollis	Verbal	5 mins	12.25-12.30
13.	PBEES update		Margaret Hollis	Verbal	5 mins	12.30-12.35
14.	PREMS update	Tabled	Jo Wray / GERALYN Oldham	Presentation	10 mins	12.35-12.45
15.	Feedback for food improvement		Simon Clark	Verbal	5 mins	12.45-12.50
16.	Feedback about catering issues from PALS		Luke Murphy	Verbal	5 mins	12.50-12.55

AOB

Date and time of the next meeting: Tuesday 14th February, 11.00-13.00, Charles West Boardroom

PALS Quarterly Report

Quarter 3 of 16/17

Luke Murphy
Pals Manager



Summary of Pals Report:

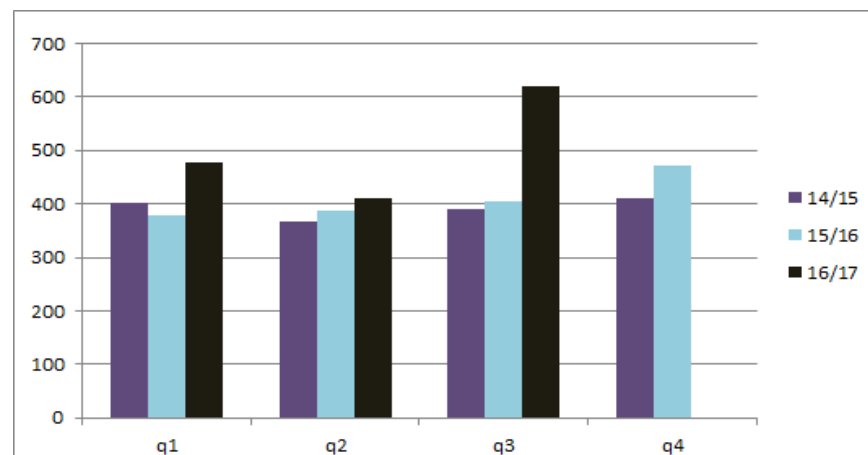
Contents of this report:

- Pals Cases Summary.
- Trend analysis.
- GOSH Always Values and Pals Cases.
- Key Updates and Learning from Pals cases.
- Social Media

Comparison of PALS cases received in Q3:

Cases	Q3 16/17	Q2 16/17	Q3 15/16
Promptly resolved cases (-48h)	295	317	318
Complex Cases (48h+)	103	87	62
Escalated to Formal Complaints	6	3	13
Compliments	4	5	11
Special cases	213	0	0
Total	621	412	404

Pals queries by Quarter and Financial year



Cases received by the PALS compared with previous quarters:

Commentary:

We have seen an increase in cases being escalated to formal complaint and the number of complex cases has increased. The increase in complex cases is due to those individual families choosing to continue to work to informally manage their concerns. There is no specialty related pattern but Pals will monitor this.

Trends for number of PALS cases received per quarter

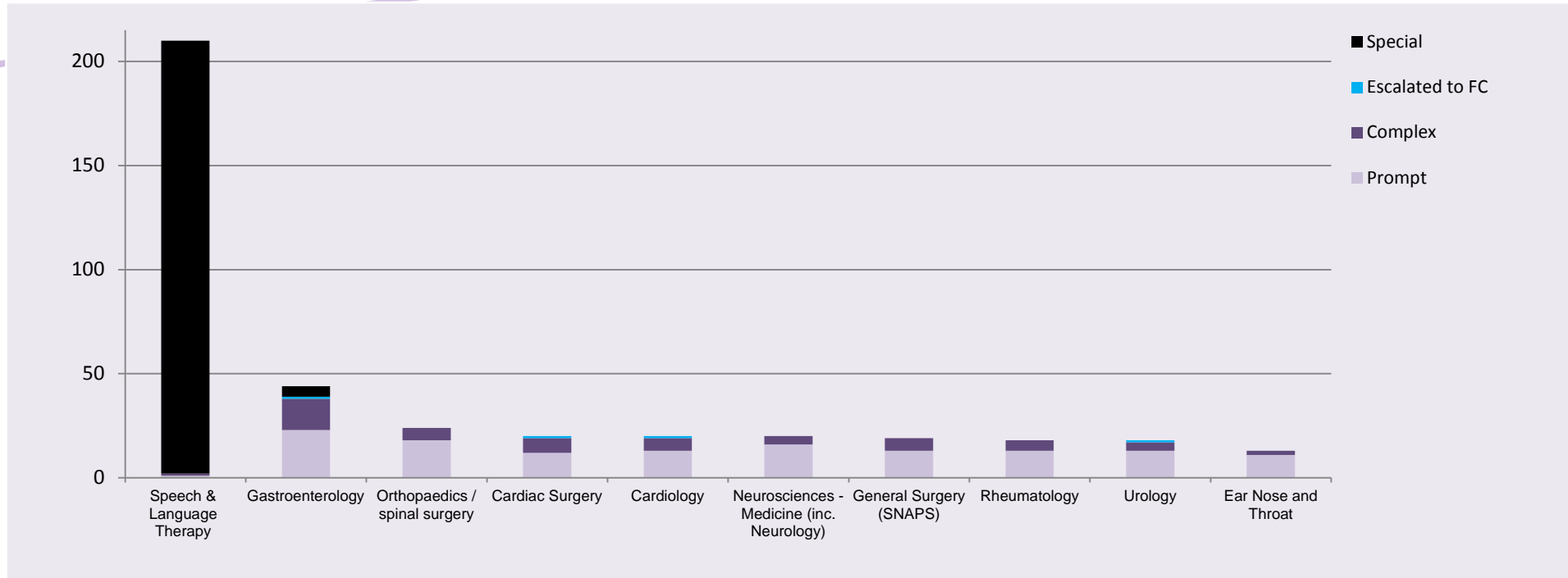
Commentary:

The increase in Q3 is attributed to the contacts following the staff member speaking on the BBC's Question Time. Without these contacts the Pals service had received similar numbers of contacts to preceding quarters.

PALS Cases by Grading

PALS grading definitions:

Escalated	Escalated to formal complaint
Complex	Resolved +48 hours
Prompt	Resolved within 48 hours



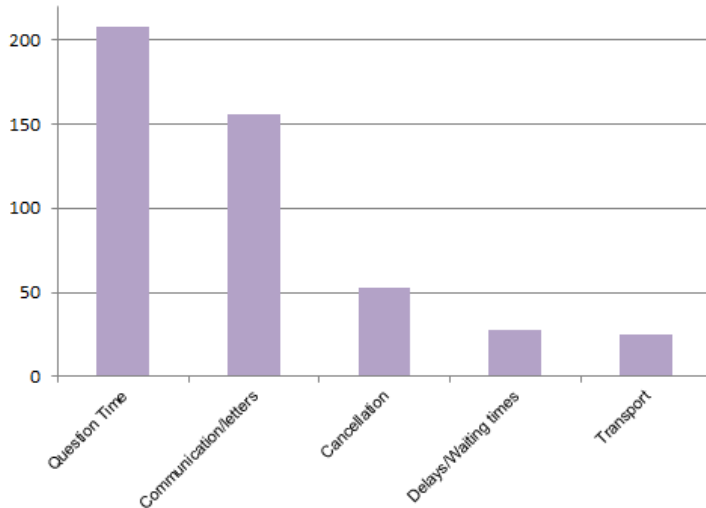
Top 10 specialties with the highest PALS cases in quarter ** (by grading)

Commentary:
 "Special" cases occurred due to an episode of Question Time for the SALT team and cases relating to recent update sent out to service users from the gastroenterology team.
 Many of cases that come to Pals (47.5%) are resolved promptly for all specialties. Out of our top 10 specialties gastroenterology, cardiac surgery, cardiology and urology all had cases escalated to formal complaints to investigate an respond

PALS Trend Analysis



Subjects arising in PALS cases received Q3 2016/17



The chart on the left shows the 5 most common issues raised in PALS received this quarter.

Question Time

- More information later in the report.

Communication/letters

- The number of queries relating to issues around a lack of communication has increased from Q2 16/17 when there were 62 cases, however, the spread of these cases shows that Gastroenterology (28) had the most queries relating to poor communication, then Orthopaedics/Spinal (13) The other specialities averaged around two cases a month relating to communication issues. The cases about communication relate to lack of timely written communication reaching families.

Cancellations

- The number of families contacting Pals with regard to cancellations has not significantly changed for this quarter. The top speciality for cancellations is Cardiac (15), General surgery (5) and Urology (5). The remaining specialities have 1 cancellation a 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.

PALS and the Always Values

Pals and the Trust Always: Pals allocates cases against the values that were lacking.

Always Welcoming- Respect	2	Always Welcoming- Friendly	4	Always Helpful- Understanding	40	Always Helpful- Help others	30
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	9	Always Helpful- Patient	37	Always Helpful- Reliable	116
Always Expert- Professional	47	Always Expert- Excellence	14	One Team- Listen	212	One Team- Involve	0
Always Expert- Safe	25	Always Expert- Improving	8	One Team- Communicate	72	One Team- Open	5

Themes

Always

There have been improvements with the “Always Welcoming” value in Q3 16/17 compared to Q3 15/16 and Q1 16/17. In particular there is a reduction in cases relating to waiting times.

- **Waiting times:** the Pals queries related to families being cancelled or rescheduled with no communication and appointments not being booked.
- **Friendly:** the queries relating to this are staff attitude and poor communication.
- **Respect:** queries were raised relating to lack of empathy and ensuring independent opinions being given in an investigation

Always

There was an increase in cases relating to the “Always Expert” value in this quarter-Q3 16/17 compared to Q315/16 and Q1 16/17.

- **Excellence :** cases under this value related to incidences of families not receiving the expected / promised support from teams
- **Professional:** cases related to staff attitude not meeting families expectations
- **Safe:** these cases were families having concerns about either transport or treatment decisions made about their child
- **Improving:** queries under this value related to concerns of communication that had been received that was not representative of discussions with the team.

Always

During this current Q3 16/17 there has been an increase in cases under the “Helpful” value since Q3 15/16 with families not finding the Trust as helpful as they expect.

- **Understanding:** Cases related to families running out of money as their admissions had been extended, rooms cleaned and families personal items not where they left them, Mum is unwell and needs support for herself as well as patient.
- **Help Others:** many queries related to families not receiving calls when they had expected them.
- **Patient:** Families not finding staff helpful when arranging transport for the patient

Always

Compared to Q3 15/16 there has been an increase in cases about the “Always One Team” value during this quarter 16/17.

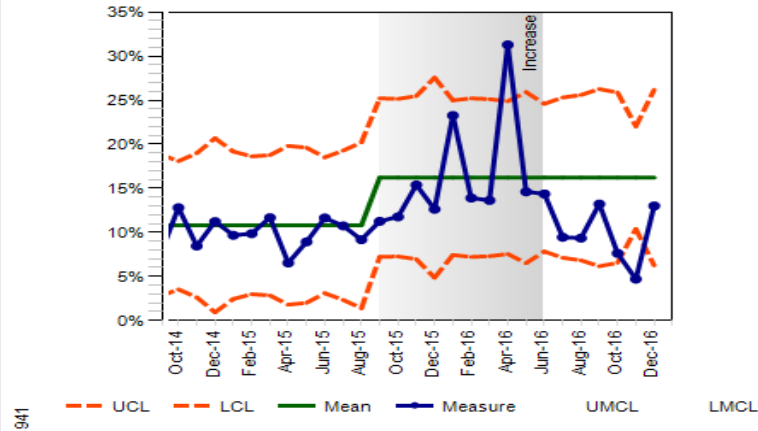
- **Listen:** these cases were related predominantly to the feedback from the Question Time cases.
- **Communicate:** the lack of communication from teams included phone calls not being returned, appointment’s not being booked, admission arrangements not being relayed to families and lack of management of cancelation expectations for surgery cancellation.
- **Being Open:** cases related to youtube/netflix no longer working; items missing from Patient Accommodation.

Update on Key Issues from Q2

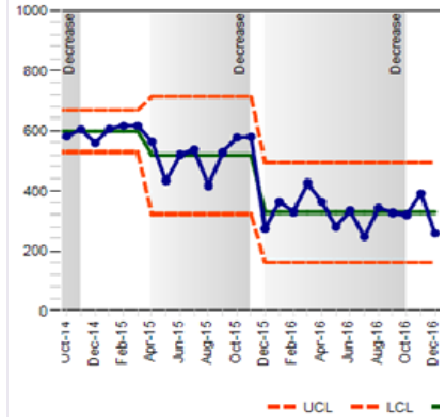


Gastroenterology

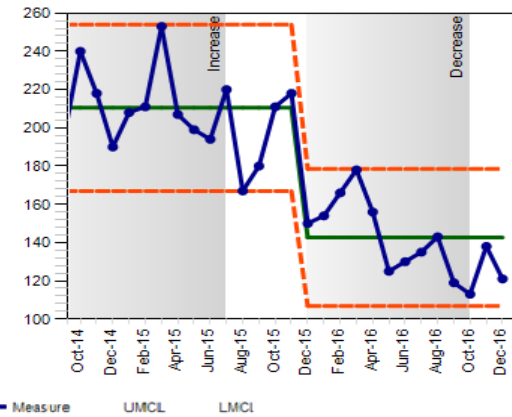
Percentage of all PALS Cases that were for Gastroenterology



Gastroenterology Outpatient Appointments



Gastroenterology Inpatient Discharges



Commentary : The above graphs on the left show that proportionate to activity Pals cases for Gastro remain high. This is compared to the graphs on the right showing a decrease in Gastro patient activity. Pals continue to work with the gastro service managers to help improve their service provision and bring their queries inline with the service usage.

Question time

Commentary: Two standard responses were provided to the 208 contacts to Pals during Q3.

1st response: "Many thanks for getting in touch with us. I'm sure you can understand that we can't comment on personal conduct of individual members of staff but we would like to reassure you that the views shared on Question Time are not the views of Great Ormond Street Hospital. Most importantly, we want to assure families and the public that we will always provide the best possible care and treatments to every child that come to GOSH, irrespective of the political situation the country finds itself in. We can't say any more on this issue, but we hope this reassures you. If you have specific enquiries or questions about the care of an individual patient, please do let us know and we will respond as soon as we can."

More Detail: Thank you for contacting us again. We take your concerns seriously and want to respond promptly to acknowledge your concerns and to explain that we remain committed to providing the best possible care for children and young people regardless of the political situation the country finds itself in. Our Formal Complaints process relates to the NHS treatment of patients and their families at our hospital. The concerns you have raised relate to events outside of the hospital and so we are not able to investigate your concerns within the NHS Complaints Process. We also wanted to let you know that there are limits to how much information we can share about this issue. We owe a duty of confidentiality to all of our employees which states that we cannot discuss individual cases with you. I am sorry that you remain unhappy with the response from the Trust but we are unable to disclose information to you that is subject to employee confidentiality. Thank you again for your time and raising your concerns. We hope that the above has helped you.

PALS Cases by Division



Charles West (total 111 cases across the Division)				JM Barrie (total 453cases across the Division)				IPP (6 cases in total)
Top 5 Specialties	Q3 16/17	Q2 16/17	Q3 15/16	Top 5 Specialties	Q3 16/17	Q2 16/17	Q3 15/16	
Cardiology	21	23	25	Speech and Language	210	0	1	International and Private Patients IPP has a well managed customer service approach that means that contacts to Pals are infrequent. Cases that come to Pals are usually due to a family not being clear on who to contact about concerns but these are promptly responded to. Six cases for Q3 included four cases were about communication with the team. One case was about the concerns about the discharge arrangements and one case was escalated to the Patient Safety Team.
Cardiac Surgery	19	18	14	Gastroenterology	44	44	53	
Rheumatology	17	11	13	Orthopaedics/Spinal	24	24	12	
Dermatology	9	5	2	Neurosciences	20	24	23	
Critical Care (PICU, NICU & CICU)	9	9	9	General Surgery	19	24	22	
Commentary: Cardiology and Cardiac Surgery: Pals were contacted about the cancellations of appointments and of the cancelations of admissions. The admissions are cancelled on the day while here at GOSH rather than in advance and this causes distress and incurred costs to the family. Rheumatology: Communication difficulties were the most common reason for contacts but these are promptly resolved. Dermatology: Contacts regarding this team were evenly spread across a number of issues relating to outpatient cancelations and were promptly resolved Critical Care: Support and Listening; Financial Hardship' Admission Discharge				Commentary: Gastro & Speech and Language Therapy: discussed on the previous page. Orthopaedics and Spinal: Pals were contacted by families who were unable to get a response from the team regarding OPA transport arrangements and also looking for post-surgery advice. Neurosciences: Families contacted Pals looking to arrange transport to appointments. They also contacted Pals due to cancelations and the rebooking and reimbursement of costs incurred. General Surgery: Families contacted Pals looking for updates on admissions as they had been waiting, about cancellations of admissions and about procedures being cancelled on the day. Pals were also contacted about cancellations of appointments				Estates and Facilities (20 cases in total) There was an increase in cases during this quarter (Q3 16/17) compared to Q1 16/17 however a reduction in cases from Q3 16/17 under estates and facilities. The main teams concerns were related to were: Accommodation and Patient Transport: Almost half the cases under Estates and Facilities related to accommodation and transport. The main queries were related to families wanting additional accommodation for family members, and teams not arranging transport or returning calls relating to transport arrangements. Catering: 2 cases were related to catering facilities relating to the ward and the lagoon. The catering manger was very happy to meet with the families to discuss their concerns and improve the service. Security and Reception staff: The four cases related to the attitude families did not find supportive from members of staff either at main reception or accommodation reception.

Learning from PALS cases



Learning from PALS Cases:(?)	
Brief summary of case:	Action needed:
Question Time contacts	Pals received over two hundred contacts through the Friday and the weekend following the televised comments. There was a delay until mid afternoon with the development and provision of an agreed response as a consequence calls received during the day prior to an agreed statement were more time-consuming and Pals were less able to demonstrate a clear response.
Gastro Review	The Gastro Team put significant time and effort into communicating with over 1400 families about the Gastro Review but the number of responses back were very low. This was not expected. We want to use this report to thank the Gastro team and the staff from other services who helped to organise the communication exercise. A “listening event” for the Gastro Service families will be held early this year by the Division. For those families who have contacted Pals each are being responded to.
Information Leaflets	Pals has been asked by families to provide more printed information leaflets. These have been very popular especially for transport information and guidance on how to receive support for travel costs. However, the most popular leaflet, equal to all the other leaflets put together, is a printed map of the local area including tube and train stations.

Other Feedback



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.



NHS Choices posting for Orthopedics
"Can not fault by daughter's surgeon, they are fantastic and what they do. 5**** for them and their team. Staff on woodpecker day admissions is fan as well, fun, happy, go lucky people. Koala Ward amazing could not fault."

"My family and I would like to BIG BIG thank you to all the catering team who worked on Christmas Day and served my family and myself as my daughter is a patient on the ward. The food and drinks were over-flowing, the staff were happy and cheerful and really lifted our spirits up as it was a lovely atmosphere for both breakfast and lunch. The decorations and lay out was beautiful and well thought and breakfast was Magnificent like home. The hot pastries and sausage rolls were yummy for breakfast too. The food was nice. We would particularly like to mention a few people who really looked after us and were happy and cheerful, Delano, Cara, Shalesh and Simon. Please pass on our most sincere thanks to everyone who worked in the Catering department that day. And a thank you to whoever generously let us as a family have breakfast and lunch for free. This helped cost wise and let us be able to celebrate Christmas as a family."

"Very disappointed that the cleaners thought it was a good idea to tell us that the changing place toilet was blocked and therefore locked but without an Out of Order sign. We said we were going to complain as we needed the changing bed and hoist not the toilet. Upon our return with reception staff- lo and behold all open with no blocked toilet shame on your cleaning staff discriminating against the disabled – 14.12.16"

"They need an initiative to sort that department out. Absolutely sick of #Gastro"



"Got to say I'm disgusted that my baby is still waiting to have breakfast at 9.50"

Compliments:

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

Description

Mother wanted to give her thanks to the male staff member on main reception whom she says "Has the most important job to welcome nervous families when they are coming in and he does it really well". **Reception Staff**

Grandmother read stories that were published on the GOSH website and felt comfort that her grandchild is under good care. **Press and publications**

Mother wanted to thank the catering team for the availability of food and drinks as well as the decorations. **Catering Kitchen**

Mother came to pals to thanks the staff on the ward for treating her son as in previous experiences he has been scared at times. **Neurodisability**

White cases:

Information Query	Total
IPP Referral advice	126
NHS referral advice	121
Accommodation	106
Fares Reimbursement	89
Access to Medical Records	76

Members' Council

1st February 2017

Quality and Safety Assurance Committee Summary Report January 2017

Summary & reason for item: To provide an update on the January 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
18th January 2017

Matters arising

Concern was expressed that the action for junior doctors to present to the committee had been deferred. The Committee reiterated the importance of engaging with junior doctors in light of the work with Health Education North Central and East London (HENCEL). An update was provided on a recent very positive meeting with HENCEL which had confirmed that the issues from the original inspection had been resolved. Updates on the work will continue to be reported to QSAC.

Update on Transition

An update was received on the on-going work overseen by the transition steering group. The committee emphasised the importance of ensuring that transition was a key part of the Electronic Patient Record project. The importance of ensuring that work continued until fully complete was highlighted.

Quality and Safety Update

The Committee noted a small increase in pressure ulcers over the last three months. The committee was advised that a full root cause analysis was undertaken of any grade 3 pressure ulcers to highlight learning.

Patient Experience Update

It was agreed that discussion would take place about including some of the patient experience projects into the Quality Improvement slides of the Quality and Safety Report.

Education and Training Update

The committee expressed concern at the low number of trainee nurses who had reportedly chosen GOSH as their first choice placement. Work has begun to ensure that GOSH is attracting trainees. This includes visiting five university open days to promote GOSH. Discussion took place about the additional work that could be done to improve this and the importance of linking with the Charity as a potentially significant area for joint working.

Update on Play Services

A paper was presented on the play service following the recent formal review. It was reported that a forum would be established to bring together the different aspects of the play service and allow better coordination and planning. The Committee emphasised the importance of the service and suggested that the report required the inclusion of data to reinforce this.

Quarterly Safeguarding Report (October 2016- December 2016)

It was reported that following an internal review of safeguarding, work was taking place to complete the remaining actions on the action plan. The committee discussed the significant year on year increase in activity and noted that this mirrored the national trend.

Bed and Operations Cancellation Deep Dive

The committee expressed concern at the number of on-the-day cancellations particularly as GOSH did not have an A&E department. It was noted that a primary driver was the number of patients transferred from other hospitals directly to the GOSH ICU via CATS. The Committee emphasised that alongside the poor patient experience caused by cancellations, inefficiency was created due to suboptimal theatre utilisation rates. The importance of ensuring there was an improvement timeline and a key individual to drive the project forward was highlighted.

Board Assurance Framework Update

The Committee expressed concern at the number of Board Assurance Framework (BAF) areas RAG rated as red or amber. It was confirmed that the risks on the BAF had been rationalised to ensure they covered the Trust's significant challenges. The importance of the nursing recruitment risk was highlighted and it was confirmed that this was reflective of the risk faced by the NHS as a whole.

The Committee considered the following high level risk which had been added to the BAF following a request by the QSAC:

- Risk 6: Delivery of Excellent Clinical Outcomes

The Committee highlighted the importance of developing an aggregated analysis of information received from complaints, PALS contacts, serious incidents, claims and their learning and incorporating that information into the risk.

Health and Safety Update

The Committee received an update on work that was taking place with the electrical transformers and on the work that had taken place on sharps.

Update from the Ethics Committee

An update was received on the important work undertaken by the Ethics Committee and it was suggested that further work and funding was required to ensure that GOSH was a leader in this area.

Update on Quality and Safety Impact of Fit for the Future Programme (Linked to BAF Risk 2: Productivity)

It was confirmed that all Quality and Safety Impact Assessments (QIAs) had been completed and signed off and the committee agreed to continue to review the list of schemes.

Internal Audit Progress Report (October 2016- December 2016)

The Committee requested a review of safeguarding including the accuracy of data on the team's work as part of the internal audit plan for 2017/18.

Internal and External Audit Recommendations Update

Internal auditors highlighted that the importance of completing recommendations in a timely manner and ensuring that action plans and deadlines were feasible.

Clinical Audit Update (October 2016- December 2016)

The Committee discussed the issue of sepsis. It was confirmed that the issues raised had been due to the way the Trust recorded patient data rather than a patient care issue.

A bereavement survey had shown the commitment of all staff to the service and on-going infection control audits were helping to ensure that the team was having meaningful conversations with clinical staff to drive change. Although the management of neonatal care as a whole continued to improve, further improvement was required.

It was agreed that the following matters would be reported to the Trust Board:

- Transition work
- Timelines for improvement and rigour in to this; ensure deadlines are realistic
- HENCEL
- Cancellation deep dive
- CQC and SEPSIS
- Hand hygiene
- Neonatal Jaundice Project
- Safeguarding Update

QUALITY AND SAFETY ASSURANCE COMMITTEE
Wednesday 18th January 2017 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 5th October 2016	Chairman	A	
3.	Matters arising/ Action point checklist	Chairman	B	
<u>QUALITY AND SAFETY</u>				
4.	Update on Transition	Chief Nurse	C	2:10pm
5.	Quality and Safety Update	Interim Medical Director	D	2:20pm
6.	Patient Experience Update	Chief Nurse	E	2:30pm
7.	Education and Training Update	Interim Medical Director and Chief Nurse (education) Director of HR and OD (training)	F	2:40pm
8.	Update on play services	Chief Nurse	G	2:50pm
9.	Quarterly Safeguarding Report (October 2016 – December 2016)	Chief Nurse	H	3:05pm
10.	Bed and Operations Cancellation Deep Dive	Deputy Chief Executive	I	3:15pm
<u>RISK AND GOVERNANCE</u>				
11.	Board Assurance Framework Update	Company Secretary	J	3:30pm
	Risk 6: Delivery of excellent clinical outcomes	Interim Medical Director/ Chief Nurse	Verbal	
12.	Compliance Update including <ul style="list-style-type: none"> • CQC Action Implementation Update • Well Led Governance Review Recommendations (relevant to QSAC) 	Company Secretary	K	3:45pm

13.	Health and Safety Update	Director of HR & OD	L	3:55pm
14.	Whistle blowing update - Quality related whistle blowing cases	Assistant Director of Employee Relations	Verbal	4:00pm
15.	Update from the Ethics Committee	Chair of the Ethics Committee	N	4:05pm
<u>AUDIT AND ASSURANCE</u>				
16.	Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)	Deputy Chief Executive	O	4:15pm
17.	Internal Audit Progress Report (October 2016 – December 2016)	KPMG	P	4:30pm
18.	Internal and external audit recommendations update	KPMG	Q	
19.	Clinical Audit update October 2016 – December 2016	Clinical Audit Manager	R	4:40pm
20.	Matters to be raised at Trust Board	Chair of the Quality and Safety Assurance Committee	Verbal	4:50pm
21.	Any Other Business	Chairman	Verbal	4:55pm
22.	Next meeting	Wednesday 12th April 2017 2:00pm – 5:00pm		
	Terms of Reference and Acronyms	1		

ATTACHMENT L

AUDIT COMMITTEE

**Tuesday 24th January 2017, 2:00pm, Charles West (Board) Room,
Great Ormond Street Hospital for Children, Great Ormond Street,
London WC1N 3JH**

AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chairman		2:00pm
2	Minutes of the meeting held on 10 th October 2016	Chairman	A	
3	Matters Arising and action point checklist	Chairman	B	
4	Finance and Investment Committee Draft Minutes – October 2016	David Lomas, Chairman of the F&I Committee	C	2:10pm
5	Quality, Safety and Assurance Committee Draft Minutes –October 2016	James Hatchley, NED	D	2:15pm
	<u>RISK</u>			
6	Board Assurance Framework Update Risk 14: Inadequate planning or management of infrastructure redevelopment may result in poor VFM or failure to deliver expected business benefit Risk: 13 Business Continuity - The trust is unable to deliver normal services and critical functions during periods of significant disruption. Risk 8: GOSH Strategic Position	Company Secretary Director of Development Deputy Chief Executive Deputy Chief Executive	E Verbal Verbal Verbal	2:20pm
7	Data Quality Update –progress against KPMG action plan (related to Risk 9 unreliable data)	Deputy Chief Executive	F	2:50pm
8	IPP Debt (related to Risk3)	Chief Finance Officer	G	3:00pm
9	Cyber Security Strategy and Action Plan	Chief Information Officer	H	3:10pm
10	Update on Supply Chain and Inventory Management Review	Chief Finance Officer	I	3:20pm
	<u>EXTERNAL AUDIT</u>			

Attachment L

11	Sector Update	Deloitte	J	3:30pm
<u>INTERNAL AUDIT AND COUNTER FRAUD</u>				
12	Internal Audit Progress Report (November 2016 – January 2017) and Technical Update including annual IA plan process	KPMG	K	3:40pm
13	Internal and external audit recommendations – update on progress	Deputy Director of Finance	L	3:50pm
14	Counterfraud Update	Counterfraud Officer	M	4:00pm
<u>GOVERNANCE</u>				
15	Information Governance Framework	Director of Operational Performance and Information	S	4:05pm
16	Planning for 2016/17 year-end including review of Accounting Policies	Chief Finance Officer	N	4:10pm
17	Proposed Audit Committee Effectiveness Survey	Chief Finance Officer	O	4:20pm
18	Raising Concerns in the Workplace Update	Deputy Director of HR and OD	P	4:30pm
19	Well Led Governance Recommendations - Update	Company Secretary	Verbal	4:40pm
<u>ITEMS FOR INFORMATION</u>				
20	Audit Committee Waivers – November 2016 to January 2017	Chief Finance Officer	R	4:50pm
21	Any Other Business			
22	Next meeting	Wednesday 18th April 2017, 2:00pm – 5:00pm in the Charles West Room.		
23	Audit Committee Terms of Reference and annual work-plan	For reference only - 1		

ATTACHMENT M

FINANCE AND INVESTMENT COMMITTEE
26th January 2017 at 2:00pm – 5:00pm
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	Verbal	2:00pm (10 mins)
2.	Minutes of the October meeting	Chairman	A	
3.	Matters Arising, Action point checklist	Chairman	B	
4.	2017 Annual Workplan Update	Chairman Chief Finance Officer	C to follow	2:15pm (10 mins)
	<u>PERFORMANCE AND FINANCE</u>			
5.	Finance Report and Forecast Mth 9	Chief Finance Officer	D	2:25pm (30 mins)
6.	Procurement Dashboard Review	Deputy Chief Finance Officer	E	2:55pm (20 mins)
7.	Fit for the Future (Productivity and Efficiency) 2017/18 Update	Deputy Chief Executive	F	3:15pm (20 mins)
8.	Activity Trend Review	Deputy Chief Finance Officer	G	3:35pm (20 mins)
9.	Capital Programme – Qrtly Update Mth 9	Chief Finance Officer	H	3:55pm (10 mins)
10.	NHS Contract Status Update 2016/17 & 2017/18	Chief Finance Officer	I	4:05pm (10 mins)
	<u>OTHER BUSINESS</u>			
11.	Any other business	Chairman	Verbal	4:15pm (5 mins)
12.	Next meeting The date of the next meeting will be agreed following discussion of proposed dates during the meeting.			

Members' Council

1 February 2017

Chief Executive Report – February 2017

Summary & reason for item:

This purpose of this report is to provide a summary of key work priorities and achievements since the 7 December 2016 report to the Members' Council. The report includes:

- Chief Executive Highlights Report – Peter Steer, Chief Executive – See **Appendix 1**
- Performance Report (October 2016)
 - **Quality and Safety Report (Juliette Greenwood, Chief Nurse and David Hicks, Interim Medical Director) – See Appendix 2**

The Quality and Safety report provides 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. This report now also includes an integrated section on finance performance and budget management, replacing the previous standalone Finance Report. The purpose of the report is to succinctly provide assurance 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 over time. The narrative provides more detail and 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 as at 31 December 2016 against the Trust financial plan for 2016/17.

Councillor action required:

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

Report prepared by:

Peter Steer, Chief Executive; Rachel Pearce, Compliance and Governance Manager; Lynn Shields,

Attachment N

Associate Director of Education; and Peter Hyland, Director of Planning and Information

Item presented by:

Peter Steer, Chief Executive Officer

Attachment N

Appendix 1

Chief Executive Report to Members' Council – 1 February 2017

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

Annual Plan

The Trust continues to make good progress in relation to the annual and business planning process for 2017/18 and 2018/19. To date the Trust has met all the requirements of the timetable including submission of a draft operational plan in late November, submission of a final operational plan and signing a contract in late December for the next two years, the earliest that a contract has ever been signed at GOSH.

This has presented us with a unique twelve week window to ensure we have plans in place to deliver against the agreed plan from the 1st April 2017. Work is now being completed across the organisation as part of an activity planning and budget setting process to ensure the detail matches the operational reality of the organisation. This will be an iterative process throughout the next three months, culminating in a Business Planning Away Day in early March and Trust Board sign off of the plans at the end of March.

Much work was completed to agree an acceptable offer with NHS England Specialised Commissioning and the outputs of this were fairly positive. This included an uplift in income for growth, additional funding related to the local price review completed and additional funding to clear the referral to treatment backlog. This has resulted in an uplift in the contract value from £263m to £295.8m, although some of this increase is related to the reallocation of funding and therefore not new income.

The Trust is currently working on a robust Better Value Programme to improve productivity across the organisation and improve the experience given to our patients.

Health Education England Quality Review

The HEE are required to seek assurance that all Local Education Providers are delivering postgraduate medical education and training in line with the requirements of the General Medical Council's (GMC) regulatory framework for postgraduate medical education and training.

On 17 January 2017 Health Education England (HEE) conducted a quality review of the Trust's oncology service. The initial feedback from the review was extremely positive. The HEE noted the following examples of excellent performance:

- Learning was reported to be individualised and tailored to trainees' needs and objectives.
- Trainees at all levels informed the quality review team that consultants were approachable and supportive. Trainees were encouraged to attend teaching sessions (including bleep-free teaching on Wednesdays) and were supported to do so.
- Trainees reported working well with the nursing staff and that the culture of the department was friendly. Core trainees reported that consultant support out of hours (OOH) was good, as was consultant nurse support.
- All trainees noted that they would be happy for their own children to be treated at the Trust.

Attachment N

GOSH in the news

Dystonia genetic breakthrough

GOSH/ICH research into dystonia has featured in Nature Genetics. Researchers discovered a new gene which, when screened, can diagnose patients with a specific type of muscle dystonia, a movement disorder. This gene means clinicians will be able to quickly identify patients who will successfully respond to deep brain stimulation surgery. For some patients, they found this surgery either restored or significantly improved independent walking.

Brittle bone disease research

Researchers at the UCL GOS Institute of Child Health, reported in *Scientific Reports* that injecting cells from pregnant women could have a life-changing effect on the millions who are living with osteoporosis and brittle bone disease. The research shows for the first time that stem cells gathered from the amniotic fluid of pregnant women can strengthen bones, reduce breaks by 78 per cent, and improve the quality of bone tissue in mice with brittle bone disease.

Woman gives birth using ovary tissue frozen in childhood

Moaza Al Matrooshi is thought to be the first person in the world to have a baby after having an ovary frozen before the onset of puberty at the age of nine. The woman from Dubai was born with beta thalassaemia, an inherited blood disorder that is fatal if untreated. She needed chemotherapy, which can damage the ovaries, before receiving a bone marrow transplant from her brother at GOSH. It was her GOSH team of doctors, including Professor Paul Veys, who first suggested the idea of freezing her ovary and went to great lengths to make sure this could happen.

Organ donation

The parents of a baby who died at 41 days have spoken of their pride after his organs saved the lives of two people. One of these was GOSH patient Imogen Bolton who earlier this year became the country's youngest double lung transplant recipient, after surgery at GOSH. In an open letter, Theo's parents talk about donating his organs when he died. Imogen's parents have thanked Theo's family for their "amazing decision". The story was featured on *BBC, ITV News, NBC, the Daily Mail, Mail Online, The Sun, Daily Mirror, Press Association* and local media.



Quality & Safety Report

Dr David Hicks, Interim Medical Director

Juliette Greenwood, Chief Nurse

December 2016



Has patient care been safe in the past?

Measures where we have no concerns

This slide contains an overview of some of the key measures monitored within the Trust; these will be considered by exception. Where there are measures/trends of concern, a slide containing a deep dive of that information will be included in the report.

Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.

Please see appendix 1 for the methodology used for the measures below.

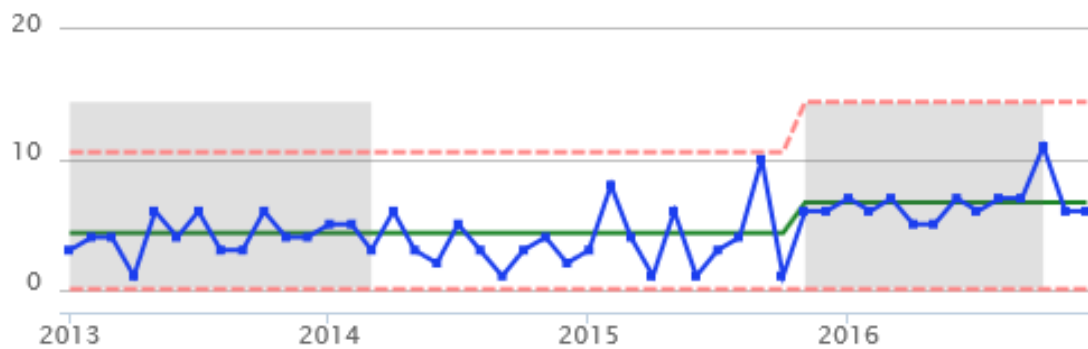
Measure	Comment
<p>Medication Incidents reported via Datix causing harm**</p> <p>**It is not possible to meaningfully report the incidence of medication errors causing harm per patient contact at this time</p>	No worrying trends this month. Performance remains stable at 9.5%.
<p>Never Events</p>	No worrying 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.
<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>	No worrying trends this month. Performance remains stable for both measures at 2 cardiac arrests per month and 2.7 respiratory arrests per month. There were no respiratory arrests outside of ICU's in November 2016. See slide 5 for a breakdown of cardiac and respiratory arrests for patients outside of ICU in October, November and December 2016.
<p>Mortality</p>	No worrying trends this month. Performance remains stable at 6.5 deaths per 1000 discharges.
<p>Serious Incidents</p>	No worrying trends this month. Performance remains stable at 1.1 per month. There were no serious incidents during September, October and November 2016 and just 1 in December

Has patient care been safe in the past?

Important measures of interest



Number of Hospital Acquired Pressure Ulcers Reported (Grades 2+)



What the data tells us:

Starting in November 2015 there has been an increase from 4.3 to 6.7 in reported pressure ulcers per month.

- In December 2016 there were 6 in total – 2 of which were grade 3.
- There was also 1 grade 3 pressure ulcer in October 2016. The December and October ulcers were all recorded as being on NICU.
- Previous to this, the most recent grade 3 ulcer was in March 2014 on CICU.
- The Quality and Safety team are working with the Chief Nurse and other relevant teams to understand and address the increase.

Hospital acquired pressure ulcers reported (grades 2+)

Do you have concerns about safety in this area?

Yes

It is recognised there has been a consistent rise in pressure ulcers across the trust over the last year. The majority of these have been device related and where applicable the ward areas have been contacted to raise awareness on this issue for example there is a current audit underway in CICU(Flamingo) relating to the increased number of ETT related pressure ulcers and we are working together to find ways of targeting this issue.

The Tissue viability team have been working hard at trying to raise awareness to parents and carers with an updated leaflet being given out to high risk patients either at preadmission appointment or on admission- <http://www.gosh.nhs.uk/medical-information-0/procedures-and-treatments/looking-after-your-childs-skin-during-hospital-stay> as per the updated Pressure Ulcer Prevention Policy.

An updated Pressure Ulcer Prevention teaching rollout is in development with the Practice Education team and planned for rollout trust wide in the near future.

No grade 3 pressure ulcers in reporting period:

3

No grade 4 pressure ulcers in the reporting period:

0

- Of the three grade 3 pressure ulcers in the reporting period:
 - Two of the three were on patients who had been transferred in to GOSH from other Trusts and were already present on arrival.
 - One of the pressure ulcers was originally a grade 2 pressure ulcer which was present when the patient was transferred to GOSH. The pressure ulcer further deteriorated on admission and was later re-graded to a 3.
 - **Actions:** A full RCA is being undertaken by the Trust to investigate whether the pressure ulcer deterioration was avoidable or not avoidable and to establish any learning points. Lessons for learning will be disseminated following conclusion of the investigation and report.

Has patient care been safe in the past?

Cardiac and Respiratory Arrest Calls Outside of ICU

October 2016- Cardiac and respiratory arrests outside of ICU (via 2222 calls)

10x 2222 calls in total; of which: 3x cardiac arrests, 0x respiratory arrests

Location	Division	Type of event	Immediate outcome	Lessons for Learning
Badger	Charles West	Cardiac arrest	3 minutes CPR given, patient remained on ward.	
Bear	Charles West	Cardiac arrest	Sudden cardiac arrest with no prior warning. Patient sadly died.	Well managed sudden event and very well documented.
Badger	Charles West	Cardiac arrest; CPR required for 4 mins.	Patient remained on ward	Well managed. ALTE's lasting for longer. Cardiac team involved.

November 2016- Cardiac and respiratory arrests outside of ICU (via 2222 calls)

12 x 2222 calls in total; of which: 3 x cardiac arrests, 0 x respiratory arrests

Location	Division	Type of event	Immediate outcome	Lessons for Learning
Bear	Charles West	Cardiac arrest	Transferred to CICU	CEWS not calculated although it appears from the observations he was not stable. Although the CEWS were escalated there is no documentation whether the child was reviewed. Excellent documentation of the event
Bear	Charles West	Cardiac arrest	Transferred to CICU	Reviewing the observations and concerns at 09:50 I wonder whether the infant should have been transferred to CICU earlier
Eagle	JM Barrie	Cardiac arrest; 12 minutes	Transferred to PICU	Very well managed event. Patient required 12 minutes of CPR and was transferred to PICU once ROSC. Scribe sheet was used on plain paper and there is a pre-printed form that could have been used. Defibrillator could have been used to monitor the quality of CPR.

December 2016- Cardiac and respiratory arrests outside of ICU (via 2222 calls)

11x 2222 calls in total; of which: 1 x cardiac arrests, 0 x respiratory arrests

Location	Division	Type of event	Immediate outcome	Lessons for Learning
Badger	Charles West	Cardiac arrest	Patient remained on ward	Well managed.

Has patient care been safe in the past?

Serious Incidents and Never Events November- December 2016

No of new SIs declared in Nov-Dec 2016:

2

No of new Never Events declared in Nov-Dec 2016:

0

No of closed SIs/ Never Events in Nov-Dec 2016:

1

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

0

New SIs/Never Events declared in November-December 2016 (2)

STEIS Ref	Incident Date	Date Report Due	Description of Incident	Divisions Involved	Senior Responsible Officer (SRO)	Risk Manager	Executive Sign Off	Divisional Contact
SI 2016 31065	7/7/16 (identified 29.11.16)	27/2/17	Patient underwent left posterior thoracotomy following diagnosis of coarctation. Surgery did not proceed as there was no evidence of coarctation during the operation.	Charles West	Associate Medical Director for Quality, Safety and Patient Experience	Lead Clinical Risk Manager	Medical Director	Divisional Chair, Cardiac Services
SI 2016 33178	1/12/16	21/03/17	Information governance breach; information regarding a patient due to be adopted was incorrectly sent to the address of the biological parents.	Charles West	Chief Clinical Information Manager	Risk Manager	Medical Director	Divisional Chair, Cardiac Services

Has patient care been safe in the past?

Learning from closed SIs in November - December 2016:

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/ 21207	<p>Concerns regarding follow up care and treatment of a patient.</p> <p>The patient was referred to GOSH from the Royal London Hospital following a diagnosis. A non-urgent referral letter was sent by fax in February 2016 by the Royal London Hospital to GOSH and was triaged by the Ophthalmology Consultant for a 4-8 week appointment. The patient was seen in the Ophthalmology clinic at GOSH in April 2016 and confirmed to have subtotal/total exudative retinal detachment with telangiectatic vessels and would come back at a later date for examination under anaesthesia for possible treatment with laser retinal packs with laser therapy. This treatment was subsequently booked for May 2016.</p> <p>The patient then suffered symptoms indicative of orbital cellulitis and attended Watford General Hospital A&E where she was subsequently admitted in April 2016. Watford General Hospital rang GOSH the following day to ask if GOSH could treat the patient. However the symptoms described by the doctor at Watford implied the patient had orbital cellulitis and GOSH advised on treatment accordingly. The symptoms described did not trigger a tertiary referral and it was recommended that either the patient was treated locally or attends Moorfields Eye Hospital. Following further care and treatment at Watford General Hospital, the patient was referred to Addenbrooke's Hospital on 28th April 2016 who treated her for acute secondary glaucoma and orbital inflammation in the left eye.</p> <p>The patient's mother notified GOSH of this incident and her concerns regarding the care and treatment her daughter received.</p>	<p>The clinical information described to the ophthalmology CNS at GOSH during the phone call from Watford General Hospital indicated the patient was suffering from preseptal orbital cellulitis and was being treated accordingly.</p> <p>The GOSH ophthalmology staff who responded to this query advised on how to treat this and who to contact with any further concerns.</p> <p>The symptoms described indicated preseptal orbital cellulitis, the GOSH ophthalmology team did not query whether an intraocular pressure test had been undertaken or what the result of this was.</p>	<ul style="list-style-type: none"> • There is a need for increased service capacity in ophthalmology to ensure timely triage of all referrals. <p>As a result of this, Consultant provision has been reviewed and increased from once per fortnight to once per week</p> <ul style="list-style-type: none"> • Ensure that patients and families are informed and empowered around their child's illness <p>An information leaflet on Coat's disease for children and families will be developed at GOSH and will include a list of key contacts, including Moorfields due to lack of available emergency service at GOSH.</p>	<p>Staff are reminded of the importance of good, clear communication which ensures that both parties understand the conversation and the required action.</p>

Has patient care been safe in the past?

GOSH Never Event Summary- SI 2016 15779

Medications inadvertently administered via a misplaced nasogastric tube.

Brief Description of Incident

This incident involved a male 15 year old Maltese patient who had a history of Ebstein anomaly with pulmonary atresia and mild asthma.

In the neonatal period in October 2001 the patient had undergone RF ablation twice and a balloon dilation of the pulmonary vein. He had also had right ventricular remodelling, a transannular patch and creation of an atrioseptal defect.

The patient was well but in routine follow up was noted to have asymptomatic runs of ventricular tachycardia and so was referred to the cardiology team for on-going management and consideration of elective surgical intervention.

He was admitted to this hospital and underwent a pulmonary vein replacement with homograft and closure of the atrioseptal defect on the 24 June 2016.

Nasogastric tubes are routinely placed during cardiac surgery to decompress the stomach and minimise any abdominal distension which could impact both on respiratory function and wound integrity. There is also some research to suggest that placement of an NG tube may reduce the incidence of post-operative vomiting.

At the end of surgery the TOE indicated satisfactory surgical result and so the probe was removed ahead of transfer to the cardiac intensive care unit. The anaesthetist then passed the nasogastric tube under direct vision in the presence of a cuffed endotracheal tube and it appeared to pass easily into the oesophagus. The position of the tube was not checked as this point as there was no immediate indication to access the tube and the anaesthetist knew that the patient would routinely have a post operative chest X-ray, ahead of transfer to the unit. This is not in line with the recommendations of the Trust Management of oral/nasal gastric feeding tubes policy (2012) which states that the position of a nasogastric tube should be confirmed on insertion.

The patient received four doses of medications via an incorrectly placed nasogastric tube before the misplacement was detected.

Actual effect on patient/and or service

The patient suffered transient respiratory compromise following administration of the fourth dose of medication via

the misplaced nasogastric tube

The respiratory compromise responded to an increase in oxygen delivery from 2 litre per minute via nasal cannulae to 5 litres via a face mask for a period of 2 hours before returning to baseline respiratory status. There did not appear to be any long term harm.

Root cause (s)

- 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.

Care and service delivery problems

- The post-operative chest X-ray was reviewed by a cardiothoracic clinical fellow and a cardiac intensive care registrar but neither were focussed on the nasogastric tube placement and did not see that it was incorrectly sited
- The nasogastric tube was placed in theatre but a position check was not performed on placement
- There is no documented electronic evidence that the bedside nurse checked the position of the nasogastric tube via aspirate ahead of administering a dose of paracetamol at midnight on the 24 June 2016 nor a dose of ibuprofen at 03:37hrs on 25 June 2016. There is documentation of a nasogastric aspirate check ahead of the medication dose administered at 06:00hrs on 25 June 2016 although the bedside nurse recalls that the patient was awake and so then had this medication orally. The recommendation from both

NHS Improvement (2016) and the Trust Management of feeding tubes policy requires that a nasogastric tube position must be checked before any liquid, feed or medication is introduced via the tube. pH testing using pH indicator paper must be the first line method of checking the tube position.

- Aspirate from the pH paper obtained from the nasogastric tube tested 4.0 which is within the safe pH range (between 1 and 5.5) although the chest X-ray taken ahead of this test indicated that already the tube was positioned incorrectly in the left main bronchus. The expected pH from secretions from the respiratory tract is between 7.38 and 7.42.

Recommendations/ Actions

- Medical staff who may be required to undertake a nasogastric tube position assessment from a chest x-ray need to have undertaken the Trust mandatory online training or equivalent to provide evidence of competency.
- There should be a checklist for medical staff to undertake for patients admitted to the unit. This should include line/tube placement and need to be signed. This should include the four criteria to check gastric placement for a nasogastric tubes
- Consider whether the post-operative routine chest x-ray should explicitly on indication for x-ray state procedure and request position check for lines/tubes as an aide memoir for staff who review the imaging in line with guidance from NHS Improvement (2016)
- 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.
- To investigate best practice in use of nasogastric tubes in the paediatric setting aligned with learning from the adult enhanced recovery pathway

Trust wide learning

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.

Has patient care been safe in the past?

Red Complaints in November-December 2016

No of new red complaints declared in Nov-Dec 2016:	3	No of re-opened red complaints in Nov-Dec 2016:	1
No of closed red complaints in Nov-Dec 2016:	1		

New open red complaints (November and December 2016)

Ref	Opened Date	Report Due	Description of Complaint	Divisions Involved	Exec Lead	Division Lead
16-072	18/11/16	27/01/17	Parents feel that complications during surgery led to their child's death and have raised concerns regarding the care and communication with the parents following surgery	Charles West	Medical Director	Clinical Governance Facilitator, Charles West
16-075	23/11/16	28/02/17	Parents are concerned that the team did not carry out sufficient tests before progressing to surgery and query if the procedure was necessary.	Charles West	Medical Director	Divisional Co-Chair, Charles West
16-079	13/12/16	09/02/17	Concerns have been raised around the care provided to a patient during an inpatient stay beginning in July 2016; this includes treatment received on PICU, CICU and Rainforest Ward.	JM Barrie	Chief Nurse	Complaints Coordinator for Gastroenterology

Re-opened red complaints (November and December 2016)

Ref	Re-opened Date	Description of Complaint	Divisions Involved	Exec Lead
15-112	23/11/16	Adult patient raised further concerns following receipt of the Trust's complaint response. The complaint queries if the genetic risk was highlighted earlier would the cancer diagnosis have been identified at an earlier stage with a better prognosis.	Charles West	Chief Nurse

Learning from closed red complaints in November and December (1):

Ref:	Summary of complaint:	Learning/Recommendations:
16-040	<p>This complaint was investigated as an SI (SI 2016/21207); a full RCA report was completed and addressed the concerns raised within the complaint</p> <p>See slide 6 for a summary of the incident.</p>	<ul style="list-style-type: none"> • There is a need for increased service capacity in ophthalmology to ensure timely triage of all referrals. As a result of this, Consultant provision has been reviewed and increased from once per fortnight to once per week • Ensure that patients and families are informed and empowered around their child's illness <p>An information leaflet on Coat's disease for children and families will be developed at GOSH and will include a list of key contacts, including Moorfields due to lack of available emergency service at GOSH.</p>

Are we delivering high quality care today?

Measures where we have no concerns



This slide contains an overview of some of the key measures monitored within the Trust; these will be considered by exception. Where there are measures/trends of concern, a slide containing a deep dive of that information will be included in the report.

Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.

Please see appendix 1 for the methodology used for the measures below.

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

Are we responding and improving?

Featured Project: Neonates

High-level Aim: To improve the quality and safety of care within inpatient neonates/ small infants* at GOSH by 1 June 2017. [* < 28 days or 4kg]

Bloodspot Screening:	All patients who meet the criteria* to have a successfully completed blood spot test within the appropriate time by 1st June 2017 [TBC]
Jaundice:	Improve the identification and management of neonatal jaundice by 1st June 2017. [TBC]
Fluid Management:	Reduce the number of neonatal fluid management incidents by 50% by 1st June 2017 [TBC]

This is a trust-wide initiative at GOSH, seeking to improve the quality and safety of care within inpatient neonates/ small infants. This work is led by a multi-disciplinary project team, including Medical, Nursing and Quality Improvement leads. The project was initiated in response to an audit presented to PSOC in November 2016, which detailed the need to decrease the incidence of blood spots classified as avoidable repeats, improve the provision of jaundice identification and treatment and standardise the documentation and management of IV fluids within GOSH's neonatal population. GOSH continues to report quarterly against national neonatal blood spot screening samples.



Expected Benefits of the Project:

- Early recognition and timely treatment of neonatal jaundice - reduces likelihood of morbidity and mortality
- Clearly defined guidelines for neonatal IV fluids - standardised management across the Trust
- Agreed process for blood spot screening - fewer avoidable repeats, decreased delayed diagnosis and a higher likelihood of diagnosing and treating serious conditions in a safe and timely manner
- Comprehensive neonatal training and resources for staff - improved safety culture and reduction of avoidable harm in neonatal population
- Improve documentation of critical patient information
- Standardisation of neonatal care – pathways & bundle

Focus areas of Neonates project:

- Blood spot screening
- Neonatal Jaundice
- IV Fluid Management

Measures for Improvement:

SPC charts and audit data will be utilised to measure results of the project (*further measures TBC*).

Outcome measures:

- Number of samples taken within the appropriate timeframe (between day 5 and 8)
- The number of Neonatal admissions between jaundice cases identified at ward level (we would want this to reduce as the wards get better at identifying them)

Process measures:

- % of neonates who had a blood spot at GOSH who had an avoidable repeat
- The number of Neonatal admissions between cases of neonatal Jaundice **not** being managed as per guidelines (we would want this to increase as more are managed correctly)

Progress to date:

- Steering Group, Neonatal Link Nurses and Neonatal Champions identified and engaged
- Neonatal staff experience questionnaire developed and rolled-out throughout inpatient wards – to identify training and learning needs
- Resource secured for training and education - HENCEL funding
- Scoping e-learning and training options for nursing and medical staff
- Measurement plan and Neonatal dashboard developed
- Comms with other Trusts undertaking similar neonatal projects to learn and share ideas
- Process mapping for blood spots among wards with a high proportion of neonatal admissions
- Deep dive into missing NHS numbers – impacting avoidable blood spot repeats

Next Steps:

- Sustainable and robust neonatal training for all nursing and medical staff
- Update Intranet Neonatal section with relevant resources
- Bespoke QI training for project group
- Analysis of qualitative data from neonatal staff experience questionnaire
- Identify where issues are affecting the process of recording critical patient information and test new improvements
- PDSA to begin on NICU & Peter Pan by Feb 2017
- Support teams to embed new practice

Are we responding and improving?

Quality Improvement Project Status Update

Project	Project Aims	Project Leads	Project Timescales
Tracheostomy	<p>The aim (awaiting sign-off) is to improve the confidence and competence of nursing staff caring for tracheostomy patients as well as the consistency (and competence) of training provided to parents and carers.</p> <p>Scope and timeline under development.</p>	<p>Executive Sponsor- Dagmar Gohill, Divisional Assistant Chief Nurse Clinical Lead- Jo Cooke, CNS Tracheostomy</p>	To be agreed
DIARY tool	<p>To introduce a self-reflective tool across all wards by August 2017 in order to encourage organisational and individual learning from incidents and near misses.</p> <p>Aparna Hoskote & Geralyn Oldham are the Clinical / project Leads.</p>	<p>Clinical Lead- Aparna Hoskote, Consultant, Cardiac Intensivist Project Lead- Geralyn Oldham, Clinical Governance Facilitator, Charles West</p>	August 2017
Situational Awareness - Huddles - ePSAG	<p>Next steering group meeting (13/01) will review all documents for project closure.</p> <p>Huddles: All wards have Huddles underway, predominantly robust although a couple have only been underway since Nov/Dec 16. Handover to Divisions will formally occur at next QI Committee on Jan 26th 2017.</p> <p>ePSAG: All ward areas now have their boards operational (include 3 day care units & IR). Some adjustments each month with version updates. The ICT Transition meeting is planned for Monday 16th January to handover the operational aspects of the system. Ongoing bespoke ePSAG areas are underway and timelined to the 31/03/2017.</p>	<p>Executive Sponsor- Medical Director Clinical Leads- Allocated by Division</p>	<p>March 2017</p> <p>April 2017</p>
Extravasation	<p>QI & PMO working together to provide timelines/ project plan on the 7 new workstreams underway; Policy, Medications, training, Vas Access Form /process, Electronic support systems, IR access and the new VHP tool implementation. Next steering group is scheduled for: 09/01/2016. - VHP Tool currently being tested on Koala & Eagle, due to start in Bumblebee mid-January.</p>	<p>Executive Sponsor- Juliette Greenwood, Chief Nurse Clinical Lead- Isabeau Walker, Consultant Anaesthetist Operational Lead- Sarah Metson, General Manager JM Barrie Division Portfolio C</p>	Timeline to be agreed

Are we responding and improving?

Quality Improvement Project Status Update

Project	Project Aims	Project Leads	Project Timescales
ICU Flow	Scoping work completed in Oct 2016. Awaiting a Cons Lead from ICU for the Spinal improvement plan, (possible lead is currently away). Simon Hannam to confirm early Jan. Scoping & data collection underway by QI / Spinal team. PMO (Tracey), leading a spinal project Trustwide, links will be made to the same. Respiratory Workstream- Awaiting new HOC to replace Mark Hayden to plan project timeline.	To be confirmed	Expected project finish date: timeline to be established with the Project Management Office.
Patient Placement Project	Initial overview meeting completed in December. Project will be directed by Allan Goldman, supported by Peter Willatts & PMO office.		Expected project finish date: Sept 2017.
Sepsis	To improve the early identification and treatment of Sepsis, through implementation of the Sepsis 6 bundle at GOSH by 31st March 2017. Progress to date: <ul style="list-style-type: none"> • 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 	Clinical Lead- Clare Rees , Locum Consultant Paediatric Surgeon. Nursing Lead- Claire Fraser, Resuscitation Educator and ICU Sister	Trust-wide roll out due week commencing 23 January 2017 Period of embedding for the next three months – by April Train the trainer package has been developed for Practice Educators. They will be champions for new starters Expected project finish date: 30/09/2017.
CATS	Aim of project: Roll out a Pre-intubation checklist for children across the Region regarding: <ul style="list-style-type: none"> • Patient optimisation, • Necessary equipment, • Promotion of team roles and back up plans 	Project underway with direct clinical team, no Exec Sponsor or steering group. We are using SPC charts and audit data to measure results of the project. including the number of children who experienced endobronchial intubations, hypoxia during intubation & are x-rayed post intubation to confirm tube position.	Expected project finish date 31/08/2017.

Are we responding and improving?

Quality Improvement Project Status Update

Project	Project Aims	Project Leads	Project Timescales
CEWS/PEWS		Awaiting Executive decision re who is leading this work – PMO or QI as well as the clinical / nursing lead.	No timeline yet agreed for roll-out.
Access to Outpatients	To reduce patient movement waste and waiting times in clinic by December 2017.	Project Sponsor- Sarah James, Divisional Operations Manager, JM Barrie Project Lead- Caty Stuart, Matron- JM Barrie	December 2017
OOH	Safe Staffing – to be led by operations and PMO office.. Standard Working Practices – to be led by operations and PMO office. Safe handover Processes – Diagnostic work completed. Managing Sick Children	Awaiting Executive decision re who is leading this work – PMO or QI as well as the clinical / medical lead. On hold until recommendations completed – the implementation of PEWS & Sepsis 6.	Project handed over Dec 2016. Project handed over Dec 2016 Timeline to be agreed.
Neonates	To improve the quality and safety of care within inpatient neonates/ small infants* at GOSH by 1 June 2017 [*<28 days or 4kg]. The three areas of focus are to: <ul style="list-style-type: none"> • Reduce the number of avoidable bloodspot test repeats • Increase the recognition and management of neonatal jaundice • Improve documentation and delivery of IV fluid management 	Executive Sponsor- Juliette Greenwood, Chief Nurse Nursing Lead- Marie Anne Kelly, Neonatal Nurse Advisor Medical Lead- Simon Hannam, Neonatologist	June 2017
Transition	Specialties are working on the short-term requirements of the Transition CQUIN and work is on-going on longer-term improvement strategies with specialties to ensure the Trust meets the recommendations of the NICE Transition Guidelines. Limitations of current IT systems mean the development of a single, centralised, coordinated Transition Plan for complex patients is proving challenging. Work is underway to find the simplest IT solution to help specialties identify young people who are on a Transition Plan.	Executive Sponsor- Juliette Greenwood, Chief Nurse	On-going project

Are we responding and improving?

Learning from Friends and Family Test- Inpatient Data



Inpatient Results November 2016

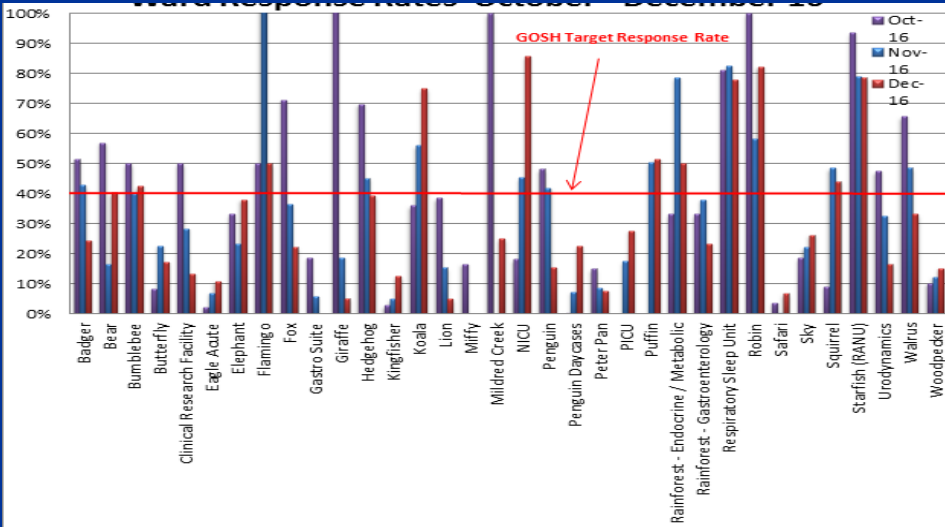
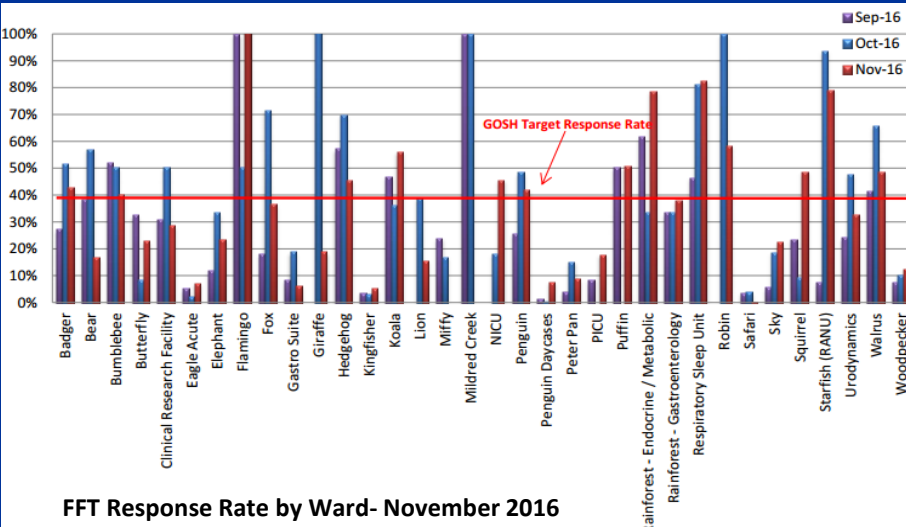
Inpatient Results December 2016

November 2016

Overall FFT Response Rate = 25.5%
Overall % to Recommend = 99%

December 2016

Overall FFT Response Rate = 27.3%
Overall % to Recommend = 97.3%



The overall FFT response rate for inpatients has risen from 25% to 25.5% in November and to 27.3% in December 2016; the response rate had slowly declined between July, August and September however this has increased since 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.

positive

November 2016 Top 3 Themes

negative

- Staff; helpful, kind, friendly & patient.
- Play specialists & play workers.

- The ward environment.
- Communication.
- Lack of play staff at the weekends.

There has been an increase in negative comments for the following themes in December:

- Access / Admission / Discharge and Transfer.
- Environment & Infrastructure
- Staffing Levels
- Always Welcoming

The team will continue to monitor the feedback received and will follow the escalation process to ensure that appropriate action is taking.

The overall feedback from November and December for inpatient areas has shown that feedback regarding staff remains very positive. The highest number of negative comments related to the ward environment. There has been an increase in the number of negative comments relating to staffing levels.

Are we responding and improving?

Learning from Friends and Family Test- Outpatient Data



Outpatient Results November 2016

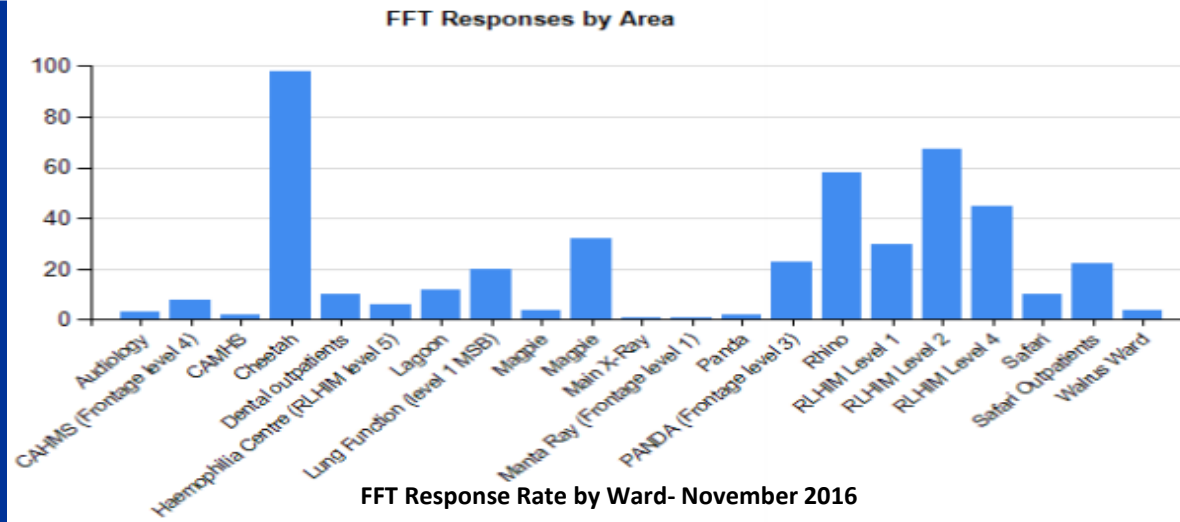
Outpatient Results December 2016

November 2016

Overall % to Recommend = 92.3%

December 2016

Overall % to Recommend = 91%



Outpatients do not have a minimum response rate target. The percentage to recommend rate has decreased from 95.6% in October to 92.3% in November 2016 with a further decrease to 91% in December 2016. The overall percentage to recommend has stayed above 90% with the exception of July 2016 when then percentage was at 82.41%.

November 2016 Themes

positive

- Caring Staff
- Knowledgeable Staff

negative

- Clinic Waiting Times
- Pharmacy Delays

There has been an increase in negative comments for the followings themes in December:

- Access /Admission / Discharge and Transfer.
- Environment & Infrastructure
- Staffing Levels
- Always Welcoming

The team will continue to monitor the feedback received and will follow the escalation process to ensure that appropriate action is taking.

The overall feedback from November has shown that the majority of negative comments relate to appointment delays and overall clinic waiting times. There has been an increase in the number of negative comments relating to Pharmacy waiting times. Feedback about staff members remained very positive, with particular reference to being caring, friendly and knowledgeable.

Are we responding and improving?

Learning from Friends and Family Test- Feedback



Below is a snapshot of some of the positive and negative feedback received via FFT during the reporting period for both inpatients and outpatients. Positive feedback is shared with the relevant teams and there is a process in place for the management of negative feedback to ensure that this is acted upon appropriately.

Inpatient Feedback

"The play specialists ate nice and kind. I like playing guess who. The nurse and health care assistants were lovely very kind too."

"Special thanks to staff name who was fantastic with an older teenager and had great empathy and patience. Well Done to staff namewho finally did get him to play that game of Uno! Hope you get your lovely new ward soon."

Child:-
"Good:- the nurses where very happy and cheerful"

"As always staff exceptionally helpful and kind - staff name is wonderful and always smiling and staff name is also fantastic - lovely to see the "smile" visitors and so kind to be offered a drink on arrival. 5 Stars!!!"

"Nurse was really polite and welcoming to my daughter. Made patient name fell really comfortable and listen which is hard for people she doesn't know to do."



Outpatient Feedback

"My son (patient name) was very scared about the needles and injections. He came for the Nuclear Tests and was very nervous. (patient name) received us at the test area and spoke to (patient name) and understood his concerns. She taught him the art of relaxing and breathing. (staff name) calmed down and became friends with (staff name). (staff name) stayed with (patient name) all through the test and she was awesome!"



"I love eating here and for two weeks have done so three times a day! Delicious food (always hot) very friendly staff, amazing value and the tables are always clean even on busy days. I cannot say a single fault. Thank you so much for feeding me so well while my son is recovering from two majors"

"(staff name) was lovely & put our son at ease straightaway. Dr (staff name) was very nice & so patient whilst we asked a lot of questions."

Not having my own room because it was very noisy and hard to sleep. I would like to have my own toilet because it wasn't very nice having to use the commode or bed pan on the ward."

"Only thing I would say is when two departments are involved they need to communicate with each other and the patient. One department told us overnight and other department changed it to 3 nights nobody told us or rang us with admission times."

"Pretty impressed still an issue with communication on a consultant - doctor level. Weekend spent here could have been at home."

"The chair bed contraption in our rom is not big enough for a fully groen daddy to sleep in, luckily our mum found him a fold away bed."

"The only small issue I did have was the room did not have a hoist and there was little space to move around with the wheelchair the access for wheelchair was not good."

"Waiting times were unrealistic. We were not told what was happening next. We saw a doctor then waited over a, hour by this point I had to go and ask what was happening next."

The hospital itself is fantastic. Just the pharmacy takes to long! This happens EVERY VISIT! Today I came for my appointment which I was seen within 10 mins but I have had to wait over a hour just to get the medicine."

"Too much staff chatting. Appointments never on time if a 9am appointment booked, consultant SHOULD BE HERE! Considering we had to leave home at 6am to be here on time!"



"Bad = Waited over 50 mins for bloods to be taken out."

"There is no help to direct the patient to the right place. Today I have had bad experience, my son did not seen by the MDT's team due to the lack of staff members (reception) so not able to direct the patient at the right place. As a result patient missed the appointment today"

Appendix 1

Methodology for key Trust measures

Measure	Methodology	
Medication Incidents reported via Datix causing harm**	The percentage of medication incidents that resulted in patient harm, out of all medication incidents reported via the Datix incident reporting system. Includes all 6 medication categories: administration, dispensing, drug reaction, prescription, storage/missing, and TPN	
Never Events	Note that the most recent data point indicated the number of days since the most recent never event. Never events are defined here - https://www.england.nhs.uk/ourwork/patientsafety/never-events/	
Non-2222 patients transferred to ICU by CSPs**	Unplanned non-2222 patient transfers to ICU, admitted as deteriorating patients from ward areas by the CSP team. Parameterised by ward (May 2015 onwards).	
Cardiac and respiratory arrests	<p>Cardiac arrests outside of ICU: The monthly number of cardiac arrests outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team). Cardiac arrests are defined by any patient requiring cardiac compressions and/or defibrillation. Cardiorespiratory arrests count towards the cardiac arrests total, not the respiratory arrests total.</p>	<p>Respiratory arrests outside of ICU: The monthly number of respiratory arrests outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team). Respiratory arrest is defined by any patient requiring bag mask ventilation. (Previous to May 2013 this was defined as any patient requiring T-piece and/or Bag Valve Mask.) Cardiorespiratory arrests count towards the cardiac arrests total, not the respiratory arrests total.</p>
Mortality	The inpatient mortality rate per 1000 discharges. The numerator is the number of patients who die whilst inpatients at GOSH. The denominator is the number of inpatients who are discharged each month. Day case admissions (as specified by a patient classification of 2 or 3) are excluded from the denominator. CATS patients who are not admitted to GOSH are excluded from this measure.	
Serious Incidents	<p>This is the monthly count of serious incidents (SIs), by date of incident (as opposed to date incident was reported). A serious incident is defined as an incident that occurred in relation to care resulting in one of the following:</p> <ul style="list-style-type: none"> • Unexpected or avoidable death of one or more patients, staff visitors or members of the public. • Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm • Allegations of abuse • One of the core sets of 'Never Events' <p>http://www.england.nhs.uk/ourwork/patientsafety/serious-incident/</p>	

Appendix 1

Methodology for key Trust measures

Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.

Measure	Methodology
All complaints	All complaints added together (red, amber and yellow).
Red complaints	A count of all red complaints per month. Red complaints are defined as severe harm to patient or family or reputation threat to the Trust.
Amber complaints	A count of all amber complaints per month. Amber complaints - lesser than severe but still poor service, communication or quality evident.
Yellow complaints	A count of all yellow complaints per month. Yellow complaints - issues or difference of opinion rather than deficient service.
Number of PALS cases	A simple count - the number of PALS cases.

February 2017 – 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.

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 December 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>Although there has been a decline in December of the overall positive percentage response (97.3%), the Trust continues to see an increase in the response rate (up to 27.25%). As noted previously, this is in line with national response rates of other Trusts.</p>

	The outpatient “positive” score having recovered in October, has over the last 2 months fallen below the 95% standard with 90.9% in December.
Why / How:	<p>With regard to the response rate, this continues to be monitored against the Divisional and Trust wide action plans with Senior Nurse Leads in each Division taking the lead, which are 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 83, with 14 over the last 2 months to December 2016.</p> <p>During the last 2 months there have been 3 red complaints.</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. Analysis is being undertaken with regard to the timeliness of Trust responses to complaints which will be shared for the next Trust Board.</p> <p>Predicated on the content and issues raised within the complaints, the Trust (via its Clinical Divisions and Departments) analyse for recurring themes and as such implement any necessary action plans to address.</p> <p>More information is available in the Quality & Safety report with regard to the recent red complaints.</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.

With regard to Healthcare Associated Infections (HCAIs), C Diff remains well within the annual target of 15 for 2016/17, 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 months. CV Line Infection levels over the last couple of months have seen an increase rising to 2.55 per 1000 line days in December 2016. This will be kept under review.

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:	As at December 2016 the Trust is currently at 91.55% (a reduction from 94.04% in November), against 98%.
Why / How:	As reported previously the Trust is currently implementing the NatSIPPs (National Safety Standards for Invasive Procedures) project, which will focus on how to improve WHO Checklists in all areas, including those outside main theatres, where performance has been traditionally poorer. The project is due to complete in late Q4 16/17, when it is expected that the Trust will become compliant in these areas. Updates and progress are being flagged through the Divisional Performance Meetings.

Hospital Acquired Pressure / Device related Ulcers Grade 3+	
Definition:	This reports the number of clinically graded pressure and device related sores that have been acquired whilst in hospital. The expectation is that there are zero grade 3+ [As stated previously further work is being taken forward to report grades <3 for future months]
What:	The Trust has reported 2 grade 3 pressure ulcers in December 2016 (as reported previously there was an additional case in October) against this standard (of zero).
Why / How:	As referenced in the Quality and Safety Report - of the three grade 3 pressure ulcers in the reporting period: <ul style="list-style-type: none"> • Two of the three were on patients who had been transferred in to GOSH from other Trusts and were already present on arrival. • One of the pressure ulcers was originally a grade 2 pressure ulcer which was present when the patient was transferred to GOSH. The pressure ulcer further deteriorated on admission and was later re-graded to a 3. A full Root Cause Analysis is being undertaken by the Trust to investigate whether the pressure ulcer deterioration was avoidable or not and to establish any learning points.

Responsive

The Trust is currently off line from reporting against the national RTT incomplete standard. For the month of December 2016, there were no reportable breaches against the cancer standards.

As reported in previous months with regard to Last Minute Non-Clinical Hospital Cancelled Operations (and the associate 28 day breaches for rebooking), the clinical Divisions continue to work to implement their recovery plans, whilst acknowledging the challenges in the system during this

period (at the time of writing the Q3 reported position has not been submitted – this will be contained in future months).

Below details other key metric for this domain, as highlighted by exception:

Diagnostic: Patients waiting	
Definition:	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 The national standard is 99% must be seen within 6 weeks
What:	Whilst the Trust is currently not delivering the standard as reported previously, this month is the most improved month since returning to reporting in April, of 3.18% in December 2016.
Why / How:	As reported previously, the majority of the reported breaches are attributable to Audiology (13 out of a reported 18). This is predominantly attributable to capacity. The operational teams have put in place a number of additional lists, and work is progressing with regard to the provision of an additional soundproof booth. The Division's recovery plan confirms that with these actions, the service will be compliant in March 2017.

Well-led

The below identifies those areas that require highlighting.

Appraisal (PDR) rate	
Definition / What:	The Trust compliance rate of the % of completed staff appraisals against an internal annual target of 90% for 2016/17
Why / How:	The Trust overall appraisal rate stands at 83%. As reported previously the Trust had a step change improvement from August, however this has now stabilised to the current reported levels. As at December there are two (from four in November) areas that are meeting the in-year target of 90%, Corporate Affairs (at 100%) and Human Resources & Organisational Development (at 95%). The target for 2017/18 will increase to 95%. Rates are regularly reported and accessible via the intranet, and via the clinical Divisional Performance Meetings, action plans are in place to delivery to the Trust standard. The top 5 areas in each division with the lowest PDR rates are being focussed on to ensure improvements are made in these areas.

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>In December the compliance across the Trust was 86%. Currently eight (no change) 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. The target for 2017/18 will increase to 95%.</p> <p>Actions being undertaken to address this include: 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; Training competencies with lowest compliance rates are being targeted to significantly increase delivery. At a Divisional level this is being tracked through the monthly Performance Meetings.</p>
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Agency Spend	
Definition / What:	<p>At Month 9 (December) this stands at 3.8% of total paybill</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 – as reported previously). 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> <p>The Trust also reports on the number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in December, 161 shifts (increase from 148) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 48% of total paybill (RTT and senior interims). Finance currently spends 23.4% of paybill on agency staff (decreasing).</p>

Nurse Vacancies	
Definition / What:	<p>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.</p>
Why / How:	<p>As at December the Trust has vacancy rate of 9.4% 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>

	This metric will continue to be reviewed alongside the main vacancy metric (which is establishment minus the actual staff (inc bank and agency)), and additional board papers.
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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:	In December, the Trust wide performance was 86.87%, which is a slight decline on the previous month (November = 88.46%). As stated previously, whilst this decline is being addressed, average compliance this year remains at 87.51%, which is a significant improvement on previous years.
Why / How:	Both Clinical Divisions have targeted action plans to ensure that processes are appropriately communicated, with engagement of Heads of Clinical Service. In addition a review is being completed into the relevance of patient groups where discharge summaries are required to be sent to with the Divisional Chairs to understand if the current exclusion list is appropriate.

Clinic Letter Turnaround	
Definition:	The % of clinic letters that are sent within 7 & 14 working days of an Outpatient Clinic The contractual requirement for 2016/17 is 14 working days turnaround.
What:	The Trust is currently reporting 76.04% against the 14 day turnaround (and 48.22% for 7 days)
Why / How:	Work continues across the Divisions, with steady improvements continuing to be seen from the start of the year. 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 Meetings. Data capture and reporting of this metric is additionally reviewed as part of the process.

Productivity

As stated previously, this domain has now been updated 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:

Work continues to address the reported decline in Theatre Utilisation across the Trust, and is being focused on through the Theatre productivity workstream and Trust Flow programme (part of the Better Value work).

The actions, as reported last time include:

- Improvements in bed booking processes for Radiological procedures that require theatres, and balancing the demands between emergency and elective cases (
- 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

Bed Occupancy:

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

As at December bed occupancy was at 82.7%, which is down slightly from 84.1% in the previous months, however expected given the reduction in occupancy over the Christmas period. 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:

This metric is derived by the information collated directly from the service. As is evident from the dashboard, over the last 2 months there has been a step change in the number of PICU / NICU refusals (46 in November and 49 in December). This trend is typical entering into winter and is also reflective of the system pressures with regard to PICU/ NICU capacity across the sector. This is reviewed daily / weekly by the clinical and operational teams.

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

In December there were 1.3% of all outpatient appointments that were booked, cancelled by the Trust. This measure will be reviewed to ensure this provides the best possible / most useful view on how the Trust utilises OP capacity.

Activity:

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

The cumulative YTD position across all 3 areas remains up on the same period last year, however in December the Trust had less inpatients (discharges) and outpatients compared to the same month last year, with critical care showing the reverse and up compared to last December.

Our Money

This section of the IPR includes a year to date position up to and including December 2016 (Month 9). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.1m lower than planned for this reporting period. This is as a result of a combination of factors including:

- Clinical Income (exc International Private Patients and Pass through Income) is £0.7m higher than plan, however this is after adjusting for £1m reduction in income relating to 2015/16 outturn.
- Non Clinical revenue is £2.9m higher than plan
- International Private Patients income is £1.1m higher than planned, although it is £0.2m lower than plan in month.
- Staff costs are £4.8m higher than plan at the end of month 9.
- Non-pay costs (excluding passthrough costs) are £0.6m higher than planned due to an increase IPP bad debt provision.

Areas of concern at this point within the Trust include:

- Pay costs being £4.8m higher than plan with an increasing monthly run rate.
- Non pay costs being higher than planned due to increasing levels bad debt provision (£1.5m), IPP Debtor days have increased from 197.1 days in March to 246.7 days in December.
- Current delivery of recurrent P&E savings is lower than planned year to date (£3.6m)

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.
- Stop any discretionary expenditure for the remainder of the year.
- Deferral of any non-discretionary expenditure where possible.
- Enhanced workforce controls are being introduced to reduce agency staff costs and ensure all non-clinical posts advertised are reviewed.

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – DECEMBER 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 14 in December to 4079 compared to November 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. Recent trend shows a decrease in support to clinical services staff and a slight rise in Healthcare Scientists and Professional ST&T staff.

Sickness absence has increased slightly to 2.3% (from 2.2%) and remains below the London average figure of 2.8%. Short-term sickness (STS) (episodes of sickness up to 4-weeks) has increased across the Trust to 1.3% (up from 1.2%) whilst long-term sickness has remained unchanged at 1.0%.

Unfilled vacancy rate: The Trust's unfilled vacancy rate stands at 1.5%.

Agency usage for 2016/17 (year to date) stands at 3.8% of total paybill (no change from October 2016). 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 December 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 – no change). The Trust breached the ceiling in December 2016. 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 number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in

December, 161 shifts (increase from 148) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 48% of total paybill (RTT and senior interims). Finance currently spends 23.4% of paybill on agency staff (decreasing).

Agency Measure	Spend YtD (December 2016)	Shifts breaching agency cap
RTT agency staff	£2,648k	0
Gastro review agency staff	£290k	8
Business as usual agency staff	£3,734k	153
Total agency staff	£6,672k	161
Agency ceiling	£4,893k	

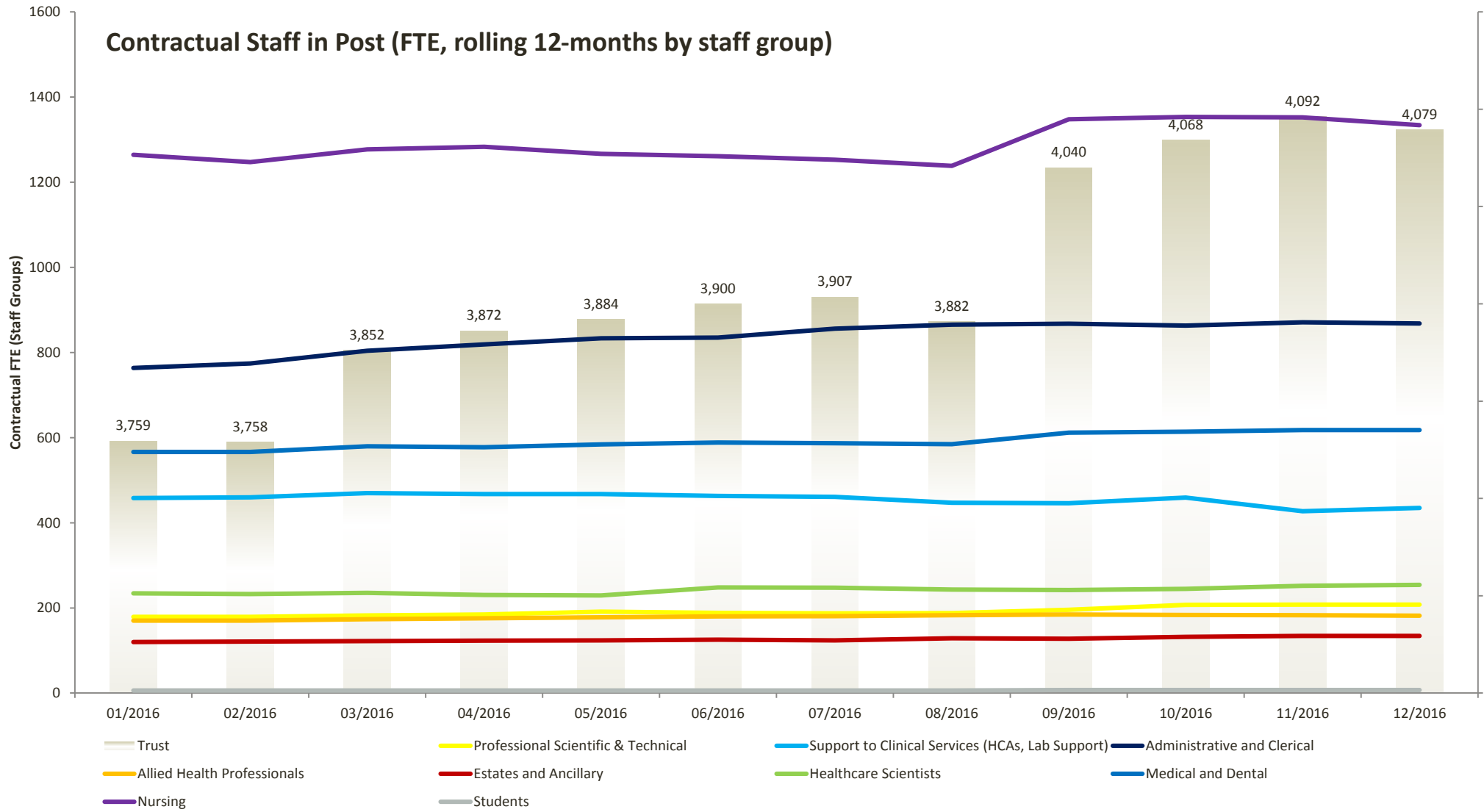
PDR completion rates The Trust overall appraisal rate stands at 83% - a decrease by 1% since November 2016. Currently two (from four in November) areas are meeting the in-year target of 90%, Corporate Affairs (at 100%) and Human Resources & Organisational Development (at 95%). The target for 2017/18 will increase to 95%.

Statutory & Mandatory training compliance: In December the compliance across the Trust decreased by 1% to 86%. Currently eight (no change) 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. The target for 2017/18 will increase to 95%.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 17.6% (up from 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 increased to 19.2% in December +0.3% from November 2016). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers). In order to address the poor quality of leaver information, data quality reports will be introduced in February 2017 for divisional/departmental managers to correct data to improve intelligence regarding leaver information.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 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	1634	18.8% (272.5)	19.9% (289.2)	2.4	83.0%	85.0%	0.8%	1.8%
Barrie Division	1661	15.7% (227.1)	17.9% (258.9)	2.0	84.0%	85.0%	0.0%	0.9%
International Division	192	19.1% (32.9)	19.7% (33.9)	3.4	92.0%	95.0%	14.2%	0.0%
Corporate Affairs	9	11.1% (1.0)	11.1% (1.0)	1.0	100.0%	90.0%	29.1%	4.1%
Clinical Operations	95	18.6% (15.9)	15.1% (12.9)	3.2	73.0%	91.0%	0.0%	47.8%
Human Resources & OD	81	24.1% (19.5)	27.7% (22.3)	3.3	95.0%	96.0%	12.4%	2.3%
Nursing & Patient Experience	86	13.1% (9.3)	17.1% (12.2)	1.9	69.0%	91.0%	0.0%	0.0%
Medical Directorate	42	21.6% (7.9)	21.6% (7.9)	1.1	58.0%	88.0%	7.3%	0.0%
Finance	44	33.8% (17.0)	39.8% (20.0)	3.1	87.0%	97.0%	34.1%	23.4%
Development & Property Services	149	13.4% (18.2)	13.3% (18.2)	3.0	81.0%	93.0%	0.0%	7.0%
Research & Innovation	84	22.2% (19.2)	22.2% (19.2)	2.1	84.0%	93.0%	11.0%	0.1%
Trust	4079	17.6% ▲ (639.4)	19.2% ▲ (695.6)	2.3% ▲	83.0 ▼	86.0% ▼	1.5% ▼	3.8% ▼



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 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.
- Charles West are currently working with the Recruitment team on targeted recruitment through social media campaigns, such as Twitter to attract Band 5/6 nurses.
- The opening of Hedgehog Ward has impacted on the vacancy rate in IPP, there are still some vacancies at a band 5, 6 and for admin staff.

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 HR Business Partner has been recently appointed who will be working with the DPS teams 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 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

- Charles West hold are holding weekly meetings with the Senior Nursing Team to review bank and agency requests per ward, to ensure these are in line with patient acuity. On-going recruitment to posts within finance
- Working with divisions to reduce any agency that has been in place for over six months, the review in on-going has resulted in a reduction of approximately 60% of long-term agency and bank staff across the Trust.
- Converting agency posts to substantive or bank positions.

Voluntary Turnover Rate

Actions

- A retention survey has recently been launched to obtain feedback from staff after they have been in post for 1 month, in which the results will be produced in the next month to put in actions where necessary to support new joiners to the organisation and better employee satisfaction.
- Focus groups are currently taking place throughout January to obtain feedback from Band 6 nurses on their views of working at the Trust. These sessions are being chaired by Nursing recruitment and HR, and the actions will be shared with management the following month to set actions.
- Exit questionnaire data has been analysed, and shared with the Divisions to agree the actions that need to be put in place over the next 2 months.

PDR Completion

Actions

- PDR rates now regularly reported and accessible via the intranet.
- Top 5 areas in each division with the lowest PDR rates are being focussed on to ensure improvements are made in these areas.

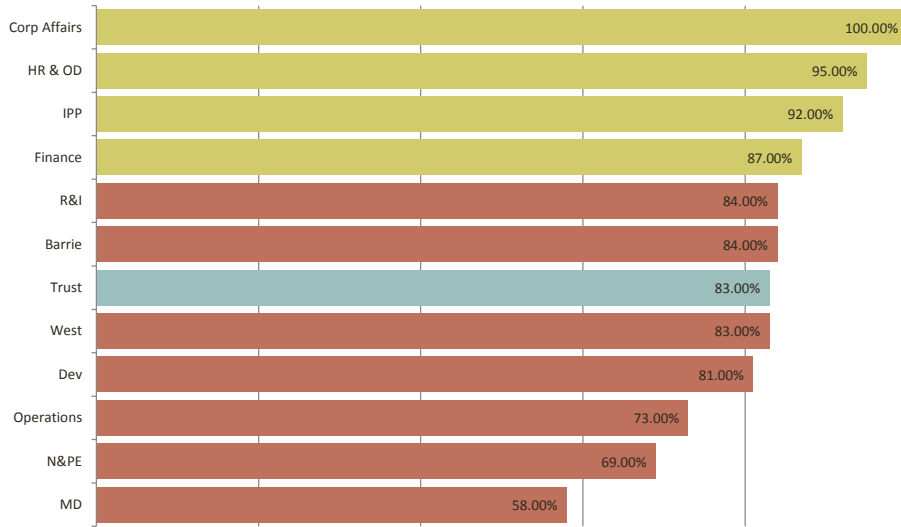
Statutory & Mandatory Training Compliance

Actions

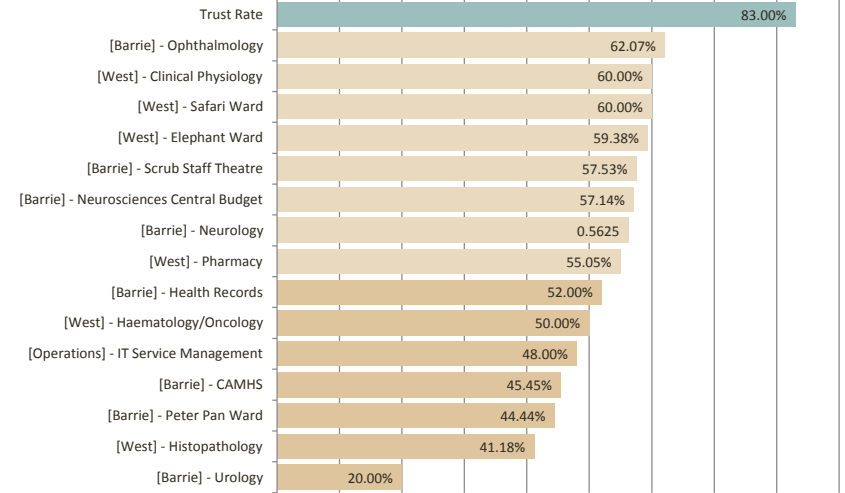
- More visibility through LMS
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Training competencies with lowest compliance rates are being targeted to significantly increase compliance in these areas.

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

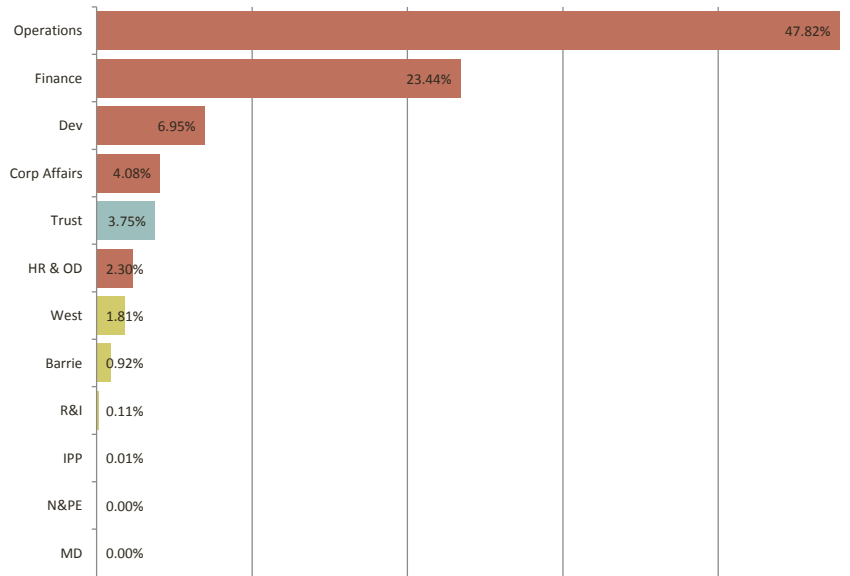
Divisional PDR (Target 90%)



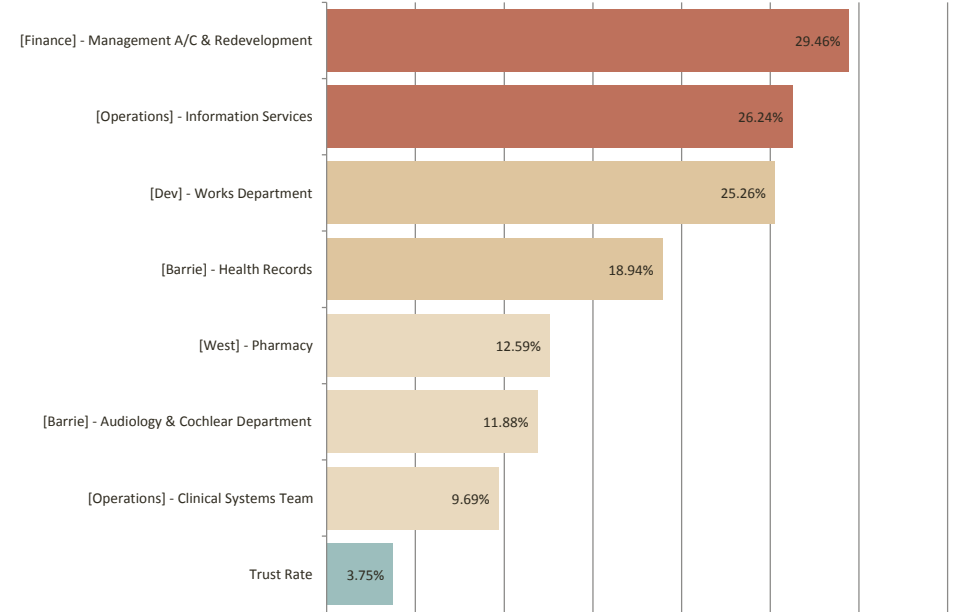
Exception Reporting PDR



Divisional Agency as % of paybill

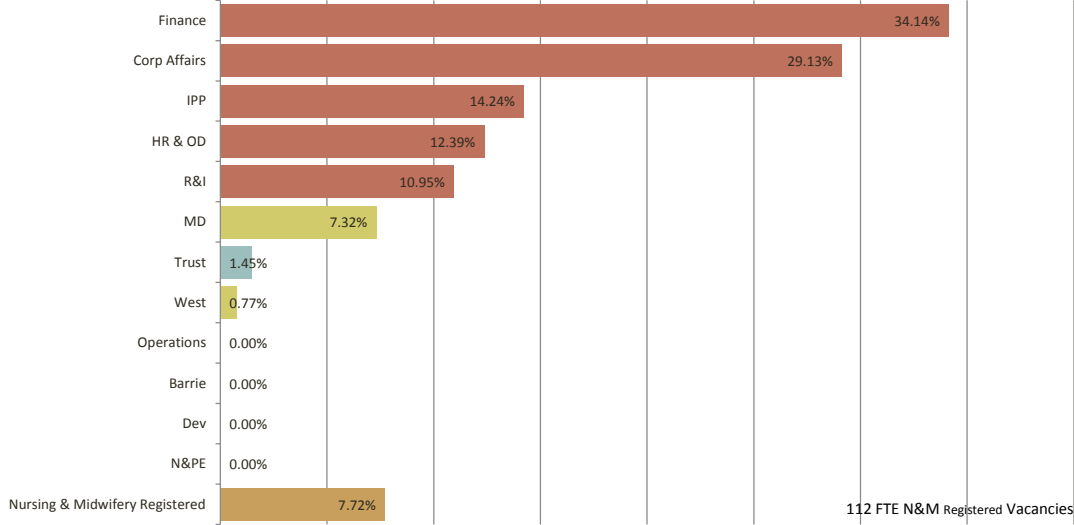


Exception Reporting Agency as % of Paybill

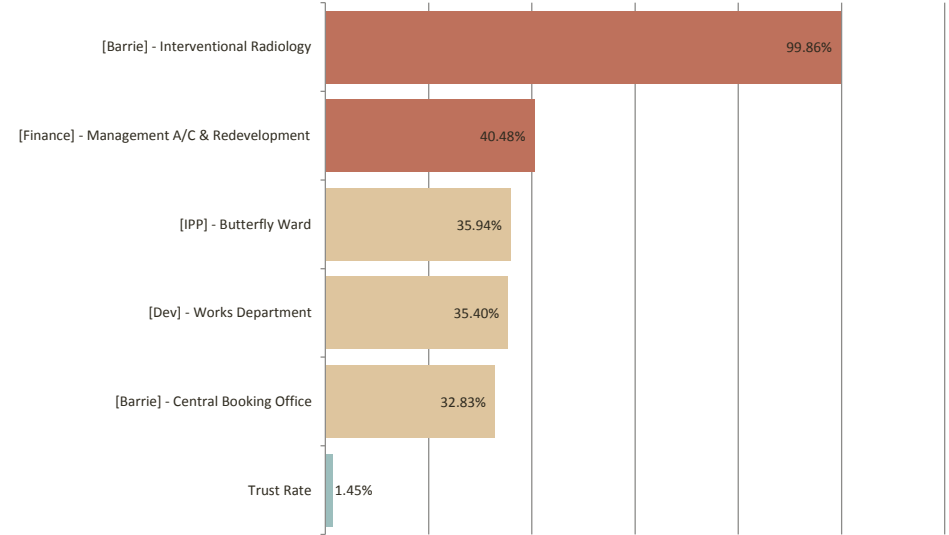


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 2016 REPORT

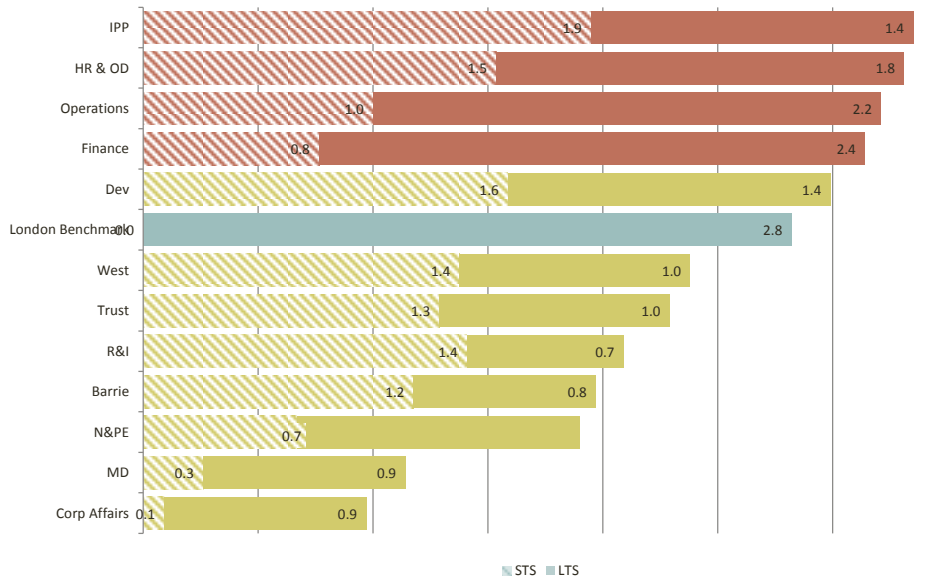
Divisional Vacancy Rate



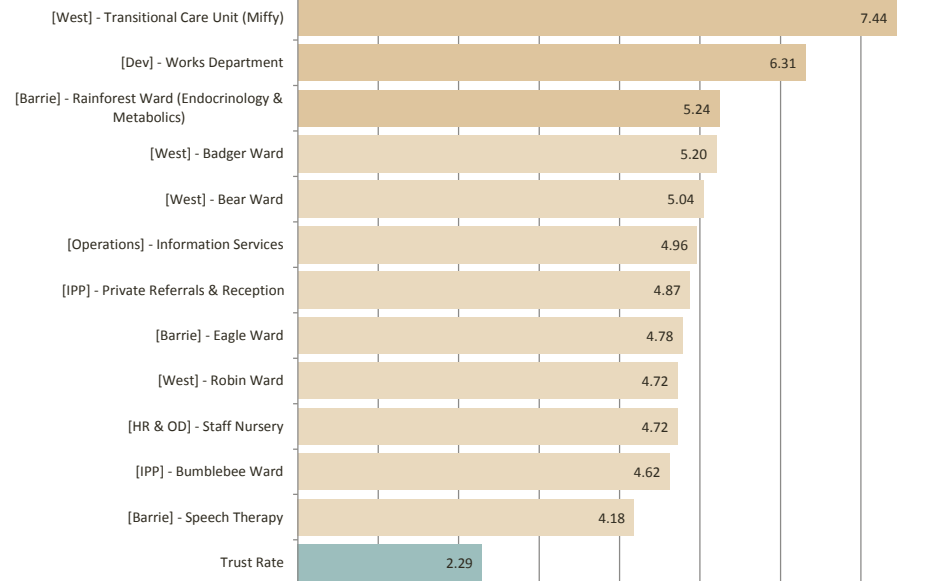
Exception Reporting Vacancy Rate



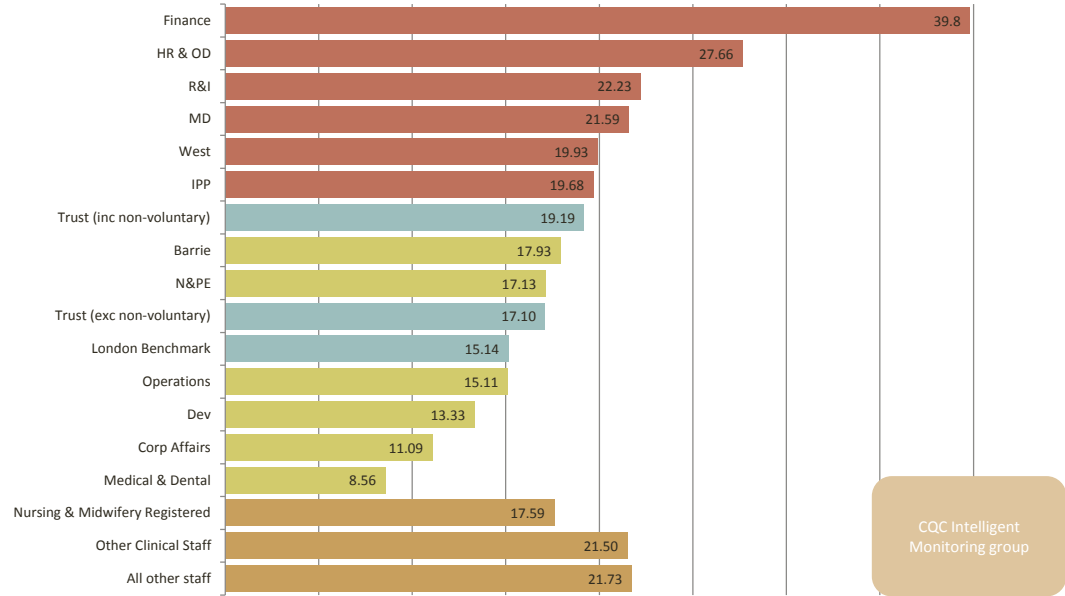
Divisional Sickness



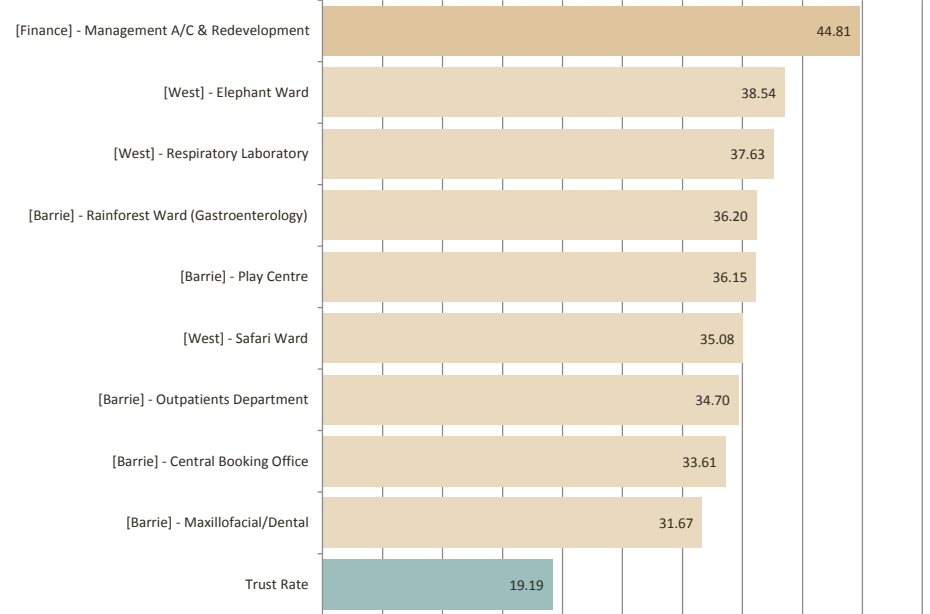
Exception Reporting Sickness



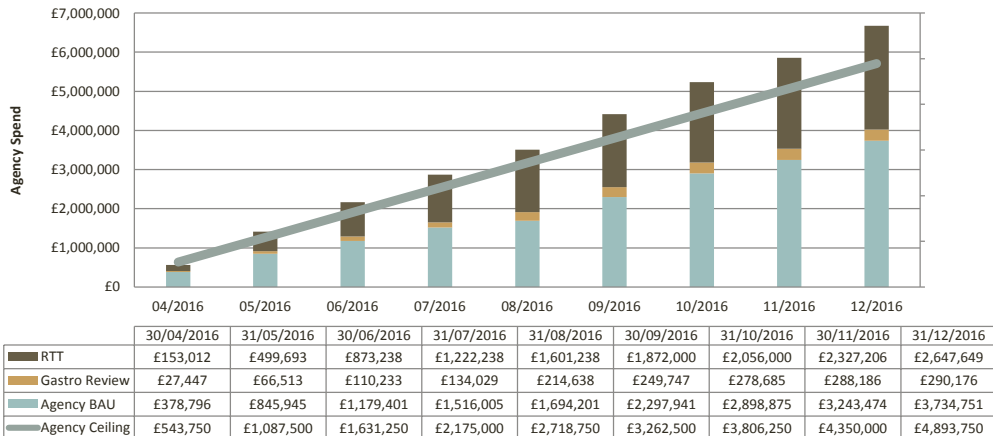
Divisional Turnover (Voluntary & Non-Voluntary)



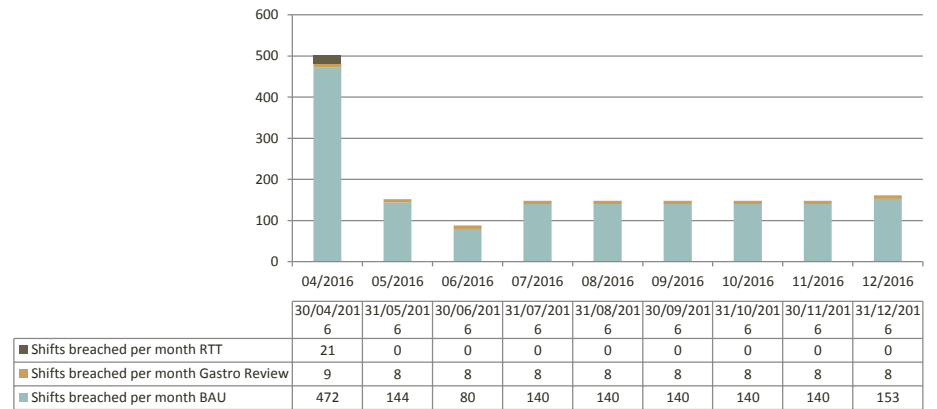
Exception Reporting Turnover



Agency Spend Ceiling (NHS Improvement Directive, Cumulative)

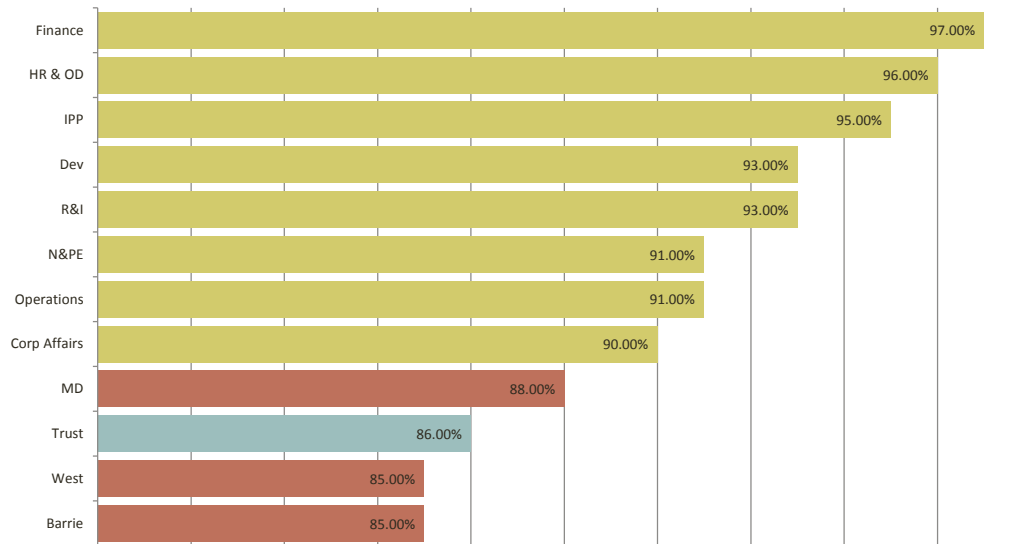


NHS Improvement Agency Rule Breaches (shifts per month, target zero)



Statutory & Mandatory Training Compliance (%)

(target 95%)



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
 WORKFORCE METRICS EXCEPTION REPORTING - DECEMBER 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	19.9% (289.2)		2.4		
Barrie Division	17.9% (258.9)		2.0		
International Division	19.7% (33.9)		3.4		
Corporate Affairs	11.1% (1.0)		1.0		
Clinical Operations	15.1% (12.9)		3.2		
Human Resources & OD	27.7% (22.3)		3.3		
Nursing & Patient Experience	17.1% (12.2)		1.9		
Medical Directorate	21.6% (7.9)		1.1		
Finance	39.8% (20.0)		3.1		
Development & Property Services	13.3% (18.2)		3.0		
Research & Innovation	22.2% (19.2)		2.1		
Trust	19.2% ▲ (695.6)		2.3% ▲		

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

	Oct	Nov	Dec	Trend	Plan	NHS Standard
Caring						
Access to Healthcare for people with Learning Disability				→		
% Positive Response Friends & Family Test: Inpatients	97.87%	98.96%	97.30%	↓		95%
Response Rate Friends & Family Test: Inpatients	25.16%	24.63%	27.25%	↑	40%	
% Positive Response Friends & Family Test: Outpatients	95.60%	92.35%	90.96%	↓		95%
Number of Complaints	12	9	5			
Number of Complaints - Red Grade	0	2	1	↑		
Mental Health Identifiers: Data Completeness	98.83%	98.71%	99.29%	↑		97%

	In-month	YTD	Oct	Nov	Dec	Trend	Plan	NHS Standard
Safe								
Serious Patient Safety Incidents	0	7	0	0	1			
Never Events	0	1	0	1	1	→		0
Incidents of C. Difficile	0	2	1	3	3	→		1
C.Difficile due to Lapses of Care	0	0	0	0	0	→		1
Incidents of MRSA	0	3	0	3	3	→		0
CV Line Infection Rate (per 1,000 line days)	0.89		1.78	2.55		↓		1.6
WHO Checklist Completion	93.60%		94.04%	91.55%		↓		98%
Arrests Outside of ICU	3	2	3	0	0	→		5
Total hospital acquired pressure / device related ulcer rates grade 3 & above	1		0	2		↓		0

	Oct	Nov	Dec	Trend	Plan	NHS Standard
Responsive						
Diagnostics: Patients Waiting >6 Weeks	4.24%	4.64%	3.18%	↑		1%
Cancer 31 Day: Decision to Treat to First Treatment	100%	100%		→		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery	100%	100%		↑		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs	100%	100%		↑		98%
Last Minute Non-Clinical Hospital Cancelled Operations						
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	Quarter 3 position is currently being finalised					0

	Oct	Nov	Dec	Trend	Plan	NHS Standard
Well-Led						
Sickness Rate	2.21%	2.22%	2.29%	↓		3%
Turnover	19.0%	19.3%	19.2%	↔		18%
Appraisal Rate	84%	83%	83%	↔		90%
Mandatory Training	87%	86%	86%	↑		90%
% Staff Recommending the Trust as a Place to Work: Friends & Family Test						61%
Vacancy Rate	0.0%	0.9%	1.5%	↓		10%
Bank Spend	6.2%	6.3%	6.2%	↑		
Agency Spend	3.80%	3.71%	3.80%	↓		2%

	Oct	Nov	Dec	Trend	Plan	NHS Standard
Effective						
Discharge Summary Turnaround within 24hrs	84.20%	88.46%	86.87%	↓		100%
Clinic Letter Turnaround within 7 working days	44.77%	48.22%		↑		
Turnaround within 14 working days	74.19%	76.04%		↑		100%
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)	7.57%	7.27%	7.53%	↓		8.36%

	Oct	Nov	Dec	Trend	Plan	NHS Standard
Productivity						
Theatre Utilisation (NHS UO4)	64.6%	68.6%	63.1%	↓		77%
Bed Occupancy	81.7%	84.1%	82.7%	↓		
Refused Admissions	6	6	4	↔		
Same day / day before hospital cancelled appointments	1.25%	1.29%	1.30%	↓		
Activity						
Total Discharges (YOY comparison)	3,458	3,715	3,308	↓		3,556
Critical Care Beddays (YOY comparison)	1,135	1,206	1,240	↑		1,075
Outpatient Attendances (All) (YOY comparison)	20,999	23,255	17,483	↓		18,671

	Oct	Nov	Dec	Trend	YTD Target	YTD Variance
Our Money						
Net Surplus/(Deficit) v Plan	(0.5)	0.6	(2.5)	↓	(5.2)	0.1
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.4	0.4	0.4	→	9.0	(5.4)
Pay Worked WTE Variance to Plan	(196.9)	(137.3)	(150.5)	↓	0.0	(42.9)
Debtor Days (IPP)	234.1	234.0	246.7	↓	120.0	(96.5)
Quick Ratio (Liquidity)	1.87	1.90	1.90	→	1.77	0.1
NHS KPI Metrics	2.0	1.0	2.0	↓	1.0	(1.0)

Areas of Concern
 Caring - Friends & Family response rate; Red complaints
 Safe - CV line Infection Rate; WHO Checklist; Grade 3 pressure ulcers
 Well-led - Mandatory Training; Nursing vacancy rate
 Effective - Discharge Summaries
 Productive - Theatre Utilisation; PICU/NICU refusals
 Our Money - In-month deficit; P&E delivery

Areas of Success
 Caring - Mental Health Data Completeness
 Safe - No clostridium difficile infections in-month; No MRSA cases in last 3 months
 Responsive - improved Diagnostic Wait Times; No Cancer breaches
 Well-led - Trust sickness and overall vacancy rate
 Productivity - YTD position across inpatients, outpatients and critical care

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

2016/17 Finance Report – Month 9

Financial Position – Month 9

The Trust is reporting a year to date deficit of £5.0m (excluding capital donations and impairments) for the nine months ending 31 December 2016, £0.1m better than the plan deficit of £5.1m.

The Trust at Month 9 continues to report to NHSI that it will achieve its control total deficit of £6.3m for 2016/17, although internal divisional forecasts at the end of Month 9 indicate that if further mitigating actions are not taken the Trust would end the year with a deficit of £8.1m (before removal of the S&T Funding not already paid) £1.8m higher than the agreed control total for 2016/17.

Income

At the end of month 9, year to date income is £8.6m higher than plan. International Private Patients has exceeded plan income by £1.1m. NHS and other clinical income (excluding pass through) is £0.7m better than plan after adjusting for the £1.0m reduction in income relating to 2015/16 outturn.

The year to date income position also includes £1.8m representing 9/12ths of the £2.4m Sustainability and Transformation Fund agreed with NHS Improvement and £2.6m for additional income expected in the first 9 months from the outcome of the local price review work recently undertaken by PwC on behalf of GOSH and NHS England. The forecast outcome of the local price review has been risk adjusted down to £3.5m 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 £4.8m 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 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 (£0.5m). Other non-pay expenses are £1.1m higher than plan largely due to the inclusion of a year to date increase of £1.71m bad debt provision relating to International Private Patients.

Current delivery of recurrent P&E savings is £4.3m for the year to date. The full year P&E requirement is £12.0m and the Trust has identified £6.1m of potential savings to date.

PE Category	YTD (£m's)	Forecast (£m's)
Clinical Supplies expense	0.7	0.9
Drugs Expense	0.0	0.1
Misc. Other Operating Expense	1.0	1.6
Non-clinical Supplies expense	0.1	0.1
Pay expense	1.7	2.4
Revenue Generation (Excl NHS Clinical)	0.7	1.1
Total	4.3	6.1

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 £6.1m 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 £2.39m to the end of Q3. The balance of the £4.7m is available in the last quarter 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 £1.1m higher than plan year to date, £0.2m lower than plan in month 9.
NHS activity and income remaining at or above contracted levels excluding commissioner QIPP assumptions	NHS income currently £0.7m higher 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 9 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 indicate that without further intervention the Trust would end the year with an £8.1m deficit (before removal of the £2.4m S&T Fund). This is £0.3m worse than the forecast at month 8 due to increases in the level of forecast clinical non pay expenditure.

The principle movements from plan to internal forecast include:

- Partial delivery of P&E savings
- Increased staff costs in each quarter (Q1 - £57.9m, Q2 - £59.7m, Q3 - £60.4m, Q4 forecast - £60.3m). The increase is caused by later than planned closure of RTT validation, increased number of new nurse starters from September who are supernumerary until fully inducted and increased numbers of clinical staff to support the opening of Hedgehog and increased PICU beds.
- Long term absence of senior medical staff has required backfill at significant cost.

- Non pay costs are higher than planned due to increased bad debt provision relating to IPP debt and increased levels of pass through drugs and devices.

Work undertaken in month 9 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.

Further review through the Divisional Performance Meetings has identified further opportunities to reduce the forecast deficit to ensure the Trust will achieve the agreed control total, and if possible exceeds it to gain access to the 'pound for pound' incentive scheme offered by NHS Improvement. These must include but are not limited to:

- Improved workforce controls including vacancy approval process for all posts and deferring recruitment and stopping agency use for non-clinical posts.
- Stop any discretionary expenditure for the remainder of the year.
- Deferral of any non-discretionary expenditure where possible.

Cash

The closing cash balance was £33.1m, £18.1m lower than plan. This was due to lower than planned EBITDA (£0.6m), lower than planned trust funded capital expenditure (£8.4m) and the movement on working capital (£26.9m).

The movement on working capital largely relates to higher than planned Receivables. In addition, improvement in the Accounts payable process has resulted in payables being £6.4m lower than plan.

NHS Debtor Days

Invoices for Q1 over-performance (£3.5m) were raised in September and remain outstanding at the end of December.

IPP Debtor Days

IPP Debtor days increased from 234.0 to 246.7 in month. Receipts (net of deposits) in month totalled £1.8m; the average for the last 12 months is £3.5m. Since the end of month 9 a £2.0m payment has been received from Kuwait Health Office.

Creditor Days

Creditor days decreased slightly in month from 20.1 days to 19.3 days due to improved payment processes in accounts payable. These remain within the 30 day target.

Non-Current Assets

Non-current assets increased by £0.1m in month, the effect of capital expenditure of £1.6m less depreciation of £1.5m. The closing balance is £12.4m lower than plan due to lower than planned expenditure to date on EPR (£3.8m), VCB Chillers (£2.1m), PICB (£3.0m) and IPP BMT works (£1.1m).

Finance and Activity Performance Report

26 January 2016

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Finance Scorecard

£	Oct	Nov	Dec	Trend	YTD Target	YTD Variance
Net Surplus/(Deficit) v Plan	(0.5)	0.6	(2.5)	↓	(5.2)	0.1
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.4	0.4	0.4	→	9.0	(5.4)
Pay Worked WTE Variance to Plan	(196.9)	(137.3)	(150.5)	↓	0.0	(42.9)
Debtor Days (IPP)	234.1	234.0	246.7	↓	120.0	(96.5)
Quick Ratio (Liquidity)	1.87	1.90	1.90	→	1.77	0.1
NHS KPI Metrics	2.0	1.0	2.0	↓	1.0	(1.0)

Our Money

Comments

- Year to date (as at 31 December 2016) the Trust is reporting a £5.0m deficit, excluding capital donations which is £0.1m better than plan.
- In Month 9 the Trust is reporting a £2.5m deficit which is £0.1m adverse to plan.
- Private patient income YTD is £1.1m better than plan.
- Pay YTD is £4.8m adverse to plan, with agency spend £4.6m above plan.
- The Trust is currently running above its NHSI notified cost ceiling for agency staff due to the continued cost of RTT validation and the YTD costs of the Gastro review.
- The overall weighted NHSI rating for Month 9 was a 2. 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. Performance against the agency ceiling also contributes to the overall rating.

NHSI Key Performance Indicators				
KPI	Annual Plan	M9 YTD Plan	M9 YTD Actual	Rating
Liquidity	1	1	1	G
Capital Service Coverage	1	2	2	G
I&E Margin	2	2	2	G
Variance in I&E Margin as % of income ^{AA}	1	1	1	G
Agency Spend ^{AAA}	1	1	2	A
Overall	1	2	2	G
Overall after Triggers	1	2	2	G

Trust Income and Expenditure Performance Summary

Year to Date for the 9 months ending 31 December 2016

2016/2017											2015/16	CY vs PY	CY vs PY	
Annual Budget	Income & Expenditure	Month 9				Year to Date				Rating Current Year	YTD Actual	Variance		
		Budget	Actual	Variance	%	Budget	Actual	Variance	%			(£m)	%	
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%		(£m)	(£m)	%	
255.3	NHS & Other Clinical Revenue	19.7	20.3	0.6	3.0%	191.4	192.1	0.7	0.4%	G	1	183.7	8.4	4.6%
57.3	Pass Through	4.9	5.2	0.3	5.9%	43.1	47.0	3.9	9.0%			40.7	6.3	15.5%
54.1	Private Patient Revenue	4.4	4.2	(0.2)	-4.5%	39.8	40.9	1.1	2.8%	G	2	36.2	4.7	13.0%
43.3	Non-Clinical Revenue	3.4	4.3	0.9	25.6%	32.3	35.2	2.9	9.0%	G		31.3	3.9	12.5%
410.0	Total Operating Revenue	32.5	34.0	1.6	4.8%	306.6	315.2	8.6	2.8%			291.9	23.3	8.0%
(227.6)	Permanent Staff	(19.0)	(17.9)	1.1	6.0%	(170.2)	(158.8)	11.4	6.7%			(147.6)	(11.2)	7.6%
(2.1)	Agency Staff^	0.0	(0.8)	(0.8)	0.0%	(2.1)	(6.7)	(4.6)	-219.0%	R		(4.3)	(2.4)	55.8%
(1.0)	Bank Staff^	(0.1)	(1.3)	(1.2)	0.0%	(1.0)	(12.6)	(11.6)	0.0%			(11.3)	(1.3)	11.5%
(230.7)	Total Employee Expenses	(19.1)	(20.0)	(0.9)	4.5%	(173.3)	(178.1)	(4.8)	-2.8%	R	3	(163.2)	(14.9)	9.1%
(12.3)	Drugs and Blood	(1.0)	(1.2)	(0.2)	-20.0%	(9.2)	(9.1)	0.1	1.5%	G		(7.9)	(1.2)	14.7%
(41.4)	Other Clinical Supplies	(3.4)	(3.7)	(0.3)	-8.8%	(31.0)	(30.6)	0.4	1.3%	G		(28.2)	(2.4)	8.5%
(48.5)	Other Expenses	(4.2)	(4.2)	0.0	0.0%	(36.2)	(37.3)	(1.1)	-3.0%	R		(37.4)	0.1	-0.3%
(57.3)	Pass Through	(4.9)	(5.2)	(0.3)	-6.1%	(43.1)	(47.0)	(3.9)	-9.0%			(40.8)	(6.2)	15.2%
(159.5)	Total Non-Pay Expenses	(13.5)	(14.3)	(0.8)	-5.9%	(119.5)	(124.0)	(4.5)	-3.7%	R	4	(114.3)	(9.7)	8.5%
(390.4)	Total Expenses	(32.6)	(34.3)	(1.7)	-5.1%	(292.8)	(302.1)	(9.3)	-3.2%	R		(277.5)	(24.6)	8.9%
19.6	EBITDA (exc Capital Donations)	(0.2)	(0.3)	(0.1)	-53.2%	13.8	13.2	(0.6)	-4.5%	R		14.4	(1.2)	-8.5%
(25.9)	Depreciation, Interest and PDC	(2.2)	(2.2)	0.0	0.0%	(18.9)	(18.2)	0.7	3.7%			(18.0)	(0.2)	1.1%
(6.3)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(2.4)	(2.5)	(0.1)	-4.6%	(5.1)	(5.0)	0.1	1.6%	G		(3.6)	(1.4)	39.4%
4.8%	EBITDA %	-0.6%	-0.9%			4.5%	4.2%					4.9%	-0.8%	-15.2%
0.0	Impairments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%			0.0	0.0	0%
35.2	Capital Donations	1.4	0.8	(0.6)	42.9%	31.7	26.9	(4.8)	-15.1%			18.3	8.6	47.0%
28.9	Net Result	(1.0)	(1.7)	(0.7)	-71.9%	26.6	21.9	(4.7)	-17.7%			14.7	7.2	48.8%

Notes

1. NHS income (excluding pass through) YTD is better than plan by £0.7m. The YTD plan includes:

- £1.8m (9/12) of the agreed £2.4m Sustainability and Transformation funding and accrued income of £1.8m has been included in the year to date position;

- £2.2m for the outcome of the local pricing review following the publication of the PwC report and accrued income of £2.6m has been included 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.

2. Private patient income YTD is £1.1m better than plan. This has been delivered through increased activity and a high level of complex patients. Private Patient income in Month 9 was £0.2m worse than plan due to reduced activity.

3. Pay is adverse to plan in Month 9 by £0.9m, 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 costs incurred for the Gastro review.

4. Non pay excluding pass through YTD is £0.5m adverse to plan. This is due to increased bad debt provision (£1.5m) offset by underspends in other areas including reserves.

Footnotes:

^ 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

Trust Income and Expenditure Performance Summary

Internal forecast outturn 2016/2017

2016/2017						
Full year Actual 2015/16	Income & Expenditure	Annual Budget	Internal Forecast			Rating Current Year Variance
			Full-Yr 2016/17	Variance to plan		
(£m)		(£m)	(£m)	(£m)	%	
246.2	NHS & Other Clinical Revenue	255.3	256.7	1.4	0.5%	G
54.7	Pass Through	57.3	62.7	5.4	9.4%	
48.9	Private Patient Revenue	54.1	54.8	0.7	1.3%	G
44.5	Non-Clinical Revenue	43.3	46.7	3.4	7.9%	G
394.4	Total Operating Revenue	410.0	420.9	10.9	2.7%	
(197.8)	Permanent Staff	(227.6)	(213.4)	14.2	6.2%	
(7.6)	Agency Staff^	(2.1)	(8.3)	(6.2)	-295.2%	R
(15.3)	Bank Staff^	(1.0)	(16.8)	(15.8)	0.0%	
(220.7)	Total Employee Expenses	(230.7)	(238.5)	(7.8)	3.4%	R
(10.6)	Drugs and Blood	(12.3)	(11.9)	0.4	3.3%	G
(39.8)	Other Clinical Supplies	(41.4)	(41.4)	0.0	0.0%	G
(54.9)	Other Expenses	(48.5)	(49.6)	(1.1)	-2.3%	R
(54.7)	Pass Through	(57.3)	(62.7)	(5.4)	-9.4%	
(160.0)	Total Non-Pay Expenses	(159.5)	(165.6)	(6.1)	-3.8%	R
(380.7)	Total Expenses	(390.4)	(404.1)	(13.9)	-3.5%	R
13.6	EBITDA (exc Capital Donations)	19.6	16.8	(3.0)	-14.3%	R
(24.7)	Depreciation, Interest and PDC	(25.9)	(24.9)	1.0	3.9%	
(11.1)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(6.3)	(8.1)	(1.8)	28.6%	G
3.5%	EBITDA %	4.8%	4.0%			
13.8	Impairments	0.0	0.0	0.0	0.0%	
30.5	Capital Donations	35.2	34.0	(1.2)	-3.4%	
33.2	Net Result	28.9	25.9	(3.0)	-10.4%	

Notes

1. NHS income (excluding pass through) based on forecast outturn will be £1.4m above plan.

2. Private patient income based on forecast outturn will be £0.7m above plan.

3. Pay based on forecast outturn will be £7.8m adverse to plan, with agency £6.2m above plan. The agency spend is higher than the prior year due to the continuing cost of RTT validation and the costs incurred for the Gastro review.

4. Non pay excluding pass through based on forecast will be £6.1m adverse to plan. This is due to increased bad debt provision offset by underspends in other areas including reserves.

Income & Expenditure Run Rate Summary For the 9 months ending 31 December 2016



Trust Non-pay and Income graphs Exclude Pass Through

Income

- Private patient income over performed by £1.1m YTD at Month 9 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 6 of £0.9m. In Month 9 private patient income was lower than plan due to lower occupancy in month.
- Other Clinical income has over performed by £0.7m 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 M9 there were increased pay costs across several divisions compared to the average YTD which is driven by new starters in nursing (£0.1m) that are mainly supernumerary as well as an increase in Nursing bank costs partly due to increased activity and additional absence cover.

Non Pay

- The Trust's non-pay expenditure has fallen from Month 12 2015/16 following one off expenditure in Month 12 relating to medical equipment purchased less than £5,000 (which was offset by charitable donations).
- Expenditure (excluding pass-through) is slightly above plan YTD due to £1.7m of additional bad debt provision, additional costs for work on the governance review and increased research costs (offset by income).

Surplus/Deficit

- Income is ahead of plan in Month 9 with a small underperformance on clinical income offset by increased non-clinical income in R&I matched by expenditure. The resulting overall surplus 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.

Statement of Financial Performance & Capital Summary

For the 9 months ending 31 December 2016

Statement of Financial Position	31 Mar 2016 Actual	31 Dec 2016 Plan	31 Dec 2016 Actual
	£m	£m	£m
Non-Current Assets	440.8	475.4	463.0
Current Assets (exc Cash)	58.9	66.9	87.3
Cash & Cash Equivalents	63.7	51.2	33.1
Current Liabilities	(60.3)	(65.3)	(58.8)
Non-Current Liabilities	(6.3)	(5.9)	(5.9)
Total Assets Employed	496.8	522.3	518.7

Capital Expenditure	Annual Plan	31 Dec 2016 Plan	31 Dec 2016 Actual	YTD Variance
	£m	£m	£m	£m
Redevelopment – Donated	32.3	29.2	24.6	4.6
Medical Equipment – Donated	2.9	2.5	2.3	0.2
Estates – Donated	0.0	0.0	0.0	0.0
ICT – Donated	0.0	0.0	0.0	0.0
Total Donated	35.2	31.7	26.9	4.8
Redevelopment & equipment - Trust Funded	9.0	6.9	5.0	1.9
Estates & Facilities - Trust Funded	2.4	1.5	0.5	1.0
ICT - Trust Funded	10.0	6.4	2.9	3.5
Contingency	3.0	2.0	0.0	2.0
Total Trust Funded	24.4	16.8	8.4	8.4
Total Expenditure	59.6	48.5	35.3	13.2

Redevelopment donated

The YTD Variance of £4.6m includes the PICB building, with the latest estimate indicating the completion date of the construction contract will be one month later than planned (end of May 2017) and the Chelsea Roof Garden/Boiler, which is currently awaiting final contract costs. The impact from PICB on the 2016/17 cost outturn is expected to be limited to approximately £0.8m, as the costs at the end of the project are low.

Medical Equipment – Donated

The ventilators/humidifiers programme has been delayed but is expected to be complete within 2016/17.

Redevelopment & equipment – Trust funded

There have been delays in the VCB Chillers planning permission and the IPP BMT is on hold. £2m from VCB Chillers will continue into 2017/18.

Cash & Working Capital Summary

For the 9 months ending 31 December 2016

Bridge M09 Cash Plan to Actual (£m)



Working Capital	31-Mar-16	30-Nov-16	31-Dec-16	RAG
NHS Debtor Days (YTD)	11.8	12.1	13.2	G
IPP Debtor Days	197.1	234.0	246.7	R
IPP Overdue Debt (£m)	13.0	23.8	26.7	R
Inventory Days - Drugs	6.0	6.0	7.0	G
Inventory Days - Non Drugs	51.0	67.0	49.0	R
Creditor Days	35.0	20.1	19.3	G
BPPC - Non-NHS (YTD) (number)	85.2%	81.1%	81.3%	R
BPPC - Non-NHS (YTD) (£)	87.8%	85.7%	86.0%	R

Cash

The closing cash balance was £33.1m, £18.1m lower than plan. This was largely due to lower than planned EBITDA (£0.6m); lower than planned trust funded capital expenditure (£8.4m) and the movement on working capital (£27.1m).

The movement on working capital (£27.1m) largely relates to higher than planned Receivables (£22.0m). This includes Over-performance 16/17 £4.9m; IPP Debtors £4.9m; Transformation funding £0.7m; LCRN Q2 £0.7m; Capital donations £0.8m. In addition, trade payables were £5.1m lower than plan.

NHS Debtor Days

There has been a slight increase to debtor days but this still remains within target. The invoices for Q1 over-performance (£3.5m raised in September) still remain outstanding.

IPP Debtor Days

IPP debtor days increased in month as receipts of £1.8m (net of deposits) over the Christmas period were lower than the average for the last 12 months (£3.5m).

Creditor Days

There was a decrease to creditor days which remains within target.

Non-Current Assets

Non-current assets increased by £0.1m in month, the effect of capital expenditure of £1.6m less depreciation of £1.5m. The closing balance is £12.4m lower than plan as a result of the M9 YTD capital expenditure being less than plan by £13.2m and depreciation less than plan by £0.8. This expenditure variance is analysed on the capital expenditure schedule.

Inventory Days

Drug inventory days increased to 7 in month but remains in line with the previous month at 6.

Non Drug inventory days decreased in month to 49 days largely due to the decrease in the level of Cardio Respiratory stock held (39%).

Workforce Summary

For the 9 months ending 31 December 2016

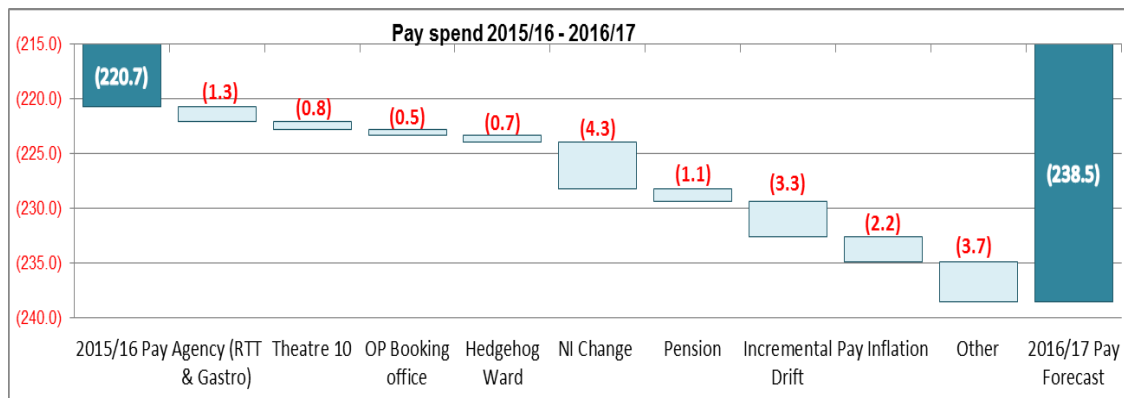
2015/16 Actual	2016/17 Annual Plan	Staff Group	2016/17							
			Month 9				Year to Date			
			Budget	Actual	Variance		Budget	Actual	Variance	
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			
(38.9)	(42.6)	Admin (inc Director & Senior Managers)	(3.4)	(3.7)	(0.4)	10%	(32.4)	(33.3)	(0.9)	3%
(41.8)	(44.3)	Consultants	(3.7)	(3.7)	(0.0)	1%	(33.2)	(34.4)	(1.2)	4%
(3.5)	(3.8)	Estates & Ancillary Staff	(0.3)	(0.3)	(0.0)	6%	(2.9)	(3.0)	(0.1)	4%
(8.2)	(8.8)	Healthcare Assist & Supp	(0.7)	(0.7)	0.0	-1%	(6.6)	(6.7)	(0.1)	1%
(23.0)	(24.0)	Junior Doctors	(2.0)	(2.1)	(0.1)	7%	(18.0)	(18.4)	(0.4)	2%
(65.7)	(70.2)	Nursing Staff	(5.9)	(5.9)	(0.1)	2%	(52.6)	(52.0)	0.6	-1%
(0.3)	(0.4)	Other Staff	(0.4)	(0.0)	0.3	-92%	(3.2)	(0.1)	3.1	-96%
(38.9)	(40.8)	Scientific Therap Tech	(3.4)	(3.4)	0.0	-1%	(30.6)	(30.3)	0.3	-1%
(0.3)	4.1	Cost Improvement Plan	0.6	0.0	(0.6)	-100%	6.2	0.0	(6.2)	-100%
(220.7)	(230.8)	Total	(19.1)	(20.0)	(0.9)	5%	(173.3)	(178.1)	(4.8)	3%

- In Month 9 pay costs have increased above trend as a result of nurse recruitment (£0.1m). There was also increased spend in admin including Director & Senior Managers as a result of recent recruitment, and a catch up of YTD costs.
- There has been an 8% increase in pay spend from 2015/16 pay to 2016/17 pay forecast. The most significant reasons for the increase are as follows:

• Agency (RTT & Gastro)	£1.3m
• Theatre 10	£0.8m
• OP Booking office	£0.5m
• Hedgehog Ward	£0.7m
• NI Change	£4.3m
• Pensions	£1.1m
• Incremental Drift	£3.3m
• Pay Inflation	£2.2m

- The increase in 2016/2017 pay has been partially offset through the introduction of NHS agency Caps.

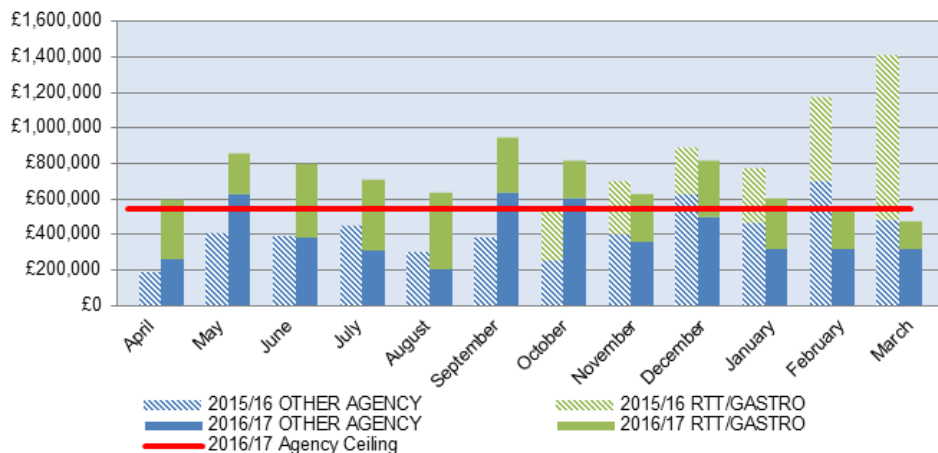
2015/16 Average	2016/17 Annual Plan	WTE Including Perm, Bank and Agency Staff Group	2016/17							
			Month 9				Year to Date (average WTE)			
			Budget WTE	Actual WTE	Variance WTE	%	Budget WTE	Actual WTE	Variance WTE	%
911.3	992.1	Admin (inc Director & Senior Managers)	992.5	1,021.0	(28.5)	-3%	991.2	1,005.6	(14.4)	-1%
287.3	302.4	Consultants	302.4	311.8	(9.5)	-3%	302.4	300.5	1.8	1%
125.0	123.6	Estates & Ancillary Staff	124.0	133.9	(9.9)	-8%	123.3	130.1	(6.8)	-5%
290.7	304.6	Healthcare Assist & Supp	305.1	293.5	11.6	4%	304.0	298.2	5.8	2%
294.5	314.5	Junior Doctors	314.5	315.5	(1.0)	0%	314.4	309.0	5.4	2%
1,349.3	1,451.0	Nursing Staff	1,452.6	1,448.3	4.3	0%	1,450.2	1,398.7	51.5	4%
6.4	8.6	Other Staff	8.6	5.1	3.5	40%	8.6	5.6	3.0	35%
711.6	796.2	Scientific Therap Tech	791.1	769.1	22.0	3%	799.5	745.8	53.8	7%
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	4,298.2	(150.5)	-4%	4,150.5	4,193.3	(42.9)	-1%



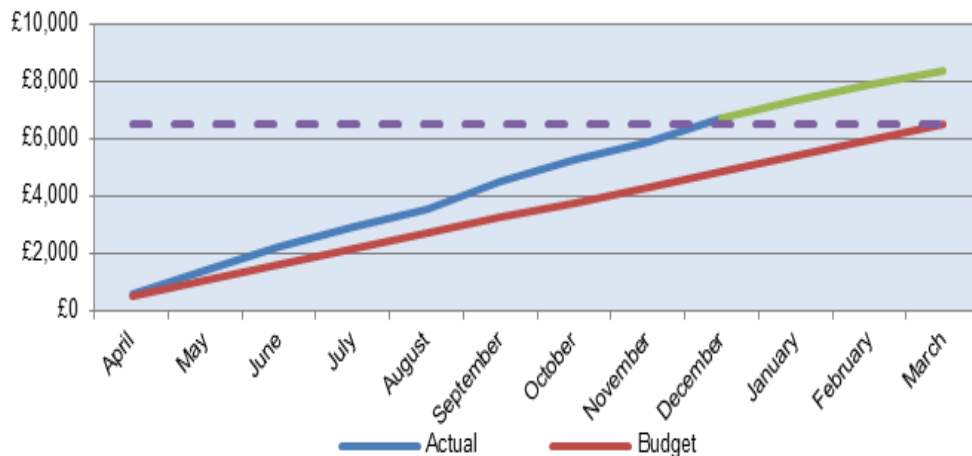
Agency spend summary

For the 9 months ending 31 December 2016

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



Cumulative Agency Trend (£'000)



- As at 31 December 2016 across the Trust, there are approximately 65 agency staff still working on RTT, of which 58 are within the central validation team.
- The percentage of agency spend against permanent has reduced in Month 9 in part due to reduced costs for the Gastro review and reduced numbers of RTT validators compared to previous months.
- 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.
- The Trust is currently running above its NHSI notified cost ceiling for agency staff due to the continued cost of RTT validation and the YTD costs of the Gastro review. There are minimal future costs expected for the Gastro review and RTT validation with no agency staff expected by the end of March.

NHS Clinical Activity & Income Summary

For the 9 months ending 31 December 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	18,597	17,328	(1,270)	-6.8%	13,641	13,205	(436)	-3.2%	19,470	(2,142)	-11.0%	15,185	(1,980)	-13.0%
Elective	40,877	41,949	1,072	2.6%	9,446	9,736	290	3.1%	39,290	2,659	6.8%	9,423	313	3.3%
Elective Excess Bed days	2,319	2,362	44	1.9%	4,683	4,770	87	1.8%	2,434	(72)	-2.9%	4,637	133	2.9%
Elective	43,196	44,311	1,116	2.6%					41,724	2,587	6.2%			
Non Elective	11,243	10,369	(874)	-7.8%	1,297	1,176	(121)	-9.3%	10,674	(306)	-2.9%	1,290	(114)	-8.8%
Non Elective Excess Bed Days	1,641	1,466	(174)	-10.6%	2,820	2,994	174	6.2%	1,479	(12)	-0.8%	2,792	202	7.2%
Non Elective	12,884	11,835	(1,049)	-8.1%					12,153	(318)	-2.6%			
Outpatient	28,714	28,989	275	1.0%	112,164	112,779	615	0.5%	28,356	634	2.2%	112,854	(75)	-0.1%
Undesignated HDU Bed days	3,869	3,660	(209)	-5.4%	3,769	3,507	(262)	-7.0%	3,884	(225)	-5.8%	3,883	(376)	-9.7%
Picu Consortium HDU	2,208	2,587	380	17.2%	1,960	2,677	717	36.6%	1,937	650	33.6%	1,941	736	37.9%
HDU Beddays	6,077	6,247	170	2.8%	5,730	6,184	454	7.9%	5,822	425	7.3%	5,824	360	6.2%
Picu Consortium ITU	20,203	20,236	33	0.2%	8,213	8,268	55	0.7%	20,303	(67)	-0.3%	8,132	136	1.7%
PICU ITU Beddays	20,203	20,236	33	0.2%	0	8,268	55	0.0%	20,303	(67)	-0.3%	8,132	136	1.7%
Ecmo Bedday	355	626	270	76.1%	66	115	49	75.5%	390	236	60.5%	72	43	59.7%
Psychological Medicine Bedday	885	922	38	4.3%	2,227	2,286	59	2.7%	920	2	0.2%	2,316	(30)	-1.3%
Rheumatology Rehab Beddays	1,016	1,062	46	4.5%	1,814	1,870	56	3.1%	1,285	(222)	-17.3%	1,858	12	0.6%
Transitional Care Beddays	1,842	1,986	144	7.8%	1,289	1,371	82	6.4%	1,714	272	15.9%	1,269	102	8.0%
Total Beddays	4,098	4,597	498	12.2%	5,395	5,642	247	4.6%	4,309	288	6.7%	5,515	127	2.3%
Packages Of Care Elective	5,452	5,490	38	0.7%					5,594	(104)	-1.9%			
Highly Specialised Services (not above)	22,477	22,463	(14)	-0.1%					22,375	88	0.4%			
Other Clinical	19,465	20,279	813	4.2%					17,243	3,036	17.6%			
Adjustment for 2015/16 Outturn	0	(808)	(808)	0%					634	(1,442)	-227%			
STF Funding	1,800	1,800	0	0%					0	1,800	0%			
Pricing Adjustment	2,229	2,625	396	17.8%					0	2,625	0%			
Non NHS Clinical Income	6,186	6,680	493	8.0%					5,735	945	16%			
NHS and Other Clinical Income	191,379	192,072	693	0.4%					183,716	8,356	4.5%			

*Activity = Billable activity

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

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.
- Increased activity associated with a push to clear the backlog in RTT challenged specialities; Orthopaedics, spinal and urology has seen an increase in Elective income.
- Bed constraints impacted ability to accept non-elective referrals in SNAPS and neurosurgery

Day case

- Gastroenterology review caused a reduction in income of £0.5m. Clinical Immunology is behind plan due to capacity constraints. Dermatology is behind plan due to a change in practice resulting in fewer procedures that can be undertaken.

Outpatients

- Across the organisation outpatients' income is slightly ahead of plan following increased activity in cardiac, audiology and ophthalmology in recent months.

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.
- ECMO bed days are ahead of plan. There was a long stay patient discharged in M8 improving the YTD position.

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 £2.6m YTD reflecting an updated assessment of the likely outcome of the decision with NHS England.

Trust Inpatient and Outpatient Activity

Year on Year trend analysis

Prior Year 2015/16										All Trust Activity Analysis										Current Year 2016/17										Change YOY	% Change YOY	Current Year Trend
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD			
Inpatients																																
Number of Discharges																																
2,174	1,947	2,260	2,294	1,932	2,095	2,100	2,284	2,284	19,370	Day Case	2,082	2,061	2,229	2,040	2,163	2,031	1,973	2,161	1,948	18,688	(682)	-3.5%										
Overnight:																																
1,058	1,058	1,084	1,218	1,087	1,192	1,271	1,201	988	10,157	Elective	1,155	1,153	1,256	1,246	1,170	1,178	1,101	1,196	1,063	10,518	361	3.6%										
59	62	56	55	71	59	70	60	62	554	Non Elective	64	67	65	63	58	74	62	71	76	600	46	8.3%										
206	167	172	172	170	171	169	183	211	1,621	Non Elective (Non Emergency)	164	175	178	152	158	169	156	188	214	1,554	(67)	-4.1%										
0	1	15	18	58	57	20	12	11	192	Regular Attenders	157	171	182	190	181	180	165	99	7	1,332	1,140	593.8%										
3,497	3,235	3,587	3,757	3,318	3,574	3,630	3,740	3,556	31,894	Total Discharges	3,622	3,627	3,910	3,691	3,730	3,632	3,457	3,715	3,308	32,692	798	2.5%										
Beddays																																
839	774	918	911	785	854	818	865	827	7,591	Day Case	793	768	906	814	871	895	767	831	776	7,421	(170)	-2.2%										
0.39	0.40	0.41	0.40	0.41	0.41	0.39	0.38	0.36	0.39	Day ALOS	0.38	0.37	0.41	0.40	0.40	0.44	0.39	0.38	0.40	0.40	0.01	1.3%										
Overnight:																																
4,686	5,197	5,577	5,565	5,470	5,456	5,680	5,478	5,174	48,284	Elective	5,450	5,889	5,619	5,863	5,610	5,489	5,472	5,929	5,166	50,489	2,205	4.6%										
561	713	610	494	526	687	808	668	668	5,734	Non Elective	716	625	557	487	485	453	460	440	544	4,767	(967)	-16.9%										
2,133	2,267	2,044	2,327	2,181	2,033	2,160	2,218	2,395	19,758	Non Elective (Non Emergency)	2,106	2,180	2,202	2,245	2,313	2,142	2,294	2,157	2,389	20,029	271	1.4%										
0	1	1	1	1	4	1	2	1	11	Regular Attenders	85	98	112	116	108	110	97	56	4	785	774	7082.0%										
7,380	8,178	8,232	8,386	8,178	8,180	8,649	8,366	8,238	73,787	Total Overnight Beddays	8,356	8,792	8,491	8,711	8,516	8,194	8,324	8,583	8,103	76,069	2,283	3.1%										
2.11	2.53	2.30	2.23	2.46	2.29	2.38	2.24	2.32	2.31	Overnight ALOS	2.31	2.42	2.17	2.36	2.28	2.26	2.41	2.31	2.45	2.33	0.01	0.6%										
Midnight Census (ON Bed days)																																
4,459	4,983	5,337	5,242	5,213	5,218	5,364	5,190	4,909	45,915	Elective	5,160	5,620	5,291	5,520	5,301	5,200	5,224	5,634	4,817	47,767	1,852	4.0%										
558	701	604	492	521	685	805	661	661	5,688	Non Elective	706	618	541	478	474	445	452	439	523	4,676	(1,012)	-17.8%										
2,127	2,262	2,043	2,321	2,157	2,030	2,154	2,214	2,380	19,688	Non Elective (Non Emergency)	2,090	2,167	2,190	2,240	2,305	2,131	2,284	2,132	2,350	19,889	201	1.0%										
0	1	1	0	0	1	0	1	0	4	Regular Attenders	0	0	1	2	0	0	0	0	1	4	0	0.0%										
7,144	7,947	7,985	8,055	7,891	7,934	8,323	8,066	7,950	71,295	Total	7,956	8,405	8,023	8,240	8,080	7,776	7,960	8,205	7,691	72,336	1,041	1.5%										
238	256	266	260	255	264	268	269	256	259	Average ON Beds Utilised	265	271	267	266	261	259	257	274	248	263	4	1.5%										
Critical Care Beddays																																
311	475	480	439	488	467	439	398	387	3,885	Elective	408	452	360	390	401	400	382	531	382	3,706	(179)	-4.6%										
73	139	93	79	83	120	127	120	66	900	Non Elective	213	141	89	101	132	70	51	60	54	911	11	1.3%										
654	531	545	631	554	487	574	532	622	5,131	Non Elective (Non Emergency)	547	530	661	639	648	679	703	615	747	5,771	640	12.5%										
1,039	1,145	1,117	1,150	1,125	1,074	1,141	1,050	1,075	9,916	Total	1,169	1,124	1,110	1,130	1,181	1,150	1,135	1,206	1,183	10,388	473	4.8%										
35	37	37	37	36	36	37	35	35	36	Average ON Beds Utilised	39	36	37	36	38	38	37	40	38	38	0	0.0%										
Outpatients																																
19,467	18,432	21,403	21,298	17,628	21,187	21,899	21,172	18,671	181,157	Outpatient Attendances (All)	19,887	19,856	21,218	20,272	20,146	22,042	20,999	23,255	17,483	185,158	4,001	2.2%										
3,664	3,530	4,295	4,267	3,451	4,222	4,354	4,230	3,613	35,626	First Outpatient Attendances	3,818	3,871	4,122	3,879	3,838	4,170	3,912	4,284	3,245	35,139	(487)	-1.4%										
15,803	14,902	17,108	17,031	14,177	16,965	17,545	16,942	15,058	145,531	Follow Up Outpatient Attendances	16,069	15,985	17,096	16,393	16,308	17,872	17,087	18,971	14,238	150,019	4,488	3.1%										
4.3	4.2	4.0	4.0	4.1	4.0	4.0	4.0	4.2	4.1	New to Review Ratio	4.2	4.1	4.1	4.2	4.2	4.3	4.4	4.4	4.4	4.3	0.2	4.5%										

Inpatients:

The total number of inpatients discharged has increased by 2.5% in the first 9 months of 2016/17. The most significant area of growth has been in Non Elective inpatients (8.3%). Overnight bed days have increased by 3.1% as would be expected given the growth in inpatient elective activity. Average length of stay is unchanged from the same period in 2015/16. Overnight beds utilised has increased by 1.5%.

Outpatients:

The total number of outpatients has increased by 2.2% and new to review ratio has increased from an average of 4.1 to 4.3.

* Note that this is all Trust activity

ATTACHMENT O

Meeting dates 2017

Date	Meetings and times
Wednesday 1 st February	From approximately 12 Noon: Trust Board 4:00pm – 6:30pm Members' Council
Thursday 23 rd March	2:00pm – 5:00pm Finance and Investment Committee
Wednesday 29 th March	Trust Board (from approximately 12 Noon)
Wednesday, 12 th April	2:00pm – 5:00pm QSAC
Tuesday 18 th April	2:00pm – 5:00pm Audit Committee
Wednesday 26 th April	4:00pm – 6:30pm Members' Council
Thursday 11 th May	2:00pm – 5:00pm Finance and Investment Committee
Friday 19 th May / Monday 22 nd May TBC	Audit Committee 10:00am – 1:00pm Trust Board (afternoon)
Wednesday, 28 th June	4:00pm – 6:30pm Members' Council
Wednesday 12 th July	2:00pm – 5:00pm QSAC
Friday 21 st July	From approximately 12 Noon: Trust Board
TBC	5:30pm: AGM 6:45pm Reception
Wednesday 27 th September	From approximately 12 Noon: Trust Board 4:00pm – 6:30pm Members' Council
Wednesday 18 th October	2:00pm – 5:00pm QSAC
Tuesday 24 th October	2:00pm – 5:00pm Audit Committee
Wednesday 29 th November	Trust Board (from approximately 12 Noon) 4:00pm – 6:30pm Members' Council