GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE MEMBERS' COUNCIL
Wednesday 26th April 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**	**A**	Tessa Blackstone, Chairman	
4.	**Minutes of the meeting held on 1st February 2017**	**B**	Tessa Blackstone, Chairman	
5.	**Matters Arising and action log**	**C**	Tessa Blackstone, Chairman	
	PATIENTS, FAMILIES AND MEMBERS			
6.	**Updates from the Membership Engagement, Recruitment and Representation Committee including Membership Strategy update**	**D**	Gillian Smith, Member of the MERRC, Deirdre Leyden, Membership and Governance Manager	4:15pm
7.	**Update from the Young People's Forum (YPF)**	**E**	George Howell, Councillor	4:30pm
8.	**Update from the Patient and Family Experience and Engagement Committee (PFEEC)**	**F**	Juliette Greenwood, Chief Nurse	4:35pm
9.	**Councillor activities**	**Verbal**	All Councillors	4:45pm
	STRATEGY			
10.	**Update on the GOSH Refreshed Strategy and annual plan 2017/18**	**G**	Nicola Grinstead, Deputy Chief Executive	4:50pm
	GOVERNANCE			
11.	**Update on progress with the Well Led Governance Review action plan CQC action plan**	**H**	Anna Ferrant, Company Secretary & Mary MacLeod, Deputy Chairman	5:30pm
12.	**Appointment of an Interim Deputy Lead Councillor**	**Verbal**	Mary MacLeod, Deputy Chairman	5:35pm
13.	**Update on work of the Members' Council Nominations and Remuneration Committee:** • **Chairman Recruitment Process**	**Verbal**	Mary MacLeod, Deputy Chairman	5:40pm

	• **Chairman and NED Objectives 2017** • **Appointment process for a NED on the GOSH Board** • **Chairman and NED remuneration**	**I** **J** **K**	Anna Ferrant, Company Secretary Anna Ferrant, Company Secretary Anna Ferrant, Company Secretary	
14.	**Appointment of Deputy Chairman and Senior Independent Director at GOSH**	**L**	Anna Ferrant, Company Secretary	5:55pm
15.	**GOSH Constitution Working Group**	**M**	Anna Ferrant, Company Secretary	6:00pm
	PERFORMANCE AND GOVERNANCE			
16.	**Reports from Board Assurance Committees** • **Quality and Safety Assurance Committee (April 2017 agenda)** • **Audit Committee (April 2017 agenda)** • **Finance and Investment Committee Summary Report (March 2017) (and agenda)**	**N and Verbal** **O and Verbal** **P and to follow**	Mary MacLeod, Chair of the QSAC Akhter Mateen, Chair of the Audit Committee David Lomas, Chairman of the F&I Committee	6:05pm
17.	**Chief Executive Report (Highlights and Performance)**	**Q**	Peter Steer, Chief Executive and Executive Directors	6:15pm
	FOR INFORMATION			
18.	**Dates of Trust Board, Trust Board subcommittee and Members' Council meetings**.	**R**	Anna Ferrant, Company Secretary	6:30pm
19.	**Any Other Business** • **GOSH Children's Charity video**	**Presentation**	Chairman	

Attachment A

Members' Council

26th April 2017

Members Council Register of Interests

Summary & reason for item:

To present the Members' Council Register of Interests 2016/17.

Councillor action required:

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

Report prepared by:

Anna Ferrant, Company Secretary

Item presented by:

Anna Ferrant, Company Secretary

Attachment A

Register of Interests- Members Council

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

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

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

Councillors shall declare any pecuniary, personal or family interest[1], whether that interest is direct or indirect[2], in any proposed contract or other matter which is under consideration or is to be considered by the Members' Council. A family interest will include those of a Councillor's spouse[3] or partner. Any Councillor appointed subsequently shall declare such interests on appointment or election.

Such interests include (without limitation):

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

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

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

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

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

The following exceptions shall not be treated as interests:

- *an employment contract with the Trust held by a staff councillor;*

- *an employment contract with the National Commissioning Board held by a National Commissioning Board councillor;*

- *an employment contract with a local authority held by a Local Authority councillor;*

- *an employment contract with a partnership organisation held by a partnership councillor.*

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

Councillor action required:

Councillors are asked:

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

Attachment A

Great Ormond Street Hospital for Children NHS Foundation Trust

Members' Council Register of Interests 2016-17

Constituency	Name	Declared Interests
Patient and Carer Councillors		
Patients from outside London	Edward Green	Consultant at BLOCK Solutions who provide the GOSH network. GOSH school governor.
	George Howell	None declared
Patient from London	Sophie Talib	Training as a medical student at St George's Hospital Member of the YPF
	Susanna Fantoni	Declaration not received.
Parents and carers from London	Mariam Ali	None declared
	Lisa Chin-A-Young	Husband is Director at IBI Group that provides health architecture and systems consultancy services to the NHS
	Matthew Norris	Director, Grosvenor Europe Limited
	Joan 'Fran' Stewart	None declared
Parents and carers from outside London	Carley Bowman	Director – Carley Bowman Media Limited Husband is Director – Archer Signs.
	Claudia Fisher	None declared
	Camilla Alexander-White	None declared

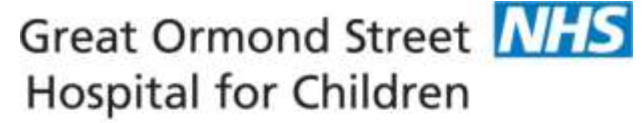
Attachment A

Constituency	Name	Declared Interests
Public Councillors		
North London and surrounding area	Trevor Fulcher	GOSH Charity Ambassador
	Simon Hawtrey-Woore	None declared
	Rebecca Miller	None declared
	Mary De Sousa	None declared
	Teskeen Gilani	None declared
South London and surrounding area	Gillian Smith	None declared
The rest of England and Wales	Stuart Player	None declared
	David Rose	Declaration not received
Staff Councillors		
Staff	James Linthicum	None declared
	Jilly Hale	None declared
	Rory Mannion	None declared
	Clare McLaren	None declared
	Prab Prabhakar	Declaration not received
Appointed Councillors		
London Borough of Camden	Jenny Headlam-Wells	None declared
University College London, Institute of Child Health	Christine Kinnon	None declared
Great Ormond Street	Muhammad Miah	Declaration not received

Attachment A

Constituency	Name	Declared Interests
Hospital School		
Expert Patient Experience Programme	Lucy Moore	I am currently employed by self-management UK, supporting work of people living with long term conditions.
NHS England	Hazel Fisher	Declaration not received

ATTACHMENT B



DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING
1st February 2017
Charles West Boardroom

Baroness Tessa Blackstone	Chair
Ms Fran Stewart	Patient and Carer Councillors: Parents and Carers from London
Mr Matthew Norris	
Ms Mariam Ali	
Ms Claudia Fisher	Patient and Carer Councillors: Parents and Carers from outside London
Mrs Carley Bowman	
Dr Camilla Alexander-White	
Mr Edward Green	Patient and Carer Councillors: Patients outside London
Mr George Howell	
Ms Sophie Talib**	Patients from London
Ms Rebecca Miller	Public Councillors: North London and Surrounding area
Mrs Gillian Smith**	Public Councillors: South London and surrounding area
Mr Stuart Player	Public Councillor: The rest of England and Wales
Mr Rory Mannion	Staff Councillors
Rev Jim Linthicum	
Dr Prab Prabhakar	
Professor Christine Kinnon	Appointed Councillor: UCL Institute of Child Health
Cllr Jenny Headlam-Wells	Appointed Councillor: London Borough of Camden
Mr Muhammad Miah	Appointed Councillor: Great Ormond Street Hospital School
Ms Hazel Fisher	Appointed Councillor: NHS England (London Region)

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 Matthew Tulley	Director of Development
Mr Ali Mohammed	Director of HR and OD
Dr David Hicks	Interim Medical Director
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
Ms Emma James*	Patient Involvement and Experience Officer
Mr Frank McKenna*	Managing Director, Global Healthcare Practice, Harvey Nash
Mr John Drew*	Partner, McKinsey
Mr Gareth Jones*	Specialist, McKinsey
Mr John Schick*	Programme Director
One Foundation Trust member*	

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

75	**Apologies for absence**
75.1	Apologies were received from: Ms Susanna Fantoni Patient and Carer Councillor; Mr Simon Hawtrey-Woore, Public Councillor; Mr Trevor Fulcher, Public Councillor; Ms Teskeen Gilani, Public Councillor; Mr David Rose, Public Councillor; Ms Jilly Hale, Staff Councillor; Ms Clare McLaren, Staff Councillor; Ms Lucy Moore, Appointed Councillor.
76	**Declarations of Interest**
76.1	No declarations of interest were received.
77	**Minutes of the meeting held on 7th December 2016**
77.1 77.2	Minute 70.16 – A typographical error was noted on the word ‘minutes’. Subject to the above amendment, the minutes were **approved.**
78	**Matters Arising and action log**
78.1	An update was requested on the process for the appointment of a substantive Medical Director and Dr Peter Steer, Chief Executive said that engagement was currently taking place with the Executive Team and Divisional Leadership on the refreshed job description. He added that the Trust was fortunate to have appointed Dr David Hicks as Interim Medical Director. Dr Hicks had already been working with the Trust on a part time basis and had considerable experience as both a Medical Director and Chief Executive in the NHS.

79	**Chairman Recruitment Process**
	Baroness Blackstone, Chairman left the meeting.
79.1	Ms Mary MacLeod, Deputy Chairman provided an update on the work that had taken place in the Chairman recruitment process so far. She said that it was vital that the Members' Council and Board members worked together to agree the process and appoint an outstanding candidate. Ms MacLeod confirmed that Harvey Nash had been appointed as the recruitment advisors by the Members' Council Nominations and Remunerations Committee following discussion at the Committee and receiving positive references from two very senior individuals.
79.2	Mr Frank McKenna, Managing Director of Global Healthcare Practice at Harvey Nash emphasised that appointing a Chairman was one of the most important roles for a Council and said it was important to find an individual who was able to support the Trust in its strategic ambitions and in terms of its national and international profile as well as its continuing focus on excellence in clinical care, research and education. Mr McKenna emphasised the importance of working sensitively with potential senior candidates and preserving confidentiality throughout the process.
79.3	Mr McKenna said that it was vital that potential candidates were able to understand the clinical profile and specialist nature of GOSH's work and possess both hard and soft skills as outlined in the proposed person specification.
79.4	Ms Fran Stewart, Patient and Carer Councillor said that she believed the documentation should reflect the Council's views on hard and soft skills, the importance of change management, and that potential candidates should have sufficient time in their portfolio and suggested that a three day per week time commitment was required.
79.5	Mr McKenna said that in his experience in recruitment of very senior individuals it was important for the job description to be high level and that the prompts developed by the Members' Council Nominations and Remuneration Committee reflecting the findings of the survey would be very helpful in providing further information against which candidates would be evaluated. Mr McKenna cautioned against a higher time commitment as it was most likely that candidates of the level GOSH requires for the role would have a number of other commitments. What was most important was that candidates are willing and able to make GOSH the primary focus of their professional life.
79.6	Mrs Jenny Headlam-Wells, Appointed Councillor said that in her opinion a three day per week commitment was required. She noted that the proposed salary was the same as the current Chairman, although a lesser time commitment per week was being requested and suggested that it was unlikely that potential candidates would be motivated by the financial aspect of the role.
79.7	Dr Prab Prabhakar, Staff Councillor said that the key point was that the individual was committed and would prioritise GOSH, particularly when needed.
79.8	Mr David Lomas, Non-Executive Director said that it was important not to be too prescriptive in the job description and that candidates would expect the remuneration to be in line with the market rate. The Trust Board believed that this

	was vital to enable Harvey Nash to use their expertise to reach individuals and engage them in discussion. Mr Edward Green, Patient and Carer Councillor suggested that it would become clear whether individuals would be able to devote sufficient time to the role during these discussions.
79.9	**Action:** Ms Claudia Fisher, Patient and Parent Councillor proposed the wording 'a minimum of two days per week and as required' in the terms and conditions of service document and this was **agreed.**
79.10	**Action:** It was agreed that further consideration would be given to: listing patients and families as key relationships, including Camden Council as key stakeholders.
79.11	Dr Peter Steer, Chief Executive summarised the key requirements of a Chairman on behalf of the Executive Team. He emphasised that GOSH was a world class organisation and an individual was required who would be able ensure that GOSH remained in that position. He said that a person with a credible public profile was required who was effective and an influencer. Their ability to understand the public sector and the landscape of the NHS and GOSH's stakeholders was key as were strong communication skills. Dr Steer added that it was vital that the individual understood the Non-Executive nature of the role of the Chairman.
79.12	**Action:** Ms Mary MacLeod, Non-Executive Director thanked Council members and Dr Steer for their views which would be taken into account by the Nominations Committee. She checked that the consensus of the Council was that the salary in the terms and conditions would remain at the current level and this was **agreed**. She advised the meeting that work would be undertaken on the terms of reference, job description and person specification at the Members' Council Nominations and Remuneration Committee the following day and circulated to the Council with recommendation for approval.
79.13	The Council **approved** the process and noted that the dates involved were currently only indicative. *Baroness Blackstone re-joined the meeting.*
80	**Developing the GOSH Integrated Business Plan**
80.1	Ms Nicola Grinstead, Deputy Chief Executive said that work was being undertaken to refresh the GOSH strategy and McKinsey had been engaged to support this work. She said that the Trust was keen to explore the role of the Members' Council in the GOSH strategy.
80.2	A roundtable discussion took place on the following points: • Key points which did not appear in the current strategy; • Areas of the strategy that resonate with the Council; • Areas of the strategy which do not resonate with the Council; • How councillors would describe the strategy's ambition to constituents.
80.3	It was confirmed that feedback from the discussion would be considered alongside feedback from other discussions to guide the refinement of the strategy.

81	**NED Appraisals 2016**
81.1 81.2 81.3 81.4 81.5	Baroness Blackstone, Chairman presented the paper and said that the outcome of the appraisals were recommended for approval by the Members' Council Nominations and Remuneration Committee. Mr Matthew Norris, Patient and Carer Councillor noted that a recommendation from the Well Led Governance Review had been to undertake 360 degree appraisals of Non-Executive Directors and queried how this would be carried out. Dr Anna Ferrant, Company Secretary said that this would be discussed by the Well Led Review Working Group and added that it was important that the new Chairman was able to give a view once in post. Dr Ferrant said that objectives for 2017 would be discussed at the Members' Council Nominations and Remuneration Committee and considered at the next meeting of the Members' Council. Ms Claudia Fisher, Patient and Carer Councillor thanked the Non-Executive Directors of behalf of the Council for their work throughout the year. The Members' Council **approved** the outcome of the appraisals.
82	**Update on progress with the Well Led Governance Review action plan**
82.1 82.2 82.3 82.4 82.5 82.6	Dr Anna Ferrant, Company Secretary said that the update had been reported to the Trust Board and would be monitored regularly at the Executive Management Team meeting as well as the Quality and Safety Assurance Committee and the Audit Committee for relevant recommendations. Dr Ferrant highlighted recommendation 12, the use of headhunters for Non-Executive Director appointments. She said that the Trust intended to use headhunters for all Non-Executive Director positions with a process in place to ensure that costs were approved by the Board. **Action:** Mr Matthew Norris, Patient and Parent Councillor expressed some concern that the wording could lead to the Board not approving the use of a headhunter based on cost. Dr Ferrant confirmed that this was to ensure costs were appropriate and that the Board had sight of this. It was agreed that wording would be amended to reflect this. **Action:** Mr Stuart Player, Public Councillor highlighted that there was no mention in the objectives of engaging with the Members' Council and it was confirmed that this would be considered when refreshing the objectives for 2017. The Council agreed that this action had now been completed and noted that it would be implemented going forward for all NED appointments. Ms Mariam Ali, Patient and Carer Councillor asked for further information about the work on the Trust's culture. Mr Ali Mohammed, Director of HR and OD said that work was due to begin shortly and Rev. James Linthicum, Staff Councillor said that a lot of valuable work was taking place at ward level which should be highlighted and learnt from.

83	**Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 16/17**
83.1 83.2 83.3 83.4 83.5 84.5	Ms Nicola Grinstead, Deputy Chief Executive said that the selection of an indicator was an annual process. She said that the Trust's external auditors Deloitte would audit three indicators, two of which were prescribed and one which was selected by the Members' Council. Mr Stuart Player, Public Councillor expressed some concern that discharge summaries had been selected a number of times by the Council and there was frustration that improvements had not been made. Ms Grinstead said that although the indicator was not selected in order to prioritise its improvement, there were a number of factors which could reduce the timeliness of a discharge summary including a lack of administrative support at the weekend and a delay to ensure the outcome of a multidisciplinary team meeting was noted. Dr Peter Steer, Chief Executive said that there had been improvements and said that it was unlikely that the metric would improve further in the absence of an EPR system. Dr Prab Prabhakar, Staff Councillor said that it was clear from working in clinical teams that improvements had been made and he welcomed the change in culture at GOSH around discharge summaries. Mr Matthew Norris requested further information about the cancelled operation indicator. Ms Grinstead said that this was a national definition, looking at cancellations on the same day. The Council noted that this is an important proxy for efficiency of the whole hospital, particularly administrative systems and patient flow. **Action:** It was agreed that Councillors would provide their first and second preferences for the indicator to be reviewed by the external auditors, by email.
84	**Updates from the Membership Engagement, Recruitment and Representation Committee (MERRC) including Membership Strategy update**
84.1 84.2	Ms Carley Bowman, Patient and Carer Councillor said that the Constitution Working Group had re-formed and discussion had taken place at MERRC around constituencies including the six year rule and the minimum age for membership. The Membership and Governance Manager was undertaking a risk benefit analysis of the options. Ms Deirdre Leyden, Membership and Governance Manager confirmed that the membership recruitment target for the year had been achieved but encouraged councillors to continue to recruit members. Ms Leyden said that Councillors would be receiving log in details for the Trust's learning management system, GOLD to enable them to undertake statutory and mandatory training.
85	**Update from the Young People's Forum (YPF)**
85.1	Mr George Howell, Patient and Carer Councillor and member of the YPF said that young people had taken part in a successful takeover day at GOSH and welcomed the involvement of a large number of teams.

86	**Update from the Patient and Family Experience and Engagement Committee (PFEEC) including Q3 2016/17 PALS Report**
86.1	Ms Juliette Greenwood, Chief Nurse presented the report and said that a divisional reporting framework was being developed to ensure that the Committee received standardised reports going forward.
87	**Councillor activities**
87.1	Councillors did not report any activities on this occasion.
88	**Reports from Board Assurance Committees**
88.1 88.2 88.3 88.4 88.5 88.6 88.7 88.8	Quality and Safety Assurance Committee (January 2017) (and agenda) Ms Mary MacLeod, Chair of the Quality and Safety Assurance Committee (QSAC) said that the committee had welcomed the appointment of a substantive named Doctor for safeguarding. The QSAC had received an update from the Ethics Committee and Ms MacLeod said that she was keen for the Council to receive a presentation on the work of the Committee. She added that the themes that emerged from the Committee were key to the Trust and were around withholding treatment and agreeing new treatments which a patient may be the first child to receive. Audit Committee (January 2017)(and agenda) Mr Akhter Mateen, Chair of the Audit Committee said that the Committee had reviewed the redevelopment risk, the Trust's strategic position and business continuity risk and noted that there had been no adverse movement. It had been confirmed that the redevelopment risk was in line with the target. An update had been received from KPMG on actions taken on data quality. It had been confirmed that the majority of recommendations from the internal audit had been completed. Although IPP debt and debtor days continued to rise, positive discussions had taken place with the Kuwaiti and Saudi health offices. Finance and Investment Committee Summary Report (January 2017) (and agenda) Mr David Lomas, Chair of the Finance and Investment Committee said that the committee had discussed the actual and forecast results for 2016/17 and had agreed that it would be possible to meet the year end outturn, but that this was not a certainty. It had been confirmed that the Trust had over performed on NHS activity. Mr Lomas said that the committee had noted the productivity and efficiency target of £15million for 2017/18 which was extremely challenging.
89	**Chief Executive Report (Highlights and Performance)**
89.1 89.2	Dr Peter Steer, Chief Executive gave an update on the following matters: Sustainability and Transformation Plans (STP)

89.3	GOSH was continuing to engage in the work on STP in North Central London (NCL) notwithstanding the Trust's acknowledged lack of fit. He said that the considerable challenge for NCL STP was to save approximately £800million over three to four years. Dr Steer confirmed that the Members' Council would be kept informed.
89.4	Review of the Gastroenterology Service
89.5	The review had been completed with the exception of a small number of actions which had been scheduled to begin in the coming months. A comprehensive description of the issues, process and outcomes had been uploaded to the GOSH website following discussions with various cohorts of patients; four families had requested more detailed discussions. Work was taking place to develop the patient and family engagement group and the Royal College would be invited back for a follow up review.
89.6	Paediatric Cardiac Services
89.7	The Trust continued to engage well with NHS England and discussions were taking place with the Evelina London Children's Hospital and University Hospitals Southampton NHS Foundation Trust to ensure the model of care for the south of England was appropriate going forward.
89.8	Referral To Treatment (RTT)
89.9	The Board had formally acknowledged that the Trust would be returning to reporting in February. The Intensive Support Team had been invited to undertake a follow up review to provided further assurance and the feedback given was the GOSH was now an exemplar organisation.
89.10	Health Education North Central and East London (HENCEL)
89.11	A recent very positive visit had taken place at which HENCEL noted several areas of excellent performance.
90	**Any other business**
90.1	Dr Anna Ferrant, Company Secretary said that within the *Process for the Appointment of a Chairman* papers a proposal had been made to extend the tenure of Ms Mary MacLeod, Deputy Chairman for two months until 31st October 2017 to provide the opportunity for handover with the newly appointed Chairman.
90.2	The Council **approved** the proposal.
90.3	**Action:** Ms Claudia Fisher, Patient and Carer Councillor expressed concerns about the teleconference facilities and it was agreed that the IT team would look into the issue.

ATTACHMENT C

Attachment C

MEMBERS' COUNCIL - ACTION CHECKLIST
April 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**	**June 2017**	Not yet due: Rearranged to June 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**	An update on the refreshed Trust strategy is on the April agenda
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**	**April 2017**	On agenda
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**	To be circulated to councillors by email
79.9	01/02/17	Chairman recruitment documents The wording 'a minimum of two days per week and as required' for the necessary time commitment in the terms and conditions of service document was proposed and this was agreed.	**AF**	**February 2017**	Actioned – Terms and conditions of service update accordingly
79.10	01/02/17	It was agreed that further consideration would be given to: listing patients and families as key relationships, including Camden Council as key	**AF**	**February 2017**	Noted and actioned as part of recruitment process

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		stakeholders in the Chairman recruitment documents.			
79.12	01/02/17	It was confirmed that work would be undertaken on the terms of reference, job description and person specification for the Chairman appointment at the Members' Council Nominations and Remuneration Committee the following day and circulated to the Council with recommendation for approval.	**AF**	**February 2017**	Actioned : The MC Nominations and Remuneration Committee approved the final documents for use in the recruitment process
82.3	01/02/17	Some concern was expressed that the wording of the response to recommendation 12 in the Well Led Review could lead to the Board not approving the use of a headhunter based on cost. Dr Ferrant confirmed that this was to ensure costs were appropriate and that the Board had sight of this. It was agreed that wording would be amended to reflect this.	**AF**	**April 2017**	Noted and actioned
82.4	01/02/17	It was highlighted that there was no mention in the objectives of engaging with the Members' Council and it was confirmed that this would be considered when refreshing the objectives for 2017.	**AF**	**April 2017**	On agenda (Item 13)
84.5	01/02/17	It was agreed that Councillors would provide their first and second preferences for the indicator to be reviewed by the external auditors as part of the Quality Report, by email.	**All Councillors**	**February 2017**	Actioned: Deloitte are auditing 'cancelled operations'
90.3	01/02/17	Concerns were expressed about the teleconference facilities and it was agreed that the IT team would look into the issue.	**WP**	**April 2017**	Actioned: The ICY team have provided support in using Webex for all telephone conferences

Attachment D

Members' Council

26 April 2017

Updates from the Membership Engagement Recruitment and Representation Committee held on 5 April 2017 including Membership Strategy update (as at 31 March 2017)

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

1. Membership Engagement Recruitment and Representation Committee held on 5 April 2017
2. Membership Strategy update including statistics as at 31 March 2017 – (on power point presentation format)

Report prepared by: Deirdre Leyden, Membership and Governance Manager

Item presented by: Gillian Smith, Deputy 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.

Attachment D

Membership Engagement Recruitment and Representation Committee Update from Meeting held on 5 April 2017

1.1 2017 AGM – planning

The committee discussed engagement with the wider membership and the theme for the event. It was agreed that the event be filmed again this year with costings looked into for additional editing for a highlights film (similar to the approach taken with the Listening Event).The option for live streaming would be further explored by the GOSHCC communications team. Also discussed was a theme for the event with a proposal of a theme around 'One GOSH'. The committee will feedback outside the meeting on any other themes they might propose.

1.2 A review of membership constituencies

The committee conducted a review of the constituencies in terms of the six year rule and age for joining the Trust. Following consideration at Trust Board these proposals will be brought to the Members' Council in May/June.

1.3 Members' Council elections 2017/18 planner, communications materials and Councillor involvement

The committee reviewed communications plans and materials for use in the recruitment and engagement of members for the purposes of the Members' Council elections at the end of 2017. It was agreed which councilors will be approached for involvement in the review of materials and the filming of promotional videos. The Members' Council role description would not be finalised until after the planned facilitated Away day.

1.4 Members' Council Walk rounds

These will be resumed once dates are agreed and finalised. Clarification is being sought around make up of councillors to be invited to participate.

1.5 Membership Statistics and report as at 31 March 2017 and projected membership targets 2017/18

Total Membership stands at **9,526**. We have met and exceeded our yearly projected target of 9,481 by **45**. A full breakdown of statistics and an update on the Membership Strategy is attached. Councilors agreed on the projected targets for 2017/18.

1.6 Any other business

Councilors are asked to complete their GOLD training and a one hour slot has been booked on the 26 April to help facilitate this. The Skills Matrix for councilors was discussed and the original skills matrix will be sent to a selection of councilors identified by the Lead Councillor to review and feedback. Work on a new skills audit will begin in due course.

Attachment D

MEETING OF THE MEMBERS' COUNCIL MEMBERSHIP ENGAGEMENT RECRUITMENT AND REPRESENTATION COMMITTEE

12 January 2017
12:00pm-2:00pm

Dietetics Seminar Room, Nurses Home, Level 1

Attending:

Carley Bowman (CB) (Chair)	Patient and carer constituency
Simon Hawtrey-Woore (SHW)	Public constituency
Fran Stewart (FS)	Patient and carer constituency
**George Howell (GH)	Patient and carer constituency
**Gillian Smith (GS)	Public constituency
Kevin Armstrong (KA)	GOSH FT member and GOSH Volunteer
Anna Ferrant (AF)	Company Secretary
Deirdre Leyden (DL)	Membership and Governance Manager
Jamie Wilcox (JW)	Head of GOSH Volunteer Services
Emma James (EJ)	Patient Involvement and Experience Officer
Bridgette Williams (BW)	Senior Internal Communications Officer, GOSHCC Communications
Stephen McCulloch (SMC)	Head of Internal Communications, GOSHCC Communications
Georgina Day (GD)	Internal Communications Manager, GOSHCC Communications

Apologies:

Claudia Fisher (CF)	Patient and carer constituency
Sophie Talib (ST)	Patient and carer constituency
James Linthicum (JL)	Staff constituency

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

10	**Welcome, Introductions and Apologies**	
10.1	CB welcomed everyone to the meeting. New staff member Bridgette Williams was introduced. Apologies were noted.	
11	**Minutes of the Meeting held on 17 November 2016**	
11.1	Minutes were approved with no amendments.	
12	**2017 AGM – planning**	
12.1	CB thought that with forward planning the 2017 AGM event could reach more people. KA thought it was a fantastic improvement on the previous year but that the planning process had started too late and that having live streaming of the event was perhaps unrealistic.	
12.2	SMC told the meeting that the live streaming option was investigated and it wasn't a case that time restrictions prevented it happening. There was no facility to live stream internally even though the trust website was capable of taking the streaming. As a result the trust had to consider cost implications and value for money. SMC explained that there were IT improvements being made across the hospital this year so the live streaming option could be considered again for this year's AGM.	
12.3	EJ enquired if other trusts had found live streaming to be a success and how the	

	timing of an event such as the AGM may prevent people from logging in to view it. Discussion was had on live streaming versus a video of the event like that used at the trust's Listening Event in November.	
12.4	CB thought that live streaming was an opportunity to open the AGM up to as many people as possible in particular our members from the outside London constituencies. Discussed also was the issue of live streaming versus on demand videos of the event. GS reported that she had experience of joining online streaming of the National Trust's AGM and had found it very effective. She felt that we should consider the option of live streaming alongside videoing of the event.	
12.5	SHW felt that the AGM content was all important and members should feel engaged with the event and want to access it. FS enquired about live streaming within the hospital to patients. SMC was not sure that the patient bedside entertainment could facilitate this.	
12.6	CB suggested getting the YPF involved in these initiatives. She suggested a trial by doing 'facebook live' for example.	
12.7	Further discussion was had around engaged members and the benefits of joining the trust which then would ensure good turnout at events such as the AGM. Future AGM's to be incorporated into a Trust Open Day as well as the timing and day of the event was discussed. Resources required to for all of this were also discussed. It was agreed for next year's AGM to focus on improving the content with more patient stories, involving the YPF more , engaging the patient constituency and showcasing the work of volunteers and to then consider more joined up resources to facilitate the 2018 AGM. AF informed the meeting that this year's focus is also on the 2017/18 Members' Council elections and using the AGM as a way to engage members and inform them about the role of a councillor. The time frame of planning of the event was discussed.	
12.8	**Action:** SMC to investigate further all the options discussed above and feedback to the committee and to take a draft specification for the 2017 AGM to the April 2017 MERRC meeting.	**SMC**
13	**Membership constituencies and governance**	
13.1	AF explained that the MERRC has been delegated authority by the Members' Council to have a view and give advice as appropriate on the shape of the trust's membership and areas such as the age and makeup of the constituencies. There are currently no electoral boundaries changes to consider which would impact on constituencies make up. Of note in terms of age is that approximately 50% of the Trust's patient population are under the age of three.	
13.2	AF informed the meeting that the work which will be carried out in the Constitution Working Group and the Well Led Review will have an impact on the Trust's Constitution and that the input from MERRC in terms of membership will also be considered. The Trust will also be conducting Members' Council elections in 2017/18 therefore any changes to the constitution will need to be approved prior to the elections starting.	
13.3	AF explained that the functionality of the new membership database has enabled us to regularly monitor our constituencies and has highlighted some issues in retaining correct data for the patient and carer constituencies in particular. These issues were outlined in Attachment C table 3.	

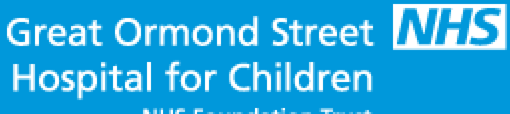
13.4	The committee discussed the following: - Issues which have arisen in the implementation of the six year rule - Keeping the six year rule or adopting other trust's rules- 20 year rule - Keeping the six year rule for both parent carer and patient members - Age for joining the trust and implications in terms of engagement and involvement	
13.5	Benchmarking against other trusts showed that one trust in particular adopts the rule of parents and carers remaining in a parent and carer constituency until their child is 20 years of age. There is no evidence as to how this rule works in reality and whether correct data is kept.	
13.6	The Constitution Working Group will meet in April. Any changes to the Constitution must be approved by vote at the trust's AGM. The committee need to consider the timelines for this and the forthcoming Members' Council election when addressing any changes to membership.	
13.7	**Action** DL to draft a Risk Benefit Analysis for changes to the membership constituencies and circulate to the MERRC ahead of the April meeting. Membership constituencies and governance to be an agenda item for the April meeting.	**DL**
14	**Members' Council elections 2017/18**	
14.1	DL outlined the different sections to the previous election planner and asked members for their input into this year's planner.	
14.2	The committee discussed: - Young councillor involvement in the production of a youth version of the Members' Council Factsheet to ensure that young people understand the difference between the role of a councillor and that of a YPF member - Utilising Charity events such as Race for the Kids as a backdrop to voxpops - CEO messaging at all staff talks for staff councillors - Members' Council role description to make clearer the time commitment and contribution expected in terms of engaging with members (this will be addressed at Well Led review also) - Making available what opportunities are available for prospective councillors to get involved in the trust - Communication team involvement to support messaging in all communications out to membership and the public	
14.3	**Action:** DL to prepare a draft 2017/18 Election planner to take to the April MERRC meeting	**DL**
15	**Membership statistics and report as at 1 January 2017**	
15.1	DL presented the membership statistics report and stressed the importance of support from the committee to reach our 2016/17 membership targets. Our overall public constituency figures have gone down due to the movement of members to the patient and carer constituencies following the last PIMS matching exercise. Consequently our patient and carer numbers have gone up. As at 1 January 2017 we were below our yearly projected target of 9,481 by 39. We also need to be aware that there will be monthly cleansing of data which will affect our membership total.	
15.1	DL updated the committee on engagement and recruitment since the last meeting	

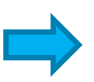
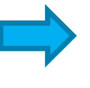
	including face-to- face recruitment undertaken in the Lagoon. This included planned meetings with Nigel Mills, Transition Improvement Manager for the trust and Linda Von Neree Young People's Advisory Group coordinator. DL had contacted Scouts and Guides to enquire about possible engagement opportunities and will contact the Activity Centre to arrange another engagement opportunity.	
16	**Guide for gathering feedback for Case Studies**	
16.1	CB explained that the Guide for gathering feedback for Case Studies was developed to provide guidelines to support councillors when they are engaging with the hospital community. Feedback from patient experience included collecting demographics so we can ensure we are engaging with a wide range of parents and patients.	
16.2	**Action** DL to circulate the Guide in the January Members' Council e Bulletin	**DL**
17	**Any Other Business**	
17.1	FS enquired about follow up with two schools identified at recruitment of members at Listening Event. FS also has links with Esher sixth form college and will make enquiries.	
17.2	**Action:** DL and FS to make follow on enquiries	**DL/FS**
17.3	The committee discussed membership having a presence at corporate Charity events such as Santa Dash and reasons why the Charity did not feel it appropriate for membership to attend this event. The committee felt that they should have a presence at these events.	
17.4	GH enquired about feedback mechanism from the Listening Event. EJ said that a website page would be set up for this when this feedback has been collated and analysed.	
17.5	CB raised the issue of using social media for advertising the forthcoming elections and as a membership recruitment tool	

Membership Strategy Update

31 March 2017

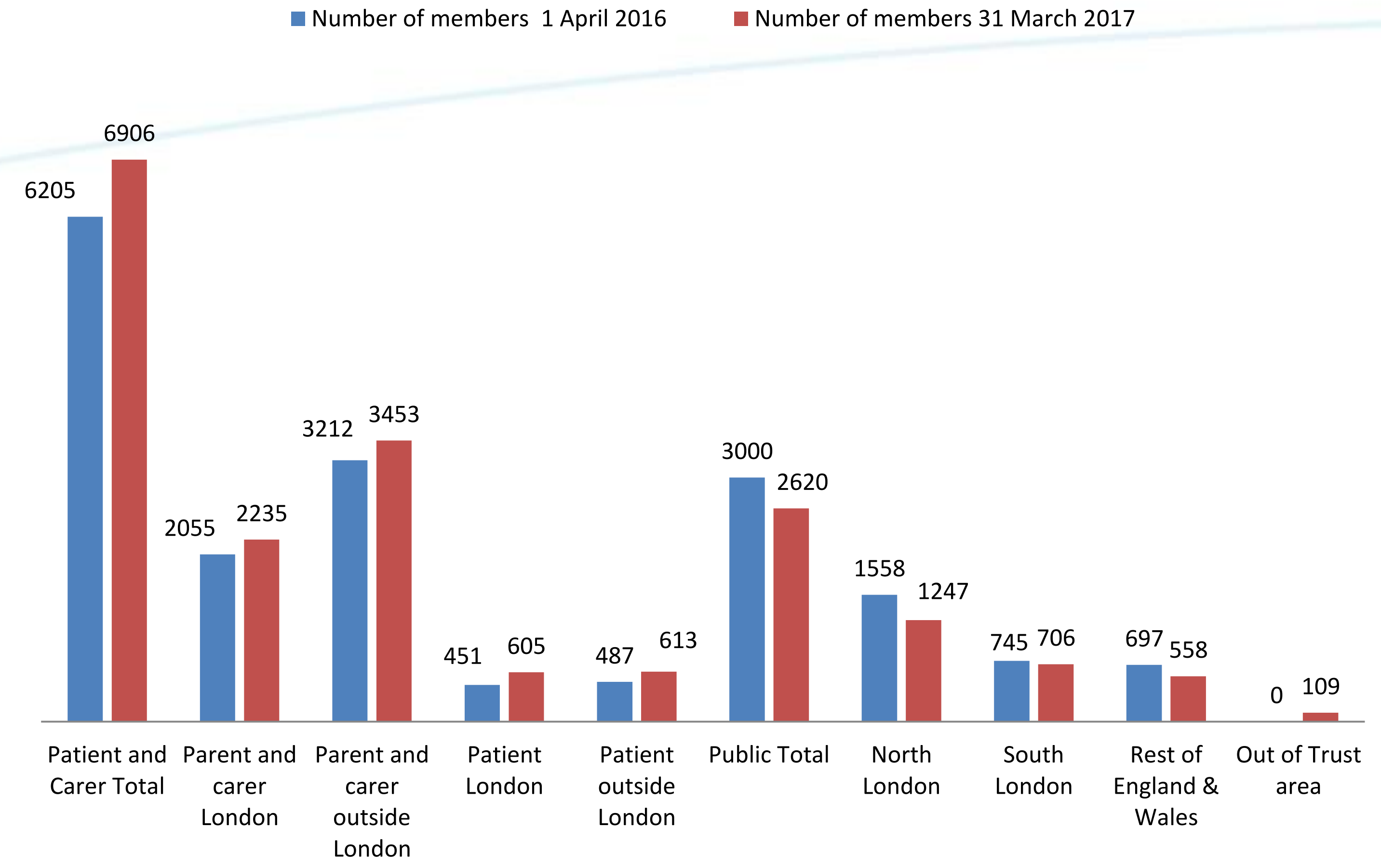
Membership Strategy



Objectives		Report provided
To maintain and develop membership achieving marginal growth in overall membership numbers (c.3%)		**Total membership comparison figures (1 April 2016 - 31 March 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 31 March 2017**

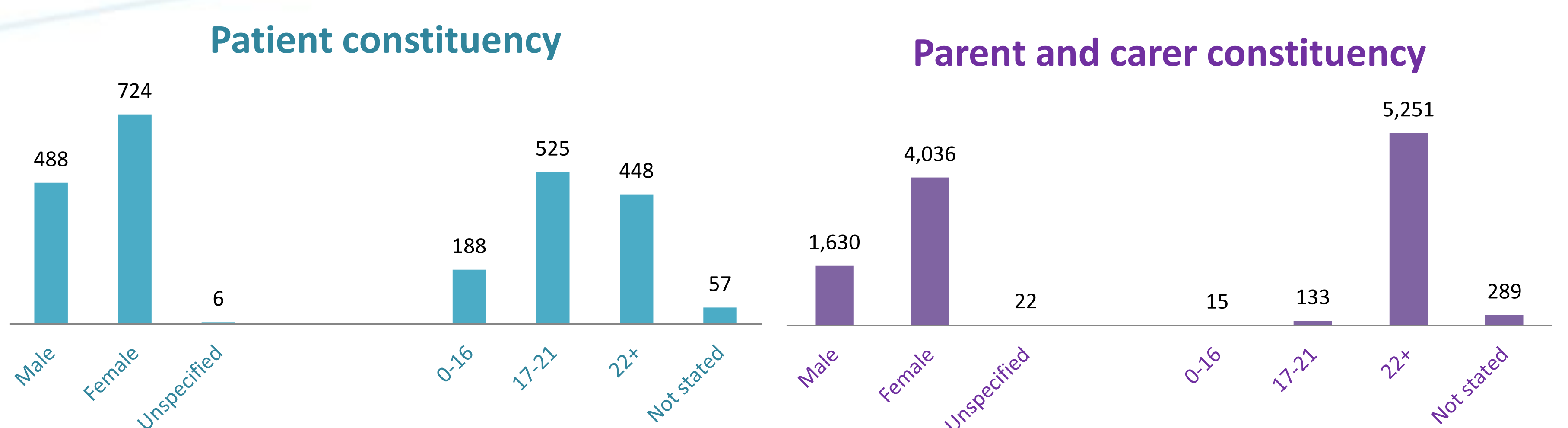
Total membership figures comparison

Great Ormond Street Hospital for Children NHS Foundation Trust



* 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 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 should be transferred to the public constituency.

Projected membership targets 2016/17

<table>
<tr><th>Current position as at 31 March 2017</th><th>Performance against yearly projected targets</th><th>Note</th><th>Forward plan</th></tr>
<tr><td>Total membership
9,526</td><td>Total membership figure has increased by 84 since January 2017.</td><td>We have met and exceeded our yearly projected target of 9,481 by 45.</td><td>To meet our total projected membership target by 31/03/2018</td></tr>
<tr><td>Patient and Carer membership
6,906</td><td>Total Patient membership is 1,218 exceeding yearly projected target of 966 by 252 with an increase of 46 since January 2017 reporting.

Total Parent carer membership is 5,688, exceeding yearly projected target of 5,425 by 263 with a decrease of 10 since January 2017 reporting.</td><td>

+11 members in 10-16 patients since 01/01/17 reporting .
Public councillor Teskeen Gilani signed up 5 new members online.
19 volunteers signed up as Public members
Snapshot recruitment :

<table>
<tr><th>Date</th><th>Activity</th><th>Number</th></tr>
<tr><td>01/02/17</td><td>Pre Members' Council</td><td>10</td></tr>
<tr><td>17/02/17</td><td>Activity Centre/ Outpatients (Cllr Gillian Smith)</td><td>9</td></tr>
<tr><td>Quarter 1</td><td>• Lagoon
• Online
• Volunteer sign up</td><td>10
30
19</td></tr>
<tr><td>18/03/17</td><td>Young People's Advisory Group (8) & YPF (1)</td><td>9</td></tr>
</table>
</td><td>Report quarterly *PIMS check outcome at April 2017 Members' Council meeting.
Continue to concentrate recruitment efforts in under-represented segments (10-16 patient)

Hospital and Outpatients for next quarter
Research Awareness Week events in May

</td></tr>
</table>

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

Projected membership targets 2016/17

Current position as at 31 March 2017	Performance against yearly projected targets	Note	Forward plan
Public membership stands at **2,620**	Total Public membership has increased by **49** since January 2017 reporting but has decreased by **380** since April 1 2016 reporting and is below the yearly projected target of **3,090** by **470**	• Decrease in Public constituencies due to quarterly *PIMS matching and movement to Patient/ Carer constituencies. This has affected 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. • Awareness that Volunteer services recruit to Public constituencies so we have members with recent experiences of GOSH	• Be aware of this shortfall when setting projected targets for 2017/18. • Promoting membership via FT Get Involved email - member to recruit member. • Communications team at GOSHCC to support recruitment efforts.

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

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

Gender		% of Membership	% of Area	Index
Male	340	27.27	49.69	55
Female	902	72.33	50.31	144
Unspecified	5	0.40	0.00	0
Age				
0-16	55	4.41	21.47	21
17-21	149	11.95	5.76	207
22+	977	78.35	72.76	108
Not stated	66	5.29	0.00	0
Ethnicity				
White	704	56.46	70.01	81
Black	144	11.55	8.07	143
Mixed	61	4.89	3.66	134
Asian	199	15.96	15.64	102
Other	139	11.15	2.62	425
ONS/Monitor Classifications				
AB	363	29.11	27.27	107
C1	375	30.07	32.53	92
C2	202	16.2	17.55	92
DE	298	23.9	22.65	106

% of Area — The percentage of people in the local area in that constituency.
Index — 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: 1,247
Decrease of 311 since 1 April 2016
Increase of 29 since 1 January 2017

Age Profile:
- Under represented in 10-16 age bracket
- Over represented in other age brackets

Gender Profile:
- Over representation of female members
- Under representation of male members

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

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

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

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

Gender		% of Membership	% of Area	Index
Male	186	26.35	49.02	54
Female	516	73.09	50.98	143
Unspecified	4	0.57	0.00	0
Age				
0-16	8	1.13	20.39	6
17-21	33	4.67	5.65	83
22+	605	85.69	73.96	116
Not stated	60	8.50	0.00	0
Ethnicity				
White	481	68.13	82.28	83
Black	57	8.07	6.77	119
Mixed	32	4.53	3.18	143
Asian	55	7.79	6.62	118
Other	81	11.47	1.14	1,002
ONS/Monitor Classifications				
AB	227	32.15	28.30	114
C1	217	30.74	33.48	92
C2	117	16.57	18.34	90
DE	142	20.11	19.88	101

% of Area — The percentage of people in the local area in that constituency.

Index — 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: 706
Decrease of 39 since 1 April 2016
Increase of 16 since 1 January 2017

Age Profile :
- Under represented in 10-16 age bracket
- Under represented in 17-21 age bracket
- Over represented in 22+ 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.

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Public membership profile and analysis of eligible membership

Rest of England and Wales

	Total	% of membership
Gender		
Male	188	33.7
Female	356	63.8
Unspecified	14	2.5
Age		
0-16	7	1.25
17-21	29	5.19
22+	446	79.94
Not stated	76	13.62
Ethnicity		
White	411	73.65
Black	20	3.6
Mixed	5	0.9
Asian	29	5.19
Other	93	16.66
ONS/Monitor Classifications		
AB	**155**	155
C1	160	160
C2	115	115
DE	125	125

Overview

Total: 558

Decrease of 39 since 1 April 2016
Increase of 4 since 1 January 2017

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.

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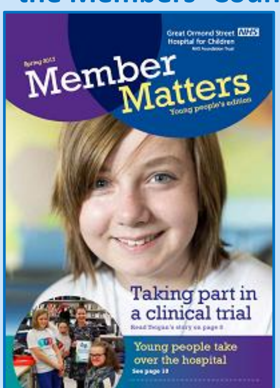
Membership Strategy

Communicate

Objective	How we are meeting our strategic aims	What are our future plans?
Provide appropriate information to members and the Members' Council  	• Spring *Member Matters* -issued in March 2017 and uploaded to Trust website and Intranet • March and April *FT Get Involved* email to membership reached 6,846 members with 21.4% open rate. • Website updated with photos and statement for new North London and surrounding area councillor <u>Members' Council</u> • Councillors to receive April 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.	• *Member Matters* Autumn 2017 editorial meeting planned • Preparation for May 2017 *FT Get Involved* email to membership. • Updated *Welcome Pack* for new members will be issued in April 2017. • Updated Members' Council photo board for display in the hospital and to be issued with updated *Welcome Packs* • Begin work plan from election communications planner to prepare our membership communities for the 2017/18 Members' Council elections . • June e bulletin to councillors will contain relevant information to support them in their role. • Councillors training to be streamlined with GOSH volunteer and NED training . Councillors to complete online training and IT suite booked for 26 April session to support this.

Objective	How we are meeting our strategic aims	What are our future plans?
Communicate the benefits of membership and create new engagement opportunities	• February and March *FT Get Involved* email advertised 4 involvement opportunities including attendance at the Redevelopment exhibition. • 3 new members joined the Young People's Advisory Group in response to *FT Get Involved* . • A Patient councillor attended the Young People's Advisory Group to speak about his experience as an FT member and why he ran for Members' Council . 8 of the 10 YPAG joined the Trust. • Research staff used Autumn *Member Matters* to engage with patients.	• 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.
Build more awareness, communication, and interaction between councillors and their constituents	• Two councillors wrote personalised letters to constituents for spring edition of Member Matters Newsletter and one young member wrote introduction for youth edition. • Councillors engaged with members pre Members' Council meeting in February. • One councillor held a stall outside the Activity Centre in February in to meet and engage with pupils and their families..	• Continue to advertise Members' Council meetings in *FT Get Involved* email. • Activity Centre have invited councillors to have a stall outside any day of the week.

Engage

Objective	How are we meeting our strategic aims ?	What are our future plans ?
Harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities. *Councillors attend Redevelopment session*	• "Have your say" Redevelopment events advertised to members in March . • Members' Council attended the Redevelopment event on 18 March • Members' Council continue to engage with members pre Members' Council meetings and at Trust events	• To work in collaboration with the Patient Experience team to engage with our members at 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
Support the Trust's Patient & Public Involvement work and enable a single view of Trust, Partnership Organisations and Charity-wide engagement opportunities.	Our *FT Get Involved* emails have advertised opportunities for: - Have your say on designs for a new building at GOSH - Healthcare Science week - Patient Experience Volunteers GOSHCC events and campaigns	Continue to engage with GOSH staff to advertise more opportunities to FT members.
Encourage a partnership approach between the Trust, its membership, and other likeminded organisations	GOSHCC to advertise Bake it Better and Run the Royal Parks in *FT Get Involved*	Continue to look for opportunities to engage in partnership work.

Comparison membership figures 2016-17

Constituency	Number of members 1 April 2016	Number of members 31 March 2017	Comparison	Projected targets for 2016/17	+ /-
Patient and Carer Total	**6205**	**6906**	**+701**	**6391**	**+515**
Parent and Carer Total	**5267**	**5688**	**+421**	**5425**	**+263**
Parent and carer London	2055	2235	+180		
Parent and carer outside London	3212	3453	+241		
Patient Total	**938**	**1,218**	**+280**	**966**	**+252**
Patient from London	451	605	+154		
Patient outside London	487	613	+126		
Public Total	**3000**	**2620**	**-380**	**3090**	**-470**
Public North London	1558	1247	-311		
Public South London	745	706	-39		
Public Rest of England & Wales	697	558	-139		
Out of Trust area	0	109	n/a		
TOTAL	**9205**	**9526**	**+ 321**	**9481**	**+45**

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Welcoming Helpful Expert One Team

Proposed membership targets for 2017/18

Attrition Rate >	5.00%
Growth Rate >	8.00%

Constituency	2016/17 (final numbers)	Attrition	Growth	2017/18 (Predicted)	In Year Net Target
Patient	1,218	61	97	1,255	37
Parent/Carer	5,688	284	455	5,859	171
Public	2,620	131	210	2,699	79
Total (excluding staff)	9,526	476	762	9,812	286

Attachment E

Members' Council

Wednesday 26 April 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 on 1 February 2017

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.

YPF 18 MARCH - MEETING NOTES

WELCOME!

Faiza opened the meeting and welcomed the group, we had 27 young people attend, including six new members!

This meeting, as suggested last meeting, we gave some time for members to socialise. We asked everyone to go and speak to someone they hadn't spoken to before.

Faiza reminded us of the YPF Pledge, to make sure that every member is comfortable and happy in our meeting. Our new members were given Buddies to help them in their first meeting, and the Buddies did a great job!

Twenty seven members attended!

YPF STRATEGY

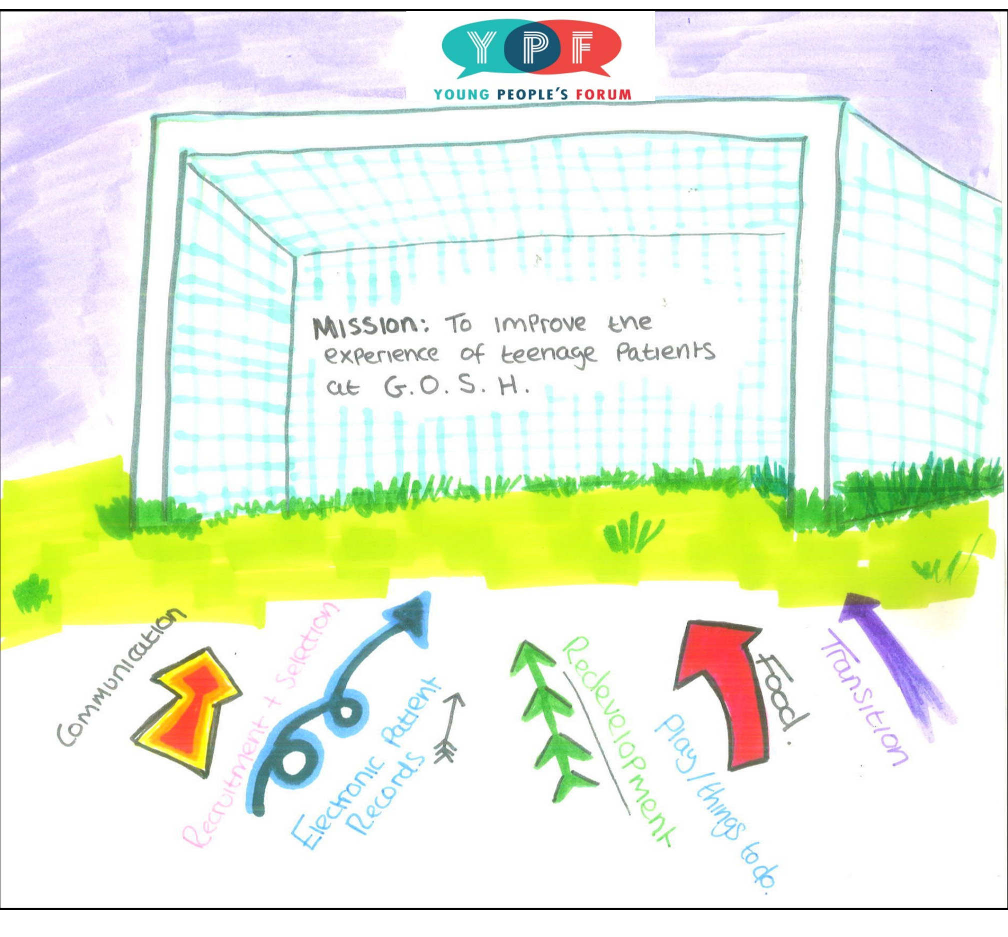
Herdip Sidhu-Bevan - Assistant Chief Nurse for Patient Experience and Quality, came to the meeting to talk to us about the YPF strategy. A strategy is; ‘A plan of action to achieve an overall aim’.

The YPF aim is written in it’s mission statement
“The mission of the Great Ormond Street Hospital (GOSH) Young People’s Forum (YPF) is to improve the experience of teenage patients at GOSH”.

Herdip spoke to the group and reminded us about all of the different improvement projects that we are regularly involved in such as;

- Electronic Patient Records,
- Communication,
- Redevelopment,
- Food,
- Recruitment and Selection,
- Play
- Transition.

Being involved in these pieces of work are all part of how we will achieve our aim.



All of these projects are things that the YPF members and staff are working on all year round, and members are involved in at meetings, workshops and separate opportunities that are sent out to the group.

The work we do in a meeting gets sent to different committees, groups and to heads of departments.

Sometimes you may understand more about a project than a newer member, when this happens its really useful for you to help them to take part.

If you have any ideas for projects for the YPF then please let us know!

UPDATE FROM ESTATES

We welcomed Linda Martin, Deputy Director of Estates and Facilities and Martin Nightingale, Facilities Manager who came to meet us and give an update on work to improve Food and the Patient Bedside Entertainment and Education System (PBEES). Linda and Martin sent through more Information after the meeting

Questions from the YPF

Question: *"Why isn't the food on the ward the same as the food in the Lagoon?"*
Answer: *"I understand that food does look a bit different when it comes to the ward, we are thinking of ways round this such as plating up food in the kitchens and delivering them to the ward on trays."*

Question: *"For people on a restricted diet, there is restricted options!"*
Answer: *"We will get our new Dietitian to take a look at this, we now have more options for sandwiches and salads etc."*

Question: *"What time is dinner served on the wards?"*
Answer: *"Dinner is served at different times depending on the ward, but I understand that the times are too early for teenagers, we are trying to see if there are wards where the most teenagers are so that they can get dinner last. An option to order food via your bedside TV would also help."*

Food Improvements

- Protected mealtimes - patients have an hour to eat meals without any non urgent treatment or interruptions.
- Three weeks of menus—instead of one week menu repeating
- Child sized lunch boxes in the lagoon
- Welcomed a new Dietitian who will be looking at the menus
- More vegetarian options
- Put in barriers in the Lagoon, to guide people round the hot counter
- More healthy snacks and no chocolate available from the counters

Things the team are working towards;

- A snack trolley service for inpatients
- Photos of food on patient menus
- Refurbishing the Lagoon
- Theme days in the Lagoon once a month. i.e. St Andrews Day

PBEES (Bedside TV's) improvements

- New and better look of the main pages
- Patients can now access YouTube videos and BBC iPlayer - these have filters on to make sure videos are appropriate!
- New videos from GOSH Arts
- You can now go straight to CBEEBIES and CBBC without getting an internet card

Things the team are working on:

- Using the TV's to order meals
- An improved Film Library
- The Disney Life channel is being piloted on two wards, Badger and Eagle
- Access to Instant Messaging using Facebook, Twitter etc.
- Visited another hospital to see how they use the same TV system

LUNCH WITH YPAG

We were joined for lunch by GOSH's Young People's Advisory Group, who work with the Research Team to get children and young people involved in clinical research studies.

The group has young people aged 8 to 21 and they meet every two months at GOSH.

In future we would like to bring both groups together more often, some of the YPAG members have already asked to join our group!

REDEVELOPMENT WORKSHOP -

EVALUATING DESIGNS FOR A NEW GOSH BUILDING

For our afternoon session, we met with Stephanie Williamson, Deputy Director for Development and Property Services and two members of her team, Crispin Walkling-Lea, and William McCready.

The team had asked us to give feedback on three designs for the latest phase of building work at GOSH. The building will replace the Paul O'Gorman building and the Frontage building which houses Outpatients.

Three teams of architects and builders have created designs based on the brief which you helped to write in 2015. This told them what you wanted the building to feel like, and what other rooms should be inside, including a teenager room. Over the week before the YPF meeting, staff, patients and parents had spent time looking at the designs and making notes on which parts they liked or didn't like about each design. We did the same exercise in our workshop.

We split into two groups and each group looked at the designs, wrote notes and gave feedback to the Redevelopment Team.

REDEVELOPMENT WORKSHOP NEXT STEPS!

- Stephanie and her team will write up the notes from our session and create a report. This will form part of a bigger report which will include staff and other patient and parent feedback.

- Two YPF members will join an expert panel to interview all three design teams and will make a recommendation of which design team we should choose.

- After the decision is made, the team will spend another two years adjusting the original plans to make sure that we get exactly what we need in our new building, this is all done before any building work is started!

EVALUATIONS

We ask YPF members to evaluate each meeting, using our evaluation form, this helps us to make sure that our meetings are fun, interesting and friendly.

The top four words used to describe our meeting were;

Fun, interesting, educational and good

The activities

All of you (100%) rated the redevelopment session as either very good or good. 72% of you were happy with the YPF strategy session and our update from the Estates Team. 84% of you said you enjoyed having some social time to chat to other group members.

The food

68% of you thought the food was either good or very good.
'Could've been hotter'
'Good choice'

Other comments and suggestions

"Lovely to see designs and know what is happening" - Redevelopment

"Nice to re-evaluate what we are doing" - YPF Strategy

"Nice to see updates and see what they have took from our feedback" - Estates Team update

"Everyone was friendly and welcoming" - Social time

"Cool meeting – Thank you"

"Informative, enjoyable speakers"

"Agenda needs to be circulated earlier"

"Nice to learn new things and it is nice to give something back after what you have done for me."

'Good to meet the YPAG'

NEXT MEETING DATE

32 of you took part in our survey, to help decide what social activity we should do at our next meeting. It was a close result but the overall winner was a picnic and team building activities!

This will be at our next meeting in July.

During the summer we have a break in our meetings to give you time to focus on your exams and school work, in the meantime we will still send out opportunities and updates via email and Facebook.

If you have any questions or just want to get in touch, please call or email!

- ypf.member@gosh.nhs.uk
- 02074059200 ex 1400
- 0770380893 (phone will be checked at intervals)

Attachment F

Members' Council

26th April 2017

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

Summary & reason for item: To update the members' council on the Patient and Family Experience and Engagement Committee.

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

Attachment F

PATIENT AND FAMILY EXPERIENCE AND ENGAGAEMENT COMMITTEE UPDATE

COMMUNICATION

It is evident that *'communication'* is a theme that is raised on a regular basis through numerous and various forms of patient and family feedback such as:

Friends and Family Testing (FFT)
Complaints
PALs
Listening Event
Social Media
Patient Family Experience and Engagement Committee (PFEEC)
Patient Safety Outcomes Committee (PSOC)
Patient Surveys – Picker, CQC

However, *'communication'* is a handle that represents multiple elements of the Trust's business and functions; while the examples of feedback routes cited above specifically relate to patient and family concerns there may be similar aspects relative to staff or external customers such as local service providers. If the Trust is to successfully tackle and address the ongoing challenge of *'communication'* then those core elements and components referred to need to be identified and the specific concerns aligned. Concerns highlighted about *'communication'* will fall under a number of different aspects all of which will require consideration such as -

1. Processes
2. Standardisation
3. Culture
4. Clarity
5. Conciseness
6. Effectiveness
7. Consciousness

Once relevant aspects have been identified and agreed, each one will need to be looked at in detail and in alignment with the feedback that is received. The aim being, to better appreciate the concerns being raised and the root of them and to identify and make improvements; changing the system and /or behaviours.
Currently issues around communication are not dealt with at a Trust wide level or integrated effectively across the teams, it is usually localised. A regular example is the cancellation of an operation/procedure where patients from different specialities will all have a varying experience with little consistency.

This work clearly has a large scope and will need to be addressed in alignment with the Trust 's Electronic Patient Records System to ensure that those relevant issues that can be will be addressed with this system to improve the patient experience. Likewise, if the hospital's *Values* are to be

delivered and fully adopted then the number, nature and content of concerns raised and identified under the remit of *'communication'* need to be resolved and the underlying factors addressed.

PARENT WALKABOUTS

It has been decided that there will be 4 walkabouts a year and the feedback will be organised in line with the PFEEC meetings. The dates of the walkabouts will be discussed in the MERRC meeting in April 2017.

FAMILY AND FRIENDS TESTING (FFT) and REAL-TIME SYSTEM UPDATE

A change has been made in the FFT cards recently, as resulted in 7 areas are now using the new FFT cards with demographics on them.62 patients have been updated with their ethnicity on Patient Information Management System (Pims) from the FFT cards. (The Integrated Quality Report consists of more detail)

The real-time system is at the procurement stage with engagement from the ICT department and finance.

FOOD IMPROVEMENT

LM presented the update from the Food Improvement group.

- 3 week menu is working well.
- Installed new equipment in the Lagoon eg ovens, dishwasher
- Hours could not be extended due to staff shortages, death of a team member
- Quality of food is continually being worked on to improve
- GOSH charity is involved with improving the look of the Lagoon – this will involve the input from a number of groups eg the YPF
- The addition of a salad bar is being investigated and will be part of the counter re-design.
- The shop has changed stock and now operating in a profit.
- Changes are taking place at the entrance of the Lagoon.
- It was asked whether a "quieter are" can be created – the charity is being spoken to regarding funding for this. Rooms may also be available in the old nurse's home for a quieter space.

New artwork is also being installed in the Lagoon.

Attachment F

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

Present:	
Juliette Greenwood	Chief Nurse
Herdip Sidhu-Bevan	Assistant Chief Nurse Patient Experience & Nursing Quality
Laura Sennett (Minutes)	Patient Experience Team
Suzanne Collin	Project Manager
Stephanie Nash	Parent Representative
Donna Robinson	Complaints Manager
Lisa Allera	Parent Representative
Luke Murphy	PALS Manager
Claudia Fisher (on phone - but issues with the line)	Members Council Parent Rep
Jilly Hale	Assistant Chief Nurse – J. M. Barrie Division
Dagmar Gohil	Assistant Chief Nurse – Charles West Division
Crispin Walker-Lea	Head of Healthcare Planning
Jamie Wilcox	Head of Volunteer Services
Emma James	PPI Officer
Simon Hawtrey-Woore	Members Councillor - Public
Geralyn Oldham	Clinical Governance Facilitator - Critical Care & Cardiorespiratory Division
Jo Wray	Senior Research Fellow/Health Psychologist
Fiona Jones	Children & Young People's Participation Officer
Helen Dunn	Lead Nurse Infection Prevention Control
Lorraine Hodsdon	Head for Nursing Clinical Research
Stephen McCulloch	Head of Internal Communications
Beki Moult**	Health Information - Language Manager
Christine Pierce**	Consultant - PICU
Hayley Lawson-Wood**	Practice Educator – ICI
Geriene Chapman**	Practice Educator – IPP
Nigel Mills**	Transition Improvement Manager
Margaret Hollis**	Head of Decontamination
Duncan Winter	Head of Accommodation Services
Apologies:	
Jim Linthicum	Chaplain
Carley Bowman	Member Council Representative
Kim Foord-Paton	Patient Services Manager
Siobhan Lalor-McTague	Head of Nursing, International and Private Patients
Andrew Pearson	Clinic Audit Manager
Andrew Gralton	Business Change Manager

** attended for part of the meeting

Item		Lead:
1.0	<u>Introductions</u> Introductions to the meeting were made.	
2.0	<u>Minutes</u> The minutes from the previous meeting were agreed, apart from one change: - AOB, changed to "CF would like to express her thanks for everyone involved in making her long term hope of having an outside space for immunocompromised patients come true. Fox ward patients will be trialling using the allocated exclusive use time slots in the Morgan Stanley Garden for the moment with the aim that it can	

	be of benefit to patients and families from other wards in future”	
3.0	<u>Action Log</u> - All items in the action log are on the agenda.	
4.0	<u>Involvement and engagement report</u> EJ and FJ presented the involvement and engagement report. - It was discussed that the report was very positive and the team will continue to investigate different ways to get feedback eg listening booth.	
5.0	<u>Takeover report</u> FJ presented the report for Takeover week. - Thanks was given to FJ and those involved in the takeover week for a smooth project delivery and special thanks was given to Development Property Services as they provided 3 opportunities for young people throughout the week.	
6.0	<u>FFT</u> SC presented the FFT report. - Apologies were given for the late distribution of the report but there were data validation issues that needed rectifying. - Many wards were commended for their high response rates with the reasons behind the success ranging from enthusiasm of individual members of staff, wards adopting the responsibility of promoting FFT as a team, to extra admin support being provided at the weekend. It was asked that “thanks” were given to the successful wards/staff. - From comments that were received through FFT data, a member of staff has been recommended for a GEMs award, as they were mentioned by name several times. - It was reported that there has been a large increase in the number of negative comments for access/admissions/transfer/discharge on both divisions. This reflects the comments being seen in PALs and complaints and the work that is already being conducted for a “patient flow” project. - **DG and JH have been asked to provide a report in the March PFEEC, outlining:** **a) Specific areas of improvement** **b) What result will come from that improvement** - **SC will send a breakdown of divisional comments to DG and JH.** - **PALs and Complaints Q3 report will be presented in February, where we will see comments relating to the patient journey.** - It was noted that it is encouraging to see a continual improvement in response rates and to hear not only the positive comments but also the negative ones, to aid improvement. An idea was mentioned to look at separating children/young people and parent/carers comments at some point in the future.	**DG/JH** **SC** **LM/DR**
7.0	<u>Information and Inclusion (including ward information)</u> BM presented the update which included: - Working with clinical teams to update information, including metabolic medicine, transition and transplant. - Range of easy reading info sheets are being expanded (all of radiology now covered). - BM and LS working on ward information online. HSB and LS spoke to families to understand what they would and would not like to see included on the online ward pages. There was talk of created a hard copy to be on the wards, but it was too big and would be out of date very quickly, so we decided on online information pages bespoke to each ward. LS will be sending all matrons the outline (subtitles) that need to be completed by themselves and returned to LS to put online. - LS and BM are also updating the “Welcome to GOSH” booklets. - Busy time for Equality and Diversity inclusion, as need to publish papers by 31st January. BM has been looking at our data and collating work we have been doing and seeing how we are doing in relation to targets set. - Developing posters for families with patients approaching 18 years of age and with	

	an LD. - The big challenge being faced is our data. We still do not know the religion of 50% of our patients and 40% of ethnicity. We are planning an equality week (20th February), targeting both wards and outpatients to try and plug the gaps and to target everyone in the hospital during that week and encourage staff to collect that data. We will also be carrying out training and reassuring staff that families are ok to be asked these questions. - A potential project being looked at is to ensure our services are "Dad friendly", as everything is currently directed to Mums. BM will be speaking to families about their experiences to ascertain how we are performing in this matter. - Working with clinical services to standardise their services by creating clinical pathways. - **BM has been asked to bring back a draft paper around the assurance of equality requirements once it has been to the board in April PFEEC.**	**BM**
8.0	<u>Outpatient Survey</u> EJ presented the Outpatient Survey. - Members noted that the results are a year old and changes have already been made. - It was highlighted that the survey was not mandatory, and that although we had a low response rate, all feedback is valued and appreciated. There is currently a large improvement workstream happening in Outpatients, that includes: a) Addressing capacity b) Converting rooms in the basement in RLHIM c) Moving entire clinics around d) Change balance of staff – trained staff supporting HCA e) Teams will regularly support speciality clinics – specialise rather than covering all clinics – need to understand prep needed for each type of clinic f) Checking in process has changed. • Reduced number of times people need to check in (used to be at the boat and then also Cheetah). This has now stopped. • Patient "status at a glance" boards have been ordered which will manage expectations on waiting times. • **Staff are currently expected to tell patients how long wait is and put it up. JH will check this is being done and will be done until boards arrive and are set up.** • There is a "tea trolley" so people have access to food and drink whilst they wait. - Part of EPR project for the future is to have electronic self-check in. - **A more detailed report will be brought to the meeting in March (JH).** - **This will be a continual item on the agenda**	**JH** **JH**
9.0	<u>Audit of compliance - training hoists</u> HLW and GC presented the audit of training hoists. - It was asked what we should be concerned about from the findings of this audit. It was noted that we should be assured that staff can use the various types of hoists, but that we should be concerned about staff be unaware of what checks need to be made before using a hoist and also what to do if there is a malfunction. It was suggested that staff need more frequent education, monthly updates or quick fire question responses readily available. It was also suggested that moving and handling training be increased back to every 2 years (not every 3), or even more regularly than that due to memory atrophy when not using hoists on a regular basis. - The correct answers to the survey questions will be sent out to all staff by HLW and GC.	

	- **DG, JH, LH will take points raised from the audit and speak to their divisions.**	**DG/JH/LH**
10.0	<u>Transition update</u> NM presented the transition update. - There will be a Multi-tiered approach: - Older patients who will be moving in next 1-2 years - Long-term strategy for YP aged ≥ 14 yrs - Young person moving to other services i.e. hospice care or adolescent services (NB not covered by NICE Transition Guidelines but need preparing as moving to different hospital and different environment) - Producing generic information relating to parents accessing information and skills parents can use to support/teach a young person (managing appointments, filing clinic letters, medical history etc). Also providing information for families of a young person with additional needs. - Established multi-professional steering group with parent/carer and young person - members to be recruited. a) Current work streams: • Update GOSH transition policy to reflect NICE Guidelines • Education strategy for staff - Working with other paediatric centres-sharing challenges and solutions. a) NM visited Sheffield last week - no one we have approached has yet solved the problem of how to record a Transition Plan electronically, especially complex young people under multi-specialties. b) Working with EDM, eCOF and PiMS to see how these systems can support transition. - Work begun to capture stories of young people who have been through transition- piloting with Osteogenesis Imperfecta and will be working with YPF. Yet to determine the best way to use stories as do not want to simply collect them. Could possibly be used for staff education? - Concentrating on working with Nephrology-different practices in different sub-specialties and Gastroenterology - Established a Transition Special Interest Group with UCLH nurses to facilitate transfer – Plan to meet the LD CNS at UCLH to how we can better support families - It was requested that we ensure we alert families/carers to the legal processes for young people who lack mental capacity to make decisions for themselves early enough for them to make the necessary arrangements for such things as Court of Protection papers. - It was noted that although thanks is given for all the work being done, there is a still a communication issue with clinical notes between GOSH and receiving hospital/placements.	
11.0	<u>Accommodation Update</u> DW presented the accommodation update. - The policy went to PAG last week, but there are still some changes that need to be made. A paper is being put together by DW to take to the senior management meeting. - **It was asked that PFEEC members send their thoughts on the report to DW by the end of January, and he will give his response to those thoughts in the February meeting.**	**All members**
12.0	<u>NEPT update</u> (Sent via email by MH) - Complaints • Transport complaints since the CCG initiative commenced in 2016, 21 complaints have been received from July – October 2016. It has been confirmed by the Transport desk in reality there are more issues but complaints are not always documented • Issues to be addressed - it has been noted wards book transport needs at	

	too short notice. Training sessions on the process to book transport has been carried out by Amanda Andree (Transport Desk). Amanda has trained approximately 60 clinical persons from various ward areas. Amanda can make herself readily available to go to ward areas to carry out training sessions for ward staff. Training session time is ten minutes - Quality • Complaints received are taken through a formal investigation process. Complaints received with regard to driver behaviour has resulted in the person(s) involved not being allowed to transport GOSH patients. - Concerns • There needs to be a mechanism to improve local understanding of where GOSH is not authorised to use a NEPTS transport provider. Implication of this is the CCG will refuse to pay for the service that has been provided. - Issues • A recent issue that has arisen is where a GOSH patient had by-passed the controls to book transport for a 'non-English' patient. The patient was registered to a Holborn GP although the patient was Scottish and a request was for a flight from Glasgow with transport to GOSH. The impact of this is that the transport cost was passed to the wrong Commissioner. This was not the first occasion this has happened with this patient. The Contract team were made aware - Work in Progress • GOSH are in the process to agree a NEPTS Policy with agreed patient criteria for allocation of transport. This is a sensitive issue. Sarah Metson is the Policy owner. The Facilities team to provide support to Sarah for the criteria and policy content. • To avoid the use of clinical time to book transport, there is an option for consideration that once the Policy and criteria have been agreed, a central Helpdesk could manage the assessment and allocation process for patient transport. The challenge to fully implement change is the patient/parent expectation of GOSH e.g. if transport has been provided previously and should the patient parent not meet what is recognised as the baseline criteria	
13.0	PBEES update (Sent via email by MH) - In response to issues noted in the FFT report it can be confirmed with regard to the lack of access to the internet, Martin Nightingale is working with GOSH ICT team to achieve a safe filtering facility. Internet access cards are still to be issued. It is envisaged by February 2017 this issue will be resolved - The contract to maintain and keep the PBEE TV's operational changed from 1st December 2016. The new contract is with Airwaves - the company that is supporting what is required in the new PICB building. Since December 2016, the onsite presence of the Airwave service engineers and work undertaken while on-site has improved. The communication to Facilities has improved which is resulting in a preventative service being provided to the Trust opposed to a reactive service.	
14.0	PREMS update Deferred to February	
15.0	Feedback for food improvement Deferred to February	
16.0	Feedback about catering issues from PALs Deferred to February	
	AOB - There is an issue with the telecommunication so CF could not stay on the line. **LS has spoken to the AV team and they are investigating the sound quality.** - **A breech has been declared for single sex accommodation in December. Currently working through a root cause analysis (was it avoidable) and what changes will be made. The breech happened over a seven hour window. This**	**JG**

	will be brought back to next meeting and there will be a regular update on single sex accommodation in PFEEC.	

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

No	Action/ Agreements:	Lead:	Start Date	Notes	Further Action?
1.	FFT - Negative comments for access/admissions/transfer/discharge DG and JG have been asked to provide a report in the February PFEEC SC will send a breakdown of divisional comments to DG and JH.	Dagmar Gohil / Jilly Hale Suzanne Collin	January 2017 January 2017	Outlining: - Specific areas of improvement - What result will come from that improvement	DG/JH – Report update – **March 2017** **NA**
2.	PALs & Complaints Q3 report To be presented in the next PFEEC As will FFT (Suzanne Collin)	Luke Murphy / Donna Robinson	January 2017		LM/DR – Report – **February 2017** **ON AGENDA**
3.	Information and Inclusion BM has been asked to bring back a draft paper around the assurance of equality requirements once it has been to the board in April PFEEC.	Beki Moult	January 2017		BM – Report – **March 2017**
4.	Outpatient Survey Staff are currently expected to tell patients how long wait is and put it up. JH will check this is being done and will be done until boards arrive and are set up A more detailed report on the "checking in process" will be brought to the meeting in March (JH). This will be a continual item on the agenda	Jilly Hale Jilly Hale	January 2017 January 2017 January 2017		N/A JH – Report – **March 2017** Continual
5.	Audit of compliance - training hoists DG, JH, LH will take points raised from the audit and speak to their divisions.	Dagmar Gohil/Jilly Hale/Lorraine Hodsdon	January 2017		N/A

No	Action/ Agreements:	Lead:	Start Date	Notes	Further Action?
6.	Accommodation Update PFEEC members send their thoughts on the report to Duncan Winter by the end of January. DM to give response to those thoughts in the February meeting.	All members. Duncan Winter	January 2017 January 2017		N/A DW – Report – **February 2017** **ON AGENDA**
7.	PREMS data collection Detailed report to be presented in February.	Jo Wray / Geralyn Oldham	November 2017	JW/GO update PFEEC once the pilot has been carried out in October.	JW/GO – written report – **February 2017** **ON AGENDA (Jo, Geralyn)**
8.	Food Improvement Feedback for food improvement to be reported in January by Simon Clark. Feedback about catering issues that have been given to Complaints and PALs to be reported in January by Luke Murphy and Donna Robinson	Simon Clark Luke Murphy / Donna Robinson	November 2017	Simon Clark to give an update on the food improvement steps the team have carried out. Luke Murphy / Donna Robinson to give feedback about catering issues that have been given to Complaints and PALs.	SC – report – **February 2017** **ON AGENDA** LM/DR – report – **February 2017** **ON AGENDA**
9.	Single/Mixed Sex Accommodation Update Regular updates on single/mixed sex accommodation will be given in PFEEC.				

Attachment F

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

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

Present:	
Herdip Sidhu-Bevan (Chair)	Assistant Chief Nurse Patient Experience & Nursing Quality
Taraben Kapadia (Minutes)	Patient Feedback and Systems Officer
Suzanne Collin	Patient Feedback Manager
Linda Martin	Interim Deputy Director of Estates & Facilities, Estates & Facilities
Stephanie Williamson	Deputy Director of Development
Jayne Franklin	Head Teacher
Jamie Wilcox	Head of Volunteer Services
Daljit Hothi	Consultant Renal
Donna Robinson	Complaints Manager
Emma James	PPI Officer
Stephanie Nash	Parent Representative
Geralyn Oldham	Clinical Governance Facilitator - Critical Care & Cardiorespiratory Division
Jo Wray	Senior Research Fellow/Health Psychologist
Jilly Hale	Assistant Chief Nurse – J. M. Barrie Division
Dagmar Gohil	Assistant Chief Nurse – Charles West Division
Luke Murphy	PALS Manager
Duncan Winter**	Head of Accommodation Services
Tamryn Rickson**	Facilities Manager
Claudia Fisher (on phone - but issues with the line)	Members Council Parent Rep
Apologies:	
Juliette Greenwood	Chief Nurse
Laura Sennett	Patient Experience Team
Carley Bowman	Member Council Representative
Jim Linthicum	Chaplain
Beki Moult	Health Information & Language Manager
Christine Pearce	Consultant PICU
Kim Foord-Paton	Patient Services Manager

** attended for part of the meeting

Item		Lead:
1.0	Welcome and Apologies Welcome and apologies were made.	
2.0	Minutes The minutes from the previous meeting were agreed.	
3.0	Action Log - All items in the action log are on the agenda or planned for another month.	
4.0	PREMS Update JW and GO presented the PREMS update. - DG expressed her thanks for the work carried out. - It was asked whether the survey would be repeated, but the committee were advised this would not happen because of time constraints and the data have yet to analysed - DH asked whether we should be linking these results with the PREMS/PROMS	

	results nationally – but this is still in question as JW and GO need to analyse the data first before deciding what to do with it and have admitted that there is a lot more work today before a final decision can be made. - The full report will be published at a later date. - **JW to send HSB contact details for the person/people from the Congenital Heart Team nationally.**	**JW**
5.0	Feedback from Food Improvement LM presented the update from the Food Improvement group. - 3 week menu is working well. - Installed new equipment in the Lagoon eg ovens, dishwasher - Hours could not be extended due to staff shortages, death of a team member - Quality of food is continually being worked on to improve - GOSH charity is involved with improving the look of the Lagoon – this will involve the input from a number of groups eg the YPF - The addition of a salad bar is being investigated and will be part of the counter re-design. - The shop has changed stock and now operating in a profit. - Changes are taking place at the entrance of the Lagoon. - It was asked whether a "quieter are" can be created – the charity is being spoken to regarding funding for this. Rooms may also be available in the old nurse's home for a quieter space. - New artwork is also being installed in the Lagoon.	
6.0	Feedback from Catering Issues from PALs Deferred to March – to be presented by Simon Clark.	
7.0	PLACE Report TR presented the PLACE report. - More audits are going to take place across the trust. More input from wards and matrons would be appreciated. **TR/LM to send DG/JH the dates of audit inspections.** - **TR/LM to let DG/JH know of any issues highlighted in the audits.** - **TR to send cleaning reports from OCS process to DG/JH.** Trust amnesty 4th/5th March to get rid of any equipment/furniture not needed on the wards. - It was suggested by TR that SSA was not relevant to Paediatric Hospitals during her PLACE report this was corrected by HSB who confirmed that same Sex Accommodation breaches do apply to children hospitals. Work is being carried out in this area on a senior level to address this. - Next PLACE inspection is 9th March. - -	**TR/LM** **TR/LM** **TR/LM**
8.0	Accommodation Update DW presented the accommodation update. - It was asked whether parents were involved in the choice to make the Sandwich Street development in neutral colours, to which the response was no, as it is a refresh and not a new build. - It was also asked why we are supplying toys at Weston House, to which DW advised it was at the request of parents. - DW to investigate whether the smoke detectors could be replaced by heat detectors so parents can use toasters etc. - The addition of vending machines is being looked into for dispensing toiletries, but they will be at a cost to the parents.	
9.0	NEPT January Information Deferred to March.	
10.0	Divisional template update	

	Deferred to March.	
11.0	Listening Event Deferred to March.	
12.0	PALs Q3 Report LM presented the PALs Q3 report. - **LM will advise the gastro management that SN and other parent reps would like to meet to express their concerns. Gastro management will then communicate with the parents reps as to whether they can meet/when they can meet.**	**LM**
13.0	Complaints Q3 Report DR presented the complaints report. No queries raised by the committee.	
14.0	FFT Q3 Report & Triangulation of themes SC presented the FFT report and triangulation of themes. - **SC to send breakdown of communication comments to JH/DG breakdown of trends to JH/DG.** - SN noted the importance of the FFT comment from a parent of a child with autism. This will be addressed at the next E&D group meeting.	**SC**
	AOB NA	
Date and time of next meeting:		
Tuesday 14th March, 11.00-13.00, Charles West Boardroom		

No	Action/ Agreements:	Lead:	Start Date	Notes	Further Action?
1.	FFT - Negative comments for access/admissions/transfer/discharge DG and JG have been asked to provide a report in the February PFEEC	Dagmar Gohil / Jilly Hale	January 2017	Outlining: - Specific areas of improvement - What result will come from that improvement	DG/JH – Report update – **March 2017**
2.	Information and Inclusion BM has been asked to bring back a draft paper around the assurance of equality requirements once it has been to the board in April PFEEC.	Beki Moult	January 2017		BM – Report – **March 2017**
3.	Outpatient Survey Staff are currently expected to tell patients how long wait is and put it up. JH will check this is being done and will be done until boards arrive and are set up A more detailed report on the “checking in process” will be brought to the meeting in March (JH). This will be a continual item on the agenda	Jilly Hale Jilly Hale	January 2017 January 2017 January 2017		N/A JH – Report – **April 2017** Continual
4.	PREMS Update JW to send HSB contact details for the person/people from the Congenital Heart Team nationally.	Jo Wray	February 2017		February 2017
5.	PLACE Report TR/LM to send DG/JH the dates of audit inspections. TR/LM to let DG/JH know of any issues highlighted in the audits.	Tamryn Rickson / Linda Martin Tamryn Rickson / Linda Martin	February 2017 February 2017		February 2017 February 2017

No	Action/ Agreements:	Lead:	Start Date	Notes	Further Action?
	TR to send cleaning reports from OCS process to DG/JH. Same Sex Accommodation breaches do apply to children hospitals. Work is being carried out in this area on a senior level to address this.	Tamryn Rickson Herdip Sidhu-Bevan	February 2017 February 2017		February 2017 February 2017
6.	PALS Q3 Report LM will advise the gastro management that SN and other parent reps would like to meet to express their concerns. Gastro management will then communicate with the parents reps as to whether they can meet/when they can meet.	Luke Murphy	February 2017		ASAP
7.	FFT Q3 Report & Triangulation of themes SC to send breakdown of trends to JH/DG.	Suzanne Collin	February 2017		February 2017

Attachment F

Great Ormond Street Hospital for Children NHS Foundation Trust

Patient and Family Experience and Engagement Committee Agenda.
14th March 2017, 11.00-13.00
Charles West boardroom

Present:	
Herdip Sidhu-Bevan (Chair)	Assistant Chief Nurse Patient Experience & Nursing Quality
Laura Sennett (Minutes)	Patient Experience Team
Suzanne Collin**	Patient Feedback Manager
Carley Bowman	Member Council Representative
Jayne Franklin	Head Teacher
Jamie Wilcox	Head of Volunteer Services
Salina Parkyn	Head of Quality & Safety
Emma James	PPI Officer
Geralyn Oldham	Clinical Governance Facilitator - Critical Care & Cardiorespiratory Division
Helen Dunn**	Lead Nurse IPC
Jilly Hale	Assistant Chief Nurse – J. M. Barrie Division
Lisa Allera	Parent Rep
Suzanne Cullen (for Dagmar Gohil)	Clinical Nurse Manager
Stephen McCullock	Head of Internal Communications
Tendai Bazaya (for Lorraine Hodsdon)	Lead Nurse CRF
Claudia Fisher (on phone)	Members Council Parent Rep
Beki Moult	Health Information & Language Manager
Claudia Tomlin	Interim Head of Nursing IPP
Jim Blair	Consultant Nurse Intellectual (Learning) Disabilities
Simon Hawtrey-Woore	Parent Rep / Councillor
Apologies:	
Juliette Greenwood	Chief Nurse
Stephanie Williamson	Deputy Director of Development
Donna Robinson	Complaints Manager
Stephanie Nash	Parent Representative
Dagmar Gohil	Assistant Chief Nurse – Charles West Division
Luke Murphy	PALS Manager
Christine Pearce	Consultant PICU
Kim Foord-Paton	Patient Services Manager
Daljit Hothi	Consultant

** attended for part of the meeting

Item		**Lead:**
1.0	<u>Welcome and Apologies</u> Welcome and apologies were made. HSB advised the committee that the meetings will now be recorded, which is to help with minutes only and will be destroyed afterwards.	
2.0	<u>Minutes</u> The minutes from the previous meeting were agreed.	
3.0	<u>Action Log</u> - All items in the action log are on the agenda, completed or planned for another month.	
4.0	<u>Listening Event</u> EJ presented the Listening Event outcome report. - Concern was raised that the overall satisfaction scores given by attendees, relating to each topic that was discussed, were quite low, and it was questioned whether this may be due to some members of staff not attended the planned briefing sessions. EJ assured the group this was not the case as "communication" was	

	rated the best, but the facilitators had not attended briefings. - EJ stated that there is a more exhaustive report from the event that she can send to people should they request it. - Clarification was asked as to what classifies 60 as a "good turnout". The answer given was that the numbers were doubled from the previous events attendance of 30. - The parent reps were eager to utilise the "space theme" from the listening event across the trust and asked what opportunities there may be to do so. **HSB will speak to SM (internal communications) to see if they can utilise the theme anywhere in the trust and if it would align with the values, strategy etc. However, this had not been considered prior to being raised at PFEEC and was seen as a one off for the Listening Event.** - HSB ensured the group that all points gathered from the event will be brought together and given to the correct workstreams to makes changes/learn from ie we have a transition manager and steering group that will be given the transition feedback. There is also an outpatient improvement group and a food improvement group. At present there is not a single communication workstream, so firstly the team will drill down what/how/where we can tackle these issue, then we can consider what the requirements are and how it will be addressed. - In support of the communication work, FFT, PALS and Complaints are working together to triangulate themes to see where the issues lie. LA commented that the themes need to link strongly with the value work. - "Thanks" was given to all members of staff for their help with the event, and also to EJ and the rest of the Patient Experience Team. - Questions were raised about when the next event will take place. HSB noted that she is in discussions with JG about this but we need to analyse the information we have gained, feedback to the relevant workstreams, put in place the changes and give enough time to see those changes happen before we do the next event. An issue that was highlighted by patients and parents when organising this event was not having the budget to financially support families with transport costs who wanted to attend, therefore we hope to include this factor in the next bid request which may also determine/influence the frequency of the next Trust Listening Event - LA raised the option to have smaller monthly events in the lagoon to keep the momentum of "listening". - JF raised the idea of using technology in future events to include/engage those that cannot leave the wards, or whom live too far away to be able to attend the event. - EJ noted that there are a number of ways to "listen" eg listening event, video booth, "secret shopper". EJ is also speaking with the Foundation Trust Council to ascertain what other events are being planned in the trust, and whether we can combine events to save money. - EJ highlighted that the outcome from the event will go online.	**HSB**
5.0	<u>FFT Update</u> - **SC is sending out the FFT report to the committee this week. There was a delay due to data validation.** - 7 areas are now using the new FFT cards with demographics on them. - 62 patients have been updated with their ethnicity on Pims from the FFT cards. - HSB ensured the committee that we are making good progress with the Realtime system. We are at the procurement stage and want to ensure the system will do everything we want it to. We will then set up a steering group and get input from members as to how to develop the system.	**SC**
6.0	<u>Themes/Outcomes from previous Parent Walkabouts</u> CB presented the walkabout presentation. - JH noted we now have flip chairs in the Woodpecker corridor. - GOSH Arts are extending the nature trail artwork down the corridor to reach all the way to theatres, to improve the journey to surgery. - The issue with phone strength has been found to be due to steel in the new building. IT are working with O2 to find out where these weak points are and will be	

	installing signal boosters. - WiFi is now active and available for everyone. - Thanks was given by EJ to the teams for their quick response to her action point outcomes. - **EJ to send all committee members the action points from the presentation.** - **EJ to send CF a copy of the YPF leaflet** - It was asked whether the themes found would be continued. HSB ensured the group that an update will be brought back to PFEEC but needs to speak to the teams first about the actions that were allocated to them - Communication has shown to be a reoccurring theme that needs to be focussed on in future workstream planning. LA commented that we need to look at the themes, and particularly communication, holistically and not in smaller individual items eg text messaging. - “Thanks” was given by HSB to the parent reps and others whom take the time to go out onto the wards to gather this information.	**EJ** **EJ**
7.0	<u>Parent Walkabouts</u> - It has been decided that there will be 4 walkabouts a year and the feedback will be organised in line with the PFEEC meetings. The dates of the walkabouts will be discussed in the MERRC meeting in April 2017.	
8.0	<u>FFT Comments - Re: Access, Admission, Transfer, Discharge Report</u> JH gave feedback on the FFT comments after she met with SC and investigated the main issue under each area. - <u>Access</u> - It was found that the main issue was parents having to stand outside a ward (sometimes up to 30 minutes), waiting to be let in by staff members. - Visiting times do vary across the trust. - We need to manage expectations about ward entry, and why we have buzzer systems for safety. - BM tried to insist visiting times were looked at across the trust to standardise them previously. **BM to send JH, DG, CT and LH the draft information sheet from 2008 she has on the work she carried out.** - Need to separate out the fact that parents have 24/7 access and family/visitors have other times. - There are not enough passes for every parent on the ward and some wards have removed all parent passes due to tailgating issues. - There is currently a tailgating campaign in the trust, but the group highlighted the importance of looking into this issue with regards to parents and passes. - <u>Admission</u> - Parents are being asked to come in at 7am and then the children/young people are not been sent to theatre until much later. - JH has spoken to Ciara McMullin and Claire Waller about the theatre coordinator now having a more involved role on the ward and the theatre pathway. On Woodpecker, the theatre coordinator will meet a number of times a day on the ward to keep up to date with the patients movements etc. - <u>Discharge</u> - Pharmacy is being highlighted as the reason for most delays of discharge and the TTOs (To Take Out - medication). - **Judith Cope will be asked to attend the April meeting to discuss the pharmacy and delays in discharges due to delays in TTOs.**	**BM** **LS**
9.0	<u>Divisional template update</u> Deferred to April.(Ran out of time)	

10.0	<u>Information & Inclusion Report</u> BM presented the information and inclusion report. - The group were advised if they would like the complete, extended report to look under the "about us" tab on the external website, under "Equality and Diversity", "Useful documents".	
11.0	<u>Learning Disabilities Update</u> JB presented the learning disabilities update with a powerpoint presentation - JB advised the group that a dimmer switch which enables staff to make reasonable adjustments in terms of softer lighting to alter the environment for those whom are uncomfortable with bright lights, costs only £70. - JB informed the group about the sensory room being located in the pre-assessment unit in the VCB building, This room offers a quiet space with special lighting, music and objects, that can be used to relax those with limited communication skills, or simply individuals who need a relaxing environment away from the clinical environment. - The committee were also advised of the buzzer system that is used in many wards, which allows families to leave the ward with a buzzer, which then notifies them when they are next in line for their appointment. This was rolled out in 2015. - At present, all localised training for LD is performed by JB. SP suggested that he contacts PGME for support so the training can be logged and recognised. **SP to send JB the name of the person to contact in PGME.** - Patients are being advised that they need to take the responsibility to have their "Hospital Passports" with them at all times in the hospital to ensure reasonable adjustments are made and awareness is there. With the addition of new LD staff members starting in April, the process of communicating this process will be easier to achieve. - JB is aware, at present, there is not anywhere that we can record if the parents has an LD or additional needs, and is hoping to investigate further about possible options. - JH noted that the current theatre protocol does not support those on the autistic spectrum, but is aware that JB's work does not extend to those with autism. It was acknowledged that a separate piece of work needs to be done for this sample of people and JB said he would assist if he could. - HSB advised that it has been raised in FED (Family Equality & Diversity), that many children/young people have a "need" that may not always besupported. This may include autism, hearing problems, visual difficulties, and more individualised phobias like needles, masks etc. BM is currently proposing the idea to have a separate tab on PIMs that will record "additional needs" that will feed through on the ePSAG boards for staff awareness.	**SP**
	<u>AOB</u> NA	
Date and time of next meeting:		
Tuesday 18th April, 11.00-13.00, Charles West Boardroom		

No	Action/ Agreements:	Lead:	Start Date	Notes	Further Action?
1.	Listening Event The parent reps were eager to utilise the "space theme" from the listening event across the trust and asked what opportunities there may be to do so. **HSB will speak to SM (internal communications) to see if they can utilise the theme anywhere in the trust.**	Herdip Sidhu-Bevan	March 2017		N/A
2.	FFT **SC is sending out the FFT report to the committee this week.**	Suzanne Collin	March 2017		N/A
3.	Themes/Outcomes from previous Parent Walkabouts **EJ to send all committee members the action points from the presentation.** **EJ to send CF a copy of the YPF leaflet**	Emma James Emma James	March 2017 March 2017		N/A N/A
4.	FFT Comments - Re: Access, Admission, Transfer, Discharge Report BM tried to insist visiting times were looked at across the trust to standardise them, but to no avail. **BM to send JH, DG, CT and LH the draft information sheet from 2008 she has on the work she carried out.** **Judith Cope will be asked to attend**	Beki Moult Laura Sennett	March 2017 March 2017		N/A Report to be presented - **April**

No	Action/ Agreements:	Lead:	Start Date	Notes	Further Action?
	the April meeting to discuss the pharmacy and delays in discharges due to delays in TTOs.				**2017**
5.	Outpatient Survey Outpatient Improvement Works – including a detailed report on the "checking in process" will be brought to the meeting in April (CS/SM).	Catie Stuart / Sarah Metson	January 2017		CS/SM – Report – **April 2017** **ON AGENDA**
6.	Learning Disabilities Update SP suggested that he contacts PGME for support so the training can be logged and recognised. **SP to send JB the name of the person to contact in PGME.**	Salina Parkyn	March 2017		N/A

Attachment G

Members' Council
26th April 2017

Trust Strategy ('Fulfilling our Potential') and the Annual Plan for 2017-18

Summary & reason for item:

Update on the Trust Strategy ('Fulfilling our Potential') and the Annual Plan for 2017-18. This to include a specific update related to the following areas:

- **Electronic Patient Record (EPR)**
- **Digital Road Map**
- **Congenital Heart Disease Consultation (CHD)**

A presentation will be provided to inform the committee of the progress that has been made in relation these agenda items, with a specific focus on the three areas defined above.

Included is a copy of the 'Fulfilling our Potential' house which defines the Trust mission, vision, priorities, enablers and values that define the Trust Strategy.

The presentation will provide further information on each of these pieces of work together with an update on the next steps in the work going forward.

A summary of the EPR Full Business Case is attached for information.

Councillor action required:

Councillors are asked to note the content of the report and question any parts where further clarity is required.

Report prepared by:
Nicola Grinstead, Deputy Chief Executive
Peter Hyland, Director of Operational Performance and Information
James Scott, Head of Planning and Strategy
Richard Collins, EPR Programme Director
Neil Sebire, Chief Research Information Officer
Sarah Trewella, Deputy Director of ICT
Andrew Taylor, Divisional Co-Chair, Charles West Division

Item presented by:
Nicola Grinstead, Deputy Chief Executive
Peter Hyland, Director of Operational Performance and Information
Richard Collins, EPR Programme Director
Neil Sebire, Chief Research Information Officer
Sarah Trewella, Deputy Director of ICT
Andrew Taylor, Divisional Co-Chair, Charles West Division

Fulfilling our potential

Mission

The child first and always

Vision

Helping children with complex health needs fulfil their potential

Priorities

- We will achieve the best possible outcomes through providing the safest, most effective and efficient care
- We will attract and retain the right people through creating a culture that enables us to learn and thrive
- We will improve children's lives through research and innovation
- We will transform care and the way we provide it through harnessing technology

Enablers

- We will use our voice as a trusted partner to influence and improve care
- We will create inspiring spaces with state-of-the-art equipment to enhance care delivery and learning
- We will provide timely, reliable and transparent information to underpin care and research
- We will secure and diversify funding so we can treat all the children that need our care

Values

- Always welcoming
- Always helpful
- Always expert
- Always one team

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Attachment H

Members' Council

26th April 2017

Well Led Governance Review Action Plan Update and CQC 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 and CQC recommendations.

Councillor action required: To note the updates, including progress with the Well Led Governance Review recommendations relevant to the role and responsibilities of the Members' Council.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Mary MacLeod, Deputy Chairman/ Anna Ferrant, Company Secretary

Well Led Governance Review Action Plan Update

Following the independent Well Led Governance Review at GOSH, an action plan to deliver the recommendations has been developed. Progress with the actions is regularly reported to the Trust Board. The Trust Board retains 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.

Seventeen (17) of the 36 recommendations have been completed. The other 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
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)	In October 2016 the Board reviewed progress with the strategic plan. Work is underway to refresh the strategy and realign the supporting plans. The Board reviewed the strategy in March 2017 and again at the April Board for final approval.. (In progress) A create communication and engagement plan is the process of being developed. (In progress) The new performance dashboard was introduced in July 2016 and has been updated every month since. This is subject to on-going development and review and includes alignment with the current strategic plan and regulatory frameworks. COMPLETED 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 and divisions will report to the Board twice a year on rotation. COMPLETED 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
6 (Strengthen the Board Assurance Framework)	A quality risk has been agreed and controls and assurances identified and documented. The risk was reviewed at the January QSAC meeting. COMPLETED 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

Recommendations	Actions and progress update
	based basis. COMPLETED The Board calendar has been subject to a review and this has included alignment with committee workplans. The Board calendar was approved at the March 2017 Trust Board COMPLETED. Work has already stated to reference alignment of Board and committee items to strategic risks and will continue. COMPLETED
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)	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. Divisions have ensured that teams are involved in the design of savings schemes and this approach will be strengthened going forward. COMPLETED 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. COMPLETED 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
10 (Commission an on-going Board development programme); 14 (formal succession planning for the Board); 15 (assessment of successes and risks for GOSH)	A Board Development Programme Output specification is in development. This will cover succession planning and assessment of success and risk at GOSH. (In progress)
12 (Use of headhunters for NED positions); 13 (360 appraisal process); 29 (commission an independent facilitated programme of development	The Board and Council has approved the use of headhunters for all NED appointments. The Board will consider the cost of headhunters to ensure value for money. Both the Board and Council agreed to sign off the use of headhunters for each NED appointment. COMPLETED

Recommendations	Actions and progress update
between the Board and Council); 30 (engage with other FTs that have good levels of engagement between councillors and Board)	It has been agreed that: • 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) • The Well Led Governance Review Working Group has agreed to appoint Sue Rubenstein to run the facilitation programme (covering roles and responsibilities and behaviours). Facilitation dates are being sought. (In progress) • The Well Led Governance Review Working Group has been busy collating feedback from Trusts with evidence of good levels of engagement between the Board and the Council. The results of this survey will be fed back to the next Working Group. (In progress)
16 (Align the code of conduct)	For delivery at the June Board and Council. (In progress)
17 (Implement a formal programme of NED/ Board walkrounds); 23 (formal NED committee chair meetings)	A schedule of formal NED/ Board walkrounds has been drawn up and implemented. COMPLETED. 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
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)	The Board will now receive patient stories at every public meeting (subject to availability of the individual patient). Different formats are being tested including videoed patient stories. Two stories have been reported to Board so far. The QSAC will follow up on matters arising from these stories. COMPLETED Divisional teams will start to report to the Board from April 2017 onwards. COMPLETED The assurance committee chairman have agreed that summary reports to the Board will remain but be drafted so as to be clear about the level of assurance received by the committees and to document any concerns raised. COMPLETED The assurance committee chairman have considered the workplans of the committees and removed duplication of reporting. The ToR for the Audit Committee has been revised accordingly, including reference to counterfraud attending the meeting and councillors observing the meetings. COMPLETED The executive office has reviewed the how administration for

Recommendations	Actions and progress update
	Board and committees is resourced and plans are being implemented (In progress) The Finance and Investment Committee is responsible for performance and the workplan now reflects this COMPLETED Work continues on the 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. COMPLETED.
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)	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 Audit Committee. COMPLETED The action plan has been updated and reviewed at the January Audit Committee COMPLETED

<u>Care Quality Commission Action Plan Update</u>

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

A Quality Summit was organised by the CQC in February 2016, inviting key stakeholders to discuss the report and actions taken by the Trust. The Trust agreed a final action plan at the February Board, outlining the actions it will take in response to the CQC's requirement notice and areas for improvement. Accountable leads for each action were identified and responses and timeframes agreed.

At its meeting in February 2017, the Risk Assurance Compliance Group approved the closure of the majority of risks based on the evidence presented. A summary update is presented below.

CQC Action No. and Description	Status
1. RTT – Compliance with Regulation 17 2 (a) (c) and (f).	Completed. Following a successful IST technical review on 31st January 2017, GOSH returned to RTT reporting in February 2017. NHS England Specialised Commissioning has confirmed that the Remedial Action Plan is

CQC Action No. and Description	Status
	completed and closed, and as such the contract notice lifted.
2. Resume WHO checklist audits in surgery	Completed in July 2016.
3. Ensure that there are clear arrangements for reporting transition care service performance to the Board	Completed. Transition reporting to the Board and QSAC commenced in December 2016.
4. Ensure that its RTT data and processes are robust and ensure that staff comply with the Trust's patient access policy in all cases.	Completed. See action 1 above.
5. Ensure greater uptake of mandatory training relevant to each division to reach the Trust's own target of 95% of staff completing their mandatory training.	In progress (agreed anticipated completion date of April 2017). Trust-wide mandatory training compliance is currently at 90% (February 2017). The new LMS system has been launched. The task-and-finish group has reviewed the frequency and content of almost all mandatory training courses, with a view to improve the content and relevance of mandatory training. The priorities in the coming months are: • Agree and implement changes to level 3 safeguarding children • Continue to implement more robust performance management of mandatory training • Further engaging subject matter experts in key training topics to work with Divisions to ensure training is completed.
6. Ensure that, particularly in critical care, communication between senior nurses and senior medical staff is enhanced and that the contribution of nursing is fully reflected in the hospital's vision	Completed. Key improvements delivered to date include: - Refreshed Divisional leadership team, included an enhanced role for nursing leadership - An external mentorship programme for the Heads of Clinical Service had been introduced. - An away day was held to develop an action plan to address the CQC's recommendation. - New terms of reference for the Critical Care Forum were developed to rotate the Chairing arrangement between nursing and medical leads. - Expanded benchmarking of clinical outcomes with other intensive

CQC Action No. and Description	Status
	care units in the UK and internationally and to make these results more visible at our weekly Morbidity & Mortality and critical care forum meetings. Further focused work continues with the teams.
7. Ensure early improvements in the environments of wards which have not been refurbished, rebuilt or relocated.	Completed. A number of improvements to the ward environment have been delivered since the CQC inspection, including: - In relation to Rainforest ward (which was of particular focus by the CQC), additional toilet facilities had been provided within the area for patients and parents (1 toilet and 1 shower). In addition, Rainforest will be moving to a new/refurbished space as part of the opening of the new Premier Inn Clinical Building (PICB) in 2017 which will significantly improve the environment for Rainforest ward. - Mechanisms are in place to monitor the ward environments from patients' and parents' perspectives (Pals, Friends & Family Survey, etc) - Executive walk rounds provide an opportunity to monitor ward conditions and provide staff, patients and families with an opportunity to raise concerns with a range of issues including ward environments. for them to manage and monitor.
8. Standardise radiation protection training for junior radiologists to overcome inconsistencies caused by short rotations.	Completed. A Radiology Induction Manual has been produced and is now available. Staff training is also recorded in a local training register.
9. Develop a dedicated advocacy service for CAMHS.	Completed. An advocacy service is now in place.

Attachment I

Members' Council

26th April 2017

Chairman and Non-Executive Director (NED) Objectives 2017/18

Summary & reason for item:

At the Members' Council meeting in June 2016, the Council approved specific and measurable objectives for the Chairman and NED appraisal process (conducted in December 2016).

The Members' Council Nominations and Remuneration Committee discussed the objectives at its meeting on 20th March and agreed that the objectives should be revised and updated to include reference to active engagement with the Members' Council; patient experience; and, delivery of the Well Led Governance Review Recommendations.

A draft copy of the objectives is attached, mapped to the competencies for the Chairman and NED (as approved by the Members' Council in 2015) and including the changes outlined above.

The Committee recommends these amendments for approval by the Council. In addition, the Committee recommends that the objectives are applicable to the Chairman and NEDs from 1st April 2017 to 31st March 2018. The Committee suggests that the objectives are subject to review by the new Chairman within an appropriate timescale after his/her appointment and that this review takes in to account the new framework under development for a 360 degree appraisal process for the Chairman and NEDs.

Councillor action required:
To consider and approve the revised Chairman and NED objectives for application in the 2017/18 Chairman and NED appraisal process.

Report prepared by:
Anna Ferrant, Company Secretary

Item presented by:
Mary MacLeod, Deputy Chairman and Anna Ferrant, Company Secretary

Appraisal of the Non-Executive Directors 2017/18

Appraisal of the Non-Executive Directors (NEDs)

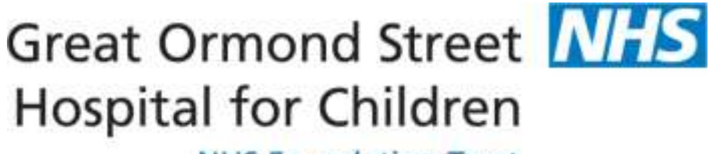
Each NED will be appraised against the following objectives. The objectives have been mapped to the approved competencies (see below):

OBJECTIVE 1: Challenges made at Board during the past year are predominantly in relation to strategic matters, ~~and~~ the management of significant clinical and corporate risks and impact on quality and safety, clinical outcomes, and patient experience(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, including delivery of the Well Led Governance Review Recommendations (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 Chairman has received reasonable feedback (competency 10)
OBJECTIVE 8: Are courteous to and supportive of other Board members and Councillors (competency 11).
OBJECTIVE 9: Actively engages with the Members' Council.

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, councillors 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)
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 and the Nolan principles.



Attachment J

Members' Council

26th April 2017

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

Summary & reason for item:

To outline the proposed appointment process for a non-executive director**.**

Councillor action required:

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

To agree to provide delegated authority to the Members' Council Nominations and Remuneration Committee to approve the final person specification for the new NED role.

Author: Dr Anna Ferrant, Company Secretary

Presented by: Dr Anna Ferrant, Company Secretary

Attachment J

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

1. PURPOSE

This paper outlines the proposed process for the appointment of a non-executive director on the Board of Great Ormond Street Hospital for Children NHS Foundation Trust (FT).

Appendices to this paper are provided in a separate pack.

2. BACKGROUND

2.1. Reason for the appointment

The tenure for Ms Mary MacLeod OBE, non-executive director (NED), Deputy Chairman and Senior Independent Director will end on 31st October 2017. Ms MacLeod will have served 5 years and 8 months on the FT Board (the maximum tenure for a NED on an FT Board is 6 years). Previous to this, Ms MacLeod served 3 years and 4 months as a NED on the GOSH NHS Trust Board.

As at 1st May 2017, Ms MacLeod will take up position as Interim Chairman of the Trust whilst the substantive Chairman appointment process is underway. As soon as the Chairman appointment process concludes, a NED recruitment process will start with the aim of appointing a new NED to the Board before 31st October 2017. It is envisaged that the new substantive Chairman will be involved in this NED appointment. The plan is to finalise the NED appointment by end July 2017, advertising the position in the last week of May 2017 (see Appendix 4 for the draft timetable).

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

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

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

In June 2016, the Trust appointed an independent assessor, Deloitte, to conduct a Well Led Governance Review. In the report, Deloitte stated:

There is a wealth of experience amongst the EDs (executive directors), including previous Board experience in either the NHS or other healthcare systems.

The Board has a full complement of NEDs. The NEDs bring substantial experience to the Board and come from a range of professional backgrounds, including: higher education, local authority, business and healthcare.

In the last 12 months, the Council has appointed two new NEDs: Stephen Smith (with a clinical background) and James Hatchley (with an accountancy background). Both positions were agreed by the Council to complement the skills and experience necessary to balance the Board membership and deliver the current strategy.

The Members' Council Nominations and Remuneration Committee noted and accepted the findings of the independent review. However, it was felt that in light of the recent changes to the NEDs and executives on the Board, it was important to consider in detail the experience and knowledge of the Board as a whole. It was agreed that the Company Secretary would take the findings from the most recent skills and experience evaluation and request input from the new members of the Board (Stephen Smith, James Hatchley, Nicola Grinstead, Loretta Seamer and David Hicks).

The results of the refreshed skills and experience audit were reviewed by the Committee in April (via email) and comments provided on the findings. These comments are outlined below in relation to the proposed person specification for the new NED on the Board.

2.3. Person specification for a new NED

The Committee noted that Mary MacLeod has considerable experience working with children and families and advocating on their behalf at the highest levels of service development and policy-making. Throughout her career, Mary has worked as a social worker, academic, service manager and policy adviser, culminating in 10 years as the CEO of the Family and Parenting Institute. She has sat as Deputy Chairman of Cafcass (the child and family court service); Chair of Gingerbread; Trustee of Columba 1400 (a youth leadership charity in Scotland); Vice Chair and now Chair of Ethics at the Internet Watch Foundation; Member of the Family Justice Council; and, Non-executive Director of the Video Standards Council. The breadth of her experience has been invaluable in maintaining an informed and measured scrutiny of quality and safety matters at GOSH.

Mary is currently the Deputy Chairman and Senior Independent Director for the Trust. It is proposed that the Trust is not seeking to appoint a new NED directly in to these additional roles and that these roles will be taken on by other experienced NEDs currently on the Board (at the time that Mary takes on the Interim Chairman position). A separate paper is included on the April Council agenda proposing the NED appointment to these positions from 1st May 2017.

In the drive to deliver quality services at a time of considerable organisational change and financial pressures, the Committee proposes that the Trust advertises for a Non-Executive Director with a strong background and understanding of quality and safety matters within the NHS and a professional career in children's services or other similar advocacy work. Following a review of the results from the skills and experience audit highlighted above, the Committee has also proposed that the following skills/ experience are also added to the 'desirable' criteria in the person specification:

- Property skills/estate management experience
- Working with IT experience
- Corporate/social responsibility experience
- Sustainability experience

The Board will review the proposed person specification and report back to the Committee via the Deputy Chairman, Mary MacLeod. The Committee will meet in early May, with the plan to present the proposed person specification to the Members' Council at its extraordinary meeting in late May/ early June (date to be confirmed for the approval of the Chairman position).

The terms and conditions of service for the Chairman of the Board have been previously reviewed and approved by the Members' Council in January 2017. These have been adopted (with slight amendments in terms of role requirements) for a NED position and are recommended for approval by the Council (**see Appendix 1**).

The NED role description has been reviewed by the Committee and is recommended for approval by the Council (**see Appendix 2**).

2.4. Use of recruitment consultants

Following the recommendations in the Well Led Governance Review on the use of recruitment consultants to support NED appointments to the Board, the Committee recommends appointing Harvey Nash (and in particular Frank McKenna) to conduct the search.

Harvey Nash appreciates the importance of the Trust's profile and reputation as an NHS Foundation Trust and international centre of excellence for paediatric healthcare. The company recognises the importance of the relationships with GOSH's key stakeholders and the stature and significant experience required of a candidate to undertake the Chairman role at GOSH. This includes experience of having led similar originations of scale and complexity and possession of exceptional engagement and stakeholder management skills. Harvey Nash is currently conducting the GOSH Chairman search, and has been professional and responsive throughout the process.

3. APPOINTMENT PROCESS

The Code of Governance provides a high level overview of the principles of an effective NED appointment process. Details are provided **at Appendix 3.**

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

The following process is proposed for appointment of a NED at GOSH:

3.1. Advertisement

The post will be advertised on the following websites:

- Public Appointments website http://publicappointments.cabinetoffice.gov.uk/.
- Great Ormond Street Hospital for Children NHS Foundation Trust website www.gosh.nhs.uk
- The recruitment consultant website.
- The Sunday Times 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 4 weeks.

A draft timetable is attached at **Appendix 4**.

3.2. Long-list

The recruitment consultant 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.

3.3. 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 4-5 candidates.

3.4. References

If possible, two references will be provided for shortlisted candidates.

3.5. Shortlisted Candidates

There will be an opportunity for shortlisted candidates (if they wish) to speak to the Chairman of the Trust and/or another NED.

3.6. Interviews

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

Each interview will last approximately 45 minutes.

3.7. 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.

3.8. Interview Panel

The role of the panel is to make a recommendation to the Members' Council for a preferred candidate to be appointed to the role of NED. As outlined in Monitor's Governors' Guide (2013), councillors make up a majority of the votes on the interview panel.

The interview panel will comprise the following members:

- Chairman of the Board, Members' Council and the Members' Council Nominations and Remuneration Committee (voting)
- A NED (voting)
- Three (out of the four) members of the Members' Council Nomination & Remuneration Committee (voting).

The Company Secretary will be in attendance for advice.

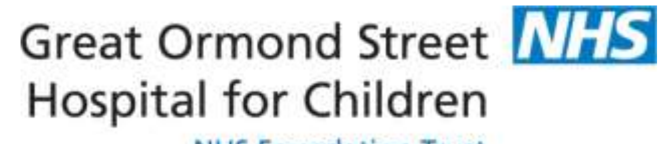
Prior to the interviews, the Interview Panel will decide on a series of questions and areas for discussion with candidates, ensuring that the interviews are consistent, fair and transparent. Documentation will be provided to panel members to ensure all agreed criteria are fairly assessed.

4. RECOMMENDATION

The Members' Council is asked to approve the following:

- The draft terms and conditions of service and job description for the new NED position at GOSH;
- The proposed appointment process including appointment of Harvey Nash as recruitment advisers.
- The proposed draft timetable for the appointment.

Attachment J



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 a Non-Executive Director (NED) 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

1.1. Non-Executive Directors 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

2.1. 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 Chairman 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

3.1. 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 a Non-Executive Director 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

4.1. 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 Chairman of the Foundation Trust Board.

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 Non-Executive Director 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. **Role and responsibilities**

6.1. Your role and responsibilities are set out in the job description attached to these terms and conditions of service**.**

6.2. 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.

6.3. You will exercise your powers in your role as a Non-Executive Director 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.

6.4. 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.

7. Time commitment

7.1. 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 2.5 days a month (and as required) on Foundation Trust business. A Non-Executive Director who is also the Deputy Chairman and Committee Chairman or Senior Independent Director will need to spend additional time on these duties. 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.

7.2. 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.

8. Remuneration

8.1. The annual fee rate as at the date of this document is £14,000 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).

8.2. 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.

8.3. All fees will be paid through PAYE and are subject to income tax and other statutory deductions.

8.4. There is no entitlement to compensation for loss of office. In accordance with the Constitution, remuneration for the Non-Executive Director will be set by the Members' Council and is subject to periodic review.

8.5. 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

9.1. 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.

9.2. 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. Eligibility for NHS Pension

10.1. As a Non-Executive Director of the Foundation Trust, you are not eligible to join the NHS Pension Scheme.

11. Induction

11.1. After the commencement of your appointment, the Trust will ensure you receive a formal and tailored induction.

12.Reappointments

12.1. The Foundation Trust Constitution requires the Chairman 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.

12.2. 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.

12.3. 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.

13. Confidentiality

13.1. 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.

13.2. 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.

13.3. You acknowledge the need to hold and retain Foundation Trust information (in whatever format you may receive it) in line with Trust policy.

13.4. You hereby waive all rights arising by virtue of Chapter IV of Part I of the Copyright Designs and Patents Act 1988 and moral rights in respect of all copyright works created by you in the course of performing your duties hereunder.

13.5. 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

14.1. On matters affecting the work of the Foundation Trust, a Non-Executive Director 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. Independent Legal Advice

15.1. 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.

16. Conflict of interest

16.1. All Non-Executive Directors are 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 Trust Board. Further details can be found in Annex 9 of the Trust Constitution.

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

17. Gifts and inducements

17.1. 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.
- 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. Resignation

18.1. You may resign at any time by giving at least three months' notice in writing to the Chairman and Company Secretary.

19. Termination of appointment

19.1. The Trust may terminate your term of office if:

19.1.1. You have been adjudged bankrupt or your estate sequestrated and (in either case) you have not been discharged.

19.1.2. 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.

19.1.3. 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.

19.1.4. 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;

19.2. Further provisions as to the circumstances where your terms of office may be terminated are outlined in Annex 7 of the Trust Constitution. Other 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 are provided at Annex 1 of this document.

19.3. Any removal of a Non-Executive Director will be carried out in accordance with the Foundation Trust Constitution.

20. Indemnity

20.1. 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.

20.2. 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.

21. Disclosure and Barring Service (previously CRB)

21.1. 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.

21.2. You must promptly respond to any communications from the DBS and provide the Company Secretary with a copy of any correspondence of such nature as soon as it is received. The Chairman 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.

21.3. This process is carried out on appointment and is repeated every 3 years or when required.

21.4. 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.

22. Trust Property

22.1. 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.

22.2. 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.

23.Data protection

23.1. 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:

23.2. information about your health or condition in order to monitor sickness levels and take decisions as to your fitness to carry out your duties; or

23.3. 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

23.4. information relating to any current criminal proceedings or unspent convictions in which you have been involved in order to comply with legal requirements and obligations to third parties; and,

23.5. 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.

23.6. You will comply at all times with the Foundation Trust's Confidentiality policy.

24.Rights of third parties

24.1. 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.

25.Law

25.1. 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.

25.2. 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.

Attachment J

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

....
Signed

....
Dated

Draft March 2017

Annex 1

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.

DRAFT
Non-Executive Director
Great Ormond Street Hospital for Children NHS Foundation Trust
Role Description

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 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 and some children live with a chronic condition and are patients of the hospital throughout their childhood.

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 recognised 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 our approximately 18,800 operations each year.

The hospital has 383 patient beds. 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.

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 GOSH's ethos '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, directors and councilors are expected to display these behaviours at all times.

2. Job Summary

Non-executive directors work alongside other non-executives and executive directors as an equal member of the Board. A NED at GOSH plays a crucial role in bringing an independent perspective to the Board in addition to any specific knowledge and skills.

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

- Support the Chairman, Non-Executive Directors and Executive Directors in setting the strategic direction of the Trust;
- As a member of the Board, set the Trust's values and standards. Uphold the Always Values of the Trust and champion an open, honest and transparent culture within the Board and 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;
- Ensure that the organisation promotes human rights and equality and diversity for all its patients, staff and other stakeholders;
- Maintain effective communications between the Board and the Members' Council;
- 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;
- 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 by improving the quality of care, patient and family experience and meeting targets for treatment;

- Ensure that quality and financial controls and systems of risk management are robust and that the Board is kept fully informed through timely and relevant information;

- Ensure, through the leadership of the Chief Executive, that reporting lines and accountabilities are robust and support the effective oversight of the organisation including the development of effective risk and performance management processes

- Safeguard the good name and reputation of the Trust and be an ambassador for the Hospital. Represent the Trust with international, national, regional or local bodies or individuals, to ensure that the views of a wide range of stakeholders are considered;

- Ensure that the Board, and the organisation, observe the Secretary of State's and other government policies and priorities, including regulatory requirements and the Code of Governance and Codes of Conduct and Accountability;

4. Board activities

- Ensure the appropriate delegation of authority from the Board to the senior management team;

- 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;

- Meet periodically with the Trust Chairman in the absence of Executive Directors to discuss issues of interest or concern;

- With the Board nomination committee, initiate change and succession planning for executive director appointments which can meet the needs of the Foundation Trust.

- With the Board remuneration committee, determine appropriate levels of remuneration for Executive Directors;

- Participate in the appointment and where necessary the removal of the chief executive and other executive directors, as appropriate;

- Participate in any board induction, training and evaluation identified as an individual and as part of the Board or committee;

- Work with the senior independent director on the annual performance evaluation of the chairman, in line with the process agreed by the Members' Council and reporting back to the Members' Council appropriately,

- Undergo an individual and board performance appraisal and attend any additional training highlighted as a result of the evaluation process.

- Take opportunities to develop and refresh knowledge and skills and remain well informed of the main areas of the NHS Foundation Trust's activity.

5. Members' Council activities

- Build and maintain close relations between the foundation trust's constituencies, and stakeholder groups to promote the effective operation of the trust's activities;
- Attend Members' Council meetings and maintain regular contact with Councillors to understand their issues and concerns, feeding back these comments/ concerns to the Board;

6. Review

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

7. 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.

8. 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.

Appendix 4: Code of Governance

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

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

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

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

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

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

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

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

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

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

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

Appendix 4

Great Ormond Street Hospital for Children NHS Foundation Trust

Chair Appointment Process

Indicative Milestones

Date	Activity
29/05/2017	Begin market mapping, develop a micro-site to support the searches
02/06/2017	Advert to appear in chosen media – (Sunday Times)
w/c 17/07/2017	Councillor interview panel member support (run by Harvey Nash)
07/07/2017	Closing date for applications
12/07/2017	Analyse applications and dispatch to the Trust
w/c 27/03/2017	Review long-list meeting with the Trust
w/c 07/07/2017	Harvey Nash assessment interviews with candidates
w/c 17/07/2017	Agree final shortlist with Trust
w/c 31/07/2017	Final interviews
27/09/2017	Members' Council Approval (subject to checks)

Attachment K

Members' Council

26th April 2017

Chairman/Non-Executive Directors Remuneration

Summary & reason for item:

To consider the remuneration levels and cost of living allowances for the Chairman and Non-Executive Directors.

Councillor action required:

To approve the remuneration levels and cost of living allowances for the Chairman and Non-Executive Directors, as recommended by the Members' Council Nominations and Remuneration Committee.

Report prepared by:
Anna Ferrant, Company Secretary

Item presented by:
Anna Ferrant, Company Secretary

Chairman/Non-Executive Director Remuneration

1. Introduction

1.1. This paper provides background information on remuneration for the Trust's Chairman and Non-Executive Directors.

1.2. As a Foundation Trust, GOSH has discretion and authority to set appropriate rates of remuneration for the Chairman and Non-Executive Directors. Responsibility for determining remuneration rates for the GOSH Chairman and Non-Executives lies with the Members' Council Nominations and Remuneration Committee, with final approval given by the Members' Council.

1.3. The Committee has considered the guidance and benchmarking data available and made a recommendation to the Members' Council as outlined below.

2. Background

2.1. In April 2015, the Members' Council agreed that:

- the remuneration for the Chairman and Non-Executive Directors reflected the complexity of the organisation, its world class reputation and was sufficient to retain and motivate qualified individuals; on this basis the Chairman and Non-Executive Directors remuneration would not be increased for a period of two years (2015-16 and 2016-17);
- the Chairman and Non-Executive Directors were not awarded a cost of living allowance for 2015-16 and 2016-17. This was based on agreement to align these allowances with those awarded to senior managers and executive directors in 2015/16 (where senior managers in bands 8a and above (£40k and above), received no percentage increase for 2015/16 and were not be eligible for incremental progression for one year (2015/16)).
- the Council would review remuneration levels and cost of living allowances for the Chairman and Non-Executive Directors again in April 2017.

As a result, the remuneration levels remained as follows:

- **Chairman's remuneration**: 1 April 2015 – 31 March 2017 – £55,000pa
- **Non-Executive Directors' remuneration**: 1 April 2015 – 31 March 2017 – £14,000pa
- **Deputy Chairman/Chairman of Audit Committee (one post) and Senior Independent Director's remuneration**: 1 April 2015 – 31 March 2017 – £19,000pa for each of the two posts. (additional responsibility payment).

3. Review of GOSH Chairman and Non-Executive Director Remuneration 2017

3.1. GOSH is a member of NHS providers (the membership organisation and trade association for the NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS). In November 2016, NHS Providers sent out a remuneration survey asking for details of executive and non-executive director remuneration. 152 providers responded representing a 64% of the sector. The survey found the following:

- The majority of FTs review executive and NED remuneration on an annual basis;
- Compared to 2015, more respondents awarded a cost of living increase in 2016 (58% for executive directors and 20% for NEDs);
- Remuneration for Chair positions (across FTs and NHS Trusts) have a median of £43,000, which is £1000 higher than in 2015;

- Remuneration for NEDs in FTs (NHS Trust NED positions are set at a lower rate of £6157) have a median of £13,000.

4. Recommendations

4.1. The committee reviewed data from the survey about Chairman and NED remuneration. The committee noted the original benchmarking report on Chairman and NED remuneration in 2012 (when the Trust became a Foundation Trust) which stated that a high profile institution like Great Ormond Street Hospital should ensure *that amounts paid reflect the responsibilities of each of the roles and the time taken.* The Council agreed with this approach, remunerating the Deputy Chairman/Chairman of Audit Committee (as one post) and Senior Independent Director role (separate post) with an additional £5k payment each. It should be noted that the Trust does not pay an additional responsibility payment for the Chairman of the Quality and Safety Assurance Committee or the Finance and Investment Committee.

Recommendation 1: The Committee recommends that this model of remuneration for the additional responsibilities is maintained when new NEDs are appointed to these positions at the April meeting.

4.2. The majority of Foundation Trusts review Executive Director and NED remuneration on an annual basis. It is important that the framework for reviewing remuneration and cost of living allowances is consistent for executive directors and NEDs. Currently executive remuneration at GOSH is reviewed once every three years.

Recommendation 2: The committee recommends that Chairman and NED remuneration levels are benchmarked once every 3 years (in line with executive directors at GOSH). It should be noted that this does not prevent the Council from reviewing remuneration levels between now and 2020.

Recommendation 3: The committee recommends that cost of living allowances for the Chairman and NEDs are reviewed every three years at the same time as remuneration levels are benchmarked.

Remuneration for Chairman and NEDs in 2017/18

4.3. Following analysis of the benchmarking information presented in Appendix 1, the committee agreed that the remuneration levels for both the Chairman and the NEDs are at an appropriate level, reflecting the complexity of the Trust and its world class reputation.

Recommendation 4: The committee recommends that no changes are made to the remuneration levels or cost of living allowances for the Chairman and Non-Executive Directors in 2017/18 and that the current model for remunerating the Deputy Chairman/ Audit Committee Chairman (one post) and the Senior Independent Director (separate post) are maintained.

If approved, the remuneration for the Chairman and NEDs in 2017/18 will be:

- **Chairman's remuneration**: 1 April 2017 – 31 March 2018 – £55,000pa
- **Non-Executive Directors' remuneration**: 1 April 2017 – 31 March 2018 – £14,000pa
- **Deputy Chairman/Chairman of Audit Committee and Senior Independent Director's remuneration**: 1 April 2017 – 31 March 2018 – £19,000pa for each of the two posts.

Attachment K

Remuneration for the Interim Chairman from 1st May 2017

Recommendation 5: The Council has approved the appointment of Mary MacLeod as Interim Chairman from 1st May 2017 whilst the Trust appoints a candidate to the substantive post. Mary will take on the full duties and responsibilities of the Chairman role during this time period and the Committee recommends that as Interim Chairman, she is remunerated at the same rate as the substantive post (£55,000 pro rata).

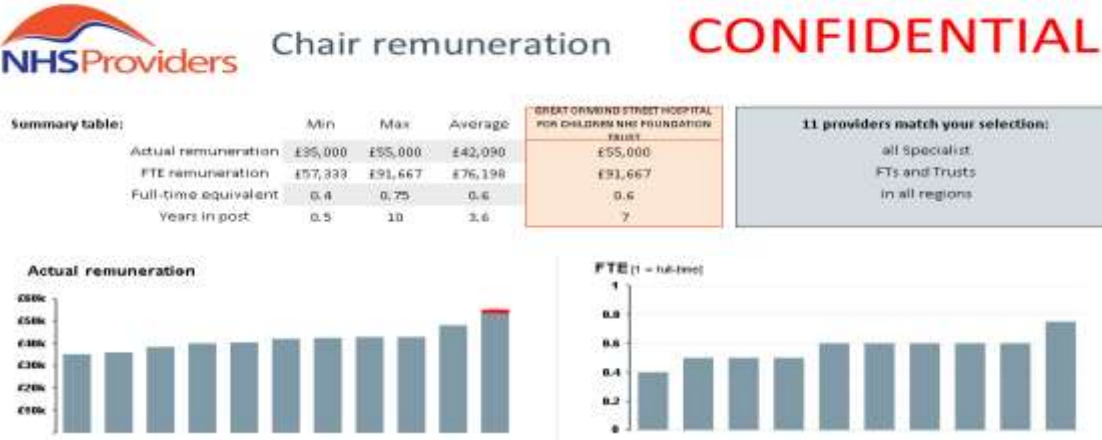
Attachment K

Appendix 1

<u>Chairman remuneration</u>

4.4. Analysis of remuneration rates for the GOSH Chairman against specialist trusts, London trusts and other acute/ community trusts reveals the following:

<u>Comparison to specialist Trusts</u>



Summary table:	Min	Max	Average	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
Actual remuneration	£35,000	£55,000	£42,090	£55,000
FTE remuneration	£57,333	£91,667	£76,198	£91,667
Full-time equivalent	0.4	0.75	0.6	0.6
Years in post	0.5	10	3.6	7

11 providers match your selection:
all Specialist
FTs and Trusts
in all regions

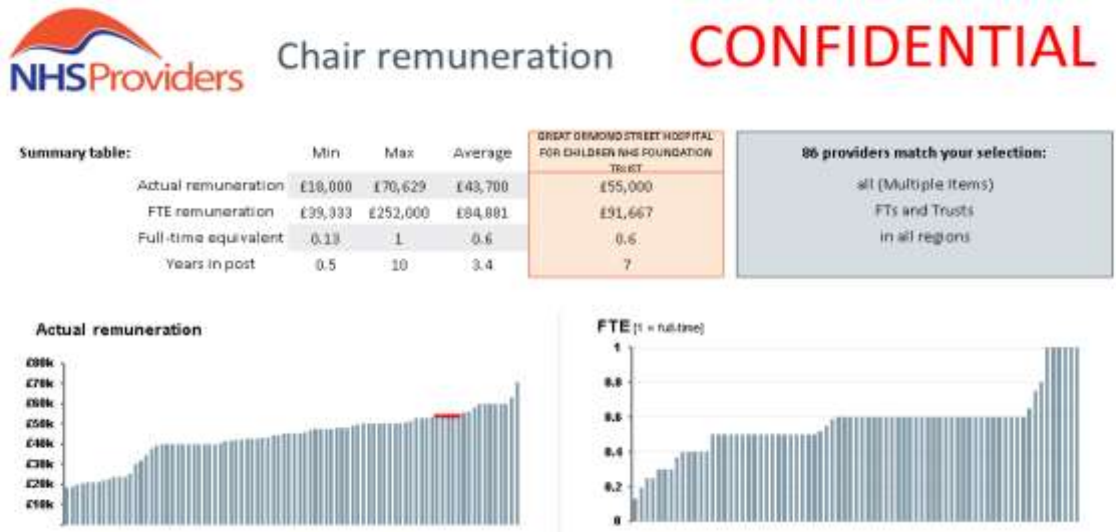
<u>Comparison to London acute, acute/community and specialist Trusts</u>

Summary table:	Min	Max	Average	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
Actual remuneration	£20,260	£70,629	£48,027	£55,000
FTE remuneration	£40,520	£252,000	£107,011	£91,667
Full-time equivalent	0.19	1	0.5	0.6
Years in post	0.5	7	3.6	7

12 providers match your selection:
all (Multiple Items)
FTs and Trusts
in the London

<u>Comparison to acute and acute/community Trusts</u>

Attachment K

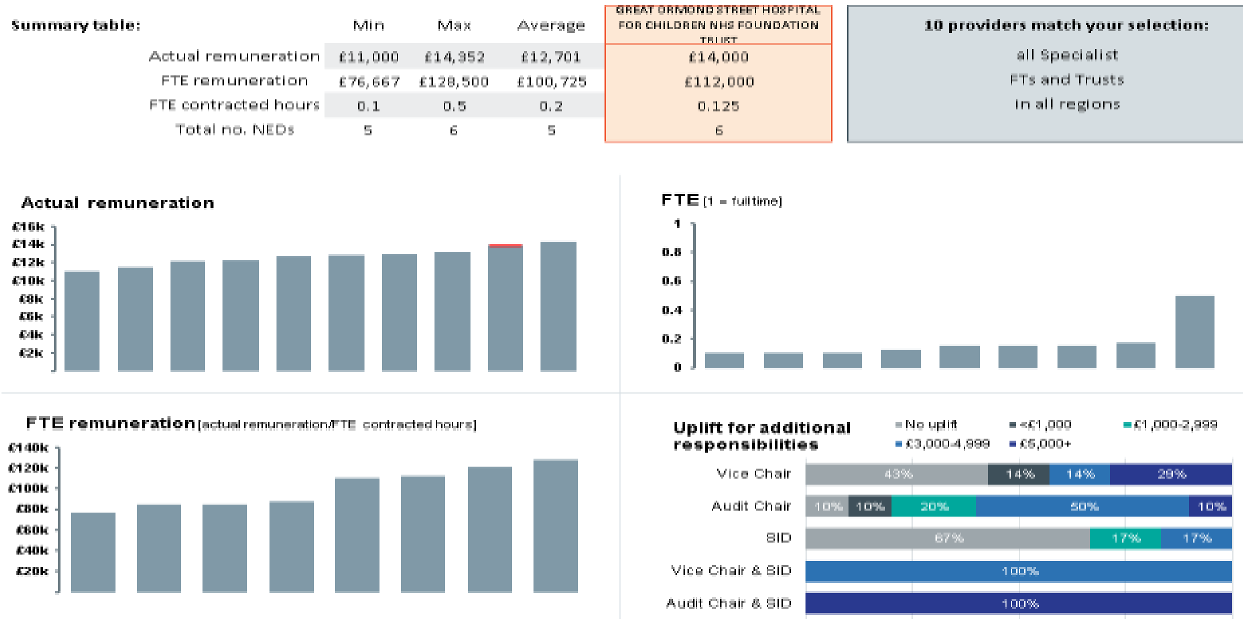


4.5. Analysis: Of the respondents to the NHS Providers survey on Chairman remuneration (2016), GOSH remunerated the Chairman the highest of the specialist benchmarking group. Across the acute and joint acute/community, GOSH fell above the median (£43,700), but below the highest (UCLH, £70,629). Across London Trusts, GOSH is slightly higher than the median (£48,027) and was sixth highest paying of twelve Trusts. The Trusts that exceeded GOSH (in the London benchmark group) were UCLH £70,629; King's £63K, Chelsea £60K, Guy's and St Thomas' £60K and St George's (interim, £60K).

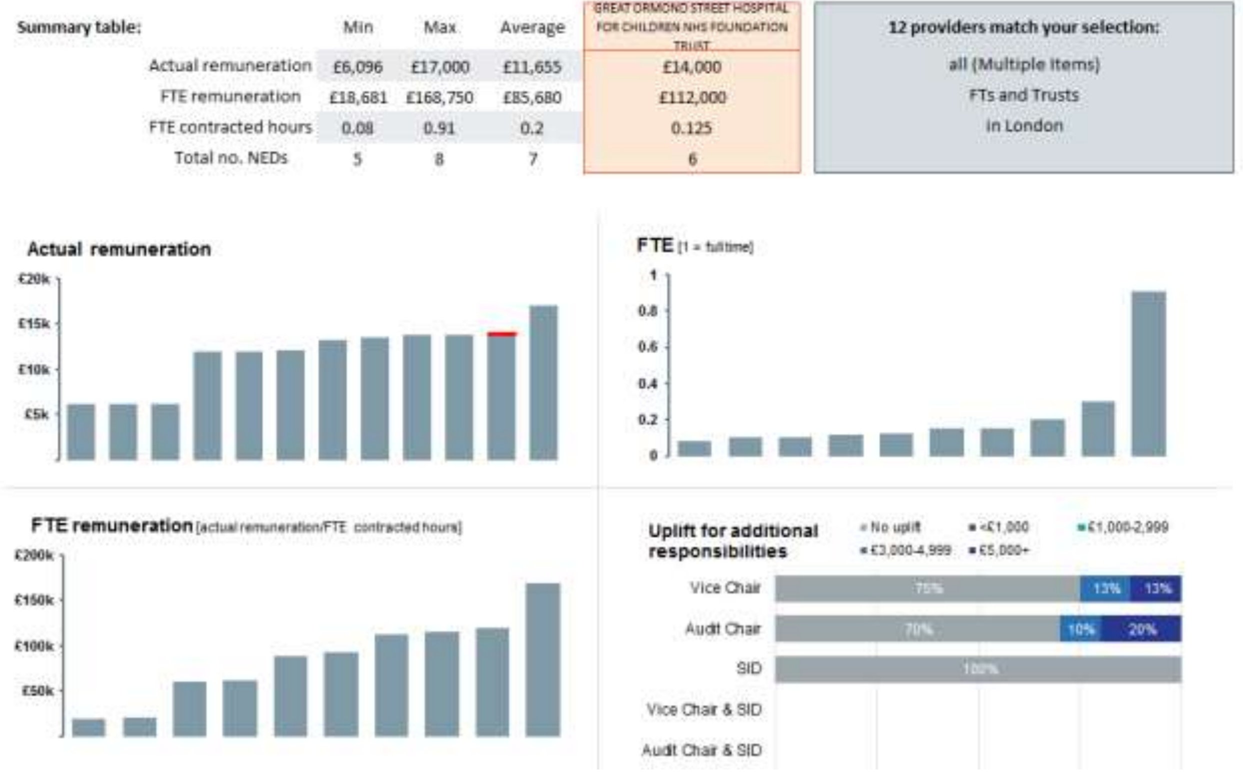
NED remuneration

4.6. Analysis of remuneration rates for the GOSH Chairman against specialist trusts, London trusts and other acute/ community trusts reveals the following:

Comparison to specialist Trusts



Comparison to London acute, acute/community and specialist Trusts



Summary table:	Min	Max	Average	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
Actual remuneration	£6,096	£17,000	£11,655	£14,000
FTE remuneration	£18,681	£168,750	£85,680	£112,000
FTE contracted hours	0.08	0.91	0.2	0.125
Total no. NEDs	5	8	7	6

Comparison to acute and acute/community Trusts

Summary table:	Min	Max	Average	GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
Actual remuneration	£6,000	£17,000	£11,062	£14,000
FTE remuneration	£6,157	£168,750	£65,545	£112,000
FTE contracted hours	0.08	1	0.2	0.125
Total no. NEDs	5	9	6	6

4.7. Analysis: Of the respondents to the NHS Providers survey on non-executive remuneration (2016), GOSH remunerated NEDs the second highest of the specialist benchmarking group (£14K GOSH,

highest Sheffield £14,352). Across the acute and joint acute/community, GOSH fell above the median (£11,062), but below the highest (Guys and St Thomas', £17K). Across London Trusts, GOSH is higher than the median (£11,655) and was the second highest paying of twelve Trusts. Only Guys and St Thomas' exceeded GOSH in the London benchmark group.

4.8. In terms of additional responsibilities, the remuneration levels varied across the benchmark groups:

- **Vice Chair:** GOSH was the only Trust (in London Benchmark group) to pay the Vice Chair uplift (of £5K). Another specialist Trust was the only other Trust to remunerate the additional responsibility, but with a lower payment of £3-5K.
- **Audit Chair:** GOSH and another Trust were the only London Trusts to remunerate Audit Chair responsibility at £5K+; Another specialist Trust was the only other Trust to remunerate the additional responsibility, but with a lower payment of £3-5K.
- **Senior Independent Director:** No London benchmarking Trust paid an allowance for responsibility as SID, although 45 other Trusts did remunerate this additional responsibility.
- **Combination of posts:** As currently is the case at GOSH, no London Trust paid multiple additional responsibility payments.

Attachment L

Members' Council

26th April 2017

Deputy Chairman and Senior Independent Director roles from 1st May 2017

Summary & reason for item:

Following the departure of Tessa Blackstone, Chairman on 30th April 2017, Mary MacLeod (currently Deputy Chairman and Senior Independent Director (SID)) will be appointed Interim Chairman whilst the substantive post is being appointed to. The Trust Board and Members' Council therefore need to identify and approve appointments to the role of Deputy Chairman and SID from 1 May 2017.

The Council is asked to note that Stephen Smith, NED will take on the role of Chairman of the Quality and Safety Assurance Committee (QSAC) from 1 May 2017.

Councillor action required:

To consider and appoint Akhter Mateen as Deputy Chairman of the Trust Board and Member's Council.

To approve the Board's recommendation for James Hatchley to be appointed as Senior Independent Director from 1st May 2017.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Deputy Chairman

Paragraph 24 of the Trust's Constitution states that the Members' Council shall appoint one of the Non-Executive Directors as the Deputy Chairman. The Standing Orders for the Trust Board (Annex 9 of the Constitution) and the Members' Council (Annex 8) state that the Deputy Chairman will chair the Board and the Members' Council meeting and members' meetings (Annex 10) should the Chairman be absent or disqualified from participating due to a conflict of interest. The Deputy Chairman is also a member of the Members' Council Nominations and Remuneration Committee.

The Council is asked to consider Akhter Mateen for appointment as Deputy Chairman of the Trust Board and Members' Council. Akhter is currently Chairman of the Audit Committee and also a member of the Finance and Investment Committee. Akhter worked as Group Chief Auditor of Unilever until 2012 and has a wealth of experience in strategy development, business transformation and a sound knowledge of corporate governance. During his career he has worked in global and regional roles at Unilever and has led the regional Unilever finance teams in Latin America, South East Asia and Australasia.

It is proposed that Akhter will retain the role of Deputy Chairman until the end of his current tenure in March 2018.

Senior Independent Director

The NHS Code of Governance published by Monitor states that the Board of a Foundation Trust should appoint one of the Non-Executive Directors to be a Senior Independent Director (SID), in consultation with the Councillors.

The role of the SID is to provide a sounding board for the Chairman and to serve as an intermediary for the other directors when necessary. The Senior Independent Director should be available to councillors if they have concerns that contact through the normal channels of Chairman, Chief Executive, Chief Finance Officer or Company Secretary has failed to resolve, or for which such contact is inappropriate. The SID also leads the performance evaluation of the Chairman in consultation with councillors. As part of this, the SID holds a meeting with the NEDs without the chairman present at least annually, to appraise the Chairman's performance. The SID also undertakes the role of Designated Officer under the 'Raising Concerns in the Workplace Policy'.

The Standing Orders for the Trust Board (annex 9 of the Constitution) state that the Trust Board shall appoint one of the independent Non-Executive Directors to be the SID in consultation with the Members' Council.

The Board proposes that James Hatchley is appointed as the Senior Independent Director. James has over 25 years of executive-level experience working in the financial services industry, previously as European Chief Operating Officer of Kohlberg Kravis and Roberts, a US-listed global investment firm and more recently as Group Strategy Director at 3i. Mr Hatchley brings a wealth of expertise in corporate governance best practice, budgeting, capital projects, strategic planning and decision making, and complex financial analysis. He also brings a parent's perspective to the Board, having had a child treated at GOSH. Prior to his appointment (since May 2015), James acted as the independent member of the GOSH Audit Committee and the Quality and Safety Assurance Committee and demonstrated a clear commitment to the values of the Trust throughout his tenure.

James sits on the Audit Committee and Finance and Investment Committee.

It is proposed that James will retain the role of Senior Independent Director until the end of his current tenure in August 2019.

For information, the role descriptions for Deputy Chairman and Senior Independent Director are attached at appendix 1. These are consistent with the requirements of the Code of Governance and good practice in other Foundation Trusts.

Both NEDs meet the independence criteria outlined in Appendix 1.

Appendix 1

ROLE OF THE DEPUTY CHAIRMAN

The Members' Council will appoint one of the Non-Executive Directors as the Deputy Chairman. The role of the Deputy Chairman is to:

- Preside at any meeting of the Trust Board, Members' Council and members' meetings should the Chairman be absent from the meeting (including as a result of any conflict of interest).
- Attend the Members' Council Nominations and Remuneration Committee and chair the meeting should the Chairman be absent or conflicted.
- Provide support and advice to the Chairman as required

ROLE OF THE SENIOR INDEPENDENT DIRECTOR (SID)

The Trust Board will appoint one of the Non-Executive Directors as the Senior Independent Director (SID). In addition to their existing responsibilities as a Non-Executive Director, the SID will:

1. Be available to Directors and Councillors if they have concerns about the performance of the Board or the welfare of the Trust, which contact through the normal channels of Chairman, Chief Executive or Chief Finance Officer has failed to resolve or for which such contact is inappropriate;

2. Maintain a sufficient dialogue with Councillors (including attending meetings as appropriate) in order to develop a balanced understanding of the issues and concerns of Councillors and provide support and guidance as required.

3. Ensure that the issues and concerns raised are communicated to the other non-executive directors and, where appropriate, the Board as a whole;

4. Help resolve any disagreements that may arise between the Members' Council and Board of Directors, in accordance with any procedures agreed by the Trust;

5. Facilitate the appraisal of the Chairman within a framework agreed by the Council, including at least annually hold a meeting with the other independent Non-Executive Directors to evaluate the performance of the Chairman as well as seeking the views of councillors.

6. Undertake the role of Designated Officer under the 'Raising Concerns in the Workplace Policy' and receive whistle- blowing concerns in writing (under stage 3 of the raising concerns process);

7. Provide support and advice to the Chairman as required.

The Trust Board will consult the Members' Council when appointing the Senior Independent Director.

The Board should state its reasons for determining a director is 'independent', if the director:

- Has been an employee of the NHS Foundation Trust within the last five years;

- Has, or has had within the last three years, a material business relationship with the NHS Foundation Trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS Foundation Trust;

- Has received or receives additional remuneration from the NHS Foundation Trust apart from a director's fee, participates in the NHS Foundation Trust's performance-related pay scheme, or is a member of the NHS Foundation Trust's pension scheme;

- Has close family ties with any of the NHS Foundation Trust's advisers, directors or senior employees;

- Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies; or

- Has served on the Board for more than six years from the date of their first election.

- is an appointed representative of the NHS foundation trust's university medical or dental school.

Attachment M

Members' Council

26 April 2017

Update on the Constitution Working Group

Summary & reason for item:

The Trust's Constitution Working Group was re-established at the December 2016 Members' Council meeting. **Appendix A** sets out the agreed Terms of Reference for the group.

The requirement for members to the group from the Members' Council was for 5 councillors from across the constituencies (public, patient and parent/carer (including a young councillor), appointed and staff councillors. Four councillors put themselves forward to sit on the group after the meeting:

Rebecca Miller: Public councillor
Claudia Fisher : Parent and carer councillor
Fran Stewart: Parent and carer councillor
George Howell: Patient councillor

There is one vacancy for a councillor on the Group and councillors are asked to consider if they wish to get involved. This can be a councillor from any constituency.

The Group will hold its first meeting in June 2017 to review the Constitution and appendices in light of:

- best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014);
- changes in advance of the Members' Council elections 2017/18 to strengthen governance arrangements for the membership and Members' Council ;
- changes to the structure of the Members' Council and Trust Board since September 2014 (the last update).

A revised Constitution will be recommended for approval at meetings of the Trust Board and Members' Council.

Councillor action required:

- To receive the update
- Request for nominations to the group for **one** remaining place on the group from any constituency.

Report prepared by:
Deirdre Leyden, Membership and Governance Manager
Item presented by:
Anna Ferrant, Company Secretary

Appendix A

Constitution Working Group
Terms of Reference

1. Authority

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

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

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

The Trust may make amendments of its constitution only if –

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

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

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

2. Duties

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

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

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

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

3. Membership

3.1. The members of the working group are:

- Deputy Chief Executive (Chair)
- Company Secretary (Deputy Chair)
- Programme Director

- 1 Non-Executive Director
- 5 councillors from across the constituencies (public, patient and parent/carer (including a young councillor), appointed and staff councillors).

3.2. Meetings will be chaired by the Deputy Chief Executive. The Company Secretary will be the Deputy Chair of the Working Group.

3.3. Other members may be co-opted as required.

3.4. Deputies may attend with the prior agreement of the Chair of the Working Group, but will not count towards the quorum.

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

3.6. Secretariat support for the Group will be provided by the Membership and Governance Manager.

3.7. Dial in facilities will be available for members' participation at meetings if required.

4. Quorum

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

5. Frequency of Meetings

5.1. Meetings will be held as required.

6. Reporting

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

December 2016

ATTACHMENT N

QUALITY AND SAFETY ASSURANCE COMMITTEE

Great Ormond Street Hospital for Children NHS Foundation Trust

GREAT ORMOND STREET LONDON WC1N 3JH

A G E N D A

Wednesday 12th April 2017

QUALITY AND SAFETY ASSURANCE COMMITTEE
Wednesday 12th April 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	Author	Time
1.	**Apologies for absence**	Chairman		**2:00pm**
2.	**Minutes of the meeting held on 18th January 2017**	Chairman	**A**	
3.	**Matters arising/ Action point checklist**	Chairman	**B**	
	<u>QUALITY AND SAFETY</u>			
4.	**Integrated Quality and Safety Update**	Interim Medical Director	**C**	**2:10pm**
5.	**Draft Quality Report 2016/17**	Interim Medical Director	**D**	**2:20pm**
6.	**Quarterly Safeguarding Report (January 2017 – March 2017)**	Chief Nurse	**E**	**2:30pm**
7.	**Workforce and OD update (quality related issues)**	Director of HR and OD	**F**	**2:40pm**
8.	**Nurse Recruitment and Retention**	Chief Nurse	**G**	**2:50pm**
	<u>RISK AND GOVERNANCE</u>			
9.	**QSAC Annual Report**	Company Secretary	**H**	**3:00pm**
10.	**Update on quality issues in pharmacy (***action from October 2016 QSAC meeting***)**	Chief Pharmacist	**I**	**3:10pm**
11.	**Board Assurance Framework Update**	Company Secretary	**J**	**3:20pm**
12.	**Update on Compliance with Risk Management Strategy**	Interim Medical Director	**K**	**3:30pm**
13.	**Compliance Update**	Company Secretary	**Verbal**	**3:40pm**
14.	**Health and Safety Annual Report 2016-17**	Director of HR & OD	**M**	**3:50pm**

15.	**Whistle blowing update - Quality related whistle blowing cases**	Assistant Director of Employee Relations	**N**	**4:00pm**
	AUDIT AND ASSURANCE			
16.	**Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)**	Deputy Chief Executive	**O**	**4:10pm**
17.	**Internal Audit Progress Report (January 2017 – March 2017) and Strategic Operational Plan 2017-18**	KPMG	**P**	**4:20pm**
18.	**Risk Management Benchmarking**	KPMG	**T**	
19.	**Internal and external audit recommendations update**	KPMG	**Q**	
20.	**Clinical Audit update January 2017 – March 2017 including clinical audit workplan for 2017/18**	Clinical Audit Manager	**R**	**4:40pm**
21.	**Update from Audit Committee (January 2017)**	James Hatchley, NED	**S**	**4:50pm**
22.	**Matters to be raised at Trust Board**	Chair of the Quality and Safety Assurance Committee	**Verbal**	**4.55pm**
23.	**Any Other Business**	Chairman	**Verbal**	
24.	**Next meeting**	**Wednesday 12th April 2017 2:00pm – 5:00pm**		
25.	**Terms of Reference and Acronyms**	**1**		

ATTACHMENT O

AUDIT COMMITTEE

The Great Ormond Street Hospital for Children NHS Foundation Trust

GREAT ORMOND STREET   LONDON   WC1N 3JH

A G E N D A

Tuesday 18th April 2017
2:00pm – 5:00pm

AUDIT COMMITTEE
Tuesday 18th April 2017 at 2:00pm, Levinsky Room,
UCL GOS Institute of Child Health, 30 Guilford Street, WC1N 1EH
AGENDA

	Agenda Item	Presented by	Author	Time
1	**Apologies for absence**	Chairman		**2:00pm**
2	**Minutes of the meeting held on 24th January 2017**	Chairman	**A**	
3	**Matters arising and action point checklist**	Chairman	**B**	
4	**Finance and Investment Committee –- January and March 2017 Draft Minutes**	David Lomas, Chair of the F&I Committee	**C**	
5	**Quality and Safety Assurance Committee – January 2017 Draft Minutes**	James Hatchley, NED	**D**	
	RISK			
6	**Board Assurance Framework Update**	Company Secretary	**E**	**2:15pm**
7	**Presentation of high level risks** **Risk 1:** Failure to continue to be financially sustainable **Risk 3:** The risk that the organisation will not deliver IPP contribution targets	 Chief Finance Officer Director of IPP	 **Verbal** **Verbal**	**2:20pm**
8	**Methodology for IPP Debt Provision for 2016/17**	Chief Finance Officer	**F**	**3:00pm**
	EXTERNAL AUDIT			
9.	**External Audit: Interim update report to the Audit Committee for the year ended 31 March 2017**	Deloitte LLP	**H**	**3:10pm**
	INTERNAL AUDIT AND COUNTER FRAUD			
10.	**Internal Audit Progress Report, Technical Update and Draft Head of Internal Audit Opinion for 2016-17**	KPMG	**I**	**3:20pm**
11.	**Internal Audit Strategic and Operational Plan: 2017-18**	KPMG	**J**	**3:30pm**
12.	**Internal and external audit recommendations – update on progress**	KPMG	**K**	**3:35pm**
13.	**Risk Management Benchmarking**	KPMG	**L**	**3:40pm**

14.	**Counter Fraud Annual Report** **Counter Fraud Workplan 2017/18**	Counter Fraud Manager, TIAA	**M** **W**	**3:45pm**
15.	**Whistle blowing Update**	Deputy Director of HR and OD	**N**	**3:55pm**
	GOVERNANCE			
16.	**Audit Committee Annual Effectiveness Survey Results**	Chief Finance Officer	**O**	**4:00pm**
17.	**Revised Audit Committee Terms of Reference and Workplan**	Company Secretary	**P**	**4:10pm**
18.	**Draft Annual Governance Statement 2016/17**	Chief Finance Officer/ Company Secretary	**Q**	**4:20pm**
19.	**Draft Audit Committee Report to be included in the Annual Report**	Chief Finance Officer	**R**	**4:30pm**
20.	**Annual Report 2016/17**	Company Secretary	**Verbal**	**4:40pm**
	ITEMS FOR INFORMATION			
21.	**Health and Safety Annual Report**	Head of Health and Safety and Fire	**X**	**4:50pm**
22.	**Annual Report on Procurement Waivers – 2016/17**	Chief Finance Officer	**U**	
23.	**Performance Report – Month 11 (2016/17)**	Deputy Chief Executive	**V**	
24.	**Any Other Business**		**Verbal**	
25.	**Next meeting**	**Thursday 25th May, 9:00am – 12 Noon in the Charles West Room**.		

Members' Council

26th April 2017

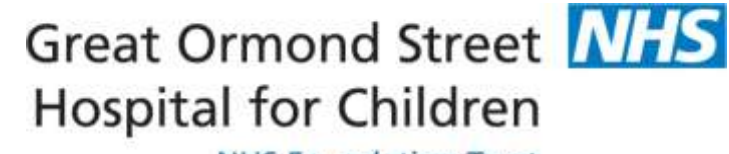
Finance and Investment Committee Summary Report
March 2017

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

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

Report prepared by: Victoria Goddard, Trust Board Administrator

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



Update from the Finance and Investment Committee meeting held on 23rd March 2017

Matters arising

The Committee noted the work that was taking place on the 'model hospital' which would eventually include data on GOSH's costs. The Committee agreed that although the Trust would have a number of outliers, benchmarking costs and their composition would be useful.

Revised Phase 4 timetable

The Committee noted the revised timetable which included the points at which the Trust's decision represented a commitment to the project. The Committee highlighted the importance of being clear about the point at which the Trust's agreements would put funds at risk and requested further information about the alternative funding options.

2017 Annual Workplan Update

The Committee approved a revised workplan and agreed to undertake a deep dive at a future meeting on the use of Bank and Agency staff.

Annual Terms of Reference Review

The Committee approved the Terms of Reference subject to some minor amendments and agreed that an annual effectiveness review would be considered at the next meeting.

Finance Report and Forecast Month 11

The Committee noted the increased use of Bank and Agency staff compared with the prior year because of work on RTT and the gastroenterology service review and that their use would decrease significantly in month 12 of 16/17 financial year.

Discussion took place about year to date Divisional financial performance and levels of activity in relation to increases in workforce.

The Committee discussed the profit contribution of International Private Patients. It was noted that IPP now had increased capacity but was behind plan in terms of actual activity: partly driven by access issues due to the prioritisation of NHS patients.

Procurement Quarterly Review/Update

The Committee discussed the level of productivity and efficiency savings that were targeted within Procurements and whether at a suitable level. It was agreed that an update on the spend that Procurement could target for savings would be provided at the next F&I meeting. The Committee noted the potential for savings by carrying out good contract management practices and that the Trust is implementing a a new contract management register.

NHS Contract Status Update 2016/17 & 2017/18

It was confirmed that NHS England had formally agreed in several areas the Trust's local price increases resulting from the price review. The Trust had met its activity targets for 2016/17 and was above target on RTT activity. It was confirmed that most material items for the 2017/18 contract had been agreed..

Annual Budget 2017/18

It was confirmed a detailed Budget had been developed and submitted based on the NHS Improvement 2 year plan. More than £14million of the better value schemes had been targeted.

FINANCE AND INVESTMENT COMMITTEE

The Great Ormond Street Hospital for Children NHS Foundation Trust

CHARLES WEST ROOM
GREAT ORMOND STREET
LONDON WC1N 3JH

A G E N D A

Thursday 23rd March 2017 at 2:00pm – 4:00pm

FINANCE AND INVESTMENT COMMITTEE
23rd March 2017 at 2:00pm – 4:00pm
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 (15 mins)
2.	Minutes of the meeting held on 26th January 2017	Chairman	A	
3.	Matters Arising, Action point checklist • Revised Phase 4 timetable	Chairman Director of Development	B J	
4.	2017 Annual Workplan Update	Chairman Chief Finance Officer	C	2:15pm (10 mins)
5.	Annual Effectiveness Review and Annual Terms of Reference Review	Chairman	D	2:25pm (25 mins)
	PERFORMANCE AND FINANCE			
7.	Finance Report and Forecast Mth 11	Chief Finance Officer	F	2:50pm (20 mins)
8.	Procurement Qrtly Review/Update	Deputy Chief Finance Officer	G	3:10pm (10 mins)
9.	NHS Contract Status Update 2016/17 & 2017/18	Chief Finance Officer	H	3:20pm (10 mins)
	ANNUAL PLANNING AND BUDGETS			
10.	Annual Budget 2017/18	Chief Finance Officer	I	3:30pm (20 mins)
	OTHER BUSINESS			
11.	Any other business	Chairman	Verbal	3:50pm (10 mins)
12.	**Next meeting** The date of the next meeting will be 11th May 2017, 2:00pm-5:00pm in the Charles West Room.			

Attachment Q

Members' Council

26th April 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 1st February 2017 report to the Members' Council. The report includes:

- Chief Executive Highlights Report – Peter Steer, Chief Executive – See **Appendix 1**

- Performance Report (March 2017)
  - **Integrated Quality Report (Juliette Greenwood, Chief Nurse and David Hicks, Interim Medical Director)** – **See Appendix 2**

The Integrated Quality 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 provide 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 28 February 2017 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; Anna Ferrant, Company Secretary; Lynn Shields, Associate Director of

Education; and Peter Hyland, Director of Operational Performance and Information

Item presented by:
Peter Steer, Chief Executive Officer

Appendix 1

Chief Executive Report to Members' Council – 26 April 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 February 2017.

GOSH Refreshed Strategy

In spring 2017 we worked with our staff and Members' Council to refresh our strategy. We have assessed the issues and opportunities that face us and thought carefully about our vision and our future. In particular, we have identified four critical priorities:

- We will achieve the best possible outcomes through providing the safest, most effective and efficient care.
- We will attract and retain the right people creating create a culture that enables us to learn and thrive.
- We will improve children's lives through research and innovation.
- We will transform the care and the way we provide it through harnessing technology.

These priorities are presented in a 'strategy house' along with our mission, vision, enablers and Our Always Values. Together, they form a framework that teams across the Trust, and our leadership, will use to plan and make decisions. Further information will be provided at the Council meeting.

Finance Update for Month 12 Results

For the 2016/17 year the Trust is reporting a £6.8m deficit, excluding capital donations, which was £0.4m adverse to plan. In terms of the NHS Improvement requirements to meet the assigned Control Total for 2016/17, the Trust exceeded this by £0.6m and therefore will be eligible for an additional £0.6m incentive payment from NHSI which matches the over performance of the control total.

Electronic Patient Record

GOSH confirmed Epic Systems Corporation as the preferred supplier for its electronic patient record (EPR) system and Aridhia Informatics Limited as the preferred supplier for the research and innovation platform.

The Trust will work with Epic to develop and implement the new EPR, as part of its wider clinical transformation programme. The system will support clinicians by allowing access to information rapidly and from a single place, reducing the amount of time spent on administration and releasing more time for clinical care.

The EPR will have a child and young person friendly portal, which is age appropriate. This will make the lives of patients and their families easier by giving them the ability to book appointments online and access other relevant health and well-being information.

The Trust will work with Aridhia on the research and innovation platform, enhancing the way researchers' access data. This will drive our ability to translate research into clinical practice to further the development of life changing treatments and cures.

Further information will be provided at the Council meeting.

Congenital Heart Disease National Review - Consultation

In July 2016, NHS England published a set of proposals regarding the future commissioning of congenital heart disease (CHD) services for children and adults. They describe the actions which commissioners propose to take in order to ensure a consistent standard of care for CHD patients across the country. A consultation on the implications of the proposals started in February 2017, due to run to June 2017 to better understand how any changes might affect patients, carers and staff. The consultation outlines how GOSH is very close to meeting all of the national service standards. GOSH has submitted a response to NHS England about the implication of the standards on capacity at the Trust. In March 2017, a public event was held at GOSH in partnership with NHS England, aimed at engaging staff and families in the proposals. The outcome of the consultation is awaited. Further information will be provided at the Council meeting.

Referral to treatment

In 2015 The Trust became aware of major issues with the quality of our waiting time data, due to incomplete patient records. After careful consideration we took the difficult decision to cease reporting of our Referral to Treatment Times (RTT) and diagnostic waiting times until we had addressed the issues. A Trust-wide programme to improve our processes and patient records was undertaken during 2015 and 2016 and we achieved our aim of recommencing external reporting in in February 2017 with January data.

The national RTT standard is that 92% of patients should be seen within 18 weeks. While we must be cautious about forming conclusions from a short period, our first month of reporting indicated we had hit the 18 week RTT target for 91.2% of our young patients, rising to 91.6% in month two. This is significantly above the Trust's recovery trajectory that was agreed with our commissioners, which states that we will reach the national standard by December 2017. In a handful of specialties where there are identified capacity limitations that threaten this aim we will continue to work with commissioners to reduce waiting times.

Redevelopment Update

Following the approval of the Phase 4 Strategic Outline Case the design competition is proceeding to programme. Bids have been submitted and are in the process of being reviewed. The evaluation process included a public exhibition of the designs in the Lagoon and St George's Church on Queen Square. The Outline Business Case is being written and will be submitted for approval in September 2017.

GOSH in the news

High Court Decision about withdrawal of treatment

The High Court has made a judgement in relation to ICU patient Charlie Gard. This was in support of the Trust's application to withdraw life support and progress to a palliative care package. The parents have stated that they now wish to appeal.

The Trust has issued a statement to media and also sent a note to all staff recognising the complexity of the case and the contribution of staff looking after Charlie.

"We cannot imagine how hugely distressing this time must be for Charlie's family who have been completely devoted to him since he came to our intensive care unit six months ago.

"The majority of the children we care for have rare or complex diseases. We work extremely hard to offer innovative treatments, even if it is the first time they have been tried, when we believe they can benefit the child.

"In Charlie's case we carefully considered the request for a therapy that had not been used to treat his condition. This included seeking multiple external opinions as to whether this therapy could improve Charlie's chance of survival or quality of life. The consensus, which has been confirmed by today's ruling, was that it would not.

"Our focus now is to work with Charlie's family to plan for the next stages in Charlie's care."

National Institute for Health Research (NIHR) Funding at GOSH

In September 2016 the NIHR announced the £37 million award to GOSH BRC which will underpin translational research at Great Ormond Street Hospital (GOSH) and allow us to continue bringing the scientific discoveries made in laboratories into 'first in child' clinical trials. The GOSH BRC is one of 20 NIHR BRCs across the UK, and the only such centre specifically focusing on research into children's medicine. The new funding started on 3rd April. Funding allows the NIHR GOSH BRC to support vital research facilities at GOSH and the UCL Great Ormond Street Institute of Child Health, including GOSgene, an in-house gene sequencing facility that is helping researchers pinpoint the genes underpinning childhood disease. There will also be funding available to support individual researchers and students.

GOSH leads Europe-wide epilepsy network that could speed up diagnosis for patients

Diagnosing different types of epilepsy and deciding on the best course of treatment could become a much faster process thanks to a newly formed European network, coordinated by Great Ormond Street Hospital.

The network, known as EpiCARE, will allow collaborative working across Europe and more access to innovative and highly-specialised diagnostics. This will mean faster and more accurate diagnoses for patients and hopefully better treatments. By doing this, the project aims to increase the number of seizure free patients over the next five years.

The EpiCARE network will run over a five-year period from 2017 to 2021, and is one of 23 projects funded by the European Commission that allow professionals and centres of expertise in different countries to share knowledge and tackle rare diseases that require specialised care.

One day at GOSH

On 16 March, Great Ormond Street Hospital Children's Charity launched a new campaign which vividly chronicles the events during a day in the life of the hospital. 'One Day at GOSH' is a compelling visual and intimate account of 24 hours at the hospital. The charity's film crew spent 24 hours in the company of patients, families, staff and volunteers of GOSH. The video will be shown at the end of the Council meeting.

Attachment Q

Tissue removed during heart surgery is saving lives of children with no immune system

In a European first, a little-known gland called the 'thymus', some of which is routinely removed during cardiac surgery, has saved the lives of children with a life threatening immunodeficiency condition, complete DiGeorge syndrome (cDGS).

Thymus tissue is removed as standard from children undergoing cardiac surgery for congenital heart defects in order to allow the surgeons to perform the heart procedure. This tissue is normally discarded. As part of the study, this tissue was grown in a specialist laboratory and then transplanted into children with cDGS.

Great Ormond Street Hospital (GOSH) is one of only two centres in the world developing this treatment. The study into this procedure was published today in The *Journal of Allergy and Clinical Immunology*.

Integrated Quality Report

Dr David Hicks, Interim Medical Director
Juliette Greenwood, Chief Nurse

March 2017

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Great Ormond Street Hospital for Children NHS Foundation Trust

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The child first and always

Has patient care been safe in the past?

Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

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
Never Events	The last never event was in June 2016 (more than 260 days ago) and performance remains stable at an average of 220 days between never events; this is within normal variation and is not statistically significant. Work is ongoing to complete the actions from the investigation; these are in line with the agreed timescales for completion.
Non-2222 patients transferred to ICU by CSPs** ** 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.	Performance remains stable at an average of 8 per month; this is within normal variation and is not statistically significant. The data has been reviewed and no trends or themes were identified at this time; the data will continue to be monitored.
Cardiac and respiratory arrests	Overall, performance remains stable for both measures at 2 cardiac arrests per month and 2.7 respiratory arrests per month; this is within normal variation and is not statistically significant. Note that in January there were 8 cardiac arrests which is unusually high whereas in February there were none; 5 of the 8 arrests in January can be attributed to two patients who have plans in place. The cardiac and respiratory arrest data has been reviewed and no trends or themes were identified at this time; the data will continue to be monitored.

	Cardiac arrests outside of ICU	Respiratory Arrests outside of ICU
January 2017	**8** (Bear, Badger, VCB Theatre 3, main reception)	**1** (Badger)
February 2017	**0**	6 (Rainforest Endo/Met, Turtle CT Scan, Koala, Elephant, Badger)

Measure	Comment
Mortality	Performance remains stable at 6.5 deaths per 1000 discharges; this is within normal variation and is not statistically significant.
Serious Incidents** **by date of incident not declaration of SI**	Performance remains stable at 1.3 per month; this is within normal variation and is not statistically significant. There have only been 2 serious incidents since September 2016 (1 in December 2016 and 1 in January 2017).
Hospital acquired pressure ulcers reported (grades 2+)	While the increase in pressure ulcers previously reported has been sustained in January and February and currently averaging 6.7 per month, this is within normal variation and is not statistically significant. There have been no new grade 3 or 4 pressure ulcers since the last report. Work is underway on CICU regarding device related incidences; the timeframe for this work has been extended in order to ensure a robust data sample. The RCA process for pressure ulcers in the Trust is being reviewed with the Tissue Viability Nursing team.

The child first and always

Has patient care been safe in the past?

Arrests outside of ICU- deep dive (October-December)

Great Ormond Street Hospital for Children NHS Foundation Trust

This slide has been added in response to an action from Trust Board requesting further assurance on cardiac and respiratory arrests outside of ICUs in October-December 2016.
Please click here to view appendix 2 which contains the arrest definitions and modifying factors table.

Arrests outside of ICU- deep dive (October-December)		
7x 2222 calls in total; of which: 3x cardiac arrests, 2x respiratory arrests		
October 2016	**3 x cardiac arrests**(Badger x2, Bear)	**2x respiratory arrests** (Badger)
Cardiac arrest commentary: Both arrests on Badger Ward were for the same patient and were both classified as 'probably not preventable' The arrest on Bear Ward was for a well managed patient with no prior warning before the arrest; this was classified as 'not preventable'.		**Respiratory arrest commentary:** These events were for different patients. One event was reviewed and classified as 'probably not preventable'. The other event was classified as 'probably not preventable with modifying factors'. The modifying factors were regarding training of tracheostomy management and have been fed back to the team.
11 x 2222 calls in total; of which: 3 x cardiac arrests, 0 x respiratory arrests		
November 2016	**3x cardiac arrests** (Bear x2, Eagle)	**0 x respiratory arrests**
Cardiac arrest commentary: Both arrests on Bear Ward were classified as 'not preventable'. Modifying factors around poor documentation and possible ICU flow were identified and fed back to the team. The arrest on Eagle Ward was a well managed event and classified as 'not preventable'. Learning points from the arrest were identified and fed back to the team.		
14x 2222 calls in total; of which: 1 x cardiac arrests, 1x respiratory arrests		
December 2016	**1x cardiac arrest** (Badger)	**1 x respiratory arrest** (Miffy)
Cardiac arrest commentary: This was a well managed event and the patient remained on the Ward post event.		**Respiratory arrest commentary:** Modifying factors regarding recognition of deterioration were identified in association with this event which have been fed back to the team.
Resuscitation commentary:		
The last quarterly report (Oct – Dec) showed that we had 7 cardiac and 3 respiratory arrests. To ensure we review all cardiac and respiratory arrests in a consistent manner the Trust has adopted the classifications from the Mortality Review Group. 5 cardiac arrests were probably not preventable and 2 had a delay to ICU due to ICU flow and escalation. There were 3 respiratory arrests during this time. 1 was probably not preventable. Modifying factors on the others related to tracheostomy care and the other poor recognition. All cardiac and respiratory arrests are reviewed and if any are considered to be potentially preventable, an RCA is completed to identify any lessons for learning.		

The child first and always

Welcoming Helpful

Has patient care been safe in the past?

Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Serious Incidents and Never Events January- February 2017

No of new SIs declared in Jan-Feb 2017:	1	No of new Never Events declared in Jan-Feb 2017:	0
No of closed SIs/ Never Events in Jan-Feb 2017:	1	No of de-escalated SIs/Never Events in Jan-Feb 2017:	0

New SIs/Never Events declared in January- February 2017 (1)

STEIS Ref	Incident Date	Date Report Due	Description of Incident	Divisions Involved	Senior Responsible Officer (SRO)	Risk Manager	Executive Sign Off	Divisional Contact
SI 2017 3562	17/01/17	31/03/17	Miscommunication over cardiac procedure undertaken	Charles West	Associate Medical Director- Quality, Safety and Patient Experience	Lead Risk Manager	Medical Director	Divisional Co-Chair, Charles West

Learning from closed SIs in January- February 2017 (1):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/ 26445	**Complication from poor communication:** The patient underwent sternal cleft surgery and suffered a cardiorespiratory arrest in the postoperative period on routine extubation in the Cardiac Intensive Care Unit (CICU). The patient had been referred to here for her surgery as she had a large capillary haemangioma over her upper chest, neck and face which increased the potential risk of airway obstruction on intubation and extubation . An airway plan had been discussed between the Cardiothoracic Surgeon at GOSH and the local ENT consultant but the recommendation was not fully communicated/discussed across the multi-specialty teams involved in the pre- and post-operative period. The patient developed respiratory distress, bradycardia and then cardiopulmonary arrest after a planned extubation in CICU. This required a short period of cardiopulmonary resuscitation, re-intubation and an extended hospital admission. The patient required less than 30 seconds of cardiopulmonary resuscitation and does not appear to have suffered any long-term harm. However the sternal cleft wound site was disrupted and this may require revision under general anaesthetic in the future.	There was no coordinated communication between the multi-specialty teams involved in the care of this patient. As a result the discussions that led to the planning of the surgical pathway were very surgically focused with little consideration of the anaesthetic and medical issues that may potentially have had an impact and thus needed to be thought about and considered in the planning phase.	• Ensure that all referrals, internal or external, through letter or email are scanned and copied into EDM and thus visible to all staff within GOSH. • All staff to continue to support the introduction and development of the centralised electronic patient record to improve accessibility patient information • Review the minimum membership of the weekly thoracic multi-professional meeting. Keep a record of attendees. Invite additional specialists where necessary • Present any child with a known or suspected airways abnormality at the tracheal multi-professional meeting discussion. Appropriate planning of surgical patients also requires consideration of potential anaesthetic and medical issues.	All external and internal referrals for a patient, formatted as a letter or an email, need to be kept in a centralised location such as EDM (Electronic Document Management System) The learning from the SI was presented at the February 2017 Patient Safety and Outcomes Committee.

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Trust measures for Complaints

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

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 3 for the methodology used for the measures below.

Measure	Comment
All complaints	The number of complaints has reduced from 11 per month to 7; this is within normal variation and is not statistically significant.
Red complaints	Performance remains stable at 0.4 per month; this is within normal variation and is not statistically significant.
Amber complaints	Performance remains stable at 2.3 per month Note: the last 3 months are all below the process mean. Although too early to say this is an improvement we remain optimistic (we look for 7 consecutive months all above or below the mean)
Yellow complaints	Performance remains stable at 6.8 per month. Note: the last 4 months are all below the process mean. Although too early to say this is an improvement we remain optimistic (we look for 7 consecutive months all above or below the mean)

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Patient and Family Feedback: Red Complaints

Great Ormond Street Hospital for Children NHS Foundation Trust

Red Complaints in January-February 2017

No of new red complaints declared in Jan-Feb 2017:	0	No of re-opened red complaints in Jan-Feb 2017:	0
No of closed red complaints in Jan-Feb 2017:	2		

Learning from closed red complaints in January- February 2017 (2):

Ref:	Summary of complaint:	Outcomes/Learning:
16-039	The complainant raised concerns regarding care provided to the patient and lack of communication provided to the family regarding the service at GOSH. This complaint was investigated internally and an independent review of the care received by the patient was also undertaken.	Following completion of the investigation, the following actions were taken to address issues within the complaint: • Clinical staff to sign/initial and date any comments added to incoming letters. • Clinical staff reminded to write any comments on incoming letters clearly and legibly. • Administration team to return any letters with unclear instructions to the relevant clinician for clarification. • Pre appointment MDT to check presence of height and growth chart in patient records and, where it is not present, complete a new chart. • Gastroenterology clinic letter has been amended to include height and weight information as standard. • Administration team to return letters to relevant clinician for completion where height and weight information not included. • Clinicians to specify who clinic letters should be cc'd to rather than saying 'copy to cc list.' • Administration team to return letters to clinicians for clarification where cc list information not included. • Administration team to ensure they take cc addresses from PIMs rather than previous letters. • An improved psychology service is being developed to support the gastroenterology team.
16-072	The complainant raised concerns regarding the care and management of a patient with a congenital heart defect, atrioventricular septal defect (AVSD).	A full investigation was undertaken and a report was shared with the family on completion. The report provided a detailed explanation for the care and management provided and the rationale for the clinical decisions made.

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Parent Representative Walkabout

Parent Representatives that attend PFEEC undertake quarterly walkabouts with the Patient and Parent Engagement Officer to capture the experiences of patient and families in the Trust.
There were 2 PFEEC parent walkabouts in 2016, one in June (Outpatients at the Homeopathic hospital and Woodpecker Ward) and September (Lion Ward) & 1 Members Council walkabout of parent accommodation in July (including Weston House, the Italian Wing, the Mother's Unit and Powis Place). Identified improvement areas were aligned with the Trust's Always Values. Following analysis of the individual issues raised two clear categories stood out: communication and facilities

Communication

- Appointments (that you can request later in the day especially if you live outside of London, receiving letters late, delays when arrive)
- Awareness of patient accommodation, travel expenses, PALS, YPF
- Text messages (various numbers, typos, no patient name)
- Name boards on ward not filled out
- Phone calls (not answered, if you leave messages they are not always returned)
- Staff to families (updates on care)
- Outpatients check-in process (being clear how many times you need to check in)
- Transition (what it is, when it starts, how it works)
- Schools to schools (to ensure continuity of work)

Facilities

- Condition of Weston House, the Mothers' Unit and other parent accommodation
- Overcrowding on Woodpecker ward and in the corridor at 7.30am with nothing to occupy older children and no places to sit for families
- Wi-Fi availability
- Uncomfortable and impractical seating in the parents' room on Lion ward
- Unfriendly outside play area on Lion ward
- Phone signal strength
- More space and division in the Hospital School for primary and secondary students

Other:
One case highlighted concerns about staff's knowledge of the care needs of autistic children at GOSH.

All issues raised are discussed in PFEEC and assigned to the relevant division or department. The actions taken and outcomes of the issues are currently being collated.

Listening Event

On Saturday 19th November 2016, the Trust held a Listening Event from 10.00am - 2pm. The focus of the day was for staff to listen to the views of patients and parents/carers and to acknowledge the issues raised.

The day was centred around table-facilitated discussions on four topics which were identified through social media. The key areas chosen for discussion by social media respondents were: communication, food, transition, and outpatients.

The Listening Event allowed the Trust to collect a large amount of positive and constructive feedback from families.
Comments varied between subjects, however there were common themes raised by both parents and patients in the same topics and there was a main theme of communication which ran throughout each topic.

The next steps will be to:

1. Share the data collected with relevant teams so that immediate or longer term actions can be identified.
2. To create a strength, weakness, opportunity and analysis report based on staff feedback so that lessons can be learnt for such future events.
3. To share the film which was recorded on the day and update the Listening Event page on the website to inform families what was said and what the Trust is now doing with this information. The film and webpage address will be shared via social media and existing communication materials such as Foundation Trust newsletters. This will also be shared with all levels staff internally via publications such as Roundabout.

As part of the event the Patient Experience team also hired a Video booth for feedback. To date, all 103 videos have been transcribed; analysis of the content is now taking place.
A report will then be written which will identify themes, a compilation of the videos will also be created to share with staff, and the project will then be evaluated.

Real-time Feedback System

The team are at the procurement stage and are working closely with ICT and procurement to ensure that the system chosen will deliver the requirements of feedback from the patients and families. The data output will ensure that improvements required from the feedback are delivered in a timely manner.

Young People's Forum - Teen Café

The CYPPO has supported Faiza Yasin, who is the Chair of the YPF, an ex-patient and a volunteer, to create a social opportunity for teenage inpatients. Faiza's proposal was to sit in the Trust's restaurant, The Lagoon, and encourage teenager inpatients to meet her for a free cup of tea and a chat.

The session is facilitated by Faiza as a young person, not by any members of staff. Only patients who are well enough to leave the ward are encouraged to attend. The age range for the group is 13 to 19 and it runs on Fridays in the Lagoon for one hour from 17:30 to 18:30. The inaugural meeting took place on Friday 17 February 2017; the meeting was well received by the teens in attendance. Work is underway to review and improve advertising and communication to ensure continued uptake.

The Teen Café will be run as a pilot; further updates will be provided in future reports.

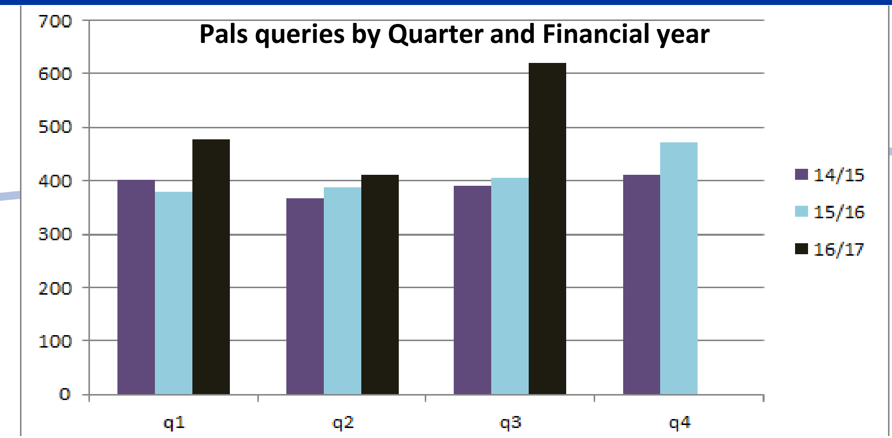
Are we responding and improving?

PALS Data

Great Ormond Street Hospital for Children NHS Foundation Trust

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 / social media responses	213	0	0
Total	621	412	404



Cases received by the PALS compared with previous quarters:

As shown in the table above, the number of complex cases has increased since Q3 in the previous financial year and also since the previous quarter. 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

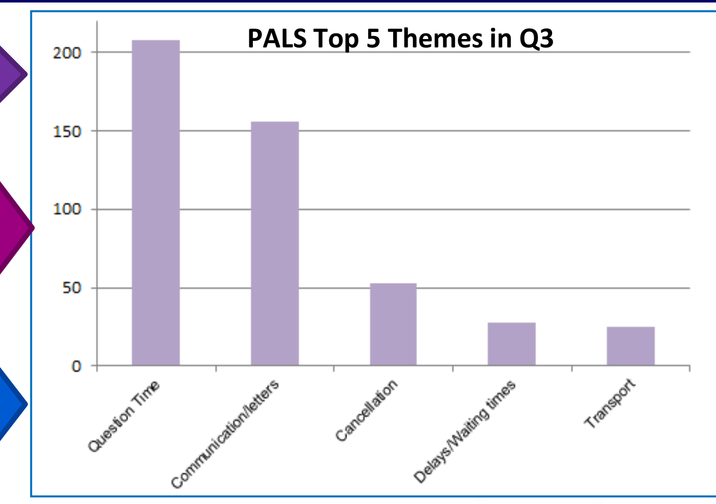
The increase in Q3 is attributed to the contacts following the staff member speaking on the BBC's Question Time. Without these contacts (over 200 instances) the Pals service had received similar numbers of contacts to preceding quarters.

PALS Trend Analysis

Question Time
PALS received over two hundred contacts through the Friday and over the weekend following the televised comments made by a member of staff. Two standard responses were provided by the team to those who made contact.

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.



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Are we responding and improving?

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

Inpatient Results January 2017

January 2017
Overall FFT Response Rate = 28.4%
Overall % to Recommend = 98%

Ward Response Rates November 2016 - January 17

Nov-16 Dec-16 Jan-17

GOSH Target Response Rate

Badger, Bear, Bumblebee, Butterfly, Clinical Research Facility, Eagle Acute, Eagle Haemdialysis, Elephant, Flamingo, Fox, Gastro Suite, Giraffe, Hedgehog, Kingfisher, Koala, Lion, Miffy, Mildred Creek, NICU, Otter, Penguin, Penguin Daycases, Peter Pan, PICU, Puffin, Rainforest - Endocrine / Metabolic, Rainforest - Gastroenterology, Respiratory Sleep Unit, Robin, Safari, Sky, Squirrel, Starfish (RANU), Urodynamics, Walrus, Woodpecker

Inpatient Results February 2017

February 2017
Overall FFT Response Rate = 24.5%
Overall % to Recommend = 98%

Ward Response Rates December 2016 - February 17

Dec-16 Jan-17 Feb-17

GOSH Target Response Rate

Badger, Bear, Bumblebee, Butterfly, Clinical Research Facility, Eagle Acute, Eagle Haemdialysis, Elephant, Flamingo, Fox, Gastro Suite, Giraffe, Hedgehog, Kingfisher, Koala, Lion, Miffy, Mildred Creek, NICU, Otter, Penguin, Penguin Daycases, Peter Pan, PICU, Puffin, Rainforest - Endocrine / Metabolic, Rainforest - Gastroenterology, Respiratory Sleep Unit, Robin, Safari, Sky, Squirrel, Starfish (RANU), Urodynamics, Walrus, Woodpecker

January 2017 Top 3 Themes

Positive Themes:	No +ve comments	Total comments
Always Helpful (Understanding, Helps Others, Patient, Reliable)	306	313
Always Expert	210	228
Always Welcoming (Respect, Smiles, Friendly, Reduce Waiting)	177	181
Negative Themes:	**No -ve comments**	**Total comments**
Access / Admission / Transfer / Discharge	21	32
Staffing levels	6	13
Catering / Food	7	21

February 2017 Top 3 Themes

Positive Themes:	No +ve comments	Total comments
Always Helpful (Understanding, Helps Others, Patient, Reliable)	224	224
Always Expert	211	231
Always Welcoming (Respect, Smiles, Friendly, Reduce Waiting)	154	158
Negative Themes:	**No -ve comments**	**Total comments**
Access / Admission / Transfer / Discharge	14	29
Environment / Infrastructure	42	94
Staffing levels	3	7

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FFT Updates

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

- **'You Said, We Did' feedback was noted to be displayed and utilised on Wards during a recent Walkround.**
- **FFT now available via Patient Bedside Entertainment (PBEE).**
- **FFT cards / PBEE screens have been updated to include optional patient and parent demographic data.**
- **PE team will utilise appropriate data to update PIMs, improving Trust wide data.**

A small number of areas across the Trust are distributing the new FFT cards which now contain additional questions regarding demographics. The new cards are being rolled out when Wards require new stock of cards in order to reduce waste.

Demographics collected so far;

- Age - 21% of Q3 FFT Collection.
- Gender - 7.3% of Q3 FFT Collection.
- Ethnicity – 3.7% of Q3 FFT Collection.

(Left: new inpatient children's FFT feedback card)

(Below: new outpatient adult FFT feedback card)

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Hello!

We would like to know what you think about our Ward/Department.

If someone you knew became poorly and had to go to hospital, would this ward be a good place for them to come to?

Please colour in the face that shows what you think

Yes No Don't know Maybe

What ward are you on? ____

How old are you? ____

For this visit, have you stayed one night or more? ☐ Yes ☐ No

Write or draw what you think was GOOD

Write or draw what you think was BAD

(Please post this card in the blue post box on the ward. Thank you!)

Gender/Sex (please tick one)

- ☐ Prefer not to say
- ☐ Boy
- ☐ Girl
- ☐ I think of myself as:

Disability (please tick one)

- ☐ Do you have a disability that affects your everyday life?
- ☐ Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
- ☐ Prefer not to say
- ☐ Yes, it stops me doing a lot of things
- ☐ Yes, it stops me doing a few things
- ☐ No

Ethnicity (please tick one)

- ☐ Prefer not to say
- ☐ Asian or Asian British Bangladeshi
- ☐ Asian or Asian British Indian
- ☐ Asian or Asian British Pakistani
- ☐ Any other Asian background
- ☐ Mixed White and Asian
- ☐ Black or Black British African
- ☐ Black or Black British Caribbean
- ☐ Any other Black background
- ☐ Mixed White and Black African
- ☐ Mixed White and Black Caribbean
- ☐ Any other mixed background
- ☐ Chinese or other Ethnic Group
- ☐ White British
- ☐ White Irish
- ☐ Any other ethnic group
- ☐ Any other White background
- ☐ Other, enter below

FRIENDS AND FAMILY TEST: OUTPATIENTS

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

We would like you to think about your most recent experience of our service.

How likely are you to recommend our ward to friends and family if they needed similar care or treatment? *(please tick)*

☐ Extremely likely ☐ Likely ☐ Neither likely or unlikely ☐ Unlikely ☐ Extremely unlikely ☐ Don't know

Please tell us more about your response to the question above:

All comments provided will be used to improve our services, however please tick here if you do not wish your comments to be published ☐

Date ____ Are you: ☐ A patient ☐ A parent/carer

The building/ward I visited was: ____

The name of the specialty I saw was ____

The name of he person I saw for my appointment was ____

☐ For this visit, please tick if you have stayed for one night or more in a ward area *(excluding the GOSH hotel)*.

Age ____

Gender/Sex:

- ☐ Prefer not to say
- ☐ Male
- ☐ Female
- ☐ I think of myself as____

Ethnicity: enter below

Disability

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- ☐ Prefer not to say
- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

If yes, please select the relevant category/categories

- ☐ Mobility or coordination problem
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Learning disability
- ☐ Communication problem
- ☐ Long-standing illness, such as heart disease, diabetes, epilepsy
- ☐ Mental health problem
- ☐ Other health problem or disability (please state)

Please complete your details if you wish to be contacted. Otherwise please leave blank.

Name ____

Contact number/email ____

When you have completed this card, please put it in the feedback box on the ward or freepost it back to us. Thank you for your help.

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Learning from Friends and Family Test- Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

Below is a snapshot of some of the positive and negative feedback received via FFT during the reporting period. 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.

Patient Feedback

"Everyone is friendly. They always keep a smile on your face. There always there to speak to. If you want anything they give it to you. Make sure you understand everything. Treat you special no matter what. It would of been less fun with out the play lady Nothing is bad."

"Physio is great fun with (staff name). The Badger Buddies are great."

"The nurses were really nice which helped me as a patient to build up a sense of coolness!"

"Food is terrible couldn't pick what I wanted as I didn't like anything"

"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."

"The play room being shut at weekends."

"Only the blood test, but I had to have it LOL"

"I don't like the needles!"

"My hospital bed was too small!"

Parent/Carer Feedback

"I would highly recommend this ward to friends and family. My son was only admitted for a day but I really appreciate everything that was done for my son. The nurses were very kind and supportive. The play worker was also wonderful. She really did show my son that you can Play and have fun at the hospital, and that it is not a scary place. In general very nice ward and an excellent staff."

"We were provided with best care from a team of wonderful people whose big hearts were balanced by extreme professionalism. We always looked forward to being here and difficult times were handled with such care and tremendous support. We can't thank the nurses and doctors enough!"

Always friendly staff and lots of care and understanding for our daughter."

"Bad pain management at the time, no consultant who knew the patient well was on at the weekend."

"My daughter has been coming to GOSH since she was 3. We have had many negative incidents in the last few years and now my daughter only trusts one member of staff!"

"My son is autistic and found the fact there is nowhere in the hospital that is low stimulus/engaging, to wait until 07:30 to be admitted, extremely difficult; this led me to dealing with 'meltdown' in the canteen. Please consider the additional needs of patients - we travelled 2 hours by train and had to fill the 2 hours of 05:30-07:30 with nowhere to prep meds, feeds/(tube feed) or relax my very sensitive son."

"All staff should introduce themselves to the parent and child!"

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Are we responding and improving?

Complaints/FFT/PALS

Themes and trends within PALS, Complaints and FFT data has been compared over quarter 3; this is a new addition to the report and will be reviewed.

The three most common themes and areas requiring attention are:

- **Staff Attitude.**
- **Poor communication, written and verbal. (please see appendix 4)**
- **Delay in Treatment / Cancellations.**

Work has been undertaken to address the themes raised which includes:

1. **Values committee**
2. **Patient and Family Engagement and Experience Committee (PFEEC)**
3. **Outpatient Improvement Project (Barrie) and Flow Project (PMO team)**

Are we responding and improving?

Featured Project: Clinical Outcomes Hub

Great Ormond Street Hospital for Children NHS Foundation Trust

High-level Aim: *Improve internal access to outcomes data and the ability to collect PROMs through a 'Clinical Outcomes Hub' available on the intranet.*

Internal visibility of outcomes:	Outcomes data published on GOSHweb for teams – to inform clinical care and for service improvement.
Improve ease of data collection:	Provision of links to a data collection platform that enables patient outcome questionnaires to be built, collected and reported electronically
Internal visibility of external reporting:	Availability of commissioners' Specialised Services Quality Dashboard reports, by division and by specialty.

Collection of outcomes data can be very time-consuming. As we eagerly await the EPR, many clinical teams struggle with Excel spread sheets and other local solutions that aren't ideal. It is a testament to clinical teams' commitment to show their data that we have 25 services' outcomes displayed on our Trust website – far more than any other paediatric hospital in the world. Though collection of outcomes data within the Trust is increasingly routine, and a proportion is publicly available, we need more systematic visibility of outcomes *within* the Trust. As such, a key development in the last six months has been the building of a Clinical Outcomes Hub on GOSHweb (see the Hub homepage and a neurosurgery dashboard below):

The outcomes dashboards

The outcomes dashboards are developed with clinical teams, to ensure that we show them the measures they want to see, displayed in ways that are most useful to them. The dashboards are used in clinical team meetings to discuss outcomes and stimulate discussion about improvement.

Growing visibility is bringing increased interest. More and more teams want to see their clinical outcomes displayed internally to enable them to refer to their data quickly and easily and use it in discussions about their care.

The data input tools

To meet the growing demand for patient-reported outcome measures (PROMs), the Hub offers a data input section, where questionnaires we have built for teams are delivered. Data is held centrally and reports are also built in partnership with teams to meet reporting (and potentially research) requirements.

Next Steps:

- Grow the number of specialty dashboards published to the Hub: Urology is ready for discussion and sign off, CAMHS is currently being developed, and SNAPS reviewed.
- Grow the number of PROMs available electronically to ensure the patient perspective on treatment outcome is more systematically captured.
- Use the data input tools to standardise use of common measures such as PedsQL and Goal-Based Outcomes, delivering consistency and meeting multiple teams' needs with one questionnaire and segmented specialty reporting.
- Increase the number of outcomes resources, such as info sheets and 'how to' guides
- Work with the EPR team to ensure continued alignment and contribution to the EPR clinical readiness work stream.

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)

Great Ormond Street Hospital for Children
NHS Foundation Trust

Project	Project Aims	Project Leads	Project Timescales and Progress
Extravasation	To reduce the incidence of extravasation injury at GOSH	Executive Sponsor- **Chief Nurse** Clinical Lead- **Consultant Anaesthetist**	Progress to date: • Six work streams underway • VHP Framework & Tool has been implemented on Koala, Eagle & Bumblebee wards • Discussions are underway for roll out on Bear and Peter Pan Wards. • Steering Group signed off VHP Tool in March 2017 • VHP Tool – Feedback survey underway for Staff • Communication group started – Soft Focus day planned for May 17 • Completion of storyboard development for training video
Nursing Quality Measures	To demonstrate Ward Nursing Quality Measures	Executive Sponsor- **Chief Nurse** Clinical Lead- **Assistant Chief Nurse**	Progress to date: • Development will continue through to 31st March 2017. • While progress has been made in identifying the metrics the project is delayed against the timeframes agreed. The delay is due to: • Access to PANDA and LMS data. • Difficulties in linking the national safety thermometer data with the dashboard. • Challenges around displaying real time information. As a first step the QI team are going to pull through all the current measures that are accessible into the QI Nursing quality measures dashboard site. The is will enable ward sister to view considerably more of their ward metrics in one place. • Visits have been made to Salford, UCLH and Birmingham children's hospitals to share practice and learn form others.
Neonates	To improve the quality and safety of care within inpatient neonates/small infant* at GOSH by 1 June 2017 [*<28 days or 4kg]. The three areas of focus are to: • 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- **Chief Nurse** Nursing Lead- **Neonatal Nurse Advisor** Medical Lead- **Head of Clinical Service**	June 2017 Progress to date: • Pre-project audit completed which has provided diagnostic information in the following areas: 1. Blood spots classified as avoidable repeats 2. Identification and management of neonatal jaundice 3. IV fluid management • Steering Group, Neonatal Link Nurses and Neonatal Champions identified and engaged • Neonatal Intranet section in development

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Quality Improvement Project Status Update (with Executive sponsorship)

Project	Project Aims	Project Leads	Project Timescales and Progress
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.	Executive Sponsor- Chief Nurse	On-going project Progress to date: • Medical Transition Leads for all Specialties identified • Steering Group meeting monthly: • Definition of transition agreed • Site visits to other Paediatric providers • Established Transition Improvement Group with UCLH CNSs • Met with LD CNS to facilitate transition to UCLH for this patient group • Advised/supported specific services: • Hyperinsulinism Team-1st Transition clinic held jointly with adult service • MS service-planning for 1st joint clinic • Gastroenterology- • Working with IT to find most appropriate system to support/record transition • Working with Information Manager on generic transition information +advising on specialty specific materials 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.

Appendix 1

Methodology for key Trust measures (please click here to return to the key measures slide)

Measure	Methodology	
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	**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.	**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.
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	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: • 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' http://www.england.nhs.uk/ourwork/patientsafety/serious-incident/	

Appendix 2

Resuscitation Definitions (please click here to return to arrest deep dive slide)

Respiratory arrest:	Cardiac Arrest:
Patient requires positive pressure ventilation via BVM or T-piece	Patient requires one or more chest compressions

All respiratory and cardiac arrests outside ICU and theatre are reviewed to determine whether they were 'potentially preventable' or 'probably not preventable'. In addition we have looked for any factors that could potentially have affected the event – so called modifiable factors, even if the event itself was probably not preventable. The modifying factors are further classified into a number of categories, see table below. This classification system is the same as that used by the Mortality Review Group and is used to drive best practice.

Any event categorised as 'potentially preventable' or 'probably not preventable but with modifying factors' will be reviewed with the patients' team to understand all the circumstances around each event. The resuscitation team's goal in collecting this information is to identify any lessons for improvement and to identify best practice in the hospital to continuously improve patient care.

This simple classification of 3 categories hopes to identify any form of practice which could be improved upon in the events surrounding a 2222 call for either cardiac or respiratory arrest at Great Ormond Street Hospital NHS Foundation Trust.

1. Probably not preventable
2. Probably not preventable but with modifying factors
3. Potentially preventable

Table highlighting Modifying Factors	
1	Mismanagement of Deterioration
	Failure to act on or recognise deterioration
	Failure to give ordered treatment/support in a timely way
	Failure to observe
2	Failure of Prevention
	e.g. Healthcare associated infections, pressure sores, suicides, *accidental extubation, discharge from ICU within 48 hours
3	Deficient checking and oversight
	Medication error
	Misinterpretation or mishandling of test results
4	Dysfunctional patient flow
	Inappropriate discharge
	Poor/inadequate handover
	Unavailability of ICU beds
5	Equipment related errors
	Necessary equipment failed or faulty
	Necessary equipment misused or misread by practitioner
	Necessary equipment not available
6	Other
	Specify modifying factor

These classifications are taken from: Patient-safety related hospital deaths in England: Thematic analysis of incidents reported to a National Database 2010-2012. Liam J Donaldson, Sukmeet S Panesar, Ara Darzi. 2014 PloS Med 11(6):e1001667.
Slight modifications for GOSH purposes

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.

(please click here to return to the patient experience triangulation slide)

Communication

It is evident that 'communication' is a theme that is raised on a regular basis through numerous and various forms of patient and family feedback such as:

- Friends and Family Testing (FFT)
- Complaints
- PALs
- Listening Event
- Social Media
- Patient Family Experience and Engagement Committee (PFEEC)
- Patient Safety Outcomes Committee (PSOC)
- Patient Surveys – Picker, CQC

However, 'communication' is a handle that represents multiple elements of the Trust's business and functions; while the examples of feedback routes cited above specifically relate to patient and family concerns there may be similar aspects relative to staff or external customers such as local service providers. If the Trust is to successfully tackle and address the ongoing challenge of 'communication' then those core elements and components referred to need to be identified and the specific concerns aligned. Concerns highlighted about 'communication' will fall under a number of different aspects all of which will require consideration such as -

1. Processes
2. Standardisation
3. Culture
4. Clarity
5. Conciseness
6. Effectiveness
7. Consciousness

Once relevant aspects have been identified and agreed, each one will need to be looked at in detail and in alignment with the feedback that is received. The aim being to better appreciate the concerns being raised and the root of them to identify and make improvements, changing the system and / or behaviours. Currently issues around communication are not dealt with at a Trust wide level or integrated effectively across the teams, it is usually localised. A regular example is the cancellation of an operation/procedure where patients from different specialities will all have a varying experience with little consistency.

This work clearly has a large scope and will need to be addressed in alignment with the Trust 's Electronic Patient Records System to ensure that those relevant issues that can be will be addressed with this system to improve the patient experience. Likewise, if the hospital's Values are to be delivered and fully adopted then the number, nature and content of concerns raised and identified under the remit of 'communication' need to be resolved and the underlying factors addressed.

Appendix 5: SPC Frequently Asked Questions

Contents

What is a Dashboard?
What is SPC?
What is a Run chart?
What is a Control chart?
What are the upper and lower control limits?
What are the 9 different types of control charts?
What is Common Cause Variation?
What is Special Cause Variation?
What is a Run?
What is a Trend?
What is an Outlier?
What is a Baseline?
What happens when you have a Special Cause? - Step Changes
Any other tips for interpreting SPC at GOSH?
Why is it so important that we measure things?
How can you find out more?

What is a Dashboard?

A dashboard is a way of organising and presenting data in an easy to understand way. In the same way that a car dashboard lets you check your speed, revs, temperature and petrol with one quick glance, an improvement dashboard lets you check quickly whether your area is improving. Unlike a car dashboard, our dashboards let you see what is happening over a period of time, in the form of a graph. At GOSH, most dashboards are a collection of graphs, mainly in the form of statistical process control (SPC) charts.

Where are the Quality Improvement dashboards?

You can find the Quality Improvement improvement dashboards by following the links in the Quality Improvement intranet homepage. (double click the Quality Improvement logo, or find via GOS Web under 'Commonly Used Links'. Alternatively, click here to take you to the Quality Improvement Dashboards and Data Collection contents page.

What is SPC?

Statistical Process Control (SPC) charts were first developed by an industrial engineer called Walter Shewhart while he was working for Bell Telephones in the 1920s. He was concerned with eliminating the two most common problems in manufacturing:

- Type 1 error – "false positive" – Over-reacting to natural variation
- Type 2 error – "false negative" – Under-reacting to an actual problem

Shewhart wanted a way of distinguishing *natural cause* variation from *special cause* variation. Nearly all processes exhibit some level of natural variability - for example your commute to work will take a different length of time each day, in fact you would consider it strange if it didn't. Special causes occur because of a significant change in the in the underlying process - in the case of your commute, this might be a tube strike, or because the bus has started taking a longer route.

Process control charts were developed to allow easy differentiation between common and special cause variation. In the case of Bell Telephones, this would be to prevent engineers being called out to look at some equipment that was actually just varying as normal, and on the other hand to know when something was genuinely malfunctioning and required attention. In the case of a hospital it might be to tell if your theatre utilisation had improved, or if DNA rates had dropped.

SPC charts:

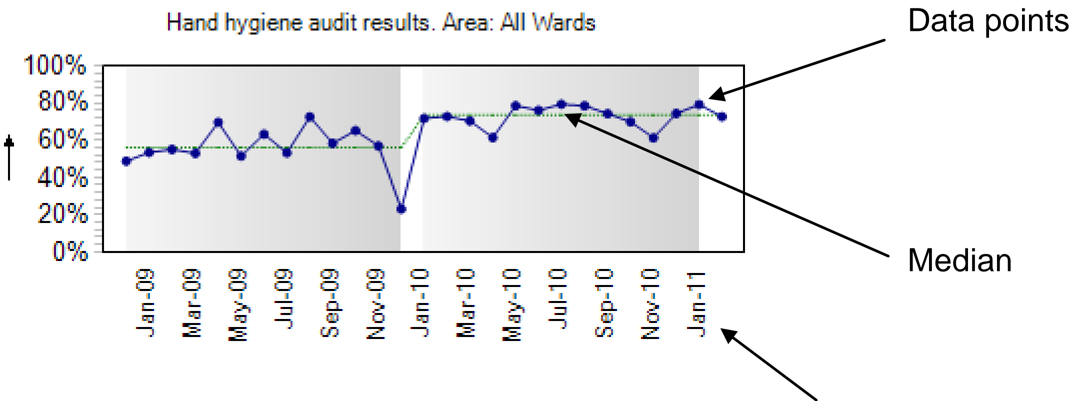
- are an excellent way of **measuring for improvement**
- Use the pattern of events in the past to predict with some degree of certainty where future events should fall.
- distinguish between the natural/common cause variation and special cause variation
- enable you to look for problems when they are there, not when they are not
- can motivate staff to improve practice thereby reducing adverse events and minimising variation

There are two types of SPC charts: run charts and control charts.

What is a Run Chart?

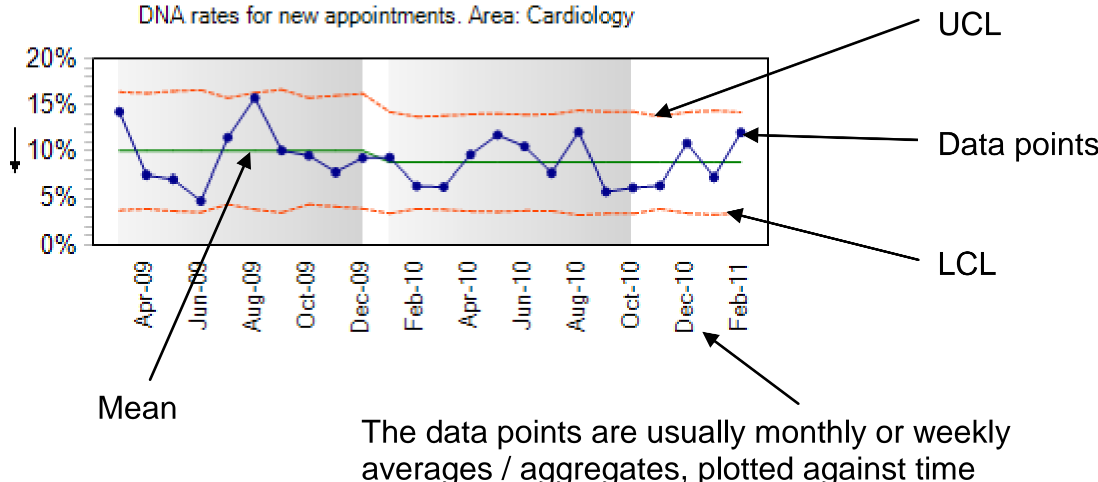
A run chart is used when analysing more than one process, when the data is summed (or aggregated). For instance, if we want to analyse medication errors Trust wide, we would use a run chart - there is more than one process because there are multiple wards in a the Trust with each ward having its own medication process.

Run charts consist of your data points plotted against time, plus the median of your data points within a specified time period (within a single process). The mean can sometimes be used instead of the median, but at GOSH we usually plot the median, as it will be less affected by system-wide outliers.



What is a Control Chart?

A control chart is used when analysing a single process. They consist of your data points plotted against time, alongside the mean (or average) of your data, plus the upper control limit (UCL) and lower control limit (LCL).



The purpose of control charts is to allow simple detection of events that are indicative of actual process change. This simple decision can be difficult where the process characteristic is continuously varying; the control chart provides statistically objective criteria of change. When change is detected and considered positive its cause should be identified and possibly become the new way of working, where the change is negative then its cause should be identified and eliminated.

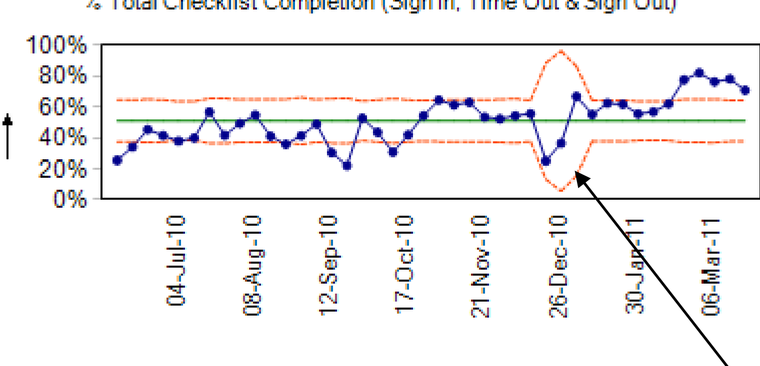
What are the Upper and Lower Control Limits?

The upper and lower control limits help you to analyse and interpret the chart. The limits are calculated based on the data, and the formulas used to calculate them depend on the measure used.

The control limits are set three standard deviations away from the mean (although this is often an approximation, depending on the type of control chart used) so that at least 99% of the data should fall within the limits.

Why are the control limits sometimes wiggly?

Wiggly control limits are used on U-charts and P-charts only. They wiggle because they are calculated using the sample size which can vary from period to period. For example, the number of patients seen in a clinic will change from week to week.



The control limits are wider here which tells us that there was a smaller sample size for this period

What are the 9 different types of control charts?

1. **XMR chart.** Used for individual measurements with only 1 subgroup. (Example of a subgroup is a theatres, clinic or ward.) Example: How many medication orders do we process each week?

2. **X-bar and R chart.** This monitors the average value over time where your variables dataset is made of multiple subgroups of less than 10 observations per subgroup. Example: For a daily sample of five medication orders, what is the turnaround time?

3. **X-bar and S chart.** Similar to an 'X-bar and R' chart but its used when you have lots of measurements in each sample (over 10) Example: For a daily sample of 25 medication orders, what is the turnaround time?

4. **C-chart.** This is used when you count the number of incidents when there is an equal opportunity for the incident to occur. Example: For a sample of 100 medication orders each week, how many errors were observed?

5. **U-chart.** Similar to a C-chart but where your sample size is not the same. This makes the control limits wiggly! Example: For all medication orders each week, how many errors were observed?

6. **P-chart:** Used to represent the fraction or percentage of the samples that are unacceptable where the sample size varies from period to period (making the control limits wiggly) Example: For all medication orders each week, what percentage have one or more errors?

7. **nP-chart:** Like a P-chart but the sample size is always the same. So rather than the percentage of units, you measure the number of units. Example: For a sample of 100 medication errors each week, how many have one or more errors?

8. **G-chart:** Is used when the occurrences are rare. Example: To measure the number of surgeries between SSI infections.

9. **T-Chart:** Is used when your measure is time between rare occurrences. Example: The time between serious incidents.

XMR and P charts are the most commonly used SPC charts for improvement at GOSH.

What is Common Cause Variation?

Common (or natural) cause variation is where the data points are between the upper and lower control limits, evenly spaced around the mean. Common cause variation does not mean either “bad variation” or “good variation”. Common cause variation merely means that the process is stable and predictable.

What is Special Cause Variation?

Special cause variation can be spotted using three simple rules:

a. **Runs**. A run is defined as seven consecutive points above or below the mean/median.

b. **Trends**. A trend is defined as seven consecutive points all increasing or decreasing.

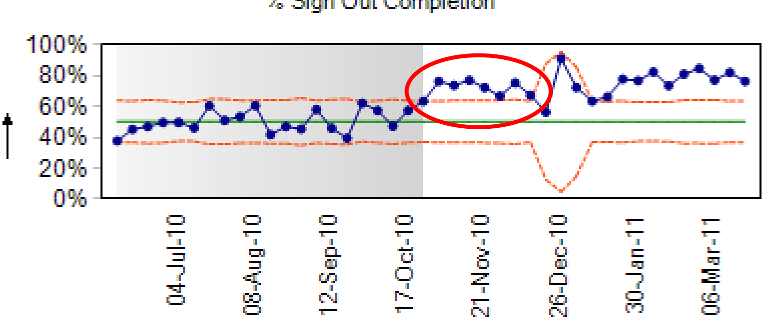
c. **Outliers**. An outlier is a data point which is outside of the control limits.

Special cause variation should not be viewed as either “bad variation” or “good variation”. You could have a special cause that represents a very good result which you would want to emulate, or a very bad result which you would want to avoid.

All special causes should be investigated to see whether they are an indication of process change and / or improvement.

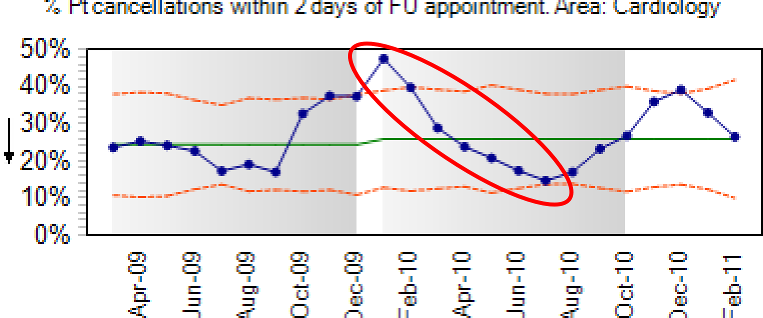
What is a Run?

A run is defined as seven consecutive points above or below the mean/median. Here’s an example:



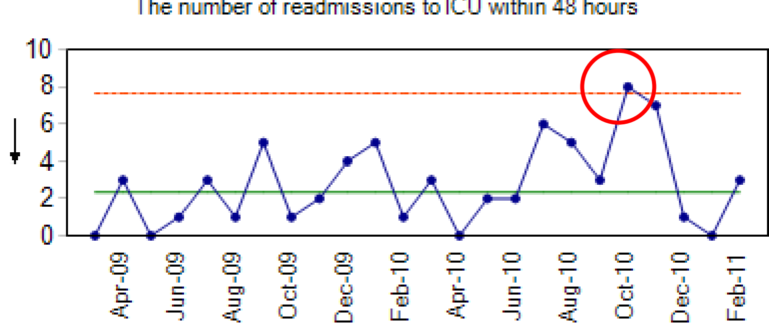
What is a Trend?

A trend is defined as seven consecutive points all increasing or decreasing. Here's an example:



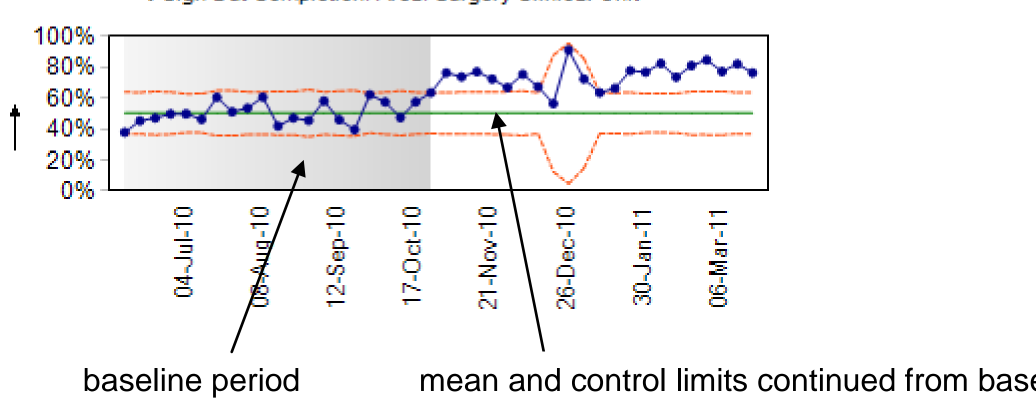
What is an Outlier?

An outlier is a data point which is outside of the control limits. Here's an example:



What is a Baseline?

When measuring for improvement on an SPC chart, you should aim to collect at least 21 points worth of data as a baseline (although this is not always possible – e.g. for monthly data this might take too long). Calculate the mean and control limits for this baseline data, and use this baseline mean and control limit lines to measure future data against:

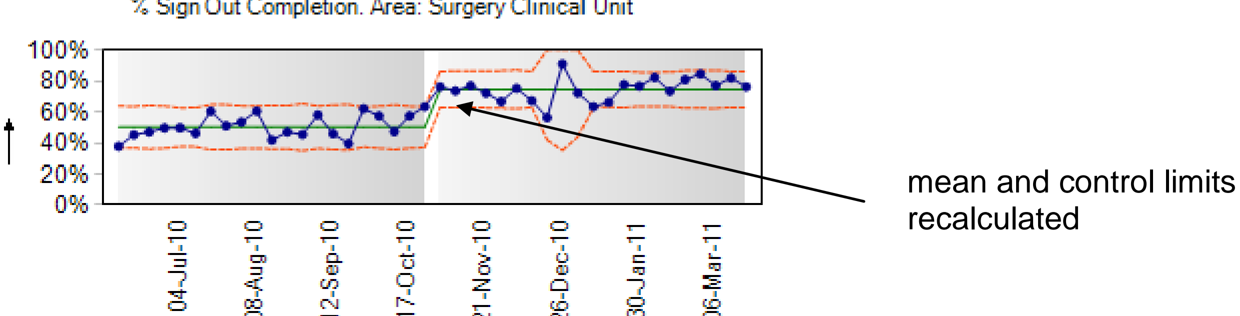


What happens when you have a Special Cause?

Step / Process Changes: When you have spotted a run or a trend for a measure, you can be statistically sure that the process has changed.

The control limits can be re-calculated from the date the run or trend started (or from when a process change was implemented, after further investigation of the measure).

For example, with the Sign Out Completion measure above (where there has actually been a run of 16 consecutive points above the mean after the baseline, we can recalculate the mean and limits as below, so we have an improved process with common cause variation about the mean again:



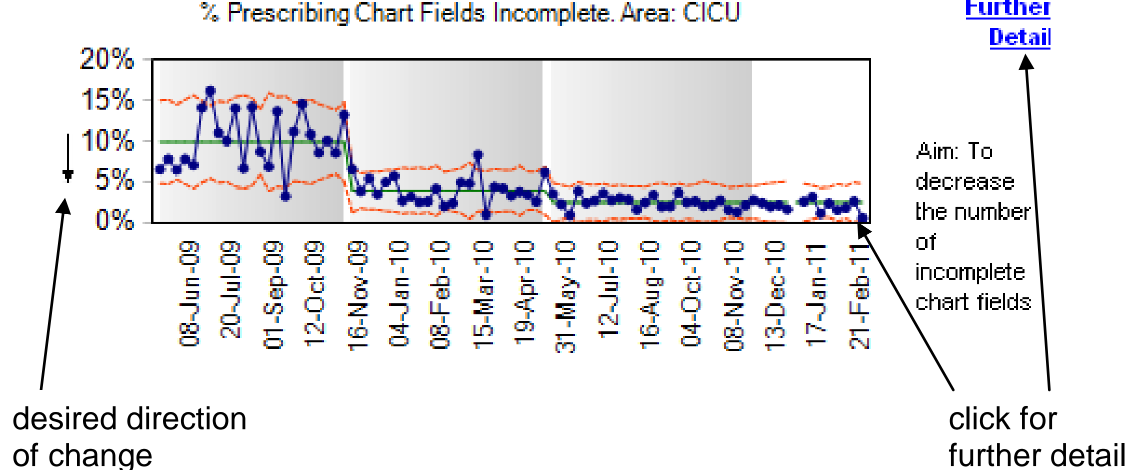
Outliers: If you spot an outlier, it must be investigated. It indicates that something either very good or very bad has happened and action needs to be taken either to correct the problem so that it doesn't happen again, or to learn from the good practice so that it can be applied in future.

If you spot a special cause on an SPC chart, alert your clinical unit improvement coordinator/manager or one of the Quality Improvement analysts, who can recalculate the mean and control limits and add annotations to the charts.

Any other tips for interpreting SPC at GOSH?

The **arrow** to the left of each chart represents the desired direction of change.

To access **Further Detail and Definitions** for a particular measure on one of the improvement dashboards, either click on a data point or the 'Further Detail' link next to the dashboard charts



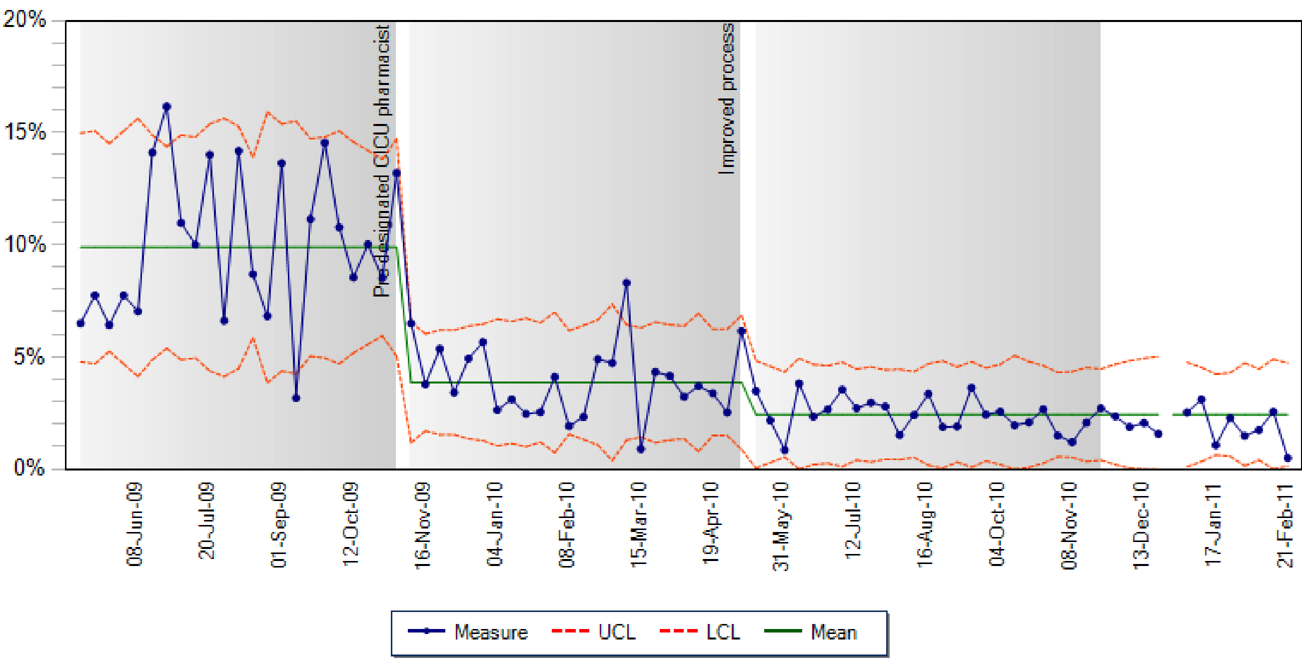
Here you can view a page with a larger version of the SPC chart (see below), plus the following:

- Measure definition, definition source and data source
- Labelled baselines / processes and annotations
- A table containing the figures that make up the measure; including date, data, UCL, LCL, mean (or median if it's a run chart), numerator and denominator (where applicable)

Back to dashboard <<

Desired Direction of Change ↓

% Prescribing Chart Fields Incomplete. Area: CICU



Definition:	The percentage of front of prescribing chart (5s and 6s) fields not completed. There are 11 fields on each prescribing chart. Data is collected Monday to Friday, excluding weekends and bank holidays.
Definition Source:	CICU team
Data Source:	CICU Prescribing

Week Start Date	% Prescribing Chart Fields Incomplete	Upper Control Limit	Lower Control Limit	Mean	Incomplete 5s and 6s fields	Total chart fields
21-Feb-11	0%	5%	0%	2%	2	407
14-Feb-11	3%	5%	0%	2%	9	352
07-Feb-11	2%	4%	0%	2%	9	517

Why is it so important that we measure things?

Improvement is not about measurement, but without measurement, how do we know if a change has led to an improvement? SPC is an excellent method of showing that a process change has led to a statistically significant improvement, and that you should therefore carry on working in this new improved way.

How can you find out more?

For more further (and more in-depth information), here are two useful guides to SPC charts and how we measure for improvement:

- Measuring for Improvement (NHS Institute for Innovation and Improvement)
- Basics of Statistical Process Control (David Howard, Management-NewStyle)

Alternatively, contact the Quality Improvement analysts or your clinical unit's improvement coordinator/manager.

Trust Board Dashboard - February 2017

Caring

Metric	Dec	Jan	Feb	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability				→		
% Positive Response Friends & Family Test: Inpatients	97.30%	97.91%	98.00%	↑		95%
Response Rate Friends & Family Test: Inpatients	27.25%	28.39%	24.46%	↓	40%	
% Positive Response Friends & Family Test: Outpatients	90.96%	94.55%	92.55%	↓		95%
Number of Complaints	5	5	9			
Number of Complaints -Red Grade	1	0	0	→		
Mental Health Identifiers: Data Completeness	99.29%	99.27%	99.38%	↑		97%

Safe

Metric		Dec	Jan	Feb	Trend	Plan	NHS Standard
Serious Patient Safety Incidents	In-month	1	1	0			
	YTD	9	10	10	→		
Never Events	In-month	0	0	0	→		0
	YTD	1	1	1	→		0
Incidents of C. Difficile	In-month	0	0	1	↓		1
	YTD	3	3	4	↓		
C.Difficile due to Lapses of Care	In-month	0	0	0	→		1
	YTD	0	0	0	→		
Incidents of MRSA	In-month	0	0	0	→		0
	YTD	3	3	0	↑		0
CV Line Infection Rate (per 1,000 line days)		2.55	1.35	0.99	↑	1.6	
WHO Checklist Completion		91.55%	95.92%	92.11%	↓	98%	
Arrests Outside of ICU	Cardiac Arrests	1	8	0	↑	5	
	Respiratory Arrests	0	2	6	↓		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		2	0	0	→	0	

Responsive

Metric		Dec	Jan	Feb	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting >6 Weeks		3.18%	5.03%	4.27%	↑		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		44	53		↓		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		5	8		↓		0
RTT: Incomplete Pathways (National Reporting)			91.20%	91.57%	↑		92%
RTT: Number of Incomplete Pathways (National Reporting)	<18wks		5318	5494	↑		-
	>18wks		512	506	↑		-
RTT: Incomplete Pathways >52 Weeks - Validated			10	7	↑		0
Number of unknown RTT clock starts	Internal Referrals		0	29	↓		-
	External Referrals		1102	705	↑		-
RTT: Total Number of Incomplete Pathways Known/Unknown	Under 18 Weeks		6373	6205	↓		-
	Over 18 Weeks		559	529	↑		-

People, Management & Culture: Well-Led

Metric		Dec	Jan	Feb	Trend	Plan	NHS Standard
Sickness Rate		2.3%	2.3%	2.3%	↓	3%	
Turnover	Total	19.2%	19.2%	18.8%	↑	18%	
	Voluntary	17.6%	15.6%	15.4%	↑	14%	
Appraisal Rate		83%	82%	84%	↑	90%	
	Consultant	78%	84%	83%	↓		
Mandatory Training		86%	86%	90%	↑	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test						61%	
Vacancy Rate		1.5%	1.6%	0.1%	↑	10%	
	Nursing	9.4%	14.4%	12.8%	↑		
Bank Spend		6.2%	6.3%	6.0%	↑		
Agency Spend		3.8%	3.8%	3.8%	↑	2%	

Effective

Metric		Dec	Jan	Feb	Trend	Plan	NHS Standard
Discharge Summary Turnaround within 24hrs		86.87%	89.26%	90.43%	↑		100%
Clinic Letter Turnaround within	7 working days	48.12%	49.86%		↑		
	14 working days	73.54%	77.85%		↑	100%	
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		7.61%	7.52%	6.86%	↑	8.36%	

Productivity

Metric		Dec	Jan	Feb	Trend	Plan	NHS Standard
Theatre Utilisation (NHS UO4)		63.1%	72.1%	64.2%	↓		77%
Bed Occupancy		82.7%	86.0%	82.6%	↓		
Refused Admissions	Cardiac refusals	4	13	1	↑		
	PICU / NICU refusals	49	20	14	↑		
Same day / day before hospital cancelled appointments		1.30%	1.15%	1.15%	↓		

Activity

Metric		Dec	Jan	Feb	Trend	Plan
Total Discharges (YOY comparison)	In-month	3,313	3,677	3,490	↓	3,744
	YTD	32,696	36,373	39,863		38,998
Critical Care Beddays (YOY comparison)	In-month	1,172	1,242	1,118	↓	1,101
	YTD	10,311	11,553	12,671		12,050
Outpatient Attendances (All) (YOY comparison)	In-month	18,422	21,918	19,980	↓	20,188
	YTD	186,263	208,181	228,161		221,579

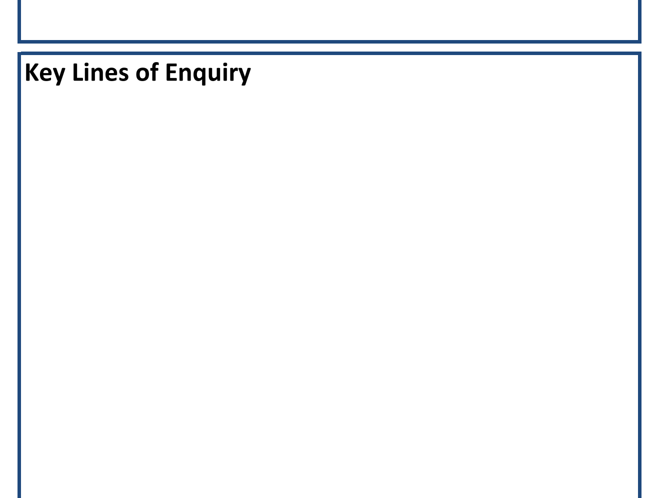
Our Money

Metric	Dec	Jan	Feb	Trend	YTD Target	YTD Variance
Net Surplus/(Deficit) v Plan	(2.5)	(0.3)	(2.5)	↓	(7.6)	(0.2)
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.4	0.4	0.5	↑	11.0	(6.6)
Pay Worked WTE Variance to Plan	(150.5)	(151.4)	(213.2)	↓	0.0	(68.2)
Debtor Days (IPP)	246.7	217.0	194.0	↑	120.0	(94.5)
Quick Ratio (Liquidity)	1.90	1.82	1.80	↓	1.77	0.1
NHS KPI Metrics	2.0	2.0	2.0	→	1.0	(1.0)

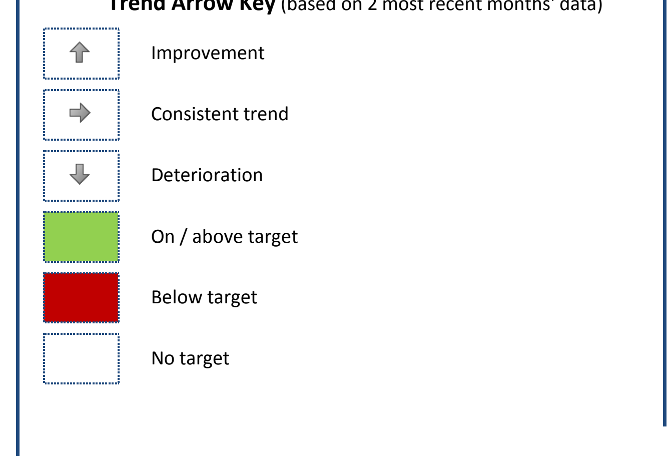
Areas of Concern

Achievements

Key Lines of Enquiry



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



Attachment Q

March 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:

- Appended to this paper in support of the current IPR is a proposal to modify the presentation and some of the content / measures currently contained, following feedback from using the existing content / format for the last few months
- This will additionally be supported by a change to the way the narrative is presented and draws in the other appropriate Board report material, into one integrated pack.
- The proposed changes to the content as requested are:
    - Caring
        - Complaints have been removed as a specific measure, reflecting these are more appropriately presented within the Quality & Safety Report
    - Safe – no change
    - Responsive
        - Same day / day before hospital cancelled outpatient appointments has been moved to this domain from Productivity
        - As mentioned below, all RTT measures are now included
    - Well-Led
        - Trust vacancy rate has been changed to the contractual vacancy rate from the current 'unfilled' vacancy rate
    - Effective – no change
    - Productivity
        - Theatre Utilisation (TU) – this is now broken down by main theatres and outside of theatres (and the total number of theatres will additionally be stated). To note, this metric will be reviewed to ensure this current approved methodology remains the most effective way of assessing TU.
        - Bed closures – this is will be included in future versions. The methodology is currently being finalised, at present this shows the average number closed in month, split Ward and ICU (and the total number of beds will also be stated)
        - Activity – Discharges: will be sub-divided by Day Case and Overnight.
        - Length of stay – this is currently under-development, and will focus on the number of patients and beddays that exceed a level e.g. 100 days

    - Our Money – the specific measures are being reviewed to ensure remain appropriate
  - Commentary boxes (Concern, Success, Key Lines of Enquiry) will be removed, and will be contained as part of the refreshed narrative
  - Full definitions will be provided for all measures
    - This will include clarity on the difference between Plan (Trust defined / local standards) and NHS Standard (which is either derived as a regulatory requirement or under the terms of the Trust's national contract with Commissioners)

Summary

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

As reported to the Board previously, the Trust returned to reporting for RTT in February 2017, (using January 2017 position) having suspended doing so for circa 18 months. Therefore this is the first opportunity to officially include this within the IPR, and report against the national elective waiting time standard of 18 weeks for both January and February 2017. This measure is based on the number of Referral to Treatment (RTT) pathways the Trust has waiting under 18 weeks (these are referred to as incomplete pathways, as the patient is still waiting) and the national standard for this measure is >92%. As further outlined under the Responsive section, additional measures are provided to give the Trust further assurance and transparency of the RTT position.

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:	A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. 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
What:	There has been a modest increase in the overall positive percentage response over the last 3 months, with February reporting 98% (and this increase has been seen across all clinical Divisions). Unfortunately the Trust is showing a decline in this month with the number of responses (24.46%). The outpatient "positive" score for the last 3 months remains below the 95% standard, and is at 92.55% as at February 2017.
Why / How:	With regard to the response rate, at a headline level there is reasonable delivery in longer stay wards, with challenges remaining in short stay / Day case wards (see note below). This is additionally hampered by inconsistent performance on certain wards.

	To address this, 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 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.

Safe

With regard to Healthcare Associated Infections (HCAIs), C Diff remains well within the annual target of 15 for 2016/17 with 1 case reported in February (with no lapses of care reported all year). There have been no reported cases of MRSA for the last 3 months, keeping the YTD position at 3. CV Line Infection levels have reduced over the last 2 months, with 0.99 per 1000 line days reported in February 2017.

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:	Following a significant improvement in January (to 95.92% - with one of the main clinical Divisions attaining the standard of 98%), February has seen a decline back to previous levels, with reporting 92.11%.
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, and assurances / plans in regard to the delivery of a sustained position

Responsive

This domain as stated in the report summary now includes RTT performance against the national 92% incomplete standard. This is additionally supported with confirmation of the number of pathways this is applicable to, the number of pathways waiting more than 52 weeks (for which there should be zero) and the number of pathways within the Trust that do not have a known clock start. These are discussed further below.

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. The Q3 position that was submitted in January 2017 of 157 (with 23, 28 day breaches) was significantly improved on Q2 (191 and 32 respectively)

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% of patients must be seen within 6 weeks
What:	At present the Trust is not delivering this standard as reported previously, the position has plateaued over the course of the last 3 months, whilst the main area is being addressed (see below). The most recent month position is 4.27% (against a tolerance of 1%) which is a slight improvement on last month. This equates to 25 patients not receiving their diagnostic test within 6 weeks at the time the snapshot is taken.
Why / How:	As reported previously, the majority of the reported breaches are attributable to Audiology (19). 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.

RTT: Incomplete pathways	
Definition:	92% of RTT pathways must be waiting under 18 weeks
What:	As contained within the IPR for January and February 2017, the submitted reported position was 91.2% and 91.57% respectively. Whilst this is not currently delivering to the 92% standard, the Trust has a recovery trajectory (as agreed with Commissioners) which makes the Trust compliant by December 2017. As at February the Trust is in ahead of the trajectory set for this point in the year. With regard to pathways waiting in excess of 52 weeks, for which there should be zero. On returning to reporting in January there were 10, and in February 7. The Trust has committed to have no pathways waiting longer than 52 weeks by the end of March.
Why / How:	The specialties predominantly affecting the Trust's ability to be compliant with the standard are those surgical areas for which there are recognised demand and capacity constraints (Spines, Orthopaedics, SNAPs, Plastics and Urology). Each specialty has an action plan which are constantly being refreshed and reviewed, and demand and capacity modelling rebased - in order to ensure that the December trajectory is delivered.

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 84% - an increase of 1% since January 2017. Currently one (from two in January) area is meeting the in-year target of 90%. In order to assist divisions and directorates with the management of conducting quality PDRs there has been a simplification of the reporting process; more accessible training for managers to run appraisals; reminders to individuals and line managers; performance management of compliance via divisional review and locally with General managers; also, achievable target and monitoring arrangements have been set for all departments.

Mandatory Training	
Definition / What:	An aggregate level % for all statutory and mandatory training undertaken within the Trust against a plan of 90%
Why / How:	In February the compliance across the Trust increased by 4% to 90%. Currently all but two directorates/divisions are meeting the in-year 90% compliance requirement, with the exception of West Division (at 88%) and Corporate Affairs (at 88%). The significant improvements to compliance has been driven by, a Trust-wide focus to drive up compliance at all levels (accessibility of information, publicity via screensavers); and, specific challenge to the appropriateness of training requirements per post within the training needs analysis. These reviews will continue over the forthcoming weeks including modelling supply and demand of training to ensure capacity is available and reviews to the methods of training to best fit demand and quality requirements. These reviews will be reviewed by the Education & Workforce Board in April 2017.

Agency Spend	
Definition / What:	At Month 9 (December) this stands at 3.78% of total paybill NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH).
Why / How:	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 (NHSI) 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 77% of ceiling – a slight increase). The Trust breached the ceiling in December 2016, the NHSI ceiling will by £6.525 million for 17/18. The HR

	& OD directorate are currently working alongside NHSI reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage.

Nurse Vacancies	
Definition / What:	This has been calculated by looking at the difference between the established number of posts in a division (nursing registered only) minus the contractual nursing staff. This excludes temporary staff and gives the underlying vacancies.
Why / How:	As at February the Trust has vacancy rate of 12.8% for nursing against this metric. 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. At this time the above figure does not provide recruitment "in pipeline", clearly however there is and will be activities contributing to the above. 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.

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:	February 2017 has reported performance of 90.4% (which is up on January = 89.3%). This is a positive improvement for the Trust.
Why / How:	Considerable focus and activity has and is being undertaken by the Clinical Divisions to ensure the correct sustainable processes are in place, robust communication links are established and Head of Clinical Service are closely involved. This currently forms part of a Trust CQUIN, which whilst not at the contractual standard of 100% (ie all sent within 24hrs), the improvements this year have been recognised. Targeted work must now be on maintaining those specialties that are compliant, and increased focus on those currently not.

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 77.85% against the 14 day turnaround (and 49.86% 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, as stated at the outset of the paper.

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:

The Trust has seen a reported reduction in February to 64.2% (from 72.1% in January). Working is being taken forward to address this across the Trust, 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

As stated previously the metric for reviewing TU is additionally being reviewed.

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.

In February the bed occupancy was at 82.6%, having seen an increase in January to 86%. 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. The seasonal increases reported for November and December have now subsided, and in February 2017, there was only one Cardiac Refusal and 14 PICU/NICU refusals. This is reviewed daily / weekly by the clinical and operational teams.

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 February 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 February.

Our Money

This section of the IPR includes a year to date position up to and including February 2017 (Month 11). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.1m higher than planned for the year to date ending 28 February 2017. This is as a result of a combination of factors including:

- Clinical Income (exc. International Private Patients and Pass through Income) is £2.2m higher plan, however this is after adjusting for £1m reduction in income relating to 2015/16 outturn.
- Non Clinical revenue is £3.6m higher than plan
- International Private Patients income is £0.9m higher than planned.
- Staff costs are £7.8m higher than plan at the end of month 11.
- Non-pay costs (excluding passthrough costs) are £0.2m lower than planned due to an in year increase IPP bad debt provision.

Areas of concern at this point within the Trust include:

- Pay costs being £7.8m 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 decreased from 197.1 days in March to 194.0 days in February.
- Current delivery of recurrent P&E savings is lower than planned year to date (£3.6m)

Actions being taken to address these concerns are:

- 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.

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – FEBRUARY 2017

Introduction

This suite of workforce reports includes:

- Voluntary turnover and total turnover;
- Sickness absence;
- Vacancy rates;
- PDR appraisal rates;
- Statutory & Mandatory training compliance;
- Temporary staffing usage as a percentage of paybill (split by bank and agency).

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 8 in February to 4116 compared to January 2017. 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.

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

Unfilled vacancy rate: The Trust's unfilled vacancy rate stands at 3.1%.

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 (NHSI) 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 77% of ceiling – a slight increase). The Trust breached the ceiling in December 2016, the NHSI ceiling will by £6.525 million for 17/18. The HR & OD directorate are currently working to NHSI 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 February, 80 shifts (decrease from 161) breached the

agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 47% of total paybill (RTT and senior interims). Finance currently spends 26.6% of paybill on agency staff (increasing).

Agency Measure	Spend YtD (February 2017)	Shifts breaching agency cap
RTT agency staff	*£3,436k*	*20*
Gastro review agency staff	*£290k*	*0*
Business as usual agency staff	*£4,618k*	*60*
Total agency staff	*£8,344k*	80
Agency ceiling	*£5,981k*	

PDR completion rates The Trust overall appraisal rate stands at 84% - an increase of 1% since January 2017. Currently one (from two in January) area is meeting the in-year target of 90% - Human Resources & Organisational Development (at 98%). In order to assist divisions and directorates with the management of conducting quality PDRs there has been a simplification of the reporting process; more accessible training for managers to run appraisals; reminders to individuals and line managers; performance management of compliance via divisional review and locally with General managers; also, achievable target and monitoring arrangements have been set for all departments.

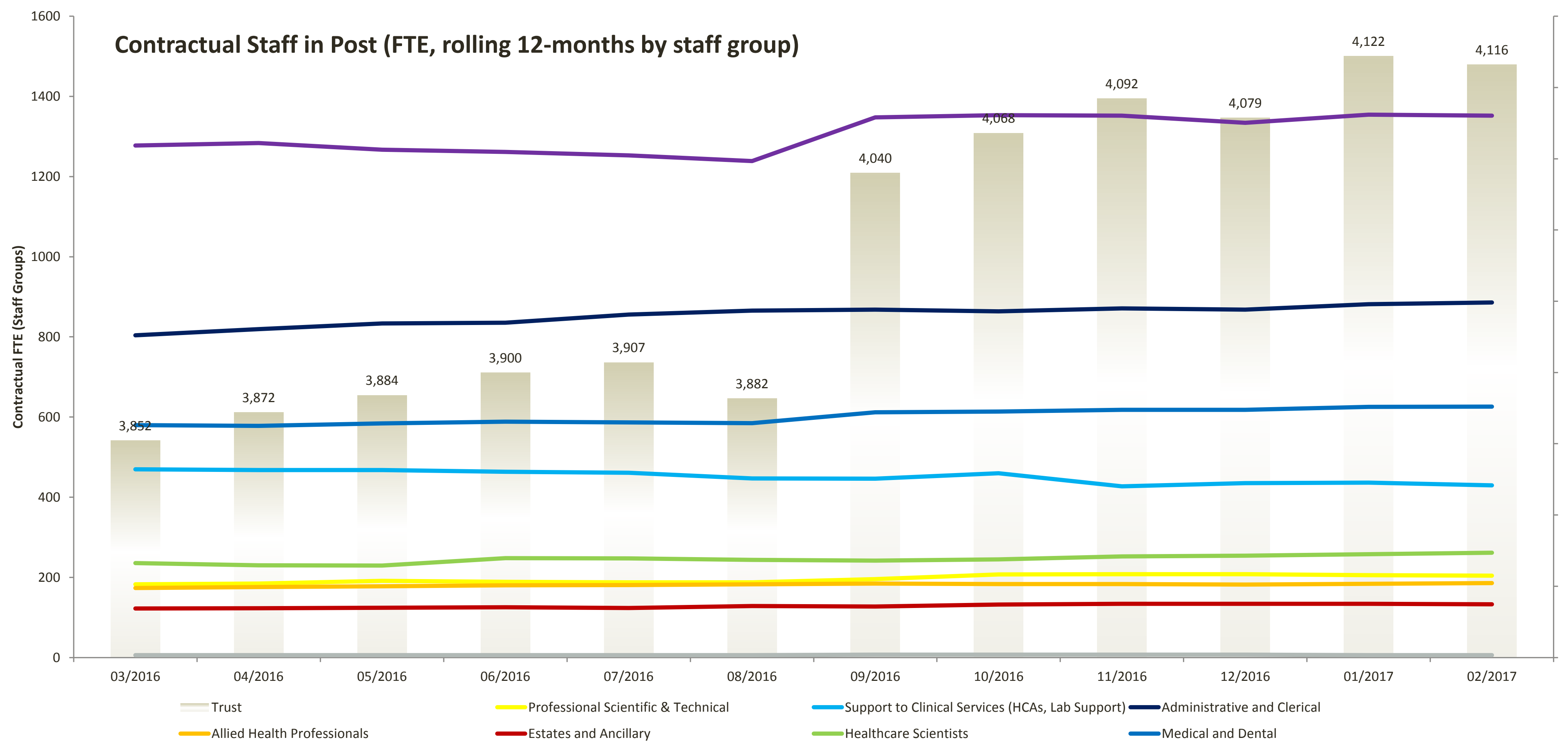
Statutory & Mandatory training compliance: In February the compliance across the Trust increased by 4% to 90%. Currently all but two directorates/divisions are meeting the in-year 90% compliance requirement, with the exception of West (at 88%) and Corporate Affairs (at 88%). The significant improvements to StatMan compliance has been driven by:

- A Trust-wide focus to drive up compliance at all levels (accessibility of information, publicity via screensavers);
- Specific challenge to the appropriateness of training requirements per post within the training needs analysis. These reviews will continue over the forthcoming weeks including modelling supply and demand of training to ensure capacity is available and reviews to the methods of training to best fit demand and quality requirements. These reviews will be reviewed by the Education & Workforce Board in April 2017.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 15.4%; this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) turnover has decreased to 18.8% in February -0.4% from January 2017). 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 April 2017 for divisional/departmental managers to correct data to improve intelligence regarding leaver information. Work is also being undertaken to understand turnover and retention issues, over January and February HR and Nursing & Patient Experience have held focus groups with band 5 and 6 nurses (approx. 75 bookings) to obtain feedback from staff on what they enjoy about working at GOSH, what could be improved and what they dislike about their roles with the aim of understanding what could help retain them.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

Division	Contractual Staff in Post (FTE)	Voluntary Turnover Rate (%, FTE) (voluntary leavers in 12-months in brackets, <14% green)	Total Turnover Rate (%, FTE) (number of leavers in 12-months in brackets, <18% green)	Sickness Rate (%) (0-3% green)	PDR Completion (%) (target 90%)	Statutory & Mandatory Training Compliance (%) (target 90%)	Vacancy Rate (%, FTE) (Unfilled vacancies, 0-10% green)	Agency (as % of total paybill, £) (Max 0.5% Corporate, 2% Clinical)	Bank (as % of total paybill, £) (RAG TBC)
West Division	1644	16.1% (264.3)	19.1% (280.4)	2.4	83%	88%	-2.5%	1.8%	5.9%
Barrie Division	1670	13.6% (227.2)	17.6% (257.9)	1.9	85%	90%	-4.5%	0.9%	5.5%
International	194	17.2% (33.4)	19.5% (34.4)	3.4	86%	98%	20.5%	0.0%	17.7%
Corporate Affairs	9	11.1% (1.0)	22.4% (2.0)	1.0	75%	88%	29.1%	3.4%	0.0%
Clinical Operations	105	18.9% (19.9)	19.9% (17.9)	2.9	79%	92%	-4.0%	47.1%	5.5%
Human Resources & Organisational Development	85	25.3% (21.5)	29.8% (24.3)	3.2	98%	99%	6.0%	2.3%	3.0%
Nursing & Patient Experience	83	7.5% (6.2)	13.9% (10.1)	1.7	78%	94%	-29.7%	0.0%	0.2%
Medical Directorate	45	13.9% (6.3)	17.6% (6.7)	1.4	60%	93%	6.0%	-0.3%	1.8%
Finance	42	33.2% (14.0)	34.5% (17.0)	2.9	78%	98%	38.9%	26.6%	3.7%
Development & Property Services	148	13.6% (20.2)	15.1% (21.2)	3.2	85%	93%	7.4%	6.7%	7.1%
Research & Innovation	90	23.6% (21.2)	24.3% (21.2)	1.8	89%	93%	-0.2%	0.6%	3.3%
Trust	4116	**15.4%▼ (635.2)**	**18.8%▼ (693.0)**	**2.3%▶**	**84.0▲**	**90.0% ▲**	**3.1%▲**	**3.8%▶**	**6.0%▶**


Contractual Staff in Post (FTE, rolling 12-months by staff group)
Contractual FTE (Staff Groups)
1600
1400
1200
1000
800
600
400
200
0
3,852
3,872
3,884
3,900
3,907
3,882
4,040
4,068
4,092
4,079
4,122
4,116
03/2016
04/2016
05/2016
06/2016
07/2016
08/2016
09/2016
10/2016
11/2016
12/2016
01/2017
02/2017
Trust
Professional Scientific & Technical
Support to Clinical Services (HCAs, Lab Support)
Administrative and Clerical
Allied Health Professionals
Estates and Ancillary
Healthcare Scientists
Medical and Dental

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 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.

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.
- So far 72 staff booked onto a focus session – although for the B6s more attended than were booked. The retention focus groups were to obtain feedback from nursing staff on what they enjoyed about working at GOSH, what could be improved and what they disliked about their roles, with the aim of understanding what could help retain them.
- 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

Changes have been made to assist with the completion of quality PDRs, these include:

- Simplification of reporting process
- More accessible training for managers to run appraisals
- Reminders to individuals and line managers
- Performance management of compliance via divisional reviews, and locally with general managers
- Achievable target set for all departments

Statutory & Mandatory Training Compliance

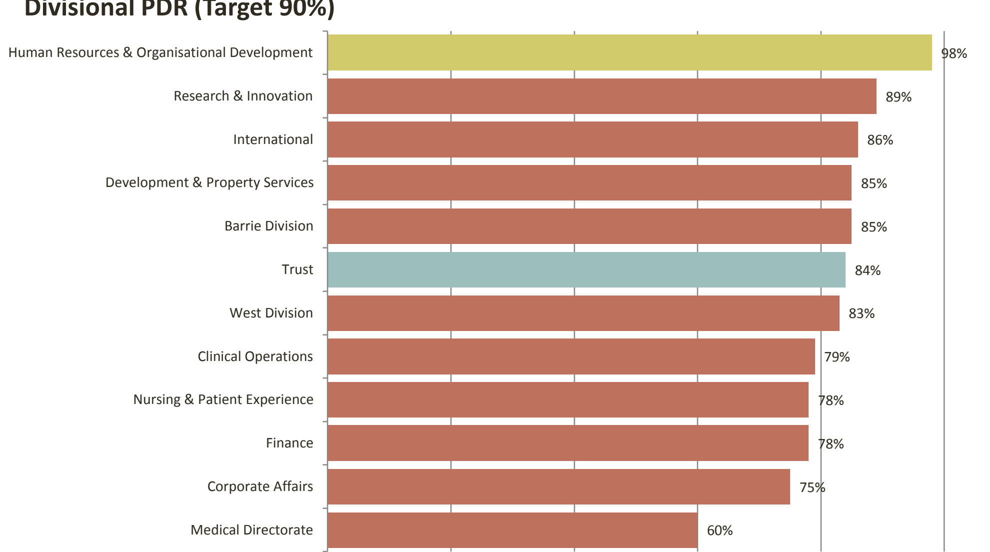
Actions

Changes have been made to assist individuals meet their statutory and mandatory compliance with regards to training for their posts, these include:

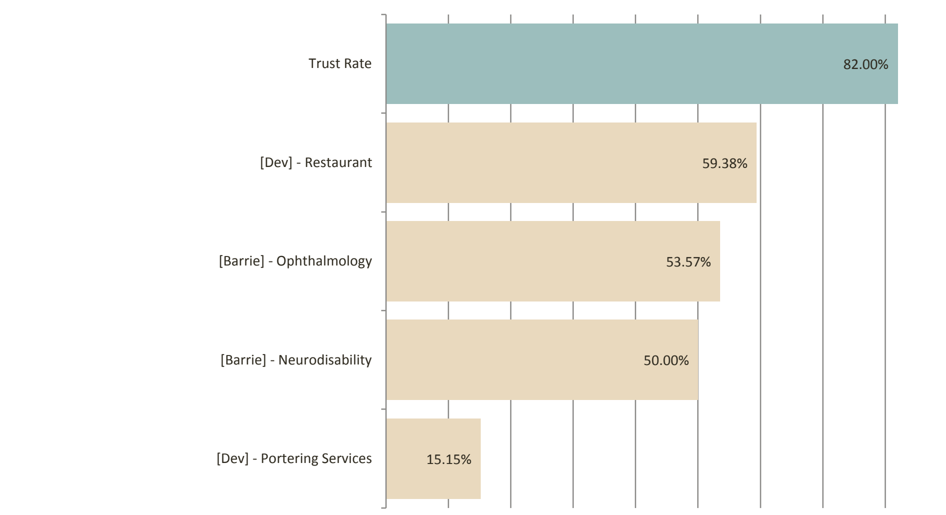
- Review of what constitutes mandatory training
- Review of course content (eg Safeguarding Children level 3)
- Review of targeting, to ensure that staff are only being asked to undertake training that is appropriate to their role (eg blood transfusion)
- Simplified process to achieve compliance (eg Information Governance)
- Reminders to individuals and line managers of courses where there is non-compliance
- Performance management of compliance via divisional reviews, and locally with general managers
- Publicity to drive compliance eg screensavers

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

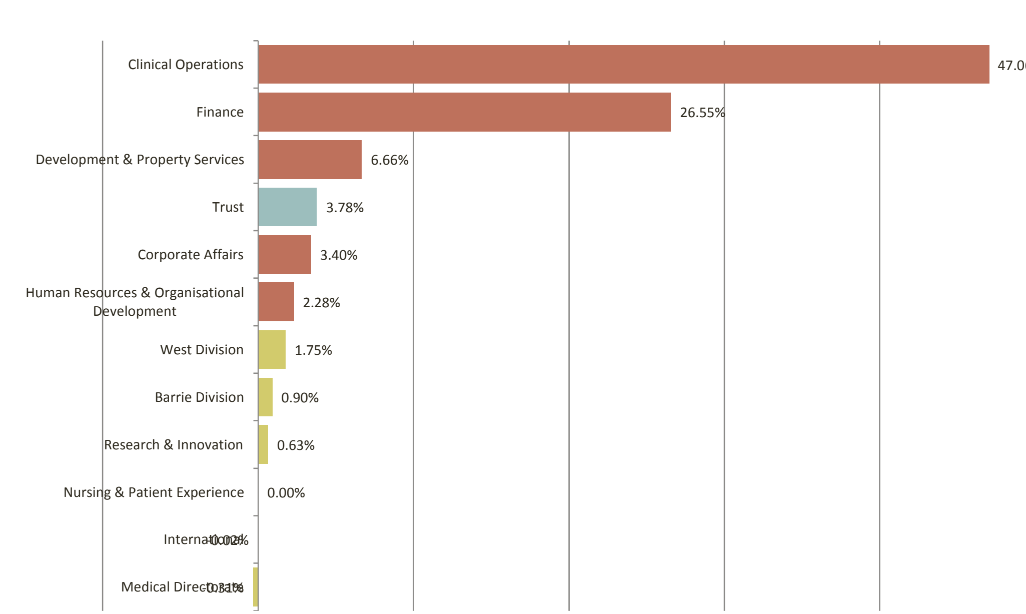
Divisional PDR (Target 90%)



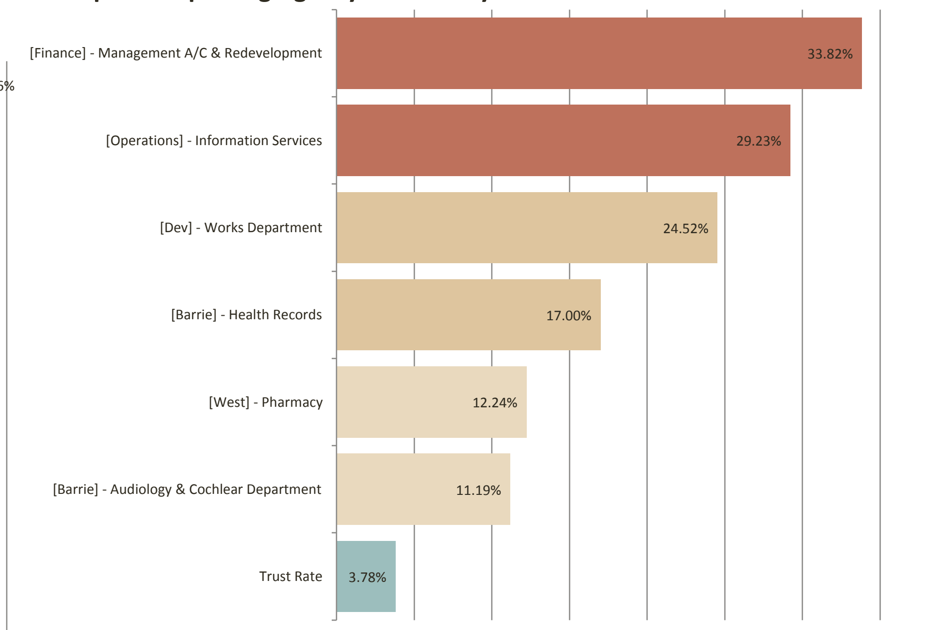
Exception Reporting PDR



Divisional Agency as % of paybill

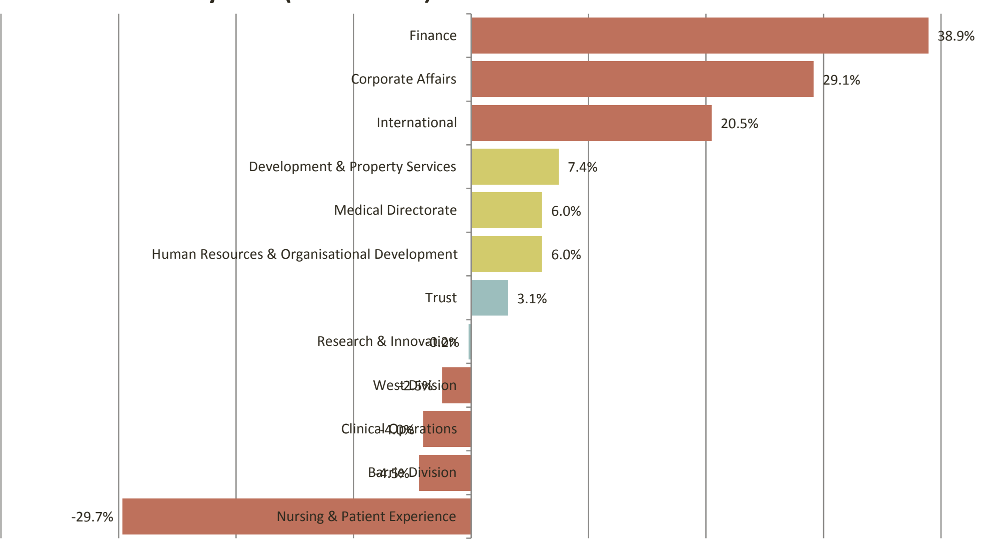


Exception Reporting Agency as % of Paybill

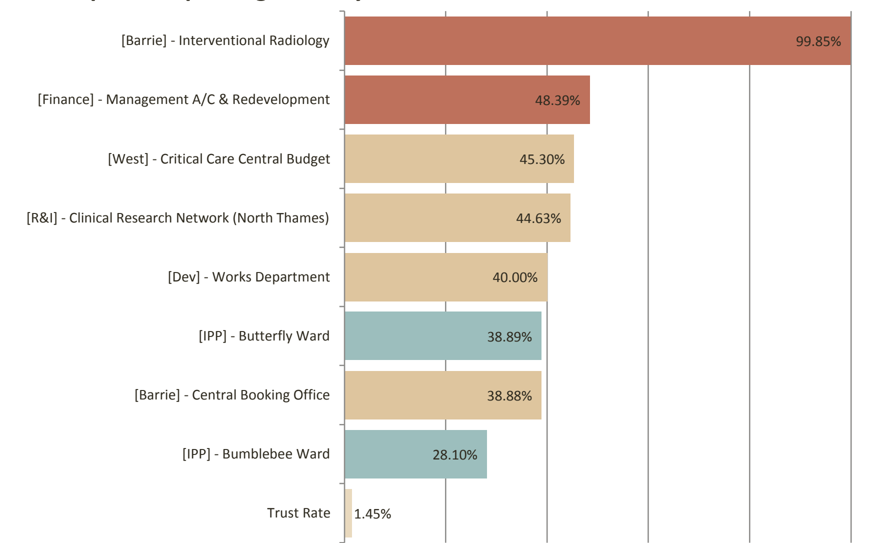


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

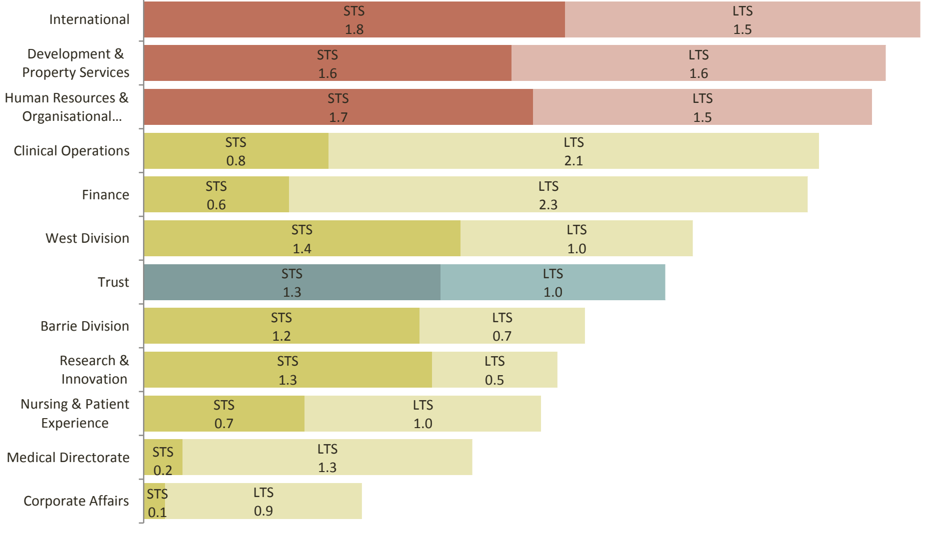
Divisional Vacancy Rate (Contractual)



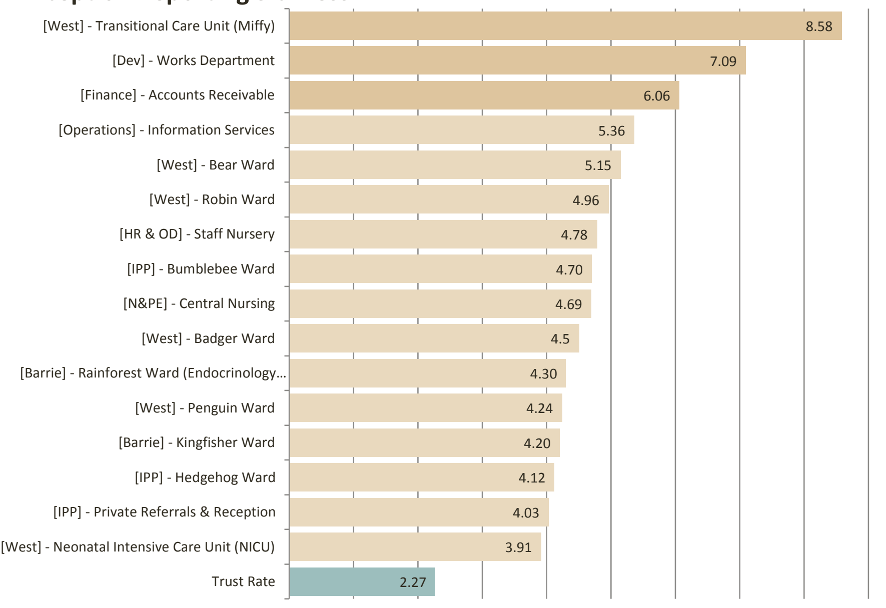
Exception Reporting Vacancy Rate



Divisional Sickness

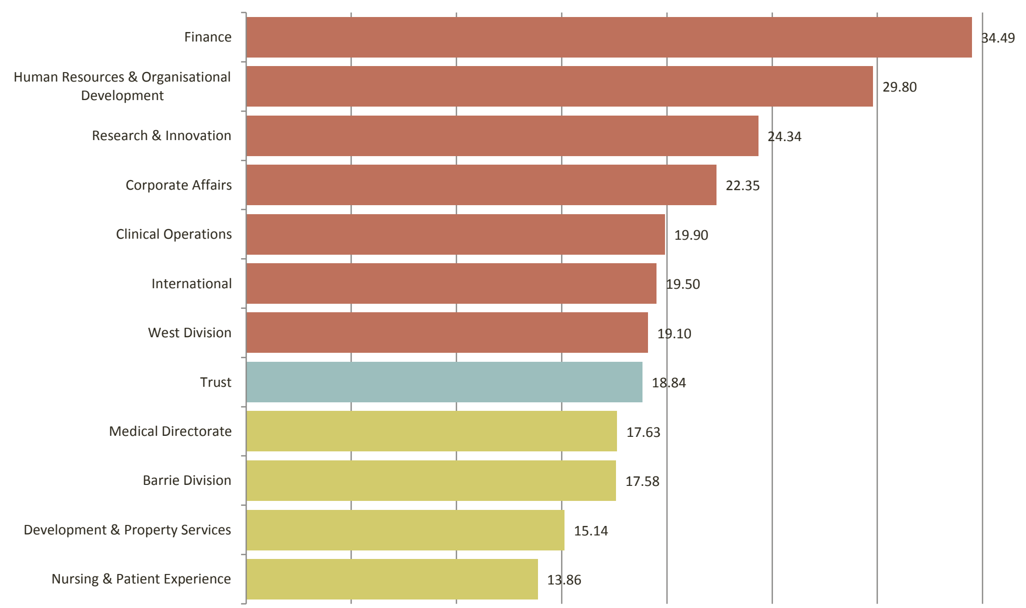


Exception Reporting Sickness

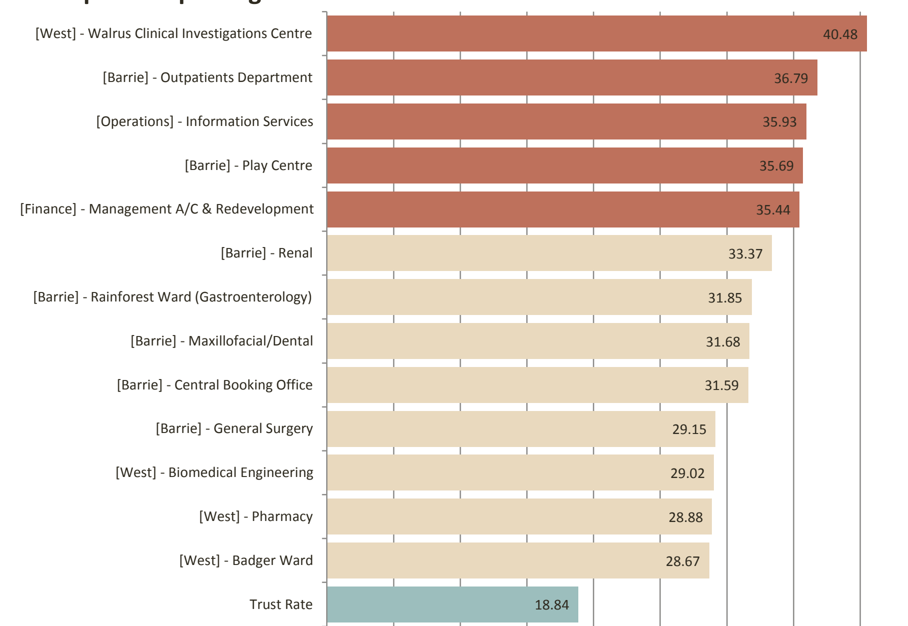


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

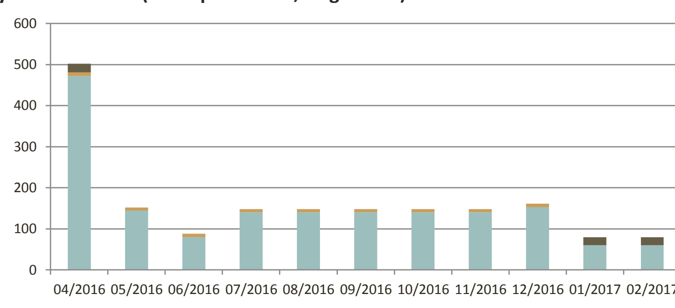
Divisional Turnover (Voluntary & Non-Voluntary)



Exception Reporting Turnover

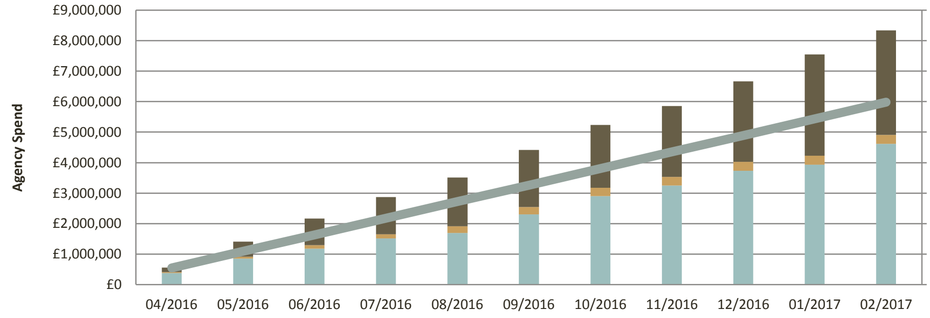


NHS Improvement Agency Rule Breaches (shifts per month, target zero)



	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016	30/09/2016	31/10/2016	30/11/2016	31/12/2016	31/01/2017	28/02/2017
Shifts breached per month RTT	21	0	0	0	0	0	0	0	0	20	20
Shifts breached per month Gastro Review	9	8	8	8	8	8	8	8	8	0	0
Shifts breached per month BAU	472	144	80	140	140	140	140	140	153	60	60

Agency Spend Ceiling (NHS Improvement Directive, Cumulative)



	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016	30/09/2016	31/10/2016	30/11/2016	31/12/2016	31/01/2017	28/02/2017
RTT	£153,012	£499,693	£873,238	£1,222,238	£1,601,238	£1,872,000	£2,056,000	£2,327,206	£2,647,649	£3,323,868	£3,435,807
Gastro Review	£27,447	£66,513	£110,233	£134,029	£214,638	£249,747	£278,685	£288,186	£290,176	£290,176	£290,176
Agency BAU	£378,796	£845,945	£1,179,401	£1,516,005	£1,694,201	£2,297,941	£2,898,875	£3,243,474	£3,734,751	£3,934,848	£4,618,715
Agency Ceiling	£543,750	£1,087,500	£1,631,250	£2,175,000	£2,718,750	£3,262,500	£3,806,250	£4,350,000	£4,893,750	£5,437,500	£5,981,250

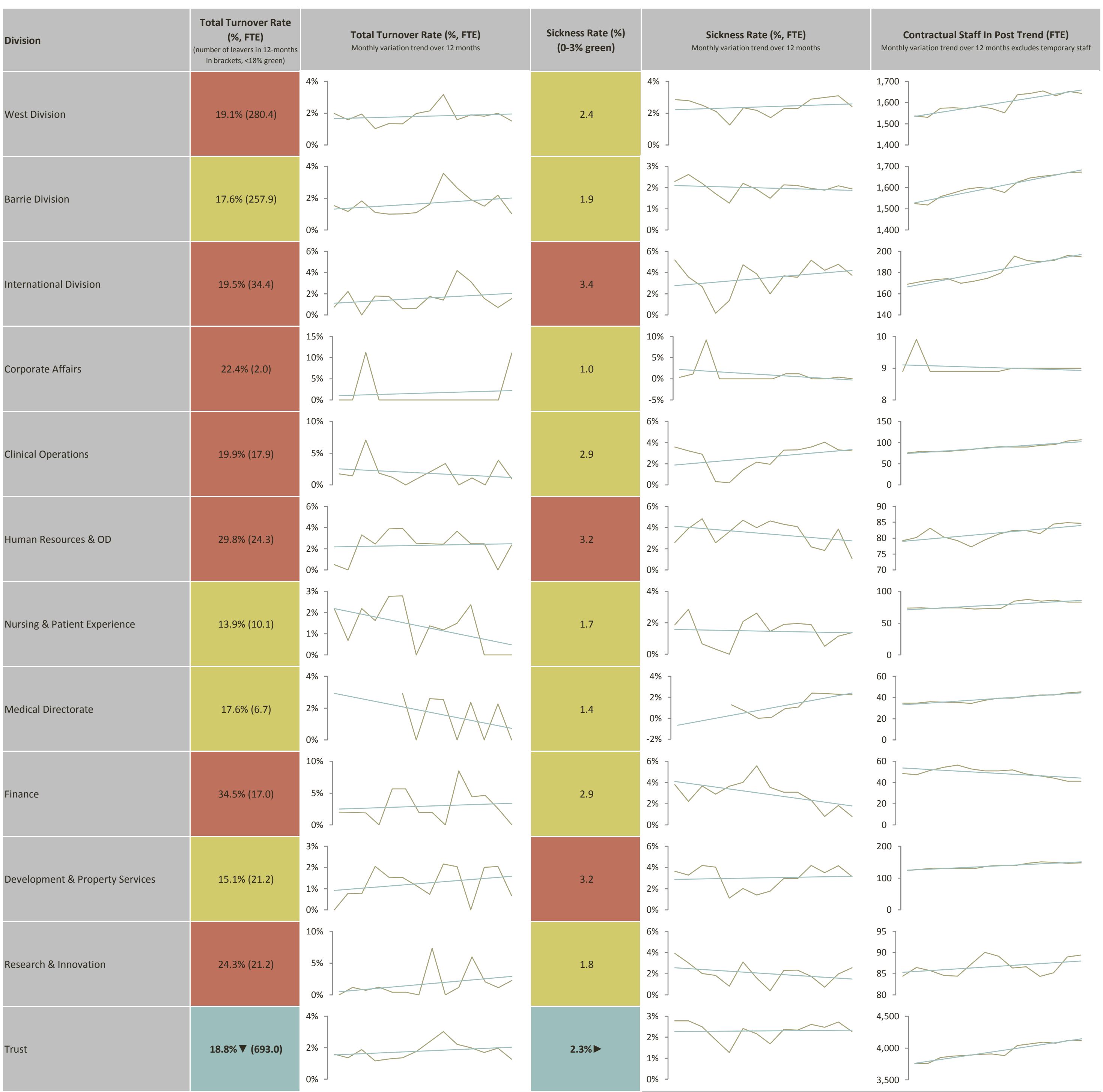
HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT

Statutory & Mandatory Training Compliance (%)

(target 90%)

Area	Compliance
Human Resources & Organisational...	99%
Finance	98%
International	98%
Nursing & Patient Experience	94%
Research & Innovation	93%
Development & Property Services	93%
Medical Directorate	93%
Clinical Operations	92%
Trust	90%
Barrie Division	90%
West Division	88%
Corporate Affairs	88%

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2017 REPORT



Division	Total Turnover Rate (%, FTE) (number of leavers in 12-months in brackets, <18% green)	Total Turnover Rate (%, FTE) Monthly variation trend over 12 months	Sickness Rate (%) (0-3% green)	Sickness Rate (%, FTE) Monthly variation trend over 12 months	Contractual Staff In Post Trend (FTE) Monthly variation trend over 12 months excludes temporary staff
West Division	19.1% (280.4)		2.4		
Barrie Division	17.6% (257.9)		1.9		
International Division	19.5% (34.4)		3.4		
Corporate Affairs	22.4% (2.0)		1.0		
Clinical Operations	19.9% (17.9)		2.9		
Human Resources & OD	29.8% (24.3)		3.2		
Nursing & Patient Experience	13.9% (10.1)		1.7		
Medical Directorate	17.6% (6.7)		1.4		
Finance	34.5% (17.0)		2.9		
Development & Property Services	15.1% (21.2)		3.2		
Research & Innovation	24.3% (21.2)		1.8		
Trust	**18.8%▼ (693.0)**		**2.3%▶**		

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

Finance and Activity Performance Report

20 March 2017

Summary Reports

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Income & Expenditure Internal Forecast Outturn Summary	5
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Finance Scorecard

Our Money	December	January	February	Trend	YTD Target	Variance
Net Surplus/(Deficit)	(2.5)	(0.3)	(2.5)	↓	(7.6)	(0.2)
Forecast Outturn	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.4	0.4	0.5	↑	10.0	(5.6)
Pay Worked WTE Variance to Plan	(150.5)	(151.4)	(213.2)	↓	0.0	(68.2)
Debtor Days (IPP)	246.7	217.0	194.0	↑	120.0	(94.5)
Quick Ratio (Liquidity)	1.9	1.8	1.8	↓	1.77	0.1
NHSI KPI Metrics	2.0	2.0	2.0	→	1.0	(1.0)

NHSI Key Performance Indicators				
KPI	Annual Plan	M11 YTD Plan	M11 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^^	1	1	1	G
Agency Spend^^^	1	1	3	R
Overall	1	2	2	G
Overall after Triggers	1	2	2	G

Comments

- Year to date (as at 28 January 2017) the Trust is reporting a £7.8m deficit, excluding capital donations which is £0.1m adverse to plan.
- In Month 11 the Trust is reporting a £2.5m deficit which is £0.2m adverse to plan.
- Private patient income YTD is £0.9m better than plan.
- Pay YTD is £7.8m adverse to plan, with agency spend £6.2m 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 11 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.
- The Trust is forecasting a Full Year Control Total surplus of £2.6m which is £0.4m favourable to the Target Control Total set by NHSI. If the forecast holds position, it could result in an additional £0.4m through the financial incentive scheme currently being offered by NHS Improvement.

Trust Income and Expenditure Performance Summary
Year to Date for the 9 months ending 31 December 2016

2016/17													2015/16	CY vs PY	CY vs PY
Annual Budget (£m)	Income & Expenditure	Month 11 Budget (£m)	Month 11 Actual (£m)	Month 11 Variance (£m)	Month 11 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	Rating Current Year Variance		YTD Actual (£m)	Variance (£m)	Variance %
255.3	NHS & Other Clinical Revenue	19.9	20.6	0.7	3.5%	232.5	234.7	2.2	0.9%	G	1	223.5	11.2	5.0%
57.3	Pass Through	4.5	5.7	1.2	26.7%	52.5	58.2	5.7	10.9%			50.1	8.1	16.2%
54.1	Private Patient Revenue	4.4	4.6	0.2	4.5%	49.0	49.9	0.9	1.8%	G	2	43.7	6.2	14.2%
43.3	Non-Clinical Revenue	3.4	3.9	0.5	14.7%	39.5	43.1	3.6	9.1%	G		40.3	2.8	6.9%
410.0	**Total Operating Revenue**	**32.2**	**34.8**	**2.6**	**8.1%**	**373.5**	**385.9**	**12.4**	**3.3%**			**357.6**	**28.3**	**7.9%**
(227.6)	Permanent Staff	(19.0)	(18.7)	0.3	1.6%	(208.3)	(195.7)	12.6	6.0%			(181.3)	(14.4)	-7.9%
(2.1)	Agency Staff^	0.0	(0.8)	(0.8)	0.0%	(2.1)	(8.3)	(6.2)	0.0%	R		(6.2)	(2.1)	-33.9%
(1.0)	Bank Staff^	(0.2)	(1.2)	(1.0)	0.0%	(1.3)	(15.5)	(14.2)	0.0%			(13.7)	(1.8)	-13.1%
(230.7)	**Total Employee Expenses**	**(19.2)**	**(20.7)**	**(1.5)**	**-7.8%**	**(211.7)**	**(219.5)**	**(7.8)**	**-3.7%**	R	3	**(201.2)**	**(18.3)**	**9.1%**
(12.3)	Drugs and Blood	(1.0)	(0.5)	0.5	50.0%	(11.3)	(10.6)	0.7	6.2%	G		(9.8)	(0.8)	-8.2%
(41.4)	Other Clinical Supplies	(3.5)	(3.3)	0.2	5.7%	(37.9)	(36.8)	1.1	2.9%	G		(36.3)	(0.5)	-1.4%
(48.5)	Other Expenses	(4.0)	(4.8)	(0.8)	-19.0%	(44.2)	(45.8)	(1.6)	-3.6%	R		(46.7)	0.9	-1.9%
(57.3)	Pass Through	(4.5)	(5.7)	(1.2)	-26.7%	(52.5)	(58.2)	(5.7)	-10.9%			(50.1)	(8.1)	-16.2%
(159.5)	**Total Non-Pay Expenses**	**(13.0)**	**(14.3)**	**(1.3)**	**-9.7%**	**(145.9)**	**(151.4)**	**(5.5)**	**-3.8%**	R	4	**(142.9)**	**(8.5)**	**-5.9%**
(390.4)	**Total Expenses**	**(32.2)**	**(35.0)**	**(2.8)**	**-8.6%**	**(357.6)**	**(370.9)**	**(13.3)**	**-3.7%**	R		**(344.1)**	**(26.8)**	**-7.8%**
19.6	**EBITDA (exc Capital Donations)**	**0.0**	**(0.2)**	**(0.2)**		**15.9**	**15.0**	**(1.0)**	**-6.1%**	R		**13.5**	**1.5**	**11.1%**
(25.9)	Depreciation, Interest and PDC	(2.3)	(2.3)	0.0	0.0%	(23.6)	(22.8)	0.8	3.4%			(22.5)	(0.3)	-1.3%
(6.3)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(2.3)**	**(2.5)**	**(0.2)**	**0.0%**	**(7.7)**	**(7.8)**	**(0.1)**	**0.0%**	A		**(9.0)**	**1.2**	**13.3%**
4.8%	**EBITDA %**	**0.0%**	**-0.5%**			**4.3%**	**3.9%**					**3.8%**	**0.1%**	**3.0%**
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	1.1	2.2	1.1	100.0%	33.9	31.0	(2.9)	-8.6%			26.8	4.2	15.7%
28.9	**Net Result**	**(1.2)**	**(0.3)**	**0.9**	**-78.3%**	**26.2**	**23.2**	**(3.1)**	**-11.6%**			**17.8**	**5.4**	**30.1%**

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 outurn 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

Notes

1. NHS income (excluding pass through) YTD is better than plan by £2.2m. The YTD plan includes:

• £2.2m (11/12) of the agreed £2.4m Sustainability and Transformation funding and accrued income of £2.2m has been included in the year to date position;

• £4.2m (11/12) of the agreed £4.6m for the outcome of the local pricing review following the publication of the PwC report. The accrued income of £4.2m 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 £0.9m above plan. This is delivered through increased activity and a high level of complex patients. Private Patient income in Month 11 was £0.2m favourable to plan due to increased activity.

3. Pay spend is YTD adverse to plan by £5.5m. In Month 11 pay spend was adverse to plan by £1.5m, 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 spend excluding pass through YTD is £0.2m favourable to plan.

Trust Income and Expenditure Performance Summary
Internal forecast outturn 2016/2017

Full year Actual 2015/16 (£m)	Income & Expenditure	Annual Budget (£m)	Internal Forecast Full-Yr 2016/17 (£m)	Variance to plan (£m)	Variance to plan %	Rating Current Year Variance	
246.2	NHS & Other Clinical Revenue	255.3	257.5	2.2	0.7%	G	1
54.7	Pass Through	57.3	63.5	6.2	9.8%		
48.9	Private Patient Revenue	54.1	54.9	0.8	1.5%	G	2
44.5	Non-Clinical Revenue	43.3	47.0	3.7	7.9%	G	
394.4	**Total Operating Revenue**	**410.0**	**422.9**	**12.9**	**3.0%**		
(197.8)	Permanent Staff	(227.6)	(213.7)	13.9	6.5%		
(7.6)	Agency Staff^	(2.1)	(8.8)	(6.7)	-76.1%	R	
(15.3)	Bank Staff^	(1.0)	(16.8)	(15.8)	-94.0%		
(220.7)	**Total Employee Expenses**	**(230.7)**	**(239.3)**	**(8.6)**	**3.6%**	R	3
(10.6)	Drugs and Blood	(12.3)	(11.7)	0.6	5.1%	G	
(39.8)	Other Clinical Supplies	(41.4)	(40.2)	1.2	3.0%	G	
(54.9)	Other Expenses	(48.5)	(50.5)	(2.0)	-4.0%	R	
(54.7)	Pass Through	(57.3)	(63.5)	(6.2)	-9.8%		
(160.0)	**Total Non-Pay Expenses**	**(159.5)**	**(165.9)**	**(6.4)**	**-3.9%**	R	4
(380.7)	**Total Expenses**	**(390.4)**	**(405.2)**	**(15.0)**	**-3.7%**	R	
13.6	**EBITDA (exc Capital Donations)**	**19.6**	**17.7**	**(2.1)**	**-14.0%**	R	
(24.7)	Depreciation, Interest and PDC	(25.9)	(25.0)	0.9	-3.6%		
(11.1)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(6.3)**	**(7.3)**	**(1.0)**	**17.5%**	G	
3.5%	**EBITDA %**	**4.8%**	**4.2%**		**0.0%**		
13.8	Impairments	0.0	0.0	0.0	0.00		
30.5	Capital Donations	35.2	33.8	(1.4)	-4.0%		
33.2	**Net Result**	**28.9**	**26.5**	**(2.4)**	**-10.2%**		

Notes

1. NHS income (excluding pass through) based on forecast outturn will be £1.9m favourable to plan.

2. Private patient income based on forecast outturn will be £0.8m above plan.

3. Pay spend based on forecast outturn will be £8.6m adverse to plan, with agency £6.7m 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 £0.2m adverse to plan. This is due to increased bad debt provision offset by underspends in other areas including reserves.

Forecast

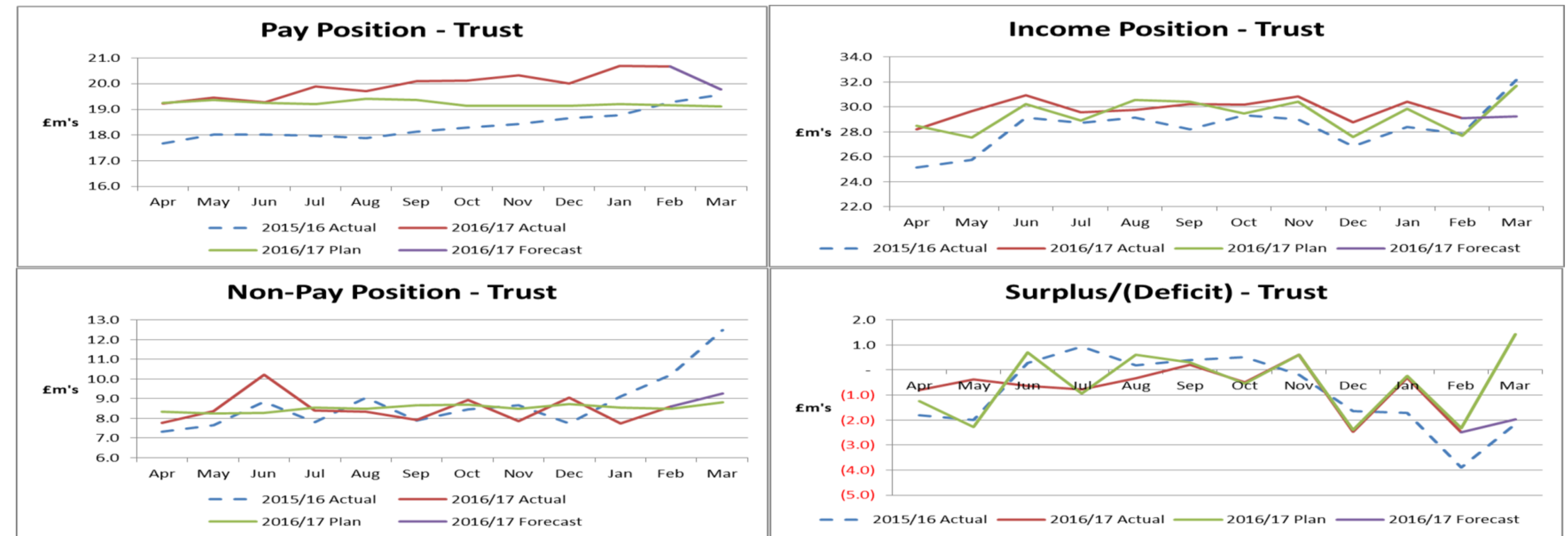
In the Month 11 return submitted to NHSI, the Trust forecasted a full year deficit of £6.9m. The initial internal forecast in this report took a more conservative position of £7.3m. The reassessment identified that the full year external forecast of £6.9m deficit is likely to hold due to expected additional income in Month 12.

Control Total

The Full Year Control Total based on forecast outturn is a £2.6m surplus. The Control Total excludes depreciation on donated assets which is forecasted to be £1.0m above plan. The forecast Control Total is £0.4m favourable to the plan. If the Control Total forecast holds, the Trust could receive an additional £0.4m through the financial incentive scheme currently being offered by NHS Improvement.

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

Great Ormond Street Hospital for Children NHS Foundation Trust



Trust Non-pay and Income graphs Exclude Pass Through

Income

- Private patient income YTD is £0.9m favourable to plan due to increased bed occupancy levels and proportion of complex cases being seen. A revision to the bad debt provision for work in progress saw a release in Month 6 of £0.9m.
- Other Clinical income year to date is £1.7m favourable 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 increased monthly from September 2015, due to staff working on the RTT project until April 2016 when the pay expenditure reduced 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 Month 11 there was a reduced number of 15 agency staff continuing to work on the RTT project.
- In Month 11 there were increased pay costs across several divisions compared to the average YTD which was mainly driven by increased bank costs.

Non Pay

- The Trust's non-pay expenditure has fallen since Month 3 in which there was increased non-pay expenditure due to increased bad debt provision (£0.6m) and lower than planned delivery against the P&E programme.
- Non Pay Expenditure (excluding pass-through) is slightly above plan YTD due to the 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 11 however this is offset by the increased spend in pay and non-pay costs compared to plan. The resulting overall deficit is £0.2m adverse to plan. The Trust is now focused on delivering its P&E savings to ensure costs are reduced and reducing spend prior to year-end.

Statement of Financial Performance & Capital Summary
For the 9 months ending 31 December 2016

Statement of Financial Position	31 Mar 2016 Actual £m	28 Feb 2017 Plan £m	28 Feb 2017 Actual £m
Non-Current Assets	440.8	479.9	466.0
Current Assets (exc Cash)	58.9	68.6	85.5
Cash & Cash Equivalents	63.7	49.0	38.5
Current Liabilities	(60.3)	(69.5)	(64.2)
Non-Current Liabilities	(6.3)	(5.8)	(5.8)
Total Assets Employed	**496.8**	**522.2**	**520.0**

Capital Expenditure	Annual Plan £m	28 Feb 2017 Plan £m	28 Feb 2017 Actual £m	YTD Variance £m
Redevelopment – Donated	32.3	31.4	27.9	3.5
Medical Equipment – Donated	2.9	2.5	3.1	(0.6)
Estates – Donated	0.0	0.0	0.0	0.0
ICT – Donated	0.0	0.0	0.0	0.0
Total Donated	**35.2**	**33.9**	**31.0**	**2.9**
Redevelopment & equipment - Trust Funded	9.0	8.4	5.7	2.7
Estates & Facilities - Trust Funded	2.4	2.3	0.7	1.6
ICT - Trust Funded	10.0	9.2	4.3	4.9
Contingency	3.0	2.7	0.0	2.7
Total Trust Funded	**24.4**	**22.6**	**10.7**	**11.9**
Total Expenditure	**59.6**	**56.5**	**41.7**	**14.8**

Capital Expenditure

Redevelopment-donated

The YTD Variance of £3.5m 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). 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

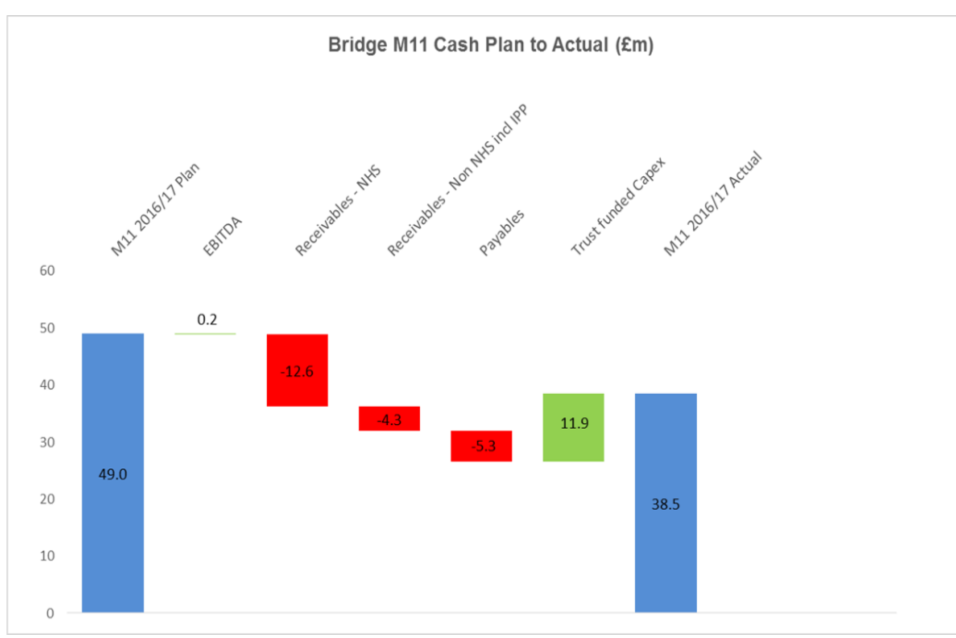
The ventilators/humidifiers programme has been delayed but is expected to be complete within 2016/17.

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	31-Jan-17	28-Feb-17	RAG
NHS Debtor Days (YTD)	11.8	15.0	17.2	G
IPP Debtor Days	197.1	217.0	194.0	R
IPP Overdue Debt (£m)	13.0	25.7	23.5	R
Inventory Days - Drugs	6.0	6.0	6.0	G
Inventory Days - Non Drugs	51.0	66.0	62.0	R
Creditor Days	35.0	27.5	25.7	G
BPPC - Non-NHS (YTD) (number)	85.2%	81.9%	82.2%	R
BPPC - Non-NHS (YTD) (£)	87.8%	87.0%	87.4%	A

Cash

The closing cash balance was £38.5m, £10.5m lower than plan. This was largely due to lower than planned EBITDA (£0.2m); lower than planned trust funded capital expenditure (£11.9m); and the movement on working capital (£22.2m).
The movement on working capital (£22.2m) largely relates to higher than planned NHS Receivables (£12.6m); Non NHS Receivables (£6.8m); lower than planned ;Other receivables (£2.5m)

In addition, trade payables were £5.3m lower than plan.

NHS Debtor Days

There has been a slight increase to debtor days but this still remains within target at 17 days.

IPP Debtor Days

IPP debtor days decreased in Month 11 to 194. Receipts of £7.2m (net of deposits) were higher than the average for the last 12 months (£3.7m).

Creditor Days

There was a slight decrease to creditor days and this still remains within target at 25.7 days.

Non-Current Assets

Non-current assets increased by £1.3m in month, the effect of capital expenditure of £3.0m less depreciation of £1.7m. The closing balance is £13.9m lower than plan as a result of the Month 11 YTD capital expenditure being less than plan by £14.8m and depreciation less than plan by £0.9m. This expenditure variance is analysed on the capital expenditure schedule.

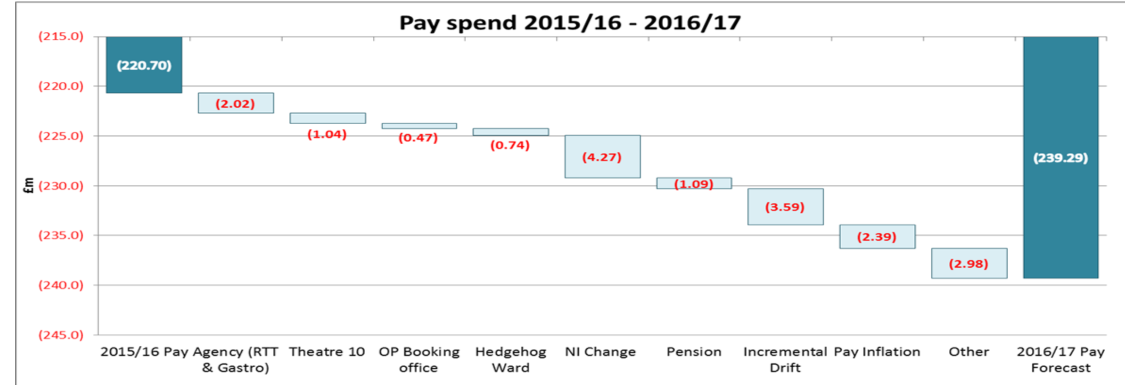
Inventory Days

Drug inventory days remained the same as previous the month at 6.
Non-Drug inventory days decreased in month to 62 days largely due to the increase in the level of Haemophilia stock held (39%).

Workforce Summary
For the 9 months ending 31 December 2016

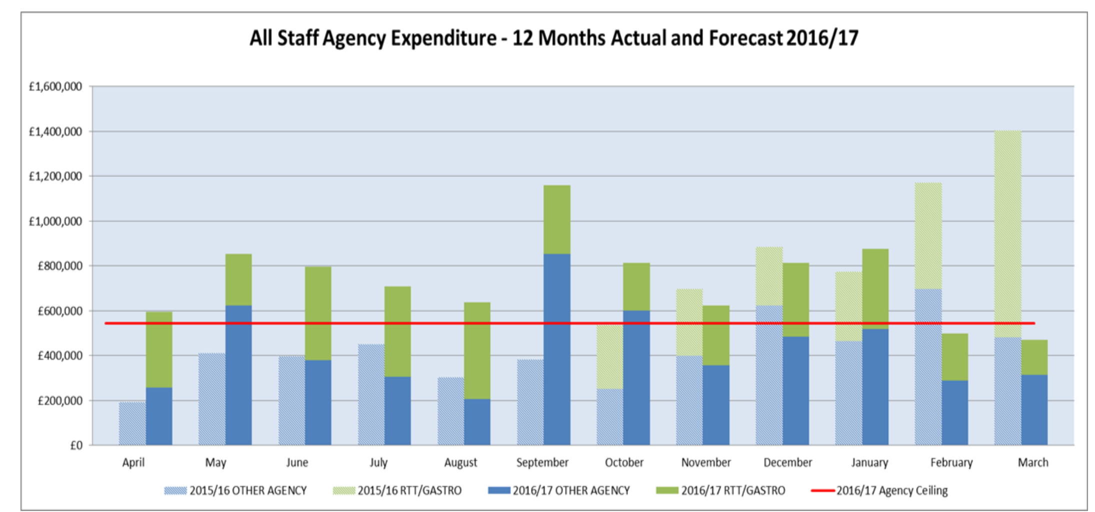
2015/16 Actual (£m)	2016/17 Annual Plan (£m)	Staff Group	2016/17 Month 11 Budget (£m)	Month 11 Actual (£m)	Month 11 Variance (£m)	Month 11 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %
(38.9)	(42.6)	Admin (inc Director & Senior Managers)	(3.4)	(3.7)	(0.3)	10%	(39.2)	(41.0)	(1.8)	5%
(41.8)	(44.3)	Consultants	(3.7)	(4.4)	(0.7)	19%	(40.6)	(42.7)	(2.1)	5%
(3.5)	(3.8)	Estates & Ancillary Staff	(0.3)	(0.4)	0.0	10%	(3.5)	(3.6)	(0.1)	4%
(8.2)	(8.8)	Healthcare Assist & Support	(0.7)	(0.7)	0.0	-4%	(8.1)	(8.1)	(0.1)	1%
(23.0)	(24.0)	Junior Doctors	(2.0)	(2.0)	0.0	2%	(22.0)	(22.5)	(0.5)	2%
(65.7)	(70.2)	Nursing Staff	(5.9)	(5.9)	(0.1)	1%	(64.3)	(64.1)	0.2	0%
(0.3)	(0.4)	Other Staff	(0.4)	0.0	0.4	-104%	(3.9)	(0.1)	3.8	-97%
(38.9)	(40.8)	Scientific Therapy Tech	(3.4)	(3.6)	(0.2)	5%	(37.4)	(37.3)	0.1	0%
(0.3)	4.1	Cost Improvement Plan	0.6	0.0	(0.6)	-100%	7.3	0.0	(7.3)	-100%
(220.7)	**(230.8)**	**Total**	**(19.2)**	**(20.7)**	**(1.5)**	**8%**	**(211.7)**	**(219.5)**	**(7.8)**	**4%**

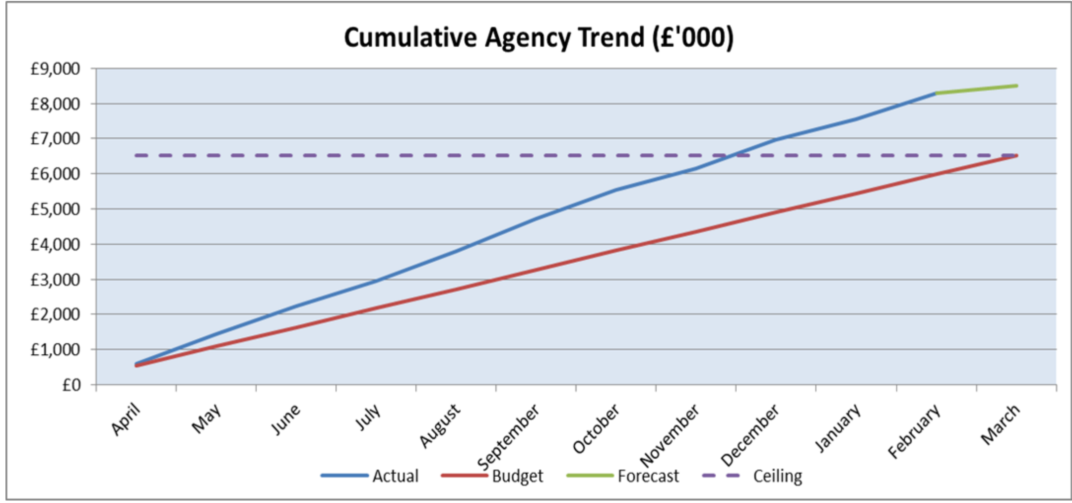
2015/16 Average	2016/17 Annual Plan	WTE Including Perm, Bank and Agency Staff Group	2016/17 Month 11 Budget WTE	Month 11 Actual WTE	Month 11 Variance WTE	Month 11 Variance %	Year to Date (average WTE) Budget WTE	Year to Date Actual WTE	Year to Date Variance WTE	Year to Date Variance %
911.3	992.1	Admin (inc Director & Senior Managers)	992.5	1,032.9	(40.4)	-4%	991.5	1,012.4	(20.9)	-2%
287.3	302.4	Consultants	302.4	331.5	(29.1)	-10%	302.4	303.4	(1.0)	0%
125.0	123.6	Estates & Ancillary Staff	124.0	137.7	(13.7)	-11%	123.4	130.2	(6.7)	-6%
290.7	304.6	Healthcare Assist & Supp	305.1	290.0	15.1	5%	304.2	297.5	6.8	2%
294.5	314.5	Junior Doctors	314.5	323.5	(9.0)	-3%	314.4	310.7	3.7	1%
1,349.3	1,451.0	Nursing Staff	1,452.6	1,479.3	(26.6)	-2%	1,450.6	1,409.0	41.7	3%
6.4	8.6	Other Staff	8.6	5.1	3.5	41%	8.6	5.5	3.1	36%
711.6	796.2	Scientific Therap Tech	791.1	760.9	30.2	4%	798.0	749.6	48.4	6%
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**	**4,360.9**	**(213.2)**	**-5%**	**4,150.0**	**4,218.2**	**(68.2)**	**-2%**



- In Month 11 pay costs have continued to increase above trend as a result of the increased agency and bank spend. There was also increased spend in admin including Director & Senior Managers as a result of recent recruitment, and a catch up of YTD costs.
- The agency spend in M11 decreased due to a number of RTT agency staff finishing at the end of Month 10. In Month 11 there was only 15 RTT agency staff.
- 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) £2.0m
  - Theatre 10 £1.0m
  - OP Booking office £0.5m
  - Hedgehog Ward £0.7m
  - NI Change £4.3m
  - Pensions £1.1m
  - Incremental Drift £3.6m
  - Pay Inflation £2.4m
- The increase in 2016/2017 pay has been partially offset through the introduction of NHS agency Caps.

Agency spend summary
For the 9 months ending 31 December 2016





- As at 28 February 2017 across the Trust, there are approximately 15 agency staff still working on RTT, (compared to 65 agency staff at 31 December 2016)
- The percentage of agency spend against permanent has reduced in Month 11 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	22,632	21,353	(1,279)	-5.6%	16,600	16,265	(335)	-2.0%	24,031	(2,678)	-11.1%	18,751	(2,486)	-13.3%
Elective	49,744	49,633	(111)	-0.2%	11,495	11,790	295	2.6%	48,313	1,320	2.7%	11,512	278	2.4%
Elective Excess Bed days	2,822	2,983	161	5.7%	5,694	5,970	276	4.8%	2,931	52	1.8%	5,638	332	5.9%
Elective	52,566	52,616	50	0.1%					51,244	1,373	2.7%			
Non Elective	13,682	12,327	(1,356)	-9.9%	1,578	1,451	(127)	-8.0%	12,852	(526)	-4.1%	1,548	(97)	-6.3%
Non Elective Excess Bed Days	1,997	1,619	(378)	-18.9%	3,426	3,302	(124)	-3.6%	1,784	(164)	-9.2%	3,392	(90)	-2.7%
Non Elective	15,679	13,946	(1,733)	-11.1%					14,636	(690)	-4.7%			
Outpatient	34,943	35,698	755	2.2%	136,496	139,568	3,072	2.3%	34,634	1,064	3.1%	137,671	1,897	1.4%
Undesignated HDU Bed days	4,713	4,306	(407)	-8.6%	4,592	4,126	(466)	-10.1%	4,642	(336)	-7.2%	4,619	(493)	-10.7%
Picu Consortium HDU	2,689	3,183	494	18.4%	2,621	3,297	676	25.8%	2,550	633	24.8%	2,595	702	27.1%
HDU Beddays	7,403	7,489	87	1.2%	7,213	7,423	210	2.9%	7,192	298	4.1%	7,214	209	2.9%
													0	
Picu Consortium ITU	24,611	25,117	506	2.1%	10,147	10,300	153	1.5%	24,815	302	1.2%	10,047	253	2.5%
PICU ITU Beddays	24,611	25,117	506	2.1%	0	10,300	153	0.0%	24,815	302	1.2%	10,047	253	2.5%
Ecmo Bedday	432	704	271	62.7%	80	129	49	61.8%	472	231	49.0%	87	42	48.3%
Psychological Medicine Bedday	1,077	1,115	38	3.5%	2,710	2,763	53	2.0%	1,094	21	1.9%	2,752	11	0.4%
Rheumatology Rehab Beddays	1,237	1,236	(1)	-0.1%	2,207	2,176	(31)	-1.4%	1,473	(237)	-16.1%	2,195	(19)	-0.9%
Transitional Care Beddays	2,241	2,363	121	5.4%	1,569	1,631	62	4.0%	2,173	190	8.7%	1,590	41	2.6%
Total Beddays	4,988	5,418	430	8.6%	6,566	6,699	133	2.0%	5,213	205	3.9%	6,624	75	1.1%
Packages Of Care Elective	6,635	6,863	228	3.4%					6,631	232	3.5%			
Highly Specialised Services (not above)	27,353	27,189	(164)	-0.6%					27,059	130	0.5%			
Other Clinical	23,241	25,054	1,813	7.8%					21,023	4,031	19.2%			
Adjustment for 2015/16 Outturn	0	(808)	(808)	0%					634	(1,442)	-227%			
STF Funding	2,200	2,200	0	0%					0	2,200	0%			
Pricing Adjustment	2,724	4,217	1,492	54.8%					0	4,217	0%			
Non NHS Clinical Income	7,523	8,302	779	10.0%					6,392	1,910	30%			
NHS and Other Clinical Income	232,497	234,654	2,157	0.9%					223,504	11,150	5.0%			

*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 Transplant income has increased following a decrease in January 2017 due to 8 patients being discharged in December 2016.
- YTD Bone Marrow Transplants are £992m favourable to plan due to the treatment of more complex patient groups.
- There has been an increase in Neurology (epilepsy income) in February 2017.

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

- Dedicated International Private Patient beds are ahead of plan, largely due to an increase in both the number of complex patients and the accuracy of dependency coding.
- There has been increased activity in PICU/NICU and critical care beds which are contributing to bed days being ahead of plan.

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 had an updated full year assessment to £4.6m to reflect the negotiations with NHS England.

Trust Inpatient and Outpatient Activity
Year on Year trend analysis

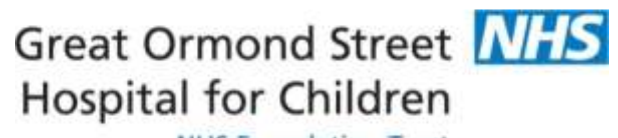
Prior Year 2015/16												Activity Analysis	Current Year 2016/17												Change	% Change	
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total YTD		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total YTD	YOY	YOY	Current Year Trend
												Inpatients															
												Number of Discharges															
2,174	1,947	2,260	2,294	1,932	2,095	2,100	2,284	2,128	2,130	2,167	23,511	Day Case	2,082	2,061	2,229	2,040	2,163	2,031	1,972	2,074	1,800	2,115	1,933	22,500	(1,011)	-4.3%	
												Overnight:															
1,058	1,058	1,084	1,218	1,087	1,192	1,271	1,201	988	1,109	1,158	12,424	Elective	1,155	1,153	1,256	1,246	1,170	1,178	1,101	1,195	1,064	1,085	1,141	12,744	320	2.6%	
59	62	56	55	71	59	70	60	62	61	52	667	Non Elective	64	67	65	63	58	74	62	71	75	83	57	739	72	10.8%	
206	167	172	172	170	171	169	183	211	175	201	1,997	Non Elective (Non Emergency)	164	175	178	152	158	169	156	188	214	199	167	1,920	(77)	-3.9%	
0	1	15	18	58	57	20	12	11	41	166	399	Regular Attenders	157	171	182	190	181	180	165	187	160	195	192	1,960	1,561	391.2%	
3,497	3,235	3,587	3,757	3,318	3,574	3,630	3,740	3,400	3,516	3,744	38,998	Total Discharges	3,622	3,627	3,910	3,691	3,730	3,632	3,456	3,715	3,313	3,677	3,490	39,863	865	2.2%	
												Beddays															
839	774	918	911	785	854	818	865	827	820	848	9,259	Day Case	793	768	906	814	871	895	766	778	670	812	718	8,791	(468)	-5.1%	
0.39	0.40	0.41	0.40	0.41	0.41	0.39	0.38	0.39	0.38	0.39	0.39	Day ALOS	0.38	0.37	0.41	0.40	0.40	0.44	0.39	0.38	0.37	0.38	0.37	0.39	-	-0.8%	
												Overnight:															
4,686	5,197	5,577	5,565	5,470	5,456	5,680	5,478	5,174	5,447	5,398	59,128	Elective	5,450	5,889	5,619	5,863	5,610	5,489	5,472	5,928	5,075	5,302	5,264	60,961	1,833	3.1%	
561	713	610	494	526	687	808	668	668	589	606	6,930	Non Elective	716	625	557	487	485	453	460	440	535	495	491	5,744	(1,186)	-17.1%	
2,133	2,267	2,044	2,324	2,181	2,033	2,160	2,218	2,395	2,453	2,229	24,437	Non Elective (Non Emergency)	2,106	2,180	2,202	2,245	2,313	2,142	2,294	2,105	2,315	2,449	2,071	24,422	(15)	-0.1%	
0	1	1	1	1	4	1	2	1	22	100	134	Regular Attenders	85	98	112	116	108	110	97	110	114	130	124	1,204	1,070	798.5%	
7,380	8,178	8,232	8,384	8,178	8,180	8,649	8,366	8,238	8,511	8,333	90,629	Total Overnight Beddays	8,357	8,792	8,490	8,711	8,516	8,194	8,323	8,583	8,039	8,376	7,950	92,331	1,702	1.9%	
5.58	6.35	6.20	5.73	5.90	5.53	5.65	5.75	6.48	6.14	5.28	5.85	Overnight ALOS	5.43	5.61	5.05	5.28	5.43	5.12	5.61	5.23	5.31	5.36	5.11	5.32	- 0.53	-9.1%	
												Midnight Census (ON Bed days)															
4,459	4,983	5,337	5,242	5,213	5,218	5,364	5,190	4,909	5,180	5,072	56,167	Elective	5,160	5,620	5,291	5,520	5,301	5,200	5,224	5,633	4,770	5,041	4,993	57,753	1,586	2.8%	
558	701	604	492	521	685	805	661	661	578	603	6,869	Non Elective	706	618	541	478	474	445	452	439	514	476	487	5,630	(1,239)	-18.0%	
2,127	2,262	2,043	2,321	2,157	2,030	2,154	2,214	2,380	2,440	2,225	24,353	Non Elective (Non Emergency)	2,090	2,167	2,190	2,240	2,305	2,131	2,284	2,087	2,305	2,431	2,054	24,284	(69)	-0.3%	
0	1	1	0	0	1	0	1	0	0	1	5	Regular Attenders	0	0	1	2	0	0	0	0	0	0	1	4	(1)	-20.0%	
7,144	7,947	7,985	8,055	7,891	7,934	8,323	8,066	7,950	8,198	7,901	87,394	Total	7,956	8,405	8,023	8,240	8,080	7,776	7,960	8,159	7,589	7,948	7,535	87,671	277	0.3%	
238	256	266	260	255	264	268	269	256	264	282	262	Average ON Beds Utilised	265	271	267	266	261	259	257	272	245	256	269	262	1	0.3%	
												Critical Care Beddays															
310	477	482	439	489	470	438	399	385	421	471	4,781	Elective	411	453	361	388	408	402	382	531	377	495	489	4,697	(84)	-1.8%	
74	137	92	81	81	119	128	117	64	62	120	1,075	Non Elective	212	140	87	101	132	68	46	48	52	74	15	975	(100)	-9.3%	
647	519	545	620	546	488	567	529	614	609	510	6,194	Non Elective (Non Emergency)	546	527	660	639	646	677	695	579	743	673	614	6,999	805	13.0%	
1,031	1,133	1,119	1,140	1,116	1,077	1,133	1,045	1,063	1,092	1,101	12,050		1,169	1,120	1,108	1,128	1,186	1,147	1,123	1,158	1,172	1,242	1,118	12,671	621	5.2%	
34	37	37	37	36	36	37	35	34	35	39	41		39	36	37	36	38	38	36	39	38	40	40	38	2	5.2%	
												Outpatients															
19,467	18,432	21,403	21,300	17,629	21,188	21,901	21,174	18,671	20,226	20,188	221,579	Outpatient Attendances (All)	19,891	19,856	21,222	20,287	20,153	22,054	21,043	23,335	18,422	21,918	19,980	228,161	6,582	3.0%	
3,664	3,531	4,295	4,267	3,451	4,222	4,356	4,231	3,613	4,143	3,872	43,645	First Outpatient Attendances	3,820	3,872	4,125	3,880	3,838	4,169	3,913	4,304	3,333	4,094	3,928	43,276	(369)	-0.8%	
15,803	14,901	17,108	17,033	14,178	16,966	17,545	16,943	15,058	16,083	16,316	177,934	Follow Up Outpatient Attendances	16,071	15,984	17,097	16,407	16,315	17,885	17,130	19,031	15,089	17,824	16,052	184,885	6,951	3.9%	
4.3	4.2	4.0	4.0	4.1	4.0	4.0	4.0	4.2	3.9	4.2	4.1	New to Review Ratio	4.2	4.1	4.1	4.2	4.3	4.3	4.4	4.4	4.5	4.4	4.1	4.3	0.2	4.8%	

Inpatients:
The total number of inpatients discharged has increased by 2.2% in the first 11 months of 2016/17. The most significant area of growth has been in Non Elective inpatients (10.8%)
Overnight bed days have increased by 1.9% 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 slightly by 0.3%.

Outpatients:
The total number of outpatients has increased by 3.0% and new to review ratio has increased from an average of 4.2 to 4.3.
* Note that this is all Trust activity

ATTACHMENT R

Attachment R



Meetings Councillors are welcome to observe 2017

Date	Meetings and times	Councillor names
Tuesday 18th April	2:00pm – 5:00pm Audit Committee	Fran Stewart
Thursday 11th May	2:00pm – 5:00pm Finance and Investment Committee	Rebecca Miller
Thursday 25th May	Audit Committee 10:00am – 1:00pm Trust Board (afternoon)	Rebecca Miller (Trust Board)
Wednesday 21st June	2:00pm – 5:00pm Finance and Investment Committee	Gillian Smith
Wednesday 12th July	2:00pm – 5:00pm QSAC	Camilla Alexander-White Carley Bowman
Friday 21st July	From approximately 12 Noon: Trust Board	Gillian Smith
TBC	5:30pm: AGM 6:45pm Reception	
Thursday 7th September	11:00am – 2:00pm Finance and Investment Committee	Gillian Smith
Wednesday 27th September	From approximately 12 Noon: Trust Board	Rebecca Miller Simon Hawtrey-Woore
Wednesday 18th October	2:00pm – 5:00pm QSAC	Carley Bowman
Tuesday 24th October	2:00pm – 5:00pm Audit Committee	Fran Stewart
Monday 20th November	1:00pm – 4:00pm Finance and Investment Committee	
Wednesday 29th November	Trust Board (from approximately 12 Noon)	
Tuesday 12th December	1:00pm – 4:00pm Finance and Investment Committee	

Members' Council meeting dates:

28th June 2017
27th September 2017
29th November 2017