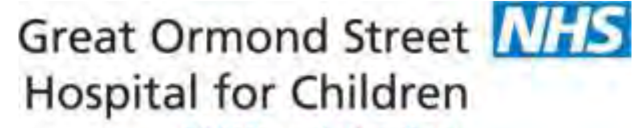
GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE MEMBERS' COUNCIL

Wednesday 27th September 2017
5:00pm – 6.30pm
Charles West Room, Paul O'Gorman Building

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	**Welcome and introductions**		Mary MacLeod, Interim Chairman	4:00pm
2.	**Apologies for absence**		Interim Chairman	
3.	**Declarations of interest**		Interim Chairman	
4.	**Commercial in Confidence: Update on IPP Strategy**	**G**	Mr Trevor Clarke, Director of International Private Patients	4:05pm
5.	**Minutes of the meeting held on 28th June 2017**	**A**	Interim Chairman	4:20pm
6.	**Matters Arising and action log**	**B**	Interim Chairman	
7.	**Interim Chairman Update** • **NED recruitment process** • **Well Led Governance Update**	**Verbal**	Interim Chairman	4:30pm
	PATIENTS, FAMILIES AND MEMBERS			
8.	**Updates from the Membership Engagement, Recruitment and Representation Committee including** • **Membership Strategy update** • **Election Planning Update**	**C**	Carley Bowman, Chairman of MERRC	4:40pm
9.	**Update from the Young People's Forum (YPF)**	**D**	George Howell, Councillor and YPF member	4:50pm
10.	**Update from the Patient and Family Experience and Engagement Committee**	**E**	Juliette Greenwood, Chief Nurse	5:00pm
11.	**Councillor activities**	**Verbal**	All Councillors	5:10pm
	PERFORMANCE			
12.	**Chief Executive Report (Highlights and Performance)**	**F**	Dr Peter Steer, Chief Executive & Executive Directors	5:20pm

13.	**Care Quality Commission Compliance Update**	**H**	Anna Ferrant, Company Secretary	5:35pm
	GOVERNANCE			
14.	**Reports from Board Assurance Committees** • **Quality and Safety Assurance Committee (July 2017)** • **Finance and Investment Committee Summary Report (June 2017 and September 2017)** *NOTE: There has been no meeting of the Audit Committee since the last Members' Council meeting in June2017*	**I** **K**	Stephen Smith, Chair of the QSAC David Lomas, Chairman of the F&I Committee	5:45pm
	FOR INFORMATION			
15.	**Dates of Trust Board, Trust Board subcommittee and Members' Council meetings in 2017 and** **Dates of Trust Board and Members' Council meetings in 2018**	**L**	Anna Ferrant, Company Secretary	6:15pm
16.	**Any Other Business**	**Verbal**	Interim Chairman	6:20pm
17.	**Meeting closes**			6:30pm

ATTACHMENT A



DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING
28th June 2017
Charles West Boardroom

Ms Mary MacLeod	Interim Chairman
Ms Fran Stewart	Patient and Carer Councillors: Parents and Carers from London
Mr Matthew Norris	
Ms Mariam Ali	
Dr Camilla Alexander-White	Patient and Carer Councillors: Parents and Carers from outside London
Mrs Carley Bowman	
Mr George Howell	Patient and Carer Councillors: Patients outside London
Ms Sophie Talib	Patient and Carer Councillors: Patients from London
Ms Rebecca Miller	Public Councillors: North London and surrounding area
Ms Teskeen Gilani	
Mrs Gillian Smith	Public Councillors: South London and surrounding area
Ms Jilly Hale	Staff Councillors
Ms Clare McLaren	
Rev Jim Linthicum	
Dr Prab Prabhakar	
Professor Christine Kinnon	Appointed Councillor: UCL Institute of Child Health
Ms Hazel Fisher* **	Appointed Councillor: NHS England (London region)

In attendance:

Mr James Hatchley*	Non-Executive Director
Mr David Lomas	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Professor Stephen Smith	Non-Executive Director
Dr Peter Steer*	Chief Executive
Ms Nicola Grinstead*	Deputy Chief Executive
Ms Juliette Greenwood	Chief Nurse
Ms Loretta Seamer	Chief Finance Officer
Mr Matthew Tulley	Director of Development
Mr Ali Mohammed	Director of HR and OD
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator
Ms Deirdre Leyden	Membership and Governance Manager
Ms Liz Aston-Gregg	Interim Membership and Governance Manager
One member of the public	

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

29.	**Apologies for absence**
29.1	Apologies were received from: Mr Edward Green, Patient and Carer Councillor; Mrs Carley Bowman, Patient and Carer Councillor; Mr David Rose, Public Councillor; Ms Clare McLaren, Staff Councillor; Ms Hazel Fisher, Appointed Councillor; Mr Muhammad Miah, Appointed Councillor; Mr Trevor Fulcher, Public Councillor.
30	**Declarations of Interest**
30.1	No declarations of interests were received.
31	**Minutes of the meeting held on 26th April 2017**
31.1	The minutes of the previous meeting were **approved.**
32	**Matters Arising and action log**
32.1	The actions taken since the last meeting were **noted**.
33	**Quality Report 2015/16 including External Auditor Report 2015/16**
33.1 33.2 33.3	The Council received the final version of the Quality Report and Ms Mary MacLeod, Chairman welcomed the helpful feedback that had been provided by Councillors on earlier versions of the report. The Council thanked Ms Meredith Mora, Clinical Outcomes Development Lead for her work. Mr Akhter Mateen, Chair of the Audit Committee said that the Trust's external auditors had provided positive comments about the quality and accessibility of the Quality Report. He told the Council that, as anticipated, a qualified opinion had been provided on RTT as the Trust had not reported for the full year. It was confirmed that recommendations were being followed up by the Quality and Safety Assurance Committee and the Audit Committee.
34	**Reports from Board Assurance Committees**
34.1 34.2 34.3	Audit Committee May 2017 Mr Akhter Mateen, Chair of the Audit Committee reported that KPMG has provided a Head of Internal Audit Opinion of significant assurance with minor improvement potential and had also given an update on outstanding recommendations. The external auditors had given an unmodified opinion on the Trust's accounts and had nothing significant to report. No risks had been identified in terms of value for money. As a result of a Deloitte recommendation in 2015/16, the Trust had engaged a valuer of the estate with a robust methodology and this had led to a reduction in the valuation of land and buildings. IPP debtors had improved towards the end of the year and it was confirmed that the matter would continue to be scrutinised by

	the Audit Committee. It had been confirmed that the Trust's accounts had been prepared on a 'going concern basis'.
34.4	The Members' Council discussed the External Audit contract which had been previously approved by the Council for three years with the option to extend for a further two years. Mr Mateen said that the Audit Committee believed that Deloitte had performed well and had made good contributions in terms of guidance. He proposed that the contract extension was exercised but that the process of seeking a new or reappointed auditor began in early 2018. Mr Mateen said that Deloitte worked with the greatest number of hospitals which was a benefit to GOSH from a benchmarking perspective. Ms Loretta Seamer, Chief Finance Officer agreed with Mr Mateen and added that the contract was at a reasonable cost and provided value for money.
34.5	Mr George Howell, Patient and Carer Councillor noted that Deloitte had been the Trust's auditors for 10 years and said that the Code of Governance had recommended a period of 3-5 years. He queried the reason for the discrepancy and the potential implication for independence. Mr Mateen confirmed that Deloitte had been reappointed through an open process during the 10 years. He added that there were a very small number of firms which would be appropriate to carry out the work and one of them was already engaged as the internal auditor. It was confirmed that a new partner at Deloitte would be working with the Trust from 2017/18 which was key.
34.6	The Council **approved** the proposal to exercise the Deloitte contract extension of two years.
35	**Process for appointment of two NEDs**
35.1	Ms Mary MacLeod, Interim Chairman said that the Members' Council Nominations and Remuneration Committee had recommended that two Non-Executive Directors with different role descriptions were recruited at the same time with the support of Harvey Nash. The newly appointed NEDs would begin their tenures following the respective departures of Ms MacLeod and Mr David Lomas. This was **agreed** by the Council.
35.2	Person specifications
35.3	**Action:** The Council discussed the person specifications and agreed that there would be a benefit to adding experience in family law as a desirable characteristic to the 'advocacy NED' person specification. This would not necessarily be a practicing lawyer, but someone who had the background and experience in critical thinking. It was also agreed that the bullet point about patient experience would be amended to read "Experience and understanding of delivering and delivering and/or improving patient, family, service user, client or customer services.
35.4	Subject to the above amendments, the person specifications were **approved**.
35.5	Terms and Conditions
35.6	The amendments recommended by the Members' Council Nominations and Remuneration Committee were noted and **approved.**

35.7	Role description
35.8	The Council **approved** the role description for the NED appointments.
35.9	Process
35.10	The Council **approved** the constitution of the interview panel.
35.11	**Action:** Discussion took place around the timeline for the process given that it was taking place over the summer. Dr Anna Ferrant, Company Secretary said that it was vital that Harvey Nash had sufficient time to carry out their work. It was agreed that advice on the timeline should be sought from Harvey Nash.
35.12	The Council noted and **approved** that a young person stakeholder panel and tour of the hospital would take place as part of the appointment process and that Sir Michael Rake would join the shortlisting and interview panel as a non-voting member.
36	**MC Nominations and Remuneration Committee terms of Reference and nominations to sit on the Committee**
36.1	Ms Mary MacLeod, Interim Chairman said that the following people had nominated themselves to sit on the Members' Council Nominations and Remuneration Committee: • Mr Matthew Norris, Patient and Carer Councillor • Ms Rebecca Miller, Public Councillor • Mr Mariam Ali, Patient and Carer Councillor
36.2	**Action:** The Council **endorsed** the appointments to the Committee and it was agreed that Ms MacLeod would approach Staff Councillors outside the meeting.
36.3	The Council **approved** the updated Terms of Reference.
37	**Update on implementation of the Always Values**
37.1	Mr Ali Mohammed, Director of HR and OD gave a presentation on the progress that had been made with implementing the Always Values throughout GOSH. He said that the Steering Board included the Chief Executive and other members of the Executive Team in its membership.
37.2	Mrs Carley Bowman, Patient and Carer Councillor asked how momentum was maintained as the project continued and as the Values became more embedded throughout the Trust. Mr Mohammed said that it had been shown that it took five to ten years to embed culture into an organisation and at that point a project would be refreshed. He added that staff were clear about the values and particularly the way in which it affected their work.
37.3	Mr George Howell, Patient and Carer Councillor asked whether there were specific actions taking place around the 'one team' value and said that when this did not work well there was often an impact on patient and family experience. It was noted that the Trust's Electronic Patient Record (EPR) would be significant support for this work.

37.4	Discussion took place about the cultural barometer that would be implemented as part of the actions arising from the Well Led review and it was agreed that it was vital that whichever tool was used, the Trust was able to build in its own values. The importance of ensuring the values did not become tokenistic was emphasised and the Council noted that the work that was being undertaken to receive real time patient feedback would incorporate the Always Values to raise its profile with patients and families. *Dr Peter Steer and Ms Nicola Grinstead left the meeting.*
38	**Updates from the Membership Engagement, Recruitment and Representation Committee (MERRC)**
38.1 38.2 38.3 38.4 38.5 38.6	Mrs Carley Bowman, MERRC Chair said that work was taking place through the committee to plan the AGM and the importance of Councillor attendance was emphasised, particularly as it would be a good opportunity for those who planned to stand in the upcoming election to meet existing Councillors. Consideration was being given to recording the event, whilst being conscious of ensuring value for money. The Committee had discussed reducing the age at which it was possible to become a member to 6 years in recognition of the significant young patient population, however challenges in doing this had been identified and therefore it had been agreed that views would be fed into the constitution working group. The Council noted that it was the last meeting for Ms Deirdre Leyden, Membership and Governance Manager. They thanked her for her hard work on membership and with the Members' Council over the past three years. Election planning Ms Bowman said that a considerable amount of planning had already taken place with the Communications Team. She thanked the Councillors who had been involved. **Action:** Ms Mary MacLeod, Interim Chairman said that discussion had taken place at the Chairman, SID and Councillor meeting about the importance of being clear about the time and work commitment of Councillors in the build up to the election. It had also been agreed that further work was required on roles and responsibilities and revising the induction programme.
39	**Update from the Young People's Forum (YPF)**
39.1 39.2	Mr George Howell, YPF Members presented the YPF annual report and added that a teen café had been developed which had been successful and draft YPF meeting agendas were now available on the GOSH website to encourage young people to get involved. Ms MacLeod commented the work of the forum and suggested that it would be beneficial to consider ways in which the YPF membership could link with the Members' Council to transition into potentially becoming a Councillor. Ms Sophie Talib, Patient and Carer Councillor emphasised that there must be clarity around the style of the work of the Council as the YPF was very informal. Mr Howell

	suggested that forum members could attend the Council meetings to present the report and see first-hand the work of the council.
40	**Update from the Patient and Family Experience and Engagement Committee**
40.1	Ms Juliette Greenwood, Chief Nurse presented the update and reported that hospital walkrounds with members of MERRC had been formalised and confirmed that the Trust had won a bid to run the first national YPF meeting.
41	**Councillor activities**
41.1	Councillors reported the following involvement: • **Action:** Ms Sophie Talib and Mr Matthew Norris had met with Ms Mary MacLeod and Mr James Hatchley as part of the regular Councillor, Chairman and SID meetings. Mr Norris said the meeting had been positive and encouraged other Councillors to take up the opportunity of meeting in an informal setting. It was agreed that these meetings should be six weekly. • Ms Gillian Smith, Public Councillor reported that a number of Councillors had observed Board meetings and subcommittee meetings. She said that this was a valuable experience and Councillor were made to feel welcome. She recommended the opportunity to other Councillors.
42	**Reports from Board Assurance Committees**
42.1	Quality and Safety Assurance Committee (April 2017)
42.2	The Council noted the update and it was confirmed that Chairmanship of the Committee would be moving to Professor Stephen Smith, Non-Executive Director from the July meeting.
42.3	Finance and Investment Committee Summary Report (May 2017 and June 2017)
42.4	The Council noted the written update for May 2017 and it was reported that at the June 2017 meeting the Committee had considered GOSH's financial position in comparison with other paediatric hospitals and noted the substantial support that IPP made at GOSH. The risk around IPP debtors and the concentration of activity within a small number of customers was also discussed. The Committee had noted the importance of ensuring that senior managers in IPP had good relationships with embassies.
42.5	**Action:** Ms Fran Stewart, Patient and Carer Councillor expressed some concern about two IPP debtors in particular and their combined levels of debt. She requested an update on debt in general and in the context of phase 4 at a future meeting as this was a fundamental issue to the Trust and also posed a reputational risk.
42.6	**Action:** Ms Mary MacLeod, Interim Chairman said that the Board had considered the development of the hospital estate at its June meeting and it was agreed that this would also be considered at a future Council meeting.
43	**GOSH Fire Risk Assessment**
43.1	Mr Matthew Tulley, Director of Development gave an update about the Trust's fire safety assurances in light of the tragedy at Grenfell Tower. He said that the Trust

	had a high degree of assurance around its systems, processes and buildings and this had been supported by visits by the London Fire Brigade and the Trust's own Fire Officer.
43.2	Ms Mariam Ali, Patient and Carer Councillor highlighted the importance of compartmentalisation to contain fire. Mr Tulley agreed that this was vital particularly as the hospital environment was reliant on horizontal evacuation and again good assurance had been given around the Trust's ability to compartmentalise by the London Fire Brigade and GOSH Fire Officer.
43.3	The Council welcomed the timely update and the proactive stance taken by the Trust.
44	**Chief Executive Report (Highlights and Performance)**
44.1	**Action:** Ms Mary MacLeod, Interim Chairman presented the report and Mr George Howell, Patient and Carer Councillor requested an update on the Freedom to Speak Up event which had taken place at GOSH.
44.2	Mr James Hatchley, Senior Independent Director said that it had been a well-attended event with a range of speakers from across the NHS including the national Freedom to Speak Up Guardian. Mr Hatchley said he aimed to become more visible in the Trust as did the GOSH ambassadors.
44.3	Mrs Carley Bowman, Patient and Carer Councillor noted that 8 of the 12 RTT breaches had been in one service. Ms MacLeod said that work continued to reach the national RTT target and confirmed that GOSH was on target for its agreed trajectory.
44.4	Ms MacLeod highlighted the revised format for the Quality Report and said that the Board had found this very helpful.
44.5	The Council reviewed the workforce report and Mrs Bowman queried the reason for the relatively high number of agency staff in finance. Ms Loretta Seamer, Chief Finance Officer said that there had been a departure of some staff. Substantive appointments were not made to allow a reorganisation of the team however in the interim it was difficult to find the required skills from the staff bank and therefore agency staff had been engaged in some cases.
44.6	Mr George Howell, Patient and Carer Councillor noted from the finance report that capital donations were down on plan and asked for some more information on this. Ms Seamer said that the Premier Inn Clinical Building (PICB) was being finalised and it had been estimated that payments would be made by the Trust and reimbursed by the Charity, but there had been some slippage in this timeline.
45	**Dates of Trust Board, Trust Board subcommittee and Members' Council meetings**
45.1	The Council noted the meeting dates for the rest of 2017.
46	**Any other business**
46.1	There were no items of other business.

ATTACHMENT B

Attachment B

MEMBERS' COUNCIL - ACTION CHECKLIST
September 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**	**November 2017**	Not yet due: A draft calendar of presentation topics to be developed for consideration by the Council – November 2017
10.13	26/04/17	It was agreed that a cyber security update would be provided at a future meeting.	**NG**	**September 2017**	Not yet due: For November 2017
35.3	28/06/17	The Council discussed the person specifications for the Non-Executive Director appointments and agreed that there would be a benefit to adding experience in family law as a desirable characteristic to the 'advocacy NED' person specification. This wouldn't necessarily be a practicing lawyer, but someone who had the background and experience in critical thinking. It was also agreed that the bullet point about patient experience would be amended to read "Experience and understanding of delivering and delivering and/or improving patient, family, service user, client or customer services.	**AF**	**July 2017**	Actioned
35.11	28/06/17	Discussion took place around the timeline for the NED appointment process given that it was taking place over the summer. Dr Anna Ferrant, Company Secretary said that it was vital that Harvey Nash had sufficient time to carry out their work. It was agreed that advice on the timeline should be sought from Harvey Nash.	**AF**	**July 2017**	Actioned – update on progress provided at September meeting

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
36.2	28/06/17	It was agreed that the Interim Chairman would approach Staff Councillors about potentially sitting on the Members' Council Nominations and Remuneration Committee outside the meeting.	**MM**	**July 2017**	Ms Jilly Hale stepped down from the committee and Mr Rory Mannion agreed to join the committee
38.6	28/06/17	Discussion had taken place at the Chairman, SID and Councillor meeting about the importance of being clear about the time and work commitment of Councillors in the build up to the election. It had also been agreed that further work was required on roles and responsibilities and revising the induction programme.	**AF**	**On-going**	Work is in progress to review and update the councillor role description in consultation with members of the MERCC
42.5	28/06/17	An update was requested on IPP debt, debt in general and in the context of phase 4 at a future meeting as this was a fundamental issue to the Trust and also posed a reputational risk. Ms Mary MacLeod, Interim Chairman said that the Board had considered the development of the hospital estate at its June meeting and it was agreed that this would also be considered at a future Council meeting.	**LS, TC, MT**	**November 2017**	Not yet due: A presentation on the redevelopment of the hospital site including phase 4 will be provided at the November 2017 Council meeting.

Attachment C

Members' Council

27 September 2017

Updates from the Membership Engagement Recruitment and Representation Committee - 29 September 2017 including Membership Strategy update (as at 1 September 2017)

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

1. Membership Strategy update including statistics as at 1 September 2017 – (on power point presentation format)

2. 2018 Election planning update

Report prepared by: Liz Aston-Gregg, Interim Membership and Governance Manager

Item presented by: Carley Bowman, Chair of the Membership Engagement Recruitment and Representation Committee and Liz Aston-Gregg, Interim Membership and Governance Manager.

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

Attachment C

Membership Engagement Recruitment and Representation Committee Update

The September MERRC meeting will take place on 29 September 2017. Consequently this report will not include the usual proceedings from that meeting.

1.1 2017 AGM – Review

The AGM took place on 14 September 2017 from 6.00 – 7.15pm in Weston House Lecture Theatre. The MC carried out its statutory duties of receiving the annual accounts, and Councilors had the opportunity to speak to members about joining, and nominating themselves or other members to run for the forthcoming MC elections at the FT information stall.

1.2 A review of joining age for foundation trust members

In June the committee considered the need for a Trust-wide plan for patient and public involvement in engaging with the under 10 age bracket in preparation for a review of the membership age in the future. An overview of the discussion and a way forward was communicated to all committee members post-meeting to keep them updated.

1.3 Members' Council elections 2017/18 - update

The election timetable is now live on the Trust website, and advertising the election has commenced via vrious channels.

Nominations open –14 Nov 2017
Nominations close – 12 Dec 2017
Candidates announced – 13 Dec 2017
Elections open – 8 Jan 2018
Election closes – 31 Jan 2018
Results – 1 Feb 2018

With A five-phase key message communication plan with tailored messages is in place as follows:

1. Advertising the upcoming elections	(now – 13 November)
2. Advertising the nominations period	(14 November – 12 December)
3. Announcing the nominees	(13 December)
4. Advertising the voting period	(8 January – 30 January)
5. Announcing the election results	(31 January)

Carley Bowman, Sophie Talib and Teskeen Gilani recorded voxpox which will be used as part of the MC election communication.

1.4 Update on Members' Council Skills Matrix

Councillor involvement in the restructuring and updating of the matrix was noted. This will be on the agenda for the September MEERC meeting to discuss further.

1.5 Project Identity Update - GOSHCC

A feedback survey will be issued to all councillors to help support this project- to review the GOSH brand. As the Members' Council is a key stakeholder it is important the Trust has their views.

1.6 Membership Statistics and report as at 1 June 2017

Continued growth in overall membership figures was noted. Membership figures stand at **9,526.** Trust members are being reassigned to their correct constituencies in preparation for the forthcoming Members' Council elections.

1.7 MERRC Walkabouts update

Committee members have been offered slots on PFEEC walkabouts. Dates and times were planned for July, September and November 2017.

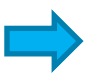
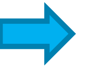
1.8 Any Other Business

The committee were informed as to how media coverage of GOSH will be communicated out to the Members' Council and the timeliness of such communications.

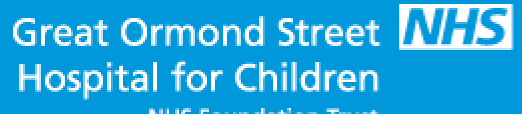
Membership Strategy Update

1 September 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 June 2017 - 1 September 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 2017/18**
To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation		**Public membership profile as at 1 September 2017**

Total membership figures comparison



Constituencies Chart
Filters: Matching ALL: Date Join before 01/09/2017,

Number of Members

1800
1600
1400
1200
1000
800
600
400
200
0

Out of Trust Area
North
South
Rest of England and Wales

Constituencies

Active
Inactive

* 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.

The child first and always

Great Ormond Street Hospital for Children NHS Foundation Trust

Projected membership targets 2017/18

<table>
<tr><th>Current position as at 1 September 2017</th><th>Performance against yearly projected targets</th><th>Note</th><th>Forward plan</th></tr>
<tr><td>Total membership
9,552</td><td>Total membership figure has increased by 26 since March 31, 2017 reporting.</td><td>Our 2017/18 projected total membership target is 9,812.</td><td>To meet our total projected membership target by 31/03/2018</td></tr>
<tr><td>Total Patient and Carer membership
6,922</td><td>Increase by 16 since March 31, 2017 reporting. (+5 patients , +11 Parent carers)</td><td>
Snapshot recruitment :
Additional 18 Volunteers joined – numbers will be reflected in September 2017 reporting
<table>
<tr><th>Date</th><th>Activity</th><th>Number</th></tr>
<tr><td>26/04/17</td><td>Face to face- pre Members' Council Meeting- (councillor Gillian Smith)</td><td>15</td></tr>
<tr><td>April 2017 post reporting</td><td>Online sign up</td><td>4</td></tr>
<tr><td>May 2017 pre reporting</td><td>Online sign up</td><td>12</td></tr>
</table>
</td><td>Report quarterly *PIMS check outcome at September 2017 Members' Council meeting as issue with ICT for June reporting.

Continue to concentrate recruitment efforts in under-represented segments (10-16 patient)
Hospital and Outpatients for next quarter</td></tr>
</table>

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

Projected membership targets 2017/18

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Current position as at 1 September 2017	Performance against yearly projected targets	Note- (since 31 May 2017 reporting)	Forward plan
Public membership total **2,630**	Total Public membership has increased by **20** since March 31 , 2017 reporting. Our projected 2017/18 Public membership target is **2,699**	• 101 (of 109) 'Out of Trust ' members have been reassigned to their correct constituencies. • North London has seen an increase of 68 members • South London has seen an increase of 29 members • Rest of England and Wales has seen an increase of 14 members • Under representation in 10-16 year age bracket. • Awaiting recent Volunteer signups at time of reporting.	• Promoting membership via FT Get Involved email - member to recruit member. • Communications team at GOSHCC to support recruitment efforts. • Autumn community events to support recruitment.

**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
Unspecified	7	0.53	0.00	0
Male	363	27.60	49.69	56
Female	945	71.86	50.31	143
Age				
0-16	54	4.11	21.47	19
17-21	147	11.18	5.76	194
22+	1,037	78.86	72.76	108
Not stated	77	5.86	0.00	0
Ethnicity				
White	732	55.67	70.01	80
Black	149	11.33	8.07	140
Mixed	63	4.79	3.66	131
Asian	214	16.27	15.64	104
Other	157	11.94	2.62	455
ONS/Monitor Classifications				
AB	382	29.05	27.27	107
C1	394	29.96	32.53	92
C2	212	16.12	17.55	92
DE	313	23.80	22.65	105

Overview

Total: 1,315
Increase of **68** since 1 June 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

% 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)

The child first and always

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

Gender				
Unspecified	4	0.54	0	0
Male	193	26.26	49.02	54
Female	538	73.2	50.98	144
Age				
0-16	7	0.95	20.39	5
17-21	37	5.03	5.65	89
22+	630	85.71	73.96	116
Not stated	61	8.30	0.00	0
Ethnicity				
White	495	67.35	82.28	82
Black	60	8.16	6.77	121
Mixed	32	4.35	3.18	137
Asian	62	8.44	6.62	127
Other	86	11.70	1.14	1,022
ONS/Monitor Classifications				
AB	235	31.97	28.30	113
C1	225	30.61	33.48	91
C2	121	16.46	18.34	90
DE	149	20.27	19.88	102

Overview

Total: 735
Increase of 29 since 1 June 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

% 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)

The child first and always

Public membership profile and analysis of eligible membership

Rest of England and Wales

	Total	% of membership
Gender		
Unspecified	15	2.62
Male	193	33.74
Female	364	63.63
Age		
0-16	6	1.04
17-21	31	5.42
22+	457	79.9
Not stated	78	13.64
Ethnicity	**572**	
Asian	30	5.24
Black	20	3.5
Mixed	5	0.9
Other	97	17
White	420	73.43
ONS/Monitor Classifications	**569**	
AB	159	27.8
C1	165	28.85
C2	118	20.63
DE	127	22.2

Overview

Total: 572

Increase of 14 since 31 May 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.

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 Great Ormond Street Hospital for Children NHS Foundation Trust Become a Foundation Trust member and help shape our hospital's future We're looking for more young people to join – membership is free and it's easy to sign up! Visit **gosh.nhs.uk/join**	• Spring *Member Matters* – reached 6,825 members electronically. • May *FT Get Involved* email to membership reached 6,839 members • Website election pages have been set up – are hidden at present until Election campaign begins. Generating content at present • Intranet pages for staff have been updated. • *Vfocus* article on Members' Council Elections- due out late June 2017	• *Member Matters* Autumn 2017 editorial meeting planned for July 12 , 2017. • Preparation for July 2017 *FT Get Involved* email to membership. (June email will have landed by time of reporting) • Updated *Welcome Pack* for new members will be issued in August2017. • Updated Members' Council photo board for display in the hospital and to be issued with updated *Welcome Packs* • Continue work plan from election communications planner to prepare our membership communities for the 2017/18 Members' Council elections .
	<u>Members' Council</u> • Councillors to receive June Members' Council ebulletin and all relevant papers and meeting dates. • Delivery of online GOLD training modules continues- as at 02/06/17 , 7 councillors have completed all modules.	• June e bulletin to councillors will contain relevant information to support them in their role and training seminar. • Councillors training to be streamlined with GOSH volunteer and NED training . Councillors to complete online training

Objective	How we are meeting our strategic aims	What are our future plans?
Communicate the benefits of membership and create new engagement opportunities	• April and May *FT Get Involved* email advertised involvement opportunities including attendance at GOSHCC events. • Updated *Welcome Packs* ready for distribution in August 2017. • Membership sign up and elections news to be made available on Patient Bedside Education and Entertainment System' (PBEE).	• 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	• A councillor engaged with members and the hospital community pre Members' Council meeting in April. • Lead councillor has reached out to members interested in possibly standing for election.	• Continue to advertise Members' Council meetings in *FT Get Involved* email. • Councillors identified for letters and welcome articles for Autumn 2017 *Member Matters* • Activity Centre have invited councillors to have a stall outside any day of the week. • Queries made to Scouts and Guides at GOSH. • Possible stall at Esher Sixth Form college.

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.	• Members' Council continue to engage with members pre Members' Council meetings and at Trust events • Reaching out to those members who have expressed an interest in running for election and offering opportunity to them to attend Members' Council meetings as observers and to meet the Lead councillor. • Membership forms distributed at Research Awareness Week event.	• 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 engage with members at the AGM in September and at pre election information sessions.
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: - Young People's Advisory Group - Membership stories - 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 Race for the Kids and Run the Royal Parks in *FT Get Involved* and *Member Matters* Magazine • Reached out to Scouts and Guides Group at GOSH	Continue to look for opportunities to engage in partnership work.

Projected 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 D

Members' Council

Wednesday 27th September 2017

Young People's Forum Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since the last Members' Council Meeting in June 2017.

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

Report prepared by: Emma James, Involvement and Engagement Officer and Faiza Yasin, Chair of the YPF.

Item presented by: Any Young People's Forum Member who is also a Members' Councillor.

YPF 9 JULY - MEETING NOTES

WELCOME!

Hannah opened the meeting and welcomed the group, we had 29 young people attend, including three new members! We started by introducing ourselves and took turns sharing news or things we are looking forward to.

This meeting included our picnic and team building games as voted for by YPF members earlier this year.

Throughout the day we ended up all over the hospital, starting in Weston House, moving to the Octav Botnar roof garden for lunch, games around the hospital and then finishing in the Lagoon. We hope that the games gave people chance to meet and talk with other young people that they wouldn't usually meet.

Twenty nine members attended!

Stay in touch...

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

TRANSITION UPDATE

Transition Improvement Manager, Nigel, sent a video update for us to find out more about his work on improving transition from children's to adult health care.

Nigel told us that he has been working with a steering group and had started by creating lists of what young people need to know as part of their transition, this includes;

- Information for everyone, such as how to make an appointment.
- Information specific to a young person’s condition.
- Information about the services they are going to.
- Information for parents.

The next steps are to;

- Work out how the hospital might record that they have given out the appropriate information to young people.

Nigel will give an update in person at our next meeting on 19 August 2017

NATIONAL YPF UPDATE

Fiona and Emma gave an update on the planning for the National YPF event.

- New date and venue! We have found a bigger venue which means we can invite more young people along, the new venue is the Institute for Child Health, and the event will now happen on Saturday 14 October.
- Alive with ideas, the company who created our YPF leaflet, will be working on creating posters and branding for the event. We will send round options to the YPF and other groups to vote on what theme we should use. We hope that this will help make sure that the event continues for years to come.
- We have had ideas from other YPFs for the main issues that they would like to discuss at the National YPF; young people’s voice and rights and mental health.
- Emma asked the group if they would be happy to have people from NHS England and other places to join the event to observe and listen to the young people - we said yes and also gave suggestions for celebrities that we could invite to be ambassadors for the event.

There will be regular planning phone calls which we can join, the dates for these are in the newsletter and are all on Mondays from 6pm til 7pm.

CHARITY DESK AND SHOP REDESIGN

We heard that very soon the Charity Desk in the hospital will need to move to make way for a new outside space for patients, families and staff, the Disney Garden. As the desk will need to move, the GOSH charity staff have proposed a brand new design of both the charity area and the GOSH shop in the Lagoon.

We looked at the proposals and gave feedback and ideas for how the designs could improve and be more attractive for teenagers.

We said that we would like to see more examples of fundraising and space to write your fundraising activity on the wall when you donate. We also spoke about the area being multi-sensory, having enough space for wheelchairs and enough signs directing you to the area.

QUESTION AND ANSWER SESSION WITH LORETTA SEAMER

Chief Finance Officer, Loretta Seamer, came to the meeting to answer some of our questions. We had a set of questions ready to go as we use them for all of our meetings with Executives.

Loretta introduced herself by playing the game, two truths and a lie and the group had to decide out of three statements, which were true and which one was false.

Loretta told us that; she has five siblings, her favourite sport is rugby union and before moving to GOSH she lived in Melbourne. We guessed correctly that the lie was that she lived in Melbourne.

So what does the Chief Finance Officer do?
Loretta explained that her job is to make sure the hospital spends and saves money well, she also has to update the government on our finances. She works closely with the GOSH Charity who help us with funding, particularly new buildings and redevelopment.

Main goal for next year
Loretta said that her main goal for the coming year is to make sure the hospital saves enough money or makes a profit, so that we can spend extra money on research or staff facilities etc.

Proudest achievement
In a previous job, Loretta worked for a children's hospital in Brisbane and merged two hospitals into one. She is also proud to have been a part of Ronald Macdonald house and helping them to create a 100 room house for patients and parents as a ‘home away from home’ when they are receiving treatment.

Unfortunately we ran out of time before we’d asked all of our questions, but Loretta has agreed to meet YPF Chair, Faiza, to answer any questions we didn't get to ask.

PICNIC TIME!

We all enjoyed a picnic lunch on the roof garden of the Octav Botnar building.

The garden is a quiet space just for staff, so we had exclusive access for the day! The Catering Team put together a lovely lunch of salads, sandwiches, fruit, cakes and other goodies including freshly prepared fruit juice and ice tea!

The weather was very kind to us and we all enjoyed the views from the roof!

SARAH WOLF - HEAD OF PETER PAN

We welcomed Sarah Wolf who works with GOSH Children's Charity as the Head of Peter Pan.

We learnt that the author of Peter Pan, J M Barrie, gave all the rights to the Peter Pan story, to Great Ormond Street Hospital in 1929.

This has meant that since then, GOSH has received a percentage of the ticket price every time a production of the play is put on, as well as from the sale of Peter Pan books and other products.

Sarah told us about her role and how she works to make sure that GOSH keeps its special connection to Peter Pan. Then, she answered our questions and even gave out Peter Pan pin badges to each YPF member.

We asked questions such as;

- **How much has GOSH raised from Peter Pan?**
  Barrie requested that the amount raised from Peter Pan should never be revealed, and the hospital has always honoured his wishes.
- **Can people write new versions of the Peter Pan story?**
  Yes, *prequels, sequels, spin offs or other works written based on Peter Pan do not require a license as the copyright for Peter Pan has ended.*
- **Does GOSH benefit from the Disney version of Peter Pan?**
  Walt Disney Corporation were licensed exclusive animation rights by Great Ormond Street Hospital in 1939 and the animated film came out in 1953. Their own sequel, Return to Neverland, came out in 2002, also under licence from Great Ormond Street Hospital Children's Charity.
- **Can you make bigger sizes of the Peter Pan pyjamas sold by GOSH?**
  If we have requests for bigger sizes or suggestions for the types of Peter Pan items people might like to see, then make those suggestions to the YPF workers who will pass this on!
- ***Can we put on our own Peter Pan play?***

  For professional productions you have to ask for a licence. To put on the play in schools and youth groups there are different rules. If you don't plan to make money from the play then no license is required, and if you are raising funds for the GOSH children's Charity then you can register with the Charity Team.

TEAM CHALLENGES!

Faiza and Emma gave us instructions for a series of team challenges set by the YPF team.

We split into three groups and were given a score sheet; our first mission was to work out nine clues on our sheet, the clues all led us to a place in the hospital where we had to take a specific photo as a team.

Our second mission was to find four sets of challenges, hosted by our 'Challenge Masters' Kirsty, Heidemarie, Su and Emma. Each challenge required a different skill and aimed to help us make use of all of the skills of our group. Once completed we were given a score which was added together to reveal the winning team!

- Heidemarie gave us riddles to solve outside Pharmacy,
- Su was hidden in the back of the Lagoon and asked us to play Charades,
- Emma was set up in Caterpillar reception with newspapers and wanted us to make the tallest tower from paper and sellotape,
- Kirsty was found in the sunshine in the Morgan Stanley Garden, with a coded message for us to crack!

The team with the most points won a box of chocolates, although the score system did go a little bit wrong!

Here's some photos of the teams taking part in the challenge.

CERTIFICATES!

This is the second time we have taken part in awarding certificates to each other for our contribution to the meeting.

We were given blank certificates with another YPF members' name on at the start of the meeting and we then had to find out more about that young person. At the end of the meeting we decided what award that person deserved for the day, e.g.

Taking part in their first meeting

Being smiley

Encouraging people to take part

Being a role model

Always being cheerful and making a good contribution

Dedication to the YPF

YPF
YOUNG PEOPLE'S FORUM

This award for

was presented to

on 09 July 2017

On behalf of the GOSH Young People's Forum

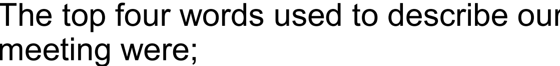
Signed:

Unfortunately some young people missed out on their certificate as a few were lost on our travels. The YPF staff have said that they will try a different system ready for the next time we do them.

EVALUATIONS

We rate and give feedback at every meeting using our evaluation form, this helps us to make sure that our meetings are as good as possible.

The top four words used to describe our meeting were;



Fun, friendly, interesting and educational.

The activities

96% of us rated the team challenges as either very good or good. 87% enjoyed hearing about Peter Pan and our update for the National YPF, 78% of us enjoyed the Question and Answer session with Loretta, but felt a little rushed. We also said that we wanted an update in person from Nigel on Transition.

The food

78% of us thought the food was either good or very good, which is 10% better than our last meeting!

Other comments and suggestions

⇒ *'Please put more signs up next to the building - I got a bit lost!'*

⇒ *'I like the certificates but would be better every other meeting'*

⇒ *'I would like to do more team challenges because they bring us together'*

⇒ *'I like the team challenges - I got to meet new friends'*

⇒ *'The morning felt a bit rushed, not sure why, it doesn't usually'*

NEXT MEETING DATE

SATURDAY 19 AUGUST

YPF 19 JULY - MEETING NOTES

WELCOME!

After opening the meeting and welcoming 24 members, it was great to meet new members Elom, Ihsaan, Oceiah, Tabitha and Zoe. Big shout out and thanks to our buddies, Lara, Alice, Annabel, Beth, Evan, Maisie and Sara.

It was so great seeing you all having a great time and full of energy (probably due to the endless snacks and treats we had (haha) ! Thanks for making the meeting so great! :)

I hope you newbies felt welcome and realised that the YPF is the most amazing group ever! Welcome to the YPF family. To those that couldn't make it, you were missed but I hope you can catch up with these amazing notes. Any questions you may have, please do not hesitate to ask. Enjoy the notes.

NHS ENGLAND REVIEW OF CRITICAL CARE AND SPECIALISED SURGERY

NHS England are carrying out a review of critical care and specialised surgery for children and young people. They have visited all the main children's hospitals and on Saturday 19 August, it was our turn!

Critical care is given to patients who are really ill, it can be given in A&E, when you are in a high dependency unit or intensive care unit. Specialised surgery is surgical management of rare conditions.

The NHS is reviewing critical care and specialised surgery as more and more people are needing this high level of care and treatment, but there are only so many of these units and beds. This means that people, particularly children, are sent to hospitals far away from where they live. So the review wants to understand our experiences of this type of care and what is important to us when we receive this care.

In order to explore these topics, a number of emoji faces were placed on the floor and we were asked to stand on the emoji which represented how we felt when we were asked the questions below:

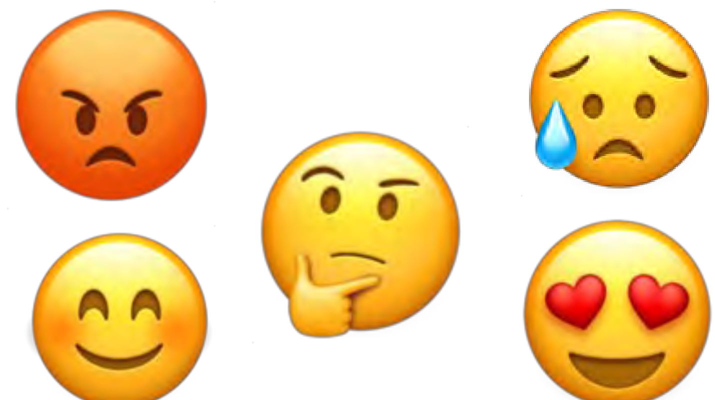
Overall how was your care journey from beginning to end or beginning to middle if you are still being treated.

- During your journey, what was important to you?
- During your journey you've described, what could have been improved?
- Overall how were staff?
- What's an ideal member of staff to you?
- How do you feel about travelling to receive care?
- How far do you typically travel to receive care and what is the furthest you've travelled?
- What are your feelings about treatment at home?

Our responses will now be entered into the review and we hope to hear soon what impact our involvement has had on the investigations.

If you were not able to take part and you would like to share your experiences, please email Katy Knight at katy.knight2@nhs.net

Older YPF members doing the emoji challenge



Younger YPF members doing the emoji challenge

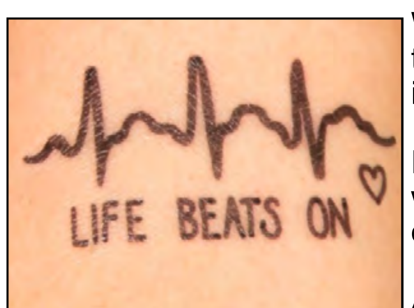
TEMPORARY TATTOO PROJECT

The YPF were involved in testing a project of temporary tattoos as part of a GOSH Arts project with the artist Davina Drummond and illustrator Ella Bell.

Davina asked patients to explore and share what it means to be a young person in hospital through developing a series of temporary tattoos.

Davina told us that historically tattoos were used as decorations for bravery, pledges of love or hope, celebrations or reminders of important events or people.

So, by using temporary tattoos it's a reminder that not all experiences or situations, especially when in hospital, are permanent.



We were really excited to see the final designs and even more impressed that one of our very own members (me! [Faiza]) had a design that was incorporated into the final pack.

I drew a heartbeat, as a heartbeat is so simple and means a lot to me. Living with a cardiac condition, I have always felt inspired about how my heart beats on despite all I go through, so therefore life always beats on.

After Davina updated us all on what happened after she'd left us in January, we all got to put on some of the tattoos and have a professional photo shoot in the Medical Illustration department.

YPF member, Charli

YPF member, Tabitha

YPF member, Hannah

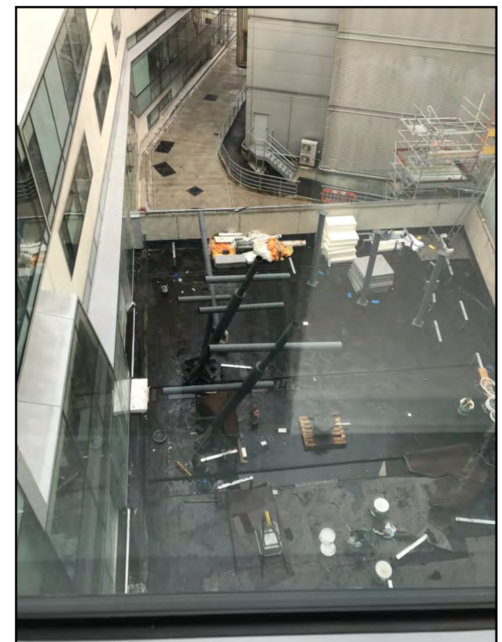
YPF member, Iman

YPF members, Lizzy and Muskaan

YPF member, JOSH

GARDEN TOUR

Last year we were asked what we would like to see or visit in the Hospital. We'd asked for a tour of the gardens or outdoor spaces at GOSH and this August (2017) we visited:



Disney Reef Garden

Lullaby Factory

- The Japanese Garden on the Variety Club Building. We learnt that the garden was opened in the year 2000, paid for by Nomura, a Japanese financial company. It is based near the intensive care units and is for parents who need time and space away from the ward. The garden uses the Japanese principles of nature and there are symbols such as the tortoise which represent immortality.

- The roof space on the Morgan Stanley Building has grassed areas to help the hospital lower its carbon footprint. There are also great views of London from up there!

- The Lullaby Factory is located just off of the Lagoon and was a GOSH Arts project with Studio Weave. There are a number of pipes and instruments that play music to you when the wind blows down the side of the building. GOSH has just added a giant xylophone which can also be used as a bench, with a raised section for those in wheelchairs!

Japanese Garden, Variety Club Building

- The Morgan Stanley Garden, in the centre of the hospital by Medical Illustration, was designed by Chris Beardshaw and won a gold medal in the Chelsea Flower Show in 2017. The garden is for parents and provides a quiet and reflective space for parents and families. The area provides green outdoor space for those who may be spending days, months and years in the hospital.

- We'd planned to visit the Morgan Stanley Building to look down at the Disney Reef Garden, but we were shown photos of the areas as its progress has been slowed down by the heavy rainfall earlier in the Summer. Unfortunately whilst coloured flooring to represent a sea and sand had been installed and metal work for the boat had started, the rain meant the flooring had to be removed and the project has now been put back by up to three months. We look forward to seeing it when it's back on track.

Views from Morgan Stanley Roof

GARDEN TOUR, CONTINUED

Above, Japanese Garden, below, Morgan Stanley Garden

Above, Lullaby Factory, below, roof of Morgan Stanley

CLICK, CLAMP, STOMP

To help wake up both sides of our brains, we played a game where you replaced numbers with actions, so 1,2,3 eventually becomes a click, clap and a stomp! The photos were so funny I wanted to share them with you all!

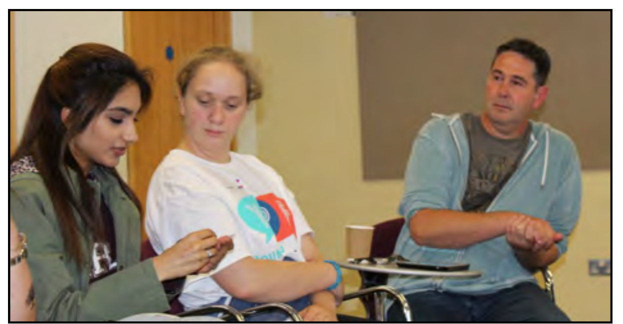
Beth and Thomas

Jamie and Zoe

Evan and Ihsaan

Faiza and Emma

Q&A WITH WARD PRIESTMAN, CHIEF INFORMATION OFFICER AKA HEAD OF IT



Questions from the YPF

Question: *"What does a Chief Information Officer do? What does a normal day look like?!*
Answer: *"My job is about 80% strategy and 20% doing. I have two main teams below me: one of engineers and a projects team who focus on things like the Electronic Patient Records(EPR) programme. Every Friday I spend two hours with my team and we discuss really important issues such as cyber security."*

Question: *"How long have you worked at GOSH? What did you do before?"*
Answer: *"I started in December 2015, I'll be here to see out our five year digital strategy! I'm from Liverpool and worked in the gaming industry, I then spent a few years in the cotton Industry and moved into the NHS in 2012."*

Question: *"What are your 3 biggest accomplishments at GOSH, so far?"*
Answer: *"Well there are three things, firstly, we've had two members of our team nominated for GOSH Exceptional Member of Staff Awards (GEMS) so I know we are delivering a good service. Secondly, getting the EPR going and lastly reducing the amount of outages on the system—we used have them weekly or daily and now it is down to less than one a month".*

Question: *"What do we have to look forward to at GOSH – IT wise?"*
Answer: *"The EPR will reduce over 400 systems at GOSH down to two. We will be able to use technology such as video consultations, and upload pictures and videos to the system—it will be the biggest change that GOSH has seen in years".*

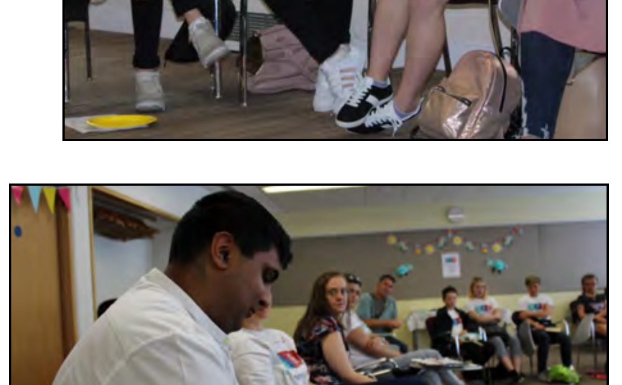
Question: "*We are committed to helping improve the experiences of young people at GOSH. How are you going to/ how do you involve young people in these IT plans?"*
Answer: "*Being involved in meetings such as these, and making sure you have a patient representative always involved in the process so we have your input the whole way through the process."*

Question: *"Wi-Fi availability is poor in some areas of the hospital like the Lagoon and outpatient areas. Did you know and what are you doing about it?"*
Answer: "*Yes, I do know! We've just bought a new wireless network which will be faster, more reliable and will have a further reach than our current system. It is firstly being rolled out in the new Premier Inn Clinical Building and then across the rest of the hospital. We have also changed the need for a password to access the basic level of wifi, so now, when you visit outpatients, you should be able to get wi-fi for emails etc. You will need a password for things like YouTube, this is about safety for younger patients. We are also bringing in Bluetooth for the site and even using technology such as smart wristbands which will monitor things like your heartbeat."*

Q&A WITH WARD PRIESTMAN, CHIEF INFORMATION OFFICER AKA HEAD OF IT, CONTINUED

Questions from the YPF

Question: *"The bedside TVs are really out of date, they don't show films or have good games. We'd love to have access to things like a TV/film library like Netflix or music like when you are plane – could we get something like this? Also, the systems are really clunky compared to new technology."*
Answer: *"We are aware of this and one day we would like to move to a system where you can bring your own device— we are putting USB plugs in new buildings, and if you don't have an ipad/tablet, we can lend you a GOSH one. Equipment such as android tablets are much cheaper and could be a better option for patients as they are wireless so you can take them across the hospital or around your ward. We are talking to companies like Amazon to get access to their libraries. Everything would still have to go through Google's safe search and we have very high levels of security due to us using the London Learning Grid network which London schools use."*



Question: *"There are a lot of posters around the hospital. Can you get rid of them and perhaps just have TV screens which have the information on like what's going on in the activity club at half term or deals in the lagoon, or how to wash your hands?"*
Answer: "I think that's a great idea, I'll take it back to my team!"

Question: *"If you could change one thing about GOSH ?"*
Answer: "*As I'm from Liverpool, I'd move it more up north!"*

Question: *"What was the last Netflix programme you binge watched?"*
Answer: "*I don't really binge watch programmes but the last film I watched was with my wife was A Dog's Purpose."*

Question: *"When you were a child what job did you want to have?"*
Answer: "*A police officer."*

Question: *"In your opinion, what improvements are a priority for the teenagers at GOSH?"*
Answer: *"Well I think we've discussed them today, the TVs, the Wi-Fi."*

Questions: *"Can we have a teen area in the Lagoon, like an internet café?"*
Answer: *"I'll take it back to the team."*

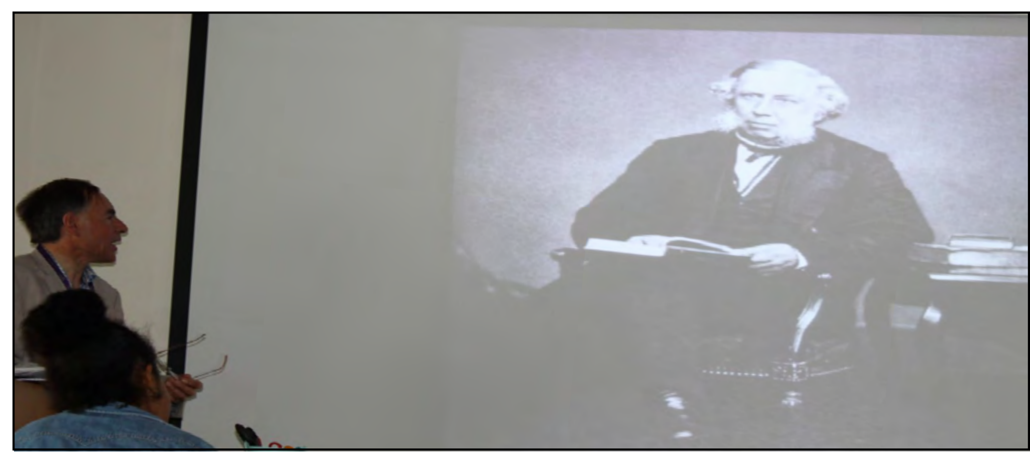
Question: *"Do you have any secret talents?"*
Answer: *"Not really, but I am a good cook, I'd like to go on Masterchef! At my last Trust they used to serve the patients' dinner to the Board. I might suggest that to Peter Steer [GOSH Chief Executive] to see if we can do that here …"*

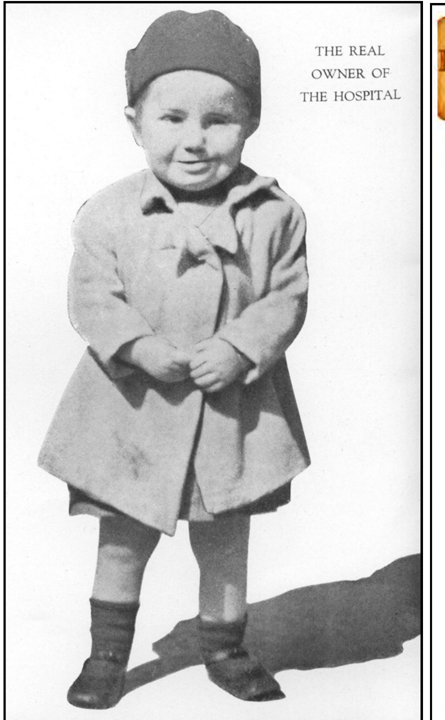
HISTORY OF GOSH

We'd also requested that the GOSH archivist, Nick Baldwin, come and visit us to see if he knew as much about GOSH as we do!

Some facts we learnt were:

- That the first hospital for children opened in Paris in 1803
- GOSH was the first children's hospital in England, it opened in 1852 in a converted 18th Century townhouse on the corner of Great Ormond Street and Powis Place
- Before GOSH opened, parents would take children to dispensaries, which was a combination of pharmacy and outpatient clinic.
- The first doctor, Dr Charles West was somewhere between a male midwife and a gynaecologist.
- When the hospital first opened it had two ten bedded wards for boys and girls, two doctors, one surgeon and 10 nurses.
- By 1858, the hospital was in financial crisis. Charles Dickens, raised fundraising events and gave out-of-season readings from 'A Christmas Carol' to raise money.
- Ten years later, the hospital was seeing so many patients it needed to raise money again. The new funds were used to rebuild to a design by the son of the architect of the Houses of Parliament. It had four large wards, named after Queen Victoria's daughters (Victoria, Helena, Alice and Louise).
- The hospital survived World War 1 largely undamaged, although there were several near-misses. GOSH acted as a bomb shelter for the local population and had to employ women doctors for the first time from 1915, as the men were at war.
- By the 1920s, the Victorian buildings were becoming shabby, and again unable to keep up with growing numbers of patients. So another ambitious fundraising scheme started and new buildings were paid for with the money raised by the gift of the copy right of the novel and stage versions of Peter Pan by its author J.M. Barrie.
- During World War 2 the hospital suffered severe bomb damage. The majority of patients had fortunately already been evacuated, those who were not were sent to a site in Surrey and other hospitals across London.





HISTORY QUIZ HISTORY QUIZ

GOSH History Quiz

Name:

Q1	In which city was the first hospital dedicated to sick children located?
Q2	How many doctors did GOSH have at the start?
Q3	Which famous writer helped to raise funds for GOSH in its early days?
Q4	How did the local population use the hospital during the World War I?
Q5	Who gave the copyright of the novel and stage versions of 'Peter Pan' to the hospital?
Q6	Where were patients evacuated to during World War II after severe bomb damage? – area will do e.g. Essex
Q7	Charity laws were reformed in the late 1980s to allow a greater range of fundraising activities for hospitals. What was the name of the big appeal which ran in 1987-9?
Q8	Name a Patron of GOSH?
Q9	The school of nursing moved in 1995 to which university?
Q10	What's the name of the newest building at GOSH?

- After the war, GOSH became part of the National Health Service. Since then, it has retained its own Board of Management through several waves of NHS reforms, currently as a Foundation Trust since 2012.

To help us learn all the facts, we had a quiz, Annabel won and her prize was a £10 Lagoon voucher!

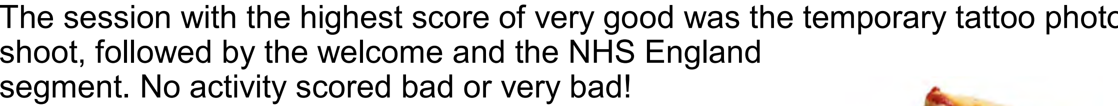
EVALUATIONS

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 session with the highest score of very good was the temporary tattoo photo shoot, followed by the welcome and the NHS England segment. No activity scored bad or very bad!



Food

The scores for food and drink showed an increase in the amount of people rating the food as 'very good', up 25%. 87% of young people gave the score of 'very good' and 'good' for the catering, this is the most positive result the YPF have ever given. Comments stated that the availability of more snacks throughout the sessions helped our concentration and energy levels.

Two people asked for earlier information on menus for their dietary requirements. Please let YPF staff know if you have any allergies such as gluten. Currently a low number of members are recorded has having food allergies. According to the records, no one has a gluten allergy.

If member's don't like the food offered to the YPF, we are always allowed to choose items from the public side of the Lagoon or ask for items to be cooked specially e.g. an omelette or burger. Please let the team know if you are not happy with the catering as staff are more than happy to make changes.

Other comments

- *"Best one yet because of how friendly and fun it was :-)"*
- *"Nice PowerPoint and quiz. Could be more interactive and young people friendly"* re the History Section
- *"Informative but nothing visual"* re the Q&A with Ward Priestman
- *"Lovely staff to help, cool tattoos, fun to do a photoshoot"*

ELECTIONS

During the last meeting we discussed the next steps for our election and our yearly check of:

1) The YPF Terms of Reference (this is a document that sets out the purpose and governance of the group, we refer to it as our mission statement - who the YPF are and what we do)
2) The role descriptions for the YPF Chair and Vice Chair
3) The pledge we say at the beginning of every meeting

The staff at YPF Headquarters are checking with the Governance Team that we are following all the rules and processes we need to— we will be updated via email as soon as this has been approved.

NEXT MEETING DATE

There is no just GOSH YPF meeting in October as we are replacing this meeting with the National YPF Meet Up on Saturday 14 October.

The next GOSH YPF meeting will take place on 16 December.

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)

YPF activity – June to September 2017

Meetings

Since the last Foundation Trust Council Meeting, there have been two Young People's Forum (YPF) meetings.

On 9 July 2017, 29 young people, including three new members attended the day.

On 19 August 2017, there were 24 young people were in attendance, including five new members. Please see Appendix 1 for the visual minutes of the meetings.

National YPF

Since July, there have been three phone conference calls to help plan the event, the biggest call had 18 young people on the line.

Alex Brooker has been confirmed as the celebrity attendee. He was treated at GOSH from the age of seven months until he became an adult. He therefore spent much of his childhood in and out of the hospital and underwent 40 operations. Today, Alex is journalist and presenter.

Fig 1. Brand chosen by young people for the National YPF Meet up

A survey to identify the most popular brand/ theme for the event was sent to other youth forums across the country. A total of 54 per cent of young people that took part in the survey voted for the 'Big Meet Up' theme. This has been passed to the brand company to begin working on the logo, posters and other materials.

The press team have been joining in on the phone conference calls and are discussing whether the following would be possible: a selfie board, geo-filter for photos (Geofilters are special overlays [like a template] that communicate the "where and when" of a photo in a fun way), screens showing live tweets with the event hashtag, Q&A session on Twitter live, using Facebook live or Periscope, create an Instagram story, a website, Twitter handle use and any possible TV coverage. The Film team in the Charity have found a volunteer to film the event.

Please see the agenda below:

Time	Topic	Duration
11am	Welcome and ice breaker	30 mins
11:30	An intro to GOSH and the YPF	30/45 mins
12:00	Lunch	1 hour
13:00	World Café session 1	40 mins
13:40	Break	10 mins
13:50	World Café session 2	40 mins
14:30	Break	10 mins
14:40	Workshops – 1) How to organise a national campaign – BYC/ RCPCH 2) Public speaking workshop – Katrina, Qlik 3) Presentation skills – Ross Fisher, Consultant Paediatric Surgeon at Sheffield 4) How to advocate for yourself – Mefirst 5) First aid/ CPR – TBC 6) GOSH Arts – TBC 7) Tours of GOSH	40 mins
15:20	Break	10 mins
15:30	Closing session	30 mins

Teen café

From September, the Teen Café, run by the YPF Chair, switched to Wednesday nights instead of Friday nights, in order to see if increased numbers of teenagers are able to attend.

Fig 3. Updated Teen Café poster

An overview of the pilot since February 2017 is:

- There have been 52 attendances over 28 sessions
- The highest attendance for one session was five young people
- There have been nine sibling attendances
- Average attendance is 1.71 per session
- Average age (between the set ages of 13 and 19) is 15 although five young people aged between 9 and 12 have also attended
- The ward with the most attendance at the Teen Café is Bear Ward
- One young person from Bear Ward attended six weeks in a row
- Seven young people have attended on more than one occasion

Staff awards

YPF Chair, Faiza, took part in judging all categories, including shortlisting and winners. A number of YPF members attended the event and gave their personal thanks by handing out thank you cards designed by a YPF member, Susanna.

Fig 4. YPF thank you card for staff

Takeover Challenge 2017

Staff recruitment and publicity of Takeover 2017 began in August via an article in Roundabout, the weekly staff newsletter, a Trust wide screen saver, a poster and an interest form for teams to complete. There were also two Trust wide briefing sessions. All interest forms are now being compiled into job descriptions which will be sent out to young people.

NHS Scotland

The Involvement and Engagement Officer has shared GOSH resources with a representative from NHS Scotland Patient Experience Team as they are hoping to set up a network of YPFs similar to England.

YPF Member stars in new NHS England Youth Forum video

YPF member, Gabriel, is also a member of the NHS England Youth Forum, which works to campaign for young people's health nationally. The NHS Youth Forum has recently released a new video as part of their latest campaign #Yourhealthyourhands. Gabriel plays a part in the video, and speaks about why young people's feedback matters. You can find the video on the NHS England Youth Forum Facebook or Twitter.

YPF members get a chance to tour Silverstone and watch Formula 1

Two YPF members have been selected to watch F1 racing at Silverstone with the GOSH Charity. The young people wrote about their work with the YPF in their applications, reinforced by letters of support from the CYPPO. The young people

were praised for their dedication to the hospital.

Elections and Terms of Reference
Elections take place annually, as does review of the Terms of Reference (ToR). The voting is taking place slightly later this year due to a number of changes to the ToR, please find the updated ToR in Appendix 2.

Election packs with candidates' statements will be created and sent to members, the voting for Chairman will open on 29 September and close on 6 October. The voting for Vice Chairman will open on 13 October and close on 20 October.

Other opportunities for YPF members
During August, two opportunity bulletins and one monthly newsletter were sent to YPF members. Over 10 opportunities were advertised, ranging from views on GOSH buildings to helping the computer company, IBM, design an app for teenagers with mental health conditions.

Attachment E

Members' Council

September 2017

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

PATIENT AND FAMILY EXPERIENCE AND ENGAGAEMENT COMMITTEE (PFEEC)

Herdip Sidhu-Bevan
Assistant Chief Nurse

(Members' Council September 2017 Report)

Friends and Family Test (FFT)

Top Three Positive Themes

- Helpful
- Housekeeping
- Welcoming

Top Three Negative Themes

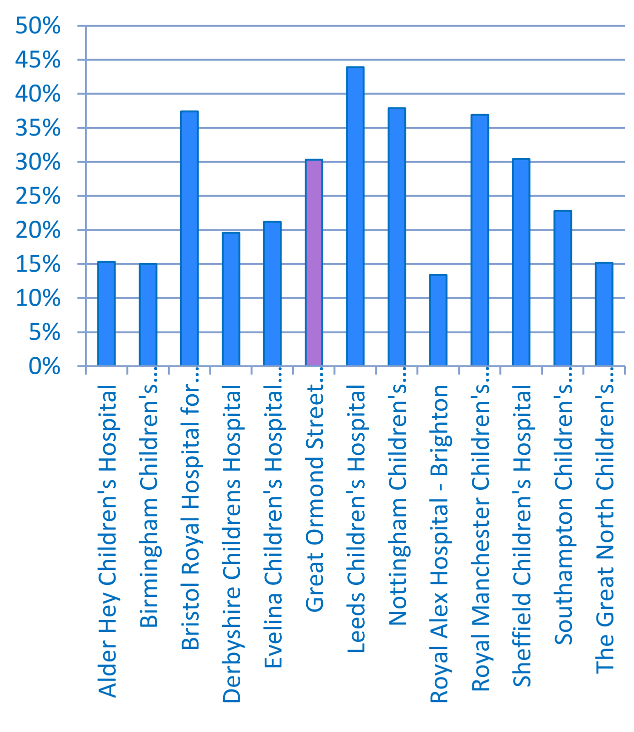
- Staffing Levels
- Access, Admission, Discharge & Transfer
- Catering

FFT Comparison Chart

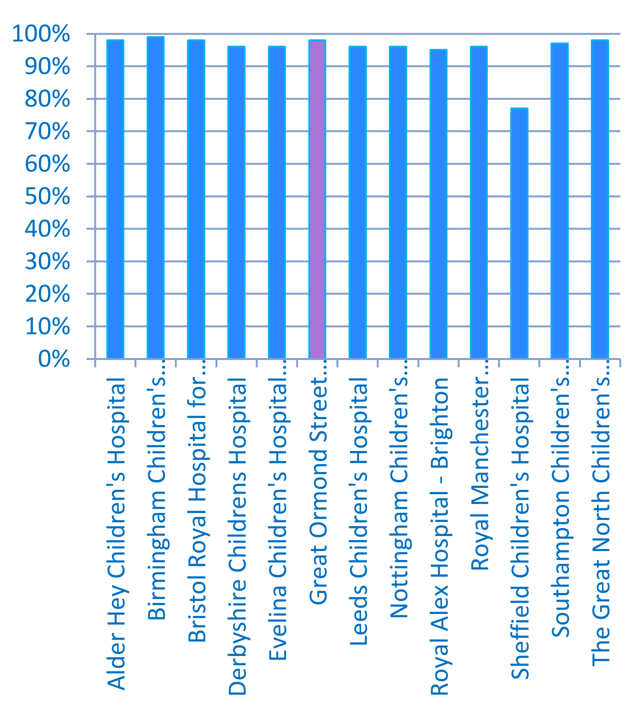
Great Ormond Street Hospital for Children
NHS Foundation Trust

*Based on NHS Choices Data – June 2017

Response Rates



Percentage to Recommend



FFT Percentage to Recommend

Great Ormond Street Hospital for Children NHS Foundation Trust

Inpatients

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
98.6%	98.6%	97.5%	97.0%	98.5%	98.8%	97.9%	99.0%	97.3%	97.9%	98.0%	97.3%

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
97.7%	97.7%	97.8%	97.1%								

Outpatients

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
95.5%	95.9%	96.4%	82.4%	94.8%	91.2%	95.6%	92.3%	91.0%	94.5%	92.5%	94.8%

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
89.9%	93.6%	93.7%	94.3%								

Real Time Feed Back

- The first steering group took place
- We have weekly meetings with the company to configure the system
- RL solutions will visit GOSH in October
- Engagement from staff as and when required will commence within the next month

National YPF Day

National YPF Day

- National YPF day is on October 14th 2017
- 120 confirmed attendees to date
- Engagement from NHS England, Royal College of Paediatric Health, British Youth Council
- BCH, Manchester, Shropshire Derby a few of the hospitals attending
- Alex Brooker will be attending and opening event
- Workshops set up for the Young People

Transition

14

18

Children's Service

Known Adult Service

Transition Plan

Engaged with adult service

Transition - Next stages

- Transition Plans for parents/carers
- Information resources for YP, parents/carers (Generic and Specialty Specific)
  - What already exists?
  - What do YP & parents/carers want/need to know about new service/s?
- Pilot of minimum standards
- Pilots of IT support
- Standard Operating Procedures/Policy
- Continue to support specialties to develop transition processes

- Reports for:
  - for Divisions to facilitate performance reviews
  - Specialties
  - Consultants

- Staff education
- Coordinating transition for complex patients

Engagement and Experience Highlights

- Involving young people in recruitment at GOSH
- Q&A with Chief Finance Officer
- Takeover for November 2017
- Engagement in transition
- Q&A with Director of ICT
- Accommodation review

Attachment F

Members' Council

27th September 2017

Chief Executive Report – September 2017

Summary & reason for item:

This purpose of this report is to provide a summary of key work priorities and achievements since the 28th June 2017 report to the Members' Council. The report includes:

- **Chief Executive Highlights Report** – Peter Steer, Chief Executive – (Verbal)

- **Integrated Quality Report (August 2017)** (Juliette Greenwood, Chief Nurse and David Hicks, Interim Medical Director)

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 (July / August 2017)** (Nicola Grinstead)

The attached Integrated Performance Report and supporting narrative (and appendices) provides an overview of the Trust as at Month 4/5 2017/18 – July / August 2017.

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.

- **Finance Report** (Loretta Seamer, Chief Finance Officer)

This report provides an update on progress as at 31st August 2017 against the Trust financial plan for 2017/18.

As at month 5 the Trust is reporting a £0.3m surplus before capital donations which is £0.8m less than the planned surplus. This is due to a decline in month in NHS and IPP patient income and clinical and other expenses being over plan.

At Month 5 the Trust is £0.4m less than the control total target set by NHSI.

Councillor action required:

To note and discuss where required

Report prepared by:
Executive Teams

Item presented by:
Peter Steer, Chief Executive (and Executive Leads for their respective element of the report)

Trust Board Dashboard - August 2017

Domain	Measure		Jun	Jul	Aug	Trend	Plan	NHS Standard
Caring	Access to Healthcare for people with Learning Disability					→		
Caring	% Positive Response Friends & Family Test: Inpatients		97.80%	97.12%	97.11%	↓		95%
Caring	Response Rate Friends & Family Test: Inpatients		30.29%	23.34%	23.37%	↑	40%	
Caring	% Positive Response Friends & Family Test: Outpatients		93.66%	94.33%	90.77%	↓		95%
Caring	Mental Health Identifiers: Data Completeness		98.96%	98.86%	0.00%	↓		97%
Safe	Serious Patient Safety Incidents	In-month	1	2	0			
		YTD	5	7	7	→		
Safe	Never Events	In-month	0	0	0	→		0
		YTD	1	1	1	→		0
Safe	Incidents of C. Difficile	In-month	0	1	3	↓		1
		YTD	3	4	7	-		15
Safe	C.Difficile due to Lapses of Care	In-month	0	0	0	→		1
		YTD	0	0	0	→		
Safe	Incidents of MRSA	In-month	0	0	0	→		0
		YTD	0	0	0	→		0
Safe	CV Line Infection Rate (per 1,000 line days)		0.63	1.75	1.42	↑	1.6	
Safe	WHO Checklist Completion		99.63%	99.87%	98.77%	↓	98%	
Safe	Arrests Outside of ICU	Cardiac Arrests	1	0	2	↓	5	
		Respiratory Arrests	1	2	9	↓		
Safe	Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	1	↓	0	
Responsive	Diagnostics: Patients Waiting <6 Weeks		97.73%	97.77%	0.00%	↓		99%
Responsive	Cancer 31 Day: Decision to Treat to First Treatment		100%	100%		→		96%
Responsive	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery		100%	100%		→		94%
Responsive	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs		100%	100%		→		98%
Responsive	Last Minute Non-Clinical Hospital Cancelled Operations		46	40		↑		
Responsive	Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		7	3		↑		0
Responsive	Same day / day before hospital cancelled outpatient appointments		1.24%	1.10%	1.03%	↑		
Responsive	RTT: Incomplete Pathways (National Reporting)		89.26%	89.84%	0.00%	↓		92%
Responsive	RTT: Number of Incomplete Pathways (National Reporting)	<18wks	5612	5808	0	↓		-
		>18wks	675	657	0	↑		-
Responsive	RTT: Incomplete Pathways >52 Weeks - Validated		16	10	0	↑		0
Responsive	Number of unknown RTT clock starts	Internal Referrals	43	36	0	↑		-
		External Referrals	1755	1580	0	↑		-
Responsive	RTT: Total Number of Incomplete Pathways Known/Unknown	<18 weeks	7396	7386	0	↓		-
		>18 weeks	689	695	0	↑		-

Domain	Measure		Jun	Jul	Aug	Trend	Plan	NHS Standard
People, Management & Culture: Well-Led	Sickness Rate		2.22%	2.22%	2.25%	↓	3%	
	Turnover	Total	19.0%	18.9%	18.4%	↑	18%	
		Voluntary	15.8%	15.8%	15.4%	↑	14%	
	Appraisal Rate		88%	87%	85%	↓	90%	
		Consultant	83%	81%	78%	↓		
	Mandatory Training		91%	91%	91%	↑	90%	
	% Staff Recommending the Trust as a Place to Work: Friends & Family Test		73%				61%	
	Vacancy Rate	Contractual	11.5%	8.4%	9.0%	↓	10%	
		Nursing	10.1%	13.7%	0.0%	↑		
	Bank Spend		5.7%	5.9%	5.7%	↑		
	Agency Spend		2.23%	2.36%	2.22%	↑	2%	
Effective	Discharge Summary Turnaround within 24hrs		87.22%	88.75%	87.54%	↓		100%
	Clinic Letter Turnaround within	7 working days	45.93%	44.50%				
		14 working days	75.89%	76.21%		↑	100%	
	Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		7.72%	7.30%	7.75%	↓	8.36%	

Domain	Measure			Jun	Jul	Aug	Trend	Plan	NHS Standard
Productivity	Main Theatres	Theatre Utilisation		73.0%	69.9%	66.5%	↓		77%
		No. of theatres		16	16	16			
	Outside Theatres	Theatre Utilisation		57.8%	55.3%	55.4%	↑		77%
		No. of theatres		11	11	11			
	Trust Beds	Bed Occupancy		82.5%	84.7%	83.8%	↓		
		Number of available beds		414	413	391	↓		
	Average number of trust beds closed		Wards	6.1	5.3	15.6	↓		
			ICU	0.2	0.5	0.4	↑		
	Refused Admissions	Cardiac refusals		3	7	1	↑		
		PICU / NICU refusals		2	10	7	↑		
Activity	Daycase Discharges (YOY comparison)		In-month	2,140	2,044	2,196	↑	2,163	
			YTD	6,058	8,102	10,298		10,575	
	Overnight Discharges (YOY comparison)		In-month	1,705	1,663	1,707	↑	1,567	
			YTD	4,853	6,516	8,223		8,005	
	Critical Care Beddays (YOY comparison)		In-month	976	1,070	1,111	↑	1,186	
			YTD	3,157	4,227	5,338		5,711	
	Bed Days >=100 Days	No. of patients		3	6	6	→		
		No. of beddays		587	1,004	1,004	→		
	Outpatient Attendances (All) (YOY comparison)		In-month	22,315	21,543	20,076	↓	20,175	
			YTD	62,860	84,403	104,479		101,446	

Our Money	Jun	Jul	Aug	Trend	YTD Target	YTD Variance
Net Surplus/(Deficit) v Plan	(1.4)	0.7	(0.1)	↓	1.1	(0.8)
Forecast Outturn v Plan	0.2	0.2	0.2	→	0.2	0.0
Better value	1.0	1.5	1.5	→	6.0	0.0
Pay Worked WTE Variance to Plan	351.5	260.0	300.0	↑	0.0	303.8
Debtor Days (IPP)	201.0	192.0	194.0	↓	120.0	(74.0)
Quick Ratio (Liquidity)	1.83	1.80	1.80	→	1.67	0.1
NHS KPI Metrics	1.0	1.0	1.0	→	1.0	0.0

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

Symbol	Meaning	Colour	Meaning
↑	Improvement	Green	On / above target
→	Consistent trend	Red	Below target
↓	Deterioration	(blank)	No target

Integrated Performance Report

Nicola Grinstead, Deputy CEO

September 2017

(Month 4 & 5 2017/18)

The child first and always

Index

Great Ormond Street Hospital for Children
NHS Foundation Trust

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Effective	Page 16
Productivity	Page 17
Our Money	Page 18
Appendix I: Integrated Performance Dashboard	Attached
Appendix II: Definitions	Attached
Appendix III: Data Quality – Overview	Attached

The child first and always

Executive Summary

July & August 2017 (Month 4 & 5 2017/18)

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:

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- 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. The IPR is attached as an appendix to this supporting narrative. As per previously for other elements his report and narrative should continue to be looked at in conjunction with the Quality and Safety Report and Finance Report.

At the time of writing the Trust Board report, not all Month 5 (August 2017) data is available, as this falls prior to a number of key national submissions or the data has not been reviewed in time for inclusion.

Caring

(to be reviewed alongside the Integrated Quality and Safety Report)

Friends & Family Test (FFT)

Headlines via the Performance Report for these measures are:

- Continued very positive recommendation responses for those undertaking the Inpatient FFT (97.11% for Aug 2017)

- The rate (%) of those responding (for Inpatients) having seen signs of significant improvement (i.e. 30% plus for May and June) has tailed off over the last couple of months, back to circa 23% (being 23.37% in August Trust wide). There remains variability across the 3 Divisions and the wards. Work in underway assessing the variability and those typically more challenging areas that have frequent attenders during the reporting period. This will be updated on next month,

A comprehensive over-view and assessment of the Inpatient FFT delivery is provided in the Integrated Quality and Safety Report, tracking response rates over time and also in comparison to other organisations. This is reviewed and assessed in the relevant Trust Committees, and Divisional Nursing leads provide regular updates at their monthly Divisional Performance meetings.

Access to Healthcare for people with Learning Disabilities

The Trust continues to report compliance with this requirement against the measure outlined in the supporting appendix which provides an over-view of the definitions for each indicator.

Safe

(to be reviewed alongside the Integrated Quality and Safety Report)

Great Ormond Street Hospital for Children NHS Foundation Trust

Serious Incidents and Never Events

As confirmed in the Performance Dashboard and in the Quality & Safety Report, there were no reported incidents in August. The YTD positions are:

- Serious Incidents = 7
- Never Events = 1

Further detail is provided in the Quality and Safety Report

Healthcare Associated Infections (HCAIs)

Incidents of C. Difficile

The Trust has now reported 4 additional incidents of C Diff (1 in July and 3 in August), taking the Trust YTD position to 7 (at M5). At this time, none of these have been found to have resulted in lapses of care, and these continue to be reviewed with Commissioners). The Trust total allowance for 2017/18 are 15 cases, as set nationally.

Incidents of MRSA

The Trust continues to report no incidents of MRSA for the while year (which is a continuation of the trend from the last few months, and where only 3 cases were reported in 2016/17)

CV Line Infections

There has been an improvement in August to 1.42 (per 1000 line days), All incidents have or will be investigated by the lead nursing staff with involvement from the Infection Control team. As per the Q&S report, the ongoing trend / position over time is within expected levels showing no sustained outlying behaviour.

WHO Surgical Checklist Completion (> 98%)

As reported last time, the Trust has now been consistently delivering above 98% for the past few months. There has been continued delivery across the board, reflecting the improvements made operationally.

Hospital Acquired pressure / device related ulcer: Grade 3 & above

A Grade 3 device ulcer has been reported for August, within the IPP Division. The usual processes are being followed to investigate this case by senior nursing staff.

Welcoming Helpful Expert One Team

Diagnostics (99% < 6 weeks) – July 2017 position

The Trust continues to report improvements in this area, although not delivering to the standard of 99% for patients accessing the 15 diagnostic modalities within 6 weeks of referral / request. As at July (at the time of writing this is the most recent nationally submitted position) the Trust saw 97.77% within 6 weeks. In not delivering the standard this meant that 14 patients were waiting in excess of 6 weeks at the time or the census date for the period. (In order to achieve this the Trust should not have anymore than 6 patients waiting than >6 weeks).

As shown in the table opposite, those modalities reporting patients waiting >6 weeks are: Audiology, Gastroscopy, MRI and US. Of the 14, half of theses can be attributable to process / booking issues which have been investigated by the services and being addressed. The remainder are due to patient specific issues / or patient cancellations.

The areas concerned are being reviewed to ensure that process issues are being addressed sufficiently as possible and that where patients / families cancel, the Trust has been in a position to provide reasonable notice in booking that initial diagnostic appointment. The local team is additionally seeking further clarity nationally regarding the reporting of these types of cancellations.

Contextually when comparing GOSH with other Children's Trust or other London tertiary / specialist providers, the Trust is not an outlier with differential levels of performance. Nationally out of 365 providers reporting against the standard (NHS and Independent sector) 255 in July were delivering 99% or better (it must be noted that 142 of which reported a waiting list of less than 100 and a number are also providers just offering certain specific diagnostics, rather than a full range), 38 providers 98-99%, 15 at 97-98% (of which GOSH was one) and 57 <97%.

DM01 July 2017 Modality:	% <6 Weeks	No. > 6 weeks
Audiology - Audiology Assessments	86.8%	7
Barium Enema	100.0%	
Cardiology - echocardiography	100.0%	
Colonoscopy	100.0%	
Computed Tomography	100.0%	
Cystoscopy	100.0%	
Flexi sigmoidoscopy	100.0%	
Gastroscopy	96.6%	1
Magnetic Resonance Imaging	98.0%	5
Neurophysiology - peripheral neurophysiology	100.0%	
Non-obstetric ultrasound	98.1%	1
Respiratory physiology - sleep studies	100.0%	
Urodynamics - pressures & flows	100.0%	
Trust Total	**97.77%**	**14**

Cancer Wait Times

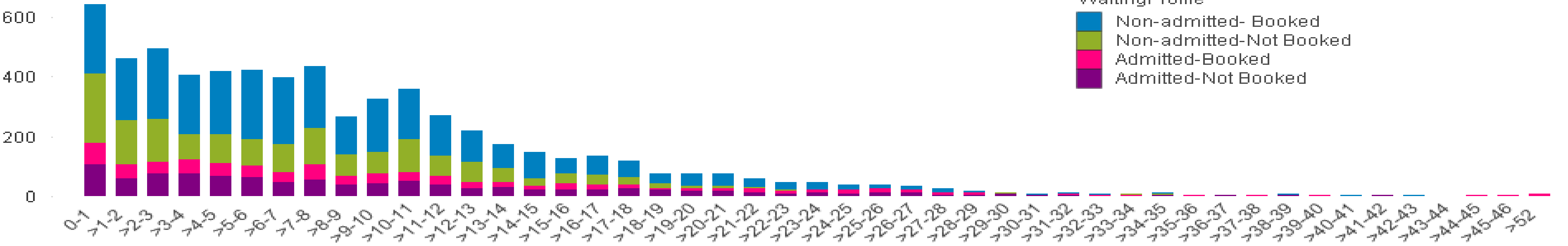
For the reporting period up to July 2017, there have been no patient pathway breaches reported against the Cancer Wait time standards applicable to the Trust.

Referral to Treatment Time (incomplete standard > 92%) – July 2017

Whilst the Trust remains below the RTT incomplete standard of > 92% (of pathways waiting no longer than 18 weeks), it continues to be above its improvement trajectory. At the time of writing the most up to date submitted position was for July which was 89.84%, with the trajectory of 89.41%

Benchmarking data available nationally (for July) shows GOSH at 92 (out of 153 Trusts), and with approx. 50% of providers delivering the standard nationally. As stated previously the other children's hospitals (Alder Hay, BHC and Sheffield) are delivering the standard, however there remains variability across specialist and tertiary centres, and throughout London.

The matters reported last time associated with operational issues within the Rheumatology and Genetics service, are improving. In Rheumatology the specialty is on track to be back to compliance by December 2017 and Genetics will be compliant from August 2017 – ongoing work continues to ensure this remains a sustainable position for both services. The other known pressure areas continue to work towards delivery and with the impact of PICB this should improve the position for some key areas. The graph below provides an overview of the distribution of the Trust's RTT wait times (for those with known clock start pathways). As is evident the number of long waiters >52 weeks continues to improve.



52 week waits:

The position has now improved from the slight increase seen over the last couple of months (associated with the specialty level issues flagged previously). Of the 10 reported in July 2017 – these spread across a range of specialties (plastics, spines, rheumatology, neurology and genetics).

Since reporting 6 pathways had clock stop activities in August, and 4 planned for September (with TCIs).

Unknown clocks starts:

The number of pathways with an unknown clock start (i.e. referred to the Trust without confirming the start date of the pathway) has increased over recent months, however in July an improvement was seen off the back of a further push in engaging with referring Trusts and escalating where necessary (reducing it to 20%, and week on week improvements continue to be seen).

Last minute non-clinical hospital cancelled operations (and associated 28 day breaches)

Reported in the Dashboard are the monthly breakdowns for this quarterly reportable indicator.

For Q1 17/18 the Trust reported a continued improvement in this area (compared to Q4 16/17 = 180 last minute non-clinical hospital cancelled operations), with 137. The areas contributing most to this are Radiology and Cardiac Surgery.

Positively this trend continue into July with the Trust only having 40 last minute non-clinical hospital cancelled operations

Focused work remains on-going within key areas to continue to build on these improvements. Operational teams continue to balance between urgent / emergency cases versus elective with bed capacity remaining a challenge. Certain specialties are additionally being reviewed (e.g. Radiology), and further escalation steps have been put in place with operational senior management teams.

Q1 also reported a significant improvement in rebooking last minute cancelled operations within 28 days of the cancellation, with only 14 (compared to 25 in Q4 16/17). For July this continues with only 3 of the 40 cancellations not able to be booked within the standard (within Cardiac Surgery/Cardiology and Dermatology). All potential 28 days breaches are being escalated and reviewed by the Divisional Operational Directors.

Workforce Headlines

- **Contractual staff in post:** Substantive staff in post reduced to 4099.4 FTE (full-time equivalent) in August. This is 218 FTE (5.6%) higher than the same month last year. The Trust has a significant number of new starters in the recruitment pipeline
- **Unfilled vacancy rate:** The Trust's unfilled vacancy rate is currently 9%, which is a slight increase on the previous month, but below target. The rate is expected to reduce in the coming months
- **Turnover** is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 15.38%; this reported value excludes non-voluntary forms of leavers. Total (voluntary and non-voluntary) turnover has reduced to 18.4% in August 2017.
- **Agency usage** for 2017/18 (year to date) stands at 2.2% of total paybill. The Trust has established a Better Value Scheme scrutinising all agency spend. NHS Improvement (NHSI) have set an agency spend ceiling for all Trusts (3% for GOSH, £6.525 million) and the Better Value Scheme aims to achieve overall savings of £250K. Breaches of the NHSI cap continued to reduce month on month
- **Statutory & Mandatory training compliance:** In August the compliance across the Trust remained at 91%. Currently, all directorates/divisions are meeting the in-year 90% compliance requirement.
- **Sickness absence** remains below target at 2.25% and below the London average figure of 2.8%. Short-term sickness (STS) (episodes of sickness up to 4-weeks) is 1.32%, while long term sickness is at 0.93%
- **PDR completion rates** The appraisal rate has reduced to 85%, which is below target, however the Trust continues to benchmark well and is above it's long term average. The reduction reflects an expected seasonal trend which will be reversed in the next few months.

Please refer to the analysis on the next 4 pages which provides a breakdown of the above in more detail

Well-Led

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust KPI performance August 2017

Metric	Plan	Aug-17	3m average	12m average
Voluntary Turnover	14%	15.4%	15.7%	16.1%
Total Turnover	18%	18.4%	18.8%	18.9%
Sickness (12m)	3%	2.3%	2.2%	2.3%
Vacancy	10%	9%	9.6%	8.1%
Agency spend	2%	2.2%	2.3%	3.2%
PDR %	90%	85%	87%	85%
Statutory & Mandatory training	90%	91%	91%	88%

Key:

Achieving Plan **Within 10% of Plan** **Not achieving Plan**

Substantive staff in post by staff group

Contractual Staff in Post (FTE, rolling 12-months by staff group)

Contractual FTE (Staff Groups)

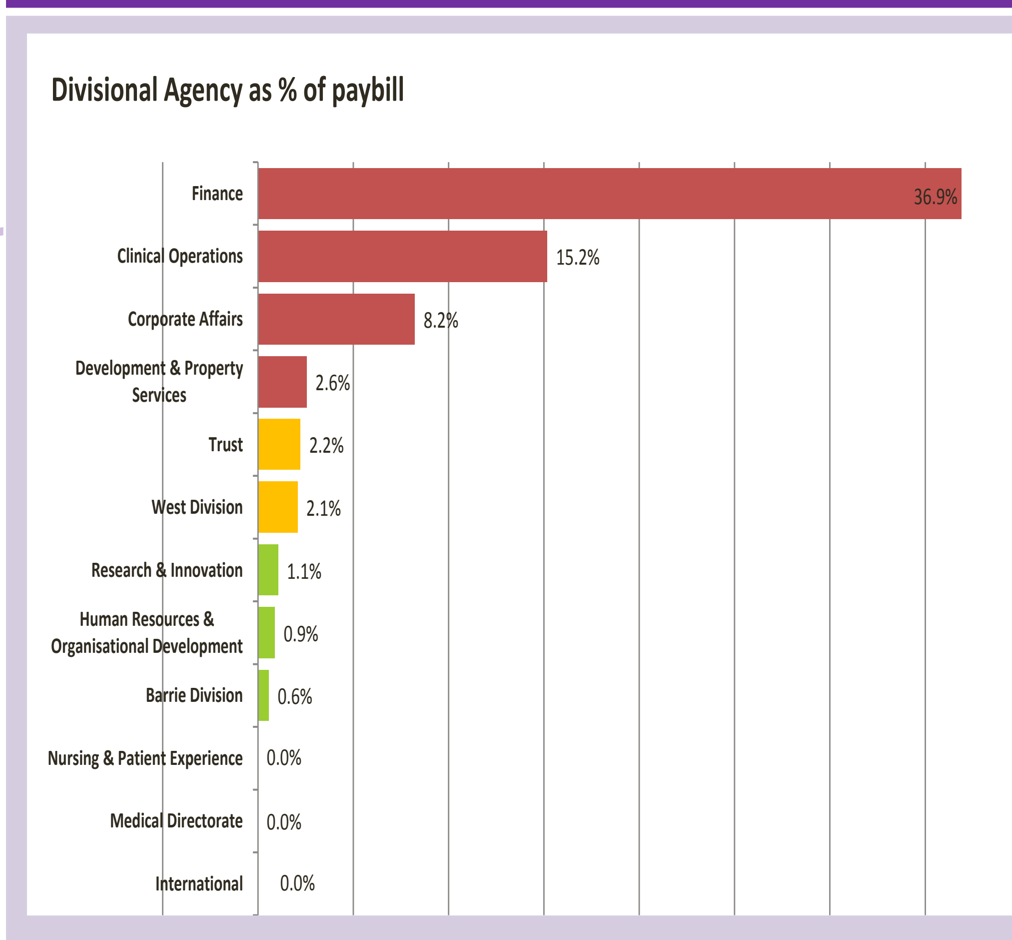
1600
1400
1200
1000
800
600
400
200
0

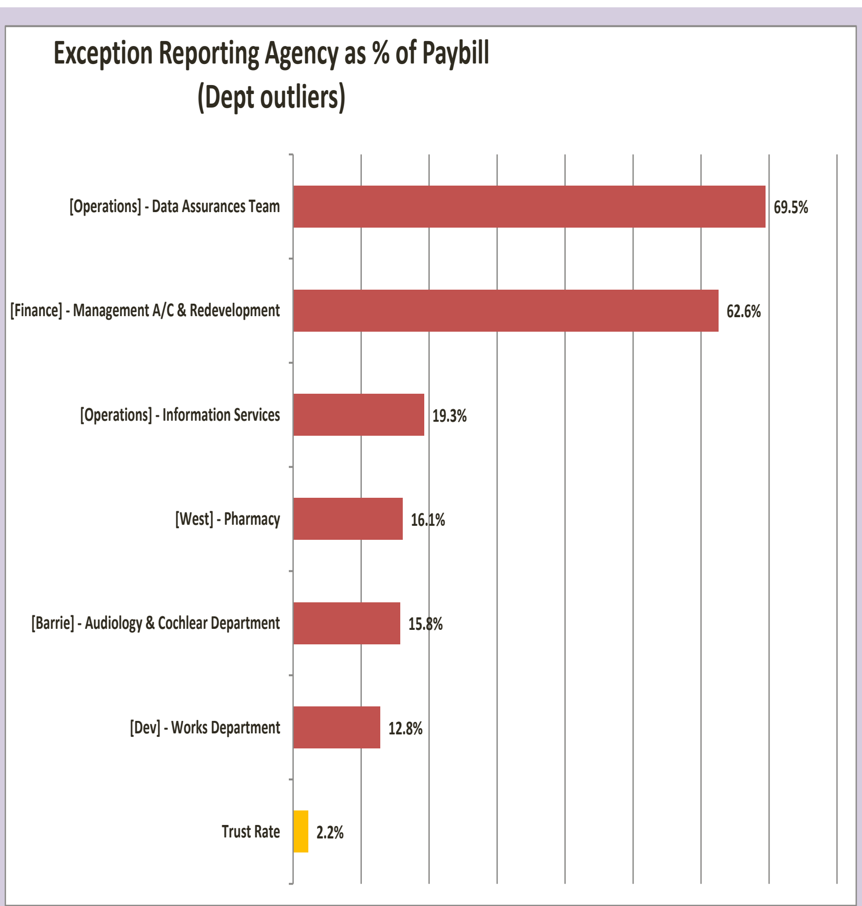
4040.0
4058.0
4092.2
4078.7
4122.0
4116.0
4110.2
4105.1
4129.5
4127.7
4114.8
4099.4

09/2016 10/2016 11/2016 12/2016 01/2017 02/2017 03/2017 04/2017 05/2017 06/2017 07/2017 08/2017

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
Nursing
Students

Agency Spend: Exception report





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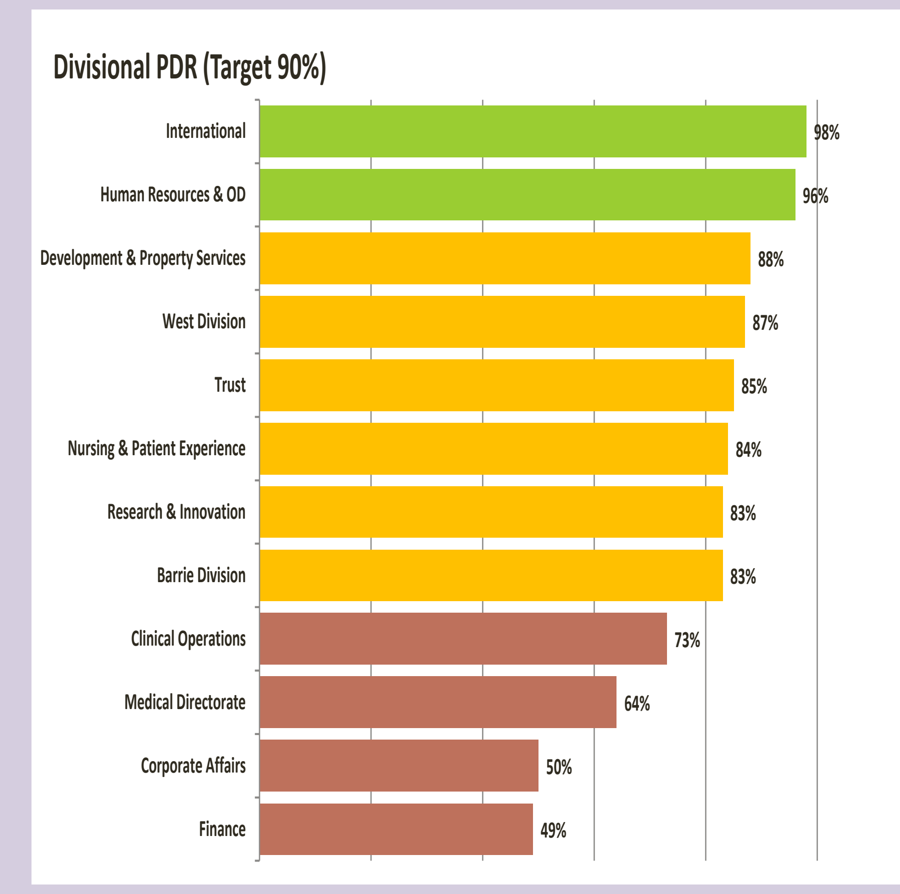
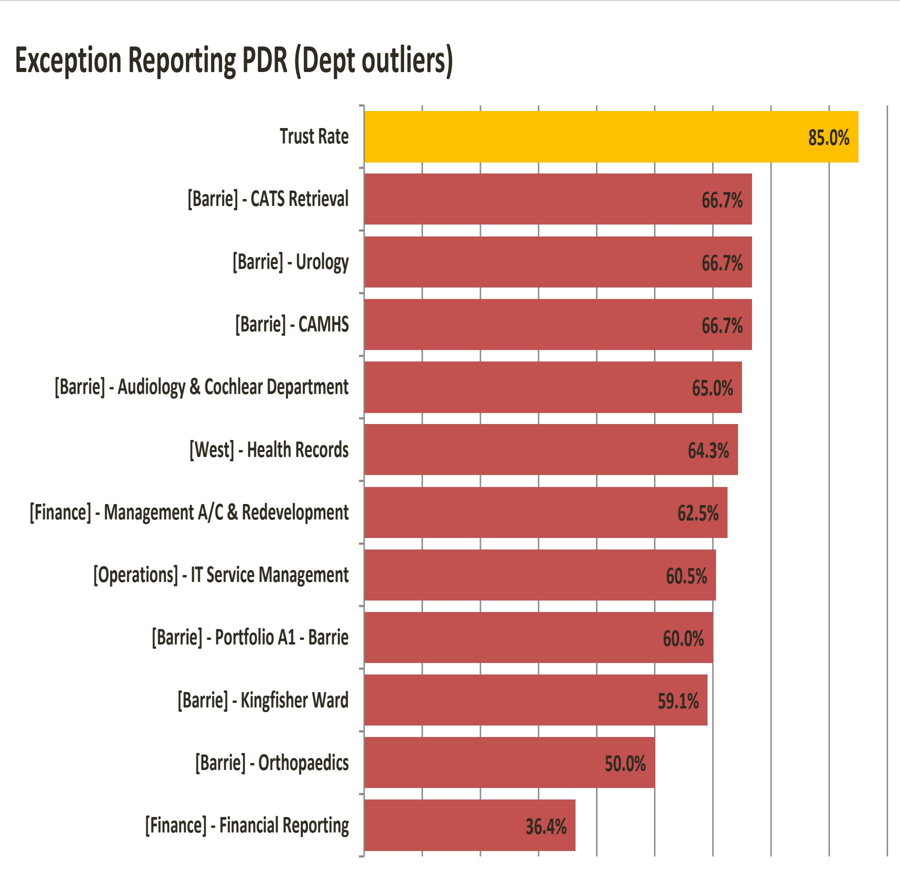
Great Ormond Street Hospital for Children NHS Foundation Trust

PDR: Exception report





Workforce: Highlights & Actions

Sickness %

- Continued support to encourage line managers to attend the ER Bitesize training sessions, and bespoke sessions within the Divisions.
- On a monthly basis the ER team continue to report on the Bradford triggers for those staff that have reached the trigger.
- Regular meetings are held with Ward Sisters to discuss sickness management.
- Health and wellbeing; a number of initiatives are being launched in order to support employees at work such as mental health awareness and healthy activities over the next month.
- IPP - HRBP presents sickness absence data and in-depth analysis at IPP Performance Board and working alongside IPP General Manager to agree workstreams to help improve sickness absence levels. 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.
- Regular meetings set up with service leads to provide additional support in managing sickness cases.
- Monthly sickness absence trigger reports sent out to managers from the HR Advisors to ensure proactively approach to managing sickness absence

Agency Spend

- HRBPS are working within the Divisions to reduce agency usage by converting individuals from agency to permanent or bank contracts. This work is inline with NHSI requirements to reduce agency and breaches of payrates and duration.

Voluntary Turnover Rate

- There has been a significant amount of work undertaken over the past few months to better understand the broader turnover position - with specific focus on areas of low stability and high turnover. Whilst this is work in progress, there have been developments in also understanding the reasons why people leave and where they go. In addition, the work around nurse recruitment and retention is now a focused project under the Nursing Workforce Programme Board.
- Developing B5s into vacant B6 roles helps to decrease turnover of B5s
- Focus groups have been held and feedback is being reviewed from Band 6 nurses to support retention

Well-Led

Workforce: Highlights & Actions

PDR Completion

- Simplifying the reporting process of PDRs has supported managers in working towards their PDR targets. The HRBPs are continuing to support managers in identifying the PDRs that are required for completion.
- Performance management via divisional reviews continues.
- PDR rates now regularly reported and accessible via the intranet.
- Continued reminders to individuals and line managers
- HRBP working with Director of Ops to improve PDR performance - now sending out PDRs plans for 17/18 for services in J.M. Barrie.
- HRBP's escalating long term PDR non-compliance with relative managers
- PDR rates are a rolling agenda item for Performance Meetings within the Divisions / Directorates.

Statutory & Mandatory Training Compliance

- Improved visibility through LMS - staff encouraged to check their own records on GOLD
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Additional face to face sessions have been run for DPS staff. Information sheets sent out for online courses.
- Simplicity in reporting process to improve compliance
- StatMan rates are a rolling agenda item for Performance Meetings within the Divisions / Directorates.

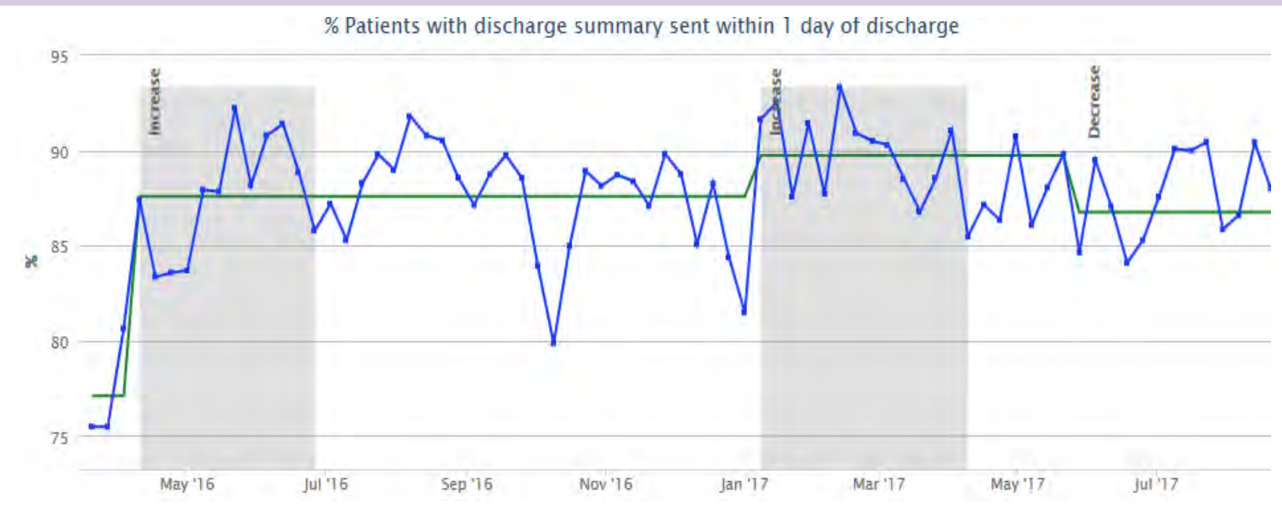
Effective

Discharge Summaries

As is evident from the SPC chart and the dashboard, performance in this area continues to fluctuate. For August 2017 the position was 87.54% sent within 24hrs of discharge, which is a slight dip on July

The Clinical Divisions continue to keep this as an areas of focus, and reported into their monthly performance meetings.

Plans are in place to look at different systems and approaches, reviewing roles & responsibilities , and appropriate escalation. With key involvement from the Heads of Clinical Service in those identified areas.



The quality of the content of the discharge summaries (as per the findings of an audit in Q3 of 16/17 - assessing these across a range of specialties against best practice standards) resulted in positive evidence of good practice across the Trust. These findings were presented to the Patient & Safety Outcomes Committee and with Commissioners.

Clinic Letter Turnaround times

For July (as this indicator is reported a month in arrears), improvements have been seen in relation to 14 day turnaround to 76.21%. For those sent within 7 working days, this remains around comparable previous levels of 44.5%. As with the above specific specialties are being targeted by the service management teams to ensure turnaround is improved.

Productivity

Theatres

Reporting in this area has now migrated and is based on the newly implemented Trust Theatres Dashboard. The reported positions have changed marginally, however remains largely in line. The dashboard, now provides theatres and operational teams with much more accessible and detailed information on their usage of Trust theatres.

As at August utilisation of Main Theatres has dropped to 66.5%. As part of the Better Value work streams this provides increased transparency on theatre productivity in future months, and what is presented here may be updated / improved.

An in-depth update is being provided as part of this report.

Beds

The metrics supporting bed productivity are to be improved for future months, however for now reflect occupancy and (as requested) the average number of beds closed over the reporting period.

Occupancy: For the reporting period of August 2017 occupancy has dropped slightly on previous levels to 83.8%. 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. For the same period the average number of beds closed are much higher that that the previous 2 months, as a consequence of Fox ward being closed for 17 days (as a consequence of air handling works).

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

Activity

The YTD activity across Day case discharges and critical care bed days are lower than the same reporting period for last year (i.e. up to M5). Inpatient and outpatient attendances are up.

Included for this month is the populated indicator looking at long stay patients. This looks at any patient discharged that month with a length of stay (LOS) greater than 100 days, and the combined number of days in the hospital. For August, the Trust had 6 patients discharged that had amassed a combined LOS of 1004 days. In future reports, further information will be given to provide context behind the stay etc.

Summary

This section of the IPR includes a year to date position up to and including August 2017 (Month 5). In line with the figures presented, the Trust has a YTD surplus of £0.3m which is £0.8m behind plan. The Trust is currently £0.4m behind the control total.

- Clinical Income (exc. International Private Patients and Pass through Income) is £3.3m higher than plan
- Non Clinical revenue is £0.7m lower than plan
- Private Patients income is £2.3m lower than plan
- Staff costs are £1.0m lower than plan
- Non-pay costs (excluding pass-through costs) are £3.1m higher than plan.

Appendices

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix I – Integrated Performance Dashboard

Please see attached covering all the domains in line with this supporting narrative

Appendix II – Definitions

Please see attached the supporting definitions and methodologies for each of the metrics reported upon

TRUST BOARD PERFORMANCE DASHBOARD: KPI DEFINITIONS

	Measure	Definition	Standard	Calculation formulae	Reporting Frequency
Caring	Access to Healthcare for people with Learning Disability	Covers the NHSI Standard for organisations to meet the 6 criteria for people with a learning disability: 1. Does the NHS foundation trust have a mechanism to identify and flag patients with learning disabilities and protocols that ensure pathways of care are reasonably adjusted to meet the health needs of these patients? 2. Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria? • Treatment options? • Complaints procedures? • Appointments? 3. Does the NHS foundation trust have protocols to provide suitable support for family carers who support patients with learning disabilities? 4. Does the NHS foundation trust have protocols to routinely include training on providing healthcare to patients with learning disabilities for all staff? 5. Does the NHS foundation trust have protocols to encourage representation of people with learning disabilities and their family carers? 6. Does the NHS foundation trust have protocols to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	Yes	Does the service meet the six criteria for meeting the needs of people with a learning disability, based on recommendations in Healthcare for all (DH 2008):29?	Quarterly
	% Positive Response Friends & Family Test: Inpatients	This is an indicator of overall patient experience of the service received. Patients would recommend service to others if they have had a good experience.	>95%	**Numerator:** respondents who would be extremely likely or likely to recommend the service **Denominator:** total respondents	Monthly
	Response Rate Friends & Family Test: Inpatients	This is an indicator of the percentage volume of patients responding to the Friends and Family Test Questionnaire	>40%	**Numerator:** Total number of patients that have completed the FFT Questionnaire. **Denominator:** Total number of patients eligible to respond.	Monthly
	% Positive Response Friends & Family Test: Outpatients	This is an indicator of overall patient experience of the service received. Patients would recommend service to others if they have had a good experience.	>95%	**Numerator:** respondents who would be extremely likely or likely to recommend the service **Denominator:** total respondents	Monthly
	Mental Health Identifiers: Data Completeness	Measurement of data completeness for Mental Health patients covering NHS Number, Date of Birth, Postcode, Gender, Registered GP Practice and Commissioner Code	>97%	**Denominator for NHS number, DOB, postcode, gender, GP practice:** count of distinct patients in that submission **Numerator:** does the patient have a valid NHS number, DOB, postcode, gender, GP practice **Denominator for Commissioner Code:** Count of referrals in submission **Numerator:** Does each referral have a valid commissioner code. All denominators and numerators are added up to create the overall Monitor measure	Monthly
Effective	Discharge Summary Turnaround within 24hrs	The percentage of patients with a completed Discharge Letter and sent within 24hours of the patients Discharge	100%	**Numerator:** number of discharge summaries sent for eligible patients within 24 hours **Denominator**: total number of discharge summaries required for eligible patients	Monthly
	Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)	This based on the number of NHS Patient Attendances and DNA's for all specialties covering Clinic and Ward Attenders but excludes Telephone Consultations	8.36%	**Numerator:** number of non-attendances **Denominator:** total number of expected attendances	Monthly
	Clinic Letter Turnaround within 7 Working Days	The percentage of patients with a completed Clinic Letter within 7 working days of attendance	100%	**Numerator:** number of clinical letters sent for eligible patients within 7 working days **Denominator:** total number of matching clinical letters for eligible patients on Clinical Documents Database	Monthly

	Measure		Definition	Standard	Calculation formulae	Reporting Frequency
Responsive	Diagnostics: Patients Waiting >6 Weeks		The percentage of patients waiting greater than 6 Weeks for a Diagnostic Test at the given month end census date based on the National DM01 Key 15 groupings	99%		Monthly
	Cancer 31 Day: Decision to Treat to First Treatment		The percentage of patients receiving first definitive treatment from diagnosis within 31 days	96%		Monthly
	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery		The percentage of patients receiving subsequent treatment of surgery for new cases of primary or recurrent cancer within 31 Days	94%		Monthly
	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs		The percentage of patients receiving subsequent treatment of drugs for new cases of primary or recurrent cancer within 31 Days	98%		Monthly
	Last Minute Non-Clinical Hospital Cancelled Operations		Count the number of last minute cancellations by the hospital for non clinical reasons in the quarter. Last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.			Monthly
	Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		Count of the number of patients that have not been treated within 28 days of a last minute cancellation	0		Monthly
	RTT: Incomplete Pathways (National Reporting		Patients waiting below 18 Weeks on an Incomplete RTT Pathway at month end with a known clock date (i.e. clock start and no stop) expressed a percentage	92%	**Numerator:** number of patients waiting below 18 weeks **Denominator:** total number of patients waiting	Monthly
	RTT: Total Number of Incomplete Pathways (National Reporting)	Under 18 Weeks	Patients waiting below 18 Weeks on an Incomplete RTT Pathway at month end with a known clock date (i.e. clock start and no stop).		Total number of patients waiting below 18 weeks	Monthly
		Over 18 Weeks	Patients waiting above 18 Weeks on an Incomplete RTT Pathway at month end with a known clock date (i.e. clock start and no stop).		Total number of patients waiting above 18 weeks	Monthly
	RTT: Incomplete Pathways >52 Weeks	Validated	Patients waiting 52 Weeks and above on an Incomplete RTT Pathway waiting at month end with a known clock date (i.e. clock start and no stop)	0	Total number of patients waiting 52 weeks and above	Monthly
	RTT: Number of Unknown Clock Starts	Internal Referrals	Patients referred internally within Great Ormond Street where the RTT Clock Start Date cannot be verfied		Total number unknown clock starts from an internal referral	Monthly
		External Referrals	Patients referred by other organisations to Great Ormond Street where the RTT Clock Start Date cannot be verfied		Total number unknown clock starts from an external referral	Monthly
	RTT: Total Number of Incomplete Pathways	Under 18 Weeks	Patients waiting below 18 Weeks on an Incomplete RTT Pathway at month end with a known and unknown clock date (i.e. clock start and no stop)		Total number of patients waiting below 18 weeks	Monthly
		Over 18 Weeks	Patients waiting above 18 Weeks on an Incomplete RTT Pathway at month end with a known and unknown clock date (i.e. clock start and no stop)		Total number of patients waiting above 18 weeks	Monthly
	Serious Patient Safety Incidents		Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm, abuse, Never Events, incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.	N/A	Total number of Serious Patient Safety Incidents reported in month.	Monthly
	Never Events		Never Events are serious incidents that are wholly preventable Never Events include incidents such as wrong site surgery, retained instrument post operation or wrong route administration of chemotherapy	0	Total number of Never Events reported in month.	Monthly
	Incidents of C. Difficile		This is the number of C.Difficile infections that have been reported in the Trust, regardless of whether they are hospital acquired and/or categorised as infection due to lapses of care.	0	Total number of C. Difficile infections that have been reported in month, in the Trust.	Monthly

Section	Measure	Definition	Standard	Calculation formulae	Reporting Frequency
SAFE	C.Difficile due to Lapses of Care	The types of issues which would result in the infection being considered to be associated with a lapse in care could be any case where there was evidence of transmission of C. difficile in hospital such as via ribotyping of the infection indicating the same strain is involved, where there were breakdowns in cleaning or hand hygiene, or where there were problems identified with choice, duration, or documentation of antibiotic prescribing. It must be noted that none of these would indicate that the infection was definitely caused by the provider organisation, only that we cannot state that best practice was followed at all times	0	Total number of C. Difficile infections that have been reported in the Trust.	Monthly
SAFE	Incidents of MRSA	This is the number of MRSA infections that have been reported in the Trust, regardless of whether they are hospital acquired and/or categorised as infection due to lapses of care.	0	Total number of MRSA infection the have been reported in the Trust in month.	Monthly
SAFE	CV Line Infection Rate (per 1,000 line days)	Rate of GOSH acquired central venous catheter related bacteraemia per 1000 line days.	1.6	**Numerator:** Number of GOS acquired CVC related infections in month x 1,000 **Denominator:** Number of line days in month.	Monthly
SAFE	Arrests Outside of ICU	The monthly number of cardiac and respiratory arrests outside of intensive care units.	5 (total)	Total number of cardiac and total number of respiratory arrests that have occurred outside ICU in the reportable month. Cardiorespiratory arrests count towards the cardiac arrests total, not the respiratory arrests total.	Monthly
SAFE	Total hospital acquired pressure / device related ulcer rates grade III & above	Total number of hospital acquired pressure/device related ulcers (Grade 3 SUPERFICIAL ULCER, full thickness skin loss, damage/necrosis to subcutaneous tissue, Grade 4 DEEP ULCER, extensive destruction, damage to muscle, bone or supporting structures).	N/A	Monthly number of hospital acquired pressure/device related ulcers, Grade III or above.	Monthly
People, Management & Culture: Well-Led	Sickness Rate	The sickness rate is based on the number of calendar days lost to sickness as a percentage of total available working calendar days (for either the 12-month period or the month).	3%	**Numerator**: Number of calendar days lost to sickness **Denominator:** Total available working calendar days.	Monthly
People, Management & Culture: Well-Led	Turnover Rate – Total Turnover	Turnover represents the number of employees that the Trust must replace as a ratio to the total number of employees across the Trust (excluding junior doctors).	18%	**Numerator**: All employees that the Trust must replace (excluding Junior Doctors) **Denominator:**Total amount of employees across the Trust (excluding Junior Doctors).	Monthly
People, Management & Culture: Well-Led	Turnover Rate – Voluntary Turnover	Voluntary Turnover represents the number of employees that the Trust must replace (due to: Flexi Retirement, Mutually Agreed Resignation, Pregnancy or Retirement due to Ill Health/Retirement Age) as a ratio to the total number of employees across the Trust (excluding junior doctors).	14%	**Numerator**: All employees that the Trust must replace due to voluntary resignation (Excluding Junior Doctors) **Denominator:**Total amount of employees across the Trust (excluding Junior Doctors).	Monthly
People, Management & Culture: Well-Led	Appraisal Rate	This indicators shows the percentage of substantive employees that have had their Performance and Development Review (PDR) appraisal.	90%	**Numerator:** Number of staff members with a complete PDR **Denominator:** Total number of staff members eligible for a PDR.	Monthly
People, Management & Culture: Well-Led	Mandatory Training	This indicators shows the percentage of substantive employees that have completed the necessary mandatory training courses on GOLD LMS.	90%	**Numerator:** Number of staff members who have succesfully completed all the necessary training courses for their role. **Denominator:** Total number of substantial staff members.	Monthly
People, Management & Culture: Well-Led	% Staff Recommending the Trust as a Place to Work: Friends & Family Test	This is an indicator of the overall satisfaction of staff members working in the Trust and how likely they are to recommend GOSH as a place to work to their friends and family.	61%	**Numerator:** Total number of staff members that have indicated that they are likely or very likely to recommend the Trust as a place to work. **Denominator:** Total number of patients that have completed the Staff FFT questionnaire	Quarterly
People, Management & Culture: Well-Led	Vacancy Rate	This indicator shows the percentage of unfilled vacancies within the Trust.	10%	**Numerator:** Established FTE **Denominator:** Actual Budget FTE	Monthly
People, Management & Culture: Well-Led	Bank Spend	Total amount spent on temporary staff from the GOSH Staff Bank	N/A	**Numerator:** Total amount that has been spent on Bank staff. **Denominator:** Total pay bill.	Monthly
People, Management & Culture: Well-Led	Agency Spend	Total amount spent on agency staff as a percentage of the total pay bill.	2%	**Numerator:** Total amount that has been spent on Bank staff. **Denominator:** Total pay bill.	Monthly

	Measure	Definition	Standard	Calculation formulae	Reporting Frequency
Our Money	Net Surplus/(Deficit) v Plan	Variance between YTD Net Surplus/(Deficit) - Excluding Capital Donations and Impairments compared to YTD Plan Surplus/(Deficit) - Excluding Capital Donations and Impairments			Monthly
	Forecast Outturn v Plan	Variance between Forecast month 12 Net Surplus/(Deficit) - Excluding Capital Donations and Impairments compared to Annual Plan as at month 12 Surplus/(Deficit) - Excluding Capital Donations and Impairments			Monthly
	P&E Delivery	Actual YTD recurrent savings delivered v YTD Planned Savings			Monthly
	Pay Worked WTE Variance to Plan	Variance between worked WTE in period and plan WTE in period			Monthly
	Debtor Days (IPP)	IPP Debtors / Total Sales x365			Monthly
	Qucik Ratio (Liquidity)	Cash + Receivables divided by current liabilities			Monthly
	NHS KPI Metrics	Composite metric based on performance against plan of the following NHS Improvement Measures: • Liquidity • Capital Service Coverage • I&E Margin • Variance in I&E Margin as % of income • Agency Spend • Each measure is rated 1 to 4 (and RAG rated 1 Green, 2 Amber and 3/4 Red)			Monthly
Productivity	Theatre Utilisation (NHS UO4)	Theatre Utilisation based on the percentage of original scheduled session hours that were used for operating	77%		Monthly
	Bed Occupancy	KH03 definition- day and night occupied bed days divided by total no of available bed days			Monthly
	Number of Beds	KH03 definition of total number of available beds			Monthly
	Average Number of beds closed	Average number of day and night beds closed in the reporting month.			Monthly
	Refused Admissions	Admissions refused due to non clinical reasons. Data excludes refusals based on medical grounds and refusals to a GOSH ICU/Ward that were accepted to a different GOSH ICU/Ward			Monthly
	Trust Activity: Trust activity (Daycase discharges, Overnight Discharges, Critical Care bed days and OP attendances	Discharges based on spells. Overnight discharges include elective, non elective, non elecetive non emergency and regular attenders. OP attendances include both new and follow up. Critical care bed days include elective, non elective and non elective non emergency.			Monthly
	Excess Bed Days >=100 days	No of patients with an extra ordinary length of stay (100 days+) at the end of the reporting period.			Monthly

Integrated Quality Report

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

September 2017 (covering June-August 2017)

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Great Ormond Street Hospital for Children
NHS Foundation Trust

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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.

Data Quality Kite-mark	Measure	Comment
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**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.	This measure is currently being reviewed by the Resuscitation Lead Nurse and the ICU Information Manager. Issues have been identified with the data in this measure but they are expected to the have been resolved and re-presented within the next month.
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Cardiac arrests**** **The figures within the Integrated Quality Report includes arrests within all areas outside of ICUs (including day case Wards, day units, outpatient areas and non-clinical areas e.g. main reception) whilst the Safe Staffing Report arrest data only refers to arrests on in-patient Wards . The data will therefore differ between the two reports as the Integrated Quality Report includes additional areas.	Overall, the data remains stable for this measure at 2 cardiac arrests per month; this has remained stable since 2015 with the exception of one outlier in January 2017 however this was not statistically significant. The process is in normal variation at GOSH; there have been no runs, trends or outliers identified.
	Cardiac arrests outside of ICU	**Respiratory Arrests outside of ICU (see slide 5 for more information)**
June 2017	1 (Rainforest Gastro)	1 (Bear)
July 2017	0	2 (Badger x2)
August 2017	2 (Butterfly, Bear)	9 (Badger x 7, Giraffe x1 and Lion x1)
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Mortality**	The data remains stable at 6.3 deaths per 1000 discharges; the process is in normal variation and has been since 2014. There have been no runs, trends or outliers identified.

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Has patient care been safe in the past?

Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Data Quality Kite-Mark	Measure	Comment
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Never Events**	The last Never Event was in May 2017 (111 days ago; this was 332 days after the previous Never Event). The process remains in normal variation at one event every 425 days on average. The baseline for this data is from 2010 until 2014. The Never Event declared in May 2017 is for a retained object while the previous Never Event was due to medication given via a misplaced NG tube.
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Serious Incidents**** ****by date of incident not declaration of SI**	The data had shown a reduction in serious incidents reported per month from 1.2 to 0.7 however the most recent 3 months performance indicate that this reduction has **not** been sustained and therefore a step change will not be implemented for the measure. There have been 1 SI reported in June 2017 and 1 in July 2017 . None were reported in August. If we look at a more sensitive measure (days since previous SI) then it looks as though they have become less frequent but more data is needed before a judgement can be made.
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Hospital acquired pressure ulcers reported (grades 2+)**	Performance remains within normal variation at 6.7 per month.

	June 2017	July 2017	August 2017
Grade 2 hospital acquired pressure ulcers	**5** (4 are device related)	**3** (3 are device related)	**5** (3 are device related)
Grade 3 hospital acquired pressure ulcers	**0**	**0**	**1** (1 device related)
Grade 4 hospital acquired pressure ulcers	**0**	**0**	**0**

Data Quality Kite-Mark	Measure	Comment
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**GOSH-acquired CVL infections**	The data remains stable at 1.8 CVL infections per 1000 line days.* The grade 3 hospital acquired pressure ulcer is device related; an RCA has been undertaken with senior input and the pressure ulcer has been deemed unavoidable. **The Quality and Safety team use Statistical Process Control (SPC) for measuring performance. This enables us to analyse the variation in a process and differentiate between 'common cause' and 'special cause' variation. This allows us to determine with some statistical rigour when there are improvements in processes. The methodology used in the 'Integrated Performance Report' is different where the trend is determined by comparing the performance of the 2 previous months.* *SPC also enables us to calculate average performance for a process which is the figure we quote. The 'Integrated Performance Report' gives the performance figures for the 3 most recent months only.*

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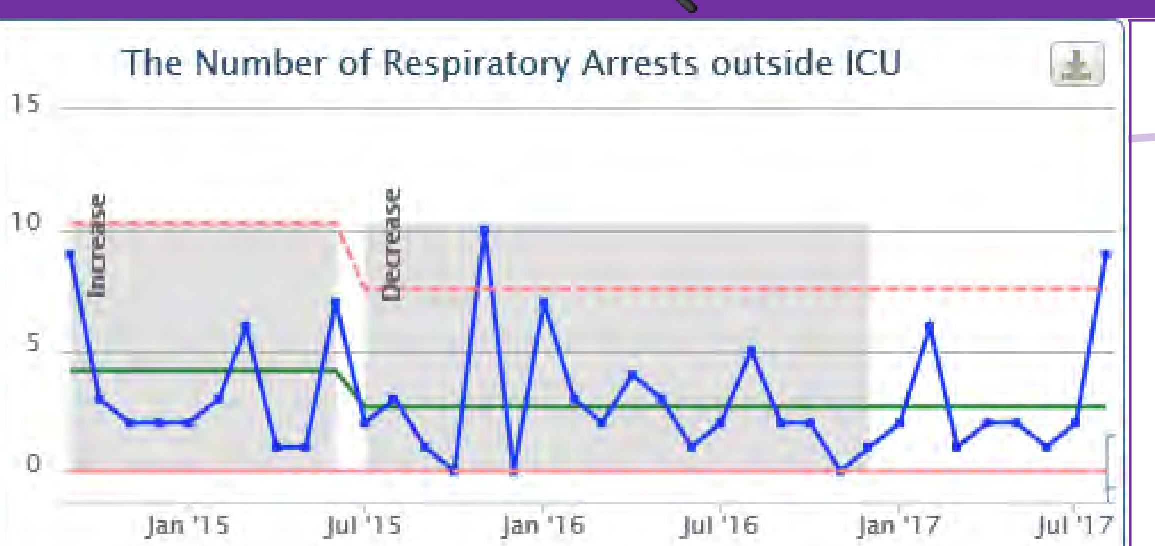
Welcoming Helpful

Has patient care been safe in the past?

Important measures of interest

Great Ormond Street Hospital for Children NHS Foundation Trust



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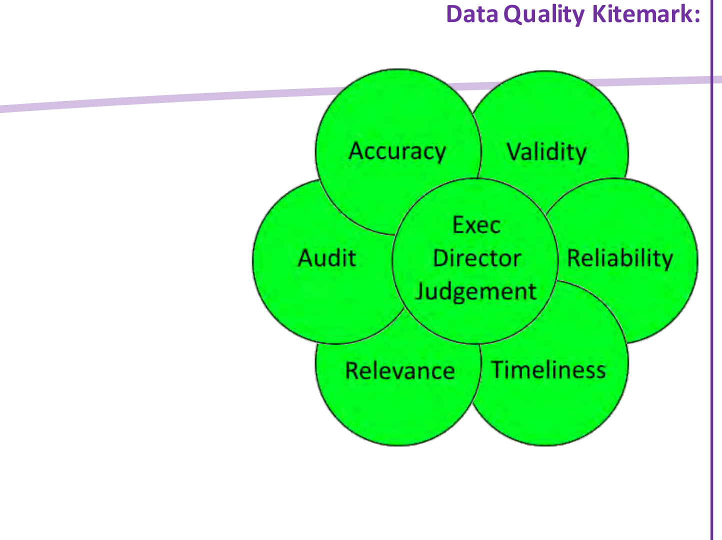


Respiratory Arrests Outside of ICU

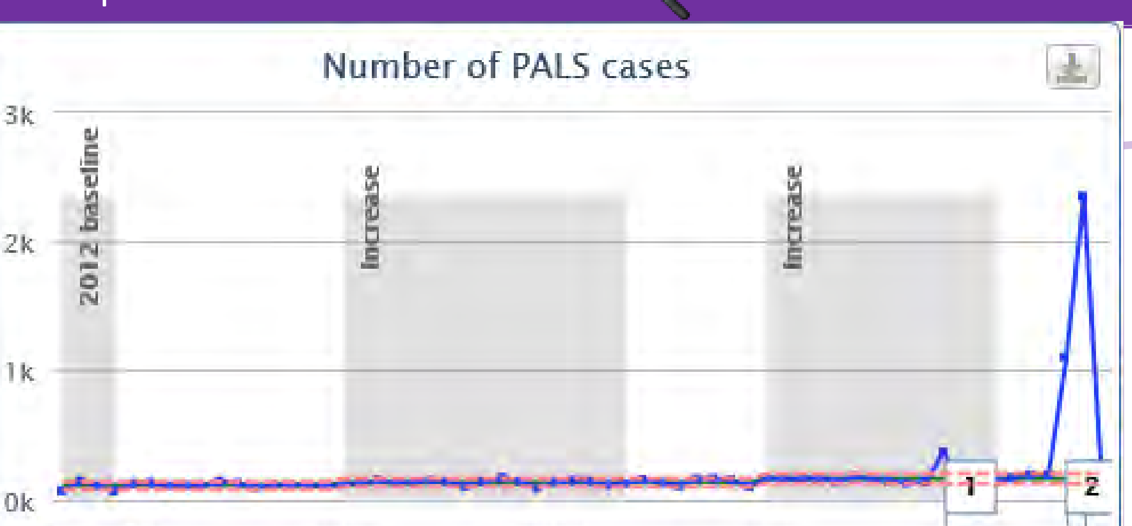
	Respiratory Arrests outside of ICU
June 2017	1 (Bear)
July 2017	2 (Badger x2)
August 2017	9 (Badger x 7, Giraffe x1 and Lion x1)

This month there has been a rise in respiratory arrests. The main reason is due to a patient admitted for management of respiratory arrests. Over the month ward teams have demonstrated excellent management of the respiratory arrests. All respiratory arrests were classified on the RECALL as not preventable.

Has patient care been safe in the past?

Important measures of interest

Great Ormond Street Hospital for Children NHS Foundation Trust



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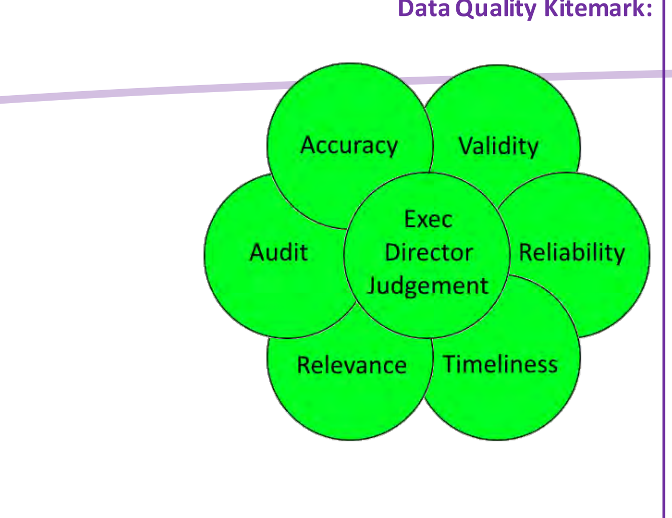

PALS cases

Since 2012 onwards the total numbers of Pals cases have increased incrementally but in small degree each year.

Social media campaigns are becoming more prominent causing a significant increase in Pals cases in relation to specific issues.
There have been three recent issues in social media and two of these issues have been picked up by traditional media too.
The three issues include :

1. The campaign by London Black Taxi Cabs being unhappy about the GOSH website advertising the use of mini cabs
2. The response to ill-chosen words used by a GOSH staff member on the BBC Question Time program.
3. The prominent case of a child on NICU at GOSH and the plans for his end of life care.

In the graph above, the two largest of these three issues are visible. We expect that social media campaigns will happen again and the Trust needs to review how it receives and responds to these social media campaigns and how patients, families and staff are supported.

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 June-August 2017			
No of new SIs declared in June-August 2017:	3	No of new Never Events declared in June-August 2017:	0
No of closed SIs/ Never Events in June-August 2017:	2	No of de-escalated SIs/Never Events in June-August 2017:	0

New SIs/Never Events declared in June-August(3)

STEIS Ref	Incident Date	Date Report Due	Description of Incident	Divisions Involved	Senior Responsible Officer (SRO)	Patient Safety Manager	Executive Sign Off	Divisional Contact
2017/ 15541	18/05/17	13/09/17	Deterioration – probable preventable hypoglycaemic seizure	Charles West	Associate Medical Director	Lead Patient Safety Manager	Interim Medical Director	Divisional Co-Chair, Charles West
2017/ 15567	08/06/17	13/09/17	Delay to remove infected central line	JM Barrie/ Charles West	Associate Medical Director	Patient Safety Manager	Interim Medical Director	Divisional Co-Chair, Charles West
2017/ 20094	26/07/17	09/10/17	Patient had worsening lower limb neurology after diagnostic MRI for spinal surgery under general anaesthetic.	JM Barrie	Deputy Medical Director	Lead Patient Safety Manager	Interim Medical Director	Divisional Director for Portfolio B, JM Barrie

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Learning from closed/de-escalated SIs in June- August 2017 (2):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:

SI 2017/ 10146	A human tissue sample was sent to the Great Ormond Street Hospital (GOSH) cytogenetics team for genetic analysis from the patient's local hospital, Basildon and Thurrock University NHS Trust (BTUH). Once analysis was complete the intention was to send it back to the patient's local hospital. GOSH sent the sample via Royal Mail recorded delivery on 14 February 2017. A signature was obtained by Royal Mail for acceptance of this sample but this did not specify which hospital had received the sample.
	Staff at BTUH realised that they had not received the sample and contacted GOSH on the 24 March 2017 to inform staff that this sample was missing. GOSH launched an investigation via Royal Mail and, on 7 April, it became apparent that the sample had been sent to Broomfield NHS Trust in error. The sample has since been located and retrieved from Broomfield Hospital and sent on to Basildon and Thurrock University Hospital as originally intended.
		The storage of all address labels for all recipient hospitals together meant that that administrative staff accidentally selected the incorrect location for the parcel to be sent to.	• To ensure that all address labels for all hospitals are kept separately
			  • Each hospital in the Essex area to be allocated its own plastic wallet
			  Action complete
			• To ensure that all paperwork for sending back human tissue from pregnancy loss is second checked as per local protocols
			  • Send out sheet to be amended to include checklist which needs to be initialled and dated by both staff members.
			  Action complete
			• To communicate more effectively with external trusts when samples are being returned by courier
			  • Individual hospital to be notified when GOSH has sent them a sample by Royal Mail Recorded delivery.
			  • To be included as part of the process for sending back human tissue as a result of pregnancy loss
			  Action complete
			• Ensure that the named person and address details are correct for each individual trust
			  • Each hospital to be contacted to ensure that the GOSH cytogenetics team have the correct information regarding named person, ward/location in the trust is correct.
			  • To be repeated annually (this is done when the SOP is reviewed)
			  Action complete
				It is essential to create physical barriers between items of a similar appearance to prevent human error occurring.

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs in June- August 2017 (2):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
SI 2017/ 3562	A neonatal patient with a complex variant of Tetralogy of Fallot (ToF) repair underwent emergency surgery. The surgery undertaken differed from the strategy that had been proposed at the multidisciplinary team meeting. At the end of the operation it was not possible to wean the patient from cardiopulmonary bypass therefore Extracorporeal Membrane Oxygenation (ECMO) support was instituted prior to transfer to the cardiac intensive care unit. The patient had a prolonged stay on the cardiac unit and sadly did not survive. The patient had a very complex underlying cardiac condition and it is not known whether the patient would have survived had a different treatment pathway been followed.	The surgeon deviated from the consensus surgical plan agreed at the multidisciplinary team meetings. The rationale for which was not clearly communicated across the teams at the time. This was an emergency procedure with absent or inconsistent descriptions of the proposed surgical intervention in a multitude of sources. This led to lack of clarity of the surgery that was due to take place.	• Review how the information at the multidisciplinary Tuesday Cardiac Pump meeting is recorded with a plan to standardise the report to describe the discussion, any points of contention and the outcome of the discussion • A designated recorder should be identified to formally document the cardiac pump meeting. • Divisional director to discuss with consultant body who chair the cardiac pump meeting so that a summary of all the discussion is outlined and not just the outcome of the discussion. **Action status: work on-going; timescale of action to be agreed (as part of the current action plan pilot scheme)** • Support the introduction of a dedicated consent clinic designing and delivering a process to achieve informed consent • Senior management team to propose and plan the consent clinic with the appropriate support, resources and recognition in consultant surgeons' job plans. • Review the data from the recently completed consent audit and link findings to plan for consent clinic. • Present the data to the cardiac services in appropriate forums eg: Cardiac Board , consultants meeting, M&M • Review the information provided to families ahead of admission for elective procedures, how it is presented to them and when it is presented to them. • Consider use of technology to consider alternative means to obtain consent such as skype. **Action status: the Consent Clinic is due to commence in Autumn 2017; work is on-going for the planning of the clinic.** •The need to ensure that each theatre case whether elective or emergency is subject to a full team brief, sign in and timeout with all core members in attendance and all equipment, medications and blood products available. • Consider incorporating these into cardiothoracic local safety standards for invasive procedures • (LocSSIPs) **Action status: Work is on-going; there is a Trust wide plan for the production of LocSSIPs and a working group has been set up.**	Review of the current consent processes with a plan to improve and further develop current consent processes.

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Expert

Are we responding and Improving?

Patient and Family Feedback: Red Complaints

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

Red Complaints in June- August 2017

No of new red complaints declared in June-August 2017:	3	No of re-opened red complaints in June- August 2017:	1
No of closed red complaints in June- August 2017:	1		

Open red complaints- March-May 2017 (3)

Ref	Opened Date	Report Due	Description of Complaint	Divisions Involved	Exec Lead	Division Lead
17/025	20/06/17	15/09/17	Concerns raised regarding a perforation of the bowel which was discovered following a patient's recent stoma closure procedure. Also concerns regarding the length of time taken for the patient to be reviewed after he began exhibiting symptoms.	JM Barrie A	Chief Nurse	General Manager-JM Barrie
17/027	22/06/17	31/09/17	Concerns raised regarding two surgical episodes and subsequent care on the Ward.	Charles West	Chief Nurse	Clinical Governance Manager, Charles West
17/040	03/08/17	16/10/17	Concerns raised regarding a renal transplant which took place in 2005.	JM Barrie (A2)	Interim Medical Director	Head of Nursing, JM Barrie

Re-opened red complaints (1)

Ref	Re-opened Date	Description of Complaint	Divisions Involved	Exec Lead	Division Lead
16/039	21/07/2017	Original complaint is regarding: Concerns raised regarding clinic appointment, examination and subsequent discharge of patient. Patient subsequently admitted to local hospital who queried the condition of the patient. Queries regarding previous treatment provided by GOSH for the patient. Complainant has raised additional queries following receipt of the Trust's complaint response.	JM Barrie	David Hicks, Interim Medical Director	General Manager-JM Barrie

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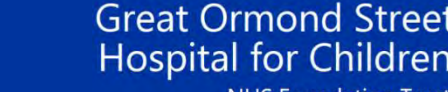
Welcoming Helpful Expert One Team

Learning from closed red complaints in June- August 2017 (1):		
Ref:	**Summary of complaint:**	**Outcomes/Learning:**
17/011	Patient raised concerns regarding a procedure that took place in 2004 following receipt of new information which prompted the patient to complain.	The complaint was investigated by the Trust and the medical records for the patient were reviewed. The investigation concluded that although the procedure undertaken was complex, it proceeded according to plan and there were no concerns raised during or after the surgery.

Are we responding and improving?

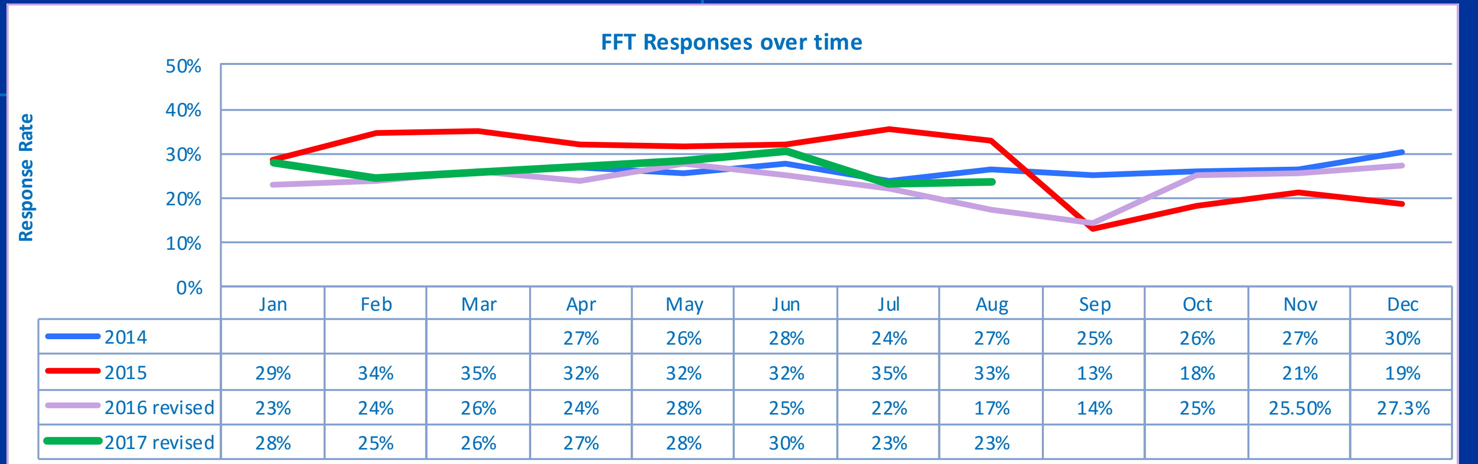
Learning from Friends and Family Test- Inpatient Data



Data Quality Kite-Mark	Inpatient Results June 2017	Inpatient Results July 2017

June 2017
Overall FFT Response Rate = 30.3%
Overall % to Recommend = 98%

July 2017
Overall FFT Response Rate = 23.3%
Overall % to Recommend = 97%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014				27%	26%	28%	24%	27%	25%	26%	27%	30%
2015	29%	34%	35%	32%	32%	32%	35%	33%	13%	18%	21%	19%
2016 revised	23%	24%	26%	24%	28%	25%	22%	17%	14%	25%	25.50%	27.3%
2017 revised	28%	25%	26%	27%	28%	30%	23%	23%				

June 2017 Top 3 Themes

Positive Themes:	No +ve comments	Total comments
Always Welcoming	144	145
Always Helpful	340	345
Always Expert	208	219
Negative Themes:	**No -ve comments**	**Total comments**
Staffing Levels	4	5
Access / Admission / Transfer / Discharge	23	34
Always One Team	7	16

July 2017 Top 3 Themes

Positive Themes:	No +ve comments	Total comments
Always Helpful	237	239
Always Welcoming	187	194
Housekeeping / Cleanliness	23	24
Negative Themes:	**No -ve comments**	**Total comments**
Staffing Levels	1	1
Access / Admission / Transfer / Discharge	12	13
Catering / Food	15	34

Are we responding and improving?

Learning from Friends and Family Test- Outpatient Data

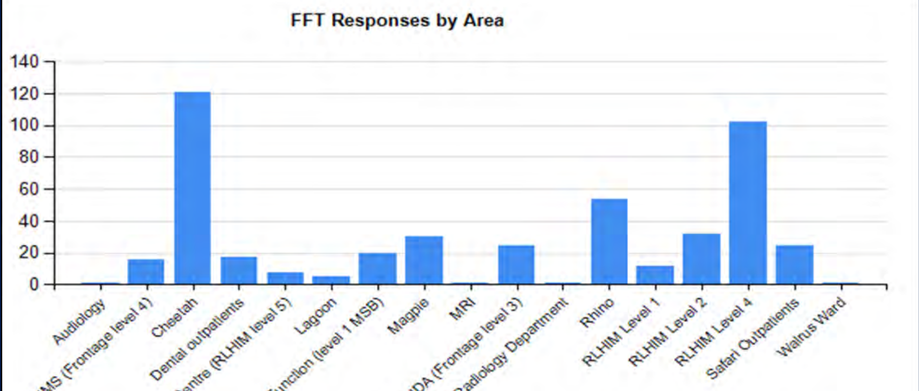
Data Quality Kite-Mark

Narrative:

The average percentage to recommend for Outpatients in July 2017 has increased to 94.3%.
Regular meetings between the PE Team and outpatients have been organised to increase the amount of feedback received in outpatients.

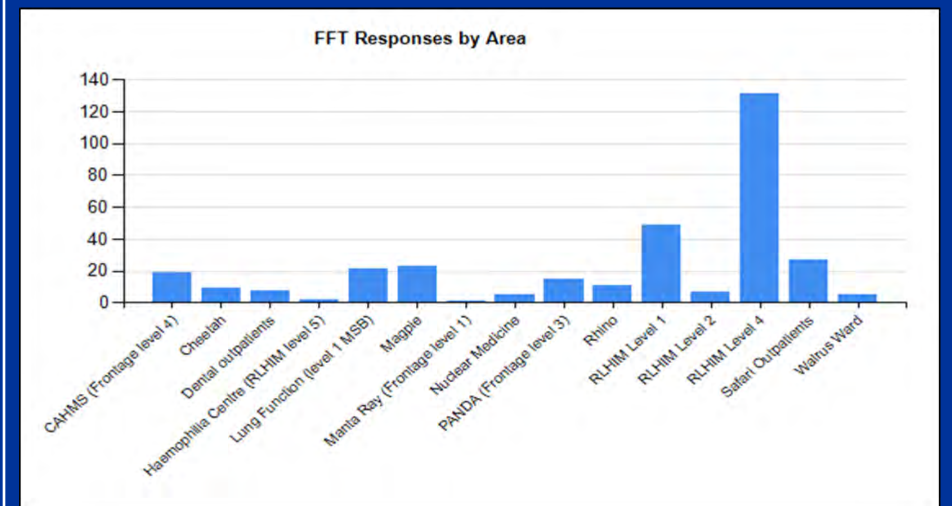
Outpatient Results June 2017

June 2017
Overall % to Recommend = 93.7%



Outpatient Results July 2017

July 2017
Overall % to Recommend = 94.3%



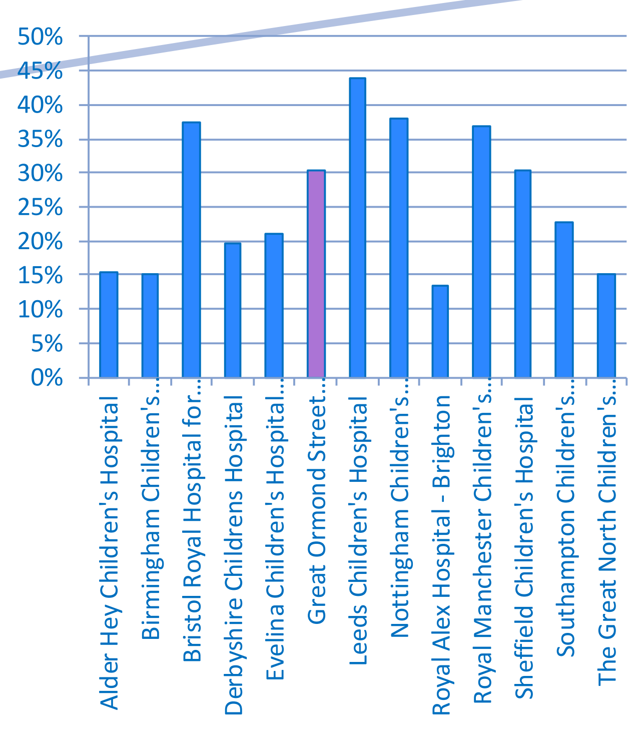
There were no response received for Audiology in July 2017; feedback may have been given via Rhino cards and families may have not specified Audiology on the cards. This has been discussed with the team and will be monitored.

Are we responding and improving?

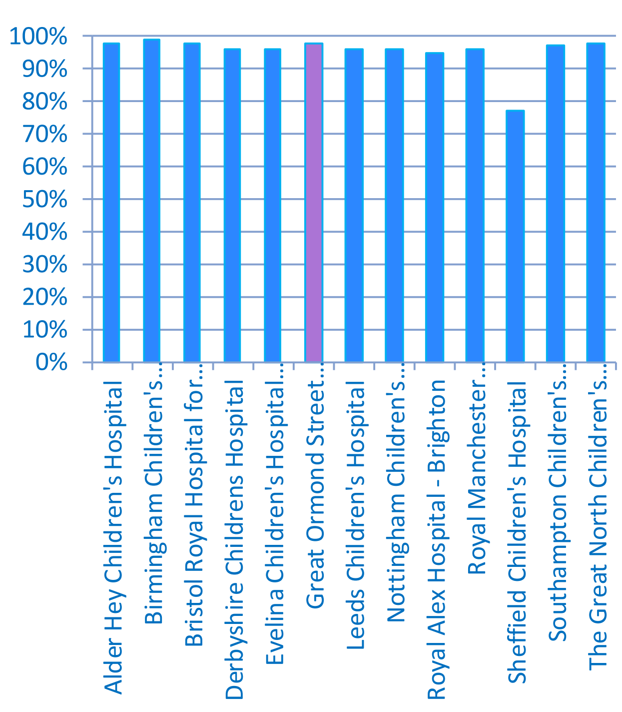
Benchmarking

Great Ormond Street Hospital for Children NHS Foundation Trust

Response Rates



Percentage to Recommend



Welcoming Helpful Expert One Team

Are we responding and improving?

Learning from Friends and Family Test- Positive Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

Below is a snapshot of some of the positive received via FFT during the reporting period. Positive feedback is shared with the relevant teams for dissemination.

Patient Feedback

- The nurses and doctors, the play leaders, the ladies that bring the food
- The staff are friendly ,they always make sure you don't need anything to eat or drink,
- Going home!!
- **Nothing is bad!**
- The toys, especially the cars!

Parent/Carer Feedback

- Without exception every person we came into contact with was friendly and provided the care that our son needed and reassurance as parents we needed! We couldn't have asked for a better experience. Thank you so much. Such a relief to experience this level of care on a bumpy journey.
- Badger ward has amazing people working there, from the domestic staff, play pals to the nurses and doctors, all are so wonderful and caring. Everyone made our stay as comfortable and friendly as possible. Everyone has a smile that has the ability to cheer you up and an ear to listen.

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Welcoming Helpful Expert One Team

Are we responding and improving?

Learning from Friends and Family Test- 'You Said, We Did' Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

Below is a snapshot of some of the negative feedback received via FFT during the reporting period and the subsequent actions taken. There is a process in place for the management of negative feedback to ensure that this is acted upon appropriately.

'You Said' — We did

"Very kind nurses and Drs, very positive experience despite having to have the treatment. Shortage of pillows meant that we had to buy them. It was as good as good can be."

Koala ward has ordered more pillows so that this will not happen again.

Nurses very good. Play specialist helpful - arranged dvd watching would have been helpful to have more explanation of ward procedures - meal times and breakfast arrangments, what to do if child needs help. Had to request parent bedding, wasn't told there was a kitchen. No problems with care of child

Kingfisher Ward Sister is reviewing why the family were not shown around the Ward when the patient was admitted as this is normal procedure ; the Ward tour does include a tour of the kitchen facilities.
With regards to meals etc, the Housekeeper should visit each patient with menu's for the whole day. The Ward currently has agency Housekeepers and therefore patients may have been missed on some occasions. The Ward Sister will ensure that all Housekeepers are aware of this duty as part of their role.
In each bay area there are linen for all parents for beds, the Ward will ensure that a poster is added to explain that parents can take linen to be used for parent beds.

Called and explained about my sons condition but, en-suite room not provided (his weight is 65Kg. He his not standing or walking two people needed to take in to toilet/bath & dress, undress. Only one parent/carer allowed to sleep so, I request en-suite room but not given)Staff helpful & friendly.

The Sleep Unit have contacted the family to discuss the concerns raised. The concerns have been noted by the team.
Currently there are only two rooms available on the Unit which have en-suite facilities and priority for these rooms is given to patients on bi-pap and c-pap.

The child first and always

One Team

Are we responding and improving?

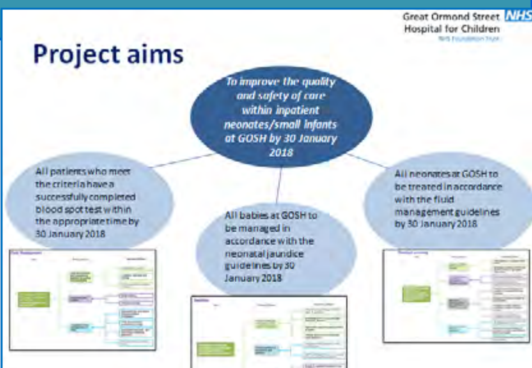
Featured Project: Neonatal care

Great Ormond Street Hospital for Children NHS Foundation Trust

Project aim:
To improve the quality and safety of care within inpatient neonates/small infants at GOSH

This is a trust-wide initiative at GOSH, seeking to improve the quality and safety of care within inpatient neonates/small infants. This work is led by a multi-disciplinary project team, including Medical, Nursing and Quality Improvement leads.
The project was initiated in response to an audit presented to PSOC in November 2016, which detailed the need to decrease the incidence of blood spots classified as avoidable repeats, improve the provision of jaundice identification and treatment and standardise the documentation and management of IV fluids within GOSH's neonatal population. GOSH continues to report quarterly against national neonatal blood spot screening samples.
The high level aim has broken down into three distinct areas of focus, with a separate driver diagram and aim outlined for each workstream, all for completion by 30 January 2018

- All patients who meet the criteria have a successfully completed blood spot test within the appropriate time
- All babies at GOSH to be managed in accordance with the neonatal jaundice guidelines
- All neonates at GOSH to be treated in accordance with the fluid management guidelines



Expected Benefits of the Project:

- Early recognition and timely treatment of neonatal jaundice
- Standardisation of neonatal care – pathways & bundle
- Agreed process for blood spot screening, resulting in fewer avoidable repeats
- Comprehensive neonatal training and resources for staff
- Improved documentation of critical patient information
- Clearly defined guidelines for neonatal IV fluids in order to standardise management across the Trust

Primary Drivers

- **Timely identification and treatment of all patients with suspected jaundice**
- **Bloodspot screening carried out within national guidelines**
- **Competent clinical management of IV fluids**

Measures for Improvement:

Audit and survey data will be used to measure results of the project.

Outcome measures:

- % of neonates who had bloodspot avoidable repeat
- % of neonates who had bloodspot in the correct timeframe
- % of neonates who were managed as per fluid guidelines
- % of neonates whose jaundice was managed as per guidelines

Process measures:

- Staff confidence in neonatal care (surveys)
- Staff uptake in neonatal training

Progress to date:

- Improved identification of neonates across the Trust
- Developed new neonatal fluid management guideline
- Developed intranet hub and ward folders of standardised neonatal resources and information
- Developed new protocol to enable ward admins to identify and complete missing data for neonatal admissions, including access to NHS Spine national portal
- Developed bloodspot and jaundice e-learning packages
- New neonatal Practice Educators rolling out programme of drop-in, simulation and ward based teaching
- Currently piloting Neonatal nursing and medical documentation to prompt for essential neonatal care and screening
- Currently piloting automated email prompt system highlighting neonates missing NHS# or within the day 5-8 bloodspot window

Next Steps:

- **The data does not currently demonstrate an improvement and on-going work to monitor and assess the impact and sustainability of current interventions will be carried out alongside the roll-out of the remaining interventions**
- Continue pilots of interventions, incorporating learning into subsequent PDSA cycles and rolling out Trust-wide
- Neonatal Practice Educators to develop sustainability plan, including train the trainer package
- Neonatal November – a month of talks, stands, teaching, hot topics and awareness raising
- Reinforce accountability for quality at Matron and Ward Sister level
- Develop neonatal medical education package
- Develop measure for fluid management following the development of the guideline

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
Nursing Quality Measures	To demonstrate Ward Nursing Quality Measures	Executive Sponsor- **Chief Nurse** Clinical Lead- **Assistant Chief Nurse**	Progress to date: • The NCQM Dashboard went live in early April 2017 • Initial verbal feedback is very positive with some minor additions being added to the dashboard including learning from audit. All additional changes to be made by the end of May 2017. • A formal feedback questionnaire is being created and will be circulated to staff in May/June. • Parent and patient surveys are being carried out to establish what information they would like to see displayed on the wards.
Neonates	To improve the quality and safety of care within inpatient neonates/small infant* at GOSH by October 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**	October 2017 Progress to date: • Neonatal Intranet page live – all resources to be collated for staff in central location online • E-learning module for blood spot available on GOLD • Neonatal fluid management guideline complete • New neonatal information folders available • New pathway for neonatal admissions for ward admins • New Neonatal Admission and Assessment tool • Neonatal education package in development with PEs PDSAs: Testing admin pathway, including access to NHS Spine for Ward Admins to identify and complete missing NHS numbers on PiMS Testing Neonatal Admission and Assessment form, to replace birth History form Blood spot e-learning trial with project group, PEs, neonatal link nurses Trial jaundice e-learning module with beta group
PEWS	To replace the Children's Early Warning System (CEWS) with the Paediatric Early Warning System (PEWS) for wards across GOSH by September 2017	Executive Sponsor- **Chief Nurse** Medical Lead- **Consultant Intensivist** Nursing Lead- **Clinical Site Practitioner**	Progress: • Second Steering group meeting occurred – 5th June 2017 • CEWS vs PEWS Nervecentre data comparison reports developed. • Continued difficulty in sourcing identical CareVue data. • Clinical review meetings took place with Cardiac and Renal specialties to discuss their EWS concerns. • Birmingham Children's Hospital visit set for the 5th July to establish how their PEWS system is used operationally e.g. in specific patient populations & managing escalation. • Nursing Training and Education package currently being development – Train the Trainer approach.

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One Team

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
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: • Minimum standards for a Transition Plan agreed (YP) that has 'Generic' and 'Specialty Specific' criteria. This will enable all YP to be started on a plan by 14 yrs even where course of /length of treatment at GOSH is uncertain • Web Ex established to allow young people (YP) to 'attend' Steering Group remotely • HI Team piloting Transition Clinic Next steps: • Agreement to Parent/carer Transition Plan minimum standards • Meeting with Charity to discuss YP & parent/carer education videos and expand Web-presence of transition • Development and pilot of report showing YP on clinic list for following month showing age, number of appointments in previous year and transition status • Development and pilot of eCOF Transition alert tab (pilot with teams currently piloting dedicated PIMS transition tab
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 – • First cohort of test wards in progress (Koala, Eagle, Bumblebee) • Bear, Hedgehog & Walrus - commence Jul 2017 • VHP Tool – Feedback survey completed, report pending • Communication group – agreed format, awaiting final roll out decision. • Training video – Filming completed, under development. • Long lines - Early discussions underway with Neonatal Consultant & Bear ward, potentially pilot to commence in Sep 2017. • Plastic lead – new Cons to take over plastics lead on project

Appendix 1

Methodology for key Trust measures

Great Ormond Street Hospital for Children NHS Foundation Trust

Measure	Methodology	
Never Events	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.	
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 thi s measure.	
Serious Incidents	This is the monthly count of serious incidents (SIs), by date of incident (as opposed to date incident was reported). A serio us 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/	
GOSH-acquired CVL infections per 1000 line days	The definition for this measure is complex and can be found here: http://goshweb.pangosh.nhs.uk/clinical_and_research/qi/Infection%20Prevention%20and%20Control/CVL%20Infection/Pages/default.aspx	

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Appendix 2: 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:

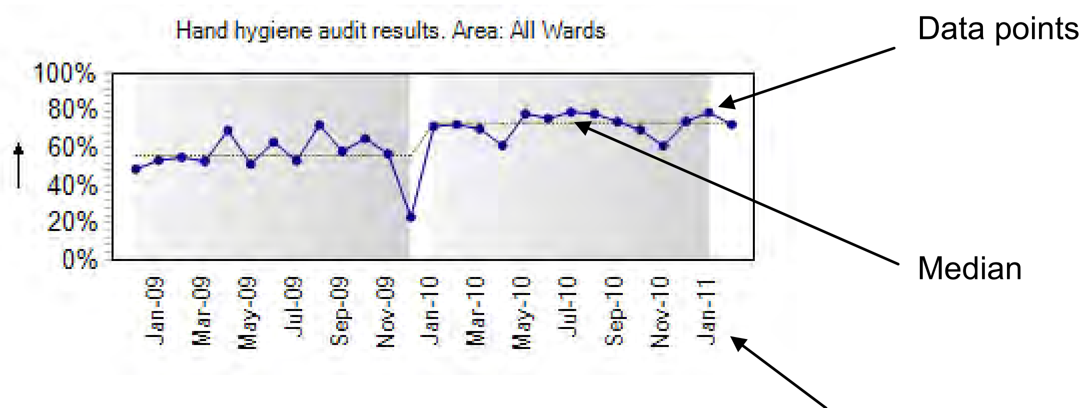
- are an excellent way of **measuring for improvement**
- Use the pattern of events in the past to predict with some degree of certainty where future events should fall.
- distinguish between the natural/common cause variation and special cause variation
- enable you to look for problems when they are 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?

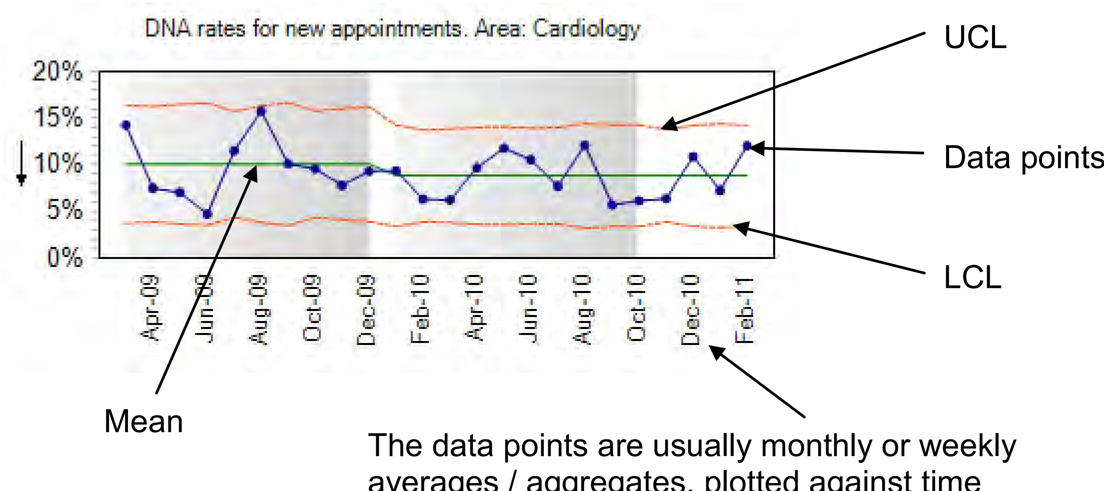
A run chart is used when analysing more than one process, when the data is summed (or aggregated). For instance, if we want to analyse medication errors Trust wide, we would use a run chart - there is more than one process because there are multiple wards in a the Trust with each ward having its own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

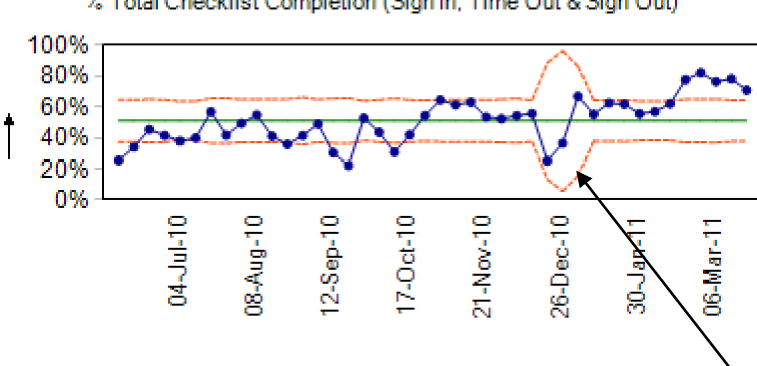
What are the Upper and Lower Control Limits?

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.

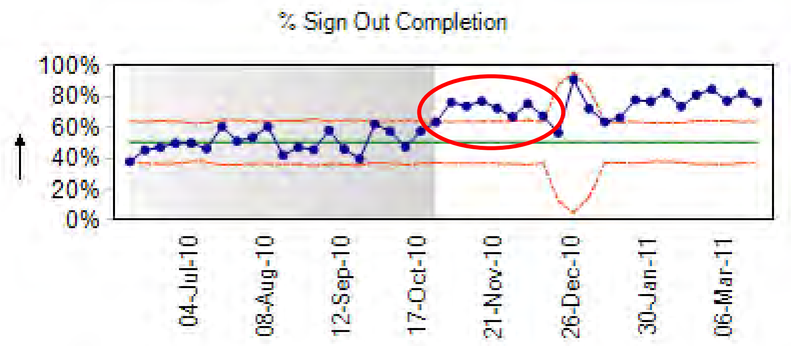
c. **Outliers**. An outlier is a data point which is outside of the control limits.

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.

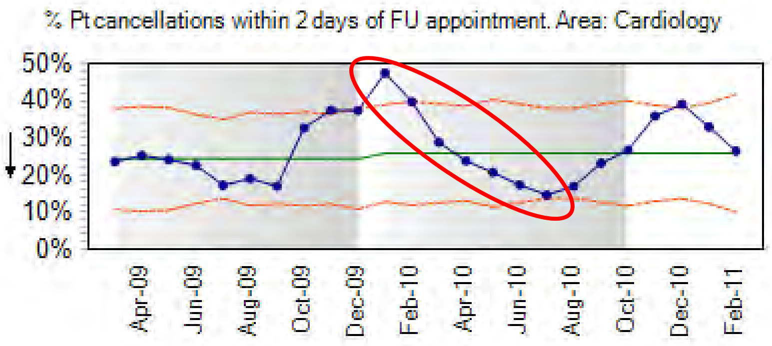
What is a Run?

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



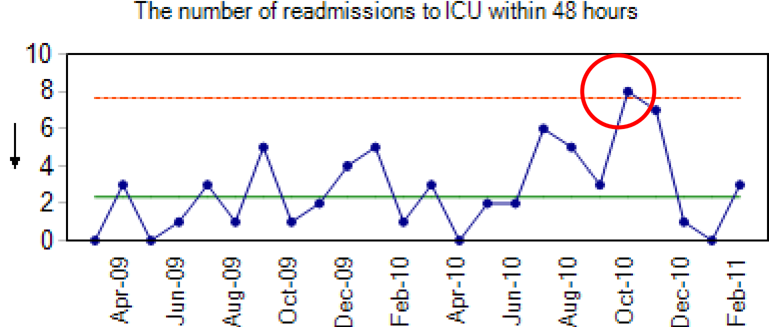
What is a Trend?

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



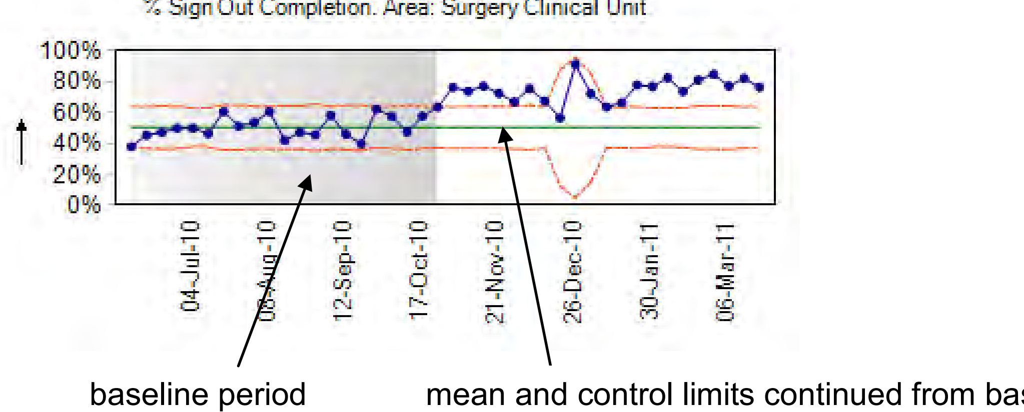
What is an Outlier?

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:

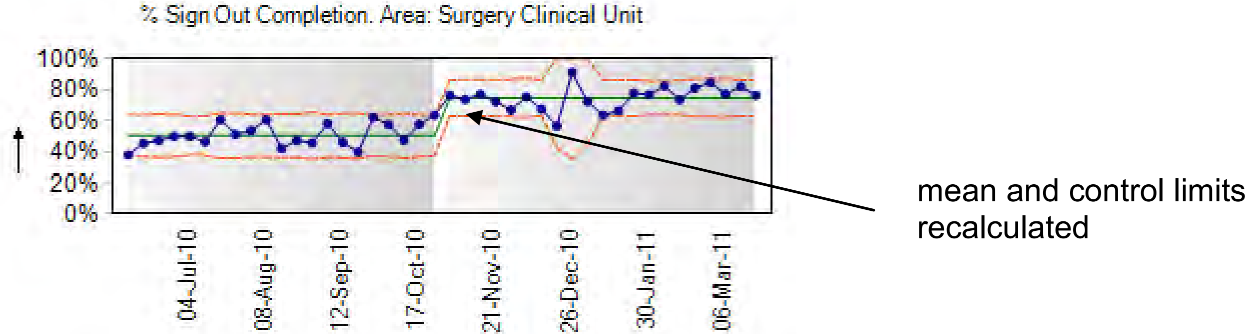


What happens when you have a Special Cause?

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:



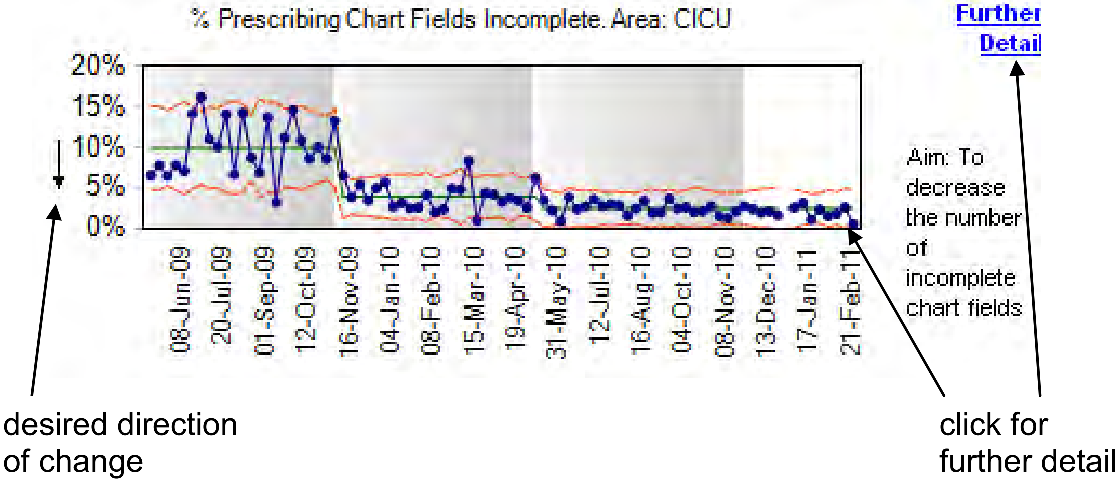
Outliers: If you spot an outlier, it must be investigated. It indicates that something either very good or very bad has happened and action needs to be taken either to correct the problem so that it doesn't happen again, or to learn from the good practice so that it can be applied in future.

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)

% Prescribing Chart Fields Incomplete. Area: CICU

20%
15%
10%
5%
0%

Pre designated CICU pharmacist
Improved process

08-Jun-09
20-Jul-09
01-Sep-09
12-Oct-09
16-Nov-09
04-Jan-10
08-Feb-10
15-Mar-10
19-Apr-10
31-May-10
12-Jul-10
16-Aug-10
04-Oct-10
08-Nov-10
13-Dec-10
17-Jan-11
21-Feb-11

Measure UCL LCL Mean

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.

PALS Report

Annual 2016/17 and Q4 2016/17

Luke Murphy
Pals Manager

PALS Summary

Summary of Key Points:

The key points identified for this report are:

1. Annual data
2. Quarterly data
3. Annual and Q4 data by top 5 specialities
4. Annual and Q4 top 5 themes
5. Annual and Q4 Always values and Initiatives
6. Social Media and other feedback

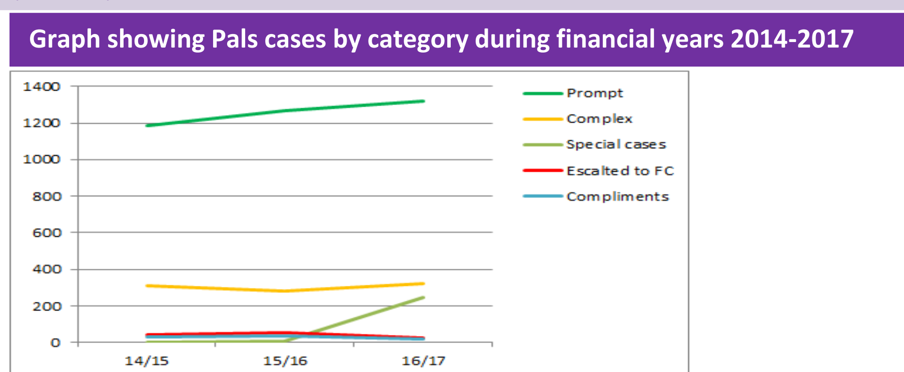
Comparison of PALS cases received by the Trust during financial year 2016/17

PALS grading definitions:

Escalated to Formal complaint	Families who want a formal escalation to their concerns
Complex Cases (multiple issues and 48h+)	These cases involve multiple questions and take teams longer than 48 hours to resolve
Promptly Resolved (24-48h)	These cases are resolved promptly (24-48hr)

Cases	14/15	15/16	16/17
Promptly resolved cases (-48h)	1188	1269	1323
Complex Cases (48h+)	311	279	320
Escalated to Formal Complaints	43	53	25
Compliments about specialities	30	37	21
Special cases*	0	5	247
Total activity	1572	1643	1936

Graph showing Pals cases by category during financial years 2014-2017



Commentary:

The promptly resolved cases have been gradually increasing since 2014 to the present financial year. The number of complex cases has also increased.
The number of cases that families want escalated to formal complaints has decreased.
The number of compliments shared with Pals have decreased as well since the previous two financial years.

*Special Cases: These are cases that have generated work not related to the normal Pals caseload but are supported by the Pals team.
There have been three episodes of special cases-

1. Q1 16/17 a petition/letter writing campaign relating to a patient needing a bed to have a BMT. There were 70 contacts and each was responded to, these were not recorded individually on the system.
2. Q116/17 and Q3 and Q4 16/17 the second stage gastroenterology review took place . There were 43 contacts.
3. Q3 16/17 there was 208 contacts following an episode of Question time, this was associated with the Speech and Language therapy Team. Each respondent received a verbal or written response.

PALS Cases for Q4 2016/17

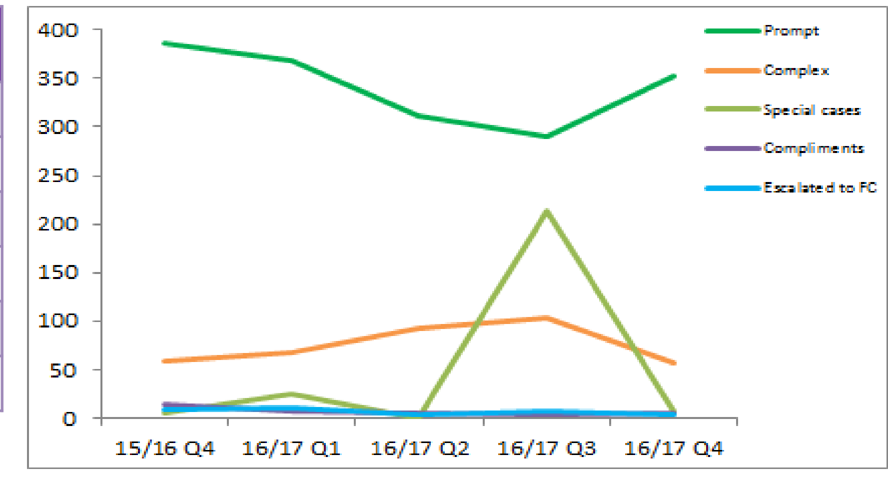
Great Ormond Street Hospital for Children NHS Foundation Trust

Comparison of PALS cases received by the Trust during Q4 16/17

Table showing Pals cases by grading comparing Q4 in 2016/17 in comparison to previous quarters.

Cases	Q4 15/16	Q3 16/17	Q4 16/17
Promptly resolved	386	290	354
Complex cases	59	104	57
Escalated to formal complaints	9	7	3
Compliments about specialities	14	4	5
*Special cases	5	214	8
Total	473	619	427

Graph showing Pals cases by category comparing Q4 16/17 to previous quarters



Commentary

There has been a decrease in total Pals cases from Q4 15/16 and Q3 16/17 when compared to Q4 16/17.

However in Q4 16/17 there has been an increase in promptly resolved cases, when compared to Q3 16/17.

The increase in Q3 16/17 is attributed by the special cases

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PALS Cases by Speciality 2016/17

Annual 16/17 comparison of the top 5 specialities

Specialty	14/15	15/16	16/17
Gastroenterology	152	211	219
SALT	1	3	214
Orthopaedic/Spinal	133	79	96
Neurosciences	64	85	93
General Surgery	89	67	83

Thematic analysis – Top three themes contributing to speciality in 16/17

Gastroenterology- Poor communication – decrease in queries
Care advice –there has been a gradual decrease with families needing support
Failure to arrange an appointment-there has been an increase in queries between 14/15 & 16/17 (16/17 43 cases were related to the Gastro Review).

SALT- 208 cases related to staff members comments on the BBC's "Question Time".

Orthopaedic and Spinal- Poor communication – increase in queries
Cancellation - theme has seen an increase in cases compared to previous years
Failure to arrange appointment - increase in queries

Neurosciences-Poor Communication – increase in queries
Transport –there was an increase in queries
Cancellation of appointments/admissions - there has been a decrease in queries

General surgery- Poor communication- there has been a decrease in queries
Cancellation-there has been an increase
Failure to arrange appointments- There has been an increase in queries

IPP

Year	14/15	15/16	16/17
IPP	17	20	24

Thematic analysis – Top three themes contributing to IPP in 16/17

The number of IPP Pals cases has increased in 2016/17.
The cases were related to: poor communication between families and the team
concerns about discharge from the hospital to home country
advice about IPP processes.

Estates & Facilities

Year	14/15	15/16	16/17
Accommodation & Transport	45	32	35
Building Repairs	9	10	7
Security	6	6	6
Reception staff	0	0	5
Laundrette	1	1	4

Thematic analysis – Top three themes contributing to Estates and Facilities in 16/17

Accommodation there has been an increase in queries relating to families needing accommodation

Transport- there has been an increase since 15/16 in families concerns with transport arrangements/bookings.

Staff attitude- there has been an increase (3) in families reporting attitude of staff when booking into hospital accommodation.

Laundrette related to families from BMT wards not being able to wash clothes when the machines had been broken.

PALS Cases by Speciality Q4 16/17

The top 5 specialities comparing Q4 16/17 to previous quarter

Specialty	Q4 15/16	Q3 16/17	Q4 16/17
Gastroenterology	81	42	36
Neurosciences	28	20	26
General surgery	13	19	23
Cardiac Surgery	8	20	20
Orthopaedic/Spinal Surgery	22	24	17

Thematic analysis – Top three themes contributing to speciality in Q4

Gastroenterology- Poor communication; Care advice; Failure to arrange appointment,

Neurosciences- Poor communication; Outpatient appointment transport concerns; Cancellations

General surgery has increased across the quarters. Themes Communication/Letters; Cancellation; Failure to arrange an appointment

Cardiac surgery cases remain the same as the previous quarter they are increasing from Q4 15/16. Themes are Cancellation; Communication/Letters; Accommodation

Orthopaedic and Spinal Poor communication; Cancellation of procedures; Transport.

IPP

Quarter	Q4 15/16	Q3 16/17	Q4 16/17
IPP	5	6	7

Thematic analysis- top three themes contributing to cases in IPP in Q4

The top three themes for IPP queries to Pals were:

Inappropriate discharge- families came to Pals as they were concerned about discharge plans made and needed additional support.
Lack of communication with families- Queries related to concerns families had about treatment plan changes during the admission
Advice about referral process- families at other private hospitals attended seeking reports/opinions

Estates and Facilities

Quarter	Q4 15/16	Q3 16/17	Q4 16/17
Accommodation	5	6	7
Post room	0	1	3
Reception staff	0	2	3
Patient Bedside Entertainment	0	0	2
Catering Kitchen	2	1	1

Thematic analysis- top three themes contributing to cases in Q4

Accommodation- Additional accommodation needed; Communication regarding accommodation;
Transport following discharge
Post room- families received letters without being franked and had incurred charges
Reception staff- families have concerns
Patient bedside entertainment- families had concerns about blocked websites including youtube ;
Catering kitchen- these cases were linked to the attitude of staff and quality of pureed food for inpatients

PALS Thematic Analysis

Top 5 themes arising in PALS cases received in 2016/17

Theme	14/15	15/16	16/17
Communication	555	538	481
Cancellations	151	212	216
Staff attitude	5	4	214
Care advice	219	204	149
Waiting times	68	82	80

Communication- Gastroenterology is the speciality with the highest concerns from families about poor communication. The other specialities are Neurosciences, Orthopaedics/Spinal, Rheumatology and General Surgery.

Cancellation - Cardiac Surgery; Orthopaedic /Spinal Surgery; General Surgery and Urology. Each speciality has seen an increase in this theme.

Staff attitude- The queries in this category related to an episode of Question Time.

Care Advice- is when parents are trying to get advice from their clinical teams as distinct to other forms of communication problems. Gastroenterology, Immunology, General surgery and PICU. Immunology queries have increased.

Waiting times for a plan following an OPA - Gastroenterology, Cardiology, General surgery and ENT. There has been an increase in the queries relating to waiting times from 14/15 to the present day

Welcoming Helpful Expert One Team

PALS Trend Analysis

Great Ormond Street Hospital for Children NHS Foundation Trust

Top 5 themes arising in PALS cases received Q4 16/17

Theme	Q15/16	Q3 16/17	Q4 16/17
Communication	142	135	152
Cancellation	53	53	49
Care advice	57	22	39
Failure to arrange appointment	24	6	13
Accommodation	14	17	12

Communication- The top 5 specialities are Gastroenterology; Orthopaedics/Spinal, Neuroscience, Urology and Cardiology. Highest number of concerns are related to lack of communication relating to being an outpatient

Cancellation- Cardiac surgery, Cardiology, Dental, ENT and Maxio-facial. The cancellations are predominantly after families attend the Trust, with no prior notice and are for both inpatients who admissions are cancelled and outpatients whose appointments were cancelled with no prior notice

Care advice-Top 5 specialities whose patients have concerns about the lack of information about care advice are General Surgery, Renal, ENT, Gastro and Neurology.

Accommodation These contacts include both longer term accommodation support for families whose need change over the admission and for those more complex families with support needs.

Failure to arrange Ophthalmology, Orthopaedic/Spinal, SALT, MRI and Endocrine. Theyse3 cases are related to multiple appointments needing to be arranged or when cancellations have occurred and a new appointment has not been arranged.

Always values, Initiatives and Special cases

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

Trust Always year*: 2016/17

Value	15/16	16/17	Value	15/16	16/17	Value	15/16	16/17	Value	15/16	16/17
Always Welcoming- Respect	5	10	Always Welcoming- Friendly	16	19	Always Helpful- Understanding	127	197	Always Helpful- Help others	105	163
Always Welcoming- Smiles	3	3	Always Welcoming- Reduce Waits	34	41	Always Helpful- Patient	37	145	Always Helpful- Reliable	230	396
Always Expert- Professional	121	181	Always Expert- Excellence	22	28	One Team- Listen	25	226	One Team- Involve	17	11
Always Expert- Safe	61	120	Always Expert- Improving	55	28	One Team- Communicate	165	345	One Team- Open	42	23

*Trust values were recorded from Q2 15/16

Thematic analysis- top three themes

Welcoming- this category has the lowest number of queries compared to the other three.
Themes:
Families not feeling respected by their experience at the hospital, either due to interaction with staff or with the process they encountered.
Cancellations for admissions and appointments; poor communication and failure to arrange appointments
Families requiring additional support to help reduce their stressful experience when coming to the hospital including parking; encounters with staff
Information about admissions; poor communication; information regarding transport

Helpful-this category has the highest number of Pals queries.
Themes:
The majority of cases are related to lack of reliability and poor communication and this is mirrored with our annual and quarterly themes.
Poor communication; transport arrangements; cancellations
Cancellations; poor communication; accommodation concerns
Cancellations of admissions/appointments; poor communication and lack of transport
Poor communication; accommodation concerns and cancellations

Expert
Themes:
Poor communication; support with having clinical questions responded to following cancellations and cancellations
Lack of communication; Care advice; Delays in treatment
Poor communication; transport delays; access of medical records
Questions relating to patients health; poor communication; concerns relating to treatment pathway

One Team- one team listening is the highest category

Themes:
Poor communication; cancellations; delays in arranging treatment
Poor communication; Accommodation for siblings; support with questions about health
Poor communication; Cancellations of appointments/admissions and administrative errors
Clarity about treatment plans from teams; Cancellations of appointments and poor

Always values, Initiatives and Special cases Q4

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Always year*: Quarter comparison

Value	Q4 15/16	Q3 16/17	Q4 16/17	Value	Q4 15/16	Q3 16/17	Q4 16/17	Value	Q4 15/16	Q3 16/17	Q4 16/17	Value	Q4 15/16	Q3 16/17	Q4 16/17
Always Welcoming-Respect	2	2	4	Always Welcoming-Friendly	6	4	5	Always Helpful-Understanding	69	40	38	Always Helpful-Help others	29	28	39
Always Welcoming-Smiles	2	0	1	Always Welcoming-Reduce Waits	5	9	13	Always Helpful-Patient	14	37	63	Always Helpful-Reliable	83	115	71
Always Expert-Professional	57	47	36	Always Expert-Excellence	12	10	7	One Team-Listen	14	212	3	One Team-Involve	12	0	1
Always Expert- Safe	39	30	21	Always Expert-Improving	20	8	3	One Team-Communicate	91	72	122	One Team-Open	18	5	0

*Trust values were recorded from Q2 15/16

Thematic analysis- top three themes

Welcoming- this category has the lowest number of queries compared to the other three for both annual and quarter cases.
Information about facilities in the hospital; financial concerns and delays in arranging admission
Professionalism of staff; accommodation for additional family members
Failure to arrange appointments; support regarding care plan and advice regarding care process
Support with parking fines and praise for staff care

Helpful-This category has the highest number of Pals queries.
Poor communication; advice about a care plans; accommodation during admissions
Poor communication; cancellations of appointments after arrival; transport not being arranged
Cancellations; lack of communication; concerns with care plans
Poor communication; cancellations and concerns with accommodation

Expert
Poor communication; failure to arrange appointments and cancellations
Poor communication; Cancellations and delays in arranging treatment
Poor communication; cancellations and catering
Concerns about treatment; advice about diagnosis; accommodation

One Team- One team listening is the highest category
Care plan support; failure to arrange appointments and concerns with accommodation
Poor communication with family
Poor communication

Key Initiatives 2016/17

Pals Outreach Project (Popping)

Commentary: POP stands for Patient Outreach Project

This program focuses on six inpatient wards in the Trust at a time which may be selected based on the number of Pals queries in a particular division if deemed appropriate. The Pals team visit the wards with the aim of sharing information, hearing concerns and improving patient experiences. The focus is always on assisting parents who struggle to leave their children on the ward to come to Pals. Pals are trialing this ward based additional support service to these families.

Promoting Patient and Family Information

Commentary: During 2016/12017 Pals reviewed the types of informal queries we had and then started providing information leaflets in the main reception of the hospital to support families with these queries. Each trolley has a different focus/theme and we are constantly monitoring the uptake and updating leaflets with new information we gather. One trolley is reserved for the financial advice sheets from "Contact a Family". This is used to promote their service and direct families to the support provided by that charity. The most popular leaflets that have been provided are: local map, local parking, travelling to GOSH, Learning disabilities "Hospital Passport". In Q4 2016/17 over a thousand leaflets had been provided.

Social Media & Other Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

Social Media and NHS Choices:

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

Hi-my seven week old is being treated for a cancerous tumour. The staff have been amazing and I can't thank them enough. I just wondered if you ever had a choir sing in the hospital? I'm in a choir and I am certain they would like to sing for the patients, staff and parents if the opportunity ever rose. Please do let me know

We will be forever grateful to this incredible hospital . Our son was just 24 hours old when he was admitted to Flamingo Ward at GOSH. It was a total whirlwind situation but every single membe of staff were fantastic. He was taken straight into theatre as soon as we arrived . The surgeons and nurses were amazing . We were put up in parent accommodation and that was a huge relief as we knew we were so close by. If it wasn't for GOSH our amazing little boy wouldn't be with us now. We will be forever grateful for everything you did for us. Xxx

Sky Ward- Every person we have met through our stays in sky ward have expressed how wonderful the staff at Great Ormond Street Hospital are. There is not just one but many from a great many departments coming together and providing the premier hospital care expected from the world's number one children hospital thank- you.

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

my nephew is a long term patient. Your staff have lost his blanket which comforts him during operations

Compliments:

Grandmother sent compliment for team on acute and Eagle for care for grandson.	Renal / Nephrology
Mother describing a staff nurse member as: "kind and helpful" she was and how "experienced and knowledgeable" so that over the years of working with her they had always felt "they were in the hands of someone who really cared".	Rheumatology
Mother wanted to give her thanks to the male staff member on main reception whom she says "Has the most important job to welcome nervous families when they are coming in and he does it really well".	Reception
PALS received a telephone call from Patient's mum, who wanted to compliment the play specialist who spent time with Child. Unfortunately Mum cannot remember the name of the play specialist but it was at the appointment for Spinal Cons.. Parent said that they had a lovely manner and engaged with Child very well. Mum was very happy with the process. Parent noted in particular that it was a "good experience" and was particularly happy with the separate room used to meet the specialist.	Orthopaedics
Mother wanted to thank the catering team for the availability of food and drinks as well as the decorations.	Catering Kitchen
Family would like to pass on their thanks to the consultant and the nursing team on ICU who recently operated on their grandchild.	Cardiothoracic
Mother came to pals to thanks the staff on the ward for treating her son as in previous experiences he has been scared at times.	Neurodisability

Complaints Annual Report

2016/2017

Donna Robinson – Patient Safety and Complaints Manager

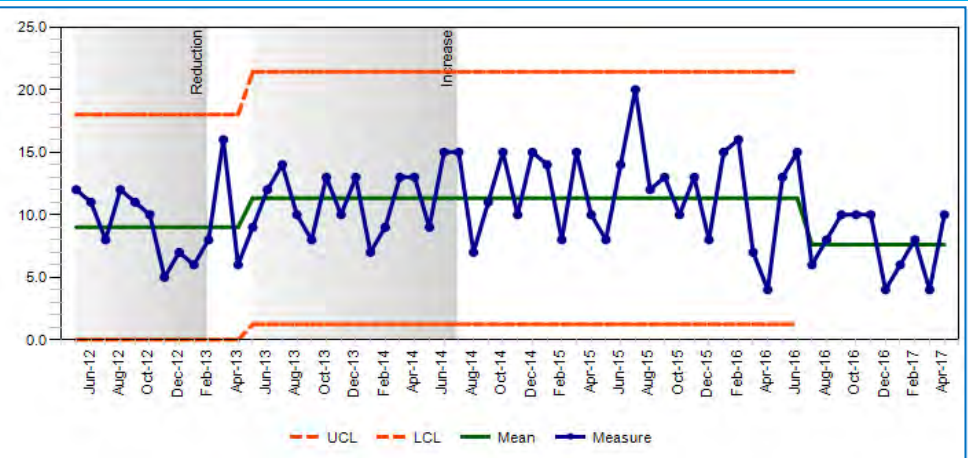
Complaints Summary

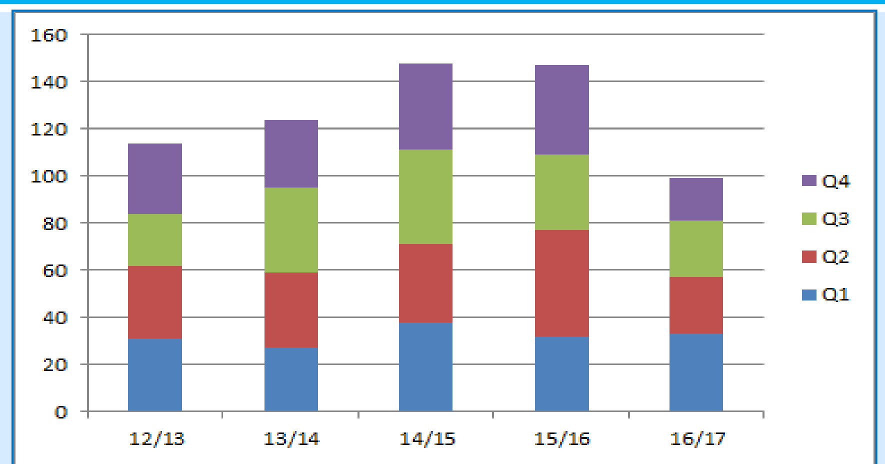
Great Ormond Street Hospital for Children NHS Foundation Trust NHS

Summary of Key Points:

- The Trust received 103 formal complaints and 99* of these were investigated in line with the NHS Complaint Regulations. This is a 32% reduction on the previous year.
- 5 complaints were graded as red compared to 12 red complaints last year (2015/16).
- 72% of closed complaint responses were sent out within the agreed timescale and 48% of draft responses were received by the Complaints Team on time from the lead investigator.
- Themes raised within complaints include delays in treatment, the gastroenterology service, concerns with written communication and a lack of communication with families.
- 1 complaint was referred to the Parliamentary and Health Service Ombudsman during the year. 2 complaints were closed this year, 1 was not upheld and the other was partially upheld.

Number of formal complaints received by the Trust:





Trends for the number of formal complaints received since April 2012

Commentary: *The Trust received 103 formal complaints in 2016/17 and 99 of these were investigated in line with the NHS Complaint Regulations (4 were withdrawn or related to care a number of years ago). This compares to 151 last year and represents a 32% decrease in the number of complaints received. The complaints team also received 64 contacts where concerns were raised informally and therefore not managed as a formal complaint (in agreement with the families concerned).

Complaints per quarter per financial year

Commentary:

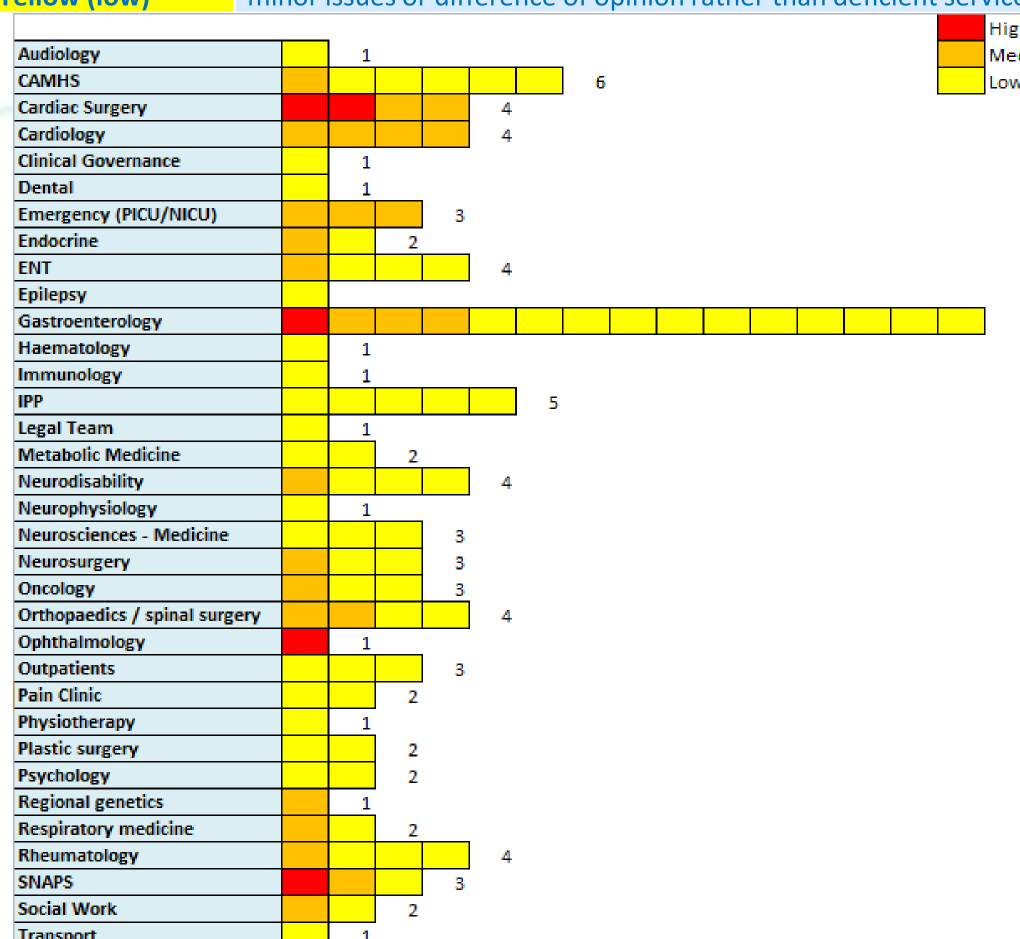
18 new formal complaints were received in quarter four 2016/17.

This is the least amount of complaints received in one quarter throughout the year. In addition, it is the least amount of complaints received in one quarter over the last 5 years.

Complaints by Grading & Speciality

Complaint grading definitions:

Red (high)	severe harm to patient or family or reputation threat to the Trust.
Amber (medium)	lesser than severe but still (a reported) poor service, communication or quality evident.
Yellow (low)	minor issues or difference of opinion rather than deficient service.



Commentary:

Analysis of the 2016/17 complaint data at speciality level identified a theme in the number of gastroenterology complaints received. This has been detailed further on the Complaints Trend Analysis slide (slide 9).

Comparison of complaints grading by year

	2016		2015	
	Number of complaints	% of complaints	Number of complaints	% of complaints
Red	5	5%	12	8%
Amber	28	28%	36	24%
Yellow	66	67%	103	68%
TOTAL	**99**	**100%**	**151**	**100%**

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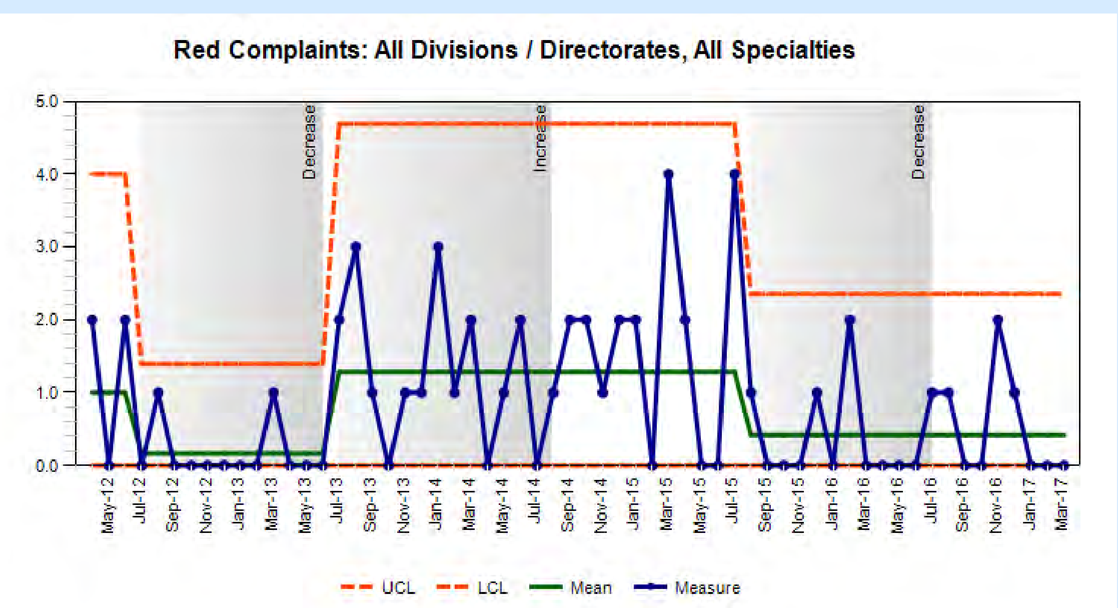
Red Complaints

Red Complaints



No of new red complaints in 2016/17:	5
No of re-opened red complaints in 2016/17:	1
Total no of open red complaints at the end of the reporting period (31/03/2017):	1 reopen
No of closed red complaints in 2016/17:	7

Number of new red complaints per quarter (16/17):

Q1	Q2	Q3	Q4
0	2	3	0

Subject themes from red complaints (16/17)

There were no reoccurring themes from the 12 red complaints.

Appropriate action plans have been devised and are being monitored (please see point 8 for examples). Any identified risks have been added to the Trust wide risk register and been appointed an executive lead. A one page learning from red complaints is also completed and shared to ensure Trust wide learning.

Complaints by Patient Activity

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

combined patient activity = outpatient attendances + inpatient episodes

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

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

Directorate	Total number of Complaints	Adjusted patient activity	Amount of Complaints per 1000 Adjusted Patient Days	% of Complaints per 1000 Adjusted Patient Days
Charles West	22	127311	0.173	20.8%
JM Barrie	69	165722	0.416	50.1%
IPP	5	20634	0.242	29.1%
Totals:	96	313667	0.306	100%

Percentage of complaints received compared to patient activity for the specialties with the highest amount of complaints:

Specialty	Total number of Complaints	Adjusted patient activity	Amount of Complaints per 1000 Adjusted Patient Days	% of Complaints per 1000 Adjusted Patient Days
Gastroenterology	15	5317	2.82	33.66%
Cardiac Surgery	4	2053	1.95	23.24%
Neurodisability	4	3715	1.08	12.84%
CAMHS	6	6357	0.94	11.26%
ENT	4	7291	0.55	6.54%
Orthopaedics/Spinal Surgery	4	9741	0.41	4.90%
Rheumatology	4	11161	0.36	4.28%
Urology/Nephrology	4	20385	0.20	2.34%
Cardiology	4	50908	0.08	0.94%
Totals:	49	116928	0.42	100%

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Complaints Timescale

Complaints closed within the agreed timescales:

Total number of complaints investigated in the year:	**99**	**Total number of complaints closed in the year:**	**112**
Percentage of draft reports received from investigation staff on time:	**48%**	**Percentage of responses completed and sent to complainant within the agreed timescale:**	**72%**

Yearly comparison of complaints closed within the agreed timescales:

48% of draft reports were received from the investigating staff on time last year (15/16). This has not changed this year and remains at 48%.

The percentage of responses completed and sent to complainant within the agreed timescale has increased this year to 72% from 60% last year.

Complaints timescale monitoring

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

	JM Barrie	Charles West	IPP	Corporate Departments
Number of complaints	77	27	5	3
% of drafts received on time	46%	46%	60%	66%
% of responses sent on time	72%	71%	80%	66%

Stage of the formal Complaints sign off process	Average number of days
Average working days for the complaints team to review draft	4
Average working days for the division to finalise the report following the draft review	19
Average working days for Chief Nurse sign-off	2
Average working days for CEO sign-off	2

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Expert

Disability and Ethnicity Data

Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

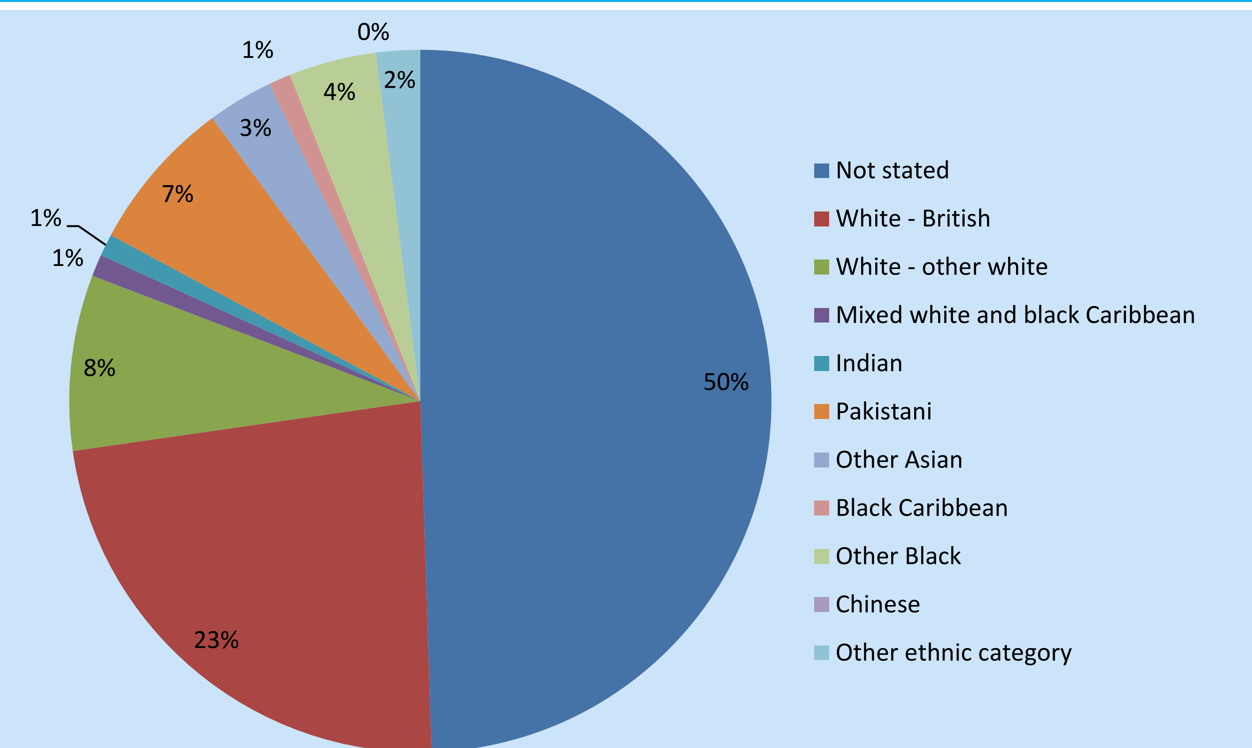
Disability data:

8.1% of complaints received during the 2016/17 financial year concerned a patient recorded as having a disability; this is an increase in comparison with 15/16 which was 6.7%.

Over the upcoming year the complaints team will continue to make improvements to its service by making it more accessible. This will include adding information regarding making a complaint in British Sign Language (BSL) onto our website.

Complaint Ethnicity Data (16/17)

In order to understand who is and is not accessing the complaints service, the Trust records the ethnicity of the patient when complaints are received. This is done using either the Patient Information Management System (PIMS) or information within the complaint. In 50% of cases the complaints team were unable to log this information as the information was not recorded on PIMS.



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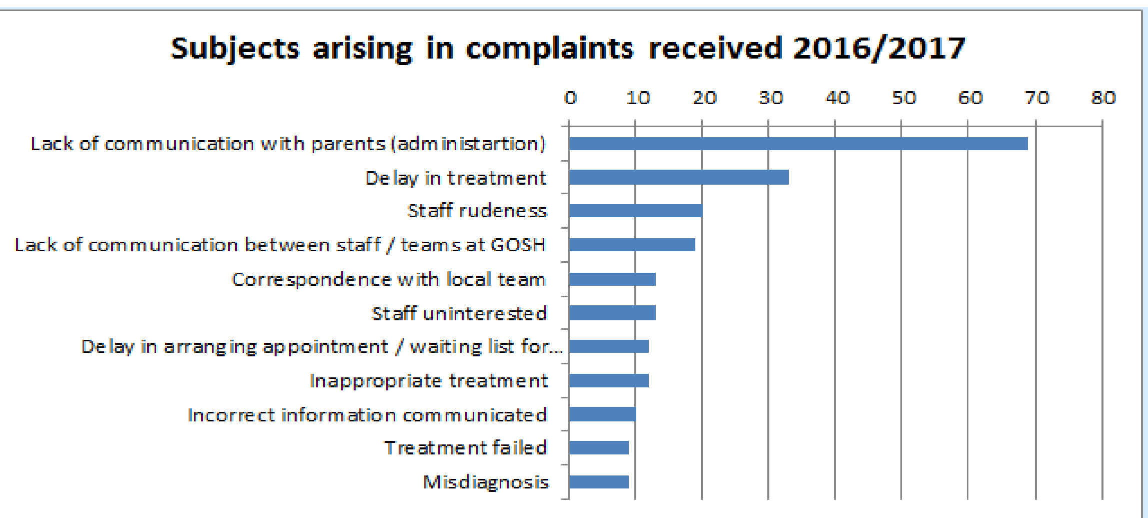
Complaint Trend Analysis

Subjects arising in complaints received 2016/17



Some complaints raise multiple issues regarding a number of services and specialities. This chart shows the 10 most common issues raised in complaints received this financial year.

Communication

- Communication continued to be a theme raised within complaints this year and included both **written communication** and a **lack of communication with parents/families** as detailed below:
- **A lack of communication with parents/families** continues to be highlighted as a theme and remains as the top issue in complaints this year . This concern was raised in 68 complaints and represented 66% of all complaints received this year, this is an increase on last year (57%). These complaints raised concerns around the following areas: telephone calls and voicemail messages not being responded to, clinicians not responding to email messages, families not being fully informed on their child's care plan, families not being kept updated on the reasons for delays in going to theatre and then not being fully informed of the reasons for cancelled surgery.
- Concerns with **written communication** was also identified as a theme within complaints. Families raised concerns that medical reports and clinic letters communicated wrong or misleading information and confidential letters were sent to the wrong people or addresses (constituting an information governance breach) . Five families raised concerns about the amount of time it took GOSH to communicate that a referral had been declined, these families raised concerns that decision letters were either not sent at all or received weeks later which delayed the care and treatment for their child.

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Complaint Trend Analysis

Gastroenterology

- Analysis of the 2016/17 complaint data at speciality level identified a theme in the number of gastroenterology complaints being raised. Throughout the year 15 complaints were raised and investigated which represented 15% of all the Trust complaints (same percentage as last year).
  The concerns raised within these complaints differed to themes seen previously and included:
  - declined referrals,
  - differing clinical opinions
  - and transition of care.

- As detailed within last years annual report, the Trust invited a review from the Royal College of Paediatric and Child Health of our Gastroenterology service. It is good practice to invite a review of services by other specialists in the same clinical area from other parts of the UK or internationally to help drive forward improvements and ensure best care. Following the findings of the Royal College of Paediatric and Child Health, and taking the learning from the themes of the complaints received, a gastroenterology review group was created and an action plan was devised to continue to improve the service. The majority of the actions were completed during the summer and autumn of 2016 and since this time the number of complaints received concerning the Gastroenterology service has decreased - please see the table below:

	Quarter 1 2016/17	Quarter 2 2016/17	Quarter 3 2016/17	Quarter 4 2016/17
Number of Gastro complaints received	6	5	4	0

Delay in Treatment

Delay in treatment was raised in 33 complaints this year. The causes highlighted by families included:

- **On the day cancelled procedures** due to no available beds and the theatre list over running; and prioritisation of clinically urgent patients.
- Long **waits** for appointments and to undergo tests that need to be undertaken internally and external to the Trust .
- **Poor follow up** of actions identified in clinic. These concerns included referrals to other services not taking place, bloods not being requested appropriately and therefore delays in them being carried out, follow up appointments not being booked and letters to external agencies not being written (i.e. the school).
- As detailed above, five families reported delays in treatment as a consequence of not being promptly informed of **declined referrals.**

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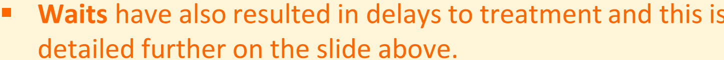
Complaint Trend Analysis

31% of the subjects raised this financial year were linked to the 'One Team- Communicate' value. A further breakdown of complaints in relation to the Trust Always values and themes from these can be found below:

Complaints and the Trust Always Values 2016/2017:							
Always Welcoming- Respect	5	Always Welcoming- Friendly	27	Always Helpful- Understanding	2	Always Helpful- Help others	3
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	54	Always Helpful- Patient	1	Always Helpful- Reliable	11
Always Expert- Professional	2	Always Expert- Excellence	42	One Team- Listen	31	One Team- Involve	1
Always Expert- Safe	29	Always Expert- Improving	0	One Team- Communicate	94	One Team- Open	1

Themes

- **Reduce Waits**: several complaints have raised concerns regarding long waiting lists to be seen within a service and one family reported having to wait a year to be seen under the pain team.
- **Waits** have also resulted in delays to treatment and this is detailed further on the slide above.
- **Friendly and Respect**: 32 complaints raised concerns that staff were not friendly or respectful and staff rudeness was raised in 33 complaints received this year.



- **Understanding: F**amily specifically raise concerns that they did not understand the care plan and treatment decision. Closely linked to this are the concerns raised by families that they were not communicated with regarding care plans and treatment – detailed in the section below.
- **Reliable:** concerns were raised regarding cancelled appointments, surgery and admissions (also linking into the delayed treatment theme identified on the above slide).
- Reliable: families also raised concerns that they arrived to clinic to find out that the clinic had been cancelled and they had not been informed.

- **Excellence:** Several complaints queried the care plan or diagnosis of the patient and there was a theme identified that raised concerns about the differing clinical opinions within a service.
- **Safe:** Complaints have raised concerns that patients were discharged too soon and in three examples, the patients were either readmitted after a number of days/weeks and in one case the patient was admitted to PICU prior to being discharged.

- **Communication**: 66% of complaints received this year indicated a lack of communication with the parent/carer.
- **Listen and Communication**: concerns were raised regarding a lack of parental input to decision making / communication with parents concerning care plans and treatment decisions.
- One family raised concerns that a multi disciplinary team (MDT) meeting had not taken place prior to their child's surgery and have queried if this could have prevented the serious incident that occurred following surgery.

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Learning from Complaints

Examples of learning from Complaints:		
Details of complaint:	**What we said we would do/Action taken:**	
A variation in a patient's DNA has been incorrectly transcribed onto a report. This single variation altered the interpretation of the result.	Improve the process of checking DNA variants forms, by changing the protocol to include an additional level of review by an independent reviewer.	We carried out an audit to assess the implementation and effectiveness of learning from the complaint **What did the audit tell us?** In 98% (98/100) of cases variant forms were independently reviewed. 98% of cases (98/100) were correctly transcribed onto the report. Actions have been taken to reinforce the process of independent reviews, and to implement an automated report to reduce human error.
A patient was discharged without blood tests being reviewed and subsequently deteriorated.	Improve the process of requesting urgent blood tests and improve the recording of the correct contact details on the blood test request form on one inpatient ward.	**We carried out an audit assess the implementation and effectiveness of learning from the complaint** **What did the audit tell us?** 100% of standards to minimise the risk of this event from reoccurring had been implemented. The ward had introduced a number of measures to prevent this incident from reoccurring.
Parents raised concerns that their child's transition to adult care was poorly organised and managed and no formal transition clinic was booked.	The speciality have changed the way they monitor and book their transition clinics. This is being monitored by the speciality wide improve project and has also fed into the Trust wide transition project.	Quality Improvement Trust Wide Project: The learning from this complaint has been fed into the Trust wide transition project which aims to improve the transition process.

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Learning from Complaints

Learning from Complaints:	
Details of complaint:	**What we said we would do/Action taken:**
A complaint highlighted the importance of appropriate management following suprapubic line insertion ahead of a urodynamic study.	New suprapubic line pathway introduced, which included an escalation process when complications occur.
A family attended an Ophthalmology outpatient appointment. The areas were overcrowded and their appointment was delayed.	A new system was introduce whereby families can wait anywhere in the hospital and be contacted by a buzzer system when they are able to be seen
Family raise concerns that planned surgery was cancelled. The patient was being cared for under the oncology and cardiothoracic teams and had been discussed at an oncology MDT with someone from cardiothoracic present. However the process within the team carrying out the surgery required the patient to be discussed at the thoracic MDT before they could be listed for surgery.	The clinical teams and the divisional director's have remove the risk of having to wait for discussion at the local MDT; and develop a process for ensuring patients were added directly to a waiting list for surgery from the oncology MDT. A working group has been established with input from the Service Managers, the MDT co-ordinator, Admissions Co-ordinator and surgical team. The aim of the working group is to establish a more efficient method of ensuring oncology patients are booked appropriately into a cardiothoracic surgical list.

We carried out an audit assess the implementation and effectiveness of learning from the complaint

What did the audit tell us?
The audit provides a level of reassurance that escalation occurs appropriately when complications occur.

We carried out an audit to assess the implementation and effectiveness of learning from the complaint.

What did the audit tell us?
An analysis of Friends and Family Test data does not suggest that concerns raised in the complaint, are a wider theme within Ophthalmology outpatients. The small observational audit of the use of the buzzers suggested that they have had a positive impact upon the experience of waiting.

We are planning to undertake an audit.
As there have not been any referrals made through this new process to date, the audit will be planned to commence in August 2017, to ensure sufficient numbers for the sample.

Complaints

Re-opened Complaints: (10) –		
Ref	**Reason for dissatisfaction:**	**Action taken:**
15/145	Complainant felt that part of the report was incorrect.	A further investigation took place and information provided was provided to evidence the information detailed within the report
15/126	Complainant has requested clarification on points within the investigation report.	A response was provided to provide further clarification.
15/121	Complainant felt that part of the report was incorrect and asked for further information on the action plan.	Further investigation has taken place and information provided regarding the action plan.
16/009	Complainant had questions on the information provided within the report.	A further written response was provided.
16/021	Complainant wished to take up an offer of meeting to discuss the complaint and complaint response	Meeting took place to discuss the complaint and response
15/007	Complainant requested clarification on points within the investigation report.	A further written response was provided.
16/051	Complainant requested clarification on points within the investigation report.	A further written response was provided.
16/022	Complainant wished to share her disappointment with the conclusion concerning the clinical decision not to perform surgery.	A telephone meeting took place to hear and discuss the outstanding concerns.
15/112	Complainant felt that part of the report was incorrect and was dissatisfied with the investigation and conclusions.	An independent opinion was sought and a complaint resolution meeting is being arranged.
16/058	Complainant raised a further question based on the information within the initial complaint response	A further written response was provided.

Parliamentary and Health Service Ombudsman (PHSO) activity:		
Ref	**Case Details:**	**Current status:**
New cases received in 16/17:		
15/051	This complaint relates to care in 2014 . Parent raised concerns that the team did not follow the correct treatment protocol and therefore delayed appropriate treatment	Partly upheld
Existing cases carried over to 16/17:		
14/110	Family raised concerns regarding the treatment that the patient received in 2014 on NICU and queried if/how this impacted on their child's death.	Not upheld

Complaints

Clinical Records Audit

Complaints and complaint responses are confidential, and are always kept separate from patients' clinical notes. Compliance
with this is monitored in a yearly audit of 10 clinical records selected at random. The audit found that there were that no complaint correspondence in any of the records checked.

Patient experience and satisfaction surveys regarding the complaints service:

"The complaint put in follow up actions to mitigate risks if a similar complaint being raised"

"The response was delayed but I was kept informed. Good communication which at GOSH means a lot"

"The complaints team telephoned me to discuss the situation offered to arrange appointments and provided contact details"

'Well Founded' Complaints:

In accordance with the NHS Complaints Regulations 2009, the Trust is required to comment on the complaints it considers to be "well-founded". This Trust feels that every complaint received is of value and is an opportunity to learn. Any family who have felt the need to raise concerns with us has experienced what they have perceived to be an unsatisfactory service. A complaint investigation may conclude that the care and treatment provided to a child has been appropriate, however this often highlights failures in communication which have led the family to have concerns.

Finance and Workforce Performance Report Month 5 2017/18

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Trust Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2017

Annual Budget (£m)	Income & Expenditure	2017/18 Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	Rating Current Year Variance	Notes	2016/17 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
272.33	NHS & Other Clinical Revenue	22.74	22.53	(0.21)	(0.92%)	112.42	115.75	3.33	2.96%	G	1	106.80	8.95	8.38%
67.80	Pass Through	5.90	5.50	(0.40)	(6.78%)	28.41	27.28	(1.13)	(3.98%)			25.50	1.78	6.98%
60.74	Private Patient Revenue	4.90	3.91	(0.99)	(20.20%)	25.47	23.22	(2.25)	(8.83%)	R	2	23.40	(0.18)	(0.77%)
53.26	Non-Clinical Revenue	4.52	4.64	0.12	2.65%	21.59	20.87	(0.72)	(3.33%)	R		17.90	2.97	16.59%
454.13	**Total Operating Revenue**	**38.06**	**36.58**	**(1.48)**	**(3.89%)**	**187.89**	**187.12**	**(0.77)**	**(0.41%)**			**173.60**	**13.52**	**7.79%**
(244.42)	Permanent Staff	(20.34)	(18.15)	2.19	10.77%	(101.08)	(92.91)	8.17	8.08%			(87.20)	(5.71)	(6.55%)
(1.68)	Agency Staff^	(0.14)	(0.34)	(0.20)	(142.86%)	(0.70)	(2.27)	(1.57)	(224.29%)			(3.50)	1.23	35.14%
(2.68)	Bank Staff	(0.25)	(1.39)	(1.14)	(456.00%)	(1.23)	(6.80)	(5.57)	(452.85%)			(6.90)	0.10	1.45%
(248.78)	**Total Employee Expenses**	**(20.73)**	**(19.88)**	**0.85**	**4.10%**	**(103.01)**	**(101.98)**	**1.03**	**1.00%**	G	3	**(97.60)**	**(4.38)**	**(4.49%)**
(12.35)	Drugs and Blood	(1.03)	(0.98)	0.05	4.85%	(5.15)	(4.97)	0.18	3.50%	G		(5.10)	0.13	2.55%
(39.14)	Other Clinical Supplies	(3.26)	(3.45)	(0.19)	(5.83%)	(16.31)	(18.68)	(2.37)	(14.53%)	R		(18.10)	(0.58)	(3.20%)
(57.83)	Other Expenses	(4.59)	(4.93)	(0.34)	(7.41%)	(23.12)	(24.01)	(0.89)	(3.85%)	R		(21.40)	(2.61)	(12.20%)
(67.80)	Pass Through	(5.90)	(5.50)	0.40	6.78%	(28.41)	(27.28)	1.13	3.98%			(24.00)	(3.28)	(13.67%)
(177.12)	**Total Non-Pay Expenses**	**(14.78)**	**(14.86)**	**(0.08)**	**(0.54%)**	**(72.99)**	**(74.94)**	**(1.95)**	**(2.67%)**	R	4	**(68.60)**	**(6.34)**	**(9.24%)**
(425.90)	**Total Expenses**	**(35.51)**	**(34.74)**	**0.77**	**2.17%**	**(176.00)**	**(176.92)**	**(0.92)**	**(0.52%)**	R		**(166.20)**	**(10.72)**	**(6.45%)**
28.23	**EBITDA (exc Capital Donations)**	**2.55**	**1.84**	**(0.71)**	**(27.84%)**	**11.89**	**10.20**	**(1.69)**	**(14.21%)**	R		**7.40**	**2.80**	**37.84%**
(28.01)	Depreciation, Interest and PDC	(2.17)	(1.95)	0.22	10.14%	(10.77)	(9.89)	0.88	8.17%		5	(10.40)	0.51	4.90%
0.22	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**0.38**	**(0.11)**	**(0.49)**	**(128.95%)**	**1.12**	**0.31**	**(0.81)**		R		**(3.00)**	**3.31**	**110.33%**
0.06	**EBITDA %**	**6.70%**	**5.03%**			**6.33%**	**5.45%**					**0.04**	**0.01**	**27.88%**
0.00	Impairments	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0%
72.11	Capital Donations	5.21	2.54	(2.67)	(51.25%)	25.03	9.81	(15.22)	(60.81%)		6	18.40	(8.59)	(46.68%)
72.33	**Net Result**	**5.59**	**2.43**	**(3.16)**	**(56.53%)**	**26.15**	**10.12**	**(16.03)**	**(61.30%)**			**15.40**	**(5.28)**	**(34.29%)**

Summary

- The Trust is reporting a YTD £0.4m adverse position against the control total.
- Year to date the Trust is reporting a £0.3m surplus (excluding capital donations) which is £0.8m adverse to plan.
- In Month 5 the Trust is reporting a £0.1m deficit which is £0.5m adverse to plan
- Month 5 YTD EBITDA is a £10.2m surplus which is £1.7m adverse to plan.

Notes

1. NHS income (excluding pass through) year to date is favourable to plan by £3.3m. This was mainly driven by increases in complex cases and coding benefits.
2. Private Patient income year to date is £2.3m adverse to plan due to IPP under-delivery, JM Barrie and the Trust Better value commercial scheme which is reported on the Private Patient Revenue line.

Note: a detailed income and activity breakdown is provided on Page 4.

3. Pay is favourable to plan year to date by £1.0m with agency spend of £2.3m which is below the cumulative NHSI notified agency cost ceiling of £2.7m.
4. Non pay (excluding pass through) year to date is £3.1m adverse to plan. This is mainly due to supplies & services clinical (£2.0m), premises costs (£1.1m) and impairment of receivables (£1.0m). This is partially offset by supplies & services general £0.5m favourable to plan. There is a Trust Better Value target of £1.1m YTD which will be allocated to specific schemes in Month 6.

Note: a detailed non pay breakdown is provided on Page 15.

5. As capital expenditure is behind plan, predominately due to slippage against large scale projects including PICB, as a result there is reduced capex and depreciation is favourable to plan.
6. Year to date income for capital donations is £15.2m less than plan due to lower capital expenditure on donated assets associated with the redevelopment project, medical equipment and ICT.
7. The overall weighted NHSI rating for Month 5 is a 1. This is in line with the annual plan.

2017/18 Control Total	Month 5 Plan (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	YTD 201718 Plan (£m)	YTD 201718 Actual (£m)	YTD 201718 Variance (£m)	YTD 201718 Variance %	Notes
Net Result (as per result)	**5.6**	**2.4**	**(3.2)**	**-57.07%**	**26.2**	**10.1**	**(16.0)**	**-61.30%**	
Plus Impairments	-	-	-	-	-	-	-	-	
Less Capital Donations	(5.2)	(2.5)	2.7	-52.02%	(25.0)	(9.8)	15.2	-60.81%	
Net (Deficit) exe Donations, Inc STF	**0.4**	**(0.1)**	**(0.5)**	**-126.32%**	**1.2**	**0.3**	**(0.8)**	**-73.04%**	
Plus Depreciation on donated assets	0.6	0.7	0.1	16.67%	3.2	3.7	0.5	14.02%	
Adjusted financial performance (control total basis	**1.0**	**0.6**	**(0.4)**	**-38.78%**	**4.4**	**4.0**	**(0.4)**	**-8.94%**	7

NHSI Key Performance Indicators

KPI	Annual Plan	M5 YTD Plan	M5 YTD Actual	Rating
Liquidity	1	1	1	G
Capital Service Coverage	1	1	1	G
I&E Margin	1	1	1	G
I&E Margin Distance from Plan	1	1	2	A
Agency Spend	1	1	1	G
Overall	1	1	1	G
Overall after Triggers	1	1	1	G

Ratings

Rating	Meaning
Green	Favourable YTD Variance
Amber	Adverse YTD Variance (< 5%)
Red	Adverse YTD Variance (> 5% or > £0.5m)

Footnotes:

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

Trust Inpatient and Outpatient Activity year on year trend analysis (including IPP and NHS)

Prior Year 2016/17													Prior Year 2016/17	NHS and IPP Activity Analysis	Current							
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	YTD Mth 5 16/17		Apr	May	Jun	July	Aug	YTD Mth 5 17/18	Change YOY	% Change YOY
														Inpatients								
														Number of Discharges								
2,082	2,061	2,229	2,040	2,162	2,031	1,972	2,075	1,799	2,129	1,949	2,204	24,733	10,574	Day Case	1,786	2,132	2,140	2,044	2,196	10,298	(276)	-2.6%
														Overnight:								
1,155	1,153	1,256	1,247	1,170	1,177	1,101	1,195	1,064	1,083	1,142	1,269	14,012	5,981	Elective	1,084	1,193	1,237	1,233	1,297	6,044	63	1.1%
64	67	65	63	59	75	62	71	75	75	51	73	800	318	Non Elective	75	83	100	73	68	399	81	25.5%
157	171	182	188	181	180	165	186	159	194	189	204	2,156	879	Regular Attenders	176	194	193	182	192	937	58	6.6%
3,622	3,627	3,910	3,690	3,730	3,632	3,456	3,715	3,311	3,678	3,494	3,910	43,775	18,579	Total Discharges	3,290	3,771	3,845	3,707	3,903	18,516	(63)	-0.3%
														Beddays								
760	733	841	760	829	847	736	748	651	793	703	775	9,176	3,923	Day Case	638	708	724	672	710	3,452	(471)	-12.0%
0.37	0.36	0.38	0.37	0.38	0.42	0.37	0.36	0.36	0.37	0.36	0.35	0.37	0.37	Day ALOS	0.36	0.33	0.34	0.33	0.32	0.34	(0.04)	-9.5%
														Overnight:								
712	619	556	484	483	449	479	462	528	591	622	858	6,843	2,854	Non Elective	710	620	653	707	593	3,283	429	15.0%
2,084	2,153	2,184	2,229	2,298	2,125	2,257	2,041	2,216	2,291	1,855	1,907	25,640	10,948	Non Elective (Non Emergency)	2,136	2,263	2,214	2,204	2,087	10,904	(44)	-0.4%
85	98	111	113	108	110	97	109	113	130	121	118	1,313	515	Regular Attenders	104	113	110	111	112	550	35	6.8%
8,306	8,722	8,447	8,652	8,460	8,157	8,282	8,507	7,941	8,282	7,799	8,832	100,387	42,587	Total Overnight* Beddays	8,362	8,905	8,480	8,975	8,355	43,077	490	1.2%
6.01	6.25	5.64	5.92	6.10	5.74	6.28	5.85	5.87	6.11	5.75	5.88	5.95	5.90	Overnight ALOS	6.30	6.16	5.61	6.06	5.51	5.93	0.02	0.4%
														Midnight Census (ON Bed days)								
1,891	1,973	1,980	2,040	2,105	1,928	2,076	1,854	2,011	2,033	1,687	1,733	23,311	9,989	Non Elective (Non Emergency)	1,954	2,093	2,043	2,014	1,911	10,015	26	0.3%
0	0	0	1	0	0	0	0	0	0	0	0	1	1	Regular Attenders	0	0	1	0	0	1	0	0.0%
6,986	7,383	7,017	7,254	7,086	6,773	7,024	7,123	6,661	6,872	6,490	7,374	84,043	35,726	Total	7,143	7,613	7,185	7,603	6,994	36,538	812	2.3%
232.9	238.2	233.9	234.0	228.6	225.8	226.6	237.4	214.9	221.7	231.8	237.9	230.3	233.5	Average ON Beds Utilised	238.1	245.6	239.5	245.3	225.6	238.8	5.3	2.3%
														Critical Care Beddays (NICU|PICU|CICU)								
359	397	299	337	346	345	327	474	368	447	414	498	4,611	1,738	Elective	335	315	321	378	487	1,836	98	5.6%
196	132	82	90	120	63	62	71	80	162	163	233	1,454	620	Non Elective	200	197	97	65	90	649	29	4.7%
482	468	596	575	582	612	627	487	625	509	415	425	6,403	2,703	Non Elective (Non Emergency)	553	581	558	627	534	2,853	150	5.5%
1,037	997	977	1,002	1,048	1,020	1,016	1,032	1,073	1,118	992	1,156	12,468	5,061	Total CC Beddays	1,088	1,093	976	1,070	1,111	5,338	277	5.5%
34.6	32.2	32.6	32.3	33.8	34.0	32.8	34.4	34.6	36.1	35.4	37.3	34.2	33.1	Average CC Beddays	36.3	35.3	32.5	34.5	35.8	34.9	1.8	5.5%
														Outpatients								
19,893	19,860	21,229	20,293	20,177	22,068	21,052	23,344	18,434	22,023	21,168	24,162	253,703	101,452	Outpatient Attendances (All)	18,401	22,144	22,315	21,543	20,076	104,479	3,027	3.0%
3,824	3,873	4,125	3,879	3,840	4,169	3,914	4,305	3,341	4,111	3,976	4,387	47,744	19,541	First Outpatient Attendances	3,499	4,250	4,243	4,083	3,778	19,853	312	1.6%
16,069	15,987	17,104	16,414	16,337	17,899	17,138	19,039	15,093	17,912	17,192	19,775	205,959	81,911	Follow Up Outpatient Attendances	14,902	17,894	18,072	17,460	16,298	84,626	2,715	3.3%
4.2	4.1	4.1	4.2	4.3	4.3	4.4	4.4	4.5	4.4	4.3	4.5	4.3	4.2	New to Review Ratio	4.3	4.2	4.3	4.3	4.3	4.3	0.1	2.1%

Note: The above analysis is based on financial systems data, for divisional metrics please refer to page 4

Comments on Key Changes to prior year:

The elective activity in Month 5 has increased by 64 spells (5%) compared with the previous month. NHS admissions are 55 spells and 10 for private admissions.

YTD Non-elective discharges has increased by 20% (81 spells) between 16/17 and 17/18. Of which, NHS admissions has increased by 84 spells and private spells reduced by 3 spells.

Day Cases

The overall Day case and Regular attenders in Month 5 has increased by 7% (162) compared with the previous month. NHS admissions are 149 spells and 13 for private admissions.

The YTD accumulated total of NHS admissions shows 2%(242 spells) decline in 17/18 compared with 16/17.

Specialties with a reduction in admissions from the prior month

Urology(210), Radiology(171), Endocrinology(46), Metabolic Medicine (44), Orthopaedic Surgery(44), Dental and Maxillofacial Surgery (37), Spinal Surgery (26) and Craniofacial (20).

Specialties with an increase in admissions from the prior month

Nephrology(65), Haematology(56), Plastic Surgery (47), Dermatology (47), Immunology (34), Rheumatology (31), Cardiology (29) , Infectious Diseases (25) and Gastroenterology (24).

Non Elective (Non Emergency)

The YTD Non-elective non emergency activity between 16/17 and 17/18 shows a 1% movement.

The average LOS YTD has increased by 4.04 days from 15.08 days in 16/17 to 19.12days in 17/18.

However, Month 5 shows 17% reduction compared with the previous year (25 spells). Of which, NHS admissions have reduced by 28 spells whereas private admissions have increased by 3 spells.

Outpatients:

There are 1,467 fewer attendances in month 05 (7%) compared with the previous month in 17/18.

First attendance attributes 8% (305 attendances) decline, follow up attendances reduced by 11% (1,333 attendances) and 4% (171 attendances) growth in Walk in (Ward) attendances.

NHS Clinical Activity & Income Summary for the 5 months ending 31 Aug 2017

	2017/18 YTD								2016/17 YTD					
	Income				Activity				Income			Activity		
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan	Actual *	Variance	Variance %	Actual £'000	Variance 17/18 to 16/17 £'000	Variance 17/18 to 16/17 %	Actual	Variance 17/18 to 16/17	Variance 17/18 to 16/17 %
Day case	**10,397**	**10,138**	**(259)**	**-2.5%**	**8,687**	**8,436**	**(251)**	**-2.9%**	**10,060**	**78**	**0.8%**	**8,120**	**316**	**3.9%**
Elective	24,033	25,153	1,121	4.7%	5,614	5,592	(22)	-0.4%	24,012	1,141	4.8%	5,294	298	5.6%
Elective Excess Bed days	1,199	1,098	(101)	-8.4%	2,130	1,989	(141)	-6.6%	1,330	(232)	-17.4%	2,650	(661)	-24.9%
Elective	**25,231**	**26,252**	**1,020**	**4.0%**					**25,342**	**909**	**3.6%**			
Non Elective	7,127	7,147	19	0.3%	675	1,059	384	56.9%	5,561	1,586	28.5%	593	466	78.6%
Non Elective Excess Bed Days	849	1,277	429	50.5%	1,466	2,308	842	57.4%	832	446	53.6%	1,566	742	47.4%
Non Elective	**7,976**	**8,424**	**448**	**5.6%**					**6,392**	**2,032**	**31.8%**			
Outpatient	**16,076**	**15,956**	**(120)**	**-0.7%**	**64,471**	**63,815**	**(656)**	**-1.0%**	**15,677**	**279**	**1.8%**	**61,521**	**2,294**	**3.7%**
Undesignated HDU Bed days	2,018	2,337	319	15.8%	1,933	2,237	305	15.8%	1,843	494	26.8%	1,766	471	26.7%
Picu Consortium HDU	1,609	1,393	(216)	-13.4%	1,852	1,433	(419)	-22.6%	1,457	(65)	-4.4%	1,511	(78)	-5.2%
HDU Beddays	**3,627**	**3,730**	**103**	**2.8%**	**3,785**	**3,670**	**(115)**	**-3.0%**	**3,300**	**430**	**13.0%**	**3,277**	**393**	**12.0%**
													0	
Picu Consortium ITU	14,638	13,348	(1,290)	-8.8%	5,171	4,688	(483)	-9.3%	11,377	1,971	17.3%	4,631	57	1.2%
PICU ITU Beddays	**14,638**	**13,348**	**(1,290)**	**-8.8%**	**5,171**	**4,688**	**(483)**	**-9.3%**	**11,377**	**1,971**	**17.3%**	**4,631**	**57**	**1.2%**
Ecmo Bedday	407	541	134	32.8%	74	100	26	34.4%	422	119	28.2%	77	23	29.9%
Psychological Medicine Bedday	477	515	38	8.0%	1,180	1,275	95	8.0%	452	63	14.1%	1,119	156	13.9%
Rheumatology Rehab Beddays	631	726	95	15.1%	1,109	1,138	29	2.6%	618	109	17.6%	1,087	51	4.7%
Transitional Care Beddays	1,214	1,041	(173)	-14.2%	837	718	(119)	-14.2%	1,221	(180)	-14.7%	843	(125)	-14.8%
Total Beddays	**2,728**	**2,823**	**95**	**3.5%**	**3,201**	**3,231**	**30**	**0.9%**	**2,712**	**111**	**4.1%**	**3,126**	**105**	**3.4%**
Packages Of Care Elective	**3,073**	**3,534**	**462**	**15.0%**					**3,007**	**527**	**17.5%**			
Highly Specialised Services (not above)	12,569	12,558	(11)	-0.1%					12,288	270	2.2%			
Other Clinical	11,806	12,513	708	6.0%					15,515	(3,001)	-19.3%			
Outturn adjustment	0	21	21	0%					(808)	828	-103%			
STF Funding	1,526	1,526	0	0%					0	1,526	0%			
Pricing Adjustment	2,959	2,959	0	0.0%					0	2,959	0%			
Non NHS Clinical Income	1,339	3,493	2,154	160.9%					1,978	1,515	77%			
NHS and Other Clinical Income	**113,946**	**117,275**	**3,330**	**2.9%**					**106,841**	**10,434**	**9.8%**			

Day case

- 120 activity behind plan in Urology due to reduced staff numbers. The Radiology theatre has been closed periodically due to the leaking roof therefore reducing activity in Month 5.

Outpatients

- There has been a change in recording of visits for Ophthalmology in outpatients from individual visits to regular attendees.

HDU beds

- The favourable year to date variance is due to discharging long stay patients. Income and activity is recorded on discharge.

ITU Bed Days

- PICU/NICU activity YTD remains at broadly on trend from 16/17 levels. The year to date adverse variance is due to the PICU business case to open 4 additional beds that has been built into the 2017/18 annual plan, but are not yet open whilst we wait for new nursing recruits to start in September 2017.

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.
- A decision was taken from Month 5 onwards to report zero priced activity within the ledger; this included some packages of care that fall within other clinical. The funding for this activity

**Activity = Billable activity*

Divisional Contribution and Run Rate for the 5 months ending 31 Aug 2017

2017/18 Plan Annual Contribution (£m)	Division	2017/18							
		Month 5				Year to Date			
		Budget (£m)	Actual (£m)	Variance (£m)	Variance %	Budget (£m)	Actual (£m)	Variance (£m)	Variance %
31.93	Charles West	2.75	3.37	0.62	22.55%	13.20	16.04	2.84	21.52%
27.17	JM Barrie	2.09	0.77	(1.32)	(63.16%)	9.11	5.41	(3.70)	(40.61%)
26.66	International Private Patients	2.39	1.18	(1.21)	(50.63%)	11.22	7.91	(3.31)	(29.50%)
1.86	Research And Innovation	0.16	0.22	0.06	37.50%	0.80	0.79	(0.01)	(1.25%)
(87.40)	Corporate/Other	(7.01)	(5.65)	1.36	19.40%	(33.21)	(29.84)	3.37	10.15%
0.22	**Total Contribution**	**0.38**	**(0.11)**	**(0.49)**	**(128.95%)**	**1.12**	**0.31**	**(0.81)**	**(72.32%)**

Income Position - Trust

Pay Position - Trust

Surplus/(Deficit) - Trust

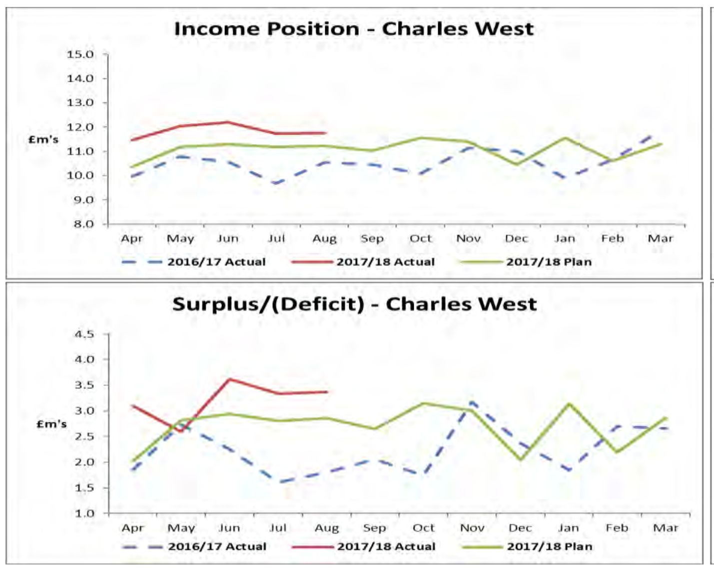
Non-Pay Position - Trust

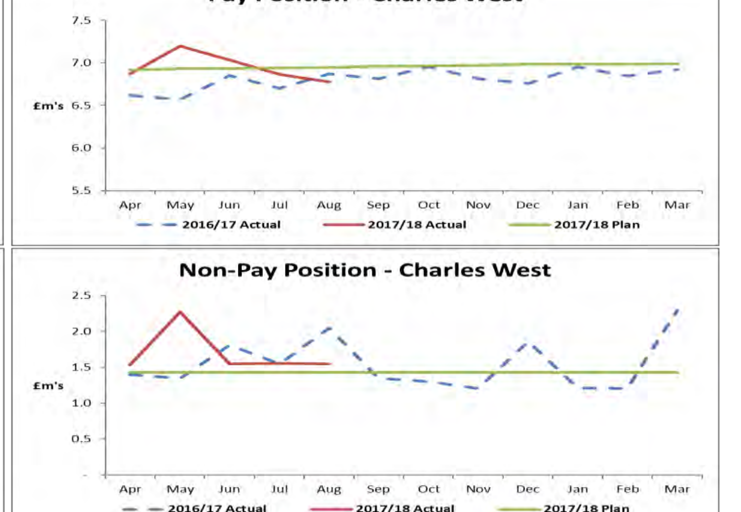
* Note that income and non pay excludes pass through

Division Charles West Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2017

2017/18 Annual Budget (£m)	Income & Expenditure CHARLES WEST	2017/18 Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	RAG Rating Current Year Variance	Notes	2016/17 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
116.47	NHS & Other Clinical Revenue	9.80	10.21	0.41	4.18%	48.28	50.15	1.87	3.87%	G	1	45.80	4.35	9.50%
35.43	Pass Through	3.08	2.51	(0.57)	(18.51%)	14.84	13.65	(1.19)	(8.02%)			14.40	(0.75)	(5.21%)
7.93	Private Patient Revenue	0.69	0.58	(0.11)	(15.94%)	3.32	4.92	1.60	48.19%	G	2	2.82	2.10	74.49%
9.68	Non-Clinical Revenue	0.83	0.96	0.13	15.66%	4.05	4.08	0.03	0.74%	G		2.94	1.14	38.83%
169.51	**Total Operating Revenue**	**14.40**	**14.26**	**(0.14)**	**(0.97%)**	**70.49**	**72.80**	**2.31**	**3.28%**			**65.95**	**6.84**	**10.37%**
(83.13)	Permanent Staff	(6.99)	(6.29)	0.70	10.01%	(34.52)	(32.03)	2.49	7.21%			(30.77)	(1.26)	(4.10%)
(0.41)	Agency Staff	(0.03)	(0.12)	(0.09)	(300.00%)	(0.17)	(0.74)	(0.57)	(335.29%)			(0.71)	(0.03)	(4.22%)
(0.64)	Bank Staff	(0.05)	(0.37)	(0.32)	(640.00%)	(0.26)	(1.96)	(1.70)	(653.85%)			(2.12)	0.16	7.53%
(84.18)	**Total Employee Expenses**	**(7.07)**	**(6.78)**	**0.29**	**4.10%**	**(34.95)**	**(34.73)**	**0.22**	**0.63%**	G		**(33.60)**	**(1.13)**	**(3.36%)**
(4.79)	Drugs and Blood	(0.40)	(0.34)	0.06	15.00%	(2.00)	(2.24)	(0.24)	(12.00%)	R	3	(2.11)	(0.13)	(6.17%)
(16.09)	Other Clinical Supplies	(1.34)	(1.47)	(0.13)	(9.70%)	(6.71)	(7.16)	(0.45)	(6.71%)	R	4	(6.98)	(0.18)	(2.58%)
2.91	Other Expenses	0.24	0.21	(0.03)	(12.50%)	1.21	1.02	(0.19)	(15.70%)	R	5	1.37	(0.35)	(25.50%)
(35.43)	Pass Through	(3.08)	(2.51)	0.57	18.51%	(14.84)	(13.65)	1.19	8.02%			(14.40)	0.75	5.21%
(53.40)	**Total Non-Pay Expenses**	**(4.58)**	**(4.11)**	**0.47**	**10.26%**	**(22.34)**	**(22.03)**	**0.31**	**1.39%**	G		**(22.11)**	**0.09**	**0.41%**
31.93	**EBITDA (exc Capital Donations)**	**2.75**	**3.37**	**0.62**	**22.55%**	**13.20**	**16.04**	**2.84**	**21.52%**	G		**10.23**	**5.80**	**56.67%**

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





Summary - Divisional lead Anne Layther

- Year to date the Charles West Division is reporting a £16.0m surplus which is £2.8m favourable to plan.
- In Month 5 the Charles West Division is reporting a £3.4m surplus which is £0.6m favourable to plan.

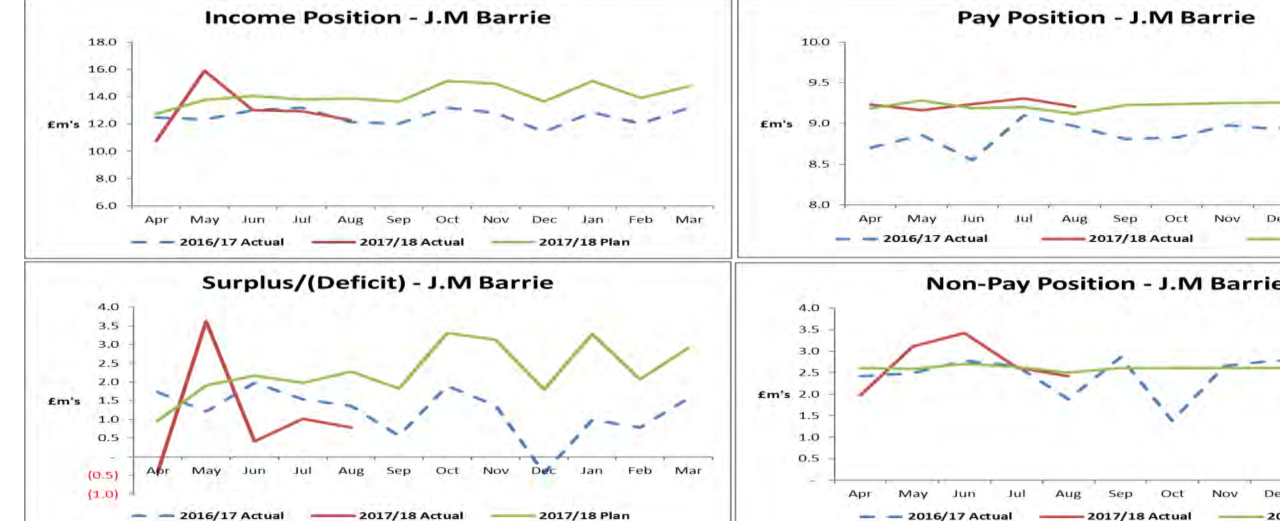
Notes

1. Year to date Haematology NHS Income is £0.9m favourable as there is a 22% increase in spells compared to same period last year. Cardiac Surgery Elective £0.4m favourable due a more complex case mix attracting a higher tariff.
2. Year to date Private Patient income is £1.6m favourable to plan (Cardiac Critical Care).
3. Year to date Drugs & Blood £0.2m adverse to plan. £0.2m relates to Eculizumab, a high cost unfunded drug used in BMT. Blood increase due to more complex Cardiac Surgery elective pateints plus greater Haematology activity.
4. Year to date Clinical Supplies £0.5m adverse to plan. Pathology & Genetics main drivers but offset by income.
5. Other expenses are where the unallocated Medicine Management target is held and will be devolved during the year.

Division J.M. Barrie Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2017

2017/18 Annual Budget (£m)	Income & Expenditure JM BARRIE	2017/18 Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	RAG Rating Current Year Variance	Note	2016/17 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
150.66	NHS & Other Clinical Revenue	12.24	11.09	(1.15)	(9.40%)	60.36	59.18	(1.18)	(1.95%)	R	1	56.45	2.73	4.84%
27.93	Pass Through	2.43	2.99	0.56	23.05%	11.70	13.63	1.93	16.50%			11.09	2.54	22.91%
10.21	Private Patient Revenue	0.89	0.56	(0.33)	(37.08%)	4.28	2.38	(1.90)	(44.39%)	R	2	3.58	(1.20)	(33.47%)
8.51	Non-Clinical Revenue	0.73	0.64	(0.09)	(12.33%)	3.56	3.33	(0.23)	(6.46%)	R		3.13	0.20	6.39%
197.31	**Total Operating Revenue**	**16.29**	**15.28**	**(1.01)**	**(6.20%)**	**79.90**	**78.52**	**(1.38)**	**(1.73%)**			**74.25**	**4.27**	**5.75%**
(108.02)	Permanent Staff	(8.91)	(8.31)	0.60	6.73%	(44.85)	(42.34)	2.51	5.60%			(40.58)	(1.76)	(4.34%)
(1.27)	Agency Staff	(0.11)	(0.06)	0.05	45.45%	(0.53)	(0.24)	0.29	54.72%			(0.29)	0.05	16.98%
(1.52)	Bank Staff	(0.13)	(0.84)	(0.71)	(546.15%)	(0.63)	(3.57)	(2.94)	(466.67%)			(3.31)	(0.26)	(7.86%)
(110.81)	**Total Employee Expenses**	**(9.15)**	**(9.21)**	**(0.06)**	**(0.66%)**	**(46.01)**	**(46.15)**	**(0.14)**	**(0.30%)**	A		**(44.18)**	**(1.97)**	**(4.46%)**
(4.82)	Drugs and Blood	(0.40)	(0.38)	0.02	5.00%	(2.01)	(1.92)	0.09	4.48%	G		(2.67)	0.75	28.13%
(18.44)	Other Clinical Supplies	(1.54)	(1.34)	0.20	12.99%	(7.68)	(8.37)	(0.69)	(8.98%)	R	3	(6.80)	(1.57)	(23.09%)
(8.14)	Other Expenses	(0.68)	(0.59)	0.09	13.24%	(3.39)	(3.04)	0.35	10.32%	G		(2.74)	(0.30)	(10.94%)
(27.93)	Pass Through	(2.43)	(2.99)	(0.56)	(23.05%)	(11.70)	(13.63)	(1.93)	(16.50%)			(10.04)	(3.59)	(35.75%)
(59.33)	**Total Non-Pay Expenses**	**(5.05)**	**(5.30)**	**(0.25)**	**(4.95%)**	**(24.78)**	**(26.96)**	**(2.18)**	**(8.80%)**	R		**(22.25)**	**(4.71)**	**(21.17%)**
27.17	**EBITDA (exc Capital Donations)**	**2.09**	**0.77**	**(1.32)**	**(63.16%)**	**9.11**	**5.41**	**(3.70)**	**(40.61%)**	R		**7.82**	**(2.41)**	**(30.84%)**

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



Summary - Divisional lead Elizabeth Jackson

- Year to date the J.M. Barrie Division is reporting a £5.4m surplus which is £3.7m adverse to plan.
- In Month 5 the J. M. Barrie Division is reporting a £0.8m surplus which is £1.3m adverse to plan.

Notes

1. In Month 5 NHS clinical income is £1.2m adverse to plan, annual leave has impacted Spinal £0.3m where cross cover is a challenge and long stay patients blocking beds in SNAPS £0.3m. In PICU, £0.2m activity continues to be below the 12 month average due to lack of demand; a pattern replicated across London. Neurosurgery non-elective referrals are behind 16/17 level £0.2m.

   YTD adverse variance is caused by the PICU demand issue is £0.7m, SNAPS long stay patients blocking beds £0.6m and Gastro £0.6m, offset by Orthopaedic £0.4m and Nephrology £0.5m who are ahead of plan.

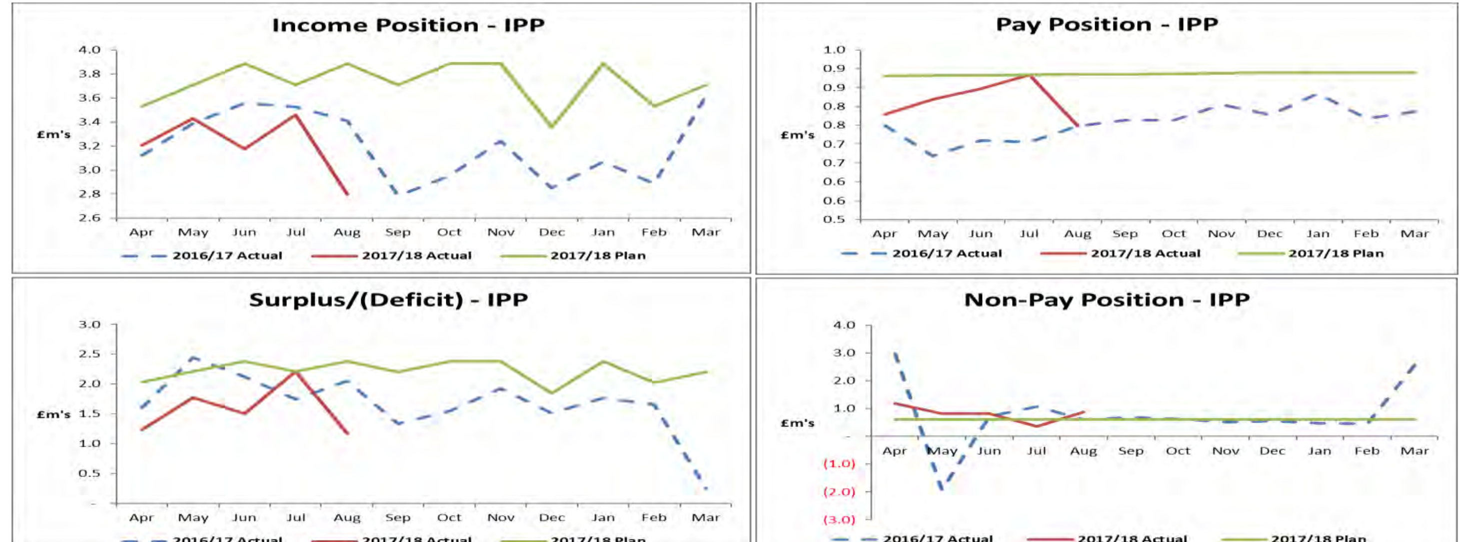
2. Year to date, Private Patient income is £1.9m adverse to plan, main driver is PICU (£1.5m), over the last 12 months there has been an average of 70 bed days per month, Month 3 and 4 saw less than 15. Month 5 was an improvement with 50 bed days, but lack of demand for IPP beds across the Trust remains an issue.

3. Year to date, Clinical supplies are £0.7m adverse to plan, £0.4m relates to specialities ahead of activity plan led by Orthopaedics. Spinal £0.3m increased numbers of IPP cases compared to prior year and time lag in change in stock ownership method to consignment stock model.

Division IPP Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2017

2017/18 Annual Budget (£m)	Income & Expenditure IPP	Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	YTD Budget (£m)	YTD Actual (£m)	YTD Variance (£m)	YTD Variance %	RAG Rating Current Year Variance	Note	2016/17 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	G		0.00	0.00	0.00%
0.00	Pass Through	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0.00%
44.38	Private Patient Revenue	3.86	2.77	(1.09)	(28.24%)	18.59	15.92	(2.67)	(14.36%)	R	1	17.00	(1.08)	(6.35%)
0.31	Non-Clinical Revenue	0.03	0.03	0.00	0.00%	0.13	0.14	0.01	7.69%	G		0.00	0.14	5,185.19%
44.69	**Total Operating Revenue**	**3.89**	**2.80**	**(1.09)**	**(28.02%)**	**18.72**	**16.06**	**(2.66)**	**(14.21%)**			**17.00**	**(0.94)**	**(5.53%)**
(10.28)	Permanent Staff	(0.85)	(0.68)	0.17	20.00%	(4.26)	(3.42)	0.84	19.72%			(2.92)	(0.50)	(17.15%)
0.00	Agency Staff	0.00	0.00	0.00	0.00%	0.00	(0.01)	(0.01)	0.00%			0.03	(0.04)	(133.78%)
(0.35)	Bank Staff	(0.03)	(0.07)	(0.04)	(133.33%)	(0.15)	(0.65)	(0.50)	(333.33%)			(0.69)	0.04	5.76%
(10.63)	**Total Employee Expenses**	**(0.88)**	**(0.75)**	**0.13**	**14.77%**	**(4.41)**	**(4.08)**	**0.33**	**7.48%**	G	2	**(3.58)**	**(0.50)**	**(13.96%)**
(2.46)	Drugs and Blood	(0.21)	(0.27)	(0.06)	(28.57%)	(1.03)	(0.82)	0.21	20.39%	G		(0.89)	0.07	7.82%
(1.43)	Other Clinical Supplies	(0.12)	(0.05)	0.07	58.33%	(0.60)	(0.59)	0.01	1.67%	G		(0.47)	(0.12)	(25.45%)
(3.51)	Other Expenses	(0.29)	(0.55)	(0.26)	(89.66%)	(1.46)	(2.66)	(1.20)	(82.19%)	R		(2.10)	(0.56)	(26.72%)
0.00	Pass Through	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0.00%
(7.40)	**Total Non-Pay Expenses**	**(0.62)**	**(0.87)**	**(0.25)**	**(40.32%)**	**(3.09)**	**(4.07)**	**(0.98)**	**(31.72%)**	R	3	**(3.46)**	**(0.61)**	**(17.62%)**
26.66	**EBITDA (exc Capital Donations)**	**2.39**	**1.18**	**(1.21)**	**(50.63%)**	**11.22**	**7.91**	**(3.31)**	**(29.50%)**	R		**9.96**	**(2.05)**	**(20.58%)**

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



Summary - Divisional lead Chris Rockenbach

- In Month 5 the IPP Division is reporting a £1.2m surplus, which is £1.2m adverse to plan. This impacts on the YTD position which is now £3.3m adverse to a planned £11.2m surplus.
- The above excludes any IPP income occurring in NHS speciality wards which contributes a further £0.2m adverse variance. This is largely due to a reduction in PICU activity (£1.4m). Performance in Cardiac services, whilst slightly behind in month, remains significantly ahead of plan YTD.

Notes

1. IPP division income is £2.6m adverse to plan YTD. This is due to the average income per bed day in IPP wards being below target due to exceptionally high patient dependency in 16/17 (£1.4m); the commercial better value target allocated to IPP (£0.6m); and not fully utilising all new IPP bed capacity (£0.4m).

- The IPP referrals are 19% higher than 16/17, but bed days are 9% below target.
- The additional capacity created in September 2016 in Hedgehog ward was predicated on additional theatre lists which should be available as part of PICB opening.
- Unutilised bed capacity has been made available to NHS patients but any income associated is realised in NHS divisions.
- During Month 5 we have closed beds (Hedgehog) to minimise expenditure without impacting on IPP or NHS patient activity.

2. The pay spend is £0.3m favourable to plan YTD. This is due to a high-level of nursing vacancies (32.5 WTE, which is covered by bank where necessary to ensure patient safety) and vacancies across other staff groups. No agency costs have been incurred.

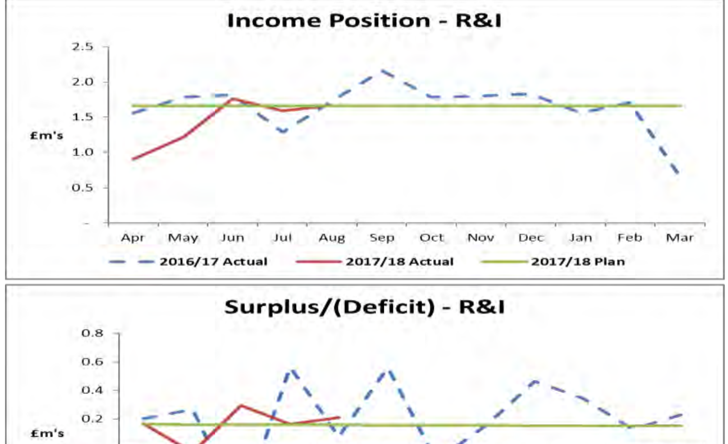
3. The non-pay spend is adverse to plan by £1.0m YTD. This is due to an increase in the bad debt provision of £1.0m, which includes an in-month increase of £0.2m.There is a YTD overspend on consultancy services related to exploring an overseas opportunity. Clinical non-pay costs are reduced due to activity levels.

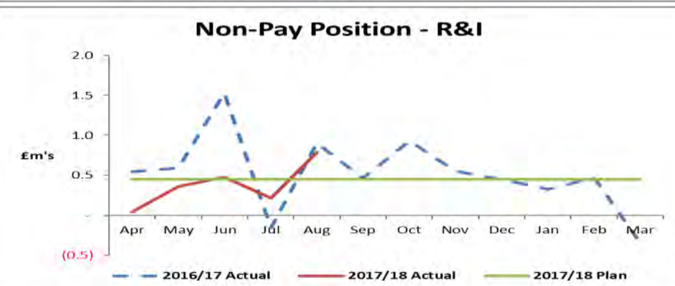
Debt:
Debt has increased in Month 5 by £0.6m to £29.9m, of which 93% of the total debt relates to activity funded by foreign government. The debt outside of terms is £25.3m.

Division R&I Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2017

2017/18 Annual Budget (£m)	Income & Expenditure R&I	2017/18 Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	RAG Rating Current Year Variance	Note	2016/17 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
0.00	NHS & Other Clinical Revenue	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	G		0.00	0.00	0.00%
0.00	Pass Through	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0.00%
0.00	Private Patient Revenue	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	G		0.00	0.00	0.00%
20.27	Non-Clinical Revenue	1.69	1.67	(0.02)	(1.18%)	8.45	7.14	(1.31)	(15.50%)	R		3.35	3.79	113.24%
20.27	**Total Operating Revenue**	**1.69**	**1.67**	**(0.02)**	**(1.18%)**	**8.45**	**7.14**	**(1.31)**	**(15.50%)**		**1**	**3.35**	**3.79**	**113.24%**
(12.67)	Permanent Staff	(1.06)	(0.64)	0.42	39.62%	(5.26)	(4.31)	0.95	18.06%			(1.69)	(2.62)	(155.20%)
0.00	Agency Staff	0.00	0.00	0.00	0.00%	0.00	(0.04)	(0.04)	0.00%			(0.00)	(0.04)	(5,714.29%)
(0.03)	Bank Staff	0.00	(0.03)	(0.03)	0.00%	(0.01)	(0.11)	(0.10)	(1,000.00%)			(0.05)	(0.06)	(129.31%)
(12.70)	**Total Employee Expenses**	**(1.06)**	**(0.67)**	**0.39**	**36.79%**	**(5.27)**	**(4.46)**	**0.81**	**15.37%**	G		**(1.74)**	**(2.72)**	**(156.75%)**
(0.01)	Drugs and Blood	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	G		(0.00)	0.00	0.00%
(0.98)	Other Clinical Supplies	(0.08)	(0.48)	(0.40)	(500.00%)	(0.41)	(1.18)	(0.77)	(187.80%)	R		(0.24)	(0.94)	(385.09%)
(4.72)	Other Expenses	(0.39)	(0.30)	0.09	23.08%	(1.97)	(0.71)	1.26	63.96%	G		(0.90)	0.19	21.12%
0.00	Pass Through	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0.00%
(5.71)	**Total Non-Pay Expenses**	**(0.47)**	**(0.78)**	**(0.31)**	**(65.96%)**	**(2.38)**	**(1.89)**	**0.49**	**20.59%**	G	**2**	**(1.14)**	**(0.75)**	**(65.52%)**
1.86	**EBITDA (exc Capital Donations)**	**0.16**	**0.22**	**0.06**	**37.50%**	**0.80**	**0.79**	**(0.01)**	**(1.25%)**	G		**0.47**	**0.32**	**68.51%**

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





Summary- Divisional Lead Emma Pendleton

- Year to date the R&I Division contribution is behind plan by £0.01m, which is primarily due to the delayed setup of the BRC projects at ICH, this was due to misunderstandings in NIHR policy on future years inflation. This has now been resolved, but its predicted that it will be a further 2 months before ICH are able to recruit to the vacancies within each BRC theme

Notes

1. Year to date income is £1.3m adverse to plan, Which is a result of the below target expenditure costs; these are due to vacancies within the mafor themes, as well as lower than expected spend on non-pay Howeve, it is worth noting that the full effect on R&I has been eased due to the over performance within 100K Gernomics project and the £0.2m increase of the CLRN annual income allocation.

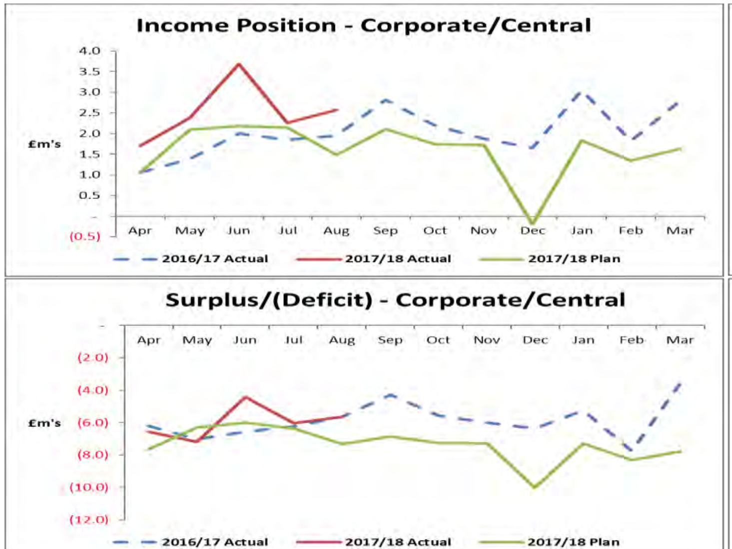
- GOSH is the North Thames lead for the Genomics Medicine Centre (GMC). The North Thames GMC is the highest recruiting GMC for rare diseases however; overall we are behind the set plan from NHSE and working closely with other hospitals to reach the target.
- The Genomics board are working together to ensure that the GOSH ICT costs are recovered and additional support has been provided by NHSE for the Cancer pathway programme manager.

2. Non pay is £0.5m under budget, mainly due to activity in Commercial projects as income is transferred from the projects to the clinical divisions, hence reducing overall costs in the clinical divisions. It is also due to BRC projects having not started earlier to reduced ICH costs.

Division Corporate/Central Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2017

2017/18 Annual Budget (£m)	Income & Expenditure CORPORATE/CENTRAL	2017/18 Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	RAG Rating Current Year Variance	Note	2016/17 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
5.20	NHS & Other Clinical Revenue	0.70	1.23	0.53	75.71%	3.78	6.42	2.64	69.84%	G		4.55	1.87	41.08%
4.44	Pass Through	0.39	0.00	(0.39)	(100.00%)	1.87	0.00	(1.87)	(100.00%)			0.01	(0.01)	(67.57%)
(1.78)	Private Patient Revenue	(0.54)	0.00	0.54	100.00%	(0.72)	0.00	0.72	100.00%	G		(0.01)	0.01	166.67%
14.49	Non-Clinical Revenue	1.24	1.34	0.10	8.06%	5.40	6.18	0.78	14.44%	G		8.49	(2.31)	(27.22%)
22.35	**Total Operating Revenue**	**1.79**	**2.57**	**0.78**	**43.58%**	**10.33**	**12.60**	**2.27**	**21.97%**			**13.05**	**(0.44)**	**(3.37%)**
(30.32)	Permanent Staff	(2.53)	(2.23)	0.30	11.86%	(12.19)	(10.81)	1.38	11.32%			(11.24)	0.43	3.82%
0.00	Agency Staff	0.00	(0.16)	(0.16)	0.00%	0.00	(1.24)	(1.24)	0.00%			(2.52)	1.28	50.72%
(0.14)	Bank Staff	(0.04)	(0.08)	(0.04)	(100.00%)	(0.18)	(0.51)	(0.33)	(183.33%)			(0.73)	0.22	30.26%
(30.46)	**Total Employee Expenses**	**(2.57)**	**(2.47)**	**0.10**	**3.89%**	**(12.37)**	**(12.56)**	**(0.19)**	**(1.54%)**	A	1	**(14.50)**	**1.93**	**13.31%**
(0.27)	Drugs and Blood	(0.02)	0.01	0.03	150.00%	(0.11)	0.01	0.12	109.09%	G		0.57	(0.56)	(98.35%)
(2.20)	Other Clinical Supplies	(0.18)	(0.11)	0.07	38.89%	(0.91)	(1.38)	(0.47)	(51.65%)	R		(3.60)	2.22	61.59%
(44.37)	Other Expenses	(3.47)	(3.70)	(0.23)	(6.63%)	(17.51)	(18.62)	(1.11)	(6.34%)	R		(17.04)	(1.58)	(9.27%)
(4.44)	Pass Through	(0.39)	0.00	0.39	100.00%	(1.87)	0.00	1.87	100.00%			0.44	(0.44)	(100.00%)
(51.28)	**Total Non-Pay Expenses**	**(4.06)**	**(3.80)**	**0.26**	**6.40%**	**(20.40)**	**(19.99)**	**0.41**	**2.01%**	G	2	**(19.63)**	**(0.36)**	**(1.83%)**
(59.39)	**EBITDA (exc Capital Donations)**	**(4.84)**	**(3.70)**	**1.14**	**23.55%**	**(22.44)**	**(19.95)**	**2.49**	**11.10%**	G		**(21.08)**	**1.13**	**5.36%**
(28.01)	Depreciation, Interest and PDC	(2.17)	(1.95)	0.22	10.14%	(10.77)	(9.89)	0.88	8.17%		3	(10.40)	0.51	4.90%
(87.40)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(7.01)**	**(5.65)**	**1.36**	**19.40%**	**(33.21)**	**(29.84)**	**3.37**	**10.15%**	G		**(31.48)**	**1.64**	**5.21%**

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



Summary

- Corporate areas including Central Budgets are £1.4m favourable to plan for Month 5 and £3.4m favourable YTD before Capital Donations.

Notes

1. Year to date, Pay expenditure is £0.2m adverse to plan with variances in HR and Clinical Medical (RTT related).

   Agency spend year to date mainly relates to the RTT validators (with the RTT project ceasing on 2 June 2017) and the Finance department which is now starting to decrease as permanent members of staff are being recruited to.

   Arrears of Merit award in Medical Director relating to 16/17 this is one off.

2. Since the start of the year a number of non recurrent budget pressures have emerged some of which relate to prior periods:

   Development and Property Services - Bernand Street £0.3m (rent and rates) which will be a full year cost pressure

   The Contract with OCS is £0.5m over budget year to date, with £0.3m relating to 16/17

   Electricity is YTD £0.3m overspend however £0.2m has been allocated to the contractor in month for PICB handover also there has been a 20% increase in Tariff, with increased usage.

3. Year to date, depreciation is favourable to plan (£0.9m).

Cash, Capital and Statement of Financial Position Summary for the 5 months ending 31 Aug 2017

Cash
The closing cash balance was £49.7m, £0.5m lower than plan. This was largely due to lower than planned EBITDA (£1.7m); lower than planned Trust funded capital expenditure including the movement on capital creditors (£6.8m); and the movement on working capital (£5.6m).
The movement on working capital (£5.6m) largely relates to higher than planned NHS receivables (£2.9m) Non NHS and IPP receivables (£5.9m) and higher than planned trade payables (£3.2m).

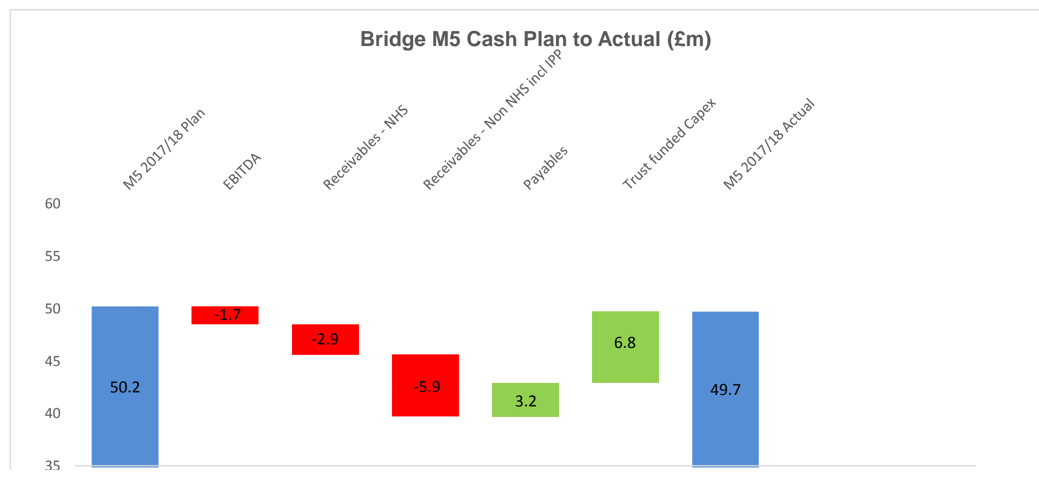
NHS Debtor Days
Debtor days increased in month to 8 days but this still remains within target.

IPP Debtor Days
IPP debtor days increased from 192 days to 194 days.

Creditor Days
Creditor days increased in month to 30 days and this still remains within target.

Non-Current Assets
Non-current assets increased by £2.1m in month, the effect of capital expenditure of £3.5m less depreciation of £1.4m. The closing balance is £60.3m lower than plan. This is largely due to the opening balance for the year being £39.2m less than plan of which the movement on buildings valuation represents £36.9m and the remainder (£2.3m) being capital expenditure slippage compared to the forecast on which the plan was based. In addition M5 YTD capital expenditure was less than plan by £22.0m and depreciation less than plan by £0.9m. The expenditure variance is analysed on the capital expenditure schedule.

Inventory Days
Drug inventory days increased in month to 7.
Non-Drug inventory days increased in month to 73 days mainly as a result of the increased level of Spinal Metal specialist stock (31.1%).



31 Mar 2017 Audited Accounts £m	Statement of Financial Position	YTD Plan 31 Aug 2017 £m	YTD Actual 31 Aug 2017 £m	YTD Variance £m	*YTD Actual 31 Jul 2017 £m*	*In month Movement £m*
431.50	Non-Current Assets	499.4	439.0	(60.4)	*436.9*	*2.1*
75.90	Current Assets (exc Cash)	88.9	85.7	(3.3)	*81.3*	*4.3*
42.50	Cash & Cash Equivalents	50.2	49.7	(0.5)	*50.7*	*(1.1)*
(56.30)	Current Liabilities	(81.8)	(70.9)	10.9	*(67.9)*	*(3.0)*
(5.80)	Non-Current Liabilities	(5.5)	(5.6)	(0.1)	*(5.6)*	*0.0*
487.80	**Total Assets Employed**	**551.3**	**497.9**	**(53.4)**	***495.5***	***2.4***

Annual Plan £m	Capital Expenditure	YTD Plan 31 Aug £m	YTD Actual 31 Aug £m	YTD Variance £m
37.80	Redevelopment - Donated	10.2	2.5	7.7
19.10	Medical Equipment - Donated	11.0	4.7	6.3
0.00	Estates - Donated	0.0	0.0	0.0
15.20	ICT - Donated	3.8	2.6	1.2
72.10	**Total Donated**	**25.0**	**9.8**	**15.2**
11.10	Redevelop& equip - Trust Funded	5.3	3.0	2.3
3.70	Estates & Facilities - Trust Funded	2.4	0.5	1.9
7.20	ICT - Trust Funded	3.5	1.2	2.3
1.00	Contingency	0.3	0.0	0.3
23.00	**Total Trust Funded**	**11.5**	**4.7**	**6.8**
95.10	**Total Expenditure**	**36.5**	**14.5**	**22.0**

31-Mar-17	Working Capital	31-Jul-17	31-Aug-17	RAG	KPI
19.40	NHS Debtor Days (YTD)	7.2	8.4	G	< 30.0
182.00	IPP Debtor Days	192.0	194.0	R	< 120.0
22.50	IPP Overdue Debt (£m)	24.3	25.3	R	0.0
4.00	Inventory Days - Drugs	6.0	7.0	G	7.0
63.00	Inventory Days - Non Drugs	60.0	73.0	R	30.0
34.50	Creditor Days	28.5	30.0	A	< 30.0
0.82	BPPC - Non-NHS (YTD) (number)	0.9	0.9	A	> 95.0%
0.88	BPPC - Non-NHS (YTD) (£)	0.9	0.9	A	> 95.0%

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

Workforce Summary for the 5 months ending 31 Aug 2017

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

2016/17 Actual (£m)	2017/18 Annual Plan (£m)	£m including Perm, Bank and Agency Staff Group	2017/18 Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %
38.05	48.22	Admin (inc Director & Senior Managers)	4.01	3.54	0.47	11.69%	20.02	17.16	2.86	14.31%
46.62	47.33	Consultants	3.94	3.80	0.14	3.55%	19.65	19.91	(0.26)	-1.30%
3.59	3.92	Estates & Ancillary Staff	0.33	0.29	0.04	11.71%	1.63	1.48	0.14	8.89%
8.83	9.24	Healthcare Assist & Supp	0.77	0.78	(0.01)	-1.73%	3.84	3.81	0.02	0.60%
24.19	25.51	Junior Doctors	2.12	1.91	0.21	9.86%	10.59	10.15	0.45	4.22%
69.54	73.14	Nursing Staff	6.09	5.81	0.27	4.50%	30.37	29.93	0.44	1.44%
0.28	0.36	Other Staff	0.03	0.02	0.01	30.56%	0.15	0.11	0.04	29.75%
39.52	43.26	Scientific Therap Tech	3.60	3.24	0.36	9.90%	17.96	16.83	1.13	6.31%
230.60	**250.99**	**Total substantive and bank staff costs**	**20.89**	**19.40**	**1.48**	**7.10%**	**104.20**	**99.37**	**4.84**	**4.64%**
9.32	1.68	Agency	0.14	0.34	(0.20)	-140.00%	0.70	2.27	(1.57)	-224.99%
239.92	**252.67**	**Total substantive, bank and agency cost**	**21.03**	**19.74**	**1.28**	**6.12%**	**104.90**	**101.64**	**3.27**	**-220.35%**
0.00	**(6.67)**	Better Value Scheme	(0.55)	0.00	(0.55)	100.00%	(2.77)	0.00	(2.77)	100.00%
(0.48)	**0.38**	Reserve	(0.04)	0.14	(0.18)	407.73%	0.57	0.34	0.23	40.43%
0.00	**2.40**	PICB reserves	0.30	0.00	0.30	100.00%	0.30	0.00	0.30	100.00%
239.44	**248.79**	**Total pay cost**	**20.73**	**19.88**	**0.85**	**4.11%**	**103.01**	**101.98**	**1.03**	**1.00%**

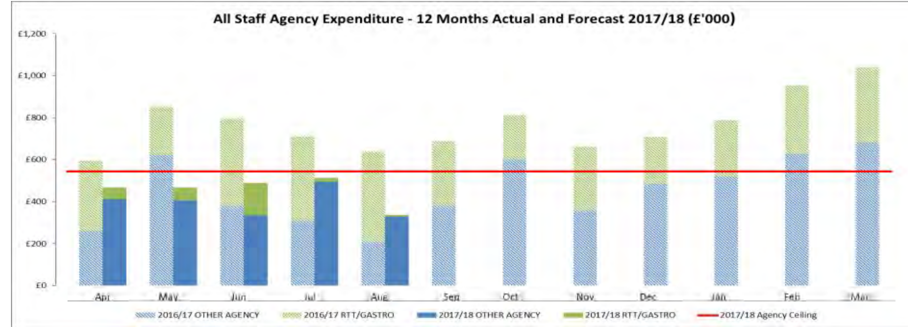
2016/17 Average WTE	2017/18 Annual Plan Average WTE	WTE Including Perm, Bank and Agency Staff Group	2017/18 Month 5 Budget WTE	Month 5 Actual WTE	Month 5 Variance WTE	Month 5 Variance %	Year to Date (average WTE) Budget WTE	Year to Date Actual WTE	Year to Date Variance WTE	Year to Date Variance %
948.53	1,080.04	Admin (inc Director & Senior Managers)	1,081.68	996.70	84.98	7.86%	1,077.75	990.62	87.13	8.08%
305.38	346.39	Consultants	346.15	310.66	35.49	10.25%	346.72	312.81	33.91	9.78%
117.95	132.36	Estates & Ancillary Staff	132.56	112.71	19.85	14.97%	132.08	113.06	19.02	14.40%
295.84	314.70	Healthcare Assist & Supp	316.54	311.85	4.69	1.48%	312.12	302.78	9.34	2.99%
311.29	333.18	Junior Doctors	333.18	308.71	24.47	7.34%	333.18	318.91	14.27	4.28%
1,405.15	1,542.61	Nursing Staff	1,543.87	1,419.50	124.37	8.06%	1,540.85	1,442.31	98.54	6.40%
5.46	7.60	Other Staff	7.60	5.12	2.48	32.63%	7.60	5.29	2.31	30.45%
736.59	826.96	Scientific Therap Tech	827.01	734.63	92.38	11.17%	826.89	744.09	82.80	10.01%
4,126.19	**4,583.84**	**Total substantive and bank staff**	**4,588.59**	**4,199.88**	**388.71**	**8.47%**	**4,577.18**	**4,229.87**	**347.31**	**10.01%**
105.20	33.90	Agency	33.90	78.26	(44.36)	-130.86%	33.90	99.24	(65.34)	-192.73%
4,231.40	**4,617.74**	**Total substantive, bank and agency**	**4,622.49**	**4,278.14**	**344.35**	**7.45%**	**4,611.08**	**4,329.11**	**281.98**	**-182.72%**
0.00	**(121.13)**	Better Value Scheme	(121.10)	0.00	(121.10)	100.00%	(120.76)	0.00	(120.76)	100.00%
0.00	**0.00**	Reserve	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
0.00	**0.00**	PICB reserves	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%
4,231.40	**4,496.61**	**Total Staff**	**4,501.39**	**4,278.14**	**223.25**	**4.96%**	**4,490.32**	**4,329.11**	**161.22**	**3.59%**

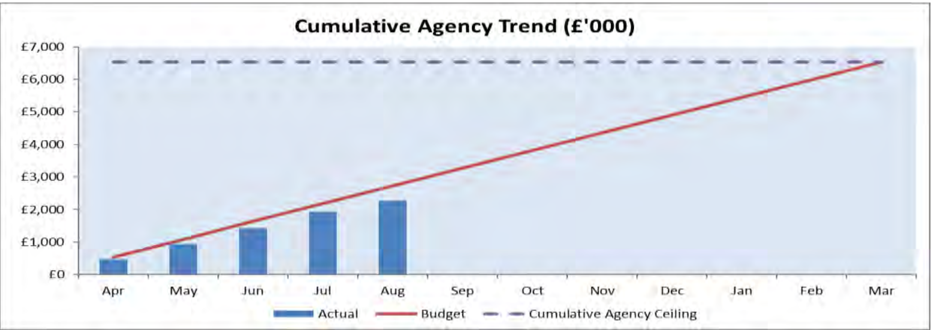
Summary

- In Month 5 pay spend is £19.9m which is £0.9m favourable to plan.
- Year to date, pay spend for substantive and bank staff is £4.8m favourable to plan due to numerous vacancies across the Trust (388 WTE) in Month 5.
- The 2017/18 Annual Plan includes an agency budget for £1.7m and 34 WTE which relates to PICU NICU nursing staff. YTD agency spend is £0.2m comapred to £0.1m plan.
- In Month 5, agency workers covered 78 of the in month vacancies. The agency spend in Month 5 £0.3m is below the NHSI monthly notified cost ceiling of £0.5m.
- Year to date, the Trust has spent £2.3m on agency workers. This is also below the cumulative NHSI notified cost ceiling of £2.7m.
- The 2017/18 Annual Plan for PICB is £2.4m and is currently sitting in reserves. No WTE have been budgeted for PICB at this stage.

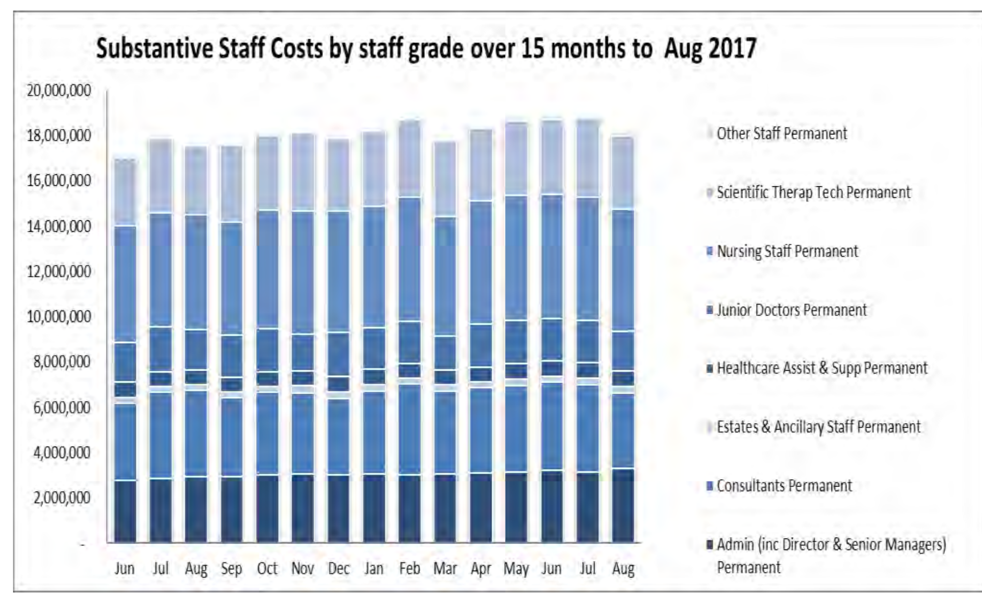
The Better Value Scheme annual plan £6.7m is made up of the following:

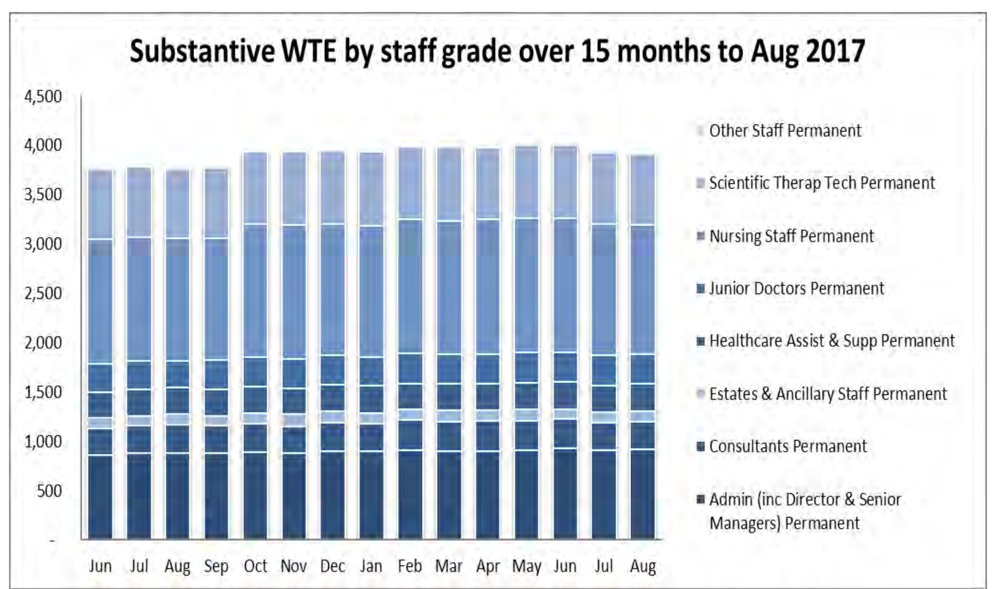
Cross Cutting Scheme	
Theatres	£1.0m
Bed Flow	£1.0m
Outpatients	£0.2m
Workforce	£1.5m
Coding	£0.5m
ICT Enabled	£0.3m
Agencies & VAT	£0.6m
Local Schemes/Vacancy Factor	
JM Barrie	£1.0m
Charles West	£0.6m
Total	**£6.7m**

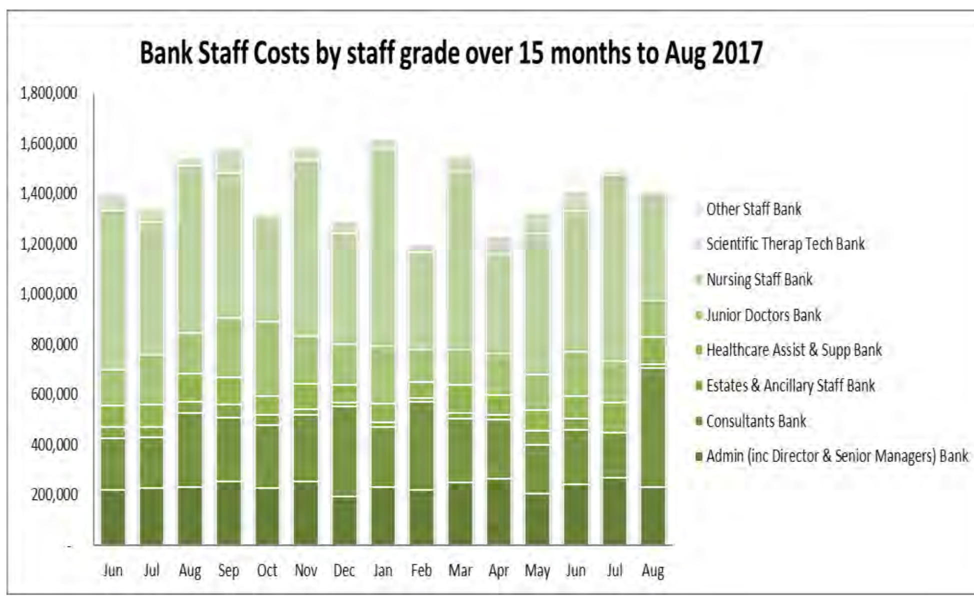


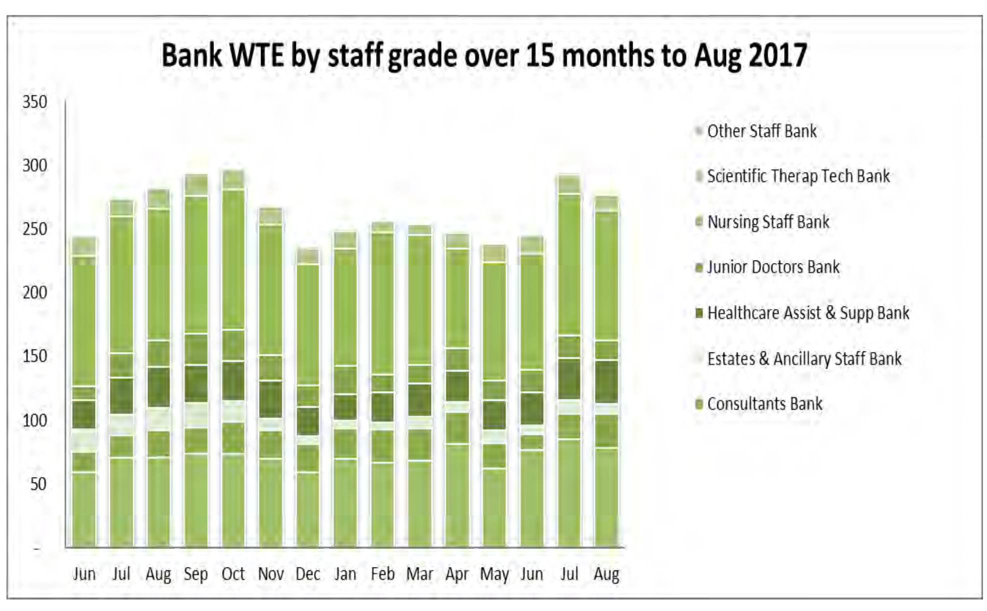


Workforce Trend Analysis for the 5 months ending 31 Aug 2017

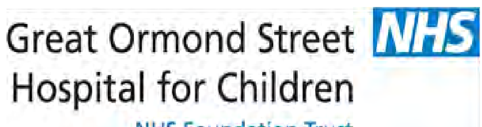




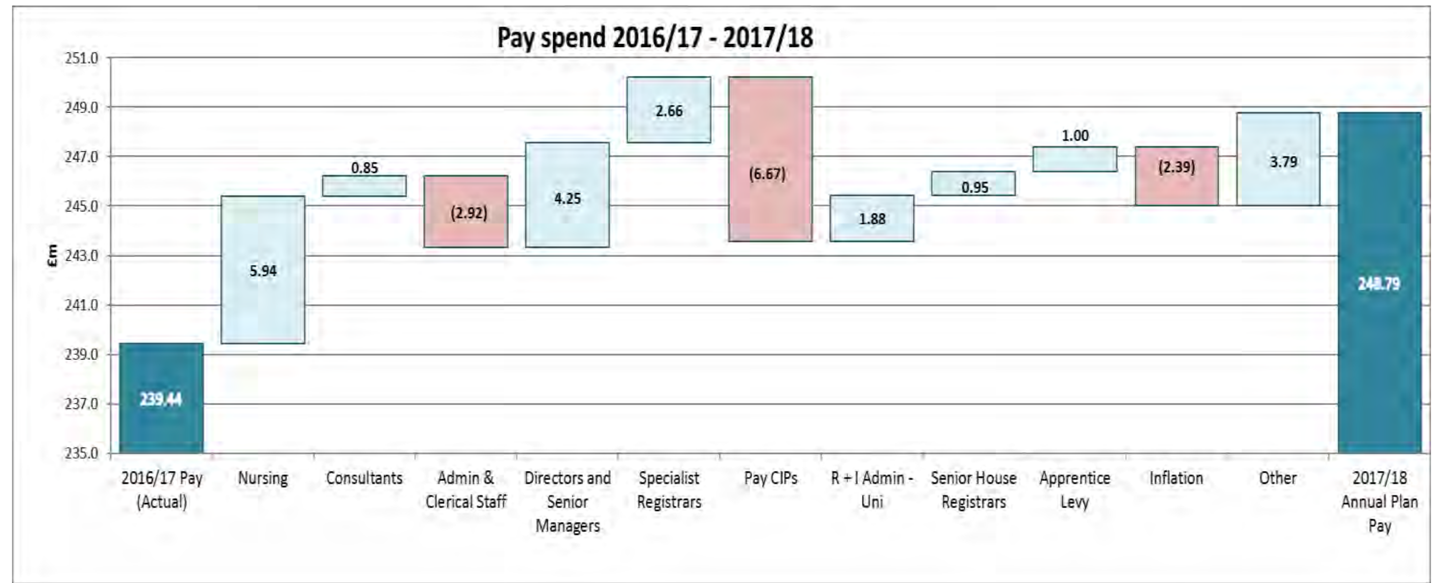


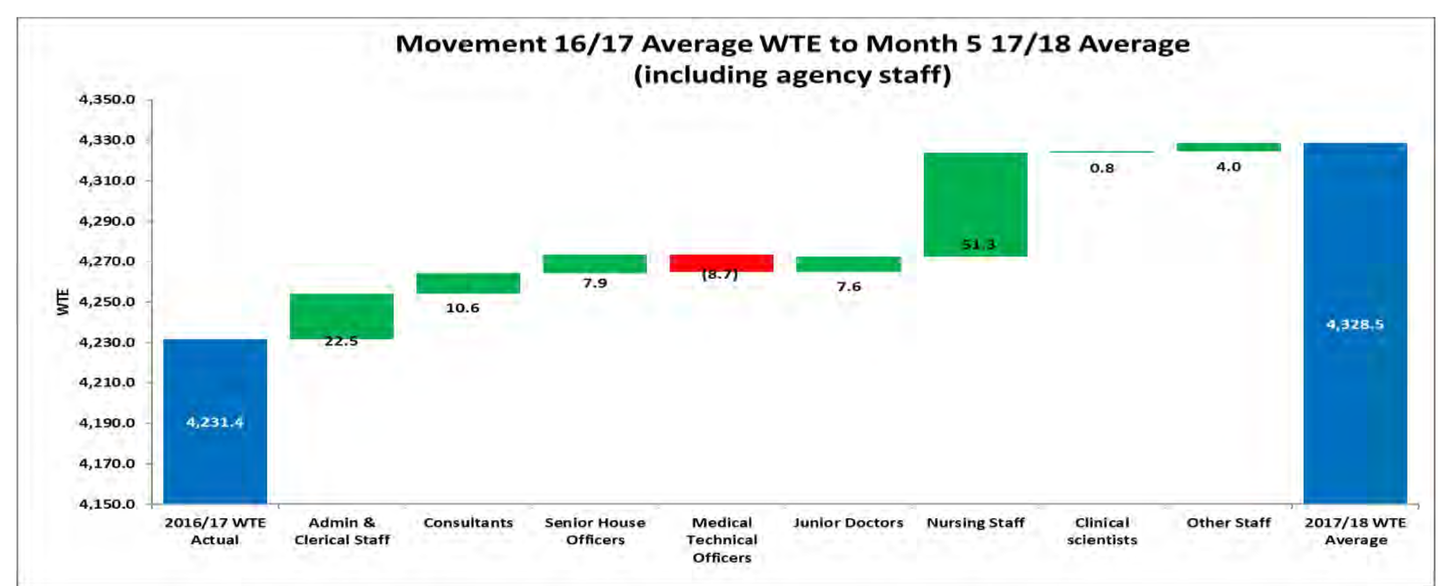


*WTE = **Worked WTE**, Worked hours of staff represented as WTE



Pay spend and WTE movement 2016/17 - 2017/18





Summary of Change from 2016/17 Actual to 2017/18 Plan

There has been a 4% increase in the pay spend from 2016/17 actual to 2017/18 annual plan. The most significant reasons for the increase are as follows:

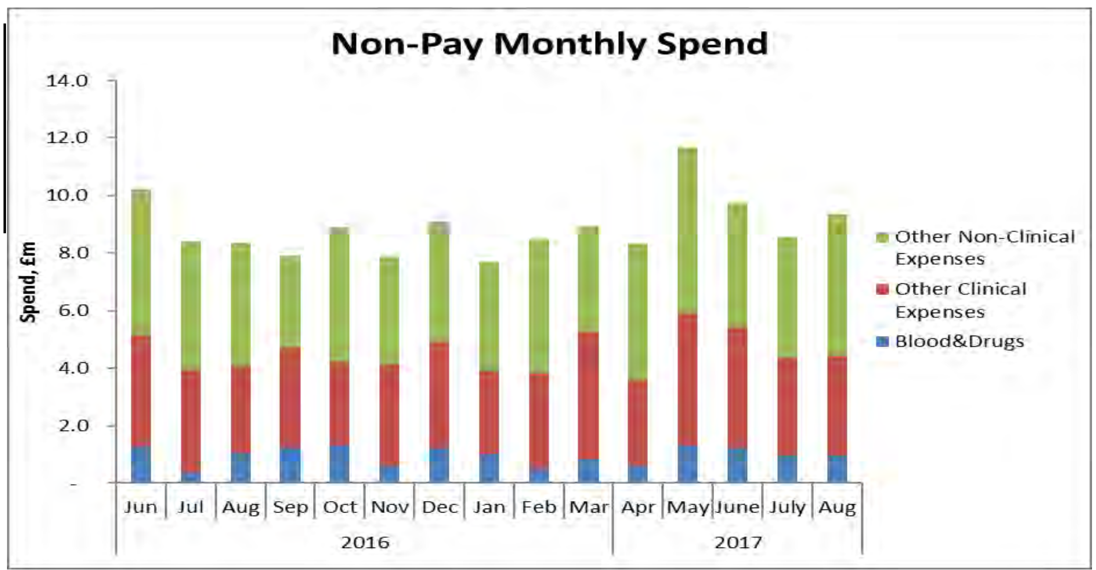
Nursing	£5.9m
Consultants	£0.8m
Directors and Senior Managers	£4.3m
Specialist Registrars	£2.7m
R + I Admin - Uni	£1.9m
Senior House Registrars	£0.9m
Apprentice Levy	£1.0m
Inflation	£2.4m

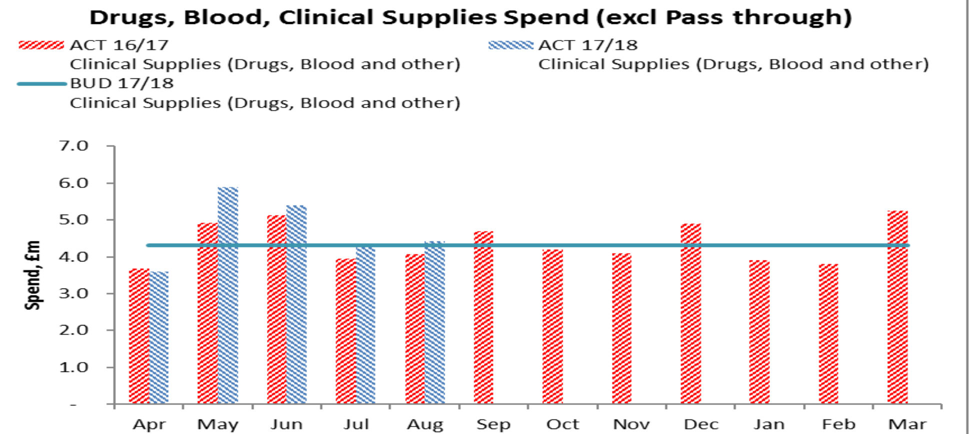
This was offset by decreases in the following:

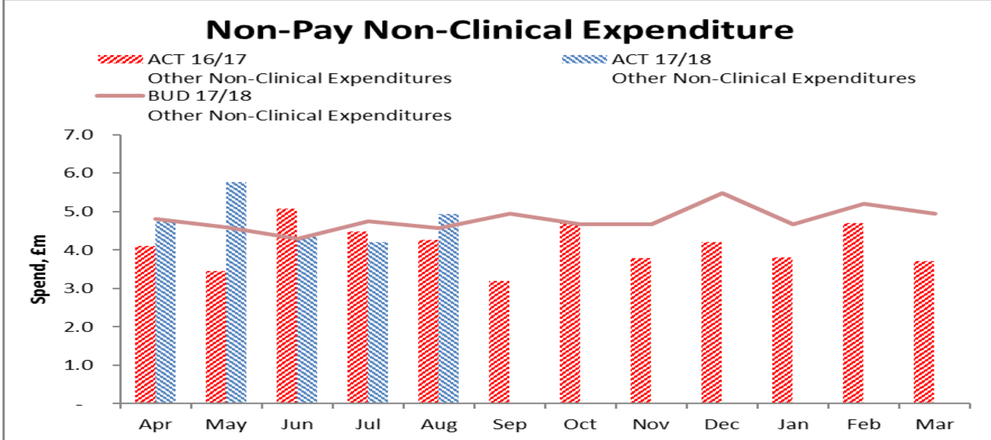
Admin & Clerical Staff	£2.9m
Pay CIPs	£6.7m

Non-Pay Summary for the 5 months ending 31 Aug 2017

NON PAY COSTS (excl Pass through)							
Year to Date	Grand Total £m	Drugs and Blood		Other Clinical Supplies		Other Non Clinical Costs	
		£m	% of Total	£m	% of Total	£m	% of Total
2017/18	47.66	4.97	0.10	18.68	0.39	24.01	0.50
2016/17	44.60	5.10	0.11	18.10	0.41	21.40	0.48
Movement	3.06	(0.13)	(0.01)	0.58	(0.02)	2.61	0.02







There has been a £3.1m increase in non-pay spend YTD compared to 2016/17 YTD

The increase in Non Clinical costs relate to the following:

- Cost pressure of the Bernard Street premises – rent payable (£0.2m) and rates payable (£0.2m)
- Increase in debtors provisions (£1.0m)
- Domestic contract for catering (£0.5m which includes prior year charges of £0.4m)
- Stationary and marketing expenditure (£0.2m and £0.1m respectively).

The increase in Other Clinical Supplies can be attributable to the change in ownership method for clinical stock to a consignment stock model.

Income & Expenditure Statement for the 5 months ending 31 Aug 2017

		2017/18 Month 5			2017/18 YTD			Prior Year	
	17/18 Annual Budget £000	Budget £'000s	Actual £'000s	Variance £'000s	Budget £'000s	Actual £'000s	Variance £'000s	16/17 YTD Actuals £'000s	17/18 Variance to 16/17
Day Case	25,057	2,111	2,024	(87)	10,397	10,138	(259)	10,060	78
Elective	66,237	5,137	4,928	(209)	25,231	26,252	1,021	25,342	910
Non-Elective	19,033	1,615	1,807	192	7,976	8,424	448	6,392	2,032
Outpatients	39,250	3,271	2,975	(296)	16,076	15,956	(120)	15,677	279
HDU Bed Days	8,943	734	595	(139)	3,627	3,730	103	3,300	430
ITU Bed Days	35,112	2,962	2,675	(287)	14,638	13,348	(1,290)	11,377	1,971
Highly Specialised Services	30,184	2,549	2,461	(88)	12,569	12,558	(11)	12,288	270
Other NHS Clinical	45,305	4,093	3,616	(477)	20,566	21,850	1,284	20,427	1,423
Pass-Through	67,800	5,896	5,498	(398)	28,406	27,281	(1,125)	25,485	1,796
NHS Clinical Income	**336,921**	**28,368**	**26,579**	**(1,789)**	**139,486**	**139,537**	**51**	**130,348**	**9,189**
Private Patient	60,736	4,898	3,906	(992)	25,470	23,215	(2,255)	23,406	(191)
Non NHS Clinical Income	3,212	268	1,444	1,176	1,339	3,493	2,154	1,978	1,515
Non-NHS Clinical Income	**63,948**	**5,166**	**5,350**	**184**	**26,809**	**26,708**	**(101)**	**25,384**	**1,324**
Education & Training	8,270	689	740	51	3,446	3,748	302	2,861	887
Research & Development	19,670	1,639	1,787	148	8,196	7,919	(277)	7,852	67
Non-Patient Services	409	36	102	66	171	446	275	271	175
Commercial	1,435	125	126	1	602	562	(40)	503	59
Charitable Contributions	6,855	596	396	(200)	2,872	2,050	(822)	2,415	(365)
Other Non-Clinical	16,423	1,420	1,474	54	6,215	6,057	(158)	3,842	2,215
NHS Bank Funding	202	17	17		84	84		138	(54)
Non Clinical Income	**53,264**	**4,522**	**4,642**	**120**	**21,586**	**20,866**	**(720)**	**17,882**	**2,984**
Total income, excl capital donations	**454,133**	**38,056**	**36,571**	**(1,485)**	**187,881**	**187,111**	**(770)**	**173,614**	**13,497**
Medical Consultants/Snrs	(47,333)	(3,938)	(3,799)	139	(19,651)	(19,908)	(256)	(19,193)	(715)
Junior Doctors	(25,512)	(2,123)	(1,906)	217	(10,592)	(10,150)	442	(10,090)	(60)
Admin & Clerical	(48,220)	(4,013)	(3,730)	283	(20,020)	(18,515)	1,505	(18,046)	(469)
Healthcare Assist & Supp	(9,238)	(769)	(782)	(13)	(3,835)	(3,816)	20	(3,741)	(75)
Nursing Staff	(74,827)	(6,227)	(5,801)	426	(31,067)	(30,151)	917	(28,495)	(1,656)
Estates & Ancillary Staff	(3,919)	(326)	(287)	39	(1,627)	(1,556)	71	(1,590)	34
Scientific Therap Tech	(43,257)	(3,600)	(3,413)	187	(17,959)	(17,442)	517	(16,368)	(1,074)
Other Staff Pay	(363)	(30)	(21)	9	(150)	(106)	44	(118)	12
Pay Reserves & Unidentified PE	3,882	299	(136)	(435)	1,897	(341)	(2,238)	63	(404)
Pay	**(248,787)**	**(20,727)**	**(19,875)**	**852**	**(103,004)**	**(101,985)**	**1,022**	**(97,578)**	**(4,407)**
Drugs Costs	(10,265)	(854)	(818)	36	(4,277)	(3,905)	372	(4,102)	197
Blood Costs	(2,088)	(174)	(164)	10	(870)	(1,064)	(194)	(1,022)	(42)
Supplies & Services - Clinical	(39,143)	(3,263)	(3,448)	(185)	(16,309)	(18,683)	(2,374)	(18,118)	(565)
Supplies & Services - General	(5,628)	(469)	(439)	30	(2,345)	(1,841)	504	(1,748)	(93)
Premises Costs	(27,024)	(2,252)	(1,990)	262	(11,261)	(12,516)	(1,255)	(10,822)	(1,694)
Pass Throughs	(67,800)	(5,896)	(5,498)	398	(28,406)	(27,281)	1,125	(23,988)	(3,293)
Other Non Pay	(20,244)	(1,687)	(2,505)	(818)	(8,436)	(9,653)	(1,217)	(8,806)	(847)
Non Pay Reserves & Unidentified PE	(4,930)	(186)	0	186	(1,076)	0	1,076	0	0
Non Pay Costs	**(177,122)**	**(14,781)**	**(14,862)**	**(81)**	**(72,980)**	**(74,943)**	**(1,963)**	**(68,606)**	**(6,337)**
EBITDA	**28,224**	**2,548**	**1,834**	**(714)**	**11,897**	**10,183**	**(1,711)**	**7,430**	**2,753**
Interest Receivable	188	15	7	(8)	79	33	(46)	103	(70)
P & L On Disp Of Fixed Assets	0	0	10	10	0	(21)	(21)	17	(38)
Depreciation & Amortisation	(20,690)	(1,562)	(1,338)	224	(7,723)	(6,775)	948	(7,348)	573
Other Revenue / Expenditure	0	0	0	0	0	0	0	(6)	6
Pdc Dividend Payable	(7,508)	(626)	(626)	0	(3,130)	(3,128)	2	(3,128)	0
Other Revenue / Expenditure	**(28,010)**	**(2,173)**	**(1,947)**	**226**	**(10,774)**	**(9,891)**	**883**	**(10,362)**	**471**
Retained Surplus / (Deficit), excl capital donations & impairments	**214**	**375**	**(113)**	**(488)**	**1,123**	**292**	**(828)**	**(2,932)**	**3,224**
Receipt Of Capital Donations	72,108	5,211	2,540	(2,671)	25,030	9,814	(15,216)	18,381	(8,567)
Impairments	0	0	0	0	0	0	0	0	0
Retained Surplus / (Deficit)	**72,322**	**5,586**	**2,427**	**(3,159)**	**26,153**	**10,106**	**(16,044)**	**15,449**	**(5,343)**

Great Ormond Street Hospital for Children NHS Foundation Trust

Statement of Financial Position as at 31 Aug 2017

Audited Actual as at 31 Mar 2017		**Plan as at 31 Aug 2017**	**Actual as at 31 Aug 2017**	*YTD Variance*	**Actual as at 31 Jul 2017**	*Change in month*	**Forecast Outturn 31 Mar 2018**
£000		**£000**	**£000**	**£000**	**£000**	*£000*	**£000**
	Current Assets						
1,994	Cash and cash equivalents	1,177	5,664	*(4,487)*	2,717	*2,947*	2,951
40,500	Investments	49,000	44,000	*5,000*	48,000	*(4,000)*	53,000
8,226	Inventories	8,300	8,964	*(664)*	8,904	*60*	7,300
15,524	NHS Debtors - Invoiced	8,486	8,074	*412*	6,671	*1,403*	15,472
3,247	NHS Debtors - Accrued	15,884	15,113	*771*	13,265	*1,848*	3,236
25,211	IPP Debtors - Invoiced	27,897	26,542	*1,355*	26,322	*220*	25,127
7,225	IPP Debtors - Accrued	7,875	7,493	*382*	7,721	*(228)*	7,201
5,382	GOSH Charity Debtors - capital	7,877	7,495	*382*	6,762	*733*	5,364
5,411	Other Debtors	3,781	3,598	*183*	3,317	*281*	5,393
1,038	Accrued Income - Non NHS	2,125	2,022	*103*	1,887	*135*	1,034
97	PDC dividend receivable	0	0	*0*	0	*0*	0
3,318	Prepayments	5,612	5,340	*272*	4,984	*356*	3,312
963	VAT receivable	1,099	1,043	*56*	1,510	*(467)*	961
118136	**Total Current Assets**	**139113**	**135348**	**3765**	**132060**	**3288**	**130351**
	Current Liabilities						
(4,592)	NHS payables - revenue	(6,157)	(5,303)	*(854)*	(5,327)	*24*	(5,178)
(6,931)	Other trade payables - capital	(9,298)	(8,942)	*(356)*	(7,365)	*(1,577)*	(11,949)
(7,466)	Other trade payables - revenue	(3,503)	(3,017)	*(486)*	(3,085)	*68*	(8,419)
(2,739)	Social Security costs	(3,251)	(2,800)	*(451)*	(2,746)	*(54)*	(3,089)
(2,375)	Other taxes payable	(2,912)	(2,508)	*(404)*	(2,416)	*(92)*	(2,677)
(6,187)	Other payables	(9,382)	(8,081)	*(1,301)*	(7,867)	*(214)*	(6,975)
(4,016)	Private Patient Cash on Account	(4,958)	(4,271)	*(687)*	(4,458)	*187*	(4,528)
0	Other payables - PDC	(3,519)	(3,031)	*(488)*	(2,406)	*(625)*	0
(16,063)	Expenditure accruals	(28,093)	(24,201)	*(3,892)*	(24,257)	*56*	(18,111)
(5,611)	Other liabilities	(9,975)	(8,592)	*(1,383)*	(7,814)	*(778)*	(6,469)
(114)	Provisions for liabilites and charges	(724)	(114)	*(610)*	(114)	*0*	(724)
(56,094)	**Total Current Liabilities**	**(81,772)**	**(70,860)**	***(10,912)***	**(67,855)**	**(3,005)**	**(68,119)**
62,042	**Net Current Assets**	**57,341**	**64,488**	***(7,147)***	**64,205**	***283***	**62,232**
	Non Current Assets						
188,319	Property, plant and equipment - purchased	218,464	189,741	*28,723*	189,731	*10*	195,460
227,881	Property, plant and equipment - donated	264,359	231,356	*33,003*	230,088	*1,268*	235,322
219	Property, plant and equipment - gov granted	254	213	*41*	214	*(1)*	205
8,305	Intangible assets - purchased	9,634	8,370	*1,264*	7,970	*400*	10,436
171	Intangible assets - donated	198	2,858	*(2,660)*	2,397	*461*	15,370
6,664	Trade and other receivables	6,466	6,464	*2*	6,505	*(41)*	6,190
431,559	**Total Non Current Assets**	**499,375**	**439,002**	***60,373***	**436,905**	***2,097***	**462,983**
	Non Current Liabilities						
(4,950)	Lease incentives	(4,776)	(4,779)	*3*	(4,814)	*35*	(4,531)
(861)	Provisions for liabilites and charges nca	(688)	(813)	*125*	(823)	*10*	(569)
(5,811)	**Total Non Current Liabilities**	**(5,464)**	**(5,592)**	***128***	**(5,637)**	***45***	**(5,100)**
487,790	**Net Assets Employed**	**551,252**	**497,898**	***53,354***	**495,473**	**2,425**	**520,115**
	Financed by Taxpayers' Equity						
126,718	Public dividend capital	126,065	126,718	*(653)*	126,718	*0*	126,718
275,981	Retained earnings	315,392	286,089	*29,303*	283,664	*2,425*	308,306
81,977	Revaluation reserve	106,681	81,977	*24,704*	81,977	*0*	81,977
3,114	Other reserves	3,114	3,114	*0*	3,114	*0*	3,114
487,790	**Total Taxpayers' Equity**	**551,252**	**497,898**	***53,354***	**495,473**	***2,425***	**520,115**

Statement of Cash Flows for the 5 months ending 31 Aug 2017

Actual For YTD Ending 31 Mar 2017 £000		Plan For YTD Ending 31 Aug 2017 £000	Actual For YTD Ending 31 Aug 2017 £000	Actual For Month Ending 31 Aug 2017 £000	Forecast Outturn 31 Mar 2018 £000
	Cash flows from operating activities				
1,156	Operating surplus - excluding charitable capital expenditure contributions	4,173	3,410	495	7,536
(13,463)	Impairment and Reversals	0	0	0	(8,000)
32,056	Charitable capital expenditure contributions	25,030	9,814	2,540	40,140
19,749	**Operating surplus**	**29,203**	**13,224**	**3,035**	**39,676**
	Non-cash income and expense				
17,677	Depreciation and amortisation	7,723	6,775	1,338	20,690
13,463	Impairments and Reversals	0	0	0	8,000
32	Proceeds on disposal	0	9	9	30
(14,549)	(Increase)/decrease in trade and other receivables	(6,836)	(9,201)	(4,239)	1,043
(368)	(Increase)/decrease in inventories	(300)	(738)	(60)	926
(1,531)	Increase in trade and other payables	14,642	9,724	803	6,844
(407)	Decrease in other current liabilities	(171)	(171)	(35)	(1,187)
(543)	Decrease in provisions	(85)	(48)	(10)	319
13,774	**Net cash inflow from operating activities**	**14,973**	**6,350**	**(2,194)**	**36,665**
	Cash flows from investing activities				
149	Interest received	95	33	7	224
(47,803)	Purchase of property, plant and equipment and Intangibles	(36,494)	(12,437)	(1,901)	(55,600)
(47,654)	**Net cash used in investing activities**	**(36,399)**	**(12,404)**	**(1,894)**	**(55,376)**
	Cash flows from financing activities				
653	Public Dividend Capital received	0	0	0	0
(7,760)	PDC dividend paid	0	0	0	(7,508)
(7,107)	**Net cash outflows from financing activities**	**0**	**0**	**0**	**(7,508)**
(21,238)	**Increase/(decrease) in cash and cash equivalents**	**7,777**	**7,170**	**(1,053)**	**13,457**
63,732	**Cash and cash equivalents at period start**	**42,400**	**42,494**	**50,717**	**42,494**
42,494	**Cash and cash equivalents at period end**	**50,177**	**49,664**	**49,664**	**55,951**

Great Ormond Street Hospital for Children
NHS Foundation Trust

Receivables Management for the 5 months ending 31 Aug 2017

Reconciliation of Gross to Net Invoiced Debto	31 August 2017 £000	31 July 2017 £000	30 June 2017 £000	31 Mar 2017 £000	31 Dec 2016 £000	30 Sep 2016 £000	30 Jun 2016 £000	31 Mar 2016 £000	31 Dec 2015 £000	30 Sep 2015 £000
Per Accounts Receivable										
Total Gross Outstanding Invoices	41,759	40,708	43,140	50,568	48,685	46,863	37,058	40,251	31,399	29,139
NHS Credit Note Provision	(70)	(1,049)	(266)	(343)	(192)	(714)	(485)	(432)	(442)	(688)
Bad Debt Provision	(9,404)	(9,130)	(9,346)	(8,349)	(9,088)	(8,856)	(8,067)	(7,467)	(6,702)	(6,525)
IPP Cash on Account	4,271	4,458	4,090	4,016	3,149	3,563	3,875	2,965	2,372	2,143
Non-NHS Credit Balances	186	166	147	113	125	151	149	145	104	306
Total Net Invoiced Debtors and IPP Deposits	**36,742**	**35,153**	**37,765**	**46,005**	**42,679**	**41,007**	**32,529**	**35,462**	**26,732**	**24,375**

Gross Outstanding Invoices (£000)	Total	Cash on Account	Not Yet Due	Overdue						
				0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS Receivables	8,101	(80)	2,780	814	468	411	299	1,176	1,065	911
Non-NHS Receivables	3,363	(122)	1,171	346	138	227	32	219	335	1,017
International & Private patient Receivables	29,944	(4,154)	8,834	3,129	2,993	1,573	2,182	3,568	6,349	5,470
Gross Trading Receivables	**41,408**	**(4,356)**	**12,785**	**4,289**	**3,599**	**2,211**	**2,513**	**4,963**	**7,749**	**7,398**
GOSH Charity Receivables	351	(1)	313	5	0	0	0	0	34	0
Total Gross Outstanding Invoices	**41,759**	**(4,357)**	**13,098**	**4,294**	**3,599**	**2,211**	**2,513**	**4,963**	**7,783**	**7,398**

Net Receivables (£000)	Total	Cash on Account	Not Yet Due	Overdue						
				0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS Receivables	**7,844**	(80)	2,780	814	468	411	299	1,176	1,065	911
Credit balances adjustment	**257**	7	(11)	1	27	26	3	90	7	107
NHS Credit Note Provision	(70)	0	(14)	0	0	0	0	(13)	(2)	(41)
NHS General Credit Note Provision										
Net NHS Receivables	**8,031**	**(73)**	**2,755**	**815**	**495**	**437**	**302**	**1,253**	**1,070**	**977**
Non-NHS Receivables	**3,363**	(122)	1,171	346	138	227	32	219	335	1,017
Credit balances adjustment	**186**	80	6	1	(3)	(1)	0	19	7	77
Non-NHS Bad Debt Provision	(1,744)	0	(74)	(16)	(7)	(11)	(11)	(76)	(366)	(1,183)
Net Non-NHS Receivables	**1,805**	**(42)**	**1,103**	**331**	**128**	**215**	**21**	**162**	**(24)**	**(89)**
International & Private Patients Receivables	**29,944**	(4,154)	8,834	3,129	2,993	1,573	2,182	3,568	6,349	5,470
Credit balances adjustment	**4,271**	4,224	9	14	2	2	0	0	1	19
IPP Bad Debt Provision	(7,660)	0	(301)	(167)	(185)	(99)	(399)	(706)	(4,175)	(1,628)
Net IPP Receivables	**26,555**	**70**	**8,542**	**2,976**	**2,810**	**1,476**	**1,783**	**2,862**	**2,175**	**3,861**
GOSH Charity Receivables	**351**	(1)	313	5	0	0	0	0	34	0
Net Trust Receivables	**36,742**	**(46)**	**12,713**	**4,127**	**3,433**	**2,128**	**2,106**	**4,277**	**3,255**	**4,749**

In-Month and YTD Movement (£000)	Total	Cash on Account	Not Yet Due	Overdue						
				0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
Gross Trading Receivables (as above)	41,759	(4,357)	13,098	4,294	3,599	2,211	2,513	4,963	7,783	7,398
Gross Trading Receivables (previous month)	51,635	(4,512)	11,960	5,014	3,497	2,976	3,565	3,500	7,659	6,730
Movement in Month	**(9,876)**	**155**	**1,138**	**(720)**	**102**	**(765)**	**(1,052)**	**1,463**	**124**	**668**
Gross Trading Receivables (as at 31 March 2017	50,568	(4,033)	24,444	4,240	2,983	3,105	3,190	4,930	6,039	5,195
Movement in Financial Year	**8,809**	**324**	**11,346**	**(54)**	**(616)**	**894**	**677**	**(33)**	**(1,744)**	**(2,203)**

Great Ormond Street Hospital for Children NHS Foundation Trust

Capital for the 5 months ending 31 Aug 2017

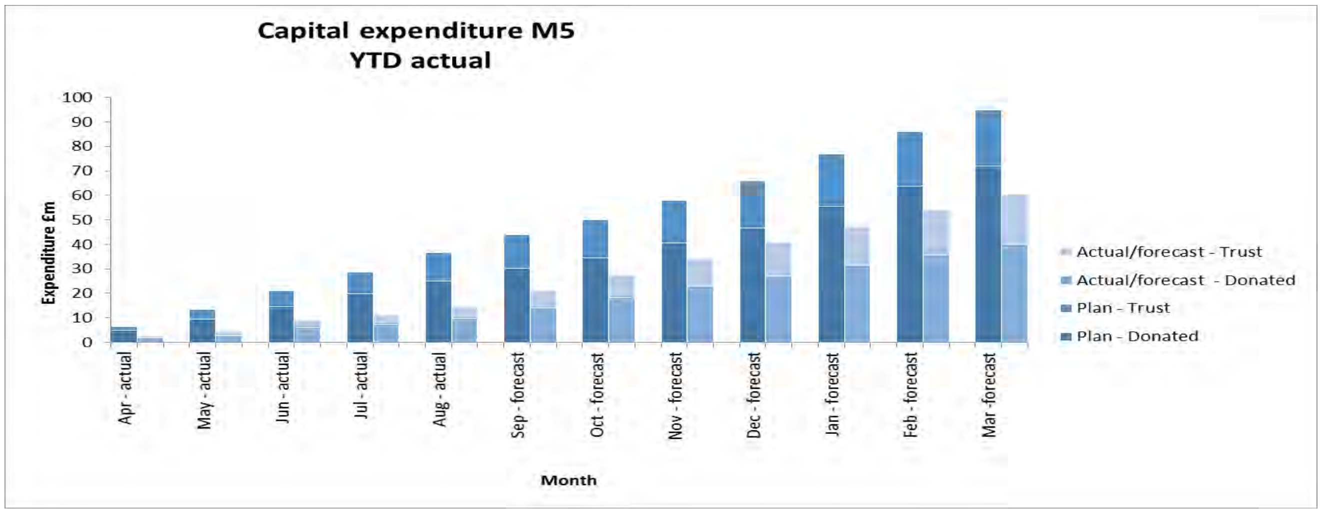
		YTD August 2017				Full year 2017/18			
		Plan £000	Actual £000	Variance £000	Note	Plan £000	Forecast £000	Variance £000	Note
Estates and Facilities	Trust-funded	2,401	513	1,888	a	3,703	3,635	68	
	Total Estates & Facilities	**2,401**	**513**	**1,888**		**3,703**	**3,635**	**68**	
Information Technolog	Trust-funded	3,513	1,156	2,357	b	7,176	7,029	147	
	Donated	3,775	2,604	1,171	c	15,255	15,255	0	
	Total IM&T	**7,288**	**3,760**	**3,528**		**22,431**	**22,284**	**147**	
Medical Equipment	Trust-funded	450	212	238		450	504	(54)	
	Donated	11,058	4,688	6,370	d	19,094	15,380	3,714	g
	Total Medical Equipment	**11,508**	**4,900**	**6,608**		**19,544**	**15,884**	**3,660**	
Redevelopment	Trust-funded	4,847	2,753	2,094	e	10,616	8,528	2,088	h
	Donated	10,196	2,522	7,674	f	37,759	9,505	28,254	i
	Total Redevelopment	**15,043**	**5,275**	**9,768**		**48,375**	**18,033**	**30,342**	
Contingency	**Trust-funded**	**250**	**0**	**250**		**1,000**	**782**	**218**	
Total Trust	**Total Trust-funded**	**11,461**	**4,634**	**6,827**		**22,945**	**20,478**	**2,467**	
	Total Donated	**25,029**	**9,814**	**15,215**		**72,108**	**40,140**	**31,968**	
	Grand Total	**36,490**	**14,448**	**22,042**		**95,053**	**60,618**	**34,435**	

Notes on YTD variance

a	£1.4m Equipment washer suite slippage - currently in feasibility/design phase
b	£1.0m Vendor neutral archive slippage; £0.2m Network Hardware refresh slippage; £0.3m GMC infrastructure rephased; £0.4m eRostering timing under review.
c	£1.1m EPR slippage of implementation costs
d	£4.5m Phase 2B equipment delivery re-phasing necessitated due to building project delays. £0.5m IMRI equipment to be procured later in project. £0.5m general equipment procurement awaiting completion of equipment replacement programme; £0.4m cath lab equipment delivery awaiting building
e	£1.0m Barclay House office refurb slippage; £1.6m chillers slippage.
f	£1.0m Bernard St 1st floor not supported by Charity; £1.8m IMRI slippage; £1.4m Mortuary project paused; £1.0m Phase 4 project slippage; £0.3m Italian Hospital slippage

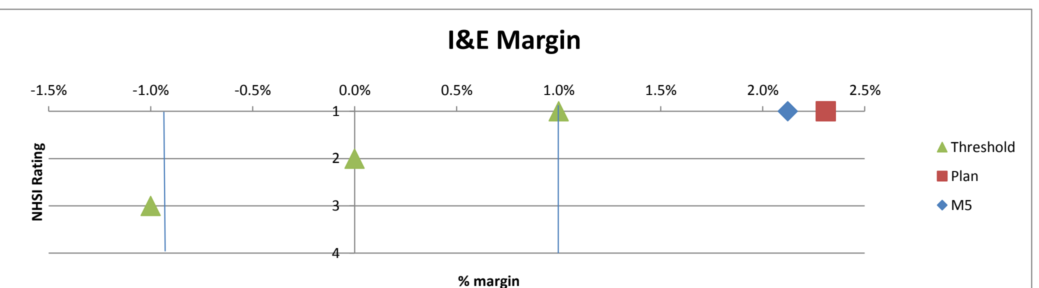
Notes on forecast variance

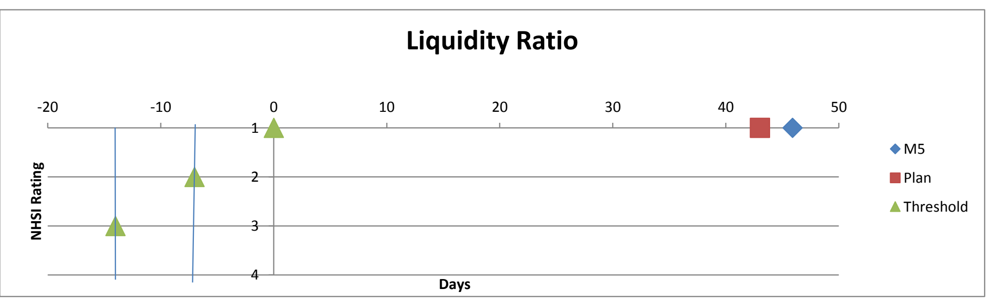
g	£2m IMRI equipment delivery 2017/18. £2.0m Genetic sequencing equipment and Theatre equipment - plans not being requested from Charity.
h	£1.9m chillers programme slippage to 18/19; £(0.3)m Bernard St 1st floor not supported by Charity; £(0.3)m CICU forecast exceeds plan; £(0.4)m Russell Sq House exceeds plan; £1.2m Theatres refurbishment reduced scope.
i	£1m Bernard St 1st floor not supported by Charity; £8.6m IMRI project slippage; £1.7m Italian Hospital project slippage; £1.6m Mortuary project paused; £14m Phase 4 project slippage.

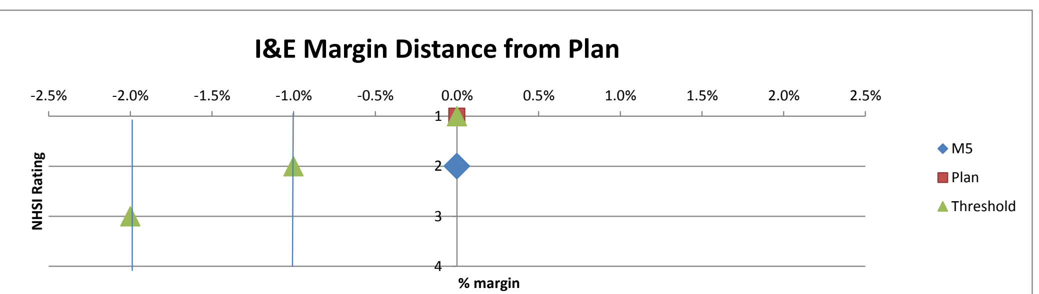


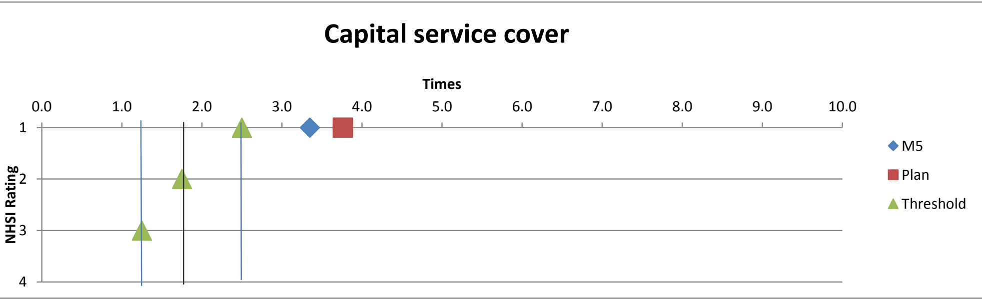
NHSI Use of Resources Ratings for the 5 months ending 31 Aug 2017

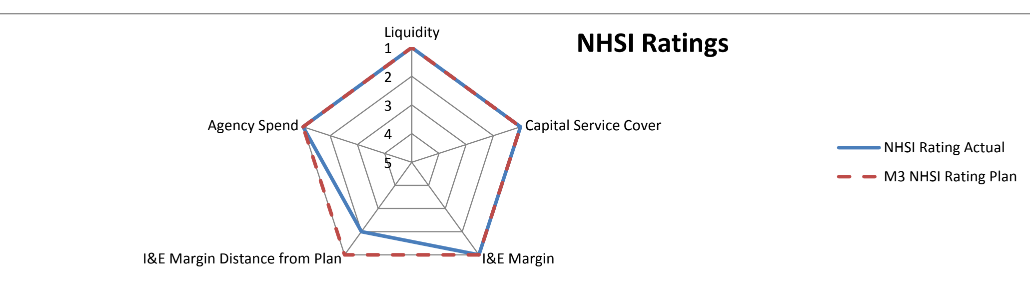
Key Performance Indicators					
KPI	**Annual Plan**	**YTD Plan**	**YTD Actual**	**Forecast**	**Rating**
Liquidity	1	1	1	1	G
Capital Service Cover	1	1	1	1	G
I&E Margin	1	1	1	1	G
I&E Margin Distance from Plan	1	1	2	1	A
Agency Spend	1	1	1	1	G
Overall	**1**	**1**	**1**	**1**	G
Overall after Triggers	**1**	**1**	**1**	**1**	G











Liquidity: Days of Operating costs held in cash/cash-equivalents
Capital Servicing Cover: The degree to which the organisations' generated income covers its financial Obligations = Retained Surplus (excl depreciation, donations and PDC) /PDC
Income and Expenditure Margin: The degree to which the organisation is operating a Surplus/Deficit = Retained Surplus (excluding impairments, asset disposal)/Income
I&E Margin Distance from Plan: Difference between planned I&E Margin and actual I&E margin (Plan is based on previous year forecast outturn in annual plan submissions)
Agency Spend: Difference between organisation agency spend and the NHSI agency ceiling.

Attachment H

Members' Council

27 September 2017

Update on CQC Compliance

Summary & reason for item:

<u>Care Quality Commission Update</u>

The Care Quality Commission (CQC) conducted a scheduled acute hospital inspection between 14 and 17 April 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, 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 the September Board meeting, Board members were informed of the summary of actions taken to meet the recommendations and complete the plan. A copy of the summary is attached at Appendix 1.

CQC has recently requested that the Trust complete a routine provider information request – this is a spreadsheet of questions mapped against the five CQC questions: are services safe, effective, responsive, caring and well led? The Trust submitted its responses on Friday 22 September 2017. The information will be used to inform the CQC of the areas to review when they conduct an unannounced routine inspection, expected sometime in 2018.

Councillor action required: To note the update.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Appendix 1: Care Quality Commission Action Plan Update

CQC Action No. and Description	Status
1. RTT – Compliance with Regulation 17 2 (a) (c) and (f). And 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. 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 completed and closed, and as such the contract notice lifted. RTT Incomplete pathways Whilst the Trust remains below the RTT incomplete standard of > 92% (of pathways waiting no longer than 18 weeks), it continues to be above its improvement trajectory. At May 2017 performance was 90.36%, with the trajectory at 88.2% Diagnostics The Trust continues to report improvements in this area, with May 2017 reporting 97.49% against the 99% standard for accessing the 15 diagnostic modalities with 6 weeks of referral / request. This is a marginal improvement on April reporting 97.44%
2. Resume WHO checklist audits in surgery	Completed. WHO checklist audits have taken conducted since the CQC inspection. An observational audit of the WHO checklist was undertaken and the audit showed a good level of performance with the WHO Checklist and an audit conducted in March 2016 showed good engagement in the Team Brief and WHO checklist, and a positive safety checklist culture. The Trust continually monitors compliance with the checklist. The most recent data (June 2017) shows a significant improvement in compliance over the last couple of month, with the Trust reporting Trust-wide delivery of the 98% standard with 98.77%.
3. Ensure that there are clear arrangements for reporting transition care service performance to the Board	Completed. Transition reporting to the Board and the Quality and Safety Assurance Committee commenced in December 2016. Having identified the work required to improve Transition at GOSH for the young people and families, a Quality Improvement Manger for Transition has been appointed. The Assistant Chief Nurse for Patient Experience and Quality is leading this work and a project steering group has been set up to ensure the correct engagement with the patients,

<table>
<tr><th>CQC Action No. and Description</th><th>Status</th></tr>
<tr><td></td><td>families and staff across the Trust. The Board will continue to receive updates on progress with this work.</td></tr>
<tr><td>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.</td><td>Completed.

Following the above review, the Trust has revised its own target from 95% to 90% completion requirement for each division. This decision was taken to ensure consistency with other Trusts.

In June 2017, the compliance across the Trust was 91%.

The improvements to Statutory and Mandatory Training 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.
• Data collection and quality processes on the GOLD LMS system around Statutory and Mandatory training have been reviewed and refined; data is updated twice weekly and an escalation process is in place for staff where training requirements are outstanding.
• Content, relevance and target audience has been reviewed with content owners. Robust systems have been developed to identify and directly address areas of concern around compliance through liaison with HR Business Partners and the Divisions.</td></tr>
<tr><td>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</td><td>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 care units in the UK and internationally and to make these results more visible at our weekly Morbidity & Mortality and critical care forum meetings.</td></tr>
</table>

CQC Action No. and Description	Status
	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 the ward. • Mechanisms are in place to monitor the ward environments from patients' and parents' perspectives (Pals, Friends & Family Survey, Patient Family Experience and Engagement Committee walkrounds, etc.) • Executive and non-executive director 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. A register of radiology trainees that records the date and nature of their most recent radiation protection training is now in place. This allows the Trust to identify any potential deficiencies in training and address them. The Head of Radiology Training reviews the register on a monthly basis and ensures that all trainees have documented their training on the departmental register. Any issues related to radiation protection will be escalated to the Radiation Protection Committee if required.
9. Develop a dedicated advocacy service for CAMHS.	Completed. An advocacy service is now in place. The Advocacy Project (www.advocacyproject.org.uk) provides a customised designed advocacy service relevant to the needs of our patients and their families. A review of the service was conducted 6 months after the contract started and the review concluded that staff and patients were pleased with the service delivery. No problems were reported and

CQC Action No. and Description	Status
	communication and reliability was excellent.

Attachment I

Members' Council

27th September 2017

Quality and Safety Assurance Committee Summary Report
July 2017

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

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

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Mary MacLeod, Chairman of the Quality and Safety Assurance Committee

Quality and Safety Assurance Committee update
12th July 2017

Integrated Quality and Safety Update
The Committee noted that a Never Event had taken place which was being fully investigated and that negative feedback had been received around catering. It was confirmed that an external catering organisation were currently engaged and were working closely with the estates team. A red complaint had been received and it was confirmed that once the investigation had been completed, learning would be disseminated in the usual way and followed up.

Update on Gastroenterology
It was reported that the Royal College of Paediatrics and Child Health had returned to begin their follow up review of the gastroenterology service.

Quarterly Safeguarding Report (April - June 2017)
The continued increase in safeguarding activity was highlighted and it was confirmed that this was in line with national activity levels.

The Committee discussed the safeguarding training of honorary staff and it was confirmed that an action plan had been put into place to bring training completion levels into line with the rest of the workforce. The Chief Nurse and Director of HR agreed to would work with the HR team at the UCL GOS Institute of Child Health, reporting to the Director of the Institute if any input was required.

Update on issues arising from patient stories presented at Trust Board in January and March 2017
It was confirmed that the previous committee chairman had written to the families and patients to thank them and provide an update on the recommendations that had been made in their stories.

Education and Training Update (an excellent place to work and learn)
The Committee noted the importance of the two year nurse development programme in recruiting the majority of newly qualified nurses nationally.

The Committee noted that a staff listening event had taken place and that the most frequently received feedback had been about career pathways for administrative staff. It was agreed that an update on this would be presented at the next meeting.

Board Assurance Framework (BAF) Update
The Committee received updates on the following high level risks:

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

It was agreed that a deep dive would take place to model the potential impact of the removal of bursaries and Britain's exit from the European Union.

- Risk 11 Research Hospital Status: The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered

A number of ongoing actions were in place around building an embedding a research infrastructure within the Trust. It was confirmed that research hospital updates would be included in strategy updates to the Board and research related patient stories would be received.

Update on media case

The Committee received an update on the high profile media case and reiterated the support of the Board for the Executive Team's work under very difficult circumstances.

Compliance Update

It was reported that all actions arising from the CQC report had been completed and 17 of 33 recommendations from the Well Led Review had also been closed. A positive meeting had taken place with NHS Improvement to discuss progress with the Well Led Review.

Health and Safety Update

Work on the sharps programme was coming to an end and it was anticipated that the Trust would be fully compliant by the next meeting.

Whistle blowing update

It was confirmed that the Trust had thoroughly reviewed the issues raised in an incidence of whistleblowing to the CQC and Health Education England had described GOSH's response as 'comprehensive'.

Update from Audit Committee (April and May 2017)

It was reported that the Audit Committee had expressed some concern about the number of staff who had experienced violence, bullying and harassment which was higher than had been anticipated. When triangulated with information from sources such as leavers' surveys the Committee had felt that further work was required. It was agreed that this would be considered at the October QSAC meeting.

Internal Audit Progress Report (April - June 2017)

The internal audit report on complaints was presented which had provided significant assurance with minor improvement potential.

Internal and external audit recommendations update

KPMG reported that they were satisfied with the Trust's progress to reduce the number of outstanding recommendations.

Clinical Audit update April– March 2017 including clinical audit workplan for 2017/18 including action

An audit had shown that the Trust had not fully implemented learning points arising from a Serious Incident investigation into falls. Mr Pearson confirmed that an action plan was in place and this would be followed up with a re-audit in October 2017.

Discussion took place around 7 day services and an audit that had been undertaken on the Trust's capacity for timely consultant reviews and ongoing reviews for emergency admissions. A consultation was taking place on a proposal around the consultant rota. It was reported that this

was a national issue and that when benchmarking had taken place with other PICUs, GOSH had not been an outlier. The Committee requested an update at the next meeting including data collated from weekend activity such as complaints to help the committee be assured about the availability of consultants.

Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)

The Committee approved the proposal for post implementation reviews.

QUALITY AND SAFETY ASSURANCE COMMITTEE
Wednesday 12th July 2017 at 2:00pm – 5:00pm in The Theatre, October Gallery, 24 Old Gloucester Street, Bloomsbury, WC1N 3AL.
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	Chairman	**Verbal**	**2:00pm**
2.	**Minutes of the meeting held on 12th April 2017**	Chairman	**A**	
3.	**Matters arising/ Action point checklist**	Chairman	**B**	
	QUALITY AND SAFETY			
4.	**Integrated Quality and Safety Update**	Interim Medical Director/ Chief Nurse	**C**	**2:10pm**
5.	**Update on Gastroenterology**	Interim Medical Director	**Verbal**	**2:25pm**
6.	**Quarterly Safeguarding Report (April - June 2017)**	Chief Nurse	**D**	**2:40pm**
7.	**Update on issues arising from patient stories presented at Trust Board in January and March 2017**	Chief Nurse	**E**	**2:50pm**
8.	**Education and Training Update (an excellent place to work and learn)**	Director of HR and OD	**F**	**3:00pm**
	RISK AND GOVERNANCE			
9.	**Board Assurance Framework Update**	Company Secretary	**G**	**3:15pm**
	Risk 7 Recruitment: The risk that due to external factors, there will be insufficient nursing graduates available to work at GOSH	Chief Nurse	**Verbal**	
	Risk 11 Research Hospital Status: The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered	Director of Research and Innovation	**Verbal**	
10.	**Update on media case**	Interim Medical Director	**Verbal**	**3:40pm**
11.	**Compliance Update**	Company Secretary	**Verbal**	**3:50pm**

12.	**Health and Safety Update**	Director of HR&OD	**I**	**4:00pm**
13.	**Whistle blowing update - Quality related whistle blowing cases including update on progress with actions for HEE case (Dental)**	Assistant Director of Employee Relations	**J**	**4:10pm**
	AUDIT AND ASSURANCE			
14.	**Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity) including:**	Deputy Chief Executive	**K**	**4:20pm**
15.	**Internal Audit Progress Report (April - June 2017)**	KPMG	**L**	**4:30pm**
16.	**Internal and external audit recommendations update**	KPMG	**M**	
17.	**Clinical Audit update April– March 2017 including clinical audit workplan for 2017/18 including action**	Clinical Audit Manager	**N**	**4:40pm**
18.	**Update from Audit Committee (April and May 2017)**	James Hatchley, NED	**O**	**4:50pm**
19.	**Matters to be raised at Trust Board**	Chair of the Quality and Safety Assurance Committee	**Verbal**	**4:55pm**
20.	**Any Other Business**	Chairman	**Verbal**	
21.	**Next meeting**	**Wednesday 18th October 2017 2:00pm – 5:00pm**		
22.	**Terms of Reference and Acronyms**	**1**		

Members' Council

27th September 2017

Finance and Investment Committee Summary Report
June 2017 meeting and verbal update on September 2017 meeting

Summary & reason for item: To provide an update on the June meeting of the Finance and Investment Committee. A verbal update will be provided for the September meeting and the agendas for both meetings are attached.

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

Report prepared by: Victoria Goddard, Trust Board Administrator

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

Summary of the Finance and Investment Committee
held on 21st June 2017

Productivity and Efficiency Review 2017/18 Plan

The Committee noted that the Better Value programme remained on plan at month two and discussed the likelihood of the target being achieved given a number of schemes were unlikely to achieve their annualised projections as a result of the timing of projects. It was confirmed that there was a high level of confidence around a number of schemes. The Committee received an update on the Better Value work that was taking place in theatres.

International Private Patients Capacity Growth Business Case – Post Implementation Review

A post implementation review was conducted for the new IPP ward opened in 2016. It was noted that the development had been completed with an overspend and discussion took place around the process and parameters of seeking further approval for business cases where there was a substantial overspend. The Committee asked that further work take place to consider this process. It was noted that notwithstanding some delays to the project, which had delayed the opening of the ward, IPP had achieved its targets for 2016/17.

Phase 4 – Health Service Plan

The Committee received a presentation on the clinical service modelling completed in order to inform the phase 4 business case. Discussion took place about likely activity in the medium term given that previous years had seen broadly flat activity levels.

Finance Report 2017/18 Month 2

The Committee discussed IPP debtor days and noted that they had increased. It was agreed that work would take place to look at the 90 day target and consider whether this was appropriate. Discussion took place around provisioning for IPP debt and whether the appropriate provisions were in place. It was confirmed that the percentage model continued to be used to consider the risk. It was agreed that further work would take place to look at different methods of IPP reporting.

Whole time equivalent profile and deep dive into profile of administrative staff

It was agreed that work would take place through the Children's Hospitals Alliance to benchmark which groups of staff were included in the 'administrative' bracket for reporting purposes. It was noted that over 2016/17 the number of whole time equivalents (WTEs) increased by 65, related to RTT improvement work and ICT and EDM where formerly outsourced services had become internal. Discussion took place around the growth of workforce in support activities in the context of activity levels and the proportion of staff as a whole who fell into the administration bracket and whether this was value for money.

Review of aged debt profile over 181 days

It was noted that some aged debt related to other Trusts and CCGs and further follow up was to be undertaken before any decision made to determine next actions.

Initial approach and agreement of bench marking to other paediatric Trusts

The Committee discussed the data which the aim of understanding how GOSH compared to other paediatric Trusts in terms of value for money and noted that from NHS activity GOSH was generating a significantly larger loss than other paediatric Trusts. It was suggested that this work should also consider the way the Trust's income profile would change following the completion of phase 4 when the Trust was able to undertake additional NHS activity.

NHS Contract Update 2017/18

The committee noted the recent correspondence from NHS England around the possibility of Trusts entering into block contracts, however contracts continued to be payment by results or local prices in the majority of cases. The Trust had confirmed with NHS England that the Trust had capacity to open additional PICU beds and GOSH was awaiting the outcome of the NHSE PICU review.

Procurement Update including dashboard

It was noted that the Better Value target for procurement of £2million was against an addressable spend of approximately £44million which was a greater proportion than the average target across the Trust. It was confirmed that focused work was taking place around the improvement of inventory management and the improvement of the P2P platform as well as pricing for major contracts of supplies.

Capital Programme Update

The Committee agreed that prior to the approval of the phase 4 business case it would be important to consider the Trust's last four large development projects and the lessons learnt from these.

Patient/Reference Cost Annual Submission

The Committee noted that GOSH was an early adopter of the new patient level costing system (PLICS) that as part of the national Costing Transformation Programme

The Committee agreed to raise the following matters to the Trust Board:

- Clarity around redevelopment
- Ensuring estates was appropriately high profile at Board level
- Phase 4 timelines.

FINANCE AND INVESTMENT COMMITTEE
21st June 2017 2:00pm – 4:15pm
Levinsky Room, UCL GOS Institute of Child Health, 30 Guilford St, London WC1N 1EH.

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	**Chairman**	**Verbal**	**2:00pm** (10 mins)
2.	**Minutes of the meeting held on 11th May 2017**	**Chairman**	**A**	
3.	**Matters Arising, Action point checklist**	**Chairman**	**B**	
	PRESENTATIONS			***2:10pm (55mins)***
4.	**Productivity and Efficiency Review 2017/18 Plan**	**Programme Office Director**	**C**	(15 mins)
5.	**Phase 4 – Health Service Plan**	**Deputy Chief Executive/ Director Operational Performance and Information**	**Presentation**	(20 mins)
6.	**International Private Patients Capacity Growth Business Case – Post Implementation Review**	**Director of IPP**	**E**	(20 mins)
	PERFORMANCE & FINANCE UPDATES			***3:05pm (40 mins)***
7.	**Finance Report 2017/18 Month 2**	**Chief Finance Officer**	**F Noting Only**	(- mins)
8.	**Review overall WTE profile actual 16/17, Budgeted 17/18, explore drivers of actual and planned annual changes** **Deep dive into profile of admin staff; actual and Budgeted growth in WTE 16/17 and 17/18 and drivers; and proportion of total workforce**	**Deputy Chief Executive / Director of HR&OD**	**G**	(25mins)
9.	**Review of aged debt profile over 181 days**	**Deputy Chief Finance Officer**	**H**	(5 mins)
10.	**Initial approach and agreement of bench marking to other paediatric Trusts**	**Deputy Chief Finance Officer**	**I Noting Only**	(- mins)
11.	**Activity Review 2017/18 Month 2**	**Deputy Chief Finance Officer**	**J**	(10 mins)

	Agenda Item	Presented by	Attachment	Time
12.	**NHS Contract Update 2017/18**	**Deputy Chief Finance Officer**	**K Noting Only**	(-mins)
13.	**Procurement Update including dashboard**	**Chief Finance Officer**	**L Noting Only**	(- mins)
14.	**Capital Programme Update**	**Chief Finance Officer**	**M Noting Only**	(- mins)
	ANNUAL REVIEWS			**3:45pm** (20mins)
15.	**Patient/Reference Cost Annual Submission**	**Deputy Chief Finance Officer**	**N**	(10 mins)
16.	**Service Line Reporting – 2016/17 summary**	**Deputy Chief Finance Officer**	**O**	(10 mins)
17.	**Annual Review of Treasury Management**	**Deputy Chief Finance Officer**	**P Noting Only**	(- mins)
	BUSINESS CASE REVIEWS/UPDATES			
18.	**Chiller & Mortuary Business Case** *Update only*	**Director of Development**	**Verbal**	**4.05pm** (5mins)
19.	**EPR Update** *Update on Programme Progress*	**EPR Director**	**Q Noting Only**	**4.10pm** (- mins)
	OTHER BUSINESS			**4:10pm**
20.	**Any other business** • **Matters to be raised to the Trust Board**	**Chairman**	**Verbal**	(5 mins)
	CLOSE			
21.	**Next meeting** The date of the next meeting will be 7 September, 11:00am-2:00pm in the Charles West Room.			

FINANCE AND INVESTMENT COMMITTEE MEETING
Thursday 7th September 2017 11am – 1pm
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	11:00am (10 mins)
2.	Minutes of the meeting held on 21st June 2017	Chairman	A	
3.	Matters Arising, Action checklist	Chairman	B	
	Performance & Finance Standing Updates			*11:10am* (45 mins)
4.	Finance Report 2017/18 Month4	Chief Finance Officer	C	
5.	Activity Trends 2017/18 Month 4	Deputy Chief Finance Officer	D	
6.	NHS Contract Update 2017/18 Month 4	Deputy Chief Finance Officer	E	
7.	Procurement Update	Chief Finance Officer	F	
8.	Better Value Update	Deputy Chief Executive	G	
	Performance & Finance – Other			*11:55am* (15 mins)
9.	Update – Paediatric Trusts Financial Performance Comparison 2016/17 Annual Statements	Deputy Chief Finance Officer	H	
10.	Review of IPP Debtors Days KPI	Chief Finance Officer	J	
	Annual Reviews			12:10pm (25mins)
11.	Research & Development Division Annual Review	Director R&I, David Goldblatt & Deputy Director R&I, Emma Pendleton	K	20 mins
12.	NSHI Planning Timelines 2018/19	Chief Finance Officer	L	5 mins

	Business Case Reviews/Updates			**12:35pm** (20mins)
13.	**Proposed Template for Post Implementation Reviews**	**Chief Finance Officer**	**M**	**5 mins**
14.	**EPR Update**	**EPR Programme Director**	**N**	**15 mins**
	OTHER BUSINESS			**12:55pm**
15.	**Any other business**	**Chairman**	**Verbal**	
	Close 1pm			
	Next meeting The date of the next meeting will be 20th November, 1:00pm-5:00pm in the Charles West Room.			

ATTACHMENT L

Meetings Councillors are welcome to observe 2017

Date	Meetings and times	Councillor names
Wednesday 27th September	From approximately 12 Noon: Trust Board	Rebecca Miller Simon Hawtrey-Woore
Tuesday 17th October	2:00pm – 5:00pm QSAC	(Carley Bowman was scheduled to observe on the original date of 18th October 2017)
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)	
Monday 11th December	2:30pm – 5:30pm Finance and Investment Committee	

Trust Board and Members' Council meeting dates 2018

Date	Meetings and times
Wednesday 7th February	**11:30am – 1:30pm: Trust Board** **4:00pm – 6:30pm: Members' Council**
Wednesday 28th March	**11:00am – 1:30pm Trust Board**
Wednesday 25th April	**4:00pm - 6:30pm: Members' Council**
Wednesday 23rd May	**2:00pm – 4:00pm: Trust Board**
Wednesday 4th July	**4:00pm – 6:30pm: Members' Council**
Wednesday 25th July	**11:00am – 1:30pm: Trust Board**
August –no meetings	
Wednesday 3rd October	**11:00am – 1:30pm: Trust Board** **4:00pm – 6:30pm: Members' Council**
Wednesday 28th November	**11:00am – 1:30pm Trust Board** **4:00pm – 6:30pm: Members' Council**
December – no meetings but possible extraordinary meeting to agree Annual Plan (dates dependent on NHS Improvement timetable)	

Trust Board Subcommittee dates for 2018 are in the process of being agreed and the Council will be informed of these dates as soon as they are available.