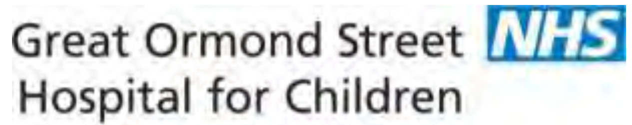
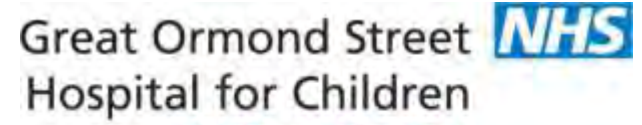


GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST MEETING OF THE MEMBERS' COUNCIL Wednesday 7th February 2018 5:10pm – 6.40pm Charles West Room, Paul O'Gorman Building				
NO.	**ITEM**	**ATTACHMENT**	**PRESENTER**	**TIME**
1.	**Welcome and introductions**		Michael Rake, Chairman	5:10pm
2.	**Apologies for absence**		Michael Rake, Chairman	
3.	**Declarations of interest**		Michael Rake, Chairman	
4.	**Minutes of the meeting held on 4th December 2017**	**A**	Michael Rake, Chairman	
5.	**Matters Arising and action log**	**B**	Anna Ferrant, Company Secretary	
	PATIENTS, FAMILIES AND MEMBERS			
6.	**Updates from the Membership Engagement, Recruitment and Representation Committee including Membership Strategy update and Election update**	**C – To follow**	Carley Bowman, Chair of the MERRC	5:15pm
7.	**Update from the Young People's Forum (YPF)**	**D**	Emma James, Patient Involvement and Experience	
8.	**Update from the Patient and Family Experience and Engagement Committee (PFEEC) including Q3 2017/18 PALS Report**	**E**	Polly Hodgson, Interim Chief Nurse	5:25pm
	PERFORMANCE AND GOVERNANCE			
9.	**NED reappointment**	**F**	Michael Rake, Chairman/ Anna Ferrant, Company Secretary	5:35pm
10.	**Draft Lead Councillor Job Description**	**G**	Anna Ferrant, Company Secretary	5:45pm
11.	**Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 17/18**	**H**	Nicola Grinstead, Deputy CEO	6:00pm
12.	**Reports from Board Assurance Committees** • **Quality and Safety Assurance Committee (January 2018 agenda)** • **Audit Committee (January 2018**	**I and Verbal (Meeting on 050218)** **J**	Stephen Smith, Chairman of the QSAC Akhter Mateen, Chairman	6:10pm

	agenda) • **Finance and Investment Committee Summary Report (January 2018 and agenda**	**K**	of the Audit Committee David Lomas, Chairman of the F&I Committee	
13.	**Chief Executive Report (Highlights and Performance) including integrated quality report**	**L**	Peter Steer, Chief Executive and relevant Executive Directors	6.20pm
	FOR INFORMATION			
14.	**Dates of Trust Board, Trust Board subcommittee and Members' Council meetings**.	**M**	Anna Ferrant, Company Secretary	
15.	**Any Other Business**	**Verbal**	Chairman	

ATTACHMENT A



DRAFT MINUTES OF THE MEMBERS' COUNCIL MEETING
4th December 2017
Charles West Boardroom

Sir Michael Rake	Chairman
Ms Fran Stewart	Patient and Carer Councillors: Parents and Carers from London
Mr Matthew Norris	
Ms Claudia Fisher	Patient and Carer Councillors: Parents and Carers from outside London
Dr Camilla Alexander-White	
Ms Jilly Hale	Staff Councillors
Rev Jim Linthicum	
Mr Rory Mannion	
Professor Christine Kinnon	Appointed Councillor: UCL Institute of Child Health
Cllr Jenny Headlam-Wells	Appointed Councillor: London Borough of Camden

In attendance:

Mr James Hatchley	Non-Executive Director
Mr David Lomas	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Dr Peter Steer	Chief Executive
Ms Loretta Seamer	Chief Finance Officer
Mr David Hicks	Interim Medical Director
Ms Janet Willis	Interim Chief Nurse
Mr Ali Mohammed	Director of HR and OD
Mr Matthew Tulley	Director of Development
Mr Peter Hyland*	Director of Operational Performance and Information
Ms Herdip Sidhu-Bevan	Assistant Chief Nurse – Patient Experience and Quality
Ms Emma James	Patient Involvement and Experience Officer
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator
Ms Liz Aston-Gregg	Interim Membership and Governance Manager
Mr Nana Nyanin	Compliance and Governance Manager

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

78	**Apologies for absence**
78.1	Apologies for absence were received from: Mrs Gillian Smith, Public Councillor; Ms Rebecca Miller, Public Councillor; Mr Stuart Player, Public Councillor; Mr

	Simon Hawtrey-Woore, Public Councillor; Ms Sophie Talib, Patient and Carer Councillor; Mr George Howell, Patient and Carer Councillor; Mr Edward Green, Patient and Carer Councillor; Ms Carley Bowman, Patient and Carer Councillor; Ms Fran Stewart, Patient and Carer Councillor; Ms Mariam Ali, Patient and Carer Councillor; Dr Prab Prabhakar, Staff Councillor; Ms Clare McLaren, Staff Councillor; Mr Muhammad Miah, Appointed Councillor; Ms Hazel Fisher, Appointed Councillor.
79	**Declarations of Interest**
79.1	There were no declarations of interest.
80	**Minutes of the meeting on 27th September**
80.1	The Council recommended the minutes for approval at the next quorate meeting.
81	**Matters Arising and action log**
81.1	The actions taken since the last meeting were noted.
82	**Update on Strategy and annual plan 2018/19**
82.1 82.2 82.3 82.4 82.5 82.6	Mr Peter Hyland, Director of Operational Performance and Information gave an overview of the 'Open House' week which had taken place at GOSH to launch the strategy and highlight how all staff were involved in the mission of 'fulfilling our potential'. Approximately 1,500 staff had taken part in events during the Open House week. Mr Matthew Norris, Patient and Carer Councillor welcomed the focus on the Trust's mission and queried how the success of the strategy would be measured. Mr Hyland said that there would be a series of objectives linked to each pillar of the strategy and associated KPIs. He added that it was vital that there was staff engagement. Dr Peter Steer, Chief Executive agreed that engagement was key and highlighted that the staff survey had shown that 95% of staff were aware of the always values and the aspiration for the strategy was similar. Sir Michael Rake, Chairman said that in light of the significant levels of reporting required by NHS England and NHS Improvement it was important to understand the metrics that were key to GOSH particularly in terms of quality of care for patients and around the always values. Mr David Lomas, Non-Executive Director said that it was important to develop qualitative plans to sit alongside the strategy including a financial plan and anticipated staff and patient numbers. Discussion took place around the 'Dragon's Den' process for submitting improvement ideas. It was confirmed that all staff who had made submissions would be communicated with whether or not the ideas were taken forward. Annual Plan 2018/19 Mr Hyland said that the Trust was moving into the second year of a two year plan. GOSH had submitted a commissioning intentions letter in September 2017 describing the services that the Trust wanted to develop.

83	**Chief Executive Report (Highlights and Performance)**
83.1	Dr Peter Steer, Chief Executive gave an update on the following matters: • Since the last Members' Council meeting, 209 newly qualified nurses had begun in post. Dr Steer acknowledged the work of the nursing team and HR to develop an innovative two year nursing programme and added that early indications were that retention rates had already improved. • The Premier Inn Clinical Building had opened successfully. • Ms Alison Robertson has been appointed as Chief Nurse. She is a highly experienced Chief Nurse who has held the post at a number of different hospitals. Ms Robertson is currently Executive Director of Nursing at the Al Wakra Hospital in Qatar. She will join the Trust in Spring 2018. • Dr Matthew Shaw has been appointed as Medical Director. Dr Shaw is a practicing orthopaedic surgeon and has recently been the Medical Director and Deputy Chief Executive of the RNOH. • Phase 4 was progressing to the appropriate milestones and in October 2017 John Sisk and Son with BPD Ltd was announced as the preferred contractor for the project. • The Trust continued to project the delivery of the control total which was extremely challenging.
83.2	**Action:** Mr Matthew Norris, Patient and Carer Councillor said that he had visited GOSH for a weekend clinic appointment and felt this was an excellent use of resources and convenient for families. He queried how far weekend working was being considered in order to increase capacity. He noted from the performance report that 4% of beds had been closed and asked whether there was a particular issue which drove the closure of beds. Mr Norris expressed concern at the 8% of families who did not attend their appointment and suggested that text messaging could improve this. He highlighted the good quality of text messaging from Guys and St Thomas' NHS Foundation Trust and it was agreed that the team would look at the number of people who did not attend their appointments at that hospital.
83.3	Dr Steer said that beds could often be closed due to staff sickness of very specialist staff who could not be replaced at short notice and added that the ongoing work on recruitment and retention would support this. Ms Janet Williss, Interim Chief Nurse said that the acuity of patients at GOSH was very high and increasing and nurses were moved around wards to ensure that at many beds as possible could be opened.
83.4	Mr Norris noted that a Never Event had taken place and asked whether the Non-Executive Directors were assured that lessons had been learnt. Mr David Hicks, Interim Medical Director said that the wrong unerrupted tooth had been extracted which was the commonest cause of wrong site surgery. He confirmed that a robust investigation was taking place and learning would be disseminated throughout the hospital.
84	**GOSH Redevelopment Update**
84.1	Mr Matthew Tulley, Director of Development presented the update and said that patients had moved into the Premier Inn Clinical Building as anticipated in November 2017. He said that the Trust was working to bring the Italian Hospital

	on Queen Square back into clinical use and it had been agreed that a sight and sound hospital would be created as a bespoke environment for a group of patients with very specific needs. Mr Tulley said that this would support efficiency through enabling patients to better engage with their appointments.
84.2	Cllr Jenny Headlam-Wells, Appointed Councillor noted that the Zayed Centre for Research into Rare Disease in Children was a joint project with UCL and queried which staff would move into the building on its completion. Mr Tulley said the vision of the building was for researchers and clinicians to work side by side. He said that the ratio would be approximately 50:50 GOSH and UCL staff.
84.3	Ms Claudia Fisher, Patient and Carer Councillor noted that the Italian Building currently contained patient accommodation. She queried how thedecant would be managed so that families would not be disadvantaged. Mr Tulley said that the Premier Inn Clinical Building ensured that a greater proportion of parents were able to stay by the patient's bedside. GOSH required 65-70 parent rooms and the GOSH Children's Charity had recently opened new family accommodation in Sandwich Street near the hospital and existing space was being reorganised where there was currently staff accommodation. Work was taking place with the GOSH Children's Charity to refurbish additional space and longer term plans included the development of the Tybalds estate which would come on line in 2019/2020. Mr Tulley that the Trust would continue to use local hotel space in the absence of availability of GOSH accommodation and confirmed that families would not be disadvantaged.
84.4	Ms Fisher said that there was good involvement in the design brief process and asked how families would be involved going forward. Mr Tulley agreed that excellent feedback had been received from patients, families, staff and residents and said that the next stage was around the brief and ensuring it was achievable within the footprint of the site and budget. He confirmed that following the approval of the Phase 4 business case there would be further engagement. Cllr Headlam-Wells highlighted that as the project was the front of the hospital it was therefore likely to be very public and include disruption for local residents. She recommended that the Trust build relationships with the three local ward councillors. Mr Tulley said that the team had been working very closely with local council officials during the competition process and emphasised the importance of communicating well with local residents, particularly those who had been involved with the stakeholder group.
85	**Update from the Membership Engagement, Recruitment and Representation Committee (MERRC)**
85.1	Mrs Liz Aston-Gregg, Interim Membership and Governance Manager said that the MERRC had last met on 15th November 2017 and had noted an update on the implementation of the membership strategy. She said that membership growth of around 700 was projected with attrition of approximately 400.
82.2	Nominations for the Members' Council election had opened on14th November and 20 nominations had been received so far across all constituencies.
82.3	Ms Claudia Fisher, Patient and Carer Councillor queried how experience within the current Council would be captured for the new Council. Mrs Aston-Gregg said that consideration was being given to developing a digital library. Ms Fisher said

	that she was involved in a lead councillor network and some Trusts had adopted a staggered approach to elections. Sir Michael Rake, Chairman said that this would be considered as part of the workplan of the Constitution Working Group.
83	**Update from the Young People's Forum (YPF)**
83.1 83.2	Ms Emma James, Patient Involvement and Experience Officer said that annual chair and vice chair elections had taken place. She confirmed that Ms Faiza Yazin had been re-elected as chair and the two vice chairs would also be in place. The first national YPF had been held at GOSH with over 150 attendees from around the country. The event had been successful and a vote had taken place on the attendees' views on the top issues for children and young people nationally.
84	**Update from the Patient and Family Experience and Engagement Committee (PFEEC)**
84.1 84.2 84.3 84.4	Ms Janet Williss, Interim Chief Nurse presented the report and highlighted the increase in case load for the PALS team in quarter two. She thanked the team for their work. Sir Michael Rake, Chairman highlighted the low proportion of responses in the friends and family test. Ms Williss said that it was challenging to obtain feedback from all families and there were a large number of families who visited the Trust regularly and who would be unlikely to give repeated feedback. She added that work was taking place to produce 'you said, we did' information to be visible on wards to show how the Trust had acted on feedback received. Dr Peter Steer, Chief Executive said that GOSH was approximately in the middle of Trusts in terms of response rate. Ms Claudia Fisher, Patient and Carer Councillor said that the PFEEC had expressed some concern that the percentage of people who were likely to recommend GOSH had reduced between 2017 and 2016. Ms Williss said that the Quality Improvement team had been asked to consider whether this was a statistically significant change or natural variation. Ms Fisher said that she had recently taken part in a PFEEC walkround and had seen staff working positively with families.
85	**Councillor activities**
85.1	Councillors reported their involvement in the following areas: • Cllr Jenny Headlam-Wells had been asked by the Young People's Forum to put GOSH in touch with the Camden Youth MP which she had done. • Ms Claudia Fisher had organised a walk around the serpentine to raise money for the GOSH Children's Charity.
86	**Reports from Board Assurance Committees**
86.1	Quality and Safety Assurance Committee (October 2017)

86.2	Mr James Hatchley, Member of the Quality and Safety Assurance Committee said that a good debate had taken place about the Terms of Reference for the Clinical Ethics Committee and the QSAC had thanked the committee for their important work. The Committee had noted that this work was likely to continue as GOSH was at the forefront of innovation.
86.3	Discussion had taken place around the nursing recruitment and retention risk and it was noted that successful recruitment had taken place in year but significant challenges still existed. The Committee discussed clinical outcomes and ensuring they were highlighted externally and information was up to date across the specialities.
86.4	Audit Committee (October 2017)
86.5	Mr Hatchley said that the committee had discussed the EPR project and noted that Epic had provided the Trust with a green rating on the progress both financially and in terms of the timeline. Approximately 140 people had been recruited into the programme which was extremely positive.
86.6	Two internal audit reports had been presented around workforce planning and capital planning.
86.7	Finance and Investment Committee (November 2017)
86.8	Mr David Lomas, Chair of the Finance and Investment Committee said that the Trust had generated revenue of approximately £2million below plan due to a reduction in IPP activity. NHS revenue had increased by approximately 8% of which approximately 1% was driven by increased activity and the remainder resulting from successful work around tariff. The Committee had reviewed the financial forecast and noted that the Trust was continuing to report that it would meet its control total which was challenging due to the better value programme being below plan.
86.9	Ms Claudia Fisher, Patient and Carer Councillor asked for a steer on the drivers of the reduction in IPP revenue. Dr Peter Steer, Chief Executive said that the Trust had set an extremely challenging target for IPP rather than there having been a significant drop in referrals. Mr Lomas said that IPP risks were around the concentration of work in a small number of territories and private work by GOSH consultants being undertaken at other hospitals. Dr Steer said that the Trust continued to look at building relationships with other countries.
87	**Update on Well Led Governance Review Recommendations**
87.1	**Action:** Dr Anna Ferrant, Company Secretary presented the report and highlighted where actions were on-going. It was agreed that an update on the Board development programme would be provided at a future meeting.
87.2	Ms Claudia Fisher, Patient and Carer Councillor said she felt the work around roles and responsibilities was urgent and Dr Ferrant said that this would be considered in February.
87.3	Ms Fisher requested an update on the introduction of 360 degree appraisals for the Board. Dr Peter Steer, Chief Executive said that the current proposal was for

	Executive Directors to undertake the standard NHS 360 degree appraisal and Non-Executive Director to take part in an adapted version of this. CQC update
87.4	
87.5	Dr Ferrant said that under the new CQC inspection framework an unannounced core services inspection would be taking place. It was anticipated that this would take place early in the new year and was likely to look at areas that received 'requires improvement' in the inspection in 2015.
87.6	As part of the framework an announced well led inspection would take place from 30th January 2018 – 1st February 2018. The team would request to speak to the Members' Council and an email would be sent to agree a date for this interview.
88	**Dates of Trust Board, Trust Board subcommittee and Members' Council meetings**
88.1	The Council noted the meeting dates for 2018.
89	**Any other business**
89.1	There were no items of other business.

ATTACHMENT B

Attachment B

MEMBERS' COUNCIL - ACTION CHECKLIST
January 2018

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**	**April 2018**	Not yet due: A draft calendar of presentation topics to be developed as part of the Council induction programme for 2018/19, in consultation with the Council, Chairman and NEDs.
10.13	26/04/17	It was agreed that a cyber security update would be provided at a future meeting.	**NG**	**September 2017 deferred to January 2018**	Not yet due: A draft calendar of presentation topics to be developed as part of the Council induction programme for 2018/19, in consultation with the Council, Chairman and NEDs.
83.2	04/12/17	Mr Matthew Norris, Patient and Carer Councillor said that he had visited GOSH for a weekend clinic appointment and felt this was an excellent use of resources and convenient for families. He queried how far weekend working was being considered in order to increase capacity. He noted from the performance report that 4% of beds had been closed and asked whether there was a particular issue which drove the closure of beds. Mr Norris expressed concern at the 8% of families who did not attend their appointment and suggested that text messaging could improve this. He highlighted the good quality of text messaging from Guys and St Thomas' NHS Foundation Trust and it was agreed that the team would look at the number of people who did not attend their appointments at that hospital.	**NG/ Peter Hyland**	**February 2018**	Verbal update

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
87.1	04/12/17	It was agreed that an update on the Board development programme would be provided at a future meeting.	**AM**	**April 2018**	Verbal update

Attachment D

Members' Council

Wednesday 7 February 2018

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 since November 2017.

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

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

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

YPF activity – December 2017 to February 2018

Meetings
Since the last Foundation Trust Council Meeting, there has been one Young People's Forum (YPF) meeting, in December. There was a record attendance of 40 members, this is a 60% increase since the last YPF meeting which was held in August, during which 24 young people were in attendance. There were nine new members at this meeting.

Chair's orientation
Faiza, the Chair of the YPF was re-elected in September 2017 and is continuing to have orientation meetings with Executives.

Faiza met with Peter Steer, the Chief Executive of the Trust, and received suggestions on who next to engage with to ensure the voice of young people is being heard by as many people as possible at the Trust.

National YPF
The Patient Experience Team entered the National YPF event into the Patient Experience Network awards, in the category of Partnership Working to Improve the Experience, and it has been shortlisted. The winner will be announced on the Thursday 1st March 2017.

A short video on the National YPF has been made and was shared on the Trust's social channels. This can be viewed at https://twitter.com/GreatOrmondSt/status/945972615583330304

An artist has also been commissioned to create a piece of art to represent the day. Various ideas were put to the YPF during their last meeting and this has forwarded to the artist.

Fig 1. GOSH tweet with regarding the National YPF

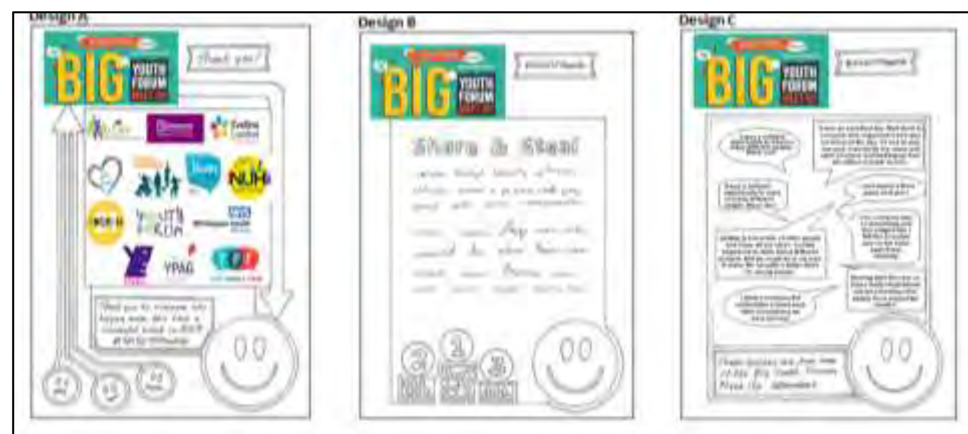


Fig 2. First drafts of the artwork to represent to the National YPF

YPF in Roundabout
The YPF were featured in the Trust's newsletter for December. The article covered Takeover Week 2017 and highlighted a number of case studies from the week.

YPF in Roundabout

The YPF were featured in the Trust's newsletter for December. The article covered Takeover Week 2017 and highlighted a number of case studies from the week.

Children and teens take over GOSH!

Takeover Challenge

Fig 3. Takeover Challenge in Roundabout

Takeover Challenge 2017

Since the last update young people responded and applied to the job descriptions which were sent out. From these applications young people were allocated into Takeover Challenges, and both the young people and their hosts were asked to complete a profile about themselves to send to their allocated host/young person – the aim of this was to help the young people feel settled and knowledgeable about who they will be working with for the day.

In addition to sending the opportunities to YPF, Takeover Challenge was also advertised on the GOSH Twitter page and on the Patient Bedside Entertainment and Education System and sent to Young Person's Advisory Group (YPAG) members.

The young people were sent behaviour agreements, consent forms and a letter to give to their school/college to ask for permission to be absent and explaining the benefits of participating in Takeover Challenge.

The week before Takeover Challenge the Children and Young People's Participation Officer held two staff briefings to run through the timetable of the week and key information for the staff acting as Takeover Challenge hosts.

During Takeover Challenge week itself 26 young people took part in opportunities offered by 18 different teams across the Trust and the Charity e.g. being a radiographer for the day, organiser. The youngest participant was nine years old. Seven non-YPF members took part in Takeover Challenge and from this group we have recruited four to YPF.

The Children and Young People's Participation Officer met with the Product Development Manager at the Charity as a number of corporate partners have expressed an interest to invite patients to participate in Takeover Challenges at their organisations.

Appendix 1: YPF Visual Minutes December 2017

Please see attached document

YPF 16 DECEMBER - MEETING NOTES

WELCOME!

After opening the meeting and welcoming 40 members (is this a record?!), it was great to meet new members Ali, Archie, Bonnie, Hannah, Harry, Josh, Katrina, Laura and Shauna. Big shout out and thanks to our buddies, Ezara-Mai, Thomas, Costa, Emma, Faye and Iman.

It was great seeing you all having a fab time and full of Christmas cheer (maybe all the snacks help!) Thanks for making the meeting so great! :) You all looked fantastic in your Christmas jumpers!

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 minutes.

TRANSITION UPDATE AND WORKSHOP

We welcomed back Nigel Mills to YPF, who gave us an explanation of the transition guidelines that the Department of Health issue.

We split into two groups; those of us who have been in an appointment to see a doctor or nurse on our own (without an adult) and those of us who hadn't.

Those who have been in an appointment by themselves talked about their experience. Many said that they wished this/their first appointment (without an adult) had happened earlier e.g. when they were 12 upwards, not 16 in their journey.

We went around the group to ask opinions on what we think it a good age to start talking about the transition process and general agreement was 12 years old (though a couple of people suggested 10 or 11 would be ok).

VISITING POLICY

Herdip Sidhu-Bevan, Assistant Chief Nurse, responsible for Patient Experience came to the meeting to ask for our opinions on the visiting policy. At the moment GOSH doesn't have an official visiting policy, but some staff at the hospital would like to introduce one. At the moment parents can visit 24 hours a day, 7 days a week, and that won't change. However, the Executive Team would like to introduce rules/guidelines for other visitors, such as friends, grandparents, aunts, uncles etc.

The reasons for introducing the policy include security but also to give structure for people on the wards, so they know that ward rounds (when the doctors come to see you), school and protected mealtimes won't be disrupted.

Herdip suggested a visiting time of 14.00-20.00 would be reasonable but wanted to hear our opinions.

We went around the circle so everyone could say what time they thought would be a good time to allow visitors to come in from. Answers for starting times ranged from 11am (some members thought visitors should be allowed during protected mealtimes to help give parents a break) to 2pm (some members thought it best to wait until after protected mealtimes) however, the majority agreed that 11am seemed a time as this would allow inpatients time to get ready to start their day.

Herdip will feedback our comments to the Executive Team and will let us know the outcome.

NATIONAL YPF UPDATE

In October, we hosted the very first meet up of youth forums from across the country.

We watched a video that was created by the GOSH YPF film team (Beth, Demi, Elom and Ihsaan) and they received a well-deserved round of applause! There is a long version of the video which will be put on the GOSH website and will be shared with the other youth forums. There is also a short-version which can be used on twitter and other social media, which YPF members will be able to share to show and highlight the great work that youth forums do.

The long version of the video needs to be signed off by the charity before they are released so watch this space!

There were 3 aims for the National YPF:

1) An opportunity for the different forums to **"share and steal"** ideas on what they have improved in their hospital and how they did this.

2) To establish if there is an **issue in healthcare** that is affecting young people across the country and what we can do about it

3) To create a **legacy**—the hope that if we could provide a really great and useful day this would inspire another hospital to take on the baton to host another national event next year

Film crew Beth and Demi

NATIONAL YPF UPDATE, CONTINUED

Emma was very pleased to report the following:

1) The feedback received about the "share and steal" workshops was amazing and for many people this was there favourite part of the day, as they were able to meet new people and gain ideas on how to improve their hospital.

2) From the share and steal workshops we were able to see that there were a number of issues affecting young people, so we had a vote on the day. The vote was very tight, the top two issues were:
Communication should be a two-way conversation between equals—you should respect and listen to the doctor/healthcare professional, however, they should also listen and respect your opinion.
Everyday mental wellbeing is everyone's responsibility. Getting a diagnosis/ treatment can be a scary thing and is sometimes up setting. Just having someone ask how you are feeling can make a huge difference.

   These issues will be passed to the NHS Youth Forum so they can advocate for us.

3) We have a legacy! Nottingham and Derby both said that they would like to host next year. Rather than battle it out to see who should host, they have agreed to host it jointly as they are close to each other.

   The GOSH team will help support them and share what we found difficult as well as what went well!

Share and Steal Workshops

Voting

The end of a great day!

NATIONAL YPF UPDATE, CONTINUED

The next stage will be to create art work that will be shared with the other forums to show what the National Meet Up was about. We split into to groups to discuss the designs below and voted on which one we liked best.

Design A won the vote, however, there were elements of each design that we liked, so these elements will be combined into the next design stage.

Discussing the designs

Design A

Design B

Design C

CHRISTMAS QUIZ

After lunch we split into teams for the Christmas Quiz. Turns out we have some brain-boxes in YPF, and we had a three-way tie for first place. The Chief Elvettes, Team Tinsel and Team Maltesers all achieved a massive score of 9/10!

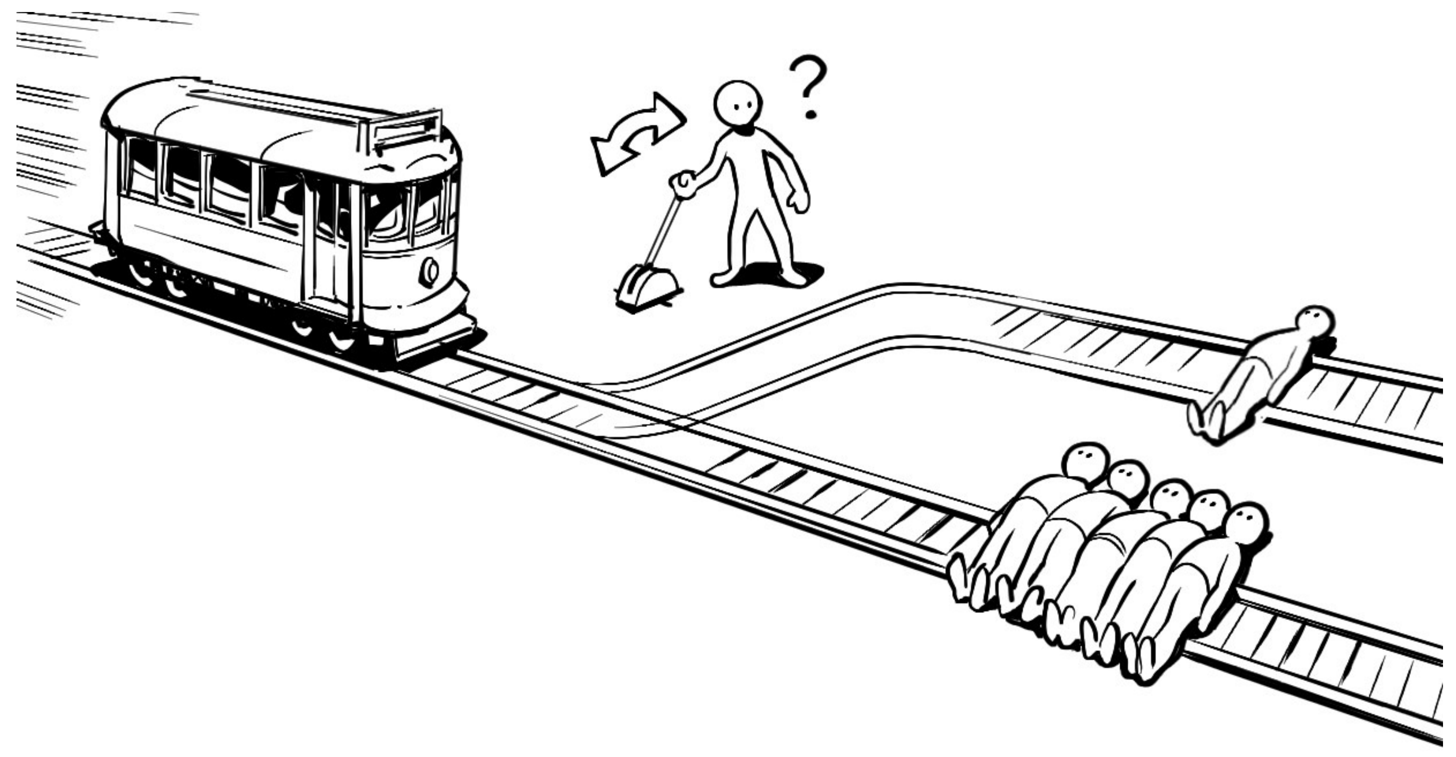
Well done to everyone who got Amy’s favourite Christmas question correct….

- True or False: In Japan, millions of people eat KFC for their main Christmas meal?
- **True!** In 1970, Takeshi Okawara, the manager of the first KFC in Japan overheard a couple of foreigners in his store talk about how they missed having turkey for Christmas. Okawara hoped a Christmas dinner of fried chicken could be a fine substitute, and KFC as a Christmas time meal has become a widely practised custom in Japan ever since.

ETHICS IN A CHILDREN'S HOSPITAL

Last year Jim Linthicum, Head of Chaplaincy, came to YPF to talk to us about Spirituality, and the work of chaplaincy within the hospital. We also had a tour of the prayer areas within the hospital. During this talk Jim mentioned his work as part of the Ethics Committee, and many of you had lots of questions about this so we invited Jim back along with Dr Joe Brierley, Intensivist and Director of Bioethics to explore this further.

Joe and Jim presented us with the following dilemma:



There is a runaway tram barrelling down the railway tracks. Ahead, on the tracks, there are five people tied up and unable to move. The tram is headed straight for them. You are standing some distance off in the train yard, next to a lever. If you pull this lever, the trolley will switch to a different set of tracks. However, you notice that there is one person tied up on the side track. You have two options:

- Do nothing, and the tram kills the five people on the main track.
- Pull the lever, diverting the tram onto the side track where it will kill one person.

Which is the most ethical choice?

ETHICS IN A CHILDREN'S HOSPITAL, CONTINUED

This created a lot of discussion about what you would do and why you would do it.

After the discussion Joe told us that there is **no correct answer.**

The Ethics Committee meet to discuss difficult decisions within healthcare. Doctors and other healthcare professionals can send cases to the Ethics Committee when they are having difficulty deciding on the best care or treatment for a patient.

An example that Joe gave was: a child is sick and the clinical team have tried all known treatments but nothing has worked. There is another medication available but it has only been used on adults in a slightly different condition. They are unsure whether to try this medication so the team ask the Ethics Committee for advice.

The Ethics Committee will meet to discuss this. They will talk about what's good and what is not so good about giving the child the adult medication, Discussing the pros and cons, and will also ask the parents their opinion. If appropriate the patient may also be invited to the meeting. It is important to note that the Ethics Committee don't make the final decision but the meeting is used to give guidance to the clinical team.

Our discussion about the tram problem demonstrated how the Ethics Committee works, listening to everyone and taking everyone's opinion on board.

We learnt that in UK law you are a child until 18 years of age.

To consent a child must be able:

- To deliberate and choose among alternatives
- To ask questions to their satisfaction
- To be able to relate decisions to a personal and stable framework of values
- To make decisions free of undue coercion

GOSH WEBSITE REVIEW

The GOSH website is currently undergoing a review to improve and enhance people's experience of using the website.

A company called Twenty Six Digital are doing this work and have conducted research work to find out what sort of information people would like to see and use on the website.

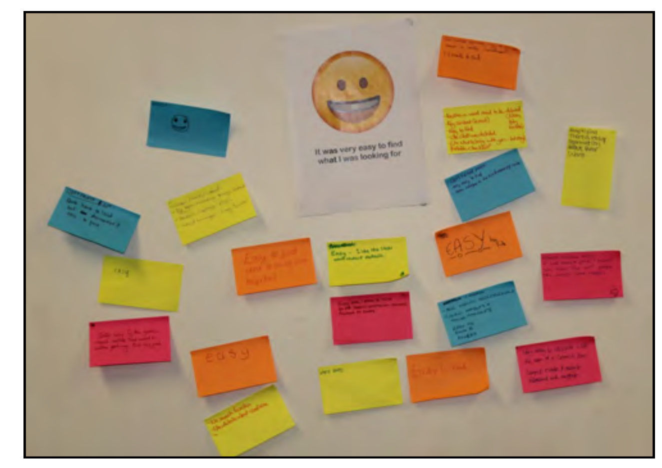
Twenty Six Digital have created a prototype of a mobile version of the new website. Sarah and Christine from the company came along to YPF to ask us to be the first group to try out the prototype and ask for our feedback.

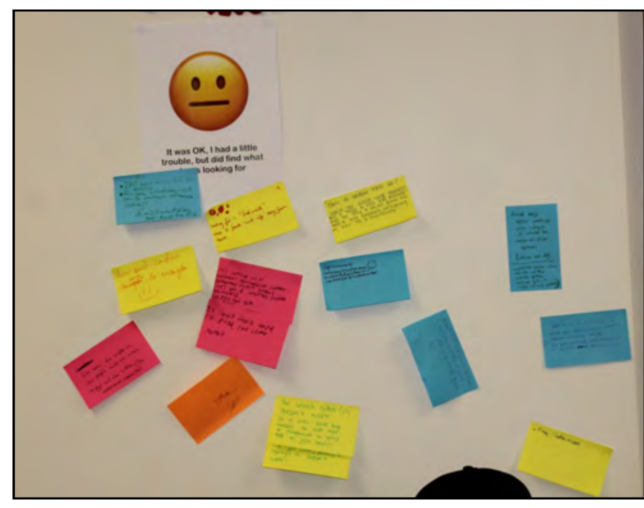
We were given a top secret link and password to access the prototype website and given a coloured pad and the following tasks:

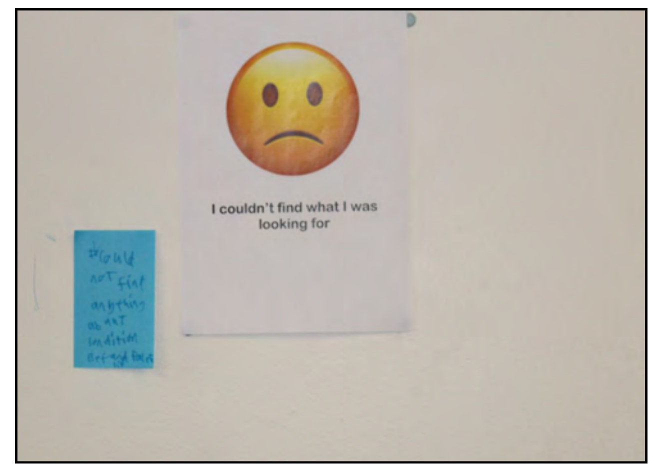
Yellow Pads—Find ward information on Bear Ward
Orange Pads—Find out what you might need to bring with you for a hospital stay
Blue Pads—Find out about the condition: Cleft palate and lip
Pinks Pads—You want to find out about a consultant: Dr Caroline Mills

We wrote our feedback on the coloured pads and then stuck this on the emoji that best represented how easy we found the task.

We then designed our own homepages.







GOSH WEBSITE REVIEW CONTINUED

Being allowed to on phone during YPF for once 😄

YPF members Harry and Morgan

YPF members Archie and Oceiah

YPF members Hannah, Katrina and Iman

YPF members Beth, Maisie and George

YPF Members James and Grace

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;

Interesting, fun, educational and friendly

The session with the highest score of very good was Ethics at GOSH, followed by the National YPF Update.

No activity scored bad though one person scored Ethics at GOSH as very bad, which shows you can't please everyone haha!

Food

81% of you gave the score of 'very good' and 'good' for the catering, this is the slightly down from last meeting. One comment stated *"The snacks in Weston House were good but the food in the Lagoon could be better"*

The catering team at GOSH has recently changed. The new catering management team have been told all about the amazing results achieved by the YPF in the past and they are keen to continue working with the YPF and have been invited to a future YPF meeting.

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, but we always strive to cater for everyone.

Other comments

- *"Really nice first meeting – everyone was so welcoming and friendly!*
- *"LOVED IT! Would love to do more"* re Ethics at GOSH
- *"Interactive and fun, as well as insightful"* re Website Review
- *"Interested me as it matters to me"* re Transition Update
- *"Diagrams were confusing"* re Transition Update

SANTA

Santa came to visit YPF to hand out GOSH elves as a thank you for all your hard work this year.

(We can neither confirm nor deny that it was Nigel in a Santa suit…)

NEXT MEETING DATE

The next GOSH YPF meeting will take place on Sunday 28 January.

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

- ypf.member@gosh.nhs.uk
- 0207 405 9200 ext 1400
- 07703 380 893 (phone will be checked at intervals)

Attachment E

Members' Council

Wednesday 7th February 2018

Summary & reason for item: To update the Members' Council on the Patient and Family Experience and Engagement Committee. (Pals Q3 17/18 also attached)

Councillor action required: To receive and note the report

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

Item presented by: Polly Hodgson – Interim Chief Nurse

Patient Family Experience and Engagement Committee

Herdip Sidhu-Bevan
Assistant Chief Nurse

FFT Summary – Q3 2017/18

- **December 2017 FFT Response Rate, 22.0%**
- **November 2017 FFT Response Rate, 24.3%**
- **October 2017 FFT Response Rate, 21.0%**
- **Q3 Average FFT Response Rate, 22.4%**

  (⇩0.7% Q2) (Trust Target, 40%)

- **December 2017 FFT Percentage to Recommend, Inpatients, 95.5%**
- **November 2017 FFT, Percentage to Recommend, Inpatients, 98%**
- **October 2017 FFT Percentage to Recommend – Inpatients, 97.0%**

  (⇩0.5% from Q2) Q3 results were 96.8% (Trust Target, 95%)

- **December 2017 FFT Percentage to Recommend, Outpatients, 95.1%**
- **November 2017 FFT, Percentage to Recommend, Outpatients, 94.4%**
- **October 2017 FFT Percentage to Recommend, Outpatients, 93.4%**

  (⇧2.4% Q2) (Q3 results were 94.3%) (Trust Target, 95%)

FFT Response Rate

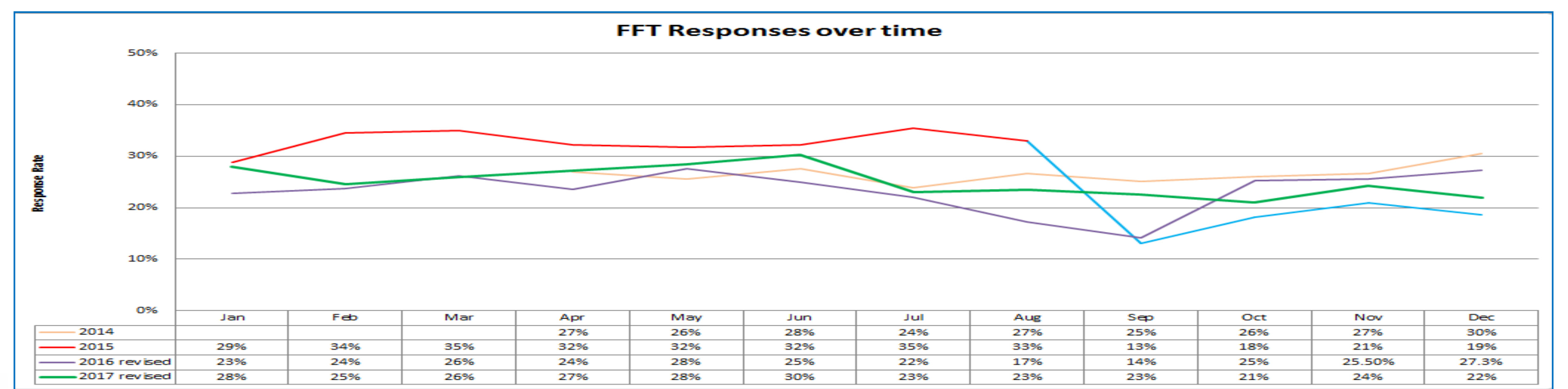
Inpatients

Average Response Rate in 16/17 = **23.8%**

Average Response Rate so far 17/18 = **24.7%**

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
23.6%	27.5%	25.0%	22.0%	17.0%	14.0%	25.2%	25.5%	27.3%	28.4%	24.5%	25.9%

Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
27.2%	28.4%	30.3%	23.3%	23.4%	22.6%	21.0%	24.3%	22.0%			



	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%	23%	21%	24%	22%

FFT Themes

*Calculated by Percentage

Top Three Positive Themes*

October 2017	November 2017	December 2017
Always Expert	Always Helpful	Always Helpful
Always Welcoming	Always Welcoming	Always Welcoming
Always Helpful	Always Expert	Housekeeping / Cleanliness

Top Three Negative Themes*

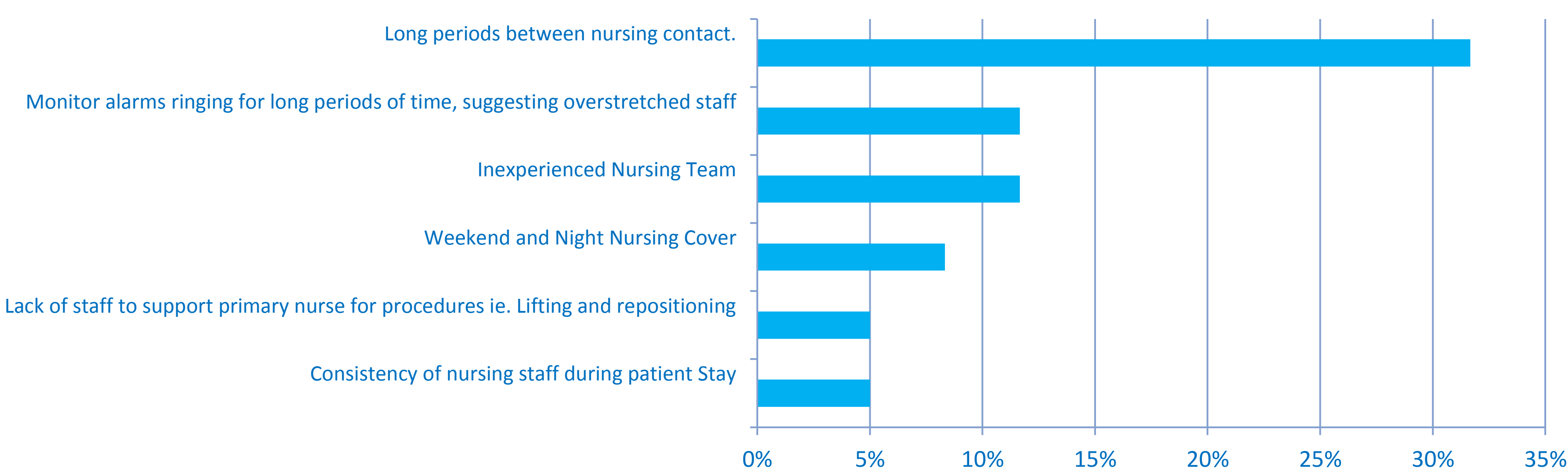
October 2017	November 2017	December 2017
Staffing Levels	Staffing Levels	Staffing Levels
Access / Admission / Discharge / Transfer	Access / Admission / Discharge / Transfer	Access / Admission / Discharge / Transfer
Catering / Food	Environment / Infrastructure	Catering / Food

Deep Dive - Update on Safe Staffing

Great Ormond Street Hospital for Children
NHS Foundation Trust

- Safe Staffing comments made through FFT from Jan 2017- December were reviewed.

73% Negative
27 % Positive



Real Time Feedback System

- The configuration of the Real Time Feedback system is progressing in accordance with the Project Timelines.

- Team from RL Solutions are meeting with the GOSH Young People's Forum, January 2017 to inform the development of the Paediatric aspects of FFT.

Transition

The purposeful, planned process of preparing young people and their families/carers for, and moving them to, adolescent or adult oriented healthcare'

(GOSH, 2017 adapted from Blum et al, 1993)

FFT Percentage to Recommend

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%

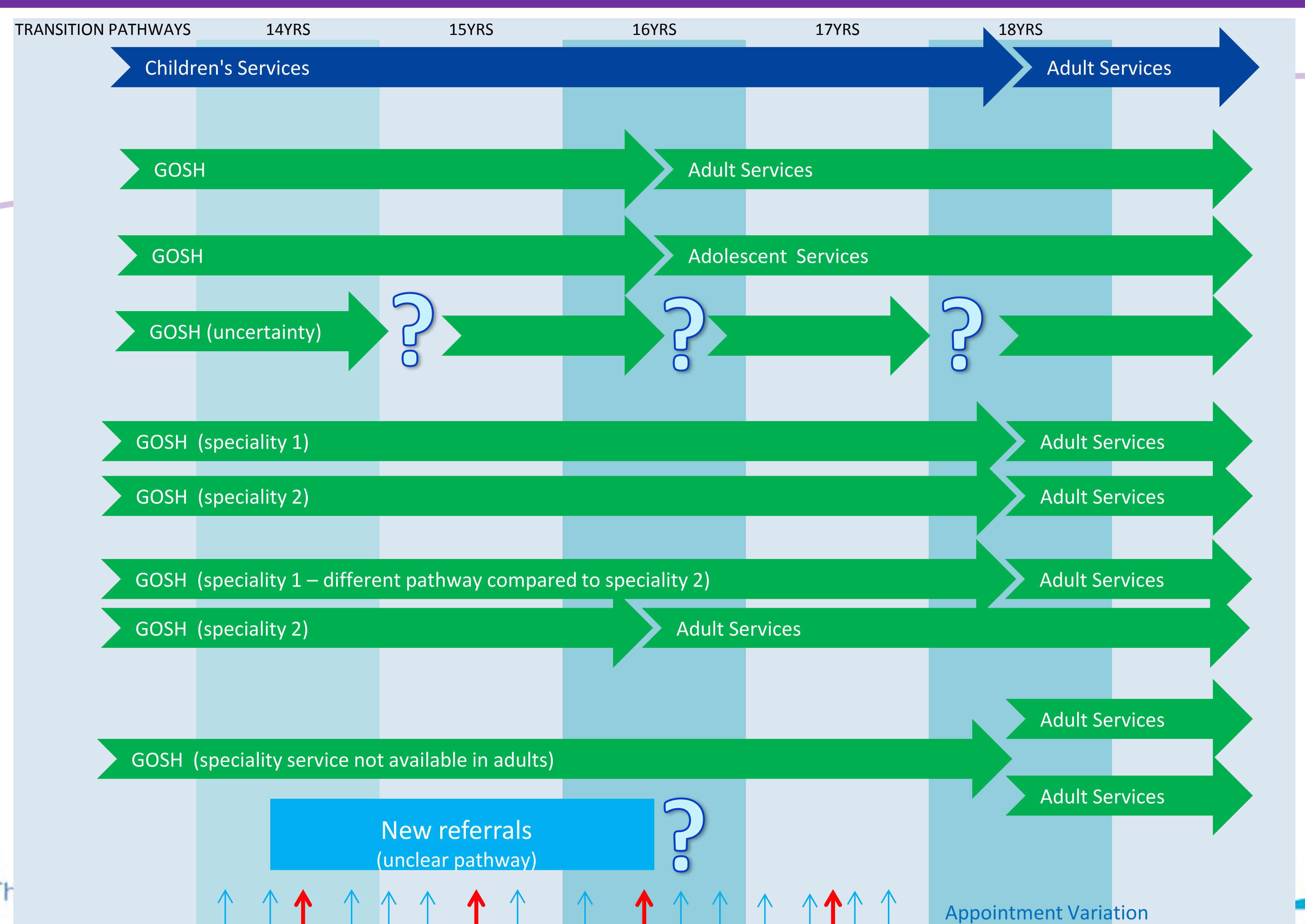
Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
97.7%	97.7%	97.8%	97.1%	97.1%	97.6%	97.0%	98.0%	95.5%			

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%

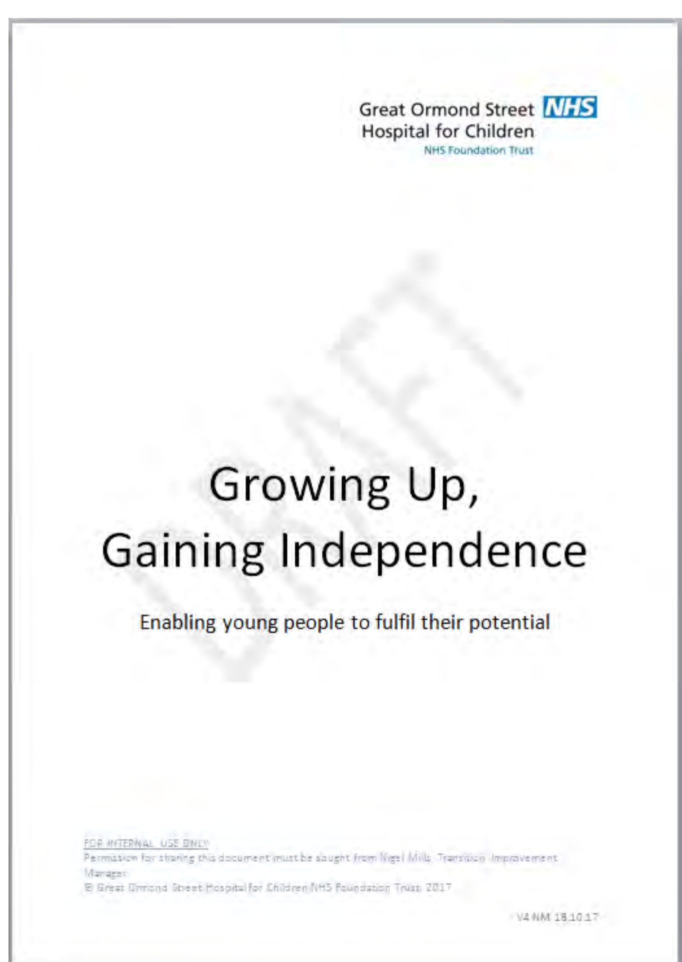
Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
89.9%	93.6%	93.7%	94.3%	90.8%	90.7%	93.4%	94.4%	95.1%			

Great Ormond Street Hospital for Children NHS Foundation Trust NHS



GUGI(Growing Up, Gaining Independence)

- 2 part strategy promotes preparation for adulthood not just for adolescent or adult health services
- 1) Generic
- 2) Specialty Specific



Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

Growing Up,
Gaining Independence

Enabling young people to fulfil their potential

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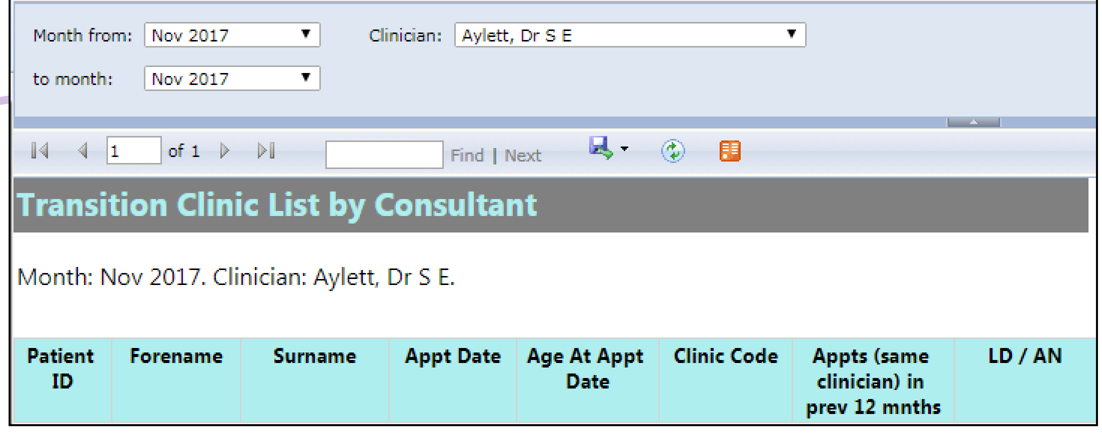
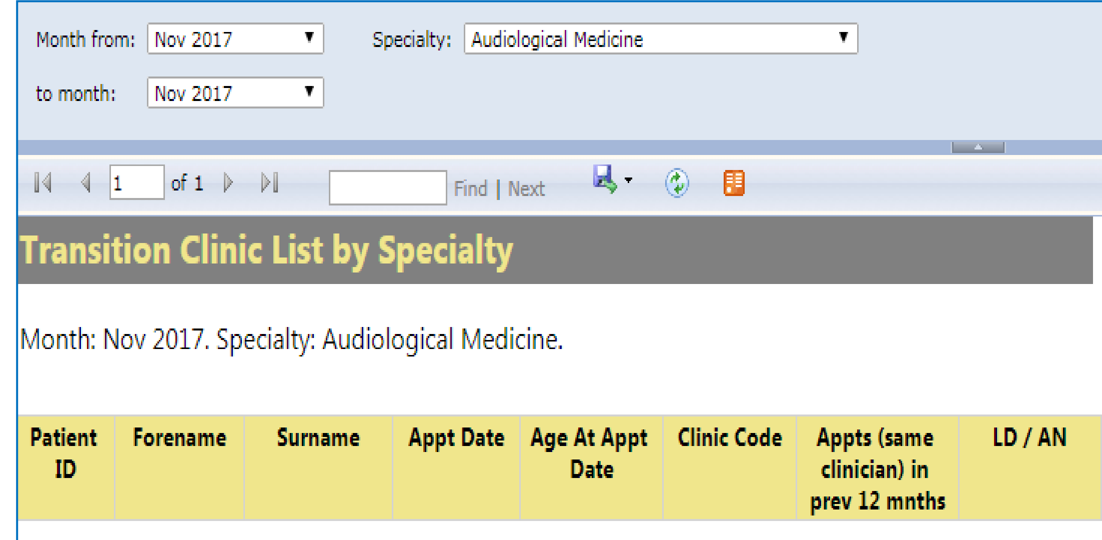
V4 NM 18.10.17

- Relevant regardless of:
- whether or not they will transfer to adolescent or adult services
- specialty
- presence of a Learning Disability or Additional Needs
- Prognosis

Dashboard Reports





Work Streams

- Patient Experience survey about the Disney App for ICT
- National Young Peoples Forum report being collated
- Information for parents near completion (April)
- Radiology survey to support ISAS accreditation
- Engagement with the website team
- Engagement in Project Identity (branding)
- Shortlist for Patient Experience Network Awards – Partnership working to improve the experience and team award

Great Ormond Street Hospital for Children NHS Foundation Trust

PALS Quarter Report

Quarter 3 of 17/18

Luke Murphy, Pals Manager

The child first and always

Pals Summary

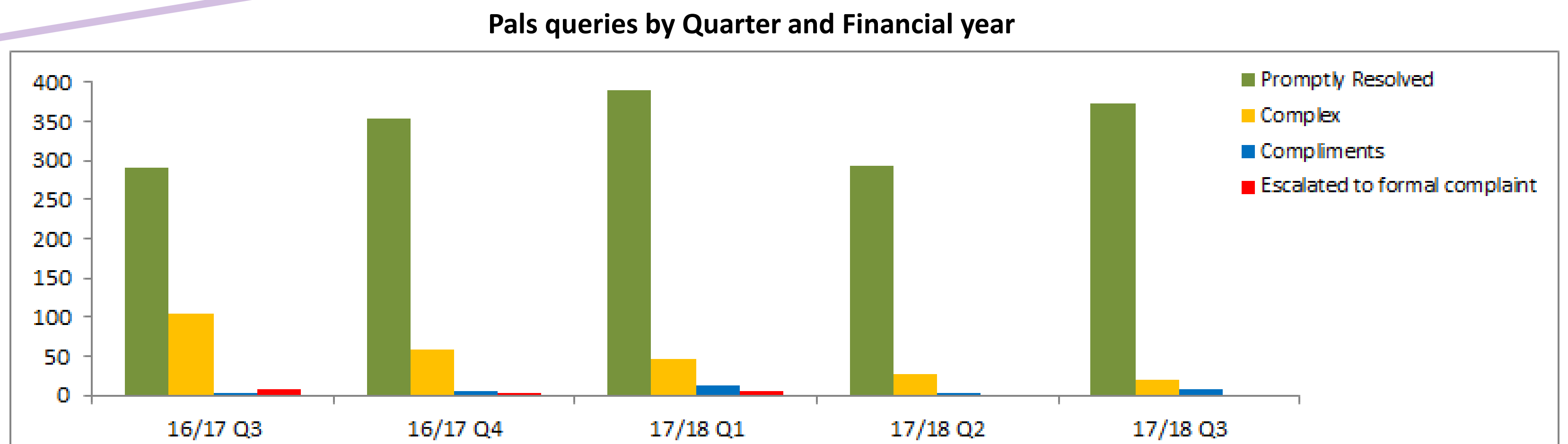
Summary of Pals Report

Contents of this report:

- Summary of Pals cases
- Trend analysis of Pals cases
- Summary of Divisions
- Charles West A1; A2
- JM Barrie

Comparison of Pals cases received in Q3 17/18

Pals queries by Quarter and Financial year



Cases	Q3 16/17	Q2 17/18	Q3 17/18
Promptly resolved cases (-48h)	290	293	372
Complex Cases (48h+)	104	27	20
Escalated to Formal Complaints	7	0	0
Compliments	4	1	7
Special cases	214	2334	0
Total	619	2650	399

Cases received by the Pals compared with previous quarters:

Commentary:
The activity in Pals in Q3 17/18 remains in line with the number of cases we expect in Pals when compared to previous Q3 16/17.

Pals have focused on prompt responses and by doing so have reduced the number of complex cases with early resolution to concerns raised. This has also reduced the number of Formal Complaints being escalated from Pals cases.

Expert

Pals Cases by Clinical Service

Pals grading definitions

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

Promptly resolved
Complex
Compliment

35
30
25
20
15
10
5
0

Neurology
Cardiology
Orthopaedics
General Surgery
Neurosurgery
Ophthalmology
Rheumatology
Dental
Epilepsy
Dermatology

Top 10 specialties with the highest Pals cases in Q3 17/18

No cases were escalated to formal complaints in this quarter.

To note that in contrast to previous Pals reports Gastroenterology is not in the top 10 specialties for this quarter.

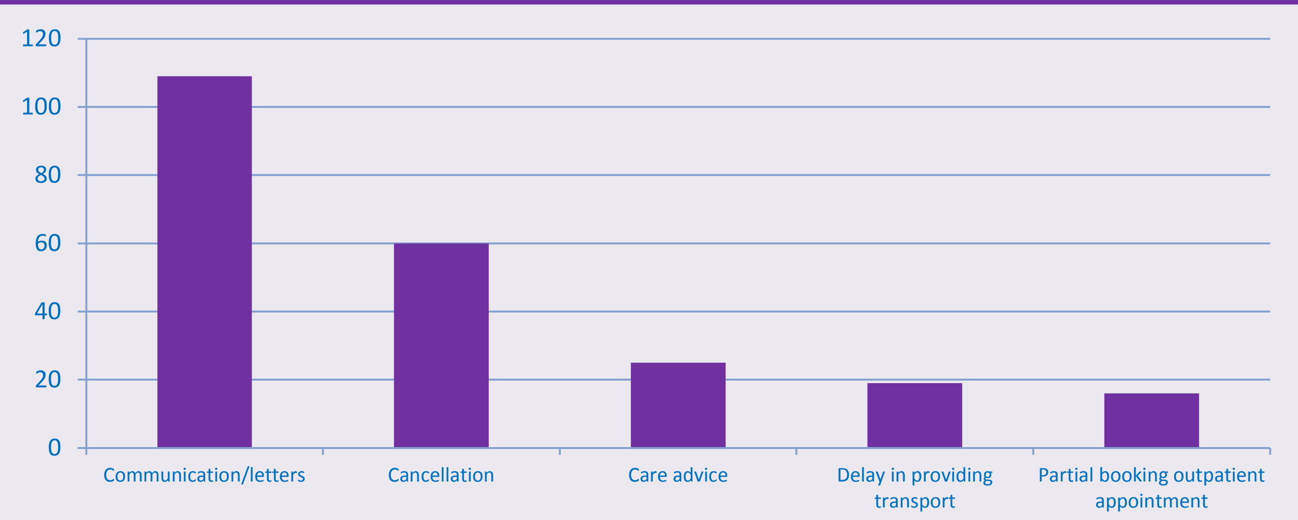
The child first and always

Expert

Pals Trend Analysis

Great Ormond Street Hospital for Children
NHS Foundation Trust

Themes arising in Pals cases received Q3 2017/18



The chart on the left shows the 5 most common themes raised in Pals during Q3

Communication	•Top five specialties relating to communication in Q3 17/18- Neurology, Cardiology, Orthopaedics, Epilepsy and Rheumatology
Cancellation	•Top five specialities relating to cancellations were Orthopaedics, Cardiology, General surgery, Cardiac surgery and Maxillofacial team
Care advice	•Top five specialities that had parents needing reassurance following the appointment were CICU, Endocrinology, BMT, Cardiology and Neurosurgery

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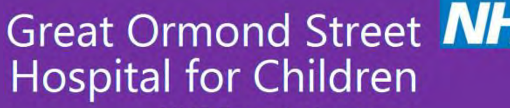
PALS Cases by Division



Charles West (A1)

Top 5 Specialties	Q3 16/17	Q2 17/18	Q3 17/18
Respiratory	6	4	9
CICU	Was not a speciality on it's own in this quarter	1	7
Clinical Genetics	2	2	6
Health Records	5	9	5
General Paediatrics	0	1	5

Commentary :

Respiratory: Top three themes : Cancellations without advance notice for outpatient clinics/procedures; Waiting times to hear about investigations; Accommodation arrangements during admissions

CICU: Top three themes : Support with treatment plans/decisions on the ward; dissatisfaction with nursing care; querying discharge to another Trust

Clinical Genetics: Top three themes: Concerns with poor ; failure to arrange an outpatient appointment; advice about referral to the service

Health Records: Access to health records forms (asking to waive fees due to GOSH errors)

General Paediatrics: Top three themes: Poor communication between staff and families; updates on referrals and how to be referred to GOSH General Paeds.

PALS Cases by Division

Charles West (A2)

Top 5 Specialties	Q3 16/17	Q2 17/18	Q3 17/18
Cardiology	20	28	28
Rheumatology	18	10	15
Dermatology	9	6	11
Cardiothoracic	Not a speciality in this quarter	0	9
BMT	4	2	5
Oncology	5	7	5

Commentary

Cardiology: Top three themes: Cancellation of procedures; Poor communication with families; waiting times in clinic

Rheumatology: Top three themes : Poor of communication with family; arrangements of accommodation for appointments and waiting times in clinic

Dermatology: Top three themes: Families waiting for appointments; cancellation of procedures with no prior warning and poor communication with the family

Cardiothoracic: Top three themes: Cancellation of procedures due to lack of beds; poor communication with families and concerns with cleanliness on the ward

BMT: Top three themes: Support with transition; concerns with the kitchen on the ward being clean and poor communication with families

Oncology: Top two themes : Poor communication with the family; transport arrangements following discharge

PALS Cases by Division

JM Barrie

Top 5 Specialties	Q3 16/17	Q2 17/18	Q3 17/18
Orthopaedics	Not a speciality in this quarter	10	27
Neurosurgery	8	13	20
Endocrinology	6	10	10
Spinal Surgery	Not a speciality in this quarter	16	9
PICU	Not a speciality in this quarter	4	5

Commentary

Orthopaedics: Top three themes**:** Poor communication; cancellation of procedure/appointment with no prior notice; waiting time to hear about admissions

Neurosurgery: Top three themes: Poor communication with families; cancellation of surgery due to lack of beds; waiting time in clinic

Endocrinology: Top three themes: Concerns about prescription changes going to the home care company; lack of communication with families; failure to arrange outpatient appointments

Spinal Surgery: Top three themes: Cancellation of procedures following family's being admitted; poor communication with families; transport queries relating to outpatient appointments

PICU: Top three themes:: Compliment for staff; support with communication following a meeting; support with families speaking with their clinical team about questions relating to diagnosis

PALS Cases by Division

JM Barrie

Top 5 Specialties	Q3 16/17	Q2 17/18	Q3 17/18
General Surgery (SNAPS)	19	16	21
Ophthalmology	12	16	18
Dental	9	11	12
Plastic Surgery	3	8	11
Nephrology	5	4	6
ENT	13	5	6
Urology	18	7	6

Commentary

General Surgery : Top three themes: Cancellation of procedures; poor communication with families; waiting for admissions to be arranged

Ophthalmology: Top three themes:: Cancellation of appointment after arriving at the trust; referral information and lack of communication with families.

Dental: top three themes: Cancellation of appointment after the family arrives in the Trust; partial booking of appointments and waiting time in outpatients to be seen

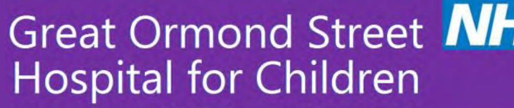
Plastic Surgery: Top three themes: Cancellation of admissions; poor communication with families; lack of information relating to transport arrangements for an outpatient appointment

Nephrology: Top three themes: Poor communication; information about referrals and waiting time in outpatients

ENT : Top three themes: Poor communication with family; cancellation of appointments with no prior notice and transport arrangements for appointments not being shared

Urology: Top three themes: Poor communication; accommodation for admissions and not booking all tests for an outpatient appointment

PALS Cases by Division



JM Barrie

Top 5 Specialties	Q3 16/17	Q2 17/18	Q3 17/18
Neurology	Not a speciality in this quarter	10	32
Epilepsy	Not a speciality in this quarter	9	12
Radiology	4	5	11
Gastroenterology	42	18	7
DCAHMS	0	4	5

Commentary on the top themes:

Neurology: Top three themes :Failure to arrange outpatient appointment, Poor communication with families and Transport arrangements not being shared

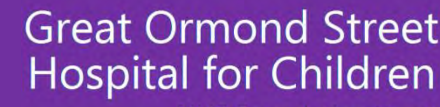
Epilepsy: Top three themes: Lack of communication with families; waiting time for appointments to be arranged; doctor not attending clinic

Radiology: Top three themes :Cancellation of outpatient appointment with no prior notice; Poor communication with family and delay in arranging an MRI

Gastroenterology: Top three themes: Parents querying their discharge; Families disagreeing with referral rejection and Cancellation of procedure after admission

DCAHMS: Top two themes: Referral information; Poor communication with family

PALS Cases by Division



Development and Property Services (16 cases)

Top 5 Specialties	Q3 16/17	Q2 17/18	Q3 17/18
Estates	Not a speciality in this quarter	3	10
Facilities	Not a speciality in this quarter	8	6
Redevelopment	Not a speciality in this quarter	0	0

The queries for this quarter for Estates related to an error with the franking machine, this resulted in parents paying £2 to collect their letters. Pals reimbursed the families the charges.

International and Private Patients (6 cases)

International and Private Patients

Commentary: The queries for this quarter were promptly dealt with by the IPP service managers

PALS and the Always Values

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

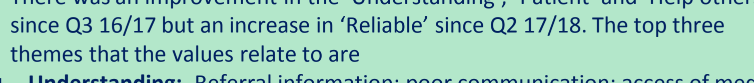
Always Welcoming- Respect	8	Always Welcoming- Friendly	15	Always Helpful- Understanding	34	Always Helpful- Help others	43
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	50	Always Helpful- Patient	3	Always Helpful- Reliable	37
Always Expert- Professional	29	Always Expert- Excellence	18	One Team- Listen	10	One Team- Involve	24
Always Expert- Safe	23	Always Expert- Improving	28	One Team- Communicate	65	One Team- Open	10

Themes

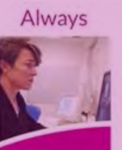
There have been an increase the the number of queries relating to 'reduce waiting'; 'Friendly' and 'Respect' since Q3 16/17. The top three themes that the values relate to are

- **Waiting times:** Delay in family's receiving a response; failure to arrange an appointment; transport delay in transfers from the ward to another hospital
- **Friendly:** Environment/cleanliness; accommodation requirements for additional family; referral information
- **Respect:** Poor communication with family; support with parking tickets when appointments have over run; partial information sent about tests resulting in cancellation

There was an improvement in the 'Understanding'; 'Patient' and 'Help others' since Q3 16/17 but an increase in 'Reliable' since Q2 17/18. The top three themes that the values relate to are

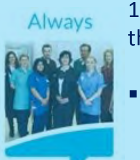


- **Understanding:** Referral information; poor communication; access of medical records
- **Help Others:** Inaccuracies in information; poor communication and cancellations
- **Patient:** Parking ticket; ward cleanliness and communication
- **Reliable:** Cancellations of admissions/outpatient appointments; partial booking of procedures/appointments; poor communication with family



There was an increase in queries relating to 'Excellence'; 'Improving'; 'Professional' and 'Safe' from Q2 17/18; The top three themes that the values relate to are

- **Excellence :** Cancellations; poor communication; pharmacy delays
- **Professional:** Poor communication; cancellations of procedures or admissions; referral delays
- **Safe:** Clinical support after an admission cancellation; poor communication; accommodation arrangement's
- **Improving:** Staff attitude; cancellation of admission/appointment; partial booking of appointment



There was an improvement in the 'Communication' 'Listening' values from Q2 17/18 but an increase in queries relating to the 'Involve' and 'Open'. The top three themes that the values relate to are

- **Listen:** Families needing to ask additional questions after appointments/receiving letter; poor communication; failure to arrange an appointment
- **Communicate:** Cancellations of appointments with no prior notice; poor communication with families; waiting times in outpatients
- **Open:** Poor communication; referral outcome decisions; PR
- **Involve;** Poor communication in clinic; waiting times in outpatients; families needing additional accommodation for family members

Attachment F

Members' Council

7 February 2018

Reappointment of a Non-Executive Director (Akhter Mateen)

Summary & reason for item:

The Member's Council Nominations and Remuneration Committee recommends the reappointment of Mr Akhter Mateen, Non-Executive Director on the GOSH Trust Board.

Members' Council Action

To consider and approve the recommendation.

Presented by: Anna Ferrant, Company Secretary

Members' Council

7 February 2018

Reappointment of a Non-Executive Director (Akhter Mateen)

Introduction

Mr Akhter Mateen – NED and Deputy Chairman was appointed for a three year term on 28 March 2015. His current term expires on 27 March 2018 and under the Trust Constitution he is eligible for reappointment for another three years, subject to approval of the Members' Council.

Mr Mateen has expressed a wish to be reappointed for another three years and the Board fully supports this.

The Members' Council Nominations and Remuneration Committee considered the request for reappointment in relation to the number and balance of NEDs on the Board, their skill mix, the independence of Mr Mateen as well as he is most recent appraisal.

Mr. Mateen has provided a statement supporting his request to be reappointed at **Appendix 1**. Mr Mateen mentions in his statement the importance of continuity and organisational memory at a time when there are a number of new appointments on the Board.

The committee considered the following information:

- Information from the most recent appraisal of Mr Mateen (presented to and accepted by the Members' Council in January 2017)**.**
- Information about Mr Mateen's other commitments and his independence in his statement;
- Mr. Mateen has declared that he meets the Fit and Proper Person's test and will act in accordance with the Code of Conduct for Board directors;
- Mr. Mateen's attendance at Trust Board and Board committees for 2017 (please see below). Mr Mateen has attended Members' Council meetings throughout 2017:

Trust Board	Trust Board Remuneration Committee	Trust Board Nominations Committee	Audit Committee	Finance and Investment Committee
11 meetings attended of 11 held	2 meetings of 2 held	1 meeting of 1 held	4 meetings attended of 4 held	7 meetings attended of 8 held

- The most recent Board skills, experience and knowledge audit results, conducted in April 2017 (and previously shared with the Council) to support and inform the search for relevant skills and experience for the appointment of two new NEDs to the Board in 2018. Mr Mateen's skills and experience were included in this audit and supported the search for the relevant skills and experience of the new NEDs who are in the process of joining the Board.

The committee noted the following:

- The Members' Council agreed that the timing of the NED appraisal for 2017/18 would be moved from December 2017 to April 2018, to allow time for the new Chairman to get to know Board members and effectively conduct the NED appraisals.
- A refreshed Board skills, experience and knowledge audit will be conducted in Q2 2018/19 to support the work being conducted around the Board development programme, reflecting on the skills, knowledge and experience of the new NEDs and executives (who will have commenced working at GOSH by this time).

The committee fully supported a recommendation to reappoint Mr Akhter Mateen for a further three years. The committee noted his commitment to the Trust and his informed and pragmatic approach to the role.

ACTION REQUIRED: The Members' Council is asked to approve the recommendation from the Members' Council Nominations and Remuneration Committee to reappoint Mr Akhter Mateen as a NED on the GOSH Board from 28 March 2018 to 27 March 2021, after which time he will stand down from the Board.

Attachment F

For information

Number of NEDs on the Board and tenures

As outlined in Monitor's "*Your Statutory Duties – A reference guide for NHS foundation trust governors*", the procedure for all reappointments to the Board must be formal, rigorous and transparent. As part of the process, councillors should consider the relevant aspects of the NHS foundation trust's constitution and the *Code of Governance* as outlined below:

- **the requirements of the NHS foundation trust's constitution concerning the number of non-executive directors:**

The Trust Constitution states that the Board is made up of:

- *a non-executive Chairman;*
- *not more than 6 independent non-executive directors;*
- *not more than 6 executive directors; and*
- *at least half the board (excluding the Chairman) will comprise independent non-executive directors.*

The Constitution (paragraph 7.1 of the Standing Orders of the Board of Directors) also states that the Chairman and independent non-executive directors will

- *serve terms of office of no longer than 3 years;*
- *be eligible for re-appointment at the end of the 3 years;*
- *not hold office for longer than 6 consecutive years (*Note – this refers to the Foundation Trust Board only)*; and,*
- *not be eligible for re-election (after 6 years) until there has been a minimum break of one year.*

For information, the table below shows the length of tenure for all non-executive directors on the GOSH Board. As highlighted above, the GOSH Constitution states that non-executive directors cannot hold office for longer than 6 consecutive years on the Foundation Trust Board.

Name	Appointments to Board	Total tenure	Subject to reappointment or stepping down?
Mr. David Lomas, NED	Appointed from 1 March 2012* Reappointed 1 November 2015	3 years 8 months 2 years 4 months **6 years at 28 February 2018**	Steps down 28 February 2018 New NED, Chris Kennedy joins the Board in March 2018.
Mr. Akhter Mateen, Deputy Chairman	First appointed 28 March 2015	3 years **3 years at 27 March 2018**	Request for reappointment for further 3 years from 28

Attachment F

Name	Appointments to Board	Total tenure	Subject to reappointment or stepping down?
			March 2018 (subject to MC approval)
Professor Rosalind Smyth (UCL appointment)	First appointed 1 January 2013 Reappointed 1 January 2016	3 years 3 years **6 years at 31 December 2018**	Steps down 31 December 2018 New appointment to be sought from University College London
Professor Stephen Smith, NED	First appointed 1 March 2016	3 years **3 years at 28 February 2019**	Reappointment for further 3 years from 1 March 2019 (subject to MC approval)
Mr. James Hatchley, NED and SID	First appointed 1 September 2016	3 years **3 years at 31 August 2019**	Can request reappointment for further 3 years from 1 September 2019 (subject to MC approval)
Sir Michael Rake	First appointed 1 November 2017	3 years **3 years at 31 October 2020**	Can request reappointment for further 3 years from 1 November 2020 (subject to MC approval)
Lady Amanda Ellingworth	First appointed 1 January 2018	3 years **3 years at 31 December 2020**	Can request reappointment for further 3 years from 31 December 2020 (subject to MC approval)
Mr Chris Kennedy	Appointment – March 2018 (Date to confirmed)	3 years **3 years to March 2021**	Can request reappointment for further 3 years (subject to MC approval)

Appendix 1

Akhter Mateen, Non-Executive Director, Deputy Chairman and Chair of the Audit Committee

Statement for consideration by the Members' Council for reappointment to the GOSH Board

I have been a Non-Executive Director of Great Ormond Street Hospital NHS Foundation Trust since March 2015. As my three year term comes to an end, I am seeking reappointment for a period of further three years and wish to continue to contribute and serve this great institution.

In my capacity as Non-Executive Director, Chairman of the Audit Committee and latterly as Deputy Chairman, I believe I have had an impact across both operational and strategic aspects of the workings of the trust, more specifically in the areas of Governance, Risk Management, Financial Management and Strategy. I have apprised myself with the workings and priorities of NHS through participation in NHSI organized events. I have a very good relationship with the Executive team, the Board and the Members' Council.

The Trust has undoubtedly made significant progress on the operational front despite the challenges faced by the NHS as a whole as well as encountering some specific issues. The Trust has now in place a well-designed strategy, aptly titled "Fulfilling our Potential". However internal and external challenges remain. The challenges are; in Finance with continuing pressure from NHS, in recruitment and retention potentially exacerbated by an impending Brexit, in redevelopment as we progress Phase 4, in the implementation of EPR as a first step towards a digital hospital and other risks associated with executing the strategy. Confronting these challenges would require focused stewardship and oversight by the Trust Board and its sub-committees.

I firmly believe that my contribution and experience over the last three years has enabled me to support the Trust as it embarks on executing its strategy and delivering on the major initiatives being undertaken. I believe I provide constructive challenge, guidance and support to the executive team and also at the Board and its sub-committees. As Chairman of the Audit Committee I have focused on Risk Management and the Framework which is recognised as Best Practice. I have successfully leveraged my executive career experience in Finance, Governance, Strategy, Risk, IT projects, M&A, People Development and Leadership for the benefit of my Non-Executive roles which includes GOSH.

To support my reappointment, I would like to highlight three areas amongst others where I believe I can continue to contribute significantly.

Governance: The Trust Board has recently undergone some changes. We have a new Chairman and two new NEDs; we also have some changes/new appointments coming up in the Executive team. In addition to this we will soon have some new councillors on the Members' Council. The Board and Council continue to discuss and develop effective ways of working I believe that from a continuity perspective and an experience point of view I would be able to provide support and oversight in these areas.

Projects: EPR (underway) and Phase 4 redevelopment (at its early stages) are projects which will have a transformational impact on the Trust. I have been involved with both of them and I am confident that I will continue to leverage my Unilever experience of implementing large projects (including multiple ERP systems implementations) to see these initiatives to a successful completion.

Strategy: Strategy Development is an intense task however the real challenge lies in execution and delivery. The Trust has a strategy in place and is embarking on cascading it through the

organization and building detailed execution plans. My experience in delivering strategy will be positively helpful for the Executive and the Board.

People Development: Talent management and leadership development have been a hallmark of my executive career. At the Trust we now have a strong leadership team in place but some churn is happening now as is expected in any organisation. Drawing upon my experience, I believe I would be able to provide counsel and guidance to the Executive team's current and incoming members.

One key criterion for an effective NED is the ability to give time to the organization. I believe I have done this quite successfully over the last three years by participating in team discussions, listening events, staff events, hospital walkabouts and one-on-one discussions with the executive leadership. I will continue to maintain this level of engagement in the future as well.

In addition to GOSH, I am currently, a NED at the Centre for Biosciences and Agriculture, a Trustee of Malala Fund (UK) and a Trustee of DIL (Developments in Literacy) UK. I Chair the Audit Committee at CABI and the Governance Committee at DIL. Both Malala Fund and DIL are focused on the education of girls in the developing world –a life-long passion for me. None of these roles would compromise in any way my independence or my time commitment to GOSH.

I am a great believer in the GOSH Always values and put them to practice in my other roles as well. I fully adhere to the Nolan principles.

It would be an honour and a privilege to continue to work with the Trust Board and Members' Council and serve the Trust as a Non-Executive Director.

Akhter Mateen

Attachment G

Members’ Council

7 February 2018

Draft Lead Councillor Role Description – for discussion

Summary & reason for item: Following recent resolutions and recommendations, the Council and Board has committed to drafting a revised Lead Councillor role description. The attached draft role description has been developed with the support of Beachcrofts, in line with the requirements of the Foundation Trust Code of Governance.

The document is the first draft of the role description and provided for consideration and discussion by Council members. As highlighted at the last Council meeting, the Constitution Working Group will retain responsibility for finessing the next iteration of the document, taking into account the views of the Council and Board. The Group will make a recommendation to both the Council and Board for final approval.

Councillor action required: To consider and discuss the draft role description.

Report prepared by: Beachcrofts and Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

COUNCIL OF GOVERNORS

DRAFT ROLE DESCRIPTION FOR LEAD GOVERNOR

1. Introduction

1.1. Monitor (part of NHS Improvement) recommends in the Foundation Trust Code of Governance[1] (the Code) that each NHS foundation trust should appoint a lead governor to fulfil, as a minimum, specific responsibilities set out in the Code. Monitor recognises that although there is no intention for the lead governor to lead the council of governors, some NHS foundation trusts' governors may choose to assign broader responsibilities to the lead governor role.

1.2. The Council of Governors (COG) of Great Ormond Street Hospital NHS Foundation Trust (the Trust) has established the role of Lead Governor; this document defines that role. In addition to the responsibilities set out below, the Lead Governor must comply with all requirements relating to Governors.

1.3. The Lead Governor shall be elected or appointed through a process approved by the COG and shall hold office in that role for a period of X years, subject to him/her remaining in office as a Governor of the Trust and to compliance with this Role Description. Subject to fulfilling this Role Description and meeting any other eligibility criteria approved by the COG, any Public Governor or Patient or Carer Governor may be elected or appointed to be Lead Governor.

2. Responsibilities of the Lead Governor[2]

2.1. Act as a spokesperson and point of contact between the COG and the Chairman in the COG's work as part of the Trust.

2.2. Where requested by the Chairman, support him/her in contacting the COG or groups of Governors, or in understanding Governors' views on any matter.

2.3. Where approved in each case by the COG, respond on its behalf to requests from the Board for comments upon proposals or other matters on which the Board is required to, or decides to, consult the COG. It is intended that this responsibility should normally apply to matters considered other than during meetings of the COG or any of its committees.

2.4. Where approved by the COG and the Chairman, speak for and represent the COG at the Trust's Annual Members' Meeting or any other occasion.

2.5. Respond to any requests from the Chairman for support in compiling the agenda for meetings of the COG or any of its committees.

2.6. Chair any informal Governor-only meetings, including any arranged for Governors to consider matters that are to be discussed formally at meetings of the COG or any of its committees, and ensure that the Chairman and the COG are briefed on all material points discussed at such meetings.

2.7. Where approved by the COG, be an ex-officio member of any committee of the COG.

2.8. Chair any part of a meeting of the COG where the Chairman or the Deputy Chairman is absent or is unable to chair the meeting as a result of a conflict of interests.[3]

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[1] The Foundation Trust Code of Governance is available here. The role of the Lead Governor is set out at Appendix B.
[2] Paragraphs 2.12 and 2.13 set out the responsibilities of the Lead Governor as recommended in the Foundation Trust Code of Governance.
[3] This responsibility is defined at paragraph 4.4 of Annex 8 to the Trust's Constitution

2.9. Where agreed by the COG or its nominations committee, support the Chairman and the Senior Independent Director in any process for the appointment of Non-executive Directors and the Chairman respectively.

2.10. Collate the views of Governors for the Chairman and the Senior Independent Director when conducting appraisals of Non-executive Directors and the Chairman respectively.

2.11. Support the Chairman and the Company Secretary to organise, lead and respond to any evaluation of the effectiveness of the COG.

2.12. In the event that the normal channels of communication are not appropriate, receive contact from Monitor and facilitate contact between the regulator and the COG on matters of concern.

2.13. After exhausting all reasonable means to resolve with the Board of Directors (the Board) any matters of serious concern to the COG, and when authorised to do so by the COG, contact Monitor to report the matters to the regulator. These matters should be limited to circumstances in which the Trust has breached or is at risk of breaching its NHS Provider Licence.

3. Person specification

3.1. The Lead Governor shall, with support from the Trust where appropriate:

3.1.1. Enjoy the confidence of the COG and the Chairman.

3.1.2. Demonstrate compliance with this Role Description and abide by the Code of Conduct for Governors at all times.

3.1.3. Have a good understanding of the statutory duties and other responsibilities of the COG.

3.1.4. Have a sufficient knowledge of the Trust's governance and of good practice in NHS foundation trust governance more generally.

3.1.5. Understand the role of Monitor and the Care Quality Commission in respect of the Trust's governance.

3.1.6. Be able to develop constructive working relationships with colleagues.

3.1.7. Have the ability to organise and lead consultation with colleagues to understand their views on issues and to convey relevant points to decision-makers.

3.1.8. Have experience of chairing meetings, informal and formal.

3.1.9. Have confidence to speak publicly when necessary, representing the values of the Trust.

3.1.10. Demonstrate ability to maintain the confidentiality of information.

4. Status of this document

4.1. As recommended by Monitor (part of NHS Improvement)[4], this document requires the approval of the Council of Governors and the Board of Directors.

[4] This recommendation is set out in "Your statutory duties: a reference guide for NHS foundation trust governors" – Monitor, August 2013

4.2. This Role Description was approved by:

4.2.1. the Council of Governors on [insert date]; and
4.2.2. the Board of Directors on [insert date]

4.3. This document will be reviewed no later than three years from the date of its approval, and in any event prior to any election or appointment process for a Lead Governor.

5. Confirmation of compliance

I confirm that having been properly elected or appointed to the Lead Governor role through a process approved by the Council of Governors, I will comply with this Role Description and all other requirements relevant to the role of Lead Governor.

………………………………………… ……………………………………………
Signature Name

…………………………………………
Date

Attachment H

Members' Council

Wednesday 7th February 2018

Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 17/18

Summary & reason for item:

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

Councillor action required:

Each councillor to select a first preference and second preference from the list above. Please email your clearly stated first preference and second preference to Alissa.Angelova@gosh.nhs.uk by **12 Noon on Friday 16th February 2018.**

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

Item presented by: Nicola Grinstead, Deputy Chief Executive

Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 17/18

Introduction

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

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

Last year, councilors selected Last Minute Non-Clinical Hospital Cancelled Operations for data testing.

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

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

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

What is required from councillors?

Each councillor is asked to select a first preference and second preference from the list above. Please clearly state your first preference and second preference and send it in an email to Alissa.Angelova@gosh.nhs.uk by **12pm on Friday 16th February 2018.**

Councillors will be informed of the result by email on **Wednesday 21st February 2018**. The tested indicator will also be noted in the minutes at the Members' Council meeting in April 2018.

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

Peter Hyland
Director of Operational Performance and Information

ATTACHMENT I

Attachment I

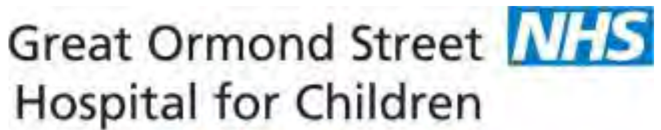
QUALITY AND SAFETY ASSURANCE COMMITTEE

Great Ormond Street Hospital for Children NHS Foundation Trust

GREAT ORMOND STREET LONDON WC1N 3JH

A G E N D A

Monday 5th February 2018



QUALITY AND SAFETY ASSURANCE COMMITTEE
Monday 5th February 2018 at 12:00pm – 3:00pm in the Charles West (Board) Room, Great Ormond Street Hospital for Children NHS Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	Chairman		**2:00pm**
2.	**Minutes of the meeting held on 17th October 2017**	Chairman	**A**	
3.	**Matters arising/ Action point checklist**	Chairman	**B**	
	QUALITY AND SAFETY			
4.	**Update on Transition**	Chief Nurse	**D**	**2:10pm**
5.	**Integrated Quality and Safety Update**	Associate Medical Director/ Interim Chief Nurse	**E**	**2:25pm**
6.	**Quarterly Safeguarding Report (October 2017 – December 2017)**	Interim Chief Nurse	**G**	**2:35pm**
	RISK AND GOVERNANCE			
7.	**Board Assurance Framework Update**	Company Secretary	**H**	**2:45pm**
8.	**Compliance Framework Update**	Company Secretary	**I**	**2:55pm**
9.	**Compliance with Risk Management Framework**	Head of Quality and Safety	**J**	**3:05pm**
10.	**Health and Safety Update**	Director of HR & OD	**Verbal Update**	**3:15pm**
11.	**Whistle blowing update - Quality related whistle blowing cases**	Assistant Director of Employee Relations	**L**	**3:20pm**
12.	**Update on implications for GOSH from national guidance on learning from deaths (Trust Board action May 2017)**	Associate Medical Director	**M**	**3:30pm**
13.	**Update on learning from patient stories**	Interim Chief Nurse	**N**	**3:40pm**
14.	**Pharmacy Review**	Dr Allan Goldman	**O**	**3:50pm**
	AUDIT AND ASSURANCE			

15.	**Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)**	Deputy Chief Executive	**P**	**4:05pm**
16.	**Internal Audit Progress Report (October 2017 – December 2017)**	KPMG	**Q**	**4:15pm**
17.	**Internal and external audit recommendations update**	KPMG	**R – to follow**	
18.	**Clinical Audit update October 2017 – December 2017**	Clinical Audit Manager	**S**	**4:25pm**
19.	**Matters to be raised at Trust Board**	Chair of the Quality and Safety Assurance Committee	**Verbal**	**4:35pm**
20.	**Any Other Business**	Chairman	**Verbal**	
21.	**Next meeting**	**Wednesday 11th April 2018 11:00am – 2:00pm**		
22.	**Terms of Reference and Acronyms**	**1**		

Attachment J

Members' Council

7th February 2018

Audit Committee Summary Report
January 2017

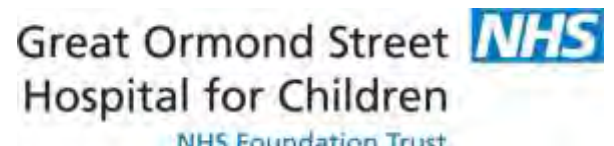
Summary & reason for item: To provide an update on the January meeting of the Audit Committee. The agenda for the meeting is also attached.

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

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Akhter Mateen, Chairman of the Audit Committee

Attachment J



Summary of the Audit Committee meeting held on 23rd January 2018

The Committee noted the draft minutes of the Finance and Investment Committee and Quality and Safety Assurance Committee.

Board Assurance Framework Update
The Committee requested that risks which had a net score higher than the risk appetite were highlighted to enable the committee to consider whether further mitigation was required or discussion should take place around the risk appetite. Discussion took place around the timeframe referenced in the BAF and it was agreed that this was currently 3-5 years for the gross risk and 12-18 months for the net risk however work would take place to look at the process in other Trusts.
The Committee considered the following high level risks:

- Risk 1: Failure to continue to be financially sustainable

Discussion took place around the definitions of major and catastrophic in terms of financial impact and it was agreed that the Trust would use the definition that if a risk had the potential to lead to a negative variance of £4.5million or more, this would be deemed catastrophic. It was agreed that the net risk would be reduced to 12 due to the work taking place to meet the Control Total.

- Risk 2: The risk that the organisation will not deliver productivity and efficiency targets and that targets indirectly impact on patient care

The Committee agreed that there were two key areas of risk 2, one being financial and the other quality. It was noted that although the risk had materialised, the consequence to the Trust had not been as severe as anticipated and it was still projected that the Trust would reach the control total. It was agreed that the quality aspect of the risk would not be moved into the delivery of excellent outcomes risk as it was noted that quality was central to all GOSH's activities and could not be separated from each risk. It was agreed that the consequence score would be reduced to 2.

- Risk 3: The risk that the organisation will not deliver IPP contribution targets

It was proposed that the consequence score was reduced to 3 as a result of the reduction in contribution against plan being within this financial bracket. The Committee noted this but expressed some concern about the level of IPP debt and as a result, it was agreed that the score would not be amended.

- Risk 7: Lack of priority given to specialist paediatrics in the NHS wide strategies leading to lack of progress in developing appropriate system wide services and support for GOSH's role

Discussion took place around potentially reducing the net risk as a result of the Executive Team taking all possible mitigating action. It was agreed that further discussion would take place outside the meeting.

IPP debt provisioning
The Committee discussed whether the level of provisioning should be changed for each of the following scenarios: impact of holding debt on behalf of clinical professionals, impact on providing for work in progress, impact on adjusting provision for debt within agreed payment terms, impact of adjusting provision for significantly aged embassy debt. It was agreed that no amendments would be made to provisioning as the existing policy set appropriate levels.

Data Quality Update

The data quality action plan was now complete and it was noted that much of the work had been brought into business as usual. A revised workplan was being developed with actions through the next 15 months until the scheduled date for EPR go live. The Committee welcomed that the Trust was now seen as an organisation of best practice in this area.

General Data Protection Regulation (GDPR) Readiness Update
It was noted that the regulations came into effect in May 2018 and a gap analysis had been carried out against the 17 requirements. It was agreed that a strong communications plan was required to ensure that staff understood their obligations and how to access additional information. The Committee requested an update on the implications of being non-compliant in May 2018.

Preparedness: Update on emergency planning; LSMS; fire and business continuity (tests, incidents and plans)
It was noted that an annual review process was in place with NHS England involving a self-assessment of business continuity and emergency planning which Trusts were then tested on. Two recent incidents of a telephone outage and international cyber security attack had shown the Trust to be resilient.

Sector Developments
The Committee noted that Quality Accounts guidance was anticipated imminently.

Internal Audit Progress Report (November 2017 – January 2018) and Technical Update including annual IA plan process
A review of business continuity has provided a rating of significant assurance with minor improvement potential and a review of the Board Assurance Framework had also provided a rating of significant assurance with minor improvement potential. An additional review had been undertaken of annual leave payments and it was agreed that further work would take place and it would be considered at the Executive Management Team meeting and Finance and Investment Committee.

Internal and external audit recommendations – update on progress
The Committee welcomed the progress that was being made in completing the recommendations. It was noted that work continued to take place to complete the actions around contract management.

Counterfraud Update
It was noted that three cases remained open and TIAA would be undertaken a thematic review of the use of NHS resources.

Scheme of Delegation
The Committee agreed that the threshold for business cases or contracts to be approved by Board should be £4.5million in line with the ‘catastrophic’ financial consequence score used in the Board Assurance Framework. Matters above £2.5million should be considered by the Finance and Investment Committee.

Raising Concerns in the Workplace Update
A monthly tracker of concerns raised had been developed at the request of the Senior Independent Director. The committee noted the cases and work underway to respond to them.

Update on Procurement Waivers
The Committee agreed that consideration would be given to whether or not maintenance contracts for specialist equipment which could only be provided by the supplier should require a waiver, during the review of the constitution.

AUDIT COMMITTEE
Tuesday 23rd January 2018, 2:00pm – 5:00pm,
Charles West (Board) Room,
Great Ormond Street Hospital for Children, Great Ormond Street, London WC1N 3JH
AGENDA

	Agenda Item	Presented by	Attachment	Time
1	**Apologies for absence**	Chairman	**Verbal**	**2:00pm**
2	**Minutes of the meeting held on 24th October 2017**	Chairman	**A**	
3	**Matters Arising and action point checklist**	Chairman	**B**	
4	**Finance and Investment Committee Draft Minutes – November 2017**	David Lomas, Chairman of the F&I Committee	**C**	**2:10pm**
5	**Quality, Safety and Assurance Committee Draft Minutes – October 2017**	James Hatchley, NED	**D**	**2:15pm**
	RISK			
6	**Board Assurance Framework Update**	Company Secretary	**E**	**2:20pm**
	Risk 1: Failure to continue to be financially sustainable	Chief Finance Officer	**F**	
	Risk 2: The risk that the organisation will not deliver productivity and efficiency targets and that targets indirectly impact on patient care	PMO Director	**G**	
	Risk 3: The risk that the organisation will not deliver IPP contribution targets	Director of IPP/ General Manager	**H**	
	Risk 7: Lack of priority given to specialist paediatrics in the NHS wide strategies leading to lack of progress in developing appropriate system wide services and support for GOSH's role	Director of Planning and Information	**I**	
7	**Data Quality Update**	Director of Planning and Information	**J**	**3:10pm**
8	**General Data Protection Regulation (GDPR) Readiness Update**	Director of Planning and Information	**K**	**3:20pm**
9	**Preparedness: Update on emergency planning; LSMS; fire and business continuity (tests, incidents and plans)**	Head of Security and health and Safety Fire	**L**	**3:30pm**

		Manager		
10	**IPP debt provisioning**	Chief Finance Officer	**V**	**3:40pm**
	EXTERNAL AUDIT			
11	**Sector Developments**	Deloitte	**M**	**3:55pm**
	INTERNAL AUDIT AND COUNTER FRAUD			
12	**Internal Audit Progress Report (November 2017 – January 2018) and Technical Update including annual IA plan process**	KPMG	**N**	**4:05pm**
13	**Internal and external audit recommendations – update on progress**	KPMG	**O**	
14	**Counterfraud Update**	Counterfraud Officer	**P**	**4:15pm**
	GOVERNANCE			
15	**Scheme of Delegation**	Chief Finance Officer	**Q**	**4:20pm**
16	**Planning for 2017/18 year-end including review of Accounting Policies**	Chief Finance Officer	**R**	**4:30pm**
17	**Proposed Audit Committee Effectiveness Survey**	Chief Finance Officer	**S**	**4:35pm**
18	**Raising Concerns in the Workplace Update**	Deputy Director of HR and OD	**T**	**4:45pm**
	ITEMS FOR INFORMATION			
19	**Update on Procurement Waivers**	Chief Finance Officer	**U**	**4:55pm**
20	**Any Other Business**	Chairman	**Verbal**	
21	**Next meeting**	**Wednesday 16th April 2018, 2:30pm – 5:30pm in the Charles West Room**.		
22	**Audit Committee Terms of Reference and annual work-plan**	**For reference only - 1**		

Members' Council

7th February 2018

Finance and Investment Committee Summary Report
January 2018

Summary & reason for item: To provide an update on the January meeting of the Finance and Investment Committee. The agenda for the meeting is also 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 meeting held on 18th January 2018

Finance Report 2017/18 Month 9
The Committee noted that the forecast position indicated that the Trust would meet the NHSI target Control Total for the year. Discussion took place around the underperformance in PICU activity which was an increase on the previous year but still below plan which included assumptions for opening an additional 4 beds this year.
The Committee requested a discussion at the January Audit Committee on IPP debt provisioning to review the methodology prior to the end of financial year.

Activity Trends 2017/18 Month 9
Discussion took place around theatre utilisation which was decreasing and it was noted that the opening of the Premier Inn Clinical Building would support improvement in this area. It was agreed that the Board would receive an update on the theatres utilisation programme.

NHS Contract Update 2017/18 Month 8
The Committee noted that the NHSE offered a fixed block contract payment to GOSH for the 2017/18 year in lieu of the current payment by results contract terms which provide payments for overperformance. The Trust had responded to NHSE that our preference is to retain the current contract payment terms and conditions as we are currently forecasting the income to be higher than plan estimates. Negotiations continue to occur with NHSE on this matter.

Better Value Monthly Update
The Committee welcomed the significant increase in the achievement of the better value programme from the previous year.

Business Case for Hard FM Tender
Discussion took place around the Trust's exposure to the Carillion collapse and it was confirmed that there were no exposure although it was noted there was a potential exposure to a subcontractor working on the Zayed Centre for Research which was not anticipated to impact GOSH. The Committee discussed staffing implications for the contract and the importance of ensuring that the firm were encouraged through the contract to continue to find efficiencies.

Phase 4 OBC review
The Committee discussed the OBC in advance of the discussion at Trust Board. The importance of the section around service growth of activity was emphasised and it was agreed that a sensitivity analysis would be done to show the financial outcome of any overruns in timescale.

Review of Capital Expenditure previous projects
The Committee requested a post implementation review of the last four capital projects for the purposes of comparing the projection of timescales and financial costs in comparison to actuals.

EPR Programme Update
It was noted that the project was on plan in terms of timescale and finances and a positive monthly collaboration teleconference with all UK Epic sites was taking place. The Committee emphasised the importance of good communication across the Trust and noted that of two indicators which were rated as a 'watch', training was likely to be green by the next meeting and work continued to take place to ensure that all third party contracts were in place.

EDMS Post Implementation Review
The Committee expressed some concern that the project had not delivered its anticipated benefits but noted that it had led to a shift in clinical practice which was an advantage when moving forward into EPR. A comprehensive lessons learnt document had been produced and the EPR team confirmed they were comfortable that nothing materially different was required from the EPR programme as a result of this learning.

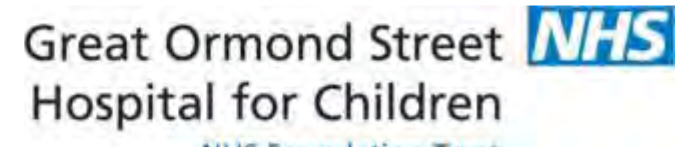
VNA Business Case
It was confirmed that significant due diligence had been undertaken and UK site visits had taken place and the team were satisfied with the proposed solution. The Committee discussed the costings of the product and noted that although the cost of the project was greater than the unspent capital, overall it was not anticipated that there would be any overspend.

Annual Review Patient Level Costing/Reference Costs Submission, review of reporting mechanisms
The Committee received a presentation and noted that GOSH had been an early adopter of the system which enabled the Trust to access a large amount of patient costing information. The reporting would become more accurate over time as the Trust worked to capture all consumables used for a patient. It was noted that the system did not include a factor for the complexity or acuity of a case which was likely to continue to result in GOSH being an outlier, however it was agreed that it was important that the system was used as a basis for discussion amongst peers and internally.

Action – Policy relating to licence of brand
The Committee recommended that consideration should be given to who should sign the contract between the hospital and the GOSH Children's Charity as it was possible that the Board would be required to review the contract. It was also recommended that consideration should be given to registrations outside the UK and Europe.

Commercialisation of Intellectual Property
It was noted that a number of clinical staff continually generated new ideas however the income generation was very small. An innovation oversight group had been developed and it was agreed that the committee would look at this important area further to consider whether it was being sufficiently resourced.

Financial Analysis
The Committee noted that the analysis showed that productivity had risen as activity had risen by approximately 27% and staffing by approximately 17%. It was agreed that further work would take place to show whether the rise in tariff had been sufficient to cover inflation. The Committee requested that consideration was given to the appropriate level of overhead costs.



FINANCE AND INVESTMENT COMMITTEE MEETING
Thursday 18th January 2018 2:00pm – 5.30pm
Charles West (Board) Room,
Great Ormond Street Hospital for Children NHS Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chairman	Verbal	2:00pm (10 mins)
2	Minutes of the meeting held on 20th November 2017	Chairman	A	
3	Matters Arising, Action checklist	Chairman	B	
	Performance & Finance Standing Updates			2:10pm
4	Finance Report 2017/18 Month 9	Chief Finance Officer	C	*20 mins*
5	Performance Scorecard Month 8	Deputy Chief Executive	D	*Noting*
6	Activity Trends 2017/18 Month 9	Deputy Chief Executive	E	*Noting*
7	NHS Contract Update 2017/18 Month 8	Deputy Chief Finance Officer	F	*Noting*
8	Better Value Monthly Update	Deputy Chief Executive	G	*Noting*
	Annual Planning			2:30pm
9	2018/19 NHSI Annual Planning Update	Chief Finance Officer	H	*Noting*
	Business Cases/Tenders			2:30pm
10	Genetics Tender	Chief Executive/Chief Finance Officer/ Project Manager	See confidential agenda	
11	Business Case for Hard FM Tender	Director of Development	J	*20 mins*
12	Phase 4 OBC review	Chief Executive Deputy Chief Executive Chief Finance Officer Director of Development	K	*20 mins*
	Project Updates/ Reviews			3:10pm
13	Redevelopment Update	Director of Development	L	*Noting*
14	Review of Capital Expenditure previous projects	Director of Development	M	*20 mins*
15	EPR Programme Update	EPR Programme Director	N	*10 mins*

	Agenda Item	Presented by	Attachment	Time
16	**EDMS Post Implementation Review**	**Deputy Chief Executive/ Chief Information Officer**	**O**	*20 mins*
17	**VNA Business Case**	**Chief Information Officer**	**P**	*10 mins*
	Other Business			**4:10pm**
18	**Annual Review Patient Level Costing/Reference Costs Submission, review of reporting mechanisms**	**Deputy Chief Finance Officer**	**Q**	*10 mins*
19	**Action – Policy relating to licence of brand**	**Chief Finance Officer Director Communications**	**R**	*20 mins*
20	**Commercialisation of Intellectual Property**	**Chief Finance Officer/ Deputy Director R&D**	**S**	*10 mins*
21	**Financial Analysis – FIC Chair Questions**	**Deputy Chief Finance Officer**	**T**	*10 mins*
22	**Any other business** - **2018 Meeting Dates**	**Chair**	**U**	*Noting*
	Close 5.00pm			
	Next meeting The date of the next meeting will be 20th March 2018 2:00pm - 5:00pm in the Charles West Room.			

Chief Executive's Board report

Genetic Laboratory Consolidation Bid

Submission date for the bids for the Consolidated Genetic Laboratory Services for the seven defined geographic areas across England is mid-March.

The goal of NHSE with this consolidation is to improve access, efficiency, provide a platform for future inevitable changes in genomic medicine, while acknowledging the importance of consideration of the clinical – laboratory interface and the academic aspects of links.

As you know GOSH is the lead in a partnership bid, which includes UCLH, Royal Free, Barts, Imperial, London North West and the Marsden. The model will see GOSH as the lead contractor and fund holder and as appropriate subcontract work to other laboratories. Our bid for the North Thames geographic footprint will see inherited (rare) disease and paediatric cancer genetic laboratory work consolidated at the GOSH site, while cancer genetic work will be consolidated at the Marsden in the West and UCLH / HSL (their pathology provider) in the East.

These negotiations have not been easy. Organisations such as Barts, Imperial and London North West have to manage a perceived and very real sense of loss within their laboratory and clinical communities. Credit should go to Helen Jameson and Prof Lyn Chitty for their exceptionally nuanced work.

There are significant risks within the bid process, with a remarkably biased contract, with all leverage with NHSE. The partnership continues to work with NHSE to correct gross inaccuracies within the tender document – for example on current activity levels. At present NHSE are significantly underestimating the current volume of work conducted and have no ability to extract accurate data on current costs. The partnership also continues to work on the risk-sharing arrangement of the partnership if successful with the bid. GOSH will require a contractual basis and subcontract arrangements that share risk appropriately and equitably across partners.

The Finance Subcommittee has been briefed and will be kept informed. This is essential work for GOSH and a critical strategic platform for both our clinical and research work.

Cognitive Partnership

The Board members who were available were briefed by the principal of Cognitive in January and this was followed by a very well received presentation to the GOSH Charity Trustees. This is important as it has provided fertile ground for a charity funding bid to support this work. We will submit a grant proposal in March.

More than 180 of our senior staff were engaged in one of 5 half-day seminars conducted by Dr Mark O'Brien to launch the Safety and Reliability Improvement program. Feedback to date has been overwhelmingly positive. This is a rare opportunity for a sea-change in our organisational culture, and the Executive is grateful for the Board's support.

The next stage in the cultural change programme is the recruitment of safety champions across the Trust who will be responsible for embedding the programme and training staff across the trust in the Speaking Up for Safety module.

NHSI Pathology Laboratory Consolidation Strategy

Further to the Genetic Laboratory Consolidation work and subsequent to Lord Carter's efficiency work – NHSI have launched a process to consolidate the many hundreds of pathology laboratory services across the country into 29 hubs. These hubs have already been "chosen", although the methodology is unclear.

Regrettably (though perhaps unsurprisingly), NHSI have not considered the implications for Specialist Paediatric Pathology Services. Fortunately all four Standalone Children's Hospitals have shared concerns and as Chief Executives have written to the lead of this program pointing out the omission.

We have had an acknowledgement and there is to be an expert subgroup to work on this issue and will be working to ensure that GOSH has a seat at the table. I will keep the Board informed.

CQC visits

The unannounced CQC inspection earlier in the month focused on outpatients and surgery. The CQC inspection team were also on site this week to conduct the Well Led review. Feedback following the visits has been minimal and no major concerns were raised. The report will be available for factual accuracy checking on the 6 March 2018.

Attachment L

Members' Council

Wednesday 7 February 2017

Integrated Performance Report and Integrated Quality Report

Summary & reason for item:

The attached Integrated Performance Report and supporting narrative (and appendices) provides an overview of the Trust as at Month 8 & 9 2017/18 – November / December 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.

The attached Integrated Quality Report provides information on:

- whether patient care has been safe in the past and safe in the present time
- how the Organisation is hearing and responding to the feedback and experience of our children and young people and parents
- what the Organisation is doing to ensure that we are implementing and monitoring the learning from our data sources e.g. (PALS, FFT, Complaints and external reports as appropriate)

Councillor action required:

To note and discuss where required.

Item presented by:
Peter Steer, CEO and Executive Leads for their respective element of the reports.

Integrated Performance Report

Nicola Grinstead, Deputy CEO

February 2018

(Month 8 & 9 2017/18)

The child first and always

Index

Great Ormond Street Hospital for Children
NHS Foundation Trust

Executive Summary		Page 3
Integrated Performance Dashboard		Appendix I
	Caring	Page 4
	Safe	Page 5
	Responsive	Page 6-8
	Well-Led	Page 9-15
	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

December 2017 (Month 9 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:

- 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. 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 9 (December 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)

Great Ormond Street Hospital for Children
NHS Foundation Trust

Friends & Family Test (FFT)

Headlines via the Performance Report for these measures are:

- Continued very positive recommendation responses for those undertaking the Inpatient FFT (98.12% in November and 95.48% in December)

- 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, to circa 20% (being 21.95% in December Trust wide). There remains variability across the three Divisions and the wards. The IPP division was compliant in November, but was just below the internal standard in December at 37.4%. The West division saw an improvement in October (33.45%), but failed to maintain this in November and December achieving 27.80% and 19.60% respectively. Barrie division has improved its position since October (12.76%), achieving 23.73% and 24.02% in November and December respectively. An action plan is in place in both divisions to improve the response rate. Work has been undertaken assessing the variability and those typically more challenging areas that have frequent attenders during the reporting period. Additionally the target response rate will be reviewed to assess if it can be more in line with other Trusts and Peers.

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 was one serious incident reported in November and December. The YTD positions are:

- Serious Incidents = 11
- Never Events = 2

Further detail is provided in the Quality and Safety report.

Healthcare Associated Infections (HCAIs)

Incidents of C. Difficile

The Trust has reported two additional incidents of C Diff in November but none were reported in December, taking the Trust YTD position to 13 (at M9). Eight out of the thirteen cases of C Diff were trust acquired i.e. they occurred on or after the fourth day of the patients' admission. At this time, none of these have been found to have resulted in lapses of care, and these will be reviewed with Commissioners). The Trust's total allowance for 2017/18 is 15 cases, as set nationally.

Incidents of MRSA

The Trust continues to report zero incidents of MRSA for the whole year (which is a continuation of the trend from the last few months, and where only three cases were reported in 2016/17). One case of MRSA bacteraemia was present on admission in November but ultimately will not be reported, as was found not to be Trust acquired.

CV Line Infections

The Trust failed to maintain compliance against the standard in December (1.78 against 1.6 per 1000 line days), despite remaining below the target since August 2017. All incidents have or will be investigated by the lead nursing staff with involvement from the Infection Control team. As per the Quality & Safety report, the ongoing trend / position over time is within expected levels showing no sustained outlying behaviour.

WHO Surgical Checklist Completion (> 98%)

Despite the Trust consistently delivering above 98% since May 2017, the Trust failed to maintain compliance in November and December, achieving 97.45% and 95.87%, respectively. Work is underway within divisions to understand reasons as to why checklists aren't fully completed for some specialties. Early indications suggest these have been carried out however the system had not been updated.

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

The Trust reported one grade 3 pressure ulcer in December, which occurred in CICU Flamingo ward. An RCA is being completed to understand why this occurred.

Welcoming Helpful Expert One Team

Responsive

Great Ormond Street Hospital for Children
NHS Foundation Trust

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

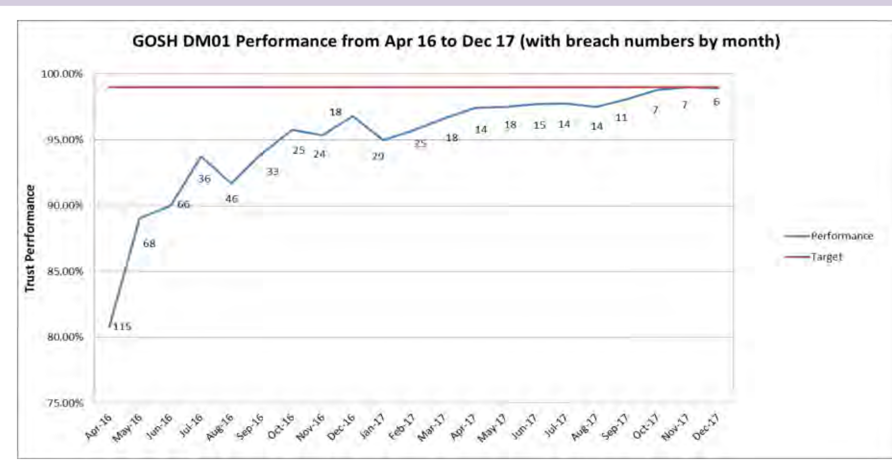
In November, the Trust achieved the standard of 99% for patients accessing the 15 diagnostic modalities within 6 weeks of referral / request (99.02%, for the first time since re-reporting concerned. Unfortunately, the Trust was unable to sustain this in December, and achieved just under 99% (98.93%), one patient away from compliance. However, the Trust continues to reduce the number of patients waiting in excess of 6 weeks by more than 50% in comparison to the start of the financial year (reduction from 18 in May to 6 in December).

As shown in the table opposite, the overall number of breaches for December was six (reduction of one from November). Breaches occurred in MRI (4), Non Obstetric Ultrasound (1) and Audiology (1).

Four of the six breaches could potentially have been prevented: two breaches were due to process / booking issues and the other two breaches occurred due to delay in request forms getting to the relevant department. One breach occurred due to patient not following fasting instructions and another due to the MRI scanner breaking down. However in the latter case, the patient was offered another date before their breach date, but the patient chose to delay their appointment.

The breach reasons are currently undergoing a deep dive and any resulting actions will be addressed by the services.

Contextually when comparing GOSH with other Children's Trusts or other London tertiary / specialist providers, the Trust is not an outlier with differential levels of performance. Nationally out of 363 providers reporting against the standard (NHS and Independent sector) 266 in November were delivering 99% or better (it must be noted that 85 of these trusts reported a waiting list of less than 100 and a number are also providers just offering certain specific diagnostics, rather than a full range). 26 providers reported 98-99%, 18 at 97-98%) and 53 reported <97%.



Diagnostic test	Breach	No Breach	Grand Total	Performance
Audiology - Audiology Assessments	1	38	39	97.44%
Barium Enema		3	3	100.00%
Colonoscopy		8	8	100.00%
Computed Tomography		26	26	100.00%
Cystoscopy		12	12	100.00%
DEXA Scan		5	5	100.00%
Gastroscopy		23	23	100.00%
Magnetic Resonance Imaging	4	199	203	98.03%
Neurophysiology - peripheral neurophysiology		35	35	100.00%
Non-obstetric ultrasound	1	93	94	98.94%
Respiratory physiology - sleep studies		90	90	100.00%
Urodynamics - pressures & flows		23	23	100.00%
Grand Total	**6**	**555**	**561**	**98.93%**

Cancer Wait Times

For the reporting period up to November 2017, there have been zero patient pathway breaches reported against the Cancer Wait time standards applicable to the Trust.

Responsive

Great Ormond Street Hospital for Children NHS Foundation Trust

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

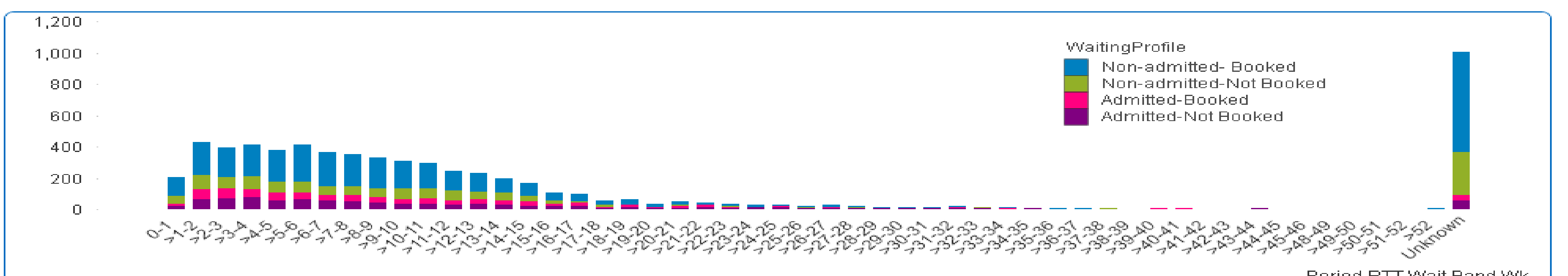
Whilst the Trust remains below the RTT incomplete standard of > 92% (of pathways waiting no longer than 18 weeks), the Trust has also not met its improvement trajectory for the past four months. At the time of writing the most up to date submitted position for December was 90.75%, against the 92.00% standard. There is a risk that the Trust is will not be compliant in achieving the 92% standard in January 2018.

Specialties remaining of concern are Plastic Surgery (sub-specialisation within the service), SNAPS (bed capacity), Neurology (complex pathways) Neurodisability and Urology (complex patients and capacity).

Improvement trajectories by specialties have been refreshed. Revised improvement trajectories have been submitted by specialty and these continue to be monitored weekly via the Deputy Chief Exec led Weekly RTT Meeting which is attended by Director of Operations, General Managers, Heads of Clinical Service and Performance Team. The meeting enables in depth discussion to be undertaken on challenged specialties, early warning of potential risks to delivery and plans in place to meet the agreed trajectory.

The number of patients waiting 40 weeks+ has decreased since the start of the financial year. We reported 43 patients waiting over 40 weeks in April and in December, there were 31 patients waiting over 40 weeks.

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 Trust did not report any patients waiting 52+ weeks in November 2017 for the first time since reporting. However the Trust reported one patient waiting over 52 weeks as at the end of December 2017, a Neurology patient who has now been treated. This was as a result of late MDS information being received from the referring Trust which increased the waiting time. The position has significantly improved from the last few months which were mainly associated with the specialty level issues flagged previously.

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 in November and December, in comparison to what we reported in October. Divisions have been asked to further push in engaging with referring Trusts and escalate where necessary.

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 Q3 17/18, the trust reported a deterioration in performance in this area. There were 176 last minute non-clinical hospital cancelled operations, compared to 119 in Q2 17/18, and 137 in Q1 17/18. There is traditionally an increase during this period of the year. The areas contributing most to this are Radiology, Cardiac Surgery, General Surgery, Neurosurgery and Cardiology. Some of the reasons for cancellations however, were lack of ward beds, theatre lists overrunning, ICU beds unavailable and cancellations due to emergency patients.

There is work underway to further understand the reasons for this increase and detailed analysis will be shared with the divisional teams. Certain specialties are additionally being reviewed (e.g. Radiology), and further escalation steps have been put in place with operational senior management teams.

Q3 also reported a deterioration in rebooking last minute cancelled operations within 28 days of the cancellation, 27 (compared to 7 in Q2 17/18 and 14 in Q1 17/18). All potential 28 days breaches are being escalated and reviewed by the Divisional Operational Directors. This is again being analysed further.

Well-Led

Great Ormond Street Hospital for Children NHS Foundation Trust

Workforce Headlines

- **Contractual staff in post:** Substantive staff in post reduced to 4313.2 FTE (full-time equivalent) in December. This is 234.5FTE (5.7%) higher than the same month last year.
- **Unfilled vacancy rate:** The Trust's unfilled vacancy rate has increased to 4.6% from 3.55% in October. The vacancy rate remains below target and significantly lower than December 2016 (8.5%)
- **Turnover** is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 14.5%; this reported value excludes non-voluntary forms of leavers. Total (voluntary and non-voluntary) turnover increased in December to 18.42% but is lower than the same month last year (19.2%)
- **Agency usage** for 2017/18 (year to date) stands at 1.9% of total paybill, which is below the local stretch target, as well as below the NHS I target for GOSH 2017/18 of 3% (£6.5 million). Spend is also well below the same month last year (3.75%). The Trust has established a Better Value Scheme scrutinising all agency spend.
- **Statutory & Mandatory training compliance:** In December the compliance across the Trust was 91%. Currently, all bar one directorates/divisions are meeting the in-year 90% compliance requirement.
- **Sickness absence** remains below target at 2.3% and below the London average figure of 2.8%. During 2018, the Trust will implement an integrated rostering system. The system will support improvements in the accuracy of absence reporting.
- **PDR completion rates** The appraisal rate has increased to 90%, meeting the Trust target. The Trust continues to benchmark well and is above it's long term average.

Well-Led

Great Ormond Street Hospital for Children
NHS Foundation Trust

Trust KPI performance December 2017

Metric	Plan	Dec-17	3m average	12m average
Voluntary Turnover	14%	14.5%	14.5%	15.2%
Total Turnover	18%	18.2%	18.2%	18.6%
Sickness (12m)	3%	2.3%	2.3%	2.3%
Vacancy	10%	4.6%	4.0%	6.7%
Agency spend	2%	1.9%	2.0%	2.6%
PDR %	90%	90%	88%	87%
Statutory & Mandatory training	90%	91%	90%	90%

Key:

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

Well-Led

Great Ormond Street Hospital for Children
NHS Foundation Trust

Substantive staff in post by staff group

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

Contractual FTE (Staff Groups)

Month	Trust
Jan-17	4122.0
Feb-17	4116.0
Mar-17	4110.2
Apr-17	4105.1
May-17	4129.5
Jun-17	4127.7
Jul-17	4114.8
Aug-17	4099.4
Sep-17	4272.3
Oct-17	4372.1
Nov-17	4349.2
Dec-17	4313.2

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

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Workforce: Highlights & Actions

Sickness %

- 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 and departmental managers to discuss sickness management.
- Health and wellbeing; a number of initiatives have been launched in order to support employees at work such as mental health awareness and healthy activities.
- Health and Wellbeing week at GOSH is taking place between 22nd – 26th January 2018;
- IPP - HRBP presented sickness absence data and in-depth analysis at IPP Performance Board and working alongside IPP Management 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.
- 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
- HRBP working with management teams in DPS to ensure sickness absence is being logged using the correct system so reporting can be accurate.

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
- HRBP for IPP completing a deep dive into turnover and presenting data and information at Performance Review
- HRBP for R&I completing a deep dive into turnover and sharing with Deputy Director of R&I to discuss further
- All Nurses within R&I on fixed term contracts have been transitioned over to permanent contracts to support retention of Nurses
- Nursing posts within R&I have been made permanent from fixed term to help towards retention of the nursing team and turnover

Well-Led

Great Ormond Street Hospital for Children
NHS Foundation Trust

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

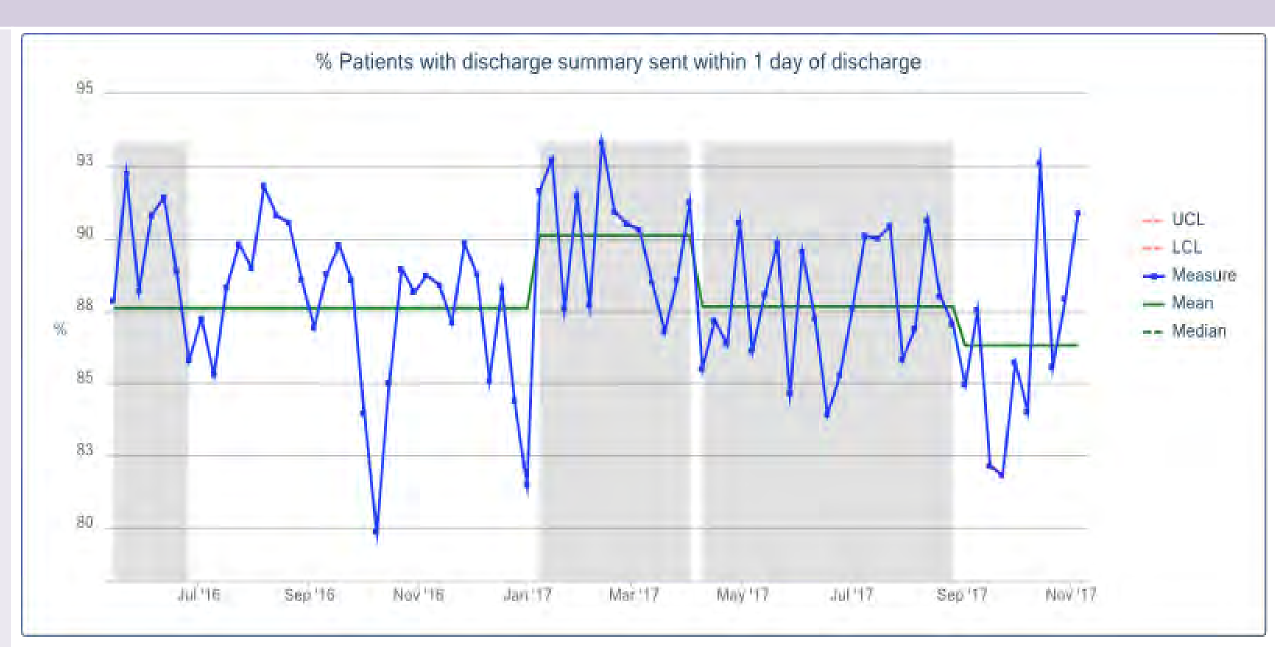
- Improved visibility through LMS - staff encouraged to check their own records on GOLD
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Additional face to face sessions have been run for DPS staff. Information 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.
- HR BP and HR Advisor for DPS working with the DPS Performance Management team to create some more effective ways of StatMan training (outside of online learning) to help support staff who do not regularly use computers and are not in desk based roles.

Discharge Summaries

As is evident from the SPC chart and the dashboard, performance in this area continues to fluctuate. For November and December 2017, the position was 89.50% and 86.83% sent within 24hrs of discharge, which is a slight improvement from October's performance. As per definitions of this metrics, the expectation for the Trust is to send all discharge summaries within 24 hours.

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

Some of the on going actions in place in divisions include daily reminders to HoCS/SM/fellows to complete the DS within 24h, weekly reports generated by RTT validators, sent to the Service and Ward Clerks, ensure Discharges flagged as exclude are clinically validated, documented and signed off and presentation for the Junior Doctors local induction on discharge summaries. Long term plans include introducing an automated system to send discharge summaries to GPs in real time.



Clinic Letter Turnaround times

For November (as this indicator is reported a month in arrears), there has been some improvement in performance in relation to 14 day turnaround, 76.80% from 74.73% in October. For those sent within 7 working days, performance has improved too, 45.13% from 42.06% in October. As with the above, specific specialties are being targeted by the service management teams to ensure turnaround is improved. Some of the actions in place in divisions include weekly reminders for clinical teams to sign of letters, providing remote access to clinicians so they can sign off letters electronically, create and administer a robust monitoring system for administrators to be used on a weekly basis to check the upload and downloading of letters, weekly reminders for clinical team to sign off letters and extra admin time to work through the backlog of letters in specific areas.

Great Ormond Street Hospital for Children NHS Foundation Trust

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.

Utilisation of Main Theatres has dropped significantly since October (65.1%) to 58.8%, in November and 59.1% in December. This has been mainly due to data anomalies when calculating the utilisation rate which the operational teams are resolving. It is believed if corrected, utilisation would be around 71%. 'Used' sessions with zero activity have been included in our theatre utilisation data, when in fact it should have been excluded. This has now been rectified and the admin team are working through the last four months of data to retrospectively close sessions that should not have remained open. This is excepted to be completed by the end of January.

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 December 2017 occupancy has decreased slightly on previous levels to 80.3%, but this could be due to the Christmas and New Year period. In comparison, bed occupancy in December 2016 was lower than previous levels too. For the same period, the average number of beds closed has increased in comparison to the previous month (13.8 in comparison to 10.6 in November).
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

Bed closures: There was a reduction in the average number of beds closed in November (10) compared to 16 in October. However, in December the average number of beds closed increased to 13. This was mainly due to staffing shortages, emergency works and reduced activity.

Activity

YTD activity across day case discharges, overnight discharges, outpatient attendances critical care bed days are above the same reporting period for last year (i.e. up to M9).

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 December, the Trust had two patients discharged that had amassed a combined LOS of 267 days. The West division looked at a sample of patients who had an excess stay of > 100 days, and found the reasons for their stay were clinically appropriate due to many having complex conditions and comorbidities warranting that LOS.

Summary

This section of the IPR includes a year to date position up to and including December 2017 (Month 9). In line with the figures presented, the Trust has a YTD surplus of £1.7m which is £1.7m ahead of plan. The Trust is currently £1.5m ahead of the control total.

- Clinical Income (exc. International Private Patients and Pass through Income) is £3.5m higher than plan
- Non Clinical revenue is £2.4m higher than plan
- Private Patients income is £1.0m lower than plan
- Staff costs are £0.3m higher than plan
- Non-pay costs (excluding pass-through costs) are £5.3m 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

Appendix III – Data Quality Kite-Marking

Please find attached the supporting DQ Kite-marking for each of the reportable indicators within the Trust Board report

This is in line with previous updates provided to the Board and Trust Audit Committee, which assesses each of the indicators for:

- Accuracy
- Validity
- Reliability
- Timeliness
- Relevance
- Audit
- Executive Judgement

Any areas where there is insufficient assurance an action plan is needed or is in place, approved and signed off for the relevant SRO / Executive lead for that metric. These will then be monitored by the SRO and then re-assessed at a set point in the year.

A more detailed summary is provided as part of the dashboard.

Trust Board Dashboard - December 2017

Caring

Measure		Oct	Nov	Dec	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					→		
% Positive Response Friends & Family Test: Inpatients		96.65%	98.12%	95.48%	↓		95%
Response Rate Friends & Family Test: Inpatients		20.96%	24.34%	21.95%	↓	40%	
% Positive Response Friends & Family Test: Outpatients		93.39%	94.40%	95.14%	↑		95%
Mental Health Identifiers: Data Completeness		98.95%	99.05%	99.11%	↑		97%

Safe

Measure		Oct	Nov	Dec	Trend	Plan	NHS Standard
Serious Patient Safety Incidents	In-month	1	1	1	→		
	YTD	10	10	11			
Never Events	In-month	1	0	0	→		0
	YTD	2	2	2	→		0
Incidents of C. Difficile	In-month	2	2	0	↑		
	YTD	11	13	13	-		
C.Difficile due to Lapses of Care	In-month	0	0	0	→		
	YTD	0	0	0	→		15
Incidents of MRSA	In-month	0	0	0	→		0
	YTD	0	0	0	→		0
CV Line Infection Rate (per 1,000 line days)		1.28	0.85	1.78	↓	1.6	
WHO Checklist Completion		99.36%	97.45%	95.87%	↓	98%	
Arrests Outside of ICU	Cardiac Arrests	3	3	3	→	5	
	Respiratory Arrests	3	1	3	↓		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	1	↓	0	

Responsive

Measure		Oct	Nov	Dec	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting <6 Weeks		98.69%	99.02%	98.93%	↓		99%
Cancer 31 Day: Referral to First Treatment							85%
Cancer 31 Day: Decision to Treat to First Treatment		100%	100%	TBC	→		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery		100%	TBC	TBC	#VALUE!		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs		100%	100%	TBC	→		98%
Cancer 62 day: Consultant Upgrade of Urgency of a referral to first treatment		100%	100%		→		
Last Minute Non-Clinical Hospital Cancelled Operations		53	69	54	↑		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		7	9	11	↓		0
Same day / day before hospital cancelled outpatient appointments		1.14%	1.19%	1.30%	↓		
RTT: Incomplete Pathways (National Reporting)		90.59%	90.72%	90.75%	↑		92%
RTT: Number of Incomplete Pathways (National Reporting)	<18wks	5717	5288	4992	↓		-
	>18wks	594	541	509	↑		-
RTT: Incomplete Pathways >52 Weeks - Validated		1	0	1	↓		0
RTT: Incomplete Pathways >40 Weeks - Validated		16	22	31	↓		0
Number of unknown RTT clock starts	Internal Referrals	1	3	1	↑		-
	External Referrals	707	882	1005	↓		-
RTT: Total Number of Incomplete Pathways Known/Unknown	<18 weeks	6398	6146	5970	↓		-
	>18 weeks	621	568	537	↑		-

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

↑ Improvement — On / above target

People, Management & Culture: Well-Led

Measure		Oct	Nov	Dec	Trend	Plan	NHS Standard
Sickness Rate		2.20%	2.25%	2.25%	→	3%	
Turnover	Total	18.4%	17.9%	18.2%	↓	18%	
	Voluntary	14.7%	14.3%	14.5%	↓	14%	
Appraisal Rate		86%	88%	90%	↑	90%	
	Consultant	77%	75%	80%	↑		
Mandatory Training		90%	90%	91%	↑	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test						61%	
Vacancy Rate	Contractual	3.6%	3.7%	4.6%	↓	10%	
	Nursing	-1.3%	0.3%	1.1%	↓		
Bank Spend		6.1%	5.9%	5.9%	↑		
Agency Spend		2.13%	2.01%	1.89%	↑	2%	

Effective

Measure		Oct	Nov	Dec	Trend	Plan	NHS Standard
Discharge Summary Turnaround within 24hrs		86.86%	89.50%	86.83%	↓		100%
Clinic Letter Turnaround within	7 working days	42.06%	45.13%				
	14 working days	74.73%	76.80%		↑	100%	
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		7.77%	7.15%	8.18%	↓	8.36%	

Productivity

Measure		Oct	Nov	Dec	Trend	Plan	NHS Standard
Main Theatres	Theatre Utilisation	65.1%	58.8%	59.1%	↑		77%
	No. of theatres	16	16	14			
Outside Theatres	Theatre Utilisation	53.5%	52.7%	51.3%	↓		77%
	No. of theatres	11	11	7			
Trust Beds	Bed Occupancy	90.6%	87.3%	80.3%	↓		
	Number of available beds	400	406	412	↓		
Average number of trust beds closed	Wards	16.5	10.6	13.8	↓		
	ICU	0.1	0.1	1.9	↓		
Refused Admissions	Cardiac refusals	2	8	7	↑		
	PICU / NICU refusals	18	33	18	↑		

Activity

Measure		Oct	Nov	Dec	Trend	Plan	NHS Standard
Daycase Discharges (YOY comparison)	In-month	2,148	2,183	1,878	↓	1,799	
	YTD	14,462	16,645	18,523		18,451	
Overnight Discharges (YOY comparison)	In-month	1,445	1,473	1,384	↓	1,353	
	YTD	10,332	11,805	13,189		12,673	
Critical Care Beddays (YOY comparison)	In-month	1,150	1,109	1,075	↓	1,073	
	YTD	7,474	8,583	9,658		9,203	
Bed Days >=100 Days	No. of patients	4	4	2	↑		
	No. of beddays	996	553	267	↑		
Outpatient Attendances (All) (YOY comparison)	YTD	149,143	172,636	189,539	↓	186,354	

Our Money

Measure	Oct	Nov	Dec	Trend	YTD Target	YTD Variance
Net Surplus/(Deficit) v Plan	1.9	1.3	2.3	↑	0.0	(0.2)
Forecast Outturn v Plan	0.6	2.3	1.9	↑	0.2	0.0
Better value	1.3	1.3	1.3	→	11.3	0.0
Pay Worked WTE Variance to Plan						
Debtor Days (IPP)	212.0	227.0	216.0	↑	120.0	(96.0)
Quick Ratio (Liquidity)	1.80	1.80	1.70	↓	1.60	0.1
NHS KPI Metrics	1.0	1.0	1.0	→	1.0	0.0

Integrated Quality Report

Dr Andrew Long, Interim Medical Director
Polly Hodgson, Interim Chief Nurse

January 2018
(covering November- December 2017)

Index

Great Ormond Street Hospital for Children NHS Foundation Trust

Safety

Section	Page
Has patient care been safe in the past? **Measures where we have no concerns**	**Page 3-5**
Has patient care been safe in the past? **Open serious incidents and never events**	**Page 6**
Has patient care been safe in the past? **Learning from closed serious incidents and never events**	**Page 7**

Care/ Experience

Section	Page
Are we responding and improving? **Patient and family feedback; open red complaints**	**Page 8**
Are we responding and improving? **Learning from friends and family test data- inpatient data**	**Page 9**
Are we responding and improving? **Friends and family test updates/ benchmarking**	**Page 10**
Are we responding and improving? **Friends and family test positive feedback**	**Page 11**
Are we responding and improving? **Friends and family test- 'you said', we did**	**Page 12**

Outcomes/ Effectiveness

Section	Page
Are we responding and improving? **Featured project; Extravasation project**	**Page 13**

Improvement

Section	Page
Are we responding and improving? **Quality improvement project updates (with Executive sponsorship)**	**Page 14-15**
Appendix 1: **Methodology for key Trust measures**	**Page 16**
Appendix 2: **SPC FAQs**	**Page 17-24**

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; work is underway to review the data collection measures and to re-present the data following resolution of the issues.
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Cardiac arrests****	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. The process is currently in normal variation at GOSH; there have been no runs, trends or recent outliers identified.
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Respiratory 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.	The data remains stable for this measure at 3 respiratory arrests per month; this has remained stable since June 2015 (when there was a decrease) with the exception of an outlier in November 2015 and August 2017 (both high) The most recent 3 months indicate no change.
	Cardiac arrests outside of ICU	**Respiratory Arrests outside of ICU**
November 2017	3 (IR, Level 9 Nurses Home, Eagle Acute)	1 (Pelican)
December 2017	3 (Theatres, Caterpillar, Eagle Acute)	3 (Leopard, Bear, Koala)

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 on 20th October 2017. The process remains in normal variation at one event every 220 days on average. The baseline for this data is from 2010 until 2014. The Never Event declared in October 2017 is for wrong site surgery while the previous Never Event was due to a retained object.
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**Serious Incidents** **by date of incident not declaration of SI**	The data remains stable at 1.2 SIs per month. There were no SIs reported in November. There was just 1 SI reported in December If we look at a more sensitive measure (days since previous SI) then we see that SIs have become less frequent. Before August 2016 we would expect an SI to be reported every 13 days, since then we have had an SI reported every 33 days
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. Over 80% of GOSH inpatient deaths are on ICU, and ICU deaths must be risk adjusted to properly determine a trend. The limitations of comparing crude mortality rates between different organisations in specialist paediatric care are well described. Raw survival/mortality rates do not take account of severity of illness and case mix so outcome data needs to be adjusted to take these factors into account. All ICU data is submitted, after risk adjustment, to the national Paediatric Intensive Care Audit Network (PICANET). This process will allow any trends or outlier performance to be determined. Internal monitoring of Variable Life Adjusted Plots (VLAD) from January – June 2017 showed an increase in the number of deaths on PICU compared to expected. A review of cases does not suggest any obvious patterns or concerns about the quality of care in PICU, and no single cause that could explain the trend.

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Welcoming Helpful

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	**Hospital acquired pressure ulcers reported (grades 2+)**	Performance remains within normal variation at 6.7 per month.	
		November 2017	**December 2017**
	Grade 2 hospital acquired pressure ulcers	**5** (2 are device related)	**4** (2 are device related)
	Grade 3 hospital acquired pressure ulcers	**0**	**1**
	Grade 4 hospital acquired pressure ulcers	**0**	**0**
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**GOSH-acquired CVL infections**	We have identified a reduction in the measure of CVL infections per 1000 line days which started in January 2017. We are continuing to measure and monitor the data to ensure that it is being sustained but in the meantime, it seems that there has been a reduction from 1.78 to 1.36 CVL infections per 1000 line days.	
Accuracy, Validity, Audit, Exec Director Judgement, Reliability, Relevance, Timeliness	**The number of PALS cases**	Following the outliers during the summer period, the number of PALS cases reported has reverted to expected numbers which is 160 per month on average. In November, 132 cases were recorded. In December, 80 cases were recorded – this is an outlier (unusually low)	

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 November- December 2017			
No of new SIs declared in November- December 2017:	1	No of new Never Events declared in November –December 2017:	0
No of closed SIs/ Never Events in November – December 2017:	1	No of de-escalated SIs/Never Events in November – December 2017:	0

New SIs/Never Events declared in November – December (1)

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/ 31611	26/12/17	**23/03/18**	Fault with Mortuary fridge temperature and issue with alerting system	Charles West	Associate Medical Director	Patient Safety Manager	Interim Medical Director	Divisional Operational Manager, Charles West

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Learning from closed/de-escalated SIs in November – December 2017 (1):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2017/ 10169	**Additional surgical procedure on cardiopulmonary bypass to retrieve migrated needle.** The patient required an additional procedure to remove a migrated needle during cardiac surgery. The patient did not leave theatre but underwent an additional surgical procedure that required cardiopulmonary bypass to be re-established. The patient remained stable throughout the additional procedure.	The root cause was identified as migration of the needle during surgery which is a known complication.	Review the current surgical count policy to determine whether any amendments could have mitigated this situation • Surgical count policy reviewed by the cardiac theatre team. Amended so the first surgical count is completed and signed before closure of the cavity. **Action complete; this was introduced following the event and has been in place since March 2017** Ensure that there is clear documentation within the peri-operative care plan to indicate times of staff and which staff changeover and any additional considerations (such as a surgical recount) at handover • Recommended review of how information is recorded on the peri-operative care plan. • Communicate recommendations to staff via newsletter, email, staff meetings and noticeboard **Action update- the actions are underway and an update is expected in January 2018.** **Actions for additional quality improvement (factors identified through the investigation but not directly linked with this incident):** Consider whether deployment of a universally recognised safety language should be introduced to complement and further enhance the safety culture within theatre to minimise harm to patients. • The trust is partnering with the Cognitive Institute to deliver a Safe, High Reliability program throughout the trust. This work is expected to start early next year. **Action complete; there is a plan in place for the Cognitive Institute to work with the Trust commencing in 2018.**	Ensure that there is clear documentation within the peri-operative care plan to indicate times of staff and which staff changeover and any additional considerations (such as a surgical recount) at handover

Red Complaints in November- December2017

No of new red complaints declared in November- December 2017:	0	No of re-opened red complaints in November- December 2017:	0
No of closed red complaints in November- December 2017:	0		

Are we responding and improving?

Learning from Friends and Family Test- Inpatient Data

Data Quality Kite-Mark	Inpatient Results November 2017	Inpatient Results December 2017

Accuracy, Validity, Reliability, Timeliness, Relevance, Audit, Exec Director Judgement

November 2017
Overall FFT Response Rate = 24.3%
Overall % to Recommend = 98%

December 2017
Overall FFT Response Rate = 22.%
Overall % to Recommend = 95.5%

FFT Responses over time

Response Rate: 0%, 10%, 20%, 30%, 40%

	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%	23%	21%	24%	22%

November 2017 Top 3 Themes (by %)			December 2017 Top 3 Themes (by %)		
Positive Themes:	**No +ve comments**	**Total comments**	**Positive Themes:**	**No +ve comments**	**Total comments**
Always Helpful	289	292	Always Helpful	220	221
Always Welcoming	151	159	Always Welcoming	148	151
Always Expert	133	147	Housekeeping / Cleanliness	43	44
Negative Themes:	**No -ve comments**	**Total comments**	**Negative Themes:**	**No -ve comments**	**Total comments**
Staffing Levels	3	3	Staffing Levels	2	2
Access / Admission / Discharge / Transfer	9	15	Access / Admission / Discharge / Transfer	21	31
Environment & Infrastructure	35	99	Catering / Food	7	14

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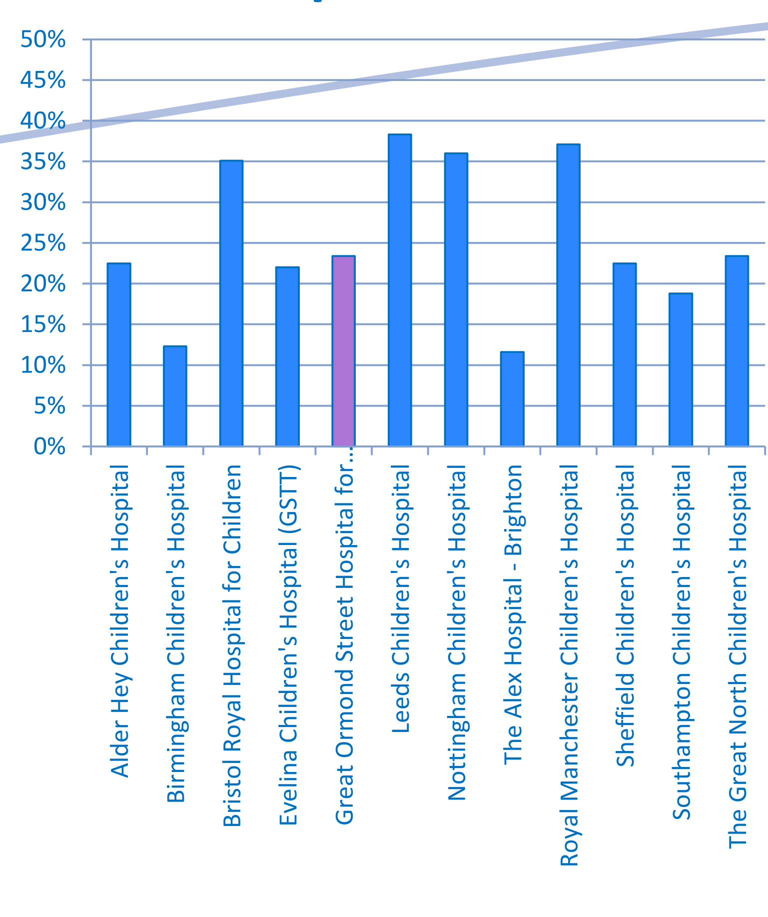
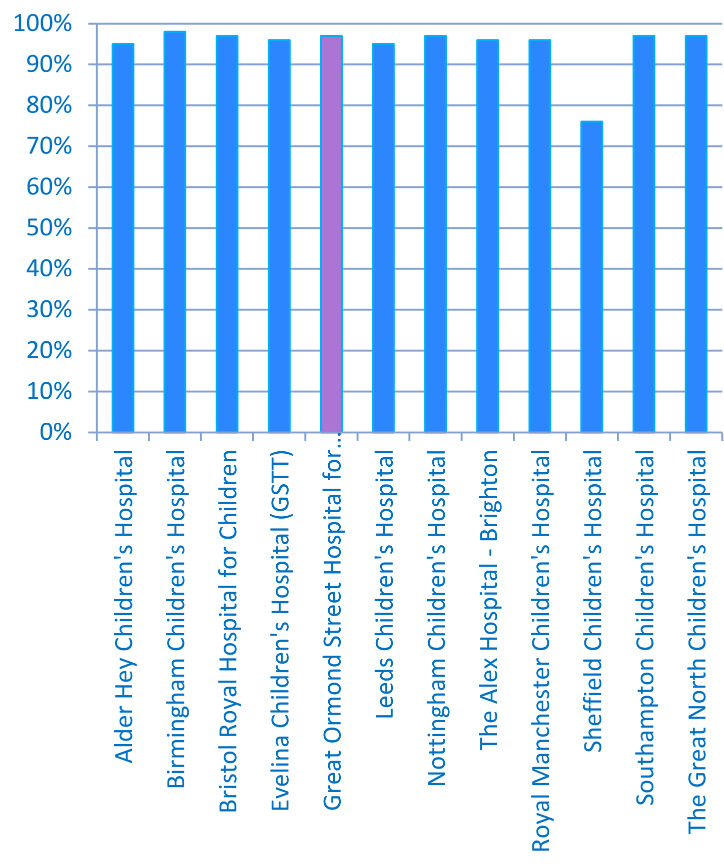
Are we responding and improving?

Benchmarking

Great Ormond Street Hospital for Children NHS Foundation Trust

Data from NHS Choices – November 2017





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

Good:- they took the needle out very carefully. They looked after me very well. They showed us where to go. The nurses thought I was funny when I had that medicine.

You gave us lots of stuff to do and make. you also turned the television to not get bored!

Staff are kind and understanding!

Caring Staff – Great Service!

Glad to be helping with research!

Parent/Carer Feedback

A big thank you to all the nurses and staff who have cared for patient name. Compared to our other hospital experiences, this has been the most calming environment from the magical Disney Rapunzel experience to staff name being on hand to make medical observations a lot more easier with an active and scared toddler. We couldn't have wished for anymore compassion, in depth explanations and overall excellent care for our daughter.

Doctors, nurses, staff are absolutely amazing, kind hearted and caring people. What I was more amazed by is that they do so much for the patients and the parents. They make sure I had a break and meals. Awesome people.

Every single nurse and student nurse we have seen has been exceptional. Very knowledgeable, kind, caring and patient. A truly wonderful team on Koala.

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 NHS

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

Food and room were excellent, however it took a long time to be discharged. The nurse didn't know how to re-vacuum the drain on my sons head, which has probably made his swelling worse

Ward Manager for Hedgehog responded:
I have investigated the issue and will ascertain the nurse's knowledge in this field and will arrange appropriate additional teaching time.

No food menu all over the weekend. Some amount of food suppled of the trolley. Out of what was left. I had to provide food for my son while he was in hospital.
No consistent communication, discharged from physio and OT on Monday still here Tuesday.
Meds. Couldn't take tramadol - Put tramadol in with leaving meds instead of morphine. This we both stated to various doctors and nurses. The physio knew this too and heard it.
Waiting over 5 - 6 hours to be discharged due to meds.
Feel forgotten with no consistent care, no bed bath, clean sheets etc.

Ward Manager for Sky Ward responded:
To try and ensure that patient menus aren't forgotten about, we are going to introduce a system whereby on Thursdays the menus for pre op patients are taken to the pre op ward and completed there as this has been a previous issue. We have had recent study days on the ward with the staff and basic cares has been highlighted as key area for development and staff are being reminded that this needs to happen. The TTAs were amended on got up on to the ward ASAP, unfortunately a delay was then created as the family wanted to be discharged home with an additional analgesia which the doctors weren't happy about and this had to be resolved.

The child first and always

Are we responding and improving?

Featured Project: Extravasation project

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Project aim:
To reduce the incidence of extravasation injury at GOSH by 31st October 2018

Project initiation and Leadership:
Project initiated in June 2016, led by Chief Nurse (currently Polly Hodgson)

Background:

- In May 2016, Dr Guy Thorburn (Plastics) presented a report at PSOC highlighting a rise in extravasation injuries at GOSH. Extravasation is the inadvertent leakage of a vesicant solution from its intended vascular pathway (vein) into the surrounding tissue
- National context – development of an Adult Venous Health & Preservation tool completed in 2016
- Staff concern- level of variation in confidence & competence of different staff groups cannulating
- Negative patient and parent feedback & experience

Primary Drivers:

- Preparation: Right vascular access identified for patient, by the right person
- Insertion: Timely placement of clinically appropriate vascular device by the right person
- Maintenance & removal: On-going care, assessment, timely replacement/ removal

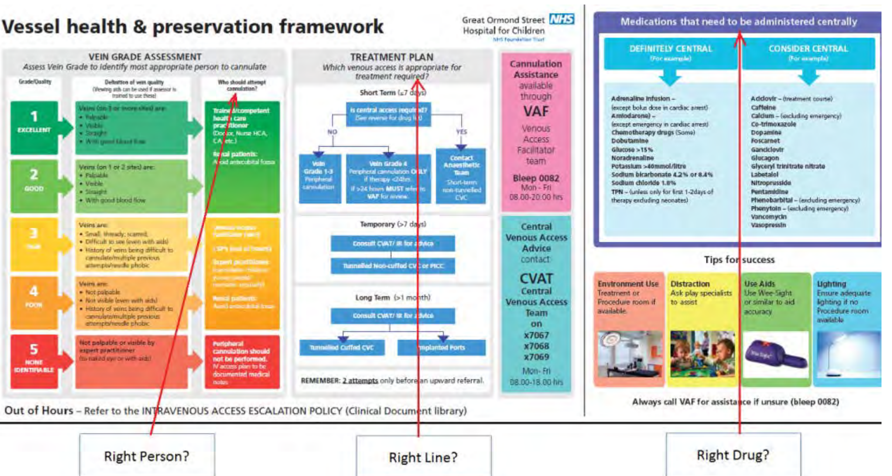
Extravasations injuries referred to Plastics Team

Initial baseline | Pilot wards reduction

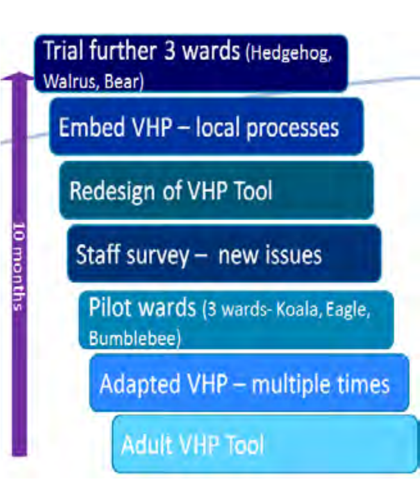
30 | 20 | 10 | 0

Jul '15 | Jan '16 | Jul '16 | Jan '17 | Jul '17

The Venous Health & Preservation Framework is central to the project



VHP Tool Development



Measurements (outcome):

- No. of Extravasation injuries referred to Plastics team
- No. of Extravasation injuries on Datix
- Days between Extravasation injuries

Measurements (process):

- No. of patients referred to Venous Access Facilitator (VAF)team
- No. of patients with vein grade
- % patients with more than 2 unsuccessful attempts before referral to VAFs
- Missed medication administration occasions due to 'No IV access available'

Milestones and next steps:

Production of cannulation training video complete & available

Increased training opportunities for medical teams

Development of a 'new' combined peripheral IV cannula record chart to incorporate details of the original cannulation

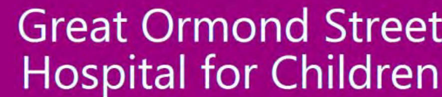
Finalising the different approaches for initial documentation of vein grade and plan of care on both CareVue, Discharge summary and IP notes.

Communication strategy developed to increase awareness - provide a platform to distribute their key messages across the Trust.

Development of strong links with the Plastic Surgery team

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)



Project	Project Aims	Project Leads	Project Timescales and Progress
Neonates	To improve the quality and safety of care within inpatient neonates/ small infants* at GOSH by January 2018[*<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**	Progress to date: • Neonatal Intranet page and ward folders live • Automated email prompts for bloodspots rolled out across trust • Jaundice e-learning ready for launch • Neonatal pathway and fields on the discharge summary system now rolled out across the trust; CareVue fields undergoing final configuration • Development of in house 'billi-app' being explored to help plot bilirubin • Review of audit against new fluid management guideline carried out, with recommendations identified. • Working with ACNs and Matrons to develop sustainability plans for monitoring data • Project closure and sustainability recommendations due to be presented at February QIC
PEWS	To replace the Children's Early Warning System (CEWS) with the Paediatric Early Warning System (PEWS) for wards across GOSH by January 2018	Executive Sponsor- **Chief Nurse** Medical Lead- **Consultant Intensivist** Nursing Lead- **Clinical Site Practitioner**	Progress to date: • PEWS is set go live on 7th March 2018 • Nervecentre have completed the configuration of PEWS into the test system – currently with GOSH for software testing. • Clinical testing on Nervecentre will commence on 28th January 2018 • CareVue have completed the changes required to enable PEWS sccores to be calculated and flagged as per the algorithm. • Sepsis alerts have been added to both systems, but there will be no automatic alert from the calculations – clinicians will need to observe for amber and red flags and escalate accordingly. • The PEWS education package complete and led by Amy Leonard • 6 week training period commencing 29th January 2018, with an relaunch of the importance of a full set observations • The PEWS communication strategy complete (attached) • GOLD Training & Sim Training updated • Final review of number of devices to be completed by 29th January

Are we responding and improving?

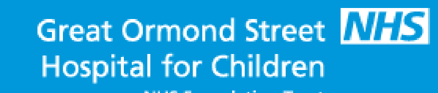
Quality Improvement Project Status Update (with Executive sponsorship)

Great Ormond Street Hospital for Children
NHS Foundation Trust

Project	Project Aims	Project Leads	Project Timescales and Progress
Transition	To enable clinicians to start all young people a Transition Plan by the age of 14 in line with NICE recommendations 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: • Growing Up, Gaining Independence (GUGI) programme developed and being presented to teams to ensure works with all specialties • SOPs developed for 4 main outcome pathways • Work underway to link PiMS and eCOF using Blue Prism Next steps: Currently under development : • Getting feedback on YP/parent/carer information produced • Audit of ages subspecialties are transferring majority of patients to adolescent, adult or Primary Care services underway
Extravasation	To reduce the incidence of extravasation injury at GOSH by February 2018	Executive Sponsor- **Chief Nurse** Clinical Lead- **Consultant Anaesthetist**	Progress to date: • VHP Framework & Tool - • Eagle & Bumblebee ward very successful on new implementation. Struggling in Koala. • Carevue changes completed - allowing Bear to initiate trial. Walrus is has initiated trial. • Testing 'new' IV record chart, incorporating sticker elements - testing on 3 ward areas • Training video – Completed & uploaded to Medical Guidelines • Communication group – Developing an online strategy to share the journey and experiences to date. Communication strategy available once decision to roll out has been agreed. • Long lines - Rashmi to update at QIC • Plastics referrals – Developing an improved database of referrals (categories & details). Aim to link with Datix to ensure consistency of data. • Acyclovir study set up on Koala – led by Reg, to assess impact of delays in IV access in relation to therapeutic management. (Not progressing)

The child first and always

Welcoming Helpful Expert One Team



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 this measure.	
Serious Incidents	This is the monthly count of serious incidents (SIs), by date of incident (as opposed to date incident was reported). A serious incident is defined as an incident that occurred in relation to care resulting in one of the following: • Unexpected or avoidable death of one or more patients, staff visitors or members of the public. • Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm • Allegations of abuse • One of the core sets of 'Never Events' http://www.england.nhs.uk/ourwork/patientsafety/serious-incident/	
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	

Appendix 2: SPC Frequently Asked Questions

Contents

What is a Dashboard?
What is SPC?
What is a Run hart?
What is a Control hart?
What are the upper and lo! er ontrol li" its?
What are the # di$$erent types o$ ontrol harts?
What is Co" " on Cause %ariation?
What is Spe ial Cause %ariation?
What is a Run?
What is a &rend?
What is an ' utlier?
What is a (aseline?
What happens ! hen you ha) e a Spe ial Cause? * Step Chan+es
Any other tips $or interpretin+ SPC at , ' S- ?
Why is it so i" portant that ! e " easure thin+s?
- o! an you $ind out " ore?

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 GO ! , most dashboards are a collection of graphs, mainly in the form of statistical process control " #$ %charts.

Where are the Quality ." pro) e" ent dashboards?

&ou can find the ' uality Improvement improvement dashboards by following the links in the ' uality Improvement intranet homepage. "double click the ' uality Improvement logo, or find via GO (eb under)$ ommonly Used * inks+ Alternatively, click here to take you to the ' uality Improvement , ashboards and , ata $ ollection contents page.

What is SPC?

tatistical #rocess $ ontrol " #$ %charts were first developed by an industrial engineer called (alter hewhart while he was working for - ell . elephones in the / 012s. ! e was concerned with eliminating the two most common problems in manufacturing3

- . ype / error 4 5false positive64 Over7 reacting to natural variation
- . ype 1 error 4 5false negative64 Under7 reacting to an actual problem

hewhart wanted a way of distinguishing natural cause variation from special cause variation. 8 early all processes e9hibit some level of natural variability 7for e9ample your commute to work will take a

different length of time each day, in fact you would consider it strange if it didn:t. pecial causes occur because of a significant change in the in the underlying process 7in the case of your commute, this might be a tube strike, or because the bus has started taking a longer route.

#rocess control charts were developed to allow easy differentiation between common and special cause variation. In the case of - ell . elephones, this would be to prevent engineers being called out to look at some equipment that was actually ;ust 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 , 8 A rates had dropped.

SPC harts:

< are an e9cellent way of " easurin+ $or i" pro) e" ent

< 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

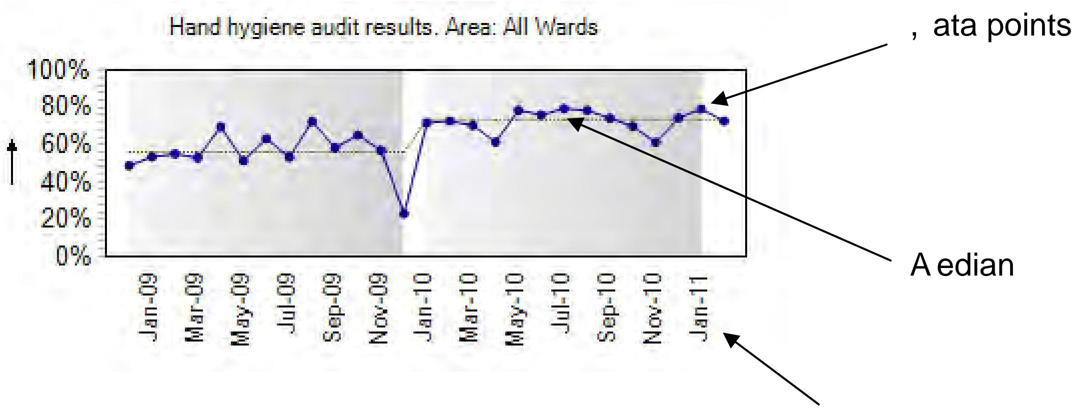
< can motivate staff to improve practice thereby reducing adverse events and minimising variation

. here are two types of #$ charts3run 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%>or instance, if we want to analyse medication errors . rust wide, we would use a run chart 7there is more than one process because there are multiple wards in a the . rust with each ward having its own medication process.

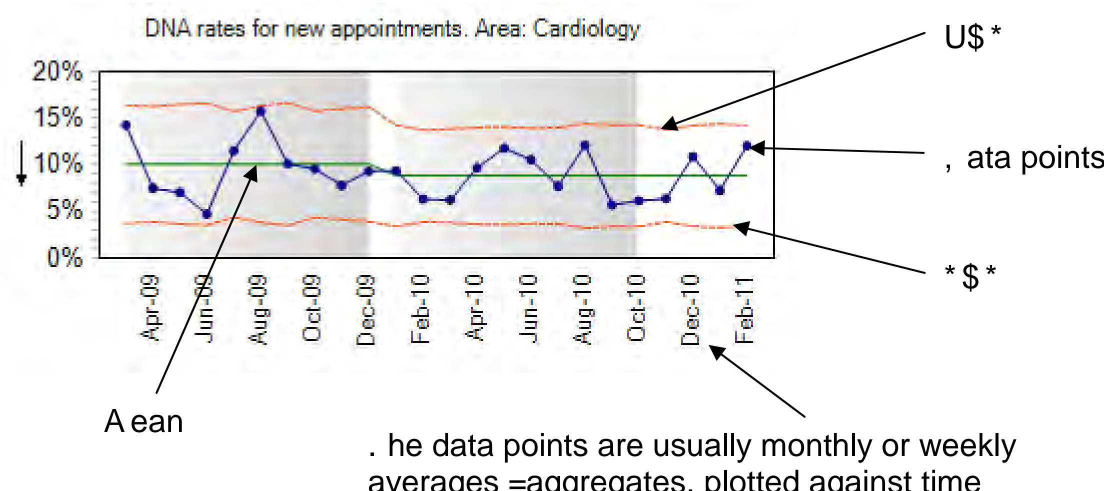
? un charts consist of your data points plotted against time, plus the median of your data points within a specified time period "within a single process%. he mean can sometimes be used instead of the median, but at GO ! we usually plot the median, as it will be less affected by system7wide outliers.



. he data points are usually monthly or weekly averages =aggregates, plotted against time

What is a Control Chart?

A control chart is used when analysing a single process. . hey consist of your data points plotted against time, alongside the mean "or average%of your data, plus the upper control limit "U$ * %and lower control limit "* $ * %



. he data points are usually monthly or weekly averages =aggregates, plotted against time

. he purpose of control charts is to allow simple detection of events that are indicative of actual process change. . his simple decision can be difficult where the process characteristic is continuously varying@the control chart provides statistically ob;ective criteria of change. (hen 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.

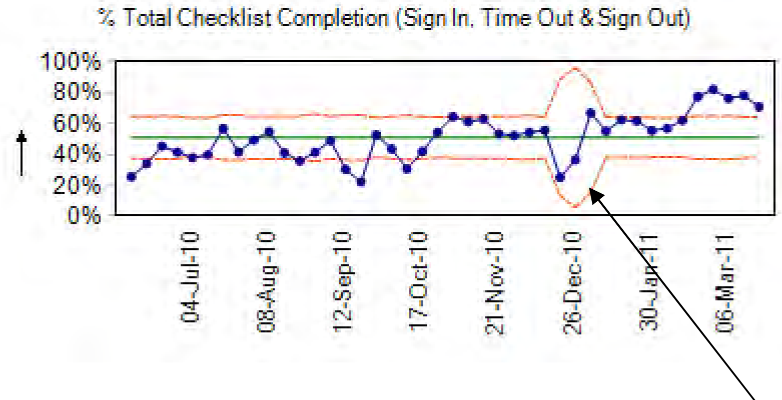
What are the 2pper and 3o! er Control 3i" its?

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

. he control limits are set three standard deviations away from the mean "although this is often an appro9imation, depending on the type of control chart used%so that at least 00B of the data should fall within the limits.

(hy are the control limits sometimes wigglyC

(iggly control limits are used on U7charts and #7charts only. . hey wiggle because they are calculated using the sample siDe which can vary from period to period. >or e9ample, the number of patients seen in a clinic will change from week to week.



. he control limits are wider here which tells us that there was a smaller sample siDe for this period

What are the # di$$erent types o$ ontrol harts?

/ . **/ 0** R hart**1** Used for individual measurements with only / subgroup. "E9ample of a subgroup is a theatres, clinic or ward.%E9ample3! ow many medication orders do we process each weekC

1. **/** *bar and R hart**1**. his monitors the average value over time where your variables dataset is made of multiple subgroups of less than / 2 observations per subgroup. E9ample3>or a daily sample of five medication orders, what is the turnaround timeC

F. **/** *bar and S hart**1** imilar to an)G7bar and ? +chart but its used when you have lots of measurements in each sample "over / 2%E9ample3>or a daily sample of 1H medication orders, what is the turnaround timeC

I . C* hart**1**. his is used when you count the number of incidents when there is an equal opportunity for the incident to occur. E9ample3>or a sample of / 22 medication orders each week, how many errors were observedC

H. **2*** hart**1** imilar to a $ 7chart but where your sample siDe is not the same. . his makes the control limits wigglyJ E9ample3>or all medication orders each week, how many errors were observedC

K. P* hart: Used to represent the fraction or percentage of the samples that are unacceptable where the sample siDe varies from period to period "making the control limits wiggly%E9ample3>or all medication orders each week, what percentage have one or more errorsC

L. nP* hart: * ike a # 7chart but the sample siDe is always the same. o rather than the percentage of units, you measure the number of units. E9ample3>or a sample of / 22 medication errors each week, how many have one or more errorsC

M , * hart: Is used when the occurrences are rare. E9ample3. o measure the number of surgeries between I infections.

0. &*Chart: Is used when your measure is time between rare occurrences. E9ample3. he time between serious incidents.

GA ? and # charts are the most commonly used #$ charts for improvement at GO ! .

What is Co" " on Cause %ariation?

$ ommon "or natural%cause variation is where the data points are between the upper and lower control limits, evenly spaced around the mean. $ ommon cause variation does not mean either 5bad variation6or 5good variation6 $ ommon cause variation merely means that the process is stable and predictable.

What is Spe ial Cause %ariation?

pecial cause variation can be spotted using three simple rules3

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

b. &rends. A trend is defined as seven consecutive points all increasing or decreasing.

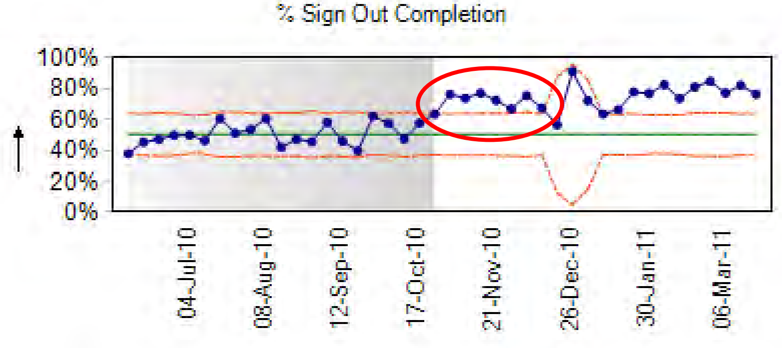
c. ' utliers. An outlier is a data point which is outside of the control limits.

pecial cause variation should not be viewed as either 5bad variation6or 5good variation6 &ou 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.

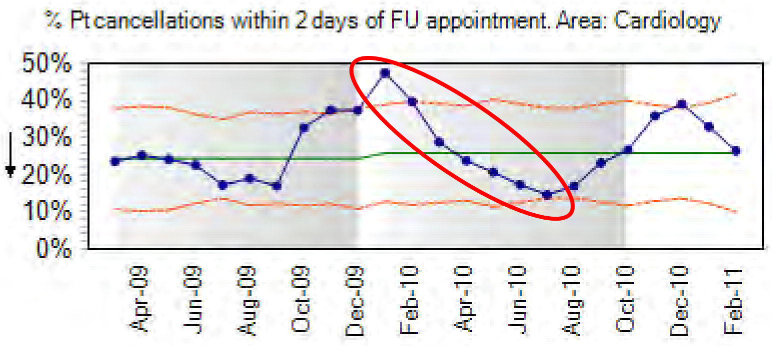
What is a Run?

A run is defined as seven consecutive points above or below the mean=median. ! ere-s an e9ample3



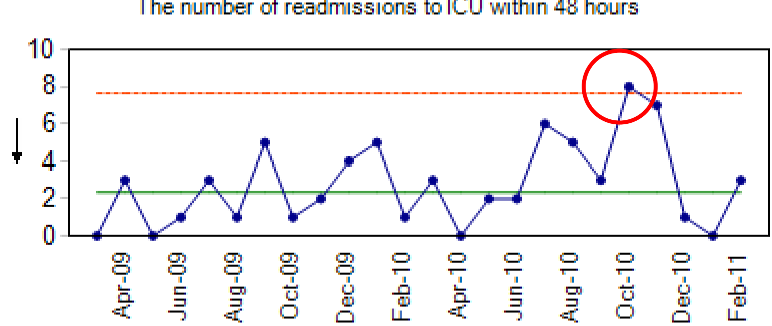
What is a &rend?

A trend is defined as seven consecutive points all increasing or decreasing. ! ere‑s an e9ample3



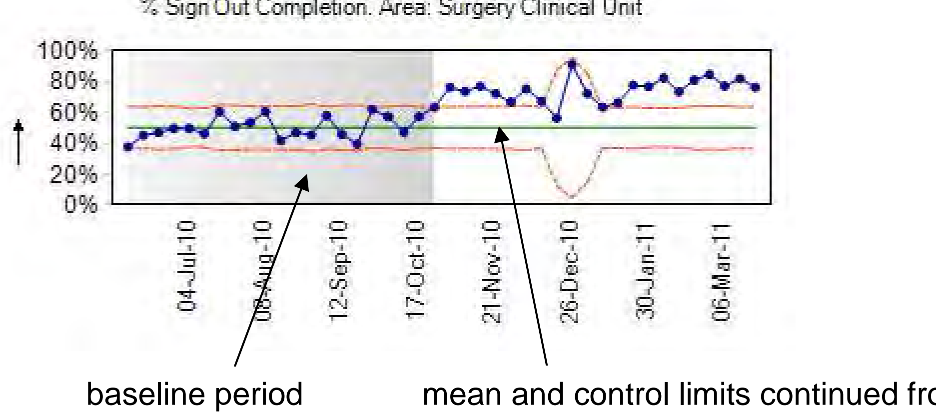
What is an ' utlier?

An outlier is a data point which is outside of the control limits. ! ere‑s an e9ample3



What is a (aseline?

(hen measuring for improvement on an #$ chart, you should aim to collect at least 1/ points worth of data as a baseline "although this is not always possible 4 e.g. for monthly data this might take too long%$ alculate the mean and control limits for this baseline data, and use this baseline mean and control limit lines to measure future data against3

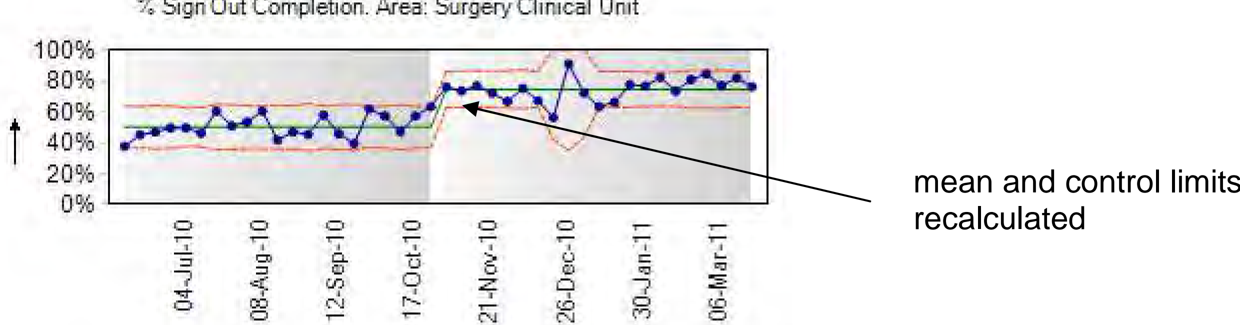


What happens ! hen you ha) e a Spe ial Cause?

Step 4Pro ess Chan+es: (hen you have spotted a run or a trend for a measure, you can be statistically sure that the process has changed.

. he control limits can be re7calculated from the date the run or trend started "or from when a process change was implemented, after further investigation of the measure%

>or e9ample, with the ign Out $ompletion measure above "where there has actually been a run of / K 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 again3



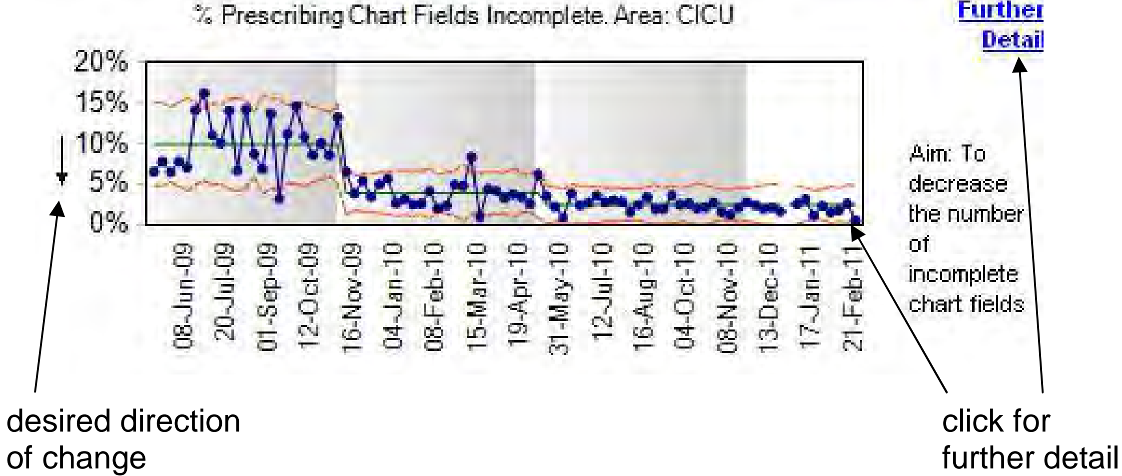
' utliers: If you spot an outlier, it must be investigated. It indicates that something either very good or very bad has happened and action needs to be taken either to correct the problem so that it doesn+t happen again, or to learn from the good practice so that it can be applied in future.

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

Any other tips $or interpretin+ SPC at , ' S- ?

. he arro! to the left of each chart represents the desired direction of change.

. o access Further Detail and De$nitions for a particular measure on one of the improvement dashboards, either click on a data point or the)>urther , etail+link ne9t to the dashboard charts

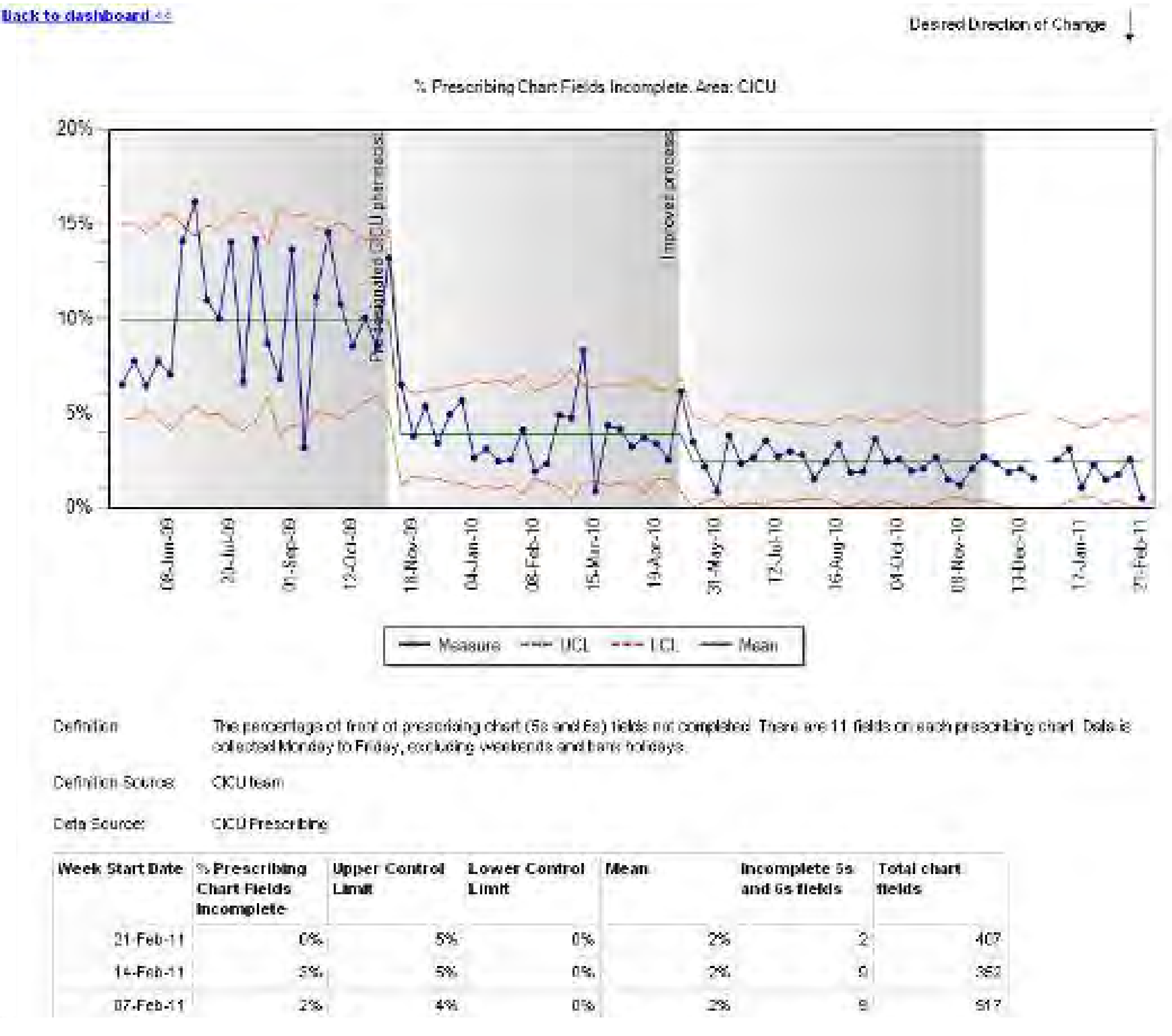


! ere you can view a page with a larger version of the #$ chart "see below%plus the following3

7 A easure definition, definition source and data source

7 * abelled baselines =processes and annotations

7 A table containing the figures that make up the measure@ncluding date, data, U$* , * $* , mean "or median if it+s a run chart%numerator and denominator "where applicable%



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%	8	517

Why is it so i" portant that ! e " easure thin+s?

Improvement is not about measurement, but without measurement, how do we know if a change has led to an improvementC #$ is an e9cellent 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.

- o! an you $nd out " ore?

>or more further "and more in7depth information%here are two useful guides to #$ charts and how we measure for improvement3

- A easuring for Improvement "8 ! Institute for Innovation and Improvement%
- - asics of tatistical # rocess $ ontrol ", avid ! oward, A anagement78 ew tyle%

Alternatively, contact the ' uality Improvement analysts or your clinical unit+s improvement coordinator=manager.

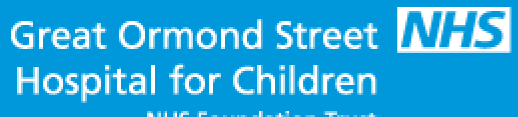
Board
Finance and Activity Performance Report

Month 9 - 2017/18

(December 2017)

Summary Reports

	Slide
Executive Summary	3
Income & Expenditure Financial Performance Summary	4
Income & Expenditure Forecast Outturn	5
Income & Expenditure – Run Rate Analysis	6
Statement of Financial Performance & Capital Summary	7
Cash & Working Capital Summary	8
Workforce Summary	9
Agency Spend Summary	10
Income and Activity Summary	11
YOY Activity Summary	12



Finance Scorecard

TRUST Our Money	October	November	December	Trend	YTD Target	Variance
Net Surplus/(Deficit)	1.9	1.3	(2.3)	↓	0.0	1.7
Forecast Outturn	0.6	2.3	1.9	↓	0.2	1.7
P&E Delivery	1.3	1.3	1.3	→	11.3	0.0
Debtor Days (IPP)	212	227	216	↓	120	(96)
Quick Ratio (Liquidity)	1.8	1.8	1.7	↓	1.6	0.1
**NHSI KPI Metrics	1	1	1	→	1	0

Key Performance Indicators

KPI	Annual Plan	M9 YTD Plan	M9 YTD Actual	Rating
Liquidity	1	1	1	G
Capital Service Cover	1	1	1	G
I&E Margin	1	1	1	G
I&E Margin Distance from Plan	1	1	1	G
Agency Spend	1	1	1	G
Overall	**1**	**1**	**1**	**G**
Overall after Triggers	**1**	**1**	**1**	**G**

Key Highlights

- In December 2017 there was a Net deficit (before capital donations and impairments) of £2.3m which was £1.9m favourable to plan. Year to date the Trust has a Net surplus of £1.7m which is £1.7m favourable to plan. This was an improvement from Month 8.
- The Trust is reporting year to date a £1.5m favourable position against the control total.
- The overall weighted NHSI rating for Month 9 is Green (Rating 1) which is on plan.
- The debtor days for IPP decreased from last month by 11 days.
- Cash is £0.4m below plan, liquidity remains strong with cash on hand of £50.1m.
- The Trust is forecasting a full year surplus of £1.9m which is £1.7m favourable to the annual plan.

Trust Income and Expenditure Performance Summary
Year to Date for the 9 months ending 31 December 2017

Great Ormond Street Hospital for Children NHS Foundation Trust

Annual Budget (£m)	Income & Expenditure	2017/18 Month 9 Budget (£m)	Month 9 Actual (£m)	Month 9 Variance (£m)	Month 9 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 %
272.4	NHS & Other Clinical Revenue	20.89	21.28	0.39	1.87%	203.46	206.95	3.49	1.72%	G	1	190.30	16.65	8.75%
67.80	Pass Through	5.09	5.50	0.41	8.06%	50.92	49.28	(1.64)	(3.22%)			47.00	2.28	4.85%
60.67	Private Patient Revenue	3.91	5.31	1.40	35.81%	45.26	44.24	(1.02)	(2.25%)	R	2	40.90	3.34	8.17%
53.26	Non-Clinical Revenue	4.13	5.41	1.28	30.99%	39.46	41.86	2.40	6.08%	G		37.00	4.86	13.14%
454.13	**Total Operating Revenue**	**34.02**	**37.50**	**3.48**	**10.23%**	**339.10**	**342.33**	**3.23**	**0.95%**			**315.20**	**27.13**	**8.61%**
(244.42)	Permanent Staff	(20.43)	(19.56)	0.87	4.26%	(182.67)	(170.35)	12.32	6.74%			(158.80)	(11.55)	(7.27%)
(1.68)	Agency Staff^	(0.14)	(0.21)	(0.07)	(50.00%)	(1.26)	(3.52)	(2.26)	(179.37%)			(6.70)	3.18	47.46%
(2.68)	Bank Staff	(0.25)	(1.24)	(0.99)	(396.00%)	(2.22)	(12.55)	(10.33)	(465.32%)			(12.70)	0.15	1.18%
(248.78)	**Total Employee Expenses**	**(20.82)**	**(21.01)**	**(0.19)**	**(0.91%)**	**(186.15)**	**(186.42)**	**(0.27)**	**(0.15%)**	A	3	**(178.20)**	**(8.22)**	**(4.61%)**
(12.35)	Drugs and Blood	(1.03)	(0.94)	0.09	8.74%	(9.26)	(8.80)	0.46	4.97%	G		(9.60)	0.80	8.33%
(38.92)	Other Clinical Supplies	(3.24)	(3.68)	(0.44)	(13.58%)	(29.19)	(32.90)	(3.71)	(12.71%)	R		(30.40)	(2.50)	(8.22%)
(58.05)	Other Expenses	(5.51)	(6.54)	(1.03)	(18.69%)	(43.12)	(45.20)	(2.08)	(4.82%)	R		(37.30)	(7.90)	(21.18%)
(67.80)	Pass Through	(5.09)	(5.50)	(0.41)	(8.06%)	(50.92)	(49.28)	1.64	3.22%			(46.60)	(2.68)	(5.75%)
(177.12)	**Total Non-Pay Expenses**	**(14.87)**	**(16.66)**	**(1.79)**	**(12.04%)**	**(132.49)**	**(136.18)**	**(3.69)**	**(2.79%)**	R	4	**(123.90)**	**(12.28)**	**(9.91%)**
(425.90)	**Total Expenses**	**(35.69)**	**(37.67)**	**(1.98)**	**(5.55%)**	**(318.64)**	**(322.60)**	**(3.96)**	**(1.24%)**	R		**(302.10)**	**(20.50)**	**(6.79%)**
28.23	**EBITDA (exc Capital Donations)**	**(1.67)**	**(0.17)**	**1.50**	**89.82%**	**20.46**	**19.73**	**(0.73)**	**(3.57%)**	R		**13.10**	**6.63**	**50.61%**
(28.01)	Depreciation, Interest and PDC	(2.50)	(2.09)	0.41	16.40%	(20.41)	(18.00)	2.41	11.81%		6	(18.20)	0.20	1.10%
0.22	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(4.17)**	**(2.26)**	**1.91**	**45.80%**	**0.05**	**1.73**	**1.68**	**3,360.00%**	G		**(5.10)**	**6.83**	**133.92%**
6.22%	**EBITDA %**	**-4.91%**	**-0.45%**			**6.03%**	**5.76%**					**4.16%**	**1.61%**	**38.67%**
(8.00)	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	6.16	3.51	(2.65)	(43.02%)	46.67	18.14	(28.53)	(61.13%)		5	26.90	(8.76)	(32.57%)
64.33	**Net Result**	**1.99**	**1.25**	**(0.74)**	**(37.19%)**	**46.72**	**19.87**	**(26.85)**	**(57.47%)**			**21.80**	**(1.93)**	**(8.85%)**

Footnotes:

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

Notes

1. NHS income (excluding pass through) year to date is favourable to plan by £3.5m driven by a combination of increases in complex cases, increased tariffs and coding benefits.

2. Private Patient income year to date is £1.0m adverse to plan due to under delivery in PICU and the Trust Better Value Commercial scheme.

3. Pay is adverse to plan year to date by £0.3m with agency spend of £3.5m which is below the cumulative notified agency cost ceiling.

4. Non pay (excluding pass through) year to date is £5.3m adverse to plan. In Month 9 the non pay (excluding pass through) is £1.4m adverse to plan driven through increased spend on clinical supplies and services linked to activity, including significant purchases of lab consumables in month to obtain discounted rates linked to bulk purchases.

5. Year to date income for capital donations is £28.5m less than plan due to slippage in redevelopment projects and purchase of medical equipment.

6. Depreciation YTD is favourable to plan due to reduced capital expenditure.

Trust Income and Expenditure Performance Summary
Year to Date for the 9 months ending 31 December 2017

Full Year Actual 2016/17 (£m)	Income & Expenditure	31 December 2017 Annual Budget (£m)	Internal Forecast Full-Yr (£m)	Variance to Plan (£m)	Variance to Plan %	Rating Current Year Variance	Notes
259.60	NHS & Other Clinical Revenue	272.40	278.50	6.10	2.19%	G	1
63.80	Pass Through	67.80	65.70	(2.10)	-3.20%		
55.10	Private Patient Revenue	60.67	63.40	2.73	4.31%	G	2
47.00	Non-Clinical Revenue	53.26	56.40	3.14	5.57%	G	
425.50	**Total Operating Revenue**	**454.13**	**464.00**	**9.87**	**2.13%**		
(213.10)	Permanent Staff	(244.42)	(229.70)	14.72	-6.41%		
(9.30)	Agency Staff	(1.68)	(4.40)	(2.72)	61.82%		
(17.00)	Bank Staff	(2.68)	(16.70)	(14.02)	83.95%		
(239.40)	**Total Employee Expenses**	**(248.78)**	**(250.80)**	**(2.02)**	**0.81%**	R	3
(11.50)	Drugs and Blood	(12.35)	(11.90)	0.45	-3.78%	G	
(41.20)	Other Clinical Supplies	(38.92)	(44.10)	(5.18)	11.75%	R	
(49.50)	Other Expenses	(58.05)	(64.10)	(6.05)	9.44%	R	
(63.80)	Pass Through	(67.80)	(65.70)	2.10	-3.20%		
(166.00)	**Total Non-Pay Expenses**	**(177.12)**	**(185.80)**	**(8.68)**	**4.67%**	R	4
(405.40)	**Total Expenses**	**(425.90)**	**(436.60)**	**(10.70)**	**2.45%**	R	
20.10	**EBITDA (exc Capital Donations)**	**28.23**	**27.40**	**(0.83)**	**-3.03%**	R	
(25.00)	Depreciation, Interest and PDC	(28.01)	(25.50)	2.51	-9.84%		5
(4.90)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**0.22**	**1.90**	**1.68**	**88.42%**	G	
4.72%	**EBITDA %**	**6.22%**	**5.91%**		**0.00%**		
(12.10)	Impairments	(8.00)	(8.00)	0.00	0.00%		
32.00	Capital Donations	72.11	30.38	(41.73)	-137.34%		6
15.00	**Net Result**	**64.33**	**24.28**	**(40.05)**	**-164.93%**		

Summary

- The Trust is forecasting a full year surplus of £1.9m which is £1.7m favourable to plan.
- The Trust is forecasting a £1.7m favourable position against the control total.

Notes

1. NHS & other clinical revenue (excluding pass through) based on forecast outturn will be £6.1m favourable to plan. The favourable variance is due to higher tariffs associated with more complex cases that have been delivered in the first six months of the year and it is expected that additional RTT activity will be delivered in the second half of the year linked to increased capacity.
2. Private patient income based on forecast outturn will be £2.7m favourable to plan. Low activity in Butterfly, temporary closure of Hedgehog ward in Month 6 and low activity in PICU Month 1-6 is offset by expected improvements to income through payments and improved future months activity.
3. Pay based on forecast outturn will be £2.0m adverse to plan due to bank and agency staff being used to cover vacancies in the Trust at a premium. There is an anticipation of increased pay spend in the second half of the year due to PICB opening and newly qualified nurses who will need additional support and training.
4. Non pay (excluding pass through) is forecast to be £10.7m adverse to plan to match the increased activity forecast and the additional cost of premises not budgeted in 2017-18. It also assumes a number of year end cost pressures will be incurred in line with previous years and expected costs associated with PICB.
5. Depreciation is forecast to be £2.5m favourable to plan. This is due to slippage in the capital programme and the reduction in the opening carrying value of assets driven by the annual revaluation exercise not assumed in the 2017-18 budget.
6. Capital donations are forecast to be £30.4m adverse to plan due to slippage in the planned capital programme and therefore a reduction in the charitable donations funding in the programme is forecast

Trust Income and Expenditure Trends
Year to Date for the 9 months ending 31 December 2017

Income Position - Trust

£m's

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2016/17 Actual — 2017/18 Actual — 2017/18 Plan

Pay Position - Trust

£m's

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2016/17 Actual — 2017/18 Actual — 2017/18 Plan

Surplus/(Deficit) - Trust

£m's

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2016/17 Actual — 2017/18 Actual — 2017/18 Plan

Non-Pay Position - Trust

£m's

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2016/17 Actual — 2017/18 Actual — 2017/18 Plan

Financial Position and Capital Expenditure
Year to Date for the 9 months ending 31 December 2017

The following table summarises the net assets and liabilities:

31 Mar 2017 Audited Accounts £m	Statement of Financial Position	YTD Plan 31 Dec 2017 £m	YTD Actual 31 Dec 2017 £m	YTD Variance £m
431.56	Non-Current Assets	521.57	445.41	(76.16)
75.64	Current Assets (exc Cash)	87.83	95.21	7.38
42.49	Cash & Cash Equivalents	50.49	50.06	(0.43)
(56.09)	Current Liabilities	(82.83)	(77.61)	5.22
(5.81)	Non-Current Liabilities	(5.26)	(5.42)	(0.16)
487.79	**Total Assets Employed**	**571.80**	**507.65**	**(64.15)**

Annual Plan £m	Capital Expenditure	YTD Plan 31 Dec £m	YTD Actual 31 Dec £m	YTD Variance £m
37.76	Redevelopment - Donated	22.98	5.84	17.14
19.09	Medical Equipment - Donated	15.23	7.29	7.94
0.00	Estates - Donated	0.00	0.00	0.00
15.26	ICT - Donated	8.46	5.01	3.45
72.11	**Total Donated**	**46.67**	**18.14**	**28.53**
11.06	Redevelopment & equipment - Trust	11.38	4.34	7.04
3.70	Estates & Facilities - Trust Funded	1.82	1.21	0.61
7.18	ICT - Trust Funded	5.62	2.99	2.63
1.00	Contingency	0.55	0.00	0.55
22.94	**Total Trust Funded**	**19.37**	**8.54**	**10.83**
95.05	**Total Expenditure**	**66.04**	**26.68**	**39.36**

Capital Expenditure Update

Redevelopment donated

- £1.0m Bernard St 1st floor not supported by Charity
- £4.6m Southwood Courtyard (IMRI) slippage
- £2.0m Mortuary project paused
- £6.8m Phase 4 project slippage
- £0.8m Italian Hospital slippage
- Phase 2B £0.7m overspend awaiting liquidated damages settlement
- £2.0m CICU donated equipment included in Phase 2B.

Redevelopment trust funded

Expenditure was less than plan due to slippage on the following projects:

- £1.0m Barclay House office refurb slippage
- £1.5m chillers slippage
- £0.8m CICU slippage

Medical Equipment – Donated

Expenditure was less than plan due to the following:

- Phase 2B equipment procurement delayed due to delays in construction £3.7m
- IMRI equipment £1.1m (to be procured later)
- Other equipment £1.1m (awaiting outcome of full replacement review)
- £1.0m Cath lab equipment delivery awaiting building works completion

ICT – Donated

- £3.5m EPR implementation costs less than planned schedule, but no change to full programme

Estates and Facilities – Trust Funded

Expenditure was less than plan due to slippage on the following projects:

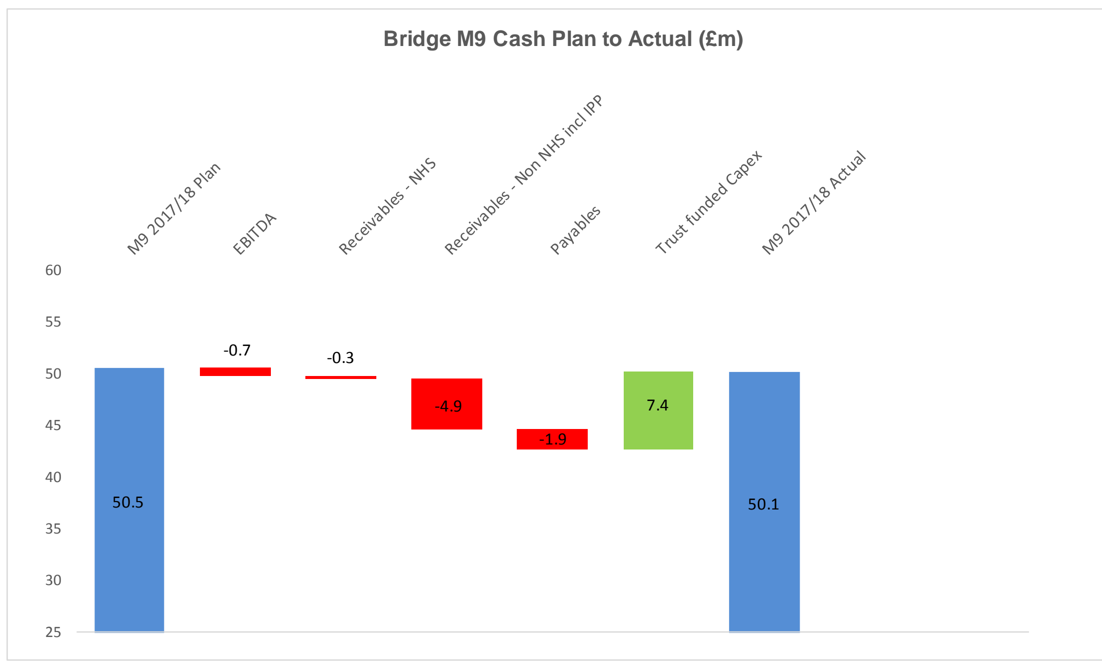
- Decontamination washer suite £1.6m

ICT – Trust Funded

Expenditure was less than plan due to delay in commencing the following projects:

- Vendor neutral archive and network hardware £1.0m
- GMC infrastructure £0.3m
- E-rostering £0.4m
- £0.5m Cybersecurity additional spend

Cash and Working Capital Summary
Year to Date for the 9 months ending 31 December 2017



31-Mar-17	Working Capital	30-Nov-17	31-Dec-17	RAG
19.40	NHS Debtor Days (YTD)	16.4	9.9	G
182.00	IPP Debtor Days	227.0	216.0	R
22.50	IPP Overdue Debt (£m)	23.7	24.7	R
4.00	Inventory Days - Drugs	7.0	10.0	G
63.00	Inventory Days - Non Drugs	51.0	76.0	R
34.50	Creditor Days	27.3	27.9	G
0.82	BPPC - Non-NHS (YTD) (number)	0.8	0.8	A
0.88	BPPC - Non-NHS (YTD) (£)	0.9	0.9	A

Cash
The closing cash balance was £50.1m, £0.4m lower than plan. This was largely due to lower than planned EBITDA (£0.7m); lower than planned Trust funded capital expenditure including the movement on capital creditors (£7.4m); and the movement on working capital (£7.1m). The movement on working capital (£7.1m) largely relates to higher than planned NHS receivables (£0.3m) higher than planned Non NHS and IPP receivables (£4.9m) and lower than planned trade payables (£1.9m).

NHS Debtor Days
Debtor days decreased in month to 10 days and this remains within target.

IPP Debtor Days
IPP debtor days decreased from 227 days to 216 days. IPP receipts in month (£6.2m) were higher than the previous month (£5.6).

Creditor Days
Creditor days remained the same as the previous month at 27 days which is within target.

Inventory Days
Drug inventory days increased in month to 10.
Non-Drug inventory days increased in month to 76 days. As in previous years a higher stock value was held over the Christmas/New Year period.

Workforce Summary
For the 9 months ending 31 December 2017

2016/17 Actual (£m)	2017/18 Annual Plan (£m)	£m including Perm, Bank and Agency Staff Group	2017/18 Month 9 Budget (£m)	Month 9 Actual (£m)	Month 9 Variance (£m)	Month 9 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %
38.05	48.28	Admin (inc Director & Senior Managers)	4.06	3.53	0.53	13.15%	36.14	31.30	4.85	13.41%
46.62	47.45	Consultants	4.03	4.09	(0.06)	-1.49%	35.47	36.04	(0.56)	-1.58%
3.59	3.99	Estates & Ancillary Staff	0.35	0.23	0.12	35.05%	2.97	2.57	0.40	13.59%
8.83	9.35	Healthcare Assist & Supp	0.80	0.69	0.12	14.65%	6.98	6.67	0.30	4.36%
24.19	25.73	Junior Doctors	2.27	1.99	0.28	12.36%	19.16	18.50	0.66	3.44%
69.54	73.68	Nursing Staff	6.33	6.40	(0.07)	-1.06%	55.03	55.43	(0.41)	-0.74%
0.28	0.36	Other Staff	0.03	0.03	(0.00)	-2.37%	0.27	0.23	0.04	14.24%
39.52	43.68	Scientific Therap Tech	3.77	3.79	(0.02)	-0.52%	32.55	31.58	0.98	3.00%
230.60	**252.52**	**Total substantive and bank staff costs**	**21.64**	**20.73**	**0.91**	**4.19%**	**188.57**	**182.31**	**6.26**	**3.32%**
9.32	1.68	Agency	0.14	0.21	(0.07)	-51.29%	1.26	3.52	(2.26)	-179.12%
239.92	**254.21**	**Total substantive, bank and agency cost**	**21.78**	**20.95**	**0.83**	**3.83%**	**189.83**	**185.83**	**4.01**	**-175.79%**
0.00	(6.04)	Better Value Scheme	(0.50)	0.00	(0.50)	100.00%	(4.54)	0.00	(4.54)	100.00%
(0.48)	0.61	PICB reserves	(0.46)	0.06	(0.52)	2.39	0.86	0.59	0.27	16.24
239.44	**248.78**	**Total pay cost**	**20.82**	**21.01**	**(0.19)**	**-0.89%**	**186.15**	**186.42**	**(0.27)**	**-0.15%**

2016/17 Average WTE	2017/18 Annual Plan Average WTE	WTE Including Perm, Bank and Agency Staff Group	2017/18 Month 9 Budget WTE	Month 9 Actual WTE	Month 9 Variance WTE	Month 9 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	1,020.11	61.57	5.69%	1,079.50	992.60	86.90	8.05%
305.38	346.39	Consultants	346.15	317.34	28.81	8.32%	346.47	313.31	33.15	9.57%
117.95	132.36	Estates & Ancillary Staff	132.56	104.64	27.92	21.06%	132.29	109.85	22.45	16.97%
295.84	314.70	Healthcare Assist & Supp	316.54	277.76	38.78	12.25%	314.08	295.76	18.33	5.84%
311.29	333.18	Junior Doctors	333.18	309.67	23.51	7.06%	333.18	318.15	15.03	4.51%
1,405.15	1,542.61	Nursing Staff	1,543.87	1,596.61	(52.74)	-3.42%	1,542.19	1,498.68	43.51	2.82%
5.46	7.60	Other Staff	7.60	5.12	2.48	32.63%	7.60	5.21	2.39	31.42%
736.59	826.96	Scientific Therap Tech	827.01	769.64	57.37	6.94%	826.94	748.42	78.53	9.50%
4,126.19	**4,583.84**	**Total substantive and bank staff**	**4,588.59**	**4,400.89**	**187.70**	**4.09%**	**4,582.25**	**4,281.96**	**300.29**	**9.50%**
105.20	33.90	Agency	67.80	53.05	14.75	21.76%	33.90	88.47	(54.57)	-160.97%
4,231.40	**4,617.74**	**Total substantive, bank and agency**	**4,656.39**	**4,453.94**	**202.45**	**4.35%**	**4,616.15**	**4,370.43**	**245.72**	**-151.48%**
0.00	(116.08)	Better Value Scheme	(112.79)	0.00	(112.79)	100.00%	(117.17)	0.00	(117.17)	100.00%
4,231.40	**4,501.66**	**Total Staff**	**4,543.60**	**4,453.94**	**89.66**	**1.97%**	**4,498.99**	**4,370.43**	**128.55**	**2.86%**

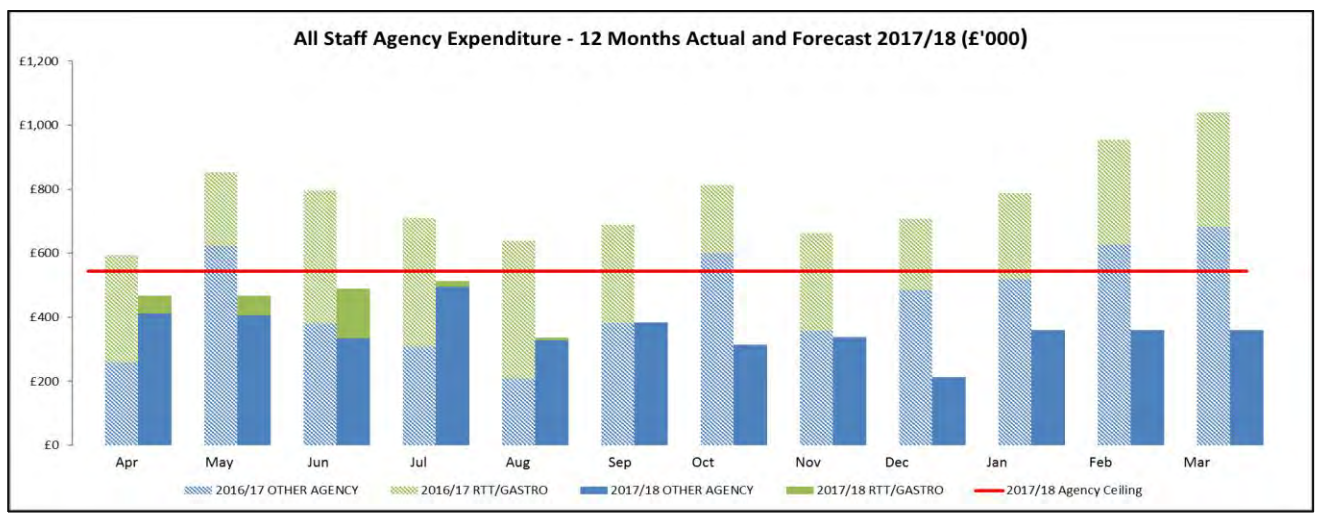
Summary

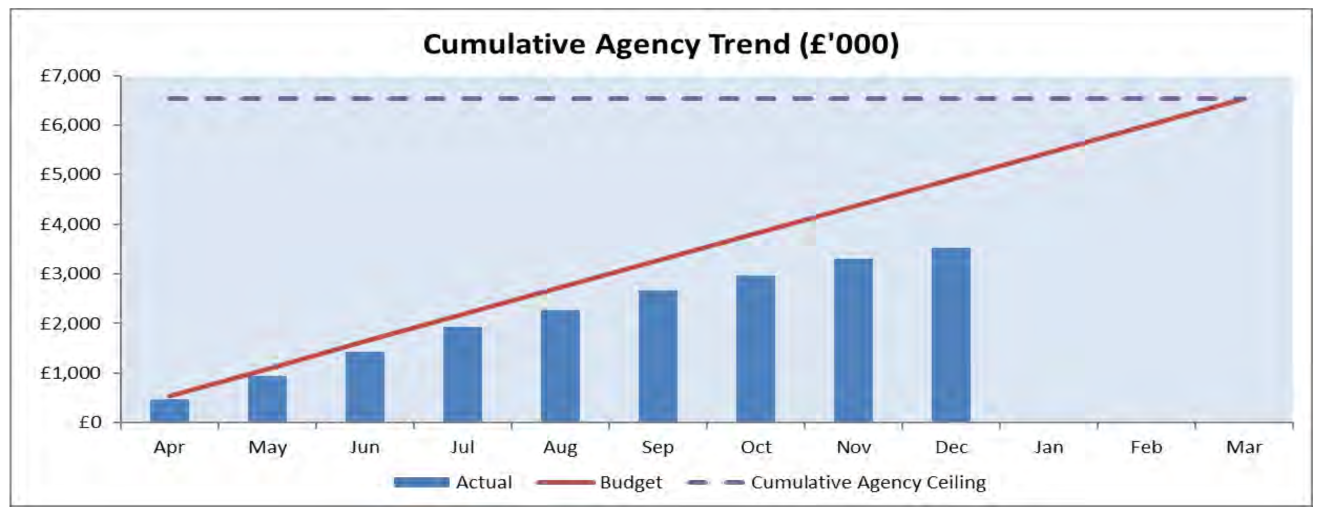
- In Month 9 pay spend is £21.0m which is £0.2m adverse to plan.
- Year to date, pay spend for substantive and bank staff is £5.7m favourable to plan due to numerous vacancies across the Trust 300 WTE YTD average.
- In Month 9, agency workers covered 53 of the in month vacancies. The agency spend in Month 9, £0.2m is below the NHSI monthly notified cost ceiling of £0.5m.
- Year to date, the Trust has spent £3.5m on agency workers. This is below the cumulative NHSI notified cost ceiling of £4.9m.
- The 2017/18 Annual Plan for PICB is £2.4m and £1.6 m of this is now allocated to the divisions.

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**

Agency Expenditure Summary
Year to Date for the 9 months ending 31 December 2017





- In Month 9 the Trust is currently running below its NHSI cost ceiling for agency staff.

Trust NHS and Other Clinical Income Summary
Year to Date for the 9 months ending 31 December 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	**18,724**	**18,480**	**(244)**	**-1.3%**	**15,642**	**15,481**	**(161)**	**-1.0%**	**17,328**	**1,152**	**6.6%**	**13,205**	**2,276**	**17.2%**
Elective	46,341	44,505	(1,836)	-4.0%	10,396	10,002	(394)	-3.8%	41,949	2,556	6.1%	9,736	266	2.7%
Elective Excess Bed days	2,190	2,172	(18)	-0.8%	3,891	3,855	(36)	-0.9%	2,362	(190)	-8.0%	4,770	(915)	-19.2%
Elective	**48,531**	**46,677**	**(1,854)**	**-3.8%**					**44,311**	**2,366**	**5.3%**			
Non Elective	12,812	13,643	832	6.5%	1,213	2,066	853	70.3%	10,369	3,275	31.6%	1,176	890	75.7%
Non Elective Excess Bed Days	1,525	2,152	626	41.1%	2,635	3,601	966	36.6%	1,466	685	46.7%	2,936	665	22.6%
Non Elective	**14,337**	**15,795**	**1,458**	**10.2%**					**11,835**	**3,960**	**33.5%**			
Outpatient	**29,195**	**29,329**	**134**	**0.5%**	**117,698**	**117,971**	**273**	**0.2%**	**28,989**	**340**	**1.2%**	**112,779**	**5,192**	**4.6%**
Undesignated HDU Bed days	3,771	4,080	309	8.2%	3,610	3,904	294	8.1%	3,660	420	11.5%	3,507	397	11.3%
Picu Consortium HDU	2,893	2,334	(559)	-19.3%	3,092	2,371	(721)	-23.3%	2,587	(253)	-9.8%	2,677	(306)	-11.4%
HDU Beddays	**6,663**	**6,414**	**(250)**	**-3.7%**	**6,702**	**6,275**	**(427)**	**-6.4%**	**6,247**	**167**	**2.7%**	**6,184**	**91**	**1.5%**
													0	
Picu Consortium ITU	26,405	23,589	(2,815)	-10.7%	9,155	8,188	(967)	-10.6%	20,236	3,353	16.6%	8,268	(80)	-1.0%
PICU ITU Beddays	**26,405**	**23,589**	**(2,815)**	**-10.7%**	**9,155**	**8,188**	**(967)**	**-10.6%**	**20,236**	**3,353**	**16.6%**	**8,268**	**(80)**	**-1.0%**
Ecmo Bedday	732	1,025	294	40.2%	134	189	55	41.4%	626	400	63.9%	115	74	64.3%
Psychological Medicine Bedday	857	717	(140)	-16.3%	2,121	1,775	(346)	-16.3%	922	(205)	-22.3%	2,286	(511)	-22.4%
Rheumatology Rehab Beddays	1,134	1,387	253	22.4%	1,993	2,300	307	15.4%	1,062	325	30.6%	1,870	430	23.0%
Transitional Care Beddays	2,182	1,785	(397)	-18.2%	1,505	1,231	(274)	-18.2%	1,986	(201)	-10.1%	1,371	(140)	-10.2%
Total Beddays	**4,904**	**4,915**	**10**	**0.2%**	**5,753**	**5,495**	**(258)**	**-4.5%**	**4,597**	**318**	**6.9%**	**5,642**	**(147)**	**-2.6%**
Packages Of Care Elective	**5,531**	**6,223**	**692**	**12.5%**					**5,490**	**733**	**13.4%**			
Highly Specialised Services (not above)	22,666	22,518	(148)	-0.7%					22,463	55	0.2%			
Other Clinical	21,136	26,809	5,673	26.8%					26,231	578	2.2%			
Outturn adjustment	0	(123)	(123)	0%					(808)	685	-85%			
STF Funding	3,500	3,500	0	0%					0	3,500	0%			
Pricing Adjustment	2,959	2,959	0	0.0%					0	2,959	0%			
Non NHS Clinical Income	2,409	3,368	959	39.8%					3,353	15	0%			
NHS and Other Clinical Income	**206,960**	**210,453**	**3,493**	**1.7%**					**190,273**	**20,180**	**10.6%**			

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

Day case
Day case is behind plan YTD by 161 which includes reduced activity in urology due to having lower staff numbers than plan to perform activity, and the radiology theatre being closed periodically since Month 2 due to the leaking roof.

Elective
Elective YTD is below plan due to lower activity in a number of specialty areas, but in particularly within spinal due to consultant vacancy and increase in complexity resulting in extended patient stay.

Outpatients
In Month 9 there is increased activity in the plan associated with PICB. There has been an increase in outpatient activity within ENT.

HDU beds
HDU activity is behind plan in Cardiac services but this is offset by private patients and highly specialist activity that occupy the same beds.

ITU Bed Days
PICU/NICU activity YTD remains broadly on trend from 16/17 levels. The year to date adverse variance is due to the plan including additional NICU/PICU beds that has been built into the 2017/18 annual plan.

Other Clinical
This includes income for CQUIN and the target for the local pricing review. CQUIN income is below plan to take account of risk to full delivery.

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 comes in through block contracts or through activity led packages.

Trust Inpatient and Outpatient Activity
Year on Year trend analysis

NHS and IPP Activity (Combined)													
Prior Year 2016/17				Current Year 2017/18				NHS Activity			IPP Activity		
Mth 9 Dec	Total 16/17	YTD Mth 9 16/17	Activity Type	Dec	Total YTD	Change YOY	% Change YOY	NHS YTD 17/18	Change YOY	% Change YOY	IPP YTD 17/18	Change YOY	% Change YOY
			Inpatients										
			Number of Discharges										
1,799	24,730	18,451	Day Case	1,878	18,522	71	0.4%	17,691	(11)	-0.1%	831	82	10.9%
159	2,156	1,569	Regular Attenders	196	1,661	92	5.9%	1,657	99	6.4%	4	(7)	-63.6%
			Inpatient:										
1,064	14,010	10,518	Elective	1,074	10,671	153	1.5%	9,796	(42)	-0.4%	875	195	28.7%
75	800	601	Non Elective	81	706	105	17.5%	625	102	19.5%	81	3	3.8%
214	2,074	1,554	Non Elective (Non Emergency)	229	1,631	77	5.0%	1,603	82	5.4%	28	(5)	-15.2%
3,311	43,770	32,693	Total Discharges	3,458	33,191	498	1.5%	31,372	230	0.7%	1,819	268	17.3%
			Beddays										
651	9,178	6,907	Day Case	513	5,969	(938)	-13.6%	5,667	(960)	-14.5%	302	22	7.9%
0.70	0.37	0.37	Day ALOS	0.27	0.32	(0.05)	-13.9%	0.32	(0.05)	-14.4%	0.36	(0.01)	-2.8%
113	1,313	944	Regular Attenders	110	972	28	3.0%	970	32	3.4%	2.0	(4.0)	-66.7%
			Inpatient:										
5,085	66,583	50,172	Elective	5,445	50,492	320	0.6%	39,844	(1,371)	-3.3%	10,648	1,691	18.9%
528	6,842	4,771	Non Elective	473	5,294	523	11.0%	4,531	656	16.9%	763	(133)	-14.8%
2,216	25,639	19,587	Non Elective (Non Emergency)	2,413	20,210	623	3.2%	19,351	481	2.5%	859	142	19.8%
7,829	99,064	74,530	Total Overnight Beddays	8,331	75,996	1,466	2.0%	63,726	(234)	-0.4%	12,270	1,700	16.1%
5.79	5.87	5.88	Overnight ALOS	6.02	5.84	- 0.04	-0.7%	5.30	- 0.08	-1.5%	12.5	- 0.9	-6.7%
7,953	109,555	82,381	All bed days	7,920	82,937	556	0.7%	70,363	- 1,162	-1.6%	12,574	1,718	15.8%
7,231	81,738	62,141	All bed days with LOS < 90 days	7,587	64,683	2,542	4.1%	57,537	606	1.1%	7,146	1,936	37.2%
			Midnight Census (ON Bed days)										
4,191	54,697	41,239	Elective	4,591	41,846	607	1.5%	32,095	(876)	-2.7%	9,751	1,483	17.9%
458	6,022	4,203	Non Elective	425	4,748	545	13.0%	4,048	662	19.6%	700	(117)	-14.3%
2,011	23,310	17,856	Non Elective (Non Emergency)	2,211	18,522	666	3.7%	17,706	530	3.1%	816	136	20.0%
0	1	1	Regular Attenders	0	2	1	100.0%	1	0	0.0%	1	1	100.0%
6,660	84,030	63,299	Total	7,227	65,118	1,819	2.9%	53,850	5,857	12.2%	11,268	2,622	30.3%
215	230	230	Average ON Beds Utilised	233	237	7	2.9%	196	21	12.2%	41	10	31.0%
			Critical Care Beddays (NICU|PICU|CICU)										
368	4,610	3,252	Elective	335	3,364	112	3.4%	2,490	35	1.4%	874	77	9.7%
80	1,453	896	Non Elective	32	806	(90)	-10.0%	766	(24)	-3.0%	40	(66)	-62.3%
625	6,404	5,055	Non Elective (Non Emergency)	708	5,488	433	8.6%	5,277	290	5.8%	211	143	210.3%
1,073	12,467	9,203	Total CC Beddays	1,075	9,658	455	4.9%	8,533	301	3.7%	1,125	154	15.9%
34.6	34.2	33.5	Average CC Beddays	34.7	35.1	1.7	4.9%	31.0	1.1	3.7%	4.1	0.6	15.9%
			Outpatients										
18,435	253,707	186,354	Outpatient Attendances (All)	16,903	189,539	3,185	1.7%	175,574	2,641	1.1%	13,965	544	4.1%
3,341	47,744	35,270	First Outpatient Attendances	3,081	35,179	(91)	-0.3%	29,597	(275)	-0.9%	5,582	184	3.4%
15,094	205,963	151,084	Follow Up Outpatient Attendances	13,822	154,360	3,276	2.2%	145,977	2,916	2.0%	8,383	360	4.5%
4.5	4.3	4.3	New to Review Ratio	4.5	4.3	0.0	0.4%	4.9	0.1	2.4%	1.5	0.0	1.0%

Comments on key changes to prior year:

Day Cases

Overall Day cases YTD are broadly in line with the same period in 16/17 overall, with a slight proportionate increase in IPP activity (10.9%). Urology continues to report a significant reduction compared to 16/17 (reduction of 367 cases; 17%) - due to a combination of staff sickness and a reduction in waiting list initiatives compared to 16/17. The YTD decrease caused by Urology is being offset by increases in other areas - for example, Haematology (173 cases; 13%) and Rheumatology (192 cases; 5%), due to utilisation of additional rehab capacity to clear a backlog.

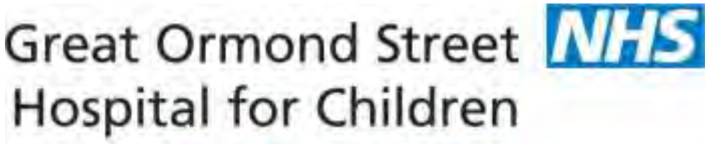
Overnight discharges

Overnight discharges YTD have increased by 498 (1.5%) compared to 16/17 with the most significant factors being NHS non-elective (increase of 102) and IPP elective activity (increase of 195). The NHS non-elective increase mainly relates to Nephrology (increase of 41) enabled by the opening of a 15th nephrology bed and Cardiology (increase of 101). IPP elective activity has increased in a number of area, but particularly Respiratory, Haemotology/Oncology and Neurology.

Critical care

Critical care bed days YTD have increased by 4.9% compared to 16/17. Although this is a proportionately higher increase compared to inpatient activity, it represents activity below planned levels - 4 additional PICU/NICU beds were planned to be opened but demand has been below expectations. However, NICU/PICU activity has generally been showing an upward trend over the last few months.

ATTACHMENT M



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
Tuesday 20th March	2:00pm – 5:00pm Finance and Investment Committee
Wednesday 28th March	11:00am – 1:30pm Trust Board
Wednesday 11th April	11:00am – 2:00pm QSAC
Monday 16th April	2:30pm – 5:30pm Audit Committee
Wednesday 25th April	4:00pm - 6:30pm: Members' Council
Wednesday 23rd May	10:00am – 1:00pm Audit Committee 2:00pm – 6:00pm: Trust Board
Wednesday 4th July	4:00pm – 6:30pm: Members' Council
Thursday 19th July	9:00am – 12:00pm QSAC
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
Thursday 11th October	2:30pm – 5:30pm QSAC
Thursday 18th October	9:00am – 12:00pm Audit Committee
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)	