

**Meeting of the Trust Board  
Thursday 27 September 2018**

Dear Members

There will be a public meeting of the Trust Board on Thursday 27 September 2018 at 1:30pm in the Charles West Boardroom, Great Ormond Street, London, WC1N 3JH.

Company Secretary

Direct Line: 020 7813 8230

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**AGENDA**

	<b>Agenda Item</b> <b><u>STANDARD ITEMS</u></b>	<b>Presented by</b>	<b>Attachments</b>	<b>Time</b>
1.	<b>Apologies for absence</b>	Chairman	<b>Verbal</b>	<b>1:30pm</b>
<b>Declarations of Interest</b> All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2.	<b>Minutes of Meeting held on 25 July 2018</b>	Chairman	<b>K</b>	<b>1:35pm</b>
3.	<b>Matters Arising/ Action Checklist</b>	Chairman	<b>L</b>	<b>1:40pm</b>
4.	<b>Chief Executive Update</b>	Chief Executive	<b>M</b>	<b>1:45pm</b>
5.	<b>Patient Story</b>	Chief Nurse	<b>N</b>	<b>1:55pm</b>
6.	<b>Board Assurance Committee reports</b> <ul style="list-style-type: none"> <li>• <b>Quality and Safety Assurance Committee update – July 2018 meeting</b></li> <li>• <b>Finance and Investment Committee Update – July 2018</b></li> </ul> <p><i>There has been no meeting of the Audit Committee since the last Board meeting.</i></p>	Chair of the Quality and Safety Assurance Committee  Chair of the Finance and Investment Committee	<b>O</b>  <b>P</b>	<b>2:15pm</b>
7.	<b>Council of Governors' Update – July 2018</b>	Chairman	<b>Q</b>	<b>2:30pm</b>
<b><u>STRATEGY and RISK</u></b>				
8.	<b>Deep dive into the Trust Strategy: People</b>	Acting Director of HR and OD/ Chief Nurse/ Deputy CEO	<b>R to follow</b>	<b>2:35pm</b>
9.	<b>Update on progress with implementation of digital research platform</b>	Medical Director	<b>T</b>	<b>2:50pm</b>
10.	<b>Update on restructure</b>	Deputy Chief Executive	<b>U to follow</b>	<b>3:10pm</b>
11.	<b>Safety and Reliability Improvement Programme</b>	Medical Director	<b>V</b>	<b>3:25pm</b>

	<b><u>PERFORMANCE</u></b>			
12.	<b>Quality Update Report – 31 August 2018</b>	Medical Director/ Chief Nurse	<b>W</b>	<b>3:35pm</b>
13.	<b>Integrated Performance Report (31 August 2018)</b>	Deputy Chief Executive	<b>X</b>	<b>3:45pm</b>
14.	<b>Finance Update (31 August 2018)</b>	Chief Finance Officer	<b>Y</b>	<b>3:55pm</b>
	<b><u>ASSURANCE</u></b>			
15.	<b>Safe Nurse Staffing Report (July and August 2018)</b>	Chief Nurse	<b>Z</b>	<b>4:05pm</b>
16.	<b>Workforce Race and Equality Standard Report</b>	Acting Director of HR and OD	<b>1</b>	<b>4:15pm</b>
	<b><u>GOVERNANCE</u></b>			
17.	<b>Revised Trust Board Terms of Reference 2018/19 – 2019/20</b>	Company Secretary	<b>2</b>	<b>4:25pm</b>
<b>Any Other Business</b> (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)				
<b>Next meeting</b> The next Public Trust Board meeting will be held on Thursday 8 November 2018 in the Charles West Room, Great Ormond Street, London, WC1N 3JH.				

# ATTACHMENT K

**DRAFT Minutes of the meeting of Trust Board on  
25<sup>th</sup> July 2018**

**Present**

Sir Michael Rake	Chairman
Dr Peter Steer	Chief Executive
Lady Amanda Ellingworth**	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr Matthew Shaw	Medical Director
Ms Alison Robertson	Chief Nurse
Ms Helen Jameson	Interim Chief Finance Officer
Ms Nicola Grinstead	Deputy Chief Executive

**In attendance**

Mr Matthew Tulley	Director of Development
Ms Cymbeline Moore	Director of Communications
Ms Alison Hall	Deputy Director of HR and OD
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Herdip Sidhu-Bevan*	Deputy Chief Nurse
Ms Emma James*	Patient Involvement and Experience Officer
Dr Sanjiv Sharma*	Deputy Medical Director for Medical and Dental Education
Ms Lynn Shields*	Associate Director of Education
Mr Luke Murphy*	Freedom to Speak Up Guardian
Dr John Hartley*	Director of Infection Prevention and Control
Ms Helen Dunn*	Lead Nurse for Infection Prevention and Control
Mr Jon Schick*	Programme Director

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

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

<b>45</b>	<b>Apologies for absence</b>
45.1	Apologies for absence were received from Mr Chris Kennedy, Non-Executive Director; Mr Matthew Tulley, Director of Development and Mr Ali Mohammed, Director of HR and OD. It was noted that Ms Alison Hall, Deputy Director of HR and OD was in attendance in Mr Mohammed's stead.
<b>46</b>	<b>Declarations of Interest</b>
46.1	No declarations of interest were received.
<b>47</b>	<b>Minutes of Meeting held on 28th March 2018</b>
47.1	An addition to be made to minute 32.2 to confirm that future staff surveys would be provided to the whole staff population.
47.2	Subject to the above amendment, the Board <b>approved</b> the minutes.

<b>48</b>	<b>Matters Arising/ Action Checklist</b>
48.1	The actions taken since the last meeting were noted.
<b>49</b>	<b>Patient Story</b>
49.1	Former GOSH patient Katrina attended the Board with her mother. Katrina said that she was referred to GOSH at nine years old under the rheumatology team and transitioned when she was 16; she is currently 18 years old.
49.2	Katrina said that during her time at GOSH she had been admitted for some long stays and whilst her experience overall was good and her condition was well managed she felt that there was not equal consideration given to her mental health and how she felt throughout her treatment given that she was unable to attend school or see friends.
49.3	Katrina said that she had become involved with a rheumatology study and being involved in research had become very important to her. She emphasised the importance of patients having the opportunity to take part in research and said she felt that this should be a focus of GOSH for both clinicians and young people.
49.4	Katrina's mother reiterated the importance of supporting children and young people's mental health, particularly at an early stage of illness to ensure they were prepared for the future.
49.5	Ms Alison Robertson, Chief Nurse said that under the new operational structure decisions had been made in recognition of the importance of supporting patients' mental health. A Chief of Mental Health Services role had been created which would oversee not only patients who were accessing psychological services, but patients across the Trust. Adolescent Health would also report directly to the Chief Nurse under the new structure.
49.6	Mr Matthew Shaw, Medical Director said that it was important that the Trust had a strong mental health service and this was in line with Simon Stevens' ten year view.
<b>50</b>	<b>Chief Executive Update</b>
50.1	Dr Peter Steer, Chief Executive gave an update on the following matters:
50.2	<ul style="list-style-type: none"> <li>• Selective Dorsal Rhizotomy, a surgical treatment for Cerebral Palsy which had been shown to have good outcomes was now funded through the NHS.</li> <li>• A new treatment was available for the most severe Neuroblastoma. GOSH had been involved in the trial for the drug.</li> <li>• A paper would be presented to the Board after summer on the positive work that was taking place to consolidate pathology laboratories nationally into hubs. GOSH had been key in ensuring there would be a national paediatric lab network. Work was also taking place to combine work by the National Neurology Lab Service with GOSH.</li> <li>• Simon Stevens, Chief Executive of NHS England had announced that £20billion would be invested in the NHS over the coming years and a 10 year plan had been developed. A focus would be placed on child and young person mental health and general paediatric health and wellbeing. A</li> </ul>

	<p>letter from the Chairs of the hospitals which were part of the Children's Alliance would be sent to NHS England requesting that the Alliance be engaged in determining implementation of the plan.</p> <ul style="list-style-type: none"> <li>• <b>Action:</b> Sir Michael Rake, Chairman said that it was important for the Trust to consider the impact of Britain's exit from the European Union on the supply of medicines as well as clinical and other staff. He requested that a paper was presented to the Board in September on this matter.</li> <li>• The Trust had been approached by the press around its engagement with European Research Networks. Currently there were 24 networks established around Europe, 13 of which GOSH was engaged with and leading on one. It had become clear that as a result of Britain's exit from the European Union that the UK would no longer be welcome to either lead or engage in these networks. Dr Steer said that this was extremely disappointing for all involved.</li> </ul>
<b>51</b>	<b>Learning Academy</b>
51.1	Mr Matthew Shaw, Medical Director said that following feedback provided at the last Board meeting updates had been made in terms of capturing the collaboration between GOSH and the UCL GOS Institute of Child Health. The Board welcomed this work.
51.2	The Board <b>approved</b> the new content of the strategic plan.
<b>52</b>	<b>Board Assurance Committee reports</b>
52.1	<u>Audit Committee update – May 2018 meeting</u>
52.2	Mr Akhter Mateen, Chair of the Audit Committee confirmed that a verbal update had been provided at the previous meeting. The Board noted the written update.
52.3	<u>Quality and Safety Assurance Committee update – July 2018 meeting</u>
52.4	Professor Rosalind Smyth, Member of the QSAC said that some concerns around culture had been raised by the Committee as a result of the outcome of the staff survey which highlighted that in some areas of GOSH an unacceptable proportion of staff had reported being subject to bullying and harassment, as well as Freedom to Speak up reports in which a large proportion of cases raised were about bullying and harassment.
52.5	Sir Michael Rake, Chairman said it was vital for GOSH to continue to work on its approach to support staff who often worked in very intense and stressful environments. Dr Steer agreed and said that the organisational restructure was enabling the Trust to appoint appropriate individuals to roles who would help to underpin the change agenda. He added that the work taking place with the Cognitive Institute was around a culture shift and staff being able to speak up.
52.6	<u>Finance and Investment Committee Update – July 2018</u>
52.7	Mr James Hatchley, Chair of the Finance and Investment Committee said that Committee had noted that the Trust continued to be broadly in line with plan at month three and had reviewed lessons learnt in previous capital projects and how this learning could be applied going forward. A rolling programme of projects to review was being established.

52.8	The Committee had reviewed the Long Term Financial Model which would require final approval by the Board.
52.9	Mr Hatchley said that the committee had reviewed benchmarking data and there were some outliers which required consideration. He said that this could, through triangulation, be used to inform the better value programme.
<b>53</b>	<b>Draft Constitution</b>
53.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Constitution Working Group, comprising Governors, Board members and legal advisors had met as a task and finish group to review the Constitution in terms of the Governors' experience of working with GOSH and in order to take advantage of best practice and integrate the Trust's values. She said that the Governors who had worked on the committee would be sent thank you notes for their significant contribution.
53.2	Ms Grinstead said that the amendments had been discussed at the July meeting of the Council of Governors and were approved by the Council.
53.3	Dr Anna Ferrant, Company Secretary said that approval from the Board was being sought on all the key and minor changes as discussed in detail at the Council of Governors meeting and approved the day before.
53.4	The Board <b>approved</b> all proposed changes to the Constitution and the following documents: <ul style="list-style-type: none"> <li>• Code of Conduct for Governors</li> <li>• Standard operating procedure for telephone and video conference meetings</li> <li>• Lead Governor role description and Deputy Lead Governor role description.</li> </ul>
53.5	Dr Ferrant said that consideration was being given to phasing Governor elections to ensure there was not a turnover of a large number of Governors at one election. She proposed that a number of options were drafted including the implications for current Governors and their constituencies. Dr Ferrant highlighted that some proposals would require Governors to volunteer to be subject to phasing and an additional election.
53.6	Sir Michael Rake, Chairman said that a very constructive meeting of the Council of Governors had taken place on 24 <sup>th</sup> July and highlighted that asking Governors to volunteer to be subject to phasing could be a sensitive topic which would require round table discussion with Governors. He thanked Ms Grinstead and Dr Ferrant for their work.
<b>54</b>	<b>Clinical Operations Restructure</b>
54.1	Ms Nicola Grinstead, Deputy Chief Executive said that in May 2016 when the current Trust structure was implemented, a commitment was made to evaluate it after two years. In April 2018 the Trust carried out an evaluation of the Clinical Operations structure including ten workshops led by the Deputy Chief Executive and a series of questions shared across the Trust. Based on feedback received a draft structure had been proposed and a formal Trust wide consultation had taken place receiving over 300 responses.

54.2	Ms Grinstead said that key feedback which had been received was around having a larger number of smaller divisions to enable a smaller gap between front line services and the Board. Chiefs of Service roles had been created in response to feedback that AHPs and other professionals should be more visible. Ms Grinstead said that changes were being made within the context of the Trust's cultural objectives and a series of away days were planned in September for team building purposes with the new structure becoming live on 1 <sup>st</sup> October.
54.3	Sir Michael Rake, Chairman said that the restructure had been discussed at the Council of Governors' meeting and the Council had been clear that clinical staff must have sufficient capacity to undertake their managerial role.
54.4	Mr James Hatchley, Non-Executive Director asked whether once the divisions had been changed it would be challenging to look back across performance metrics and Ms Grinstead confirmed it would still be possible to show trend data. She said that the Better Value programme had been run at a service level and this would continue, with the cross cutting schemes such as flow being managed centrally.
54.5	Mr Hatchley noted that the recruitment of staff to new posts was taking place across the summer and requested assurance that the appropriate individuals had been able to take part in the selection process. Ms Grinstead said that the timescales had been transparent since the beginning of the process and flexibility was being applied where possible.
54.6	Professor Rosalind Smyth, Non-Executive Director welcomed the process that had taken place and asked for more information about the Chief of Service role. Ms Grinstead said that the role would report through the Clinical Director of Operations. Mr Matthew Shaw, Medical Director said that Deputy Chiefs of Service were also being implemented and these had responsibility for quality. There was a clear line of reporting to the Chief Nurse and Medical Director around quality and patient experience.
54.7	Ms Alison Robertson, Chief Nurse said that there had previously been frustrations within nursing around a lack of visible leadership and influence and the new structure would address these concerns. She welcomed the Chief of Allied Health Professionals (AHPs) role and said that NHS Improvement had been clear on the importance of recognising the contribution of AHPs and engaging with this group.
54.8	<b>Action:</b> Sir Michael Rake, Chairman welcomed the inclusive way in which the restructure had been undertaken and requested an update on the outcome in one year. This would be built in to the Board calendar.
<b>55</b>	<b>Strategic nursing workforce update</b>
55.1	Ms Alison Robertson, Chief Nurse said that substantial work had taken place over the past 18 months on recruitment and this had been recognised by the Trust having won a national HR award. There remained some areas which required specific focus and recruitment initiatives were being tailored to individual areas.
55.2	Focus was now being placed on retention and a range of initiatives had been developed with particular emphasis on retaining band 6 nurses and working with nurses reaching the end of their careers to encourage them to remain at the Trust. An event would be taking place in September offering advice and information on pensions, flexible working and moving to part time working.

55.3	The Board welcomed the paper and acknowledged the nurse recruitment and retention challenge which had been in place for a number of years.
55.4	Sir Michael Rake, Chairman asked if there had been learning identified from the large number of newly qualified nurses who had begun in post at the same time. Ms Robertson said that there had been a balance of feedback however there had been a very small attrition rate from this group. An excellent two year preceptorship programme had been established to support these newly registered nurses however a key point was the way in which they were received and made welcome in their teams. Ms Robertson said that there had been some additional pressure placed on more senior nurses however the national award had been well received. She added that 130 nurses were starting in post in September 2018.
55.5	Mr James Hatchley, Non-Executive Director highlighted the 'pinch point' summary and asked what was being done to improve this. Ms Robertson said that work was taking place to encourage registered nurses who were not able to work 12 hour shifts to join the Trust's bank and work parts of a shift to alleviate the pinch points, which occurred at times of peak activity, which had been identified on each ward.
<b>56</b>	<b>CQC Inspection Report Action Plan</b>
56.1	<b>Action:</b> Mr Matthew Shaw, Medical Director said accountability and responsibility for CQC had been transferred to his area in July 2018 and work was taking place to meet all the relevant leads in the Trust. Mr Shaw highlighted that although two services were inspected by the CQC in 2018, the remaining services had not been inspected since 2015. A gap analysis and improvement plan for each area was being developed working towards full compliance within two years. It was agreed that the improvement plan would be presented to the Board in September 2018 and the Board noted that internal audit would review CQC readiness in October 2018. Mr Shaw added that the work the Board was doing with the King's Fund would support the well led line of enquiry but it was important to consider what was required for an organisation to be well led.
56.2	Mr Akhter Mateen, Non-Executive Director said that it would be helpful to know by early 2019, in a candid way, what the CQC's view of the Trust was likely to be.
<b>57</b>	<b>Integrated Quality Report – 30 June 2018</b>
57.1	Mr Matthew Shaw, Medical Director said that an in depth discussion had taken place at the Quality and Safety Assurance Committee as it had previously been noted that the Trust's numbers of cardiac arrests were higher than others. He said that he was assured that this was due to the way that high dependency patients were disseminated around the Trust. He added that 2222 calls had increased which was positive as it was an indicator that staff were identifying deteriorating patients.
57.2	Mr Shaw said that there was a balance to be struck in the timeliness of serious incident and complaints reports between ensuring the report was complete and correct but also ensuring that learning could be disseminated in a timely fashion. Mr James Hatchley, Non-Executive Director asked if there was a metric by which the embedding of learning could be monitored and Mr Shaw said that clinical audit and internal audit were helpful ways of doing this.
57.3	Ms Alison Robertson, Chief Nurse said that changes were being considered to the

	way that feedback was collated from the Friends and Family Test. She said that this had been discussed at the Patient and Family Engagement and Experience Committee and the importance of using the system to drive engagement had been emphasised.
57.4	<u>Annual Infection Prevention and Control Report</u>
57.5	Dr John Hartley, Director of Infection Prevention and Control presented the report and said that many of GOSH's patients were susceptible to infection due to the nature of their illness or treatment however the Trust strived to protect them from any existing infections and cross infection from other patients as well as antibiotic resistant organisms which was a worldwide challenge.
57.6	Dr Hartley said that a key area for investment in IPC terms was maintaining the estate and facilities. He said it was vital to ensure that ventilation, cleaning and water was maintained to a high quality.
57.7	Ms Alison Robertson, Chief Nurse said that the IPC team was strong and proactive and she met twice monthly with the DIPC and lead nurse to progress its agenda. She endorsed the view that the current estate and newly opened space must be as safe as possible.
57.8	Mr Akhter Mateen, Non-Executive Director asked for a steer on the trend in IPC. Dr Hartley said that in terms of the observation of hand hygiene audits compliance rates were good however in terms of central venous line (CVL) infection rates, although focus continued it was proving challenging to reduce the rate any further, however it was noted that the rate was already low.
57.9	The Board <b>approved</b> the full report to be uploaded to the GOSH website.
57.10	
57.11	<u>Annual Complaints Report 2017/18</u>
57.12	Mr Shaw said that in quarter one of 2018/19 the time taken to respond to complaints had been halved and there had been a change in the approach to response rates by the team. He said that in general compliant numbers were low however this was variable.
57.13	Professor Rosalind Smyth, Non-Executive Director welcomed the reduction in complaints related to the gastroenterology service but noted that SNAPS complaints had increased substantially and suggested a better understanding of the drivers of this were required.
57.14	<b>Action:</b> It was agreed that summaries of individual complaints would be included in future reports.
57.15	<u>Annual PALS report 2017/18</u>
57.16	Ms Robertson presented the report and said that in future additional information would be provided from divisions about what they were doing to better respond to PALS. She congratulated the team on the good service they provided.
57.17	<u>Results of the Care Quality Commission National Inpatient and Day Case Experience Survey 2016</u>
	<b>Action:</b> Ms Robertson highlighted that the report presented the results of a survey

57.18	<p>undertaken in 2016 and Sir Michael Rake, Chairman requested a note was sent to him about the time taken to receive the information so that it could be raised with the Chair of the CQC.</p> <p>Ms Robertson said that a higher than average response rate had been received with two thirds of responses provided by children and young people. She said that responses had been benchmarked with other providers and there were no questions on which GOSH was below average. The areas for improvement had been subsumed into work that was already taking place.</p>
<b>58</b>	<b>Learning from Deaths Mortality Review Group - Report of deaths in Q4 2017/2018</b>
58.1	<p>Mr Matthew Shaw, Medical Director said that in March 2017, the National Quality Board published national standards for the reviewing of inpatient deaths and learning from the care provided to patients. The guidance requires that Trusts share information on deaths to be received at a public board meeting. Mr Shaw reported that every death at the Trust was reviewed by a multidisciplinary team in order to identify any potential themes or risks and modifiable factors which could have led to a change in outcome.</p>
58.2	<p>Between 1st January and 31st March 2018 17 children died at GOSH. Case notes had been reviewed for 16 patients, with one review having been delayed until police investigations had been completed. Of the cases reviewed, there had been no deaths where modifiable factors at GOSH provided a complete and sufficient explanation for death, however there was one case for which the team determined that there had been a modifiable factor at both GOSH and the referring hospital that may have contributed to vulnerability, ill health or death.</p>
58.3	<p>Mr Shaw reflected that whilst end of life care at GOSH was acknowledged (by the CQC) as being good, the trust was working up a plan to implement a programme called RESPECT which is a nationally recognised pathway which supports health professionals and families to discuss CPR and other life sustaining treatments so that options and decisions can be properly explored and documented in advance.</p>
<b>59</b>	<b>Integrated Performance Report (30 June 2018)</b>
59.1	<p>Ms Nicola Grinstead, Chief Finance Officer presented the report and said there some new indicators had been included which were either mandated in the commissioner contract or were being used as readiness testing for implementation of the Electronic Patient Record.</p>
59.2	<p>The Trust had achieved compliance with the RTT metric for six consecutive months which was extremely positive as it was directly related to patient experience, however three patients had been reported as having waited longer than 52 weeks. Root cause analysis was being undertaken for these patients and it was confirmed that the cases had been assessed for potential harm and no patient had been harmed as a result of their wait.</p>
59.3	<p>Mr Akhter Mateen, Non-Executive Director highlighted the debtor days which were substantially above target and requested that work took place to reduce this metric for the June data.</p>
59.4	<u>Progress with Better Value Programme</u>

59.5	Mr Jon Schick, Programme Director presented the report and said at the end of quarter 1 after mitigation the Trust was reporting delivery in line with budget of £2.4million. It was forecast to deliver the total programme value of £15million by year end and a line by line budget review had helped to identify 2.5% local targets. The team was working to identify a programme over one, three, five and ten years.
59.6	Ms Grinstead said that the Trust was the furthest ahead it had been at this point of the year. The QIA process was underway with the Chief Nurse and Medical Director to confirm that quality and safety were not being compromised to identify savings.
59.7	<b>Action:</b> A review of progress with implementation of the Electronic Patient Record and research platform was requested for the September meeting.
59.8	<u>Finance Update (30 June 2018)</u>
59.9	Ms Helen Jameson, Chief Finance Officer said that the Trust had ended month 3 £0.3million ahead of the target of £0.8million and continued to report that the control total would be met. She said that this was driven by over-performance of NHS contracts due to additional activity and increased complexity of case mix, however IPP was behind plan by £0.8million.
<b>60</b>	<b>Safe Nurse Staffing Report (May and June 2018)</b>
60.1	Ms Alison Robertson, Chief Nurse presented the report and said that analysis of the actual versus planned care hours in month had remained within the recommended parameters of 90%-110%. Care hours per patient per day remained stable and there was a substantial proportion of patients who required nursing at a ratio of one to one or two to one.
60.2	Recruitment was being focused on IPP which had a 21% vacancy rate against an overall trust rate of 5.2% and Sky Ward.
60.3	Dr Peter Steer, Chief Executive said that at a recent meeting of the Children's Alliance it had been clear that it was challenging for other Trusts to recruit sufficient nurses for a ratio of one to one in ICU whereas GOSH's high acuity case mix mean that a large number of patients were nursed on this basis on wards.
<b>61</b>	<b>Report from the Guardian of Safe Working</b>
61.1	Mr Matthew Shaw, Medical Director said that there was a Trust wide Junior Doctor vacancy rate of 10% with some areas where this was higher and the number of Junior Doctors overall was reducing. Analysis of bank and agency spend by area showed that this was often not related to the services in which there were gaps and work was required to ascertain whether an increased number of Junior Doctors was required or whether there was a data issue related to coding.
61.2	An additional Associate Medical Director post would be created with responsibility for modernising the workforce and filling gaps.
61.3	Professor Rosalind Smyth, Non-Executive Director highlighted the issue with recruitment in paediatrics which would impact GOSH. She suggested that there

	was an opportunity to engage with the Royal College of Paediatrics and Child Health about the challenges over the forthcoming years.
<b>62</b>	<b>Annual Report from the Responsible Officer</b>
62.1	Mr Matthew Shaw, Medical Director presented the report and said that the Trust's appraisal rate for doctors was below average and emphasised the importance of ensuring it was above target. This was partly driven by insufficient resource allocation for running appraisals which was currently 0.1 WTE of a band 8A for 600 doctors. It was anticipated that one WTE band 6 was required and a business case for this post would be presented to the Executive Management Team.
62.2	There was currently no automated process for reminding doctors that appraisal was due or to provide electronic feedback about the quality of the appraisal. Mr Shaw said that the Trust did not always receive a handover form from a doctor's previous Trust following appointment at GOSH. Sir Michael Rake, Chairman said it was vital to work to improve this to ensure that the Trust was able to support Doctors.
62.3	Mr James Hatchley, Non-Executive Director highlighted that the action plan showed a number of points which had not been achieved. Mr Shaw said that it was standard practice to operate a revalidation committee led by the Medical Director which would monitor the action plan and appraisal performance. He said that this would be developed at GOSH and would meet on a quarterly basis.
<b>63</b>	<b>Any Other Business</b>
63.1	Sir Michael Rake, Chairman said he felt it was beneficial to hold the Board meeting the day after the Council of Governors meeting in order to reduce duplication. He confirmed that walkrounds would be reintroduced for Non-Executives before or after Board meetings.

# ATTACHMENT L

**TRUST BOARD – PUBLIC ACTION CHECKLIST**  
**September 2018**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
135.10	07/02/18	Mr David Lomas, Chair of the Finance and Investment Committee said that the meeting had considered the use of Patient Level Costing to allow patient level data to be cut in many ways giving an insight into the negative NHS contribution. The Committee had also reviewed the drivers of revenue in terms of activity volumes and tariff and it was agreed that both these topics would be discussed by the Board during 2018/19.	HJ	November 2018	Not yet due
165.4	28/03/18	Patient Story: Ms Nicola Grinstead, Deputy Chief Executive said that work would take place to look at the appointment booking process as this should take place through the bookings team rather than individual medical secretaries. She said that the pharmacy review project, which was being reviewed by the Quality and Safety Assurance Committee, was working to reduce long waits. Educational materials had been purchased and Ms Grinstead confirmed that these could also be used in outpatient areas.	NG	September 2018	Closed: This case was reviewed and found to be a rebooking which went through to the medical secretary who needed to liaise with consultant to agree an appropriate date. Usually bookings are overseen by the booking team.
174.4	28/03/18	The Board discussed the hand hygiene audit results as part of the infection prevention and control report and it was agreed that discussion would take place outside the meeting to look at a different way of presenting the data.	John Hartley	November 2018	Not yet due
50.2	25/07/18	Sir Michael Rake, Chairman said that it was important for the Trust to consider the impact	AR, MS	September 2018	Actioned – discussed at Risk Management meeting in

Attachment L

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		of Britain's exit from the European Union on the supply of medicines as well as clinical and other staff. He requested that a paper was presented to the Board in September on this matter.			September 2018
54.8	25/07/18	Sir Michael Rake, Chairman welcomed the inclusive way in which the clinical operations restructure had been undertaken and requested an update on the outcome in one year. This would be built in to the Board calendar.	NG	July 2019	Not yet due
56.1	25/07/18	A CQC gap analysis and improvement plan for each area was being developed working towards full compliance within two years. It was agreed that the improvement plan would be presented to the Board in September 2018.	MS	September 2018	On agenda
57.13	25/07/18	It was agreed that summaries of individual complaints would be included in future complaints reports.	MS	November 2018	Not yet due
57.17	25/07/18	Ms Robertson highlighted that the report presented the results of a CQC patient experience survey undertaken in 2016 and Sir Michael Rake, Chairman requested a note was sent to him about the time taken to receive the information so that it could be raised with the Chair of the CQC.	AR	September 2018	The patient data was collected in early 2017, from patients who stayed in GOSH during October-November 2016 – GOSH received the results from CQC on 28 November 2017. We don't know why it took so long and when asked the team were told that the information was not yet ready. CQC used Picker to deliver the survey.  Once the results were received the Trust process was to validate

Attachment L

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
					<p>the data and compare to previous data and the results were then presented as below:</p> <p>PFEEC 27-Feb 2018            Staff Talks 20/21 March            Roundabout May 2018            ODGP 13 June 2018            Trust Board 25-Jul 2018</p> <p>This year's survey has already seen a delay. It is coordinated at a national level as part of the National Patient Survey Programme (NPSP) on behalf of the Care Quality Commission (CQC). Subject to receiving ethical and Section 251 of the NHS Act 2006 approval, the 2018 Children and Young People's Patient Experience Survey will be running later this year than initially advertised. It is expected sample drawing will take place in mid-January 2019 with fieldwork running between February and June 2019. Publication will be in late 2019.</p>
59.7	25/07/18	A review of progress with the implementation of Epic and the Arhidia research platform to be presented at the September meeting.	MS	September 2018	On agenda

# ATTACHMENT M

**GOSH Chief Executive Report  
September 2018**

**1. Power Outage**

During August 2018, GOSH was challenged by a 48 hour loss of power to the Southwood Building and Nurses Home.

The emergency was managed as a major incident. Credit must go to all involved, but also to the clinicians and support staff who ensured that 'business as usual' resulted in very few patient cancellations. It was apparent that our patients and parents were unaware of or affected by this activity and it is a credit to all.

It was exceptionally challenging to identify the aetiology of the electricity failure, despite the efforts of our own engineering staff and external consultant staff. The site of the problem has been identified (outside the affected areas) and the mechanism of the failure was eventually identified (a consequence of an aberrant safety shut down signal from an electric switchboard). How such an anomaly should occur is still a subject of investigation from our own and external engineers.

Appropriate corrective work and redundancy has been made available to the affected end users while the investigative work continues.

**2. Prayer Room Opening**

Monday, September 7 marked the official opening of the dedicated Muslim Prayer Room at GOSH. This dedicated space, so important to many members of our staff and parent community, is a result of the fundraising efforts (and individual generosity) of key staff members led by Mr Owase Jelani, Consultant, along with the positive engagement of our redevelopment and facilities team. All deserve congratulations.

It is difficult to overstate the extraordinary positive feedback that has been received from the community.

**3. CE GOSH CC Resignation**

As the Board may already know, Tim Johnson has given notice of his resignation as CEO of GOSH Charity effective March 31, 2019.

Tim has been with the Charity for 17 years and has been CEO for the last 7 years and during his tenure has seen significant positive shift in the quantum of funding raised by the Charity. The Charity has commenced the process to approve a successor.

#### **4. New Grants Strategy Approval Process**

The Board has been presented with a proposal to review and renew the grants approval process undertaken by the Charity. The current process is burdensome and overly bureaucratic and expensive in time if not in strict financial terms.

Over the past 18 months the Charity, the Trust and University College London undertook a comprehensive engagement exercise that distilled a strategic plan for investment in a 5 year 50 million Discovery (Research) campaign and funding allocation. The strategy and the process of delivering it have been well received by all parties. The strategy has ensured an alignment of all parties on priority investment areas and set a platform from which to advocate for further leverage funding from other charities or granting agencies (e.g. Arthritis Foundation, Cancer UK are two current and very valuable examples).

The learning and ultimate success of this process prompted Kiki Syrad, Director of Grants to approach the Trust with a similar process for prioritising the general grants to the organisation.

The Executive unanimously welcome and support this approach, which places a GOSH NED as Chair of the Steering Committee. While not onerous, this provides an important opportunity for the Trust to lead such an initiative.

This approach is recommended to the Board.

#### **5. Sustainability and Transformation Plan (STP) Engagement**

The GOSH leadership, CEO, Chief Finance Officer and Medical Director have now established ongoing engagement with our geographic STP.

It is acknowledged by the STP leadership, however that although a significant element of the STP agenda will not be relevant to GOSH, they are keen to have GOSH input into the development of the paediatric agenda for the STP.

There remain challenges in the realm of capital funding, in the construct of NHSE relationship with STPs and individual trusts which, without changed policy, will place GOSH at a distinct disadvantage in access to and even approvals to spend significant capital funds.

<b>Trust Board</b> <b>27 September 2018</b>	
<b>Patient Story – TL</b>	<b>Paper No: Attachment N</b>
<b>Submitted on behalf of</b> Alison Robertson, Chief Nurse	
<p><b>Aims / summary</b></p> <p>The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for the Trust Board. They also go to the Quality, Safety and Assurance Committee. Each story includes information on actions which were taken to improve aspects of a service, if applicable. Stories which are selected represent a range of families' experiences across a variety of wards and service areas across the divisions, ensuring that the experience of families is captured.</p> <p>This story has been pre-recorded and details a parent's (Tracey) experience of Great Ormond Street Hospital over the past five years (Jason is 12 ½ years old).</p> <p>Jason was first referred to the Nephrology Team in February 2013, and has since also been under the care of the Endocrinology and Orthopedic Surgery Teams. His last inpatient stay was on Kingfisher Ward.</p> <p>3 key messages to take away from this story are:</p> <ol style="list-style-type: none"> <li>1. The importance of providing reasonable adjustment for parents as well as patients</li> <li>2. The availability of financial support for the cost of food for families staying at GOSH in receipt of income support</li> <li>3. The challenges of supporting one parent families with multiple children, who are not local to London</li> </ol>	
<b>Action required from the meeting</b> Review and comment	
<p><b>Contribution to the delivery of NHS / Trust strategies and plans</b></p> <ul style="list-style-type: none"> <li>• The Health and Social Care Act 2010</li> <li>• The NHS Constitution 2010</li> <li>• The NHS Operating Framework 2012/13</li> <li>• The NHS Outcomes Framework 2012/13</li> <li>• Trust Values and Behaviors work</li> <li>• Trust PPIEC strategy</li> <li>• Quality Strategy</li> </ul>	
<b>Financial implications</b> None	
<b>Who needs to be told about any decision</b>	
<b>Who is responsible for implementing the proposals / project and anticipated timescales</b> Emma James – Patient Experience and Engagement Officer	
<b>Who is accountable for the implementation of the proposal / project</b> Herdip Sidhu-Bevan– Assistant Chief Nurse Quality and Patient Experience	
<b>Author and date</b> Emma James – Patient Experience and Engagement Officer – September 2018	

**Summary of the meeting of the Quality and Safety Assurance Committee  
held on 20<sup>th</sup> July 2018**

**Matters arising/ Action point checklist**

The Committee agreed that the Finance and Investment Committee should provide oversight of adherence to the flow project timetable and performance, the Audit Committee should review data quality and the QSAC should review the metrics which show the quality outcomes of flow such as cancellations.

An update was provided on the cause of the Trust's rates of arrest outside ICU which had been higher than other Trusts when benchmarked. It was confirmed that following review the raised rates were as a result of GOSH's patients being supported throughout the Trust rather than in ICU as in the case of most other Trusts. It was also confirmed that GOSH's cardiac data was excellent and data was showing that improvements were being made in recognising deteriorating patients.

**Committee Effectiveness Review**

Committee members agreed to provide feedback on the areas which should be covered in the Committee effectiveness review. Discussion took place about the way in which the committee could capture a more general sense of overall quality of care including patient experience for the majority of patients and families.

**Integrated Quality and Safety Update**

Cardiac arrest rates remained stable and there had been one respiratory arrest in month. Discussion took place about how information from serious incidents was disseminated and the Committee requested a list of the ways that information shared. A serious incident around level 4 cleans was discussed and emphasised the importance of monitoring contracts which had a safety aspect. The Committee discussed out of hours working and it was confirmed that the Trust was currently meeting the three required standards and this compliance would be audited.

**Update on Transition**

The Trust was on track to achieve the transition CQUIN for 2018/19 and adolescent medicine would move under the remit of the Chief Nurse to support a strategic approach to transition which was adopted consistently through the Trust. The Committee acknowledged the responsibility of adult services but emphasised that GOSH must ensure the areas were within its control were as high quality as possible.

**Quarterly Safeguarding Report (April - June 2018)**

Positive feedback had been received when the annual safeguarding report was discussed with NHS England and an internal audit of the service would begin at the end of July. The Committee reviewed the actions plans from two internal reviews in 2016 and 2017 of which a number of actions had been completed. Work continued to co-locate the safe guarding and social work teams however the teams were working well together. It was noted that out of hours advice was currently provided by CSPs however three general paediatricians would be joining the rota.

**Health and Safety Update**

A RIDDOR reportable incident had taken place and processes had been changed as a result. More in depth fire training for nurses was being implemented which was receiving good feedback.

**Update on development of potential Future Workforce Assurance Report**

The committee welcomed the report but noted that performance in many of the areas must be improved. It was suggested that the report should be seen in the context of the staff survey and presented alongside it.

### **Board Assurance Framework Update**

Discussion took place around whether a reputation risk should be added to the BAF and it was emphasised that whilst the Trust would not allow reputation to be the driver of its activities further discussion would take place about whether a risk should be added about the health of the organisational culture.

### **External review update**

A review of a case from 2001 was taking place. The Committee requested that a standing item was added to the QSAC agenda about emerging issues.

### **Bullying and Harassment**

Work had taken place to reconcile the difference between the relatively small number of staff raising formal complaints about bullying and harassment and the large proportion of staff report that they had been subject to this in the staff survey. The Committee expressed concern that staff did not feel able to raise concerns formally and requested a staff survey of the whole staff body took place which included specific questions about bullying and harassment developed taking into consideration academic work on bullying and harassment.

### **Compliance Update**

The Committee welcomed the Ofsted rating of outstanding received by the hospital school. The Trust had received an enforcement notice around medical records however an audit had evidenced that there was no issue in this area. Scores for this year's PLACE inspection had gone down and work to take place to ascertain whether the change in score was statistically significant.

### **Whistle blowing - Quality related cases**

No new cases had been raised in quarter.

### **Freedom to speak up to update**

Cases were split broadly into two themes one of which was around bullying and harassment, primarily around long standing issues with managers. The Committee requested additional information about how the work with the Cognitive Institute about speaking up would work alongside the FTSU agenda.

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

The QIA process was almost complete with only a small number of schemes outstanding. It was agreed that the next meeting would review the flow programme and its quality impact since it began. The Committee welcomed the levels of savings which had been identified at this point in the year.

### **Internal Audit Progress Report (April 2018 – June 2018)**

The final report from the 2017/18 audit plan was presented which was patient safety data and provided a rating of significant assurance with minor improvement opportunities.

### **Internal and external audit recommendations update**

The Committee welcomed the progress to reduce the outstanding actions and emphasised that it was unacceptable to continue to extend the timetable for actions due.

### **Clinical Audit update April 2018 – June 2018**

Discussion took place around the consent process in the cardiac team and the committee expressed concern that there had been substantially lower compliance with the consent clinic process than was anticipated. The Medical Director had been clear about expectations with relevant clinicians and a re-audit would take place in August. Discussion took place around consultant presence at ward rounds and whether there was weakness in the system which required review. Work was taking place to consider the responsibilities of GOSH consultants and the committee requested an update on this work at the next meeting.

## Attachment O

The Committee noted the update from the May meeting of the Audit Committee.

### **Matters to be raised at Trust Board**

- The variety of cultural issues which had been raised at the meeting including freedom to speak up
- External review update
- Clinical update
- Consultant presence at ward rounds

## Summary of the Finance and Investment Committee meeting held on 24 July 2018

### Summary of purpose and scope of report

This report summarises the Finance and Investment Committee's (FIC) work since its last written report to the Trust Board on 23 May 2018 and the verbal report to the Trust Board on 25 July 2018.

The FIC held meetings on 24 July 2018 with two extraordinary meetings held on 9 August 2018 and 7 September 2018. Highlights from the July, August and 7 September meetings are covered below. The Committee Chairman will present highlights from the 21 September 2018 meeting separately and is not covered in this summary.

Trust Board members are asked to note the key issues highlighted by the Committee, note the rest of the report, and pursue any points of clarification or interest.

### Key issues for the Trust Board's attention

- The Trust ended Month 3 of the 2018/19 financial year £0.3m ahead of its control total.
- Received an update on the reference cost collection methodology for 2017/18 data and approved the methodology used for completing the return.
- Conducted a divisional review into the International and Private Patients (IPP) Division, noting year on year activity increases.
- Received a presentation outlining the approach taken in updating the the Long Term Financial Management (LTFM ) Plan for the Trust.
- Endorsed the Treasury Management Policy.
- Reviewed the process for Trust charity project approval.
- Received an update on the ownership and use of GOSHCC brands and licencing.
- Received a benchmarking report on provider spends on 'Back office' functions
- Recommended a business case that ensured a resilient power supply for the Trust to the Trust Board.
- Agreed the iMRI business case in line with its delegated authority and requested that the iMIR case and process was included as one of the projects to be reviewed for lessons learnt.
- Endorsed the Estates Business case to establish an in-house Facilities management team to the Trust Chairman.
- Discussed the EPR programme updates noting that the project remained on track in terms of both plan and budget.

### Performance and finance standing updates

#### Finance report 2018/19 Month 3 finance report

The Committee endorsed the updated report format and noted that the Trust ended Month 3 of 2018/19 with a £0.3million positive variance to plan and continued to forecast that it would meet its control total. The position was driven by an over performance against the NHS contract due to additional activity and increased complexity of case mix IPP had received £2million from the Kuwait Military. This sum covered both new and aged debt.

### Integrated Performance Report Month 2

The Committee noted that the Trust had reported compliance with the RTT target for the fifth consecutive month. However three patients had waited over 52 weeks, one of which was due to a late referral to another organisation. All patients had been treated and reviewed for harm. No patients had experienced harm as a result of their wait. GOSH had ranked approximately 13th nationally in terms of RTT metrics which was an excellent achievement.

The Committee requested that future reports highlighted the performance metrics that were challenging to impact and those which, with Executive attention, could be moved towards target.

The Committee discussed actions to address the number of patients who did not attend their appointments (DNAs). Suggestions included: ensuring that letters were sent out in good time and making it easy for patients and families to reschedule appointments if necessary.

### Power supply business case

The Director of Estates and Facilities presented a paper which stated that the Trust was approaching capacity in terms of its high voltage power supply. It noted that whilst this was not an immediate risk; in order to increase resilience, investment of approximately £120,000 to secure the high voltage power supply was required.

The Committee emphasised the importance of ensuring a resilient power supply for the Trust and agreed to recommend the business case to the Trust Board for approval.

### iMRI Update

The Committee reviewed the business case and requested a more holistic view about the way in which the iMRI would impact the relevant patient groups; which the Committee would consider at an extraordinary meeting.

At an extraordinary meeting of the FIC on 9 August 2018, the Committee agreed that the business case was approved in line with its delegated authority. The Committee noted the additional costs of approximately £1.3million per annum in the iMRIs first full year of operation would be incurred by the Trust to execute on this investment and consequentially reduce the level of profitability in the Neuroradiology service but noted that this protected the Trust's national strategic position and would lead to better patient outcomes. However it requested that the iMRI case and process be included as one of the projects that are reviewed for lessons learnt (as per the existing standing item on the forward planner).

### Estates service review

The Committee discussed the recommendation to tender for a partner to provide an outsourced Hard Facilities Management solution. The tender had taken place and responses were received from only two of a possible nine organisations on the framework. GOSH had prepared an in-house option in order to compare this with the two tender responses and it was believed that this was a credible option. The reviewed the case and recommended to the Trust Chairman, the in-house option for approval on behalf of the Board.

**End of report**

## Summary of the Council of Governors' meeting held on 24<sup>th</sup> July 2018

### Chief Executive Report

Discussion was held on the revised Clinical Operations Structure that would be in place from 1<sup>st</sup> October and had been developed following a Trust wide consultation on the existing structure. It was reported that specific time had been allocated to clinicians undertaking a managerial role and a tripartite management structure would be implemented.

### Performance dashboard June 2018

The interrelated nature of many of the metrics on the performance dashboard was noted and the importance of continuing to focus on the areas that were within the Trust's control was emphasised. It was noted that a flow project was in progress which including theatre utilisation in order to be as efficient as possible.

Some Governors expressed concern around the potential impact of the reduction in rates for certain bank nurses. It was noted that there had previously been a difference in the bank rate for some nurses in different parts of the hospital. Bank nurses continued to be paid a premium above their hourly rate.

### Finance report (June 2018 - highlights)

The Trust had ended month 3 £0.3million ahead of the target of £0.8million and continued to report that the control total would be met. Discussion took place around paying clinicians for International Private Patient (IPP) work and it was confirmed that clinicians were not paid until GOSH had received the payment from the funder; nurses were paid in the normal way through their salary. It was noted that the Trust's external auditors were comfortable with the level of IPP debt and the matter was discussed by the Audit Committee and the Board. The Trust continued to work to diversify its IPP portfolio to new territories.

### Reports from Board Assurance Committees

- Quality and Safety Assurance Committee (May and July 2018)

Committee members had discussed issues around culture, particularly bullying and harassment. A staff survey would take place of the whole staff body with questions being asked about bullying and harassment.

- Finance and Investment Committee (March, May and July 2018)

A review of previous capital projects had taken place to highlight any learning along with reviewing the financial implication of business cases and business as usual reports.

### Update from the Young People's Forum (YPF)

Members of the YPF had taken part in PLACE inspections and received demonstrations of the Epic platform (for the Electronic Patient Record). Some Forum members had also presented at the all-party parliamentary group on health and wellbeing.

### **Revised Draft Constitution**

The Constitution Working Group had been established to review the constitution with both Governors and Board members. A number of recommendations were made by the group which required approval by both the Council of Governors and the Board. The Council approved all the amendments which were proposed.

### **Phasing governor elections and constituency boundary changes – a discussion paper**

The Council agreed that a group discussion would take place at the next meeting to consider phasing elections to ensure that there was not an instance where the majority of Governor seats were subject to election at one time as had happened in January 2018.

### **Appointment of a Non-Executive Director on the GOSH Board**

The Council approved the recommendation of the appointment panel to appoint Ms Kathryn Ludlow to the Board as a Non-Executive Director at GOSH.

### **Chairman and Non-Executive Director Appraisal process**

The Council approved the outcome of the appraisals of the Chairman and three Non-Executive Directors.

### **Process for appointment of external auditor**

Under EU procurement law and the Trust's Standing Financial Instructions there was a requirement to undertake a tender process to appoint an external auditor at GOSH. This was the responsibility of the Council of Governors with support from the Audit Committee. It was agreed that a steering group would be established which would include two Governors and would make a recommendation to the Council of Governors for approval at the November 2018 meeting.

### **Governance Update**

Non-Executive Director 'buddy' groups had been established taking into account Governor responses to the interests and experience questionnaire.

### **Membership Engagement Recruitment and Representation Committee Update and AGM/ AMM Plan**

The Committee had agreed to focus on recruitment and engagement of the 10-16 year old membership group. It had been agreed that the Annual General Meeting would have a theme of 70 years of the NHS including patient stories and information stalls.

### **Any other business**

The Council of Governors agreed that a clinician should be invited to present at each Council meeting on a matter of interest to the Council.

<b>Trust Board 27 September 2018</b>	
<b>Aridhia Research Platform Update</b>	<b>Paper No: Attachment T</b>
<b>Submitted by:</b> Ward Priestman, Chief Information Officer	
<b>Aims / summary</b> To update the Board on the Achievements, Milestones and Risks  As part of the Research and Innovation Strategy, the Trust has procured a data store and digital research platform from Aridhia (AnalytiXagility). The platform and other systems comprise the overall Digital Research Environment (DRE) to work alongside the new Electronic Patient Record (EPR) system.  The DRE will provide a rich source of data for clinical audits and will underpin pioneering research on diagnosis and treatment of complex and rare conditions. The DRE will support recruitment to clinical trials and also enable GOSH to capitalise on future digital developments such as artificial intelligence.  The Aridhia research platform provides a collaborative research environment for the management, visualisation and analysis of routinely collected de-identified clinical as well as other data.  Timescales: Project initiation June 2017 Phase 1 launch October 2017 Phase 2 launch November 2018 EPR integration Live data June 2019	
<b>Action required from the meeting</b> None	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> Integral part of delivering the Trust's Digital Strategy	
<b>Financial implications</b> Minimal	
<b>Who needs to be told about any decision?</b> No action needed	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> DRE Steering Group	
<b>Who is accountable for the implementation of the proposal / project?</b> EPR Programme Board	

# Aridhia Research Platform Achievements and Milestones

- Research platform live for early adopters from phase 1 launch in Oct 2017
- Exemplars/other projects (incl. R&D, clinical audits, etc.) continuously being on-boarded
  - Monthly process in place receiving new projects from R&D
  - Current total of 43 projects; target of 50 by end Dec 2018
- Data flows developed from existing hospital systems onto the platform
- Data flows from EPIC in development (test data by end Jan 2019; live data by end May 2019)
- Research platform key enhancements
  - Infrastructure to enable interoperability between hospitals and clinical app development – Sep 2018
  - Point-and-click analytics for medical stats – by end Nov 2018
  - Improved end-user data selection – by end Nov 2018
  - Secure handling of identifiable data (key requirement for internal registries) – by end Mar 2019

# Aridhia Research Platform Achievements and Milestones

- GDPR impact assessment completed and improvements planned on:
  - Image de-identification
  - Opt out implementation
  - Small number suppression
- Implementation of REDCap for study data capture and management initiated; POCs by end Sep 2018
- Communication and Engagement Strategy agreed
- Phase 2 launch in Oct 2018

# DRE Aridhia Research Platform Risks and Mitigation

Risk	Mitigation actions
Delays in delivery of EPIC test data and live data (Low impact; existing data sources available)	<ul style="list-style-type: none"><li>• Development of EPIC data flows onto the DRE jointly planned with EPR teams</li><li>• Consider Caboodle training of DRE data integration lead</li></ul>
Research income benefits realisation at risk due to current uncertainty (Medium risk; governmental policy decisions)	<ul style="list-style-type: none"><li>• Review research income estimates when further information becomes available from NHS England on centralised costing of commercial trials and also on governance around commercialisation of data sets</li><li>• Review research income estimates when mechanism for recording billing information in EPIC gets clarified</li></ul>
Potential performance impact of Aridhia migration to Microsoft Azure (Very low risk; Azure established data platform)	<ul style="list-style-type: none"><li>• Aridhia's transition plan approved Steering Group</li><li>• Early stage POC will validate data security</li><li>• Comprehensive testing process in place</li></ul>

<b>Trust Board</b> <b>27 September 2018</b>	
<b>Safety and Reliability Improvement Programme</b>	<b>Paper No: Attachment V</b>
<b>Submitted by:</b> Karen Panesar SRIP Project Manager	
<b>Aims / summary</b> Update to Trust Board on the progress of the Safety and Reliability Improvement Programme (SRIP).	
<b>Action required from the meeting</b> Update for noting	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> The SRIP Project links to "Fulfilling Our Potential"	
<b>Financial implications</b> N/A	
<b>Who needs to be told about any decision?</b> Paper for noting only	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Senior RO Andrew Long	
<b>Who is accountable for the implementation of the proposal / project?</b> Karen Panesar, Project Manager	

## Safety and Reliability Improvement Programme

In January 2018 we launched our programme with Cognitive Institute as the first UK partner in their Safety and Reliability Improvement Programme (SRIP). Signing up to this partnership demonstrates our commitment to achieving zero preventable harm and delivering the best possible outcomes through providing the safest, most effective and efficient care as outlined in “Fulfilling our Potential”.

### Key activities to date

- Safety Champion training and accreditation completed with a 100% success rate on accreditation and 11 Safety Champions ready to deliver the “Speaking Up for Safety” seminar (June 18)
- Re-baseline of Programme to enable adjustments to be made to ensure a successful delivery (July 18)
- Substantive Project Manager appointed and started. A robust hand over process from the current interim is in process (August 18)
- Safety champions delivered “Speaking up for Safety” seminar to Programme Board (August 18)
- Safety Champions commence training amongst their own teams to ensure retention of skills (August 18)

### Next stage

- Identify remaining “Speaking Up for Safety” pilot sites (September 18)
- All Trust and Senior Leaders communications to be sent out (September 18)
- Safety Culture Survey to be agreed as part of the “Speaking up for Safety” pilot process (October 18)
- Showcase “Speaking up for Safety” at Trust Open House event (October 18)
- Arrange learning collaborative site visit to Ramsey Hospitals (October 2018)
- GMSC SRIP briefing session (October 18)
- “Promoting Professional Accountability” Trust Board commitment session scheduled, following which there will be a 6 month lead in time to PPA (October 18)

### Key Risks

There is a risk that the changed timelines impact staff momentum for change and the programme loses impetus

There is a risk that we are unable to recruit to the required number of Safety Champions for a second cohort, having exhausted the potential "market" first time

There is a risk that the revised model is not affordable.

### Mitigation

Planned communications.

Develop a recruitment plan with options. Think creatively to find solutions.

Cost and see if offset is possible.

<b>Trust Board 27 September 2018</b>	
<b>Quality Update</b>	<b>Paper No: Attachment W</b>
<b>Submitted by:</b> Salina Parkyn, Head of Quality and Safety Herdip Sidhu-Bevan, Assistant Chief Nurse Matthew Shaw, Medical Director Alison Robinson, Chief Nurse	
<b>Aims / summary</b> This is an update paper further to the Quarterly Integrated Quality Report updating the Board on: <ul style="list-style-type: none"> <li>• Themes identified through FFT, Complaints, PALS and Incidents.</li> <li>• External Investigations</li> <li>• Safety, Reliability and Improvement Programme (SRIP)</li> <li>• A selected Quality Improvement project</li> </ul>	
<b>Action required from the meeting</b> The board is asked to note the report.	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> The work presented in this report contributes to the Trust's objectives.	
<b>Financial implications</b> None	
<b>Who needs to be told about any decision?</b> Head of Quality and Safety Assistant Chief Nurse	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Head of Quality and Safety Assistant Chief Nurse	
<b>Who is accountable for the implementation of the proposal / project?</b> Medical Director and Chief Nurse	



# Integrated Quality Report

Mr Matthew Shaw, Medical Director

Alison Robertson, Chief Nurse

(September 2018)

- **Outpatient** (Cancellation; Failure to arrange appointment; poor communication, franking of letters)
- **Lack of communication** (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)
- **Staff attitude** (Rude staff, poor communication with parents, not listening to parents)
- **Referrals** (Waiting times; Advice on making a NHS referral; advice on making an IPP referral)
- **Admission/Discharge** (Cancellation; waiting times to hear about admissions; lack of communication with families, Accommodation)
- **Support and listening** (Communication; emails; letters; social media)

- Uptake of the online form has been slow but it is improving. This has been impacted by website issues, resolution expected 14<sup>th</sup> September 2018.
- FFT competition will run alongside the Open House Week, this will run for the month of October.
- Promotional activity for online FFT will take place in the Lagoon 29<sup>th</sup> October – 2<sup>nd</sup> November 2018.
- GDPR question has had a negative impact on the number of qualitative comments which can be used.

- The (then) Secretary of State for Health and Social Care has asked NHSI to commission Dr Bill Kirkup to investigate the case of a patient (ED) who died in 2001.
- This investigation is not an Inquires Act Investigation: Dr Kirkup has been asked to provide the Government with a reasonable interpretation of what the evidence available suggests.
- A letter from NHSI has been sent to the Trust verifying the investigation.
- The Medical Director and the Head of Quality and Safety have met with the Investigating team.
- Individual interviews are being arrange with current and ex staff.

- Communication (within teams and with patients and their families)
- Medicines Management (Storage, dispensing, prescription and administration)
- Information Governance (5 SIs in 2018)



In January 2018 we launched our programme with Cognitive Institute as the first UK partner in their Safety and Reliability Improvement Programme (SRIP). Signing up to this partnership demonstrates our commitment to achieving zero preventable harm and delivering the best possible outcomes through providing the safest, most effective and efficient care as outlined in "Fulfilling our Potential".

**Key activities to date**

- Safety Champion training and accreditation completed with a 100% success rate on accreditation and 11 Safety Champions ready to deliver the "Speaking Up for Safety" seminar (June 18)
- Re-baseline of Programme to enable adjustments to be made to ensure a successful delivery (July 18)
- Substantive Project Manager appointed and started. A robust hand over process from the current interim is in process (August 18)
- Safety champions delivered "Speaking up for Safety" seminar to Programme Board (August 18)
- Safety Champions commence training amongst their own teams to ensure retention of skills (August 18)

**Next stage**

- Identify remaining "Speaking Up for Safety" pilot sites (September 18)
- All Trust and Senior Leaders communications to be sent out (September 18)
- Safety Culture Survey to be agreed as part of the "Speaking up for Safety" pilot process (October 18)
- Showcase "Speaking up for Safety" at Trust Open House event (October 18)
- Arrange learning collaborative site visit to Ramsey Hospitals (October 2018)
- GMSC SRIP briefing session (October 18)
- "Promoting Professional Accountability" Trust Board commitment session scheduled, following which there will be a 6 month lead in time to PPA (October 18)

**Key Risks**

There is a risk that the changed timelines impact staff momentum for change and the programme loses impetus

There is a risk that we are unable to recruit to the required number of Safety Champions for a second cohort, having exhausted the potential "market" first time

There is a risk that the revised model is not affordable.

**Mitigation**

Planned communications.

Develop a recruitment plan with options. Think creatively to find solutions.

Cost and see if offset is possible.

# Appendices

1. Pals Report – July 2018
2. Pals Report August 2018
3. FFT Report

# Patient Family Experience and Engagement Committee

Suzanne Collin

Patient Feedback Manager

- Uptake of the online form has been slow but it is improving. This has been impacted by website issues, resolution expected 14<sup>th</sup> September 2018.
- FFT competition will run alongside the Open House Week, this will run for the month of October.
- Promotional activity for online FFT will take place in the Lagoon 29<sup>th</sup> October – 2<sup>nd</sup> November 2018.
- GDPR question has had a negative impact on the number of qualitative comments which can be used.

# FFT Percentage to Recommend

## Inpatients

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%	97.4%	95.7%	96.1%
April 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
96.7%	98.2%	97.1%	97.0%	96.7%							

## Outpatients

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%	93.7%	92.4%	93.1%
April 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
94.0%	95.0%	94.6%	93.8%	94.8%							

## Top Three Positive Themes\*

\*Calculated by Percentage of overall comments

July 2018	August 2018
Always Helpful	Always Welcoming
Always Expert	Always Helpful
Always Welcoming	Always Expert

## Top Three Negative Themes\*

July 2018	August 2018
Environment & Infrastructure	Environment & Infrastructure
Access / Admission / Discharge / Transfer	Access / Admission / Discharge / Transfer
Catering & Food	Catering & Food

## Environment & Infrastructure

- Parent beds, lack of shower curtains, lack of air conditioning, poorly controlled air conditioning, mobile signal, WiFi.

## Access / Admission / Discharge / Transfer

- Long waits on admission, long waits for investigations.
- Wrong admission dates given verbally and via letters.
- Discharge process too long.

## Catering & Food

- Lack of flavour, poor quality.
- More options required for patients with special dietary requirements.

# Qualitative Comments - Parents

## Positive

Having a sick child is incredibly stressful and handing over care to staff is very difficult, but I have to say I was very reassured by (staff name) whole demeanour. (Staff name) is very child and family orientated and treated our daughter holistically. She is calm, patient and understanding and goes that extra mile to help reassure us at a very difficult time. She is knowledgeable and professional and very approachable. Thank you for your care!  
Walrus Ward

From the first moment that we arrived we have been taken care of exactly how we would like it to be in a difficult situation. Specifically I would like to thank two of the PICU nurses who were incredible in helping our newborn son on his journey to recovery. (Staff name) was incredible on all 3 night shifts including the day he was brought in and looked after me as much as she did our son. She helped us have our first cuddles and was a real positive role model for all at GOSH. (Staff name) was also incredible during his recovery and helping us to celebrate the little things along the way and being a consistently positive support at all times. You guys are awesome! PICU

## Negative

We have always had issues with transport home though - The transport company seem to lack communication and organisation. Sky.

I came in today to see the needle you use to access the port has changed. It is way to big. It surprises me to think how you guys think this can be okay for a young child. It sticks out so much. Even the dressing can't go over it properly. How can you think a child can sleep at night with such a huge needle end sticking out. Today I have to do access my daughter and have her accessed again tomorrow by my community team. Which is totally unnecessary and not nice for a young child. Please look to change this or go back to the old ones. Safari Ward.

Nurses chatting loud and laughing from 6am doesn't help with sleep! Leopard.

# Qualitative Comments - Patients

## Positive

Everything is good.  
Everyone was so nice!  
Koala

I got some sleep. Nurses  
are really nice and  
welcoming!  
Respiratory Sleep Unit

TV had YouTube. Doctors  
and nurses all friendly.  
Panther Ward

I come to the hospital  
every month and it is a  
nice place to be. Doctors  
and Nurses are all nice!  
Somers CRF

All the research nurses  
are friendly and  
helpful and they look  
after me when I'm  
in. The facilities are  
great.  
Somers CRF

The people are so  
nice!  
Walrus

All the doctors and  
nurses are very  
interested in me.  
Lion

## Negative

My hand and foot cannulas were quite sore and painful!  
Koala

Receptionists could be more smiley as families are having a  
tough time. Seating is poor and there is not enough of it.  
Walrus

Entertainment could be better for others my age!  
Koala

My sister was not allowed to stay.  
Nightingale



*Why do not have access to the kitchen and why we can not have bread, butter, jam, milk like the whole hospital in different departments. Everywhere in the hospital parents have a special room for them and refrigerator, microwave, why we can not have???*

*Why it can not be mopped in rooms and hallways, is very dirty!*

Somers CRF

#### Response from Matron

Thank you very much for your email. I will be addressing the cleanliness of the floors with the ward sisters so that they can work with the cleaner to ensure that the floors are cleaned accordingly and improve any problems.

Unfortunately we do not have a parent kitchen and do not have the space to facilitate one. This is because the unit was originally set up as an outpatient department with patients spending a few hours a day on the unit. Over the last few years with evolving demands of complex clinical trials protocols we are now open two nights a week. This is to support 2 trials which require regular (weekly or alternate week) overnight stays for each patient and also allows for the ad hoc overnight stays we have with other clinical trials.

In order to mitigate this we have a drinks machine within the spacious waiting area which provides free hot drinks. Parents and patients are provided with jugs of water for their rooms and can request it as required. In terms of food for patients both those who are on the unit overnight or lengthy days, the sponsors of the clinical trials reimburse their food and drink costs they incur (purchased and receipts retained) we have also utilised the snack box and voucher system in the Lagoon for patients as we do not receive a hot food trolley. We ensure that when set up trials we advocate for patients and families to reduce the burden of participating in clinical research.

# PALS Monthly Report July 2018

Luke Murphy Pals Manager

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The child first and always

## Top 5 specialities and themes arising in PALS cases received July 17/18

Specialities - Month	07/17	06/18	07/18
Cardiology	8	8	16
Neurology	2	3	13
Facilities	2	0	11
Epilepsy	5	3	6
Orthopaedics	6	1	6

Themes for the top five specialities	07/17	06/08	07/18
<b>Outpatient</b> (Cancellation; Failure to arrange appointment; poor communication, franking of letters)	20	15	24
<b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)	27	52	24
<b>Staff attitude</b> (Rude staff, poor communication with parents, not listening to parents)	1	6	10
<b>Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral)	5	20	8
<b>Admission/Discharge</b> (Cancellation; waiting times to hear about admissions; lack of communication with families, Accommodation)	5	6	7

# PALS Cases Pan Trust Learning



## Examples of themes raised July 18- Communication

Description	Speciality	Outcome
<p>Mum contacted PALS and explained “her son is currently seen at Barnet Hospital and informed us she has been waiting for a letter from GOSH which should include medication her son needs to be prescribed”. Mum explained she has been “trying to contact the secretaries but her voicemails are not being returned”.</p>	<p>Cardiology</p>	<p>Dr has confirmed letter has been dictated and sec with call mum to give mum number for the secretaries at Barnett Hospital.</p>
<p>Mum asked PALS for assistance, mum explained “her son had an MRI scan on the 09.05.18 requested by Dr XXX”. Mum explained she was “told she would receive results within 2 weeks, but has not heard anything and has been attempting to contact the MRI and has not received a response”. Mum explained the local paediatrician has also attempted to contact GOSH with no luck. Mum feels the MRI may have been "lost"</p>	<p>Neurology</p>	<p>Assistant Service Manager (ASM) has looked into this and PA will arrange for Doctor to give mum a telephone consultation to discuss the results. Mum happy wit this.</p>
<p>Patient's appointment was cancelled 3 times and parents advised a follow up would be in December 2018. Mum explained that “she is unhappy about the length of time to wait for appointment and requested a call from the secretary to discuss”. Mum explained she “did not receive a call back and had to chase to find out that there was an appointment made for that day” Mum explained “they had to rush to come to GOSH and believes if she did not call she would have not known and missed the appointment”.</p>	<p>Dental</p>	<p>Ongoing – ASM has tried to contact Mother but has been unable to get through.</p>

# PALS Cases Pan Trust Learning



## Examples of themes raised July 18- Outpatient

Description	Speciality	Outcome
<p>Mum and patient have visited the PALS office this morning and presented an appointment letter for that day, explaining “the appointment had been cancelled”. Mum explained they “have received a number of cancellations from GOSH and feels communication with the service has not been good”.</p>	<p>Maxillofacial</p>	<p>Ongoing</p>
<p>Mother visited PALS to explain that she was “informed her child is unable to use public transport” and travelled to GOSH for her child’s appointment via taxi. Mum went to the travel desk for reimburse of taxi fare, to be informed that GOSH do not reimburse costs for travel by taxi.</p>	<p>Immunology</p>	<p>PALS have spoken to Service Manager (SM) and on this occasion will reimburse. SM has been asked to see if patient is eligible for transport in the future. Sec has arranged for transport to be booked for patient.</p>
<p>Parents came in to Pals after being informed by the service of a confidentiality breach. It was explained to the parents that their sons GOSH clinic letter was posted to their old home address, this was after the parents had updated GOSH with their new home details.</p>	<p>Neurology</p>	<p>A Datix report has been completed and the family have been apologised to. Service Manager (SM) confirmed they had checked and confirmed the address we currently hold for Lincoln are indeed correct.</p>

# PALS Cases Pan Trust Learning



Examples of themes raised July 18 - Inpatient		
Description	Speciality	Outcome
<p>Daughter has been unfairly discharged without "justification". Dad explained his Daughter has a "rare condition and auto immune" and has not had a follow up in over a year.</p>	Neurology	<p>Assistant Service Manager (ASM) has agreed to reopen the referral and secretary will contact parents to book a follow up appointment.</p>
<p>Mum visited PALS and would like to highlight some delays that occurred in theatres due to an "admin error which resulted in the patient (16 weeks old) fasting for a prolonged length of time" Mum explained "they were discharged in the morning, but had to wait all day for pharmacy and had to go home on train in rush hour"</p>	Dermatology	<p>Matron has spoken with Mum and taken concerns forward with the team to improve any future admissions.</p>
<p>Mum explained that her son's surgery in early June was cancelled due to an emergency. He was given a new date for 3rd July. Mum explained when she called to check the appointment had been changed to 10th July. Mum informed us that she received a call this morning when they were 30 minutes away to say that the surgery was cancelled due to no pre-op test being done. Mum explained that "she requested pre-op tests on two separate occasions and was told they were not needed", Mum explained that she is upset as there have been "lots of opportunities for the checks to be done". Mum explained that they were told that "Asher's surgery should be done before he turns one year old, which mum explained is next week". mum explained that "they have been offered an outpatient clinic appointment for August, but have not received a letter for this and still have no appointment for pre-op checks"</p>	SNAPS	<p>Assistant Service Manager (ASM) spoke with mum who confirmed that he spoke with the consultant . Surgery is booked for 21st August</p>

# PALS Cases by Division



## International Private Patients July 2018

Top 5 Specialties	07/17	06/18	07/18
IPP	1	0	1

Pals work closely with our colleagues in IPP Arab Advocates to support prompt resolutions. Pals has seen an increase in contacts about billing but a reduction in concerns about care on the IPP wards.

### Commentary:

Parents contacted Pals to help assist with payment and getting receipts for a private invoice

### Outcome:

payment made and receipt will be posted to patients home address in Greece.

## Development and Property Services

Top Specialties	07/17	06/18	07/18
Estates	1	0	0
Facilities	2	0	12
Redevelopment	0	0	0

### Commentary

#### Facilities:

- Mum contacted PALS to enquire if she is able to get accommodation when her Son is admitted to GOSH as she is a breastfeeding Mum

### Outcome

#### Facilities:

- Accommodation team spoke with Mum and explained there wouldn't be an issue for Mum and the baby, however They were unable to guarantee accommodation for the two siblings aged 7 and 5 years.

## Pals and the Trust Values: Pals allocates cases against the values that were lacking for July 2018

Always Welcoming- Respect	0	Always Welcoming- Friendly	1	Always Helpful- Understanding	3	Always Helpful- Help others	27
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	7	Always Helpful- Patient	0	Always Helpful- Reliable	27
Always Expert- Professional	19	Always Expert- Excellence	2	One Team- Listen	1	One Team- Involve	1
Always Expert- Safe	1	Always Expert- Improving	2	One Team- Communicate	0	One Team- Open	0

### Themes

The top themes that the values relate to are

Always



Welcoming

- **Reduce waiting:** Lack of communication with parents/patients; waiting times and failure to arrange appointment
- **Friendly:** Staff attitude

The top themes that the values relate to are

Always



Helpful

- **Understanding:** Lack of communication with families; accommodation; advice NHS
- **Help Others:** Accommodation; lack of communication; Health information, Eligibility for transport
- **Reliable:** Cancellations; lack of communication with families; waiting times;

The top themes that the values relate to are

Always



Expert

- **Excellence :** Lack of communication with families; breach of confidentiality; cancellation
- **Professional:** Lack of communication with families; praise for care; waiting times
- **Safe:** Lack of communication with families; incorrect treatment; failure to arrange appointment
- **Improving:** Lack of communication with family; dissatisfaction with service facilities in outpatients/ward

The top themes that the values relate to are

Always



One Team

- **Listen:** Lack of communication with families; support; catering, Care advice
- **Involve;** Lack of communication with families; cancellations with no prior notice; delay in arranging appointments

# Pals Outreach Project (Popping)

Information requests: July 2018

Pals has a “Popping” project where we “pop” to the wards 3 days a week to provide GOSH information .

- Pals volunteers visited an average of 19 wards a week out of a total of 21 , with an average of 57 ward visits for July 2018

## Top five information requests

- **Parking information:** - Where parents can park, cost of parking in the local area, Parking permits, congestion charges, help with parking tickets (*including supporting letters*)
- **School & Activity Centre:-** How to enrol patients into the GOSH school, location of the GOSH school and activity centre, time table of activities, can we enrol siblings in the activity centre
- **What’s on Guide for Children around GOSH:-** locations of parks and attractions in the local areas, shops, places to eat cheaply
- **Accommodation:-** Entitlement, location, length of stay, hotels in local area
- **Travel Information:-** Reimbursements, maps of local area, help with travel costs, help completing forms for reimbursements of travel costs

Brief description of most common comments from parents:



“How can I get help with my cost’s while staying at GOSH”

“Does GOSH offer subsidised gym passes for parents ?

“Can my husband and I stay in the hospital accommodation after our child has left the ICU?”



## Social Media and NHS Choices: July 2018

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

We don't know how to begin to say thank you for all that you have done over the winter and spring for Francis. He has had three admissions to the GOSH PICU and every single time you have worked wonderfully as a team to give him the treatment that he needed. You also showed us such kindness, always making time to answer our many questions and help us understand what was going on. It was so hard leaving Francis overnight when he was so sick, but we always had the greatest confidence in our nurses, as we could see how much they cared for Francis and how much effort they took to keep him comfortable, which is no easy job. In the darkest times, when the outlook didn't look good, thank you to the whole team for giving it your all and for bringing about a recovery which was nothing short of a miracle. We will forever be so grateful.



Bear ward has drug room doors that slam shut and at night when you have very sick children on the ward they DO NOT want to be woken by these doors!! Nurses also bang down syringes in trays when administering IV medication which is another horrible sound for a sick child to be woken up to. Nurses come into cubicles at night and leave door wide open behind them letting in all the light and noise. Do these nurses not have compassion that they are working in a sick Children's trust? Nurses on bear ward were sitting outside when my child was vomiting despite me pressing call buzzer- eventually a student came who couldn't administer oxygen anyway! I do not want to speak to PALS I want the hospital to address this with the ward manager! Sick and tired of this lack of care and compassion.



### Compliments:



Please can you pass on our warm gratitude and appreciation to everyone who has looked after us this year. We will never forget the wonderful service and cares provided, and are happy for you to use this letter as a testimonial.

Urology

'I would like to thank Sky ward for the care of my daughter Ronnie on 19<sup>th</sup> & 20<sup>th</sup> July after her hip operation. The staff were a treasure to be around, looked after Ronnie and she loved them. I cannot fault them in any way. She is home safe and sound and so happy.

Sky ward

My son has been coming to GOSH for 17 years and has just had a kidney transplant last year. I would like to thank the renal and urology team. I would like to thank you all, I know you are a team and the best hospital in the world, but you are never boastful about it.

Renal/Urology

# Appendix

## PALS grading definitions:

- **Complex Cases**  
Cases that involve multiple questions / longer than 48 hours to resolve
- **Promptly Resolved**  
These cases are resolved promptly (24-48hr)
- **Escalated to Formal complaint**  
Families who want a formal escalation to their concerns
- **\*Special cases**  
Large contacts following interest by media and public regarding GOSH

# PALS Monthly Report August 2018

Luke Murphy Pals Manager

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# Comparison of PALS cases received by the Trust during Aug 17/18

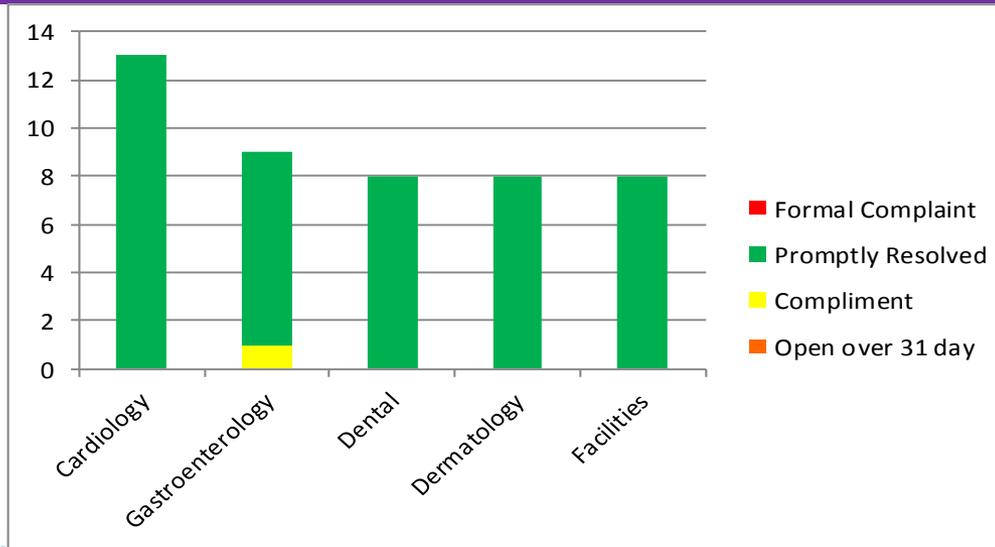
Table showing Pals cases by grading comparing Aug 17/18 in comparison to the previous month Jul 18

Cases - Month	08/17	07/18	08/18
Promptly resolved	94	116	125
Complex cases	19	0	0
*Escalated to formal complaints	0	1	1
Compliments about specialities	0	5	3
*Special cases	45	0	0
<b>Total</b>	<b>158</b>	<b>122</b>	<b>129</b>

See Appendix at the end for definitions

\*Date range for Aug 2017 & Aug 2018

Graph showing the top 5 specialities classified by category. (\*Red case not in the top 5)



## Top 5 specialities and themes arising in PALS cases received August 17/18

Specialities - Month	08/17	07/18	08/18
Cardiology	9	17	13
Gastroenterology	6	3	9
Dental	6	3	8
Dermatology	3	0	8
Facilities	4	10	8

Themes for the top five specialities	08/17	07/18	08/18
<b>Outpatient</b> (Cancellation; Failure to arrange appointment; poor communication, franking of letters)	19	23	33
<b>Lack of communication</b> (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)	50	31	37
<b>Staff attitude</b> (Rude staff, poor communication with parents, not listening to parents)	8	20	8
<b>Support &amp; Listening</b> (Communication, Emails, Letters, social media)	46	1	1
<b>Admission/Discharge /Referrals</b> (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation; waiting times to hear about admissions; lack of communication with families, Accommodation)	11	14	8

# PALS Cases Pan Trust Learning



## Examples of themes raised August 18- Communication

Description	Speciality	Outcome
<p>Patients mother contacted Pals to explained that they are waiting for an OPA with Ophthalmology. Mother informed Pals she has been calling the service direct, but gets no answer or response to the phone messages she has left. Mum said “the number she calls says that the person is on AL, but ought to have returned by now and yet mother hasn't had a response”. Mum explained she was put through to someone else via switchboard who then put her through to the Pals office.</p>	OPHTHA	<p>Assistant Service Manager (ASM) spoke to mum and sent a FU appointment letter.</p> <p>ASM spoke with secretary to confirm booking and requested that they check their phone voicemail is not set to 'I am returning from AL on the 25th of July.'</p>
<p>Mum contacted Pals as she was concerned regarding an appointment letter for her son that arrived by post the day after the appointment was due. Mum was concerned as the appointment had been brought forward by a month and was worried about the reason for this. Mum wanted to know why the letter was sent out so late?</p> <p>“This morning (17/8/18), I received a letter from GOSH with a change of appointment to the 16/8/18 (yesterday) - to be a telephone consult. Clearly, I am unable to make myself available for an appointment that has already taken place. The letter was typed on 7/8/18 and the post mark is 15/8/18 - there was little to no chance that I would receive the letter before the appointment date. I was at work yesterday on a clinical ward and at the end of shift, noticed I had missed a call from a private number. No message was left and I could not call a private number back.”</p>	GASTRO	<p>The consultant explained to mum that they "were trying to save her the rail-fare and day off her midwife work especially as she is NHS colleague , as tests were negative and good rather than bad news patient was booked in immediately a week later and the letter was put on hold"</p> <p>Consultant confirmed all sorted and patient discharged and they will do letter on Wednesday, for when mother was originally formally arranged to be contacted</p>
<p>Dad has visited the pals team this morning, Dad explained he was just given a conflict resolution level 2 for bad behaviour. Dad explained he was not willing to sign this as he does not "understand" where this has come from.</p>	NSURG	<p>Matron will speak with Dad to help him understand the reasoning behind the conflict level given.</p>

# PALS Cases Pan Trust Learning



## Examples of themes raised August 18- Outpatient

Description	Speciality	Outcome
Mum explained that son should be seen yearly in Orthopaedics and has not been seen yet this year. Mum explained she spoke to " a nice man" who changed the appointment a couple of times and mum thought Edward's appointment was for today. Edward does have an appointment for 6th August 2019, but mum explained that he needs to be seen this year.	ORTHO	Assistant Service Manager (ASM) confirmed they explained to mum that patient was reviewed within Orthopaedics in February 2018 by the Physiotherapist and a management plan was made for patient to be followed up in a years' time- The appointment was then booked into August 2019 as this was the next available in our clinic.
Mum and patient arrived for an appointment at GOSH and the OP clinic had been cancelled and mum explained they "had not been notified until after they arrived ". Mother unhappy and would like this raised to management.	DERM	Assistant Service Manager (ASM) has spoken to Mum who explained they will not be attending GOSH again. Payment will be made by the service via loss & compensation form.
Mum and patient arrived for an appointment at GOSH , but the OP clinic was cancelled. And mum was not notified until after they arrived. Mum was unhappy about this and wanted to raise this with management.	DERM	Assistant Service Manager (ASM) spoke with Mum and rebooked a follow up appointment. ASM has confirmed they will investigate and take forward the concern raised around OP.

# PALS Cases Pan Trust Learning



Examples of themes raised July 18 - Inpatient		
Description	Speciality	Outcome
<p>Mum came to Pals this morning. Mum explained that she was expecting to be discharged today, but has been told there is an MDT planned instead. Mum has asked if someone could meet with her to discuss the outcome of the MDT and the discharge plans.</p>	CRDIOL	<p>Ward sister explained there was some confusion and the MDT had already happened. The delay in discharge was due to delivery of a feeding pump for mum to take home. One of the NP's spoke with mum who is now happy.</p>
<p>Vicky Bancroft came in to Pals this afternoon to let us know that the dryer in the laundry room is not working. Vicky said that it states that the clothes are too dry, when they have just been put into the machine.</p> <p>We believe there is a sign in the laundry room, but mum was upset that there was a staff member drying (what she thought was uniform) in the dryer when the machines are for parents who do not have a choice to use their own machines at home.</p>	FACILI	<p>Facilities manager spoke with mum and explained that a works order for the machine has been done.</p> <p>And will investigate staff members using the machines</p>
<p>Mum came to Pals for a update regarding an SI investigation involving her daughter.</p>	THERAP	<p>Patient Safety have spoken with mum and given the correct contact details for further follow ups. - Mum may pop in to Pals to discuss</p>

# PALS Cases by Division



## International Private Patients July 2018

Top 5 Specialties	08/17	07/18	08/18
IPP	2	1	1

Pals work closely with our colleagues in IPP Arab Advocates to support prompt resolutions. Pals has seen an increase in contacts about billing but a reduction in concerns about care on the IPP wards.

**Commentary:** Mother contacted Pals as she wanted help understanding why she had received an invoice from IPP.

**Outcome:** IPP contacted mum via e-mail to explain the reason and passed on details to the credit department to assist mum with payment

## Development and Property Services

Top Specialties	08/17	07/18	08/18
Estates	0	0	0
Facilities	4	12	8
Redevelopment	0	0	1

### Commentary

#### Facilities:

- Washing machine and dryer broken in parent laundry room, staff using parent laundry room
- GOSH driver using his mobile phone while driving a family

### Outcome:

#### Facilities:

- manager visited Mum on the ward and assured her that GOSH are in the process of solving her complaint, and agreed to keep mum updated on progress
- Driver policy regarding mobile phones has been updated, all staff have to read and sign the document

# PALS and the Always Values

Pals and the Trust Values: Pals allocates cases against the values that were lacking for August 2018

Always Welcoming- Respect	0	Always Welcoming- Friendly	0	Always Helpful- Understanding	4	Always Helpful- Help others	22
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	1	Always Helpful- Patient	2	Always Helpful- Reliable	29
Always Expert- Professional	3	Always Expert- Excellence	2	One Team- Listen		One Team- Involve	
Always Expert- Safe	1	Always Expert- Improving	2	One Team- Communicate	59	One Team- Open	1

## Themes

The top themes that the values relate to are

Always



Welcoming

- **Reduce waiting:** Lack of communication with parents/patients; waiting times and failure to arrange appointment

The top themes that the values relate to are

Always



Helpful

- **Understanding:** Lack of communication with families; waiting times; advice NHS; local services,
- **Help others:** Access to medical records; telephone calls not returned
- **Patient:** Lack of communication with parents/patients; Communication/letters
- **Reliable:** Cancellation of appointment; Accommodation

The top themes that the values relate to are

Always



Expert

- **Excellence :** Praise for standard of care; cancellation
- **Professional:** Lack of communication with families; praise for care; waiting times
- **Safe:** Breach of confidentiality;
- **Improving:** Environment, cleanliness, waiting times

The top themes that the values relate to are

Always



One Team

- **Communication:** Lack of communication with parents/patients; Cancellation of appointment; Advice NHS
- **Open:** Support / Listening

# Pals Outreach Project (Popping)

Information requests: August 2018

Pals has a “Popping” project where we “pop” to the wards on average 3 days a week to provide GOSH information .

- *Pals volunteers for August visited an average of 16 wards a week out of a total of 21 , with an average of 45 ward visits for the month*

## Top five information requests

- **Family and Patient Accommodation at GOSH:-** Details on accommodation entitlement, Check in and out times, who is eligible to stay in GOSH accommodation, how long parents can stay
- **Travel Information:-** Reimbursement entitlements, How to claim back for travel costs, local stations and bus stops, map of the local area
- **Social work at GOSH:-** Food vouchers, help with finances, breast feeding vouchers, Citizens Advice Bureau,
- **What’s on guide for children:-** Parks and attractions in the local area for children to visit, super markets, clothes shops
- **Parking around GOSH:-** where to park, available permits and eligibility for parents , help with parking tickets

Brief description of most common comments from parents:



“How can we adjust the air conditioning in the rooms, it’s a little too high”

“Could you tell us where the patient laundry room is”

“Is it possible to get larger towels for parents to use”

“How do we find out about parking permits”

# Other Feedback

## Social Media and NHS Choices: August 2018

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

We are compelled to write this letter of commendation as we have never been so touched and affected by one man's ability to listen; his lack of ego; strength of character, compassion and humility and above all undoubtedly led to the saving of our son's life. Had he lacked in any of these qualities, it is conceivable that we would be burying our son instead of looking forward to life together as a family. There is no greater gift and we are at a loss as to an appropriate "thank you"



Can you tell me what it takes to get a very sick baby who's been in hospital all her 11 weeks of life that us being medically neglected and not being referred to you who are the specialist for her condition. !!She spend over 1 20 mi it's in recession ion on room Friday. And is back in high dependency unit in southend hospital. They have admitted (have recordings) that they cannot care for her she needs surgeries on her throat, heart and possibly windpipe. They cannot do this she will die in their care. She has disgorges!! Dr XX from you gastro has said she is not sick enough. Really!! She has an unsafe swallow had pneumonia 7 times due to aspirating and has repeated blocked NJ tubes



### Compliments:



Compliment email received for the service and named staff members who did an excellent job and were very supportive in what is a very difficult time

CATS

I would just like to send an email to say how Dr XX secretary has been very helpful and is always willing to go above and beyond. Recently I have contacted her a couple of times as my son was in our local hospital and is under GOSH for Kidneys and when I called her as I was not getting any answers from my local hospital, she went and asked the doctors there for me and always very helpful and polite. Thank you for all the great work that is done at GOSH

Urology

Compliment received for ward family visited on admission.

GASTRO

# Appendix

## PALS grading definitions:

- **Complex Cases**  
Cases that involve multiple questions / longer than 48 hours to resolve
- **Promptly Resolved**  
These cases are resolved promptly (24-48hr)
- **Escalated to Formal complaint**  
Families who want a formal escalation to their concerns
- **\*Special cases**  
Large contacts following interest by media and public regarding GOSH

<b>Trust Board</b> <b>27<sup>th</sup> September 2018</b>	
<b>Integrated Performance Report:</b> <b>September 2018</b> <b>(Reporting Month 5 2018/19)</b>	<b>Paper No: Attachment X</b>
<b>Submitted by:</b> Nicola Grinstead, Deputy Chief Executive Peter Hyland, Director of Operational Performance and Information	
<p><b>Aims / summary</b></p> <p>The Integrated Performance Report (IPR) is focused on the key areas/ domains in line with the CQC, in order to be assured that the Trust's services are delivering to the level our patients &amp; families, Trust Board and our commissioners &amp; regulators expect.</p> <p>The indicators included are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. It is expected that these will evolve and iterate overtime.</p> <p>The narrative provides provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.</p> <p>In addition, this report included a deep dive related to improve the Trust theatre utilisation, as well as a report detailing the Kite Marking scores for the Trust Performance Report.</p>	
<p><b>Action required from the meeting</b></p> <p>Board members to note and agree on actions where necessary</p>	
<p><b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b></p> <p>All the indicators within the IPR contribute to the delivery of either regulatory or commissioner requirements, and as such are aligned to the objectives and strategy of the Trust</p>	
<p><b>Financial implications</b></p> <p>For indicators that have a contractual consequence there could be financial implications for under-delivery</p>	
<p><b>Who needs to be told about any decision?</b></p> <p>Where appropriate and applicable: Internal stakeholders, NHS Improvement and NHS England Special Services Commissioners</p>	
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales?</b></p> <p>Each Domain / Section has a nominated Executive Lead</p>	
<p><b>Who is accountable for the implementation of the proposal / project?</b></p> <p>As above</p>	



# Integrated Performance Report

Nicola Grinstead, Deputy CEO  
September 2018  
(Month 5 2018/19)

The child first and always

<b>Executive Summary</b>	<b>Page 3</b>
<b>Integrated Performance Dashboard</b>	<b>Appendix I</b>
 <b>Caring</b>	<b>Page 4</b>
 <b>Safe</b>	<b>Page 5</b>
 <b>Responsive</b>	<b>Page 6 - 8</b>
 <b>Data Completeness</b>	<b>Page 9</b>
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 <b>Effective</b>	<b>Page 16</b>
 <b>Productivity</b>	<b>Page 17 - 18</b>
 <b>Our Money</b>	<b>Page 19</b>
Appendix I: Integrated Performance Dashboard	Attached
Appendix II: Data Quality – Overview	Attached
Appendix III: Definitions	Attached

## September 2018 (Month 5 2018/19)

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), Data Completeness 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 this 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, Month 5 (August 2018) data was available, with key national submission deadlines being met and data reviewed in time for inclusion.



## Friends & Family Test (FFT)

Headlines via the Performance Report for these measures are:

- Continued positive recommendation responses for those undertaking the Inpatient FFT (96.72% in August compared to 97.08% in July)
- The rate (%) of those responding (for Inpatients) has seen fluctuation over the six month period prior to the electronic system with average response rate of 23.87%, however, August performance has seen the continuation of the deterioration of performance at 15.03%, there are a number of contributing factors. June saw the go-live of the new electronic FFT data collection system. A dip was expected as this was experienced by other Trusts who had introduced online feedback. However, when providing business cards to advertise that feedback can be left online the importance of the feedback was not always advised. It was noted post go-live that the website was producing an error and directing families incorrectly. This has now been rectified and checks put in place. Contextually based on data submitted in over the last 3 months the Trust is an outlier in the FFT response rate nationally which stands at 24%, with the Trust's peers having an average of 41% response rate.

Response Mode of Collection	April	May	June	July	August
Paper	796	830	445	546	512
Online Survey	0	0	5	2	7
Total	796	830	450	548	519
GOSH Response Rate	24.54%	24.34%	13.01%	15.71%	15.03%
National Rate	24.4%	25.1%	24.8%	24.8%	NP

\*NP – not published

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.





## Serious Incidents and Never Events

As confirmed in the Performance Dashboard and in the Quality & Safety Report, there were zero serious incidents and never events reported in August. At the end of the period we have reported 12 Serious Incidents and zero never events.

Further detail is provided in the Quality and Safety report.

## Healthcare Associated Infections (HCAIs)

### Incidents of C. Difficile

The Trust did not report any cases of C Diff in August for the fifth consecutive month. The Trust's total allowance for 2018/19 is 14 cases, as set nationally.

### Incidents of MRSA

The Trust did not report any incidents of MRSA in August. However, 1 MRSA case was reported on PICU in July. A full RCA has been completed.

### CV Line Infections

August performance was 1.30 against 1.6 per 1000 line days compared to July when the Trust reported 0.81 per 1000 line days. All incidents have or will be investigated by the lead nursing staff with involvement from the Infection Control team. Please see the Quality & Safety report for further detail.

## WHO Surgical Checklist Completion (> 98%)

The Trust continues to not deliver against the 98% standard, for the month of August the Trust achieved 91.74% for the data collected on PIMs. This is a further deterioration from July when the Trust reported 93.84%.

However, as part of the NatSSIPs project a week-long trust-wide observational audit of 89 operating lists was undertaken in August 2018 which measured Team Brief, Sign In, Time Out, Sign Out and Debrief. This indicated continued excellent compliance with Team Brief and Sign-in, Time out and Sign Out had positive data collection at 96% and 95% respectively but has room for improvement. The weak point is Debrief at 54% and work continues within divisions to improve this and is overseen by the Medical Director.

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

The Trust reported no patients with a grade 3 pressure ulcer in June. Further details are provided in Quality & Safety report.



# Responsive



## Diagnostics (99% < 6 weeks) – April 2018 position

In August, the Trust underachieved against the standard of 99% for patients accessing the 15 diagnostic modalities within 6 weeks of referral / request at 94.44%, this is a deterioration from July (97.43%). The Trust has underachieved against this standard since February 2018, as previously reported this illustrates the volatility in the denominator and breach numbers. However, the number of breaches for August is significantly higher than previous months.

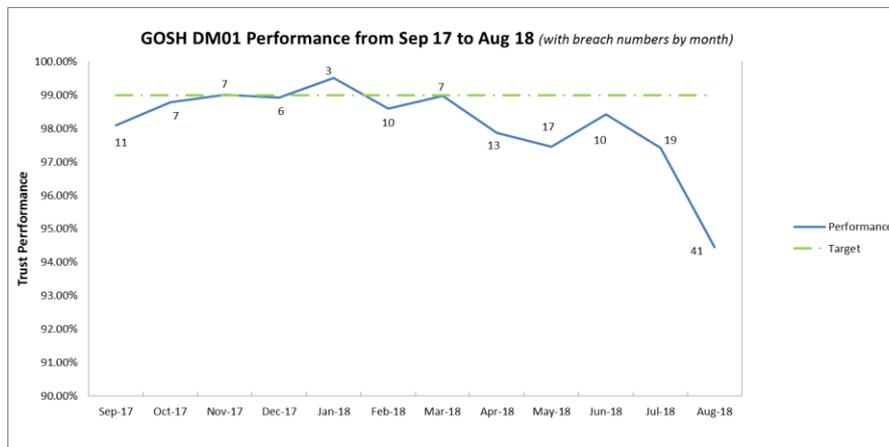
As shown in the table opposite, the overall number of breaches for August was 41 (increase of seven from May). Breaches occurred in Audiology (24), CT (5), Cystoscopy (2), Gastroscopy (3), MRI (1), Non Obstetric Ultrasound (3), Cardiac Echocardiography (2) and Cardiac MRI (1)

The increase in breaches are mainly due to the identification of an incorrect administrative process in Audiology which has resulted in 24 breaches. An action plan has been devised and weekly executive monitoring meetings are in place to review progress on reducing the backlog and implementing actions.

Of the remaining 17 breaches 15 could potentially have been prevented: five breaches were due to process / booking issues and six breaches occurred due to capacity issue, one due to delay in vetting and one due to delayed request form. One breach occurred due to failed sedation and the remaining breach was due delay in consent being received from patients local council.

Contextually when comparing GOSH nationally, out of 171 NHS Trust providers reporting against the standard (NHS and Independent sector) 105 in July were delivering 99% or better (it must be noted that 12 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).

Comparing the Trust against our peers the Trust is an outlier in performance with Alder Hey, Sheffield Children's and Birmingham Children's achieving the standard.



Row Labels	Breach	No Breach	Grand Total	Performance
<b>Barrie</b>				<b>94.03%</b>
Audiology - Audiology Assessments	24	47	71	66.20%
Barium Enema		6	6	100.00%
Colonoscopy		6	6	100.00%
Computed Tomography	5	58	63	92.06%
Cystoscopy	2	6	8	75.00%
DEXA Scan		15	15	100.00%
Gastroscopy	3	28	31	90.32%
Magnetic Resonance Imaging	1	184	185	99.46%
Neurophysiology - peripheral neurophysiology		26	26	100.00%
Non-obstetric ultrasound	3	207	210	98.57%
Urodynamics - pressures & flows		16	16	100.00%
<b>West</b>				<b>97.03%</b>
Cardiology - echocardiography	2	1	3	33.33%
Magnetic Resonance Imaging	1	11	12	91.67%
Respiratory physiology - sleep studies		86	86	100.00%
<b>Grand Total</b>	<b>41</b>	<b>697</b>	<b>738</b>	<b>94.44%</b>

## Cancer Wait Times

At the time of writing the report for July 2018 based on national submissions reported against the Cancer Wait time standards applicable to the Trust performance is 100%. Indicative August performance also advises 100% compliance.



## Referral to Treatment Time (incomplete standard > 92%) – April 2018

For the month of August the Trust achieved the RTT 92% standard, submitting performance of 92.85%, this is the seventh consecutive month since returning to reporting that the Trust has met the standard. Significant improvements have been made across a number of specialties with Orthopaedics, Spinal Surgery (meeting the standard for the first time), Endocrinology, Metabolic Medicine and Dermatology meeting 92% standard. Specialties which continue not to meet the standard are Plastic Surgery (sub-specialisation within the service), SNAPS (bed capacity), Dental and Maxillofacial Surgery (theatre capacity) and Urology (complex patients and capacity).

Revised improvement trajectories for the above specialties have been agreed and indicate compliance will be achieved by 31<sup>st</sup> October 2018, however, concern has been flagged regarding SNAPs and Urology achieving their trajectories. Work is underway to understand the barriers.

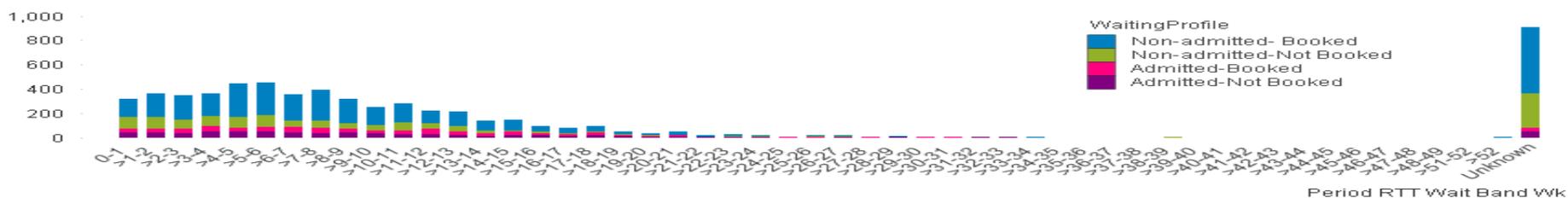
The number of patients waiting 40 weeks+ has decreased slightly to 14 patients in August, 4 admitted pathway and 10 non-admitted.

For the month of July half of the patients on the Trusts incomplete PTL were waiting less than 6 weeks, and 92 out of every 100 patients were waiting less than 17 weeks on a PTL size of 5,331 patients.

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 183 providers reporting against the standard (NHS Trusts only) 84 in July were delivering 92% or better. 18 providers reported 90-92%, 70 at 80-90% and 11 reported <80%. 5 providers did not report.

Nationally, GOSH is ranked as the 64th best performing Trust out of 151 providers. In London, GOSH is the 14th best performing Trust out of 28 Providers reporting RTT performance.

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 >18 weeks continues to improve.



### 52 week waits:

The Trust reported 6 patients waiting over 52 weeks in August. One is a delayed referral from Colchester where the Trust received the patient at 63 weeks, four patients are due to incorrect minimum dataset information received from referring organisations and lastly, one is due to a referral being missed by the Trust. Four of the patients have treatment dates in September and two in October due to patient choice.

### Unknown clocks starts:

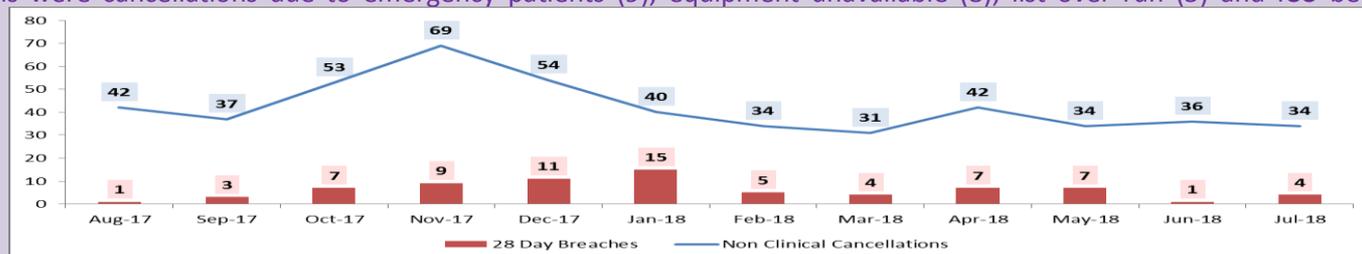
The number of pathways with an unknown clock start (i.e. referred to the Trust without confirming the start date of the pathway) saw an increase in August in comparison to what the Trust reported in July. Divisions have been asked to further push in engaging with referring Trusts and escalate where necessary.



## 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 month of July 2018, the Trust reported an improvement in performance the number of patient cancelled. There were 34 last minute non-clinical hospital cancelled operations, compared to 36 in June 2018. The areas contributing most to these were Cardiology/Cardiac Surgery (15), Radiology (4) and Surgery (4). Some of the reasons for cancellations were cancellations due to emergency patients (9), equipment unavailable (8), list over run (5) and ICU bed unavailable (5).



The Trust reported four last minute cancelled operations within 28 days of the cancellation in July, (compared to 1 June). Two Gastroenterology patients due flooding in the department , one Nephrology patient and one Urology patient due to clinician unavailable.

## Urgent Operations Cancelled for a second time

This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract. Since the start of the new financial year the Trust reported no patient being cancelled for an urgent operation for the last five consecutive months.





## Mental Health Identifiers

### Mental Health Identifiers: Data Completeness

The Trust is nationally required to monitor the proportion of patient accessing Mental Health Services at the Trust that have a valid NHS number, date of birth, postcode, gender, GP practice and commissioner code. Within this area the Trust consistently meets the 97% standard with 99.12% of patients having valid data in August.

### Mental Health: Ethnicity Completion - %

This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract. It highlights that the Trust requires significant work in collating ethnicity, with only 42.60% of patients accessing Mental Health services in August having a valid ethnic code. This is being addressed with operational teams via weekly monitoring, refreshed training and focused Data Assurance work.

## Patients with a valid NHS Number

### % of patients with a valid NHS Number Inpatients and Outpatients

This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract. Nationally the Trust is monitored against achieving 99% of patients having a valid NHS Number across all services being accessed. As the report depicts for both Inpatients and Outpatients this is below the standard, nationally the average for both indicators is above 99%. Work is being undertaken to understand the drivers underpinning the data.



## Workforce Headlines

- **Contractual staff in post:** Substantive staff in post increased to 4472 FTE (full-time equivalent) in August. This is 372 FTE (9%) higher than the same month last year.
- **Unfilled vacancy rate:** The Trust vacancy rate for August was 4.75% (223 FTE), well below the Trust target of 10%. The rate increased last month as new posts were added to the establishment.
- **Turnover** is reported as voluntary turnover. Voluntary turnover increased in August to 15.2% which is above target but below the same month last year (15.4%). Relocation and promotion were the most common reported leaving reason. Total turnover (including Fixed Term Contracts) also increased to 17.6%
- **Agency usage** for 2018/19 (year to date) stands at 1.07% of total paybill, which is below the local stretch target, and is also well below the same month last year (2.2%). Human Resources Business Partners continue to work with the divisions and corporate areas to address local pockets of agency usage. The target for 2018/19 remains 2% of total paybill.
- **Statutory & Mandatory training compliance:** In August the compliance across the Trust was 93%. Divisions with below average compliance are being offered targeted support. The target for 2018/19 remains 90%.
- **Sickness absence** remains below target at 2.4% 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, which may lead to fluctuations in reported rates. The 2018/19 target remains 3%
- **Appraisal/PDR completion** The non-medical appraisal rate has increased to 86% but remains below the Trust target, however the Trust continues to benchmark well. Reminders of expired appraisals are being sent to managers. Consultant appraisal rates have remained at 84% since June. Targets this year remain at 90%.





## Trust KPI performance August 2018

Metric	Plan	August 2018	3m average	12m average
Voluntary Turnover	14%	15.2%	14.5%	14.3%
Sickness (12m)	3%	2.4%	2.4%	2.3%
Vacancy	10%	4.8%	4.1%	3.9%
Agency spend	2%	1.1%	1.1%	1.6%
PDR %	90%	86%	85%	86%
Consultant Appraisals	90%	84%	84%	83%
Statutory & Mandatory training	90%	93%	92%	91%

Key:  
■ Achieving Plan ■ Within 10% of Plan ■ Not achieving Plan



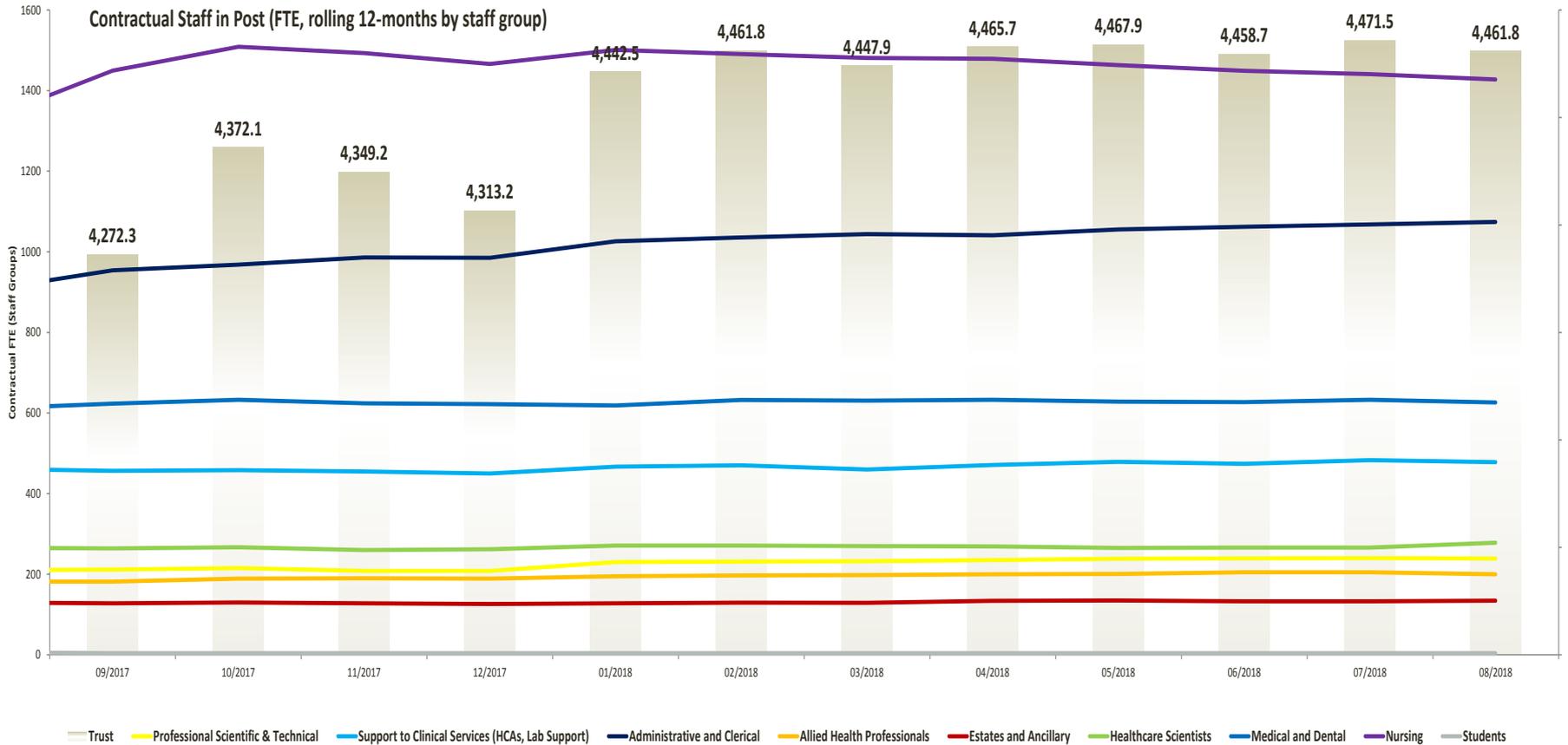
## Divisional KPI performance August 2018

Metric	Plan	Trust	Barrie	West	IPP	Clinical Ops	Corp Affairs	Dev & Property Services	Finance	HR&OD	Medical Director	Nursing & Patient Exp	Research & Innov.
Voluntary Turnover	14%	15.2%	12.9%	16.5%	23.8%	11.2%	17.1%	18.4%	16.3%	23.7%	10.0%	10.1%	24.9%
Sickness (12m)	3%	2.4%	2.3%	2.5%	3.1%	2.9%	2.9%	1.8%	1.4%	3.9%	1.2%	1.4%	2.5%
Vacancy	10%	4.8%	2.5%	0%	18.2%	-66%	25%	5.9%	22%	11.4%	-9.3%	-25%	-68%
Agency spend	2%	1.1%	0.5%	1.4%	0.0%	3.6%	-0.5%	1.3%	4.5%	8.7%	0.0%	1.3%	0.0%
PDR %	90%	86%	87%	88%	97%	70%	70%	93%	63%	87%	69%	70%	83%
Stat/Mand Training	90%	93%	93%	92%	99%	97%	87%	96%	100%	98%	95%	94%	95%

Key: ■ Achieving Plan ■ Within 10% of Plan ■ Not achieving Plan



## Substantive staff in post by staff group





## Workforce: Highlights & Actions

### Sickness %

- Monthly sickness absence reports distributed to managers from the HR Advisors to encourage a proactive approach to managing sickness absence.
- Regular meetings are held with Ward Sisters, service leads and departmental managers to discuss and provide support for sickness absence 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. Nutrition and Hydration week at GOSH took place in March 2018;
- HRBP working with management teams in Finance and ICT to ensure sickness absence is being logged using the correct system so reporting can be accurate.

### Voluntary Turnover Rate

- There has been a significant amount of work undertaken to better understand the broader turnover position - with specific focus on areas of low stability and high turnover. 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
- All Nurses within R&I on fixed term contracts have been transitioned over to permanent contracts to support retention of Nurses



## Workforce: Highlights & Actions

### Agency Spend

- HRBPs continue to work within the Divisions to reduce agency usage. This includes 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.

### PDR Completion

- PDR rates now regularly reported and accessible via the intranet with continued reminders to individuals and line managers
- PDR reminders are now sent to managers on a fortnightly basis, flagging expired and upcoming PDRs.
- Simplifying the reporting process of PDRs has supported managers in working towards their PDR targets.
- HRBPs are continuing to support managers in identifying the PDRs that are required for completion, this includes consultant appraisals.
- 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
- Expired training topics are now being reported directly to managers on a fortnightly basis.
- Learning and Development & ER team work with managers to identify those who are non-compliant including further developments to the Trust GOLD LMS
- Simplicity in reporting process to improve compliance
- StatMan rates are a rolling agenda item for Performance Meetings within the Divisions / Directorates.

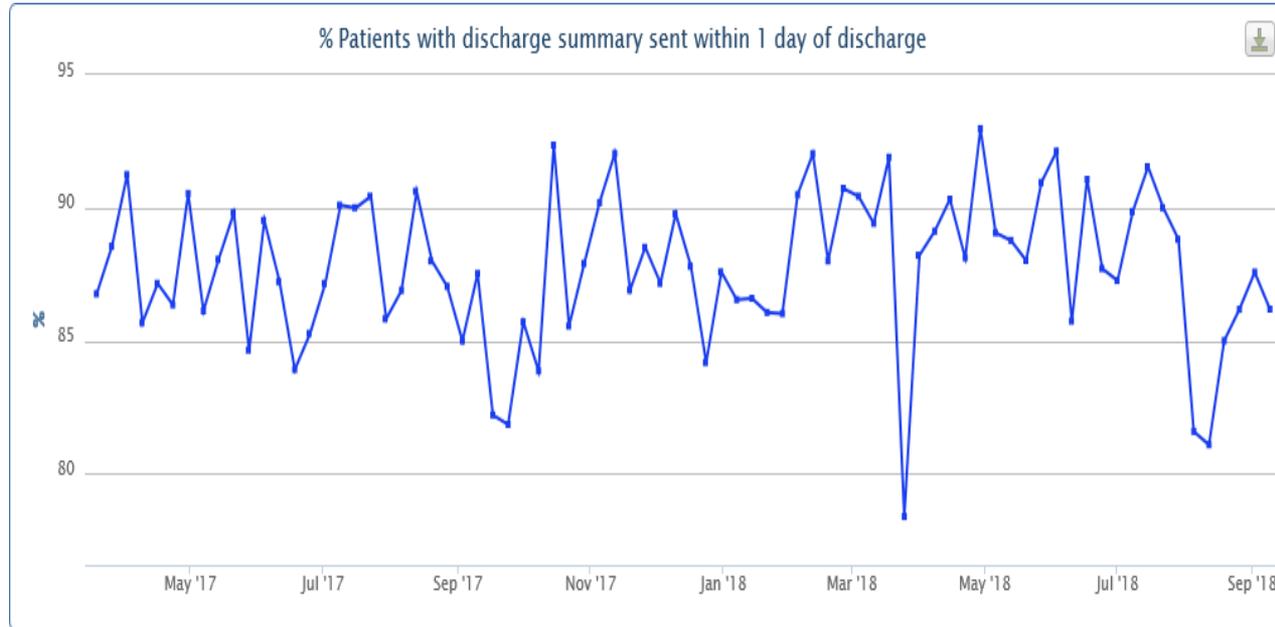


## Discharge Summaries

As is evident from the SPC chart and the dashboard, performance in this area continues to fluctuate. For August 2018, the position was 83.80% sent within 24hrs of discharge, which is a significant deterioration from July's performance (89.60%). 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. It should also be noted that 92% of patients and referrers receive a discharge summary within 48 hours of discharge

Some of the on going actions in place in divisions include daily reminders to HoCS/SM/fellows to complete the DS within 24 hours, weekly reports generated and sent to the Service and Ward Clerks, ensure discharges flagged as exclude are clinically validated and documented. There is also a lack of adequate junior doctor clinical cover between all specialties which is impacting this measure. In some instances recruitment to posts has been unsuccessful on a number of occasions , work with HR and senior clinical leads is ongoing.



## Clinic Letter Turnaround times

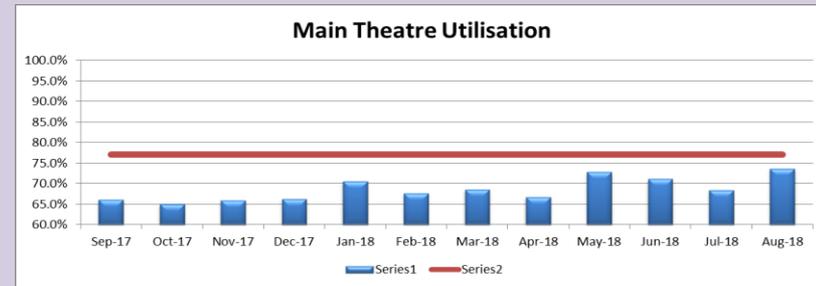
For July (as this indicator is reported a month in arrears), there has been a deteriorated in performance in relation to 14 day turnaround, 72.58% from 86.88% in June. For those sent within 7 working days, performance has also reduced, 43.31% from 55.83% in June. Some of the actions in place to improve performance are operational teams focusing on identifying where delays in the process reside within each specialty and implementing actions e.g. targeting sign off where weekly reminders for clinical teams to sign off letters are circulated, 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, clinic letter turnaround being part of service reviews, and extra admin time to work through the backlog of letters in specific areas.



## Theatres

Utilisation of main theatres has increased in August to 73.6% from 68.4% (July), however, it should be noted that the average theatre utilisation for this financial year is 70%. JM Barrie division saw an improvement in utilisation in August to 76.4% from 70.8%, Charles West division have also improved to 64.5% (August) from 59.3% (July). Specialties with increased utilisation are Dental & MaxFax (76%), Ophthalmology (75%), Orthopaedics (76%), Cardiac Surgery (67%), and Neurosurgery (70%).

The main drivers for improved utilisation are operational teams undertaking focused sessions reviewing theatre bookings and discussing areas of concern with clinical teams. Work which remains ongoing includes addressing delays with consenting and clerking of patients, continuing to target specialties that do not fully utilise capacity or book to over 100% and reducing data quality errors. Over the last rolling 12 months the average theatre utilisation for the Trust is 70.7%.



## Beds

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

**Occupancy:** For the reporting period of August, occupancy has decreased from previous levels to 79.8%, this is a trend across all three divisions. 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 has been a significant increase in the average number of beds closed in August (29) compared to 15 in July. This was mainly due to Sky having an average of 4 beds closed due to staffing, Butterfly an average of 3 beds covering staffing, scheduled works and patient acuity, PICU/NICU average of 4 beds due to staffing and reduced activity, and Fox with 10 beds closed due planned maintenance work, patient were relocating to Pelican.

## Activity

**Trust activity:** August activity for day case discharges and outpatient attendances are above the same reporting period for last year ytd, critical care bed-days and overnight discharges are below the same reporting period ytd. Further detail will be provided within the Finance Report.

**Long stay patients:** This looks at any patient discharged that month with a length of stay (LOS) greater than 100 days, and the combined number of days in the hospital. For August, the Trust reported seven patients discharges that had amassed a combined LOS of 1262 days of which 381 are attributable to critical care. The longest stay patients were Cardiac, Immunology, Metabolic, SNAPs, Gastroenterology and PICU. The clinical coding of the admissions relate to the patients having many having complex conditions and comorbidities warranting that LOS.



## PICU Metrics

As previously reported the metrics supporting PICU shared in this month's IPR are the first iteration of KPIs. The KPIs have been agreed collaboratively with the Trusts PICU consultants and are designed to provide a triangulated picture of the service. Further analysis and intelligence will be added in future reports.

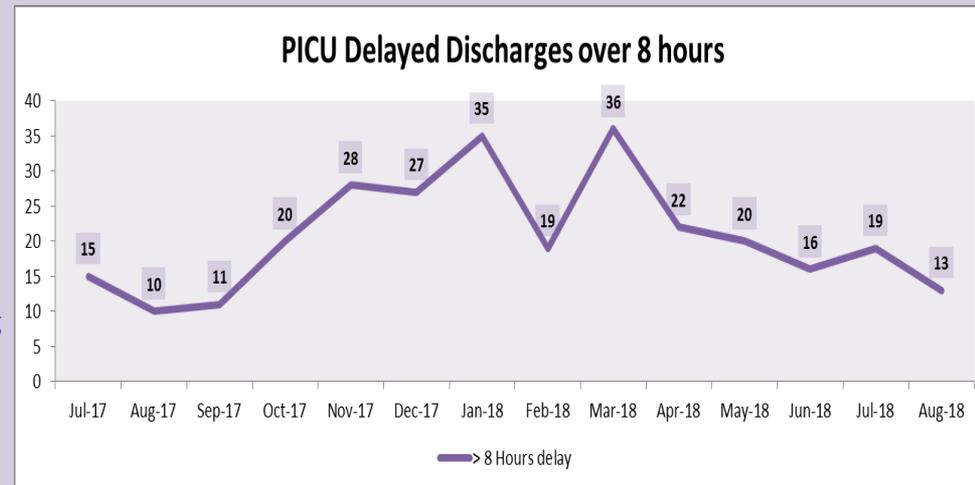
**CATS PICU/NICU Refusals:** The number of CATS referral refusals into PICU/NICU from other providers during August has decreased to seven from a July position of eleven. Compared to the first five months of 17/18 (41 refusals) the number of refusals is exactly to 41 in 18/19. During April – August 2018 the Trust received 140 patients via the CATs retrieval service into PICU/NICU.

It should be noted that although The Trust has seen an improvement in the number of refusals, the Trust remains a national outlier. As part of the specialised services Quality Dashboard, a KPI is monitored on emergency admission refusals. It clearly shows the Trust refuses a higher percentage of patients than the national average, as demonstrated in the table below.

Quarter	GOSH PICU/NICU/CICU refusals	GOSH admission requests	GOSH % refused	National % refused
Q3 17/18	99	226	43.8	19.8
Q2 17/18	32	148	21.6	7.14
Q1 17/18	28	164	17.1	7.12
Q4 16/17	66	163	40.5	9.45

**PICU Emergency Readmissions:** Readmissions back into PICU within 48 hours is two for the month August and one in July. During April to August 2018 five patients have been re-admitted to the department compared with six to the same period last year. This indicator illustrates patients being safely discharged from unit by the clinical teams.

**PICU Delayed Discharges:** Delayed discharges over 8 hours from PICU can demonstrate the challenges being faced internally and externally with regards to capacity issues on accessing beds. August has seen 13 total delays over 8 hours reported compared to 19 in July. Over the last rolling 12 months, 39% of patients have been delayed due to accessing another Provider, and 61% accessing a bed internally within the hospital.





## Summary

This section of the IPR includes a year to date position up to and including August 2018 (Month 5). In line with the figures presented, the Trust has a YTD Control Total Surplus of £5.8m which is £0.3m behind plan. The Trust is generating a YTD surplus of £1.2m which is £0.3m behind plan.

- Clinical Income (exc. International Private Patients and Pass through Income) is £1.5m higher than plan
- Non Clinical revenue is £1.3m lower than plan
- Private Patients income is £0.6m higher than plan
- Staff costs are £0.7m higher than plan
- Non-pay costs (excluding pass-through costs) are £0.8m higher than plan

## Appendix I – Integrated Performance Dashboard

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

## Appendix II – 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.

## Appendix III – Definitions

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

		Jun	Jul	Aug	Trend	Plan	NHS Standard	
<b>Caring</b>	Access to Healthcare for people with Learning Disability				→			
	% Positive Response Friends & Family Test: Inpatients	97.11%	97.08%	96.72%	↓		95%	
	Response Rate Friends & Family Test: Inpatients	13.01%	15.71%	15.03%	↓		40%	
	% Positive Response Friends & Family Test: Outpatients	94.58%	92.98%	94.84%	↑		95%	
<b>Safe</b>	Serious Patient Safety Incidents (date reported on STEIS)	In-month	2	5	0	↑		
		YTD	7	12	12	→		
	Never Events (date reported on STEIS)	In-month	0	0	0	→		0
		YTD	0	0	0	→		0
	Incidents of C. Difficile	In-month	0	0	0	→		
		YTD	0	0	0	→		
	C.Difficile due to Lapses of Care	In-month	0	0	0	→		14
		YTD	0	0	0	→		
	Incidents of MRSA	In-month	0	1	0	→		0
		YTD	0	1	1	→		0
CV Line Infection Rate (per 1,000 line days)		2.23	0.81	1.30	↓		1.6	
Who Checklist Completion: recorded on PIMS		92.13%	93.84%	91.74%	↓		98%	
WHO checklist: Observational audit results	Team Brief	100%	100%				98%	
	Sign In	100%	99%				98%	
	Time Out	95%	96%				98%	
	Sign Out	95%	95%				98%	
	Debrief	57%	54%					
	Arrests Outside of ICU	Cardiac Arrests	2	2	2	→		5
	Respiratory Arrests	3	4	3	→			
Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	0	→		0	
<b>Responsive</b>	Diagnosics: Patients Waiting <6 Weeks	98.43%	97.43%	94.44%	↓		99%	
	Cancer 31 Day: Referral to First Treatment	100.0%	100%		→		85%	
	Cancer 31 Day: Decision to Treat to First Treatment	100.0%	100%		→		96%	
	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery	100.0%	No Pts		#VALUE!		94%	
	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs	100.0%	100%		→		98%	
	Cancer 62 day: Consultant Upgrade of Urgency of a referral to first treatment	100.0%	100%		→		-	
	Last Minute Non-Clinical Hospital Cancelled Operations	36	34		↑			
	Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	1	4		↓		0	
	Urgent Operations Cancelled for a 2nd Time	0	0	0	→		0	
	Same day / day before hospital cancelled outpatient appointments	1.49%	1.32%	1.37%	↓			
	RTT: Incomplete Pathways (National Reporting)	92.59%	92.76%	92.85%	↑		92%	
	RTT: Number of Incomplete Pathways (National Reporting)	<18wks	4850	4945	4896	→		-
		>18wks	388	386	377	↑		-
	RTT: Incomplete Pathways >52 Weeks - Validated	2	3	6	↓		0	
RTT: Incomplete Pathways >40 Weeks - Validated	10	15	14	↑		0		
Number of unknown RTT clock starts	Internal Referrals	1	2	1	↑		-	
	External Referrals	710	739	910	↓		-	
RTT: Total Number of Incomplete Pathways Known/Unknown	<18 weeks	5550	5674	5792	↑		-	
	>18 weeks	399	398	392	↑		-	
<b>Data Completeness</b>	Mental Health Identifiers: Data Completeness	99.13%	99.00%	99.12%	↑		97%	
	Mental Health Ethnicity Completion - %	40.85%	39.94%	42.60%	↑		90%	
	% of Patients with a valid NHS number	Inpatients	92.7%	92.4%	TBC	↑		99%
	Outpatients	94.0%	93.6%	TBC	↑			

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

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

		Jun	Jul	Aug	Trend	Plan	NHS Standard	
<b>Well-Led</b>	Sickness Rate	2.40%	2.40%	2.40%	→		3%	
	Turnover	Total	17.1%	17.2%	17.6%	↑		18%
		Voluntary	14.0%	14.2%	15.2%	↑		14%
	Appraisal Rate	Consultant	84%	85%	86%	→		90%
			84%	84%	84%	→		
	Mandatory Training		91%	93%	93%	↑		90%
	% Staff Recommending the Trust as a Place to Work: Friends & Family Test		70%					61%
	Vacancy Rate	Contractual	3.9%	3.7%	4.8%	↓		10%
		Nursing	5.2%	5.7%	7.90%	↓		
	Bank Spend		6.1%	6.2%	6.1%	↑		
Agency Spend		1.14%	1.10%	1.07%	↑		2%	
<b>Effective</b>	Discharge Summary Turnaround within 24hrs	89.08%	89.60%	83.80%	↓		100%	
	Clinic Letter Turnaround within	7 working days	55.83%	43.31%		↓		
		14 working days	86.88%	72.58%		↓		100%
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		8.68%	8.74%	8.88%	↓		7.73%	
<b>Productivity</b>	Main Theatres	Theatre Utilisation	71.1%	68.4%	73.6%	↑		77%
		No. of theatres	14	14	14	→		
	Outside Theatres	Theatre Utilisation	52.0%	56.0%	50.0%	↓		77%
		No. of theatres	7	7	7	→		
	Trust Beds	Bed Occupancy	82.6%	82.2%	79.8%	↓		
		No of available beds	401	406	406	→		
	Average number of trust beds closed	Wards	24.1	15.3	29.0	↓		
		ICU	2.8	3.0	6.0	↓		
	Refused Admissions	Cardiac refusals	6	11	1	↑		
		PICU / NICU refusals	9	11	7	↑		
Number of PICU Delayed Discharges	Internal 8 - 24 hours	1	4	2	↑			
	Internal 24 hours+	14	12	4	↑			
	External 8 - 24 hours	0	2	0	↑			
	External 24 hours+	1	1	7	↓			
	Total 8 - 24 hours	1	6	2	↑			
	Total 24 hours+	15	13	11	↑			
PICU Emergency Readmissions < 48 hours		0	1	2	↓			
<b>Activity</b>	Daycase Discharges (YOY comparison)	In-month	2,405	2,497	2,273	↓		2,156
		YTD	7,155	9,648	11,921	↓		11,085
	Overnight Discharges (YOY comparison)	In-month	1,493	1,460	1,189	↓		1,294
		YTD	4,368	5,826	7,015	↓		7,026
	Critical Care Beddays (YOY comparison)	In-month	945	877	1,096	↑		1,201
		YTD	3,277	4,155	5,251	↑		5,861
	Bed Days >=100 Days	No. of patients	6	5	7	↓		
		No. of beddays	856	970	1,262	↓		
	Outpatient Attendances (All) (YOY comparison)	In-month	21,097	21,598	18,609	↓		18,944
		YTD	65,658	88,352	106,961	↓		103,482
<b>Our Money</b>	Control total	0.3	2.2	2.4	↑	6.1	0.0	
	Forecast outturn control total	12.1	12.1	12.5	↑	12.1	0.4	
	Better value	TBC	TBC	TBC			TBC	
	Debtor days (IPP)	191	179	195.0	↓	120	(75.0)	
Quick Ratio (Liquidity)	1.80	1.80	1.80	→	1.60	0.2		
NHS KPI Metrics	1.0	1.0	1.0	→	1.0	0.0		

## KITE MARKING SUMMARY SEPTEMBER 2017\*

Domain	Lead	Total Count	Sufficient Assured		Insufficient Assured		Yet to be Assured		Action Plans Req'd	Action Plans Outstanding		Action Plans Over Due	
			Count	%	Count	%	Count	%		Count	%	Count	%
			Caring	Juliette Greenwood, David Hicks	49	35	71.4%	0		0.0%	14	28.6%	0
Safe	Juliette Greenwood, David Hicks	70	61	87.1%	2	2.9%	7	10.0%	2	2	100%	2	100%
Responsive	Nicola Grinstead	98	65	66.3%	33	33.7%	0	0.0%	14	3	21%	4	29%
People, Management & Culture: Well-Led	Ali Mohammed	63	45	71.4%	9	14.3%	9	14.3%	5	0	0%	0	0%
Effective	Nicola Grinstead	28	16	57.1%	12	42.9%	0	0.0%	4	0	0%	4	100%
Productivity	Nicola Grinstead	98	65	66.3%	33	33.7%	0	0.0%	14	4	29%	10	71%
Our Money	Loretta Seamer	49	48	98.0%	1	2.0%	0	0.0%	1	0	0%	1	100%
<b>Grand Total</b>		<b>455</b>	<b>335</b>	<b>73.6%</b>	<b>90</b>	<b>19.8%</b>	<b>30</b>	<b>6.6%</b>	<b>40</b>	<b>9</b>	<b>23%</b>	<b>21</b>	<b>53%</b>

\*To be reviewed December 2017

Domain	Metric	Accuracy	Validity	Reliability	Timeliness	Relevance	Executive Judgement	Action Plan Req'd	Action Plan in Place	Action Plan Due Date
Caring	Access to Healthcare for people with Learning Disability	3	3	3	3	3	3	NK	NK	
Caring	% Positive Response Friends & Family Test: Inpatients	1	1	1	1	1	1	N	N/A	N/A
Caring	Response Rate Friends & Family Test: Inpatients	1	1	1	1	1	1	N	N/A	N/A
Caring	% Positive Response Friends & Family Test: Outpatients	1	1	1	1	1	1	N	N/A	N/A
Caring	Number of Complaints	1	1	1	1	1	1	N	N/A	N/A
Caring	Number of Complaints -Red Grade	1	1	1	1	1	1	N	N/A	N/A
Caring	Mental Health Identifiers: Data Completeness	3	3	3	3	3	3	NK	NK	
Safe	Total hospital acquired pressure / device related ulcer rates grade II & above	1	1	1	1	1	1	N	N/A	N/A
Safe	Reported cases of MRSA bacteremia to the Public Health England mandatory reporting system	1	1	1	1	1	1	N	N/A	N/A
Safe	Reported cases of Clostridium difficile associated disease to the Public Health England mandatory re	1	1	1	1	1	1	Y	N	
Safe	Serious Patient Safety Incidents	1	1	1	1	1	1	N	N/A	N/A
Safe	Never Events	1	1	1	1	1	1	N	N/A	N/A
Safe	C.Difficile due to Lapses of Care	1	1	1	1	1	1	Y	N	
Safe	CV Line Infection Rate (per 1,000 line days)	1	1	1	1	1	1	N	N/A	N/A
Safe	WHO Checklist Completion	3	3	3	3	3	3	NK	NK	
Safe	Cardiac Arrests Outside of ICU	1	1	1	1	1	1	N	N/A	N/A
Safe	Respiratory Arrests Outside of ICU	1	1	1	1	1	1	N	N/A	N/A
Responsive	RTT: Incomplete Pathways >52 Weeks (Validated)	2	2	2	1	1	2	Y	Y	On-going through DQ Dashboard
Responsive	RTT: Incomplete Pathways >52 Weeks (Unvalidated)	2	2	2	1	1	2	Y	Y	On-going through DQ Dashboard
Responsive	RTT: Incomplete Pathways (Over 18 Weeks)	2	1	2	1	1	2	Y	Y	On-going through DQ Dashboard
Responsive	RTT: Number of Incomplete Pathways (Under 18 Weeks)	2	1	2	1	1	1	Y	Y	On-going through DQ Dashboard
Responsive	Number of unknown RTT clock starts (Internal Referrals)	1	1	1	1	1	1	Y	Y	On-going audits
Responsive	Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	1	1	1	1	1	1	Y	N	
Responsive	Number of unknown RTT clock starts (External Referrals)	1	1	1	1	1	1	Y	Y	On-going audits
Responsive	Same day / day before hospital cancelled appointments	1	1	1	1	1	1	Y	Y	Audits not yet started
Responsive	Diagnostics: Patients Waiting >6 Weeks	1	1	1	1	1	1	Y	N	
Responsive	Cancer 31 Day: Decision to Treat to First Treatment	2	1	2	1	1	1	Y	Y	Audits not yet started
Responsive	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery	2	1	2	1	1	1	Y	Y	Audits not yet started
Responsive	Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs	2	1	2	1	1	1	Y	Y	Audits not yet started
Responsive	Last Minute Non-Clinical Hospital Cancelled Operations	1	1	1	1	1	1	Y	N	
People, Management & Culture: Well-Led	Sickness Rate	2	2	1	1	1	3	Y	Y	01-Jul-18
People, Management & Culture: Well-Led	Turnover - Total	1	1	1	1	1	3	NK	NK	
People, Management & Culture: Well-Led	Turnover - Voluntary	1	1	1	1	1	3	NK	NK	
People, Management & Culture: Well-Led	Appraisal Rate	2	1	1	2	1	3	Y	Y	01-Jul-18
People, Management & Culture: Well-Led	Mandatory Training	1	1	1	1	1	3	Y	Y	
People, Management & Culture: Well-Led	% Staff Recommending the Trust as a Place to Work: Friends & Family Test	1	1	1	1	1	3	NK	NK	
People, Management & Culture: Well-Led	Vacancy Rate	2	1	1	1	1	3	Y	Y	31-Mar-18
People, Management & Culture: Well-Led	Bank Spend	2	1	1	1	1	3	Y	Y	01-Jul-18
People, Management & Culture: Well-Led	Agency Spend	2	1	1	1	1	3	Y	Y	01-Jul-18
Effective	Discharge Summary Turnaround within 24hrs	1	1	1	1	1	2	Y	Y	31-Jul-17
Effective	Clinic Letter Turnaround within # - 7 working days	2	2	2	1	2	1	Y	Y	31-Jul-17
Effective	Clinic Letter Turnaround within # - 14 working days	2	2	2	1	2	1	Y	Y	31-Jul-17
Effective	Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)	1	1	1	1	1	1	Y	Y	31-Jul-17
Productivity	Excess Beddays >=100 days - number of patients	1	1	1	1	1	2	Y	N	
Productivity	Excess Beddays >=100 days - number of beddays	1	1	1	1	1	2	Y	N	
Productivity	Critical Care Beddays	1	1	1	1	1	2	Y	Y	31-Aug-17
Productivity	Outpatient Attendances (All)	1	1	1	1	1	2	Y	Y	31-Jul-17
Productivity	Overnight Discharges	1	1	1	1	1	2	Y	Y	31-Jul-17
Productivity	Theatre Utilisation (NHS UO4) - Main theatres	2	2	2	1	2	2	Y	Y	31-Jul-17
Productivity	Average numbers of beds closed - Wards	1	1	1	1	1	2	Y	Y	31-Aug-17
Productivity	Daycase Discharges	1	1	1	1	1	2	Y	Y	31-Jul-17
Productivity	Average numbers of beds closed - ICU	1	1	1	1	1	2	Y	Y	31-Aug-17
Productivity	Theatre Utilisation (NHS UO4)	2	2	2	1	2	2	Y	Y	31-Jul-17
Productivity	Bed Occupancy	1	2	2	1	2	2	Y	Y	31-Jul-17
Productivity	Number of Beds	2	1	2	1	1	1	Y	Y	31-Aug-17
Productivity	Cardiac Refusals	1	1	1	1	1	1	Y	N	
Productivity	PICU/NIICU Refusals	1	1	1	1	1	1	Y	N	
Our Money	Net Surplus/(Deficit) v Plan	1	1	1	1	1	1	N	N/A	N/A
Our Money	Forecast Outturn v Plan	1	1	1	1	1	1	N	N/A	N/A
Our Money	P&E Delivery	1	1	1	1	1	1	N	N/A	N/A
Our Money	Pay Worked WTE Variance to Plan	2	1	1	1	1	1	Y	Y	01-Aug-17
Our Money	Debtor Days (PPP)	1	1	1	1	1	1	N	N/A	N/A
Our Money	Quick Ratio (Liquidity)	1	1	1	1	1	1	N	N/A	N/A
Our Money	NHS KPI Metrics	1	1	1	1	1	1	N	N/A	N/A

TRUST BOARD PERFORMANCE DASHBOARD: KPI DEFINITIONS

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

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

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

	Measure	Definition	Standard	Calculation formulae	Reporting Frequency
<b>Our Money</b>	 Net Surplus/(Deficit) v Plan	Variance between YTD Net Surplus/(Deficit) - Excluding Capital Donations and Impairments compared to YTD Plan Surplus/(Deficit) - Excluding Capital Donations and Impairments			Monthly
	Forecast Outturn v Plan	Variance between Forecast month 12 Net Surplus/(Deficit) - Excluding Capital Donations and Impairments compared to Annual Plan as at month 12 Surplus/(Deficit) - Excluding Capital Donations and Impairments			Monthly
	P&E Delivery	Actual YTD recurrent savings delivered v YTD Planned Savings			Monthly
	Pay Worked WTE Variance to Plan	Variance between worked WTE in period and plan WTE in period			Monthly
	Debtor Days (IPP)	IPP Debtors / Total Sales x365			Monthly
	Quick Ratio (Liquidity)	Cash + Receivables divided by current liabilities			Monthly
	NHS KPI Metrics	Composite metric based on performance against plan of the following NHS Improvement Measures: <ul style="list-style-type: none"> <li>• Liquidity</li> <li>• Capital Service Coverage</li> <li>• I&amp;E Margin</li> <li>• Variance in I&amp;E Margin as % of income</li> <li>• Agency Spend</li> <li>• Each measure is rated 1 to 4 (and RAG rated 1 Green, 2 Amber and 3/4 Red)</li> </ul>			Monthly
<b>Productivity</b>	 Theatre Utilisation (NHS UO4)	Theatre Utilisation based on the percentage of original scheduled session hours that were used for operating	77%		Monthly
	Bed Occupancy	KH03 definition- day and night occupied bed days divided by total no of available bed days			Monthly
	Number of Beds	KH03 definition of total number of available beds			Monthly
	Average Number of beds closed	Average number of day and night beds closed in the reporting month.			Monthly
	Refused Admissions	Admissions refused due to non clinical reasons. Data excludes refusals based on medical grounds and refusals to a GOSH ICU/Ward that were accepted to a different GOSH ICU/Ward			Monthly
	Trust Activity: Trust activity (Daycase discharges, Overnight Discharges, Critical Care bed days and OP attendances)	Discharges based on spells. Overnight discharges include elective, non elective, non elective non emergency and regular attenders. OP attendances include both new and follow up. Critical care bed days include elective, non elective and non elective non emergency.			Monthly
	Excess Bed Days >=100 days	No of patients with an extra ordinary length of stay (100 days+) at the end of the reporting period.			Monthly

**Trust Board  
 27 September 2018**

**Month 05 2018/19 Finance Performance Report**

**Submitted by:  
 Helen Jameson, Chief Finance Officer**

**Paper No: Attachment Y**

**Attachment Board Finance Report M05**

**Key Points to take away**

1. The Trust is required to achieve an overall control total that is agreed with NHSI annually that takes account of the Trust's financial performance and any technical adjustments that must be factored into the position e.g. capital donations. The Trust is behind its control total by £0.3m at Month 5, this is the first time that the Trust has been in this position in this financial year.
2. The Trust is however forecasting to over deliver its control total by £0.4m by year end, predominantly through additional activity and income in the second half of the year.
3. The Trust is ahead of its overall income target by £0.8m (excluding pass through) at Month 5. NHS Clinical Income remains ahead of plan by £1.5m with year to date over delivery in a number of areas. However in Month 5, NHS income was behind plan due principally to low activity relating to the summer holiday period. Private patient income was very strong in Month 5 and reported the highest ever total of £6.5m with continued strong performance in CICU, respiratory and cardiac surgery.
4. Pay was overspent YTD by £0.7m but £1.2m this relates principally to the implementation of the national Agenda for Change pay award for which the funding sits within income and not pay; the Trust is £0.5m underspent YTD when this is excluded.
5. Non pay is £0.8m overspent (excluding pass through) year to date. This predominantly relates to the provision for bad debt increasing in the month relating mainly to IPP income and the extra costs associated with the activity over-delivery in the year to date.

**Introduction**

This paper reports the Trust Financial Position as at the end of July 2018 (Month 5). The Trust is required to achieve an overall control total surplus of £12.1m for the year which is an increase from 2017/18. In order to achieve this, the Trust must deliver additional income from the prior year and achieve the Better Value program of £15m. The Trust is currently behind its control total by £0.3m but is forecasting to recover and then exceed its control total by year end.

**Financial Position – Summary Points**

As at the 31<sup>st</sup> August, the Trust is £0.3m behind its control total of £5.8m.

NHS & other clinical revenue (excluding pass through) is favourable to plan by £1.5m YTD largely driven by increased activity within Audiology (£0.6m) and Neurosurgery (£0.6m). However, in-month performance has declined from the prior month and a number of the previously over-performing specialties are below plan in Month 5 including SNAPs, T&O and Spinal. This is in part due to the seasonal effect of annual leave.

Private patient income is £0.6 ahead of plan YTD which reverses the adverse position that it has encountered since the start of the year. Month 5 saw the highest ever level of IPP income delivered at the Trust.

Non-Clinical Income is £1.3m adverse to plan YTD and £0.1m in month. This predominantly relates to better value targets not achieved in line with the original plan.

Pay is overspent by £0.4m in month and £0.7m YTD but it should be noted that £1.2m of this relates to the pay award for the earlier part of the year which has been funded centrally but is included within 'other income'. There is some offset of the pay underspend due to the use of bank and agency costs filling vacant roles at premium cost though overall, the Trust has a number of vacant positions.

Non-Pay expenditure (excluding pass through) is underspent by £1.1 m, which is a result of the additional clinical supplies costs linked to the case-mix of activity undertaken in high spend areas e.g. spinal and orthopaedics.

### Financial Forecast – Summary Points

The Trust (including clinical and corporate) has developed outline forecasts at Month 5 and these are included in the board report this month. The current forecast is that the Trust will exceed its control total by £0.4m due principally to additional activity delivery in the second half of the year offset by additional expenditure.

### Statement of Financial Position – Summary Points

Indicator	Comment																
NHSI Financial Rating	4 of the 5 KPI ratings are Green. The variance from control total has moved to amber due to the £0.3m adverse position to the control total.																
Cash	<p>The closing cash balance was £68.2m, £14.9m higher than plan.</p> <table border="1"> <thead> <tr> <th>Variance/movement</th> <th>Cash variance vs plan YTD (£m)</th> </tr> </thead> <tbody> <tr> <td>EBITDA – lower than plan</td> <td>(0.6)</td> </tr> <tr> <td>Inventories – higher than plan</td> <td>(0.4)</td> </tr> <tr> <td>Trade and other Receivables – lower than plan</td> <td>(1.8)</td> </tr> <tr> <td>Trade and Other Payables - higher than plan</td> <td>8.9</td> </tr> <tr> <td>Other liabilities (deferred income, lower than plan)</td> <td>(0.7)</td> </tr> <tr> <td>Capital expenditure – lower than plan</td> <td>3.3</td> </tr> <tr> <td>Increase to cash position</td> <td>8.7</td> </tr> </tbody> </table>	Variance/movement	Cash variance vs plan YTD (£m)	EBITDA – lower than plan	(0.6)	Inventories – higher than plan	(0.4)	Trade and other Receivables – lower than plan	(1.8)	Trade and Other Payables - higher than plan	8.9	Other liabilities (deferred income, lower than plan)	(0.7)	Capital expenditure – lower than plan	3.3	Increase to cash position	8.7
Variance/movement	Cash variance vs plan YTD (£m)																
EBITDA – lower than plan	(0.6)																
Inventories – higher than plan	(0.4)																
Trade and other Receivables – lower than plan	(1.8)																
Trade and Other Payables - higher than plan	8.9																
Other liabilities (deferred income, lower than plan)	(0.7)																
Capital expenditure – lower than plan	3.3																
Increase to cash position	8.7																
NHS Debtor Days	NHS Debtor days in month was 8 days which remains within target. This is because the majority of the Trust's NHS invoices by value relate to contractual monthly SLA payments which are settled on the 15th of each month.																
IPP Debtor Days	IPP debtor days increased from 179 days to 195 days. There was significant income collection in Month 4 vs. plan which has returned to normal in Month 5.																
Creditor Days	Creditor days decreased in month from 22 days to 20 days. This is due to the continued accelerated payment of invoices by the Accounts Payable team.																
Inventory Days	Drug inventory days decreased in month from 7 to 6 days. Non-Drug inventory days increased slightly in month from 72 to 78 days; this principally relates to a single high cost order being received ahead of time.																

<p><b>Action required from the meeting</b></p> <ul style="list-style-type: none"> <li>To <b>note</b> the Month 5 Financial Position</li> </ul>
<p><b>Contribution to the delivery of NHS / Trust strategies and plans</b>          The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.</p>
<p><b>Financial implications</b>          Not delivering the Control Total would result in the loss of the PSF (previously STF). This is £7.6m for 2018/19 without which, the Trust would struggle to achieve financial balance.</p>
<p><b>Legal issues</b>          None</p>
<p><b>Who is responsible for implementing the proposals / project and anticipated timescales</b>          Chief Finance Officer / Executive Management Team</p>
<p><b>Who is accountable for the implementation of the proposal / project</b>          Chief Finance Officer</p>

## Finance and Workforce Performance Report Month 5 2018/19

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FINANCIAL PERFORMANCE

	In month			Year to date			Full Year Forecast	
	Plan	Actual	RAG	Plan	Actual	RAG	Fcst	RAG
<b>INCOME</b> <i>incl. passthrough</i>	£40.7m	£41.2m	●	£194.4m	£194.6m	●	£476.7m	●
<b>PAY</b>	£21.8m	£22.2m	●	£107.9m	£108.6m	●	£268.5m	●
<b>NON-PAY</b> <i>incl. passthrough</i>	£14.7m	£15.3m	●	£73.6m	£73.6m	●	£179.0m	●
<b>CONTROL TOTAL</b>	£2.8m	£2.4m	●	£6.1m	£5.8m	●	£12.5m	●

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

AREAS OF NOTE:

As at the end of Month 5, the Trust position is £0.3m adverse to the planned control total. Income is £0.2m favourable to plan YTD and includes the £1.2m funding for the AFC pay award which is offset by passthrough (£0.8m adverse to plan). Pay costs are £0.7m adverse to plan mainly due to the £1.2m AFC pay award that has now been paid to staff. Month 5 saw the (M1-3) backdated payment to staff for the AFC Pay Review of £0.7m. Non-pay is £0.8m adverse to plan once passthrough has been excluded, this is driven by an increase in the impairment of receivables related to the increased Private activity in month. The Trust position against its control total has deteriorated from Month 4 by £0.4m this is due to NHS activity being below plan in month while non-pay remained on plan in part due to the impairment of receivables for private patient income and non achievement of better value schemes.

INCOME BREAKDOWN RELATED TO ACTIVITY

Income breakdown Year to Date	Plan (£m)	Actual (£m)	Var (£m)	RAG
<b>NHS &amp; Other Clinical Revenue</b>	£116.6m	£118.1m	£1.5m	●
<b>Pass Through</b>	£26.6m	£25.9m	(£0.8m)	●
<b>Private Patient Revenue</b>	£26.0m	£26.6m	£0.6m	●
<b>Non-Clinical Revenue</b>	£25.3m	£24.0m	(£1.3m)	●
<b>Total Operating Revenue</b>	£194.4m	£194.6m	£0.1m	●

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red

AREAS OF NOTE:

Although operating revenue remains on plan, there are some key variances. NHS and other clinical income is favourable to plan YTD by £1.5m mainly due to increased activity; however in-month NHS and other clinical income was £0.4m below plan due to the seasonal effect of summer resulting in lower volumes of activity. NHS and other clinical income YTD is offset by non-clinical income being £1.3m adverse to plan. This is made up of the trust wide income better value targets being included within non-clinical income (£1.3m) while being delivered across other areas of income, the additional income received for the AFC pay award (£1.2m) and lower than planned income associated with lab tests and externally funded posts (£0.8m). Private patient income is favourable YTD following a M5 position that was £0.7m favourable to plan through increased activity and high cost treatments (partly offset in expenditure).

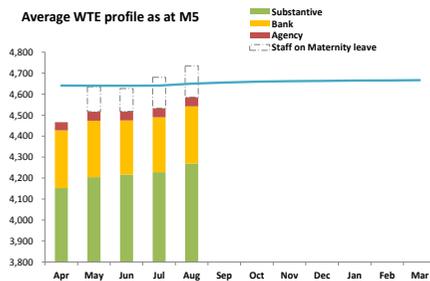
PEOPLE

	M5 Plan Av. WTE	M5 Actual Av. WTE	Variance
<b>PERMANENT</b>	4,622.0	4,269.8	352.2
<b>BANK</b>	19.6	272.0	(252.4)
<b>AGENCY</b>	8.1	44.4	(36.3)
<b>TOTAL</b>	<b>4,649.8</b>	<b>4,586.2</b>	<b>63.5</b>

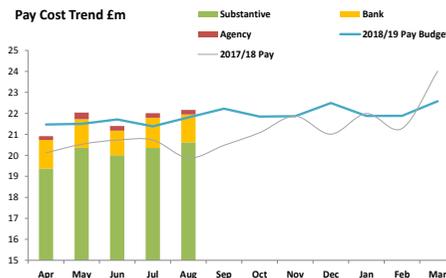
AREAS OF NOTE:

Since M4 the average cost of the Trust WTE's has risen across staff categories as a result of paying the AFC back pay. In M5, the Cardiac Business Case provides further budgeted posts in the annual plan; there have been delays with recruitment to these positions and this is increasing the average vacancies YTD. Bank costs have seen a reduction from £1.44m in M4 to £1.33m in M5 due principally to seasonal effects reducing the number of bank staff required. The calculations exclude 148.7 contractual WTE's on maternity leave within the Trust with a YTD cost of £1.3m.

Average WTE profile as at M5



Pay Cost Trend £m



CASH, CAPITAL AND OTHER KPI'S

Key metrics	Plan	Actual
<b>Cash</b>	£52.2m	£60.9m
<b>IPP Debtor days</b>	120	195
<b>Creditor days</b>	30	20
<b>NHS Debtor days</b>	30	8

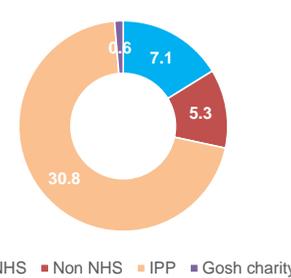
Capital Programme	YTD Plan M5	YTD Actual M5	Full Year Fcst
<b>Total Trust-funded</b>	£9.4m	£6.1m	£24.4m
<b>Total Donated</b>	£19.0m	£18.6m	£40.9m
<b>Grand Total</b>	£28.4m	£24.7m	£65.3m

NHSI metrics	Plan M5	Actual M5
<b>CAPITAL SERVICE COVER</b>	1	1
<b>LIQUIDITY</b>	1	1
<b>I&amp;E MARGIN</b>	1	1
<b>VAR. FROM CONTROL TOTAL</b>		2
<b>AGENCY</b>	1	1
<b>TOTAL</b>		

AREAS OF NOTE:

- Cash held by the Trust is higher than plan by £8.7m.
- The capital programme is £3.7m behind plan (£3.3m Trust funded and £0.4m donated) due to slippage on a number of IT and Estates projects
- Following a scheme by scheme review of capital expenditure, the forecast outturn has been revised downwards. The forecast outturn for trust funded capital expenditure is £3.6m lower than plan and for Charity funded expenditure is £4.1m lower than plan.
- NHSI metrics are on plan apart from var from Control Total which is a result of the Trust being 0.3m adverse to its control total YTD at M5.

Net receivables breakdown (£m)



Annual Budget	Income & Expenditure	2018/19								Rating	Notes	2017/18		
		Month 5				Year to Date						YTD Actual	CY vs PY	
		Budget	Actual	Variance		Budget	Actual	Variance				(£m)	(£m)	%
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	YTD Variance	(£m)	(£m)	%			
280.59	NHS & Other Clinical Revenue	24.26	23.82	(0.44)	(1.81%)	116.55	118.05	1.50	1.29%	G	1	115.80	2.25	1.94%
63.49	Pass Through	5.52	5.36	(0.16)	(2.90%)	26.60	25.85	(0.75)	(2.82%)		2	27.30	(1.45)	(5.31%)
63.55	Private Patient Revenue	5.66	6.45	0.79	13.96%	25.97	26.62	0.64	2.46%	G	3	23.00	3.62	15.74%
62.93	Non-Clinical Revenue	5.29	5.60	0.31	5.86%	25.32	24.04	(1.28)	(5.06%)	R	4	21.10	2.94	13.93%
<b>470.56</b>	<b>Total Operating Revenue</b>	<b>40.73</b>	<b>41.23</b>	<b>0.50</b>	<b>1.23%</b>	<b>194.44</b>	<b>194.56</b>	<b>0.11</b>	<b>0.06%</b>	<b>G</b>		<b>187.20</b>	<b>7.36</b>	<b>3.93%</b>
(260.28)	Permanent Staff	(21.61)	(20.62)	0.99	4.58%	(106.90)	(100.75)	6.15	5.75%		5	(92.90)	(7.85)	(8.45%)
(0.50)	Agency Staff	(0.04)	(0.22)	(0.18)	(450.00%)	(0.21)	(1.15)	(0.94)	(447.62%)		6	(2.30)	1.15	50.00%
(1.87)	Bank Staff	(0.16)	(1.33)	(1.17)	(731.25%)	(0.77)	(6.66)	(5.89)	(764.94%)		7	(6.80)		0%
<b>(262.65)</b>	<b>Total Employee Expenses</b>	<b>(21.81)</b>	<b>(22.17)</b>	<b>(0.36)</b>	<b>(1.65%)</b>	<b>(107.88)</b>	<b>(108.56)</b>	<b>(0.68)</b>	<b>(0.63%)</b>	<b>R</b>		<b>(102.00)</b>	<b>(6.56)</b>	<b>(6.43%)</b>
(13.48)	Drugs and Blood	(1.18)	(1.02)	0.16	13.56%	(5.56)	(5.32)	0.24	4.32%	G	8	(5.40)	0.08	1.48%
(41.45)	Other Clinical Supplies	(3.44)	(3.62)	(0.18)	(5.23%)	(17.48)	(16.63)	0.85	4.86%	G	9	(18.60)	1.97	10.59%
(60.62)	Other Expenses	(4.57)	(5.29)	(0.72)	(15.75%)	(23.98)	(25.84)	(1.86)	(7.76%)	R	10	(24.00)	(1.84)	(7.67%)
(63.49)	Pass Through	(5.52)	(5.37)	0.15	2.72%	(26.60)	(25.85)	0.75	2.82%		11	(27.00)	1.15	4.26%
<b>(179.04)</b>	<b>Total Non-Pay Expenses</b>	<b>(14.71)</b>	<b>(15.30)</b>	<b>(0.59)</b>	<b>(4.01%)</b>	<b>(73.62)</b>	<b>(73.64)</b>	<b>(0.02)</b>	<b>(0.03%)</b>	<b>G</b>		<b>(75.00)</b>	<b>1.36</b>	<b>1.81%</b>
<b>(441.69)</b>	<b>Total Expenses</b>	<b>(36.52)</b>	<b>(37.47)</b>	<b>(0.95)</b>	<b>(2.60%)</b>	<b>(181.50)</b>	<b>(182.20)</b>	<b>(0.70)</b>	<b>(0.39%)</b>	<b>R</b>		<b>(177.00)</b>	<b>(5.20)</b>	<b>(2.94%)</b>
28.87	EBITDA (exc Capital Donations)	4.21	3.76	(0.45)	(10.69%)	12.94	12.36	(0.59)	(4.56%)	R	12	10.20	2.16	21.18%
(16.79)	Owned depreciation, Interest and PDC	(1.38)	(1.32)	0.06	4.35%	(6.80)	(6.57)	0.23	3.38%		13	(6.20)	(0.37)	(5.97%)
12.08	Control total	2.83	2.44	(0.39)	(13.78%)	6.14	5.79	(0.35)	(5.70%)	R	14	4.00	1.79	44.75%
(11.60)	Donated depreciation	(0.94)	(0.93)	0.01	1.06%	(4.59)	(4.58)	0.01	0.22%		15	(3.70)	(0.88)	(23.78%)
0.48	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	1.89	1.51	(0.38)	(20.11%)	1.55	1.21	(0.34)	(21.94%)		16	0.30	0.91	303.33%
(2.52)	Impairments	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%		17	0.00	0.00	0%
44.97	Capital Donations	7.04	8.91	1.87	26.56%	18.98	18.56	(0.42)	(2.21%)		18	9.80	8.76	89.39%
42.93	Adjusted Net Result	8.93	10.42	1.49	16.69%	20.53	19.77	(0.76)	(3.70%)		19	10.10	9.67	95.74%

Plan Annual	Division	2018/19								Rating
		Month				Year to Date				
		Budget	Actual	Var	Var %	Budget	Actual	Var	Var %	
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			
38.22	Charles West	3.45	3.88	0.43	12.46%	16.25	16.61	0.36	2.22%	G
22.56	JM Barrie	2.62	1.64	(0.98)	(37.40%)	9.68	10.93	1.25	12.91%	G
24.88	International Private Patients	2.23	2.27	0.04	1.79%	10.60	9.07	(1.53)	(14.43%)	R
1.87	Research And Innovation	0.16	0.14	(0.02)	(12.50%)	0.58	1.16	0.58	100.00%	G
(75.45)	Corporate/Other	(5.63)	(5.49)	0.14	2.49%	(30.97)	(31.98)	(1.01)	(3.26%)	R
12.08	Control total	2.83	2.44	(0.39)	(13.78%)	6.14	5.79	(0.35)	(5.70%)	



**Summary**

- In month the Trust is reporting a £0.4m adverse position to plan. This is due to increased private patient income (£0.8m) offset by reduced NHS clinical income (£0.4m) and an increase in the impairment of receivables (£0.7m).

**Notes**

- NHS & other clinical revenue (excluding pass through) is favourable to plan by £1.5m YTD largely driven by increased activity within Audiology (£0.6m) and Neurosurgery (£0.6m). However, in-month performance has declined from Month 4 and a number of the previously over-performing specialities have activity below plan in Month 5 including SNAPs, T&O and Spinal. This is in part due to the seasonal effect of annual leave.
- Private Patient income is £0.7m favourable to plan YTD. The in-month position saw the highest ever Trust wide reported income level at £6.5m. CICU (£0.6m), Respiratory (£0.6m) and Cardiac Surgery (£0.3m) have seen a higher than planned volume of activity, which has largely offset the underperformance seen within the IPP division YTD (£1.3m adverse to plan).
- Other non-clinical income is £1.3m adverse YTD mainly due to Trust wide better value targets being delivered across other areas of income. The improvement in month is due to the DHSC funding for the A/c pay award received in M5 of £0.9m covering M1-3 & 5.
- Pay is adverse to plan YTD by £0.7m. This is due to the additional payments relating to the A/c Pay Review (£1.2m). There are a number of vacancies across the Trust (especially within nursing staff) which are being filled by bank and agency staff to meet the current demands.
- Non pay (excluding pass through) is £0.8m adverse to plan YTD. Higher than planned levels of activity have led to increased non-pay spend along with an increase in the impairment of receivables, predominantly relating to private patient income. Better value targets are included within other expenses in the plan; savings are actually being delivered across other areas of non-pay offsetting the total overspend.
- Income from capital donations is £0.4m less than plan due to slippage of some capital expenditure on donated assets. These include in particular the Cardiac Cath Lab (£0.5m) as the project start date is delayed to Feb 2019 to coincide with the replacement of MRI number 4.

Full Year Actual 2017/18 (£m)	31 Aug 2018		Internal Forecast			Rating	
	Income & Expenditure	Annual Budget (£m)	Full-Yr (£m)	Variance to Plan			Forecast Variance to plan
				(£m)	%		
280.64	NHS & Other Clinical Revenue	280.59	286.78	6.19	2.16%	G	
64.33	Pass Through	63.49	61.69	(1.80)	(2.92%)		
57.26	Private Patient Revenue	63.55	67.01	3.46	5.16%	G	
59.65	Non-Clinical Revenue	62.93	61.18	(1.75)	(2.86%)	R	
<b>461.88</b>	<b>Total Operating Revenue</b>	<b>470.56</b>	<b>476.66</b>	<b>6.10</b>	<b>1.28%</b>		
(231.99)	Permanent Staff	(260.28)	(249.59)	10.69	(4.28%)		
(4.38)	Agency Staff	(0.50)	(2.69)	(2.19)	81.41%		
(17.34)	Bank Staff	(1.87)	(16.20)	(14.33)	88.46%		
<b>(253.71)</b>	<b>Total Employee Expenses</b>	<b>(262.65)</b>	<b>(268.48)</b>	<b>(5.83)</b>	<b>2.17%</b>	R	
(12.37)	Drugs and Blood	(13.48)	(15.49)	(2.01)	12.98%	R	
(43.66)	Other Clinical Supplies	(41.45)	(40.19)	1.26	(3.14%)	G	
(61.97)	Other Expenses	(60.62)	(61.67)	(1.05)	1.70%	R	
(64.33)	Pass Through	(63.49)	(61.69)	1.80	(2.92%)		
<b>(182.33)</b>	<b>Total Non-Pay Expenses</b>	<b>(179.04)</b>	<b>(179.04)</b>	<b>0.00</b>	<b>(0.00%)</b>	G	
<b>(436.04)</b>	<b>Total Expenses</b>	<b>(441.69)</b>	<b>(447.52)</b>	<b>(5.83)</b>	<b>1.30%</b>	R	
25.84	EBITDA (exc Capital Donations)	28.87	29.14	0.27	0.93%	G	
(15.93)	Owned Depreciation, Interest and PDC	(16.79)	(16.62)	0.17	(1.02%)		
9.91	Control total	12.08	12.52	0.44	3.51%	G	
(9.30)	Donated depreciation	(11.60)	(11.60)	0.00	0.00%		
0.61	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	0.48	0.92	0.44	(633.33%)		
(2.81)	Impairments	(2.52)	(2.52)	0.00	0.00%		
24.65	Capital Donations	44.97	40.90	(4.08)	(9.96%)		
<b>22.45</b>	<b>Adjusted Net Result</b>	<b>42.93</b>	<b>39.30</b>	<b>(3.64)</b>	<b>(9.25%)</b>		

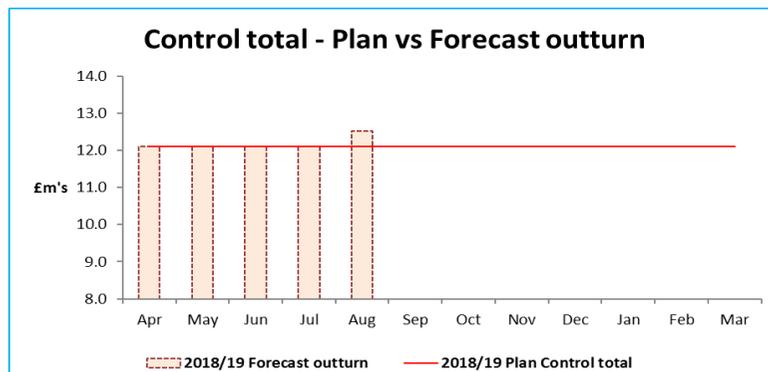
Notes

**Summary**

- The Trust is forecasting a £0.4m favourable control total position at the year end. This is a positive movement of £0.7m from the M5 YTD position.
- A detailed process has been undertaken with the organisation and this is the initial detailed forecast produced in 2018/19. This process continues to be refined and we are working towards developing a more detailed monthly forecast and will continue to review the assumptions.

**Notes**

- NHS Clinical income is forecast to be £4.4m favourable to plan including pass through, this is as a result of activity increasing across both JM Barrie and Charles West.
- Private patient income is forecast to be £3.5m favourable to the plan. The increase in Private patient income over the last couple of months is forecast to continue and would lead to the private patient income exceeding the plan by the year end.
- Pay is forecast to be £5.8m adverse to plan by the year end. This is made up of £3.1m of pay costs associated with the AfC pay review and an increase in staffing costs above plan in Charles West linked to delivery of activity.
- Non-pay is forecast to be on plan at the year end including pass through. Excluding pass through non-pay will be £1.8m adverse to plan. This is driven by an increase in costs associated with delivering the increased clinical income and increased costs associated with the timing of R&I grants in the latter part of the year.
- The forecast assumes full achievement of the £7.6m Provider Sustainability Fund which is achieved by meeting the control total target each quarter.



**RAG Criteria:**  
Green Favourable  
Variance to plan  
Amber Adverse  
Variance to plan (< 5%)  
Red Adverse Variance  
to plan (> 5% or >  
£0.5m)

Summary by Point of Delivery excluding pass through & CQUIN

Point of Delivery	Activity plan	Activity actual	Activity variance	Income plan £000's	Income actual £000's	Income variance £000's	RAG YTD Variance	Ave price per plan	Ave price received	Ave price var %	Price variance £000's	Activity variance £000's
Day Case	8,970	9,065	95	£10,569	£10,787	£218	G	£1,178	£1,190	1.0%	£109	£112
Elective	5,878	5,737	(141)	£27,131	£26,657	(£474)	A	£4,616	£4,647	0.7%	£178	(£651)
Hdu Bed Days	1,452	1,383	(69)	£1,070	£1,342	£272	G	£737	£970	31.6%	£322	(£51)
Highly Specialised Services	7,807	6,971	(837)	£12,727	£12,346	(£381)	A	£1,630	£1,771	8.7%	£983	(£1,363)
Inpatient excess bed days	3,589	3,289	(300)	£2,059	£1,880	(£179)	A	£574	£572	(0.3%)	(£7)	(£172)
ITU Bed Days	4,780	4,218	(562)	£13,896	£12,984	(£912)	R	£2,907	£3,078	5.9%	£721	(£1,634)
Non Nhs Clinical Income	706	861	155	£1,841	£1,749	(£92)	A	£2,608	£2,031	(22.1%)	(£497)	£404
Non-Elective	685	764	79	£7,552	£8,941	£1,389	G	£11,025	£11,703	6.1%	£518	£871
Other Nhs Clinical	26,547	26,471	(76)	£20,519	£22,090	£1,571	G	£773	£834	7.9%	£1,615	(£59)
Outpatients	67,703	67,149	(554)	£17,041	£17,056	£15	G	£252	£254	0.8%	£134	(£140)
<b>Total</b>	<b>128,117</b>	<b>125,908</b>	<b>(2,209)</b>	<b>£114,405</b>	<b>£115,832</b>	<b>£1,427</b>	<b>G</b>	<b>£893</b>	<b>£920</b>	<b>3.0%</b>	<b>£3,400</b>	<b>(£1,973)</b>

Summary

Income is favourable to plan excluding pass through and CQUIN due to a higher case mix resulting from higher value activity (£3.4m) offset by a decreased volume of activity (£1.9m). The adverse activity variance reflects the continued under-performance for ITU bed days but also reflects the decreased elective and outpatient activity during month 5.

The key year to date variances are summarised below:-

**Elective** is £0.5m adverse to plan and this is due to an activity variance of (£0.7m) that is partially reduced by the impact of richer case mix of £0.2m. The key areas contributing to the activity under-performance are paediatric surgery, paediatric trauma & orthopaedics where additional assumed planned activity for business cases is not being delivered along with an under-performance for nephrology inpatient admissions.

**ITU bed days (PICU, CICU & NICU)** has an adverse variance of £0.9m that is largely due to reduced activity levels giving an adverse variance of £1.4m. This is largely a result of reduced PICU activity against plan.

**Highly specialised services** contain a mix of low volume, high cost and high volume, low cost services and this can cause volatility in the price and activity variances from month to month. The year to date activity variance is a result of ECMO, complex tracheal and lung transplant activity being below plan.

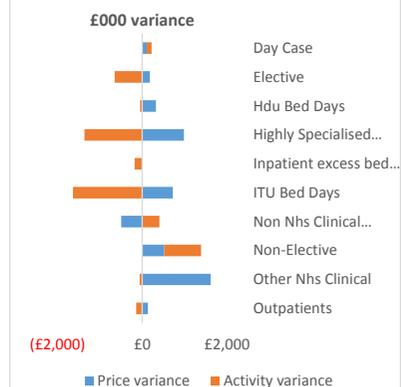
**Non-elective** (£1.4m favourable) driven by increases in neurosurgery, nephrology and cardiac surgery activity.

**Other NHS clinical income** (£1.6m favourable) This includes:-

- Favourable activity variance for HDU on ward locations £91k
- Patient transport over-performance of £135k
- Perinatal pathology income of £170k
- Prior year benefit of £135k for Wales between year end and final activity values
- Aligning the final NHSE contract to NHSI phasing year to date of £1,124k. Phasing differences net to zero by the end of the financial year

**Outpatients** is broadly on plan however there is an activity variance of 554 attendances that is a result of decreased throughput in July and August across a number of specialities.

Price and activity variance

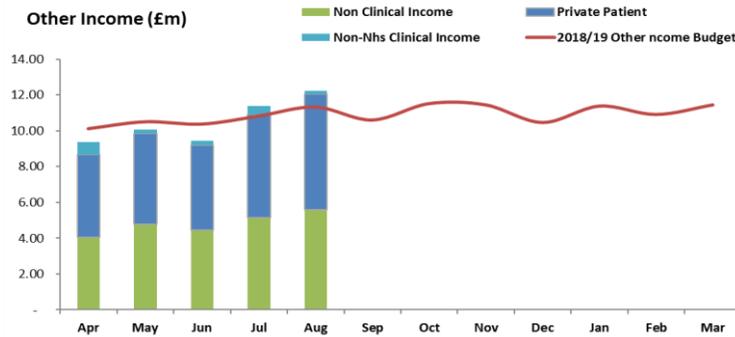


RAG Criteria:

- Green Favourable Variance to plan
- Amber Adverse Variance to plan ( < 5%)
- Red Adverse Variance to plan ( > 5% or

**Other Income Summary**

	Annual plan £000's	Current month			Year to date			RAG	YTD Variance
		Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's		
Private Patient	£63,545	£5,655	£6,453	£798	£25,971	£26,616	£645	G	
Non NHS Clinical Income	£4,396	£380	£162	(£218)	£1,841	£1,798	(£43)	G	
<b>Non-NHS Clinical Income</b>	<b>£67,941</b>	<b>£6,035</b>	<b>£6,615</b>	<b>£580</b>	<b>£27,812</b>	<b>£28,414</b>	<b>£602</b>	<b>G</b>	
Education & Training	£8,676	£723	£705	(£18)	£3,615	£3,465	(£150)	A	
Research & Development	£22,530	£1,959	£1,876	(£83)	£9,439	£9,381	(£58)	A	
Non-Patient Services	£771	£67	£83	£16	£323	£316	(£7)	G	
Commercial	£1,603	£139	£128	(£11)	£671	£623	(£48)	G	
Charitable Contributions	£6,248	£543	£529	(£14)	£2,618	£2,420	(£198)	A	
Other Non-Clinical	£23,097	£1,855	£2,277	£422	£8,651	£7,833	(£818)	R	
<b>Non Clinical Income</b>	<b>£62,925</b>	<b>£5,286</b>	<b>£5,598</b>	<b>£312</b>	<b>£25,317</b>	<b>£24,038</b>	<b>(£1,279)</b>	<b>R</b>	



**RAG Criteria:**  
 Green Favourable YTD Variance  
 Amber Adverse YTD Variance (< 5%)  
 Red Adverse YTD Variance (> 5% or > £0.5m)

**Summary**

- Private patient income is £0.6m favourable to plan YTD. Private patient revenue within Cardiac (Surgery and CICU), Neurology, ENT and PICU is above plan though is being offset by low activity within Gastro and Cancer. Reduced activity in the first quarter led to the closure of Hedgehog ward however this re-opened in M4 due to increased demand and remains open.
- Charitable contributions are behind plan by £0.2m YTD. Income associated with the grants is recognised as costs are incurred and therefore this reduction in income is offset by reduced expenditure. £0.1m of this is associated with the Cognitive Institute programme.
- Other Non-Clinical income is £0.4m favourable in month due to the income received to fund the AfC pay award of £0.9m, this covers M1-3 & 5 which was all paid in M5. This is offset by the Trust wide income better value targets being included within this line within the Trust annual plan, but being delivered primarily through additional NHS clinical income.

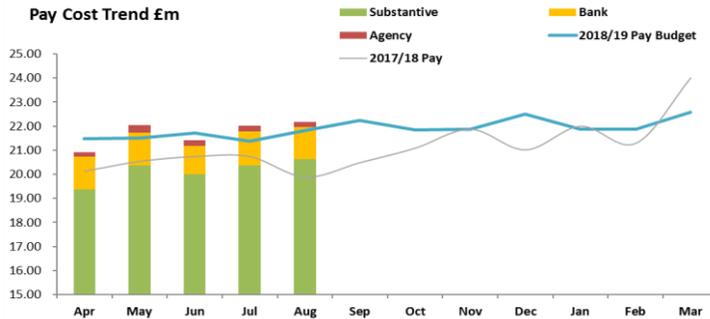
# Workforce Summary for the 5 months ending 31 Aug 2018

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

£m including Perm, Bank and Agency	2018/19 plan			2018/19 actual			Variance				RAG
	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Average WTE Vacancies	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	20.4	1,131.9	43.4	18.9	1,072.5	42.3	1.5	59.4	1.1	0.5	G
Consultants	21.6	354.9	146.3	20.5	330.6	148.8	1.1	24.3	1.5	(0.3)	G
Estates & Ancillary Staff	1.7	129.7	30.7	1.7	125.6	32.0	(0.0)	4.1	0.1	(0.1)	G
Healthcare Assist & Supp	4.0	314.9	30.6	3.7	282.0	31.2	0.4	32.9	0.4	(0.1)	G
Junior Doctors	10.5	352.9	71.4	10.7	327.0	78.2	(0.2)	25.9	0.8	(0.9)	A
Nursing Staff	32.4	1,589.7	49.0	32.2	1,539.7	50.1	0.3	50.1	1.0	(0.7)	G
Other Staff	0.2	8.7	53.9	0.1	4.7	50.3	0.1	4.0	0.1	0.0	G
Scientific Therap Tech	19.9	914.0	52.3	19.0	859.8	53.1	0.9	54.2	1.2	(0.3)	G
<b>Total substantive and bank staff costs</b>	<b>110.8</b>	<b>4,796.6</b>	<b>55.4</b>	<b>106.7</b>	<b>4,541.8</b>	<b>56.4</b>	<b>4.1</b>	<b>254.8</b>	<b>5.9</b>	<b>(1.8)</b>	<b>G</b>
Agency	0.2	8.1	61.8	1.2	44.4	62.4	(0.9)	(36.3)	(0.9)	(0.0)	R
<b>Total substantive, bank and agency cost</b>	<b>111.0</b>	<b>4,804.7</b>	<b>55.5</b>	<b>107.8</b>	<b>4,586.2</b>	<b>56.4</b>	<b>3.2</b>	<b>218.5</b>	<b>5.0</b>	<b>(1.9)</b>	<b>G</b>
Reserve*	(3.1)	(155.0)	0.0	0.7	0.0	0.0	(3.9)	(155.0)	(3.1)	(0.7)	R
<b>Total pay cost</b>	<b>107.9</b>	<b>4,649.8</b>	<b>55.7</b>	<b>108.6</b>	<b>4,586.2</b>	<b>56.8</b>	<b>(0.7)</b>	<b>63.5</b>	<b>1.5</b>	<b>(2.2)</b>	<b>R</b>
Remove Maternity leave cost				(1.3)			1.3			1.3	G
<b>Total excluding Maternity Costs</b>	<b>107.9</b>	<b>4,649.8</b>	<b>55.7</b>	<b>107.3</b>	<b>4,586.2</b>	<b>56.1</b>	<b>0.6</b>	<b>63.5</b>	<b>1.5</b>	<b>(0.9)</b>	<b>G</b>

\*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m



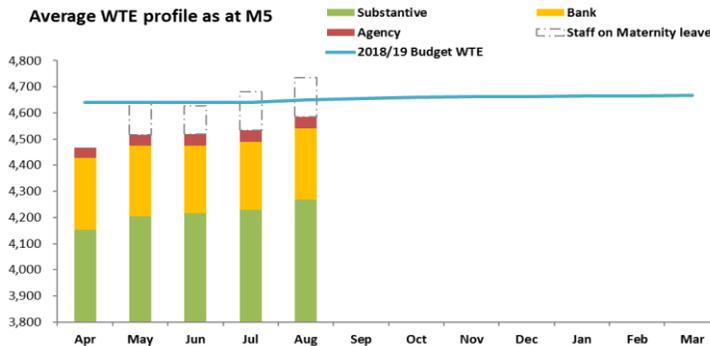
**RAG Criteria:**

Green  
Favourable  
Variance to plan  
Amber Adverse  
Variance to plan  
( < 5%)  
Red Adverse  
Variance to plan  
( > 5% or >  
£0.5m)

**Summary**

- YTD actual pay spend is £108.6m which is £0.7m adverse to plan. A key contributor to this overspend is the additional pay in relation to the AfC Pay Award (£1.2m); the equivalent funding has been provided for but is captured within Non-Clinical Revenue. Without AfC payments, Trust pay spend would be £0.5m favourable to plan due to vacancies across the Trust and pay better value targets that are not being achieved (offset by additional income at a Trust-wide level).
- The table above does not include 148.7 contractual WTE for staff on maternity leave which cost £1.3m YTD. If this cost is excluded then the average cost per WTE is 0.7% higher than plan.
- Substantive staff are £5.9m below plan due to vacancies across the various staff groups, however these are being partly offset by agency costs of £0.9m.
- The Cardiac business case was assumed to go live in August and therefore the number of posts in the plan has increased in M5. These posts are still being recruited to and therefore the number of vacancies across the Trust has increased. The Trust nursing vacancies remain high but this trend is expected to reverse when the newly qualified nurses start in Sept/Oct. PICU/NICU continue to use agency nursing to cover vacancies and aid in bed flexibility.

Average WTE profile as at M5

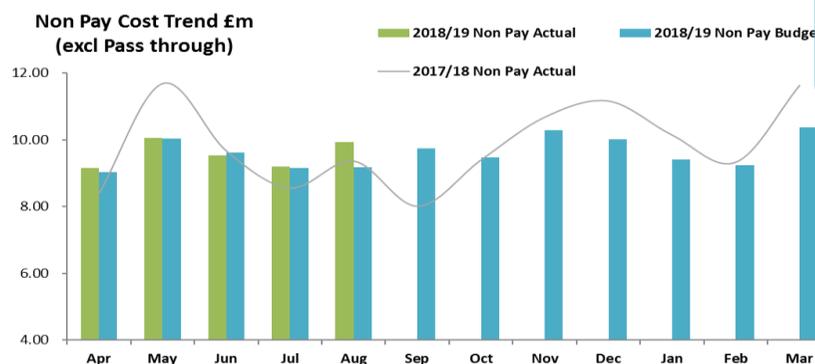


## Non-Pay Summary for the 5 months ending 31 Aug 2018

Non-Pay Costs (excl Pass through) YTD				
	Budget (£m)	Actual (£m)	Variance	RAG YTD Actual variance
Drugs Costs	4.71	4.68	0.03	G
Blood Costs	0.85	0.86	(0.01)	G
Business Rates	1.60	1.50	0.10	G
Clinical Negligence	2.90	2.90	0.00	G
Supplies & Services - Clinical	17.48	16.69	0.79	G
Supplies & Services - General	1.57	2.31	(0.74)	R
Premises Costs	13.78	13.11	0.67	G
Other Non Pay	4.13	6.02	(1.90)	R
<b>Total Non-Pay costs</b>	<b>47.02</b>	<b>48.07</b>	<b>(1.05)</b>	<b>R</b>
Depreciation	8.29	8.20	0.09	G
PDC Dividend Payable	3.13	3.10	0.03	G
<b>Total</b>	<b>58.44</b>	<b>59.37</b>	<b>(0.93)</b>	<b>R</b>

Top 5 YTD Clinical* Non Pay overspends by Speciality (£m)			
	YTD 2018/19 Budget (£k)	YTD 2018/19 Actual (£k)	Variance (£k)
Nephrology	1,237	1,553	(316)
Genetics	1,244	1,538	(294)
Theatre	3,762	3,947	(185)
Bone Marrow Transplant	1,098	1,239	(141)
Medical Gastroenterology	389	515	(126)

Top 5 YTD Clinical* Non Pay underspends by Speciality (£m)			
	YTD 2018/19 Budget (£k)	YTD 2018/19 Actual (£k)	Variance (£k)
Neuromuscular	440	80	360
Critical Care Barrie	1,645	1,361	284
Therapies Services	649	505	144
Snaps	353	215	138
Haematology/Oncology	1,541	1,421	120



### Summary

- YTD non-pay excluding pass through in 2018/19 is adverse to plan by £0.9m. A Key driver is the YTD increase in the impairment of receivables of £1.3m. This reflects the increased private patient income and although a significant reduction was seen in M4 due to a number of payments made within that month, it has risen again in M5 by £0.6m.
- Other non-pay is overspent where the unallocated better value targets are allocated within the budget.
- Premises costs are underspent mainly driven by changes to software maintenance contracts and a reimbursement from a contractor for using our utilities in delivering a number of projects.

### Top 5 clinical over/under spends

There has been an overspend in selected clinical non-pay areas including:

- Nephrology - Mainly driven by drugs spend in line with activity over-performance versus plan, some offset of consultant costs held within pay and training costs offset by charity income
- Genetics - higher than plan Next Generation Sequencing and lab consumables linked to increased volume of testing activity
- Theatre - Overspends are being driven by an increase in activity related non-pay costs for spinal and other surgical speciality growth. There are also noted high value spends for specialist consumables relating to complex cases, particularly spinal.
- BMT - activity is above plan resulting in an increase in tissue typing and donor matching expenditure. There is also a one-off £60k charge for an improvement to the patient profiling registry relating to active patients.
- Medical Gastroenterology - mainly driven by drug spend associated with increased activity.

There have also been a number of underspends within clinical non-pay areas including:

- Neuromuscular - underspends for reduced use of outsourced NHS services in the first quarter that has returned to plan from Month 4. Underspends on splints and braces continue to be delivered.
- Critical care - underspends on activity given NHS activity volume shortfall against plan driven by low referrals
- Therapies - Eden Red luncheon vouchers for patients and families underspent YTD against the initial set plan. Underspent trend not forecast to continue.
- SNAPS - consumables underspend due to lower activity.
- Haematology - Three high value drugs are now commissioned by NHSE but were previously a cost for the trust and hence we have claimed back related spend for previous months.

### RAG Criteria:

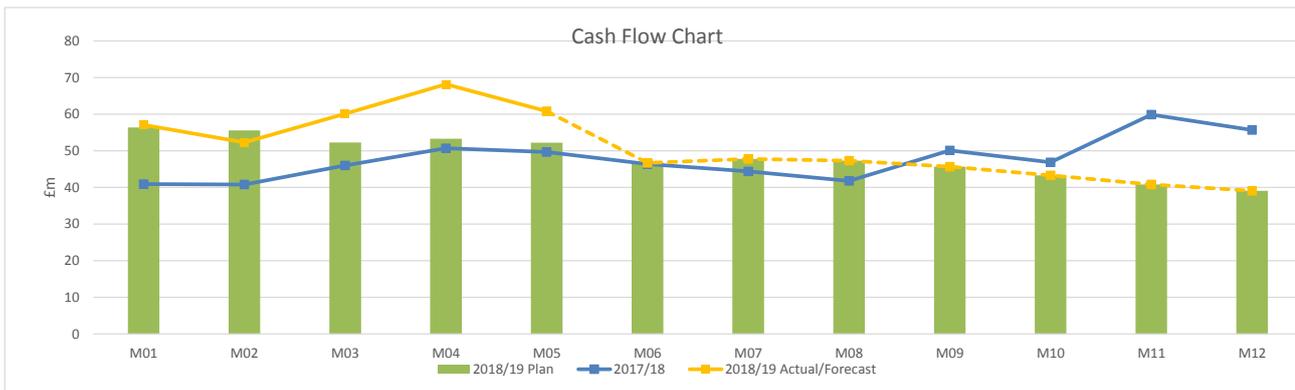
Green Favourable YTD Variance  
Amber Adverse YTD Variance (< 5%)  
Red Adverse YTD Variance (> 5% or > £0.5m)

31 Mar 2018 Audited Accounts £m	Statement of Financial Position	YTD Plan 31 Aug 2018 £m	YTD Actual 31 Aug 2018 £m	YTD Variance £m	Forecast Outturn 31 Mar 2019 £m	YTD Actual 31 Jul 2018 £m	In month Movement £m
463.29	Non-Current Assets	483.22	479.60	(3.62)	512.30	470.21	9.39
85.92	Current Assets (exc Cash)	93.05	95.50	2.45	86.80	81.64	13.86
55.69	Cash & Cash Equivalents	52.20	60.85	8.65	39.10	68.24	(7.39)
(69.95)	Current Liabilities	(73.25)	(81.44)	(8.19)	(60.97)	(75.97)	(5.47)
(5.51)	Non-Current Liabilities	(5.24)	(5.30)	(0.06)	(4.87)	(5.34)	0.04
<b>529.44</b>	<b>Total Assets Employed</b>	<b>549.98</b>	<b>549.21</b>	<b>(0.76)</b>	<b>572.36</b>	<b>538.78</b>	<b>10.43</b>

31 Mar 2018 Audited Accounts £m	Capital Expenditure	YTD Plan 31 Aug 2018 £m	YTD Actual 31 Aug 2018 £m	YTD Variance £m	Forecast Outturn 31 Mar 2019 £m	RAG YTD variance
5.81	Redevelopment - Donated	6.79	5.64	1.15	14.39	A
9.06	Medical Equipment - Donated	1.89	2.21	(0.32)	10.47	A
9.78	ICT - Donated	10.30	10.72	(0.42)	16.03	G
<b>24.65</b>	<b>Total Donated</b>	<b>18.98</b>	<b>18.57</b>	<b>0.41</b>	<b>40.89</b>	<b>G</b>
6.99	Redevelopment & equipment - Trust Funded	2.84	2.67	0.17	7.32	G
1.61	Estates & Facilities - Trust Funded	1.21	0.29	0.92	2.18	R
4.73	ICT - Trust Funded	5.40	3.16	2.24	14.24	R
<b>13.33</b>	<b>Total Trust Funded</b>	<b>9.45</b>	<b>6.12</b>	<b>3.33</b>	<b>23.74</b>	<b>A</b>
<b>37.98</b>	<b>Total Expenditure</b>	<b>28.43</b>	<b>24.69</b>	<b>3.74</b>	<b>64.63</b>	<b>A</b>

31-Mar-18	Working Capital	31-Jul-18	31-Aug-18	RAG	KPI
19.00	NHS Debtor Days (YTD)	7.0	8.0	G	< 30.0
189.00	IPP Debtor Days	179.0	195.0	R	< 120.0
27.70	IPP Overdue Debt (£m)	23.9	23.7	R	0.0
5.00	Inventory Days - Drugs	7.0	6.0	G	7.0
70.00	Inventory Days - Non Drugs	72.0	78.0	R	30.0
35.00	Creditor Days	22.0	20.0	G	< 30.0
70.3%	BPPC - NHS (YTD) (number)	42.3%	45.0%	R	> 95.0%
43.3%	BPPC - NHS (YTD) (£)	78.8%	79.1%	R	> 95.0%
89.3%	BPPC - Non-NHS (YTD) (number)	82.9%	83.4%	R	> 95.0%
85.0%	BPPC - Non-NHS (YTD) (£)	87.2%	88.4%	A	> 95.0%

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



**Comments:**

- The capital programme is £3.7m behind plan (£3.3m Trust funded and £0.4m donated). The following programmes have slipped against plan; Network/Wi-Fi hardware (£0.8m); various estates projects (£0.9m); and Phase 4 (£0.5m).
- Cash held by the Trust is higher than plan by £8.7m largely due to later receipt of invoices than planned.
- Total Assets employed at M05 was £0.8m lower than plan as a result of the following:
  - Non current assets totalled £479.6m (£3.6m less than plan as a result of the slippage on Estates and IT projects);
  - Current assets excluding cash less current liabilities totalled £14.1m (£5.7m lower than plan).
  - Cash held by the Trust totalled £60.8m (£8.6m higher than plan)
  - Non current liabilities totalled £5.3m (£0.1m higher than plan)
- Overdue IPP debt decreased in month to £23.7m. Receipts in month was lower than in M04, the majority of which was allocated to current invoices and this has resulted in an increase in IPP debtor days from 179 days to 195 days.
- BPPC in month (both value and number of invoices) improved in month as outstanding creditor invoices continued to be settled once approved; this improvement is also reflected in creditor days which decreased further in month from 22 days to 20 days.

<b>Trust Board</b> <b>27 September 2018</b>	
<b>Safe Nurse Staffing Report for July/August 2018</b>	<b>Paper No: Attachment Z</b>
<b>Submitted by: Alison Robertson, Chief Nurse</b>	
<b>Aims / summary</b> <p>This report provides the Board with an overview of the Nursing workforce during the month of July and August 2018 and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016.</p> <p>It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.</p>	
<b>Action required from the meeting</b> <p>To note the information in the report on safe staffing including:</p> <ul style="list-style-type: none"> <li>• Assurance of the safe staffing levels on the inpatient wards for July and August</li> <li>• The slight increase in nurse vacancies due to an increase in establishment to open Alligator and an increase in leavers in August</li> <li>• The number of Newly Qualified Nurses starting in September</li> <li>• The increase in nursing turnover rates in July and August</li> <li>• The challenge due to the reduction in specialist Bank rates paid in the ITUs and Theatres and the impact this has had on staffing levels.</li> </ul>	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> <p>Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.</p>	
<b>Financial implications</b> <p>Already incorporated into 18/19 Division budgets.</p>	
<b>Who needs to be told about any decision?</b> <p>Divisional Management Teams          Finance Department          Workforce Planning</p>	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> <p>Chief Nurse; Assistant Chief Nurses and Head of Nursing</p>	
<b>Who is accountable for the implementation of the proposal / project?</b> <p>Chief Nurse; Divisional Management Teams</p>	



## Safer Staffing Report July/August 2018

The child first and always

# Always



Welcoming

Helpful

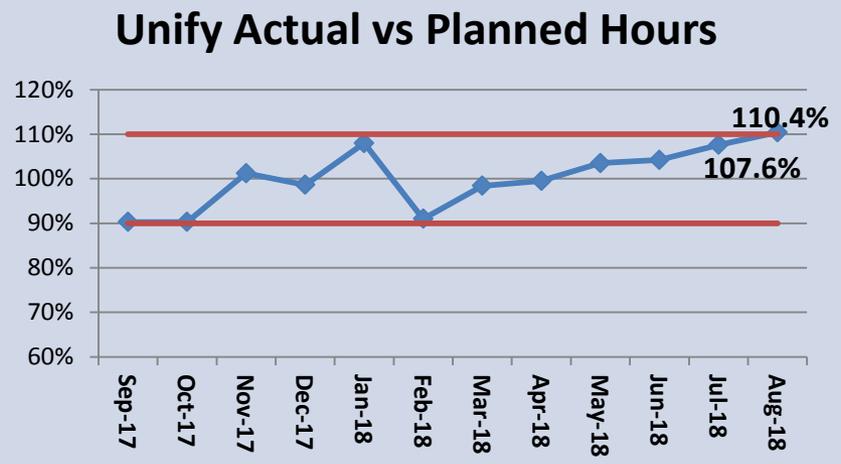
Expert

C&E Team

**Definition**

Actual vs Planned Hours shows the percentage of Nursing & Care staff who worked (including Bank) as a percentage of planned care hours in month. The National Quality Board recommendations are the parameters should be between 90-110%.

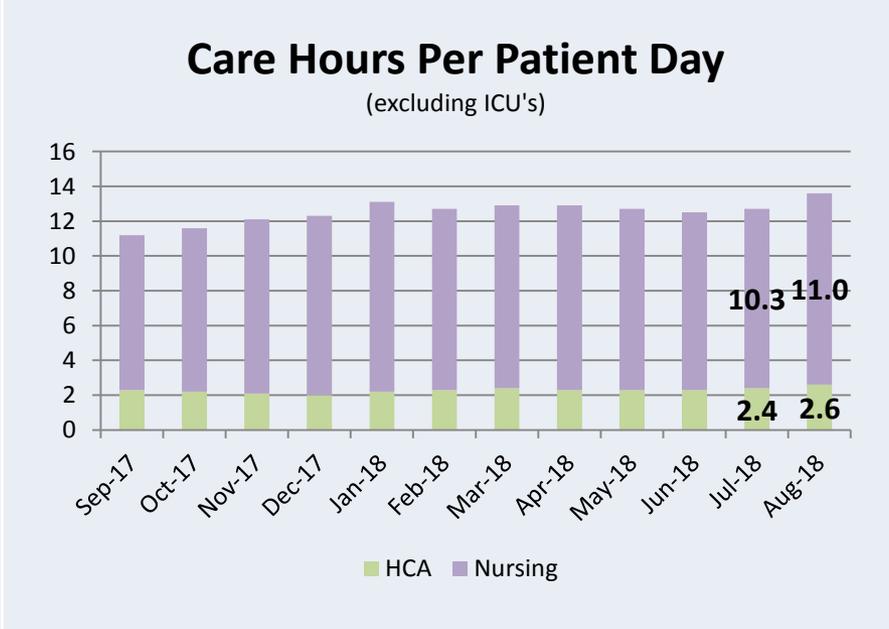
**Trend**



**Comments**

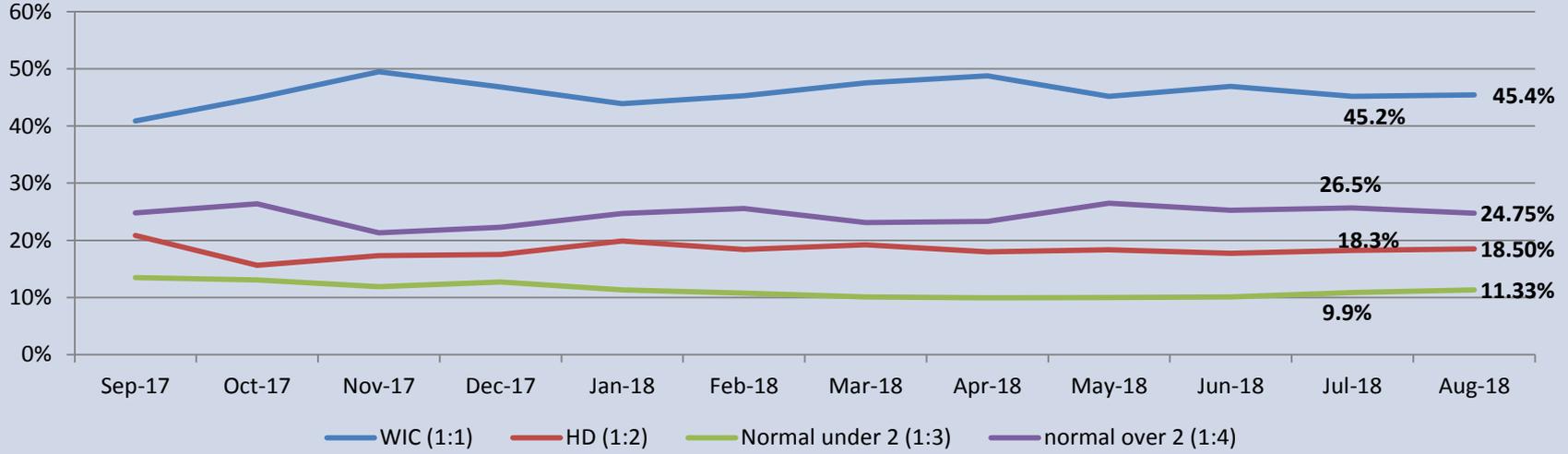
Actual vs Planned has increased from 107.6% in July to 110.4% in August. Nursing hours for August during the day were 124% and 107% at night against the planned hours. The increase in the actual hours was due to bed closures on Fox and Robin wards to undertake the annual maintenance of the air handling units but the staff still needed to be rostered on these wards. The staff were reallocated across the Division during this period.

**Care Hours Per Patient Day (CHPPD)** - CHPPD is calculated by adding the hours of registered nurses and healthcare support workers available in a 24 hour period and dividing the total by the number of patients at midnight. CHPPD is reported as a total and split by registered nurses and HCAs to provide a complete picture of care and skill mix. CHPPD data is uploaded onto the national Unify system and published on NHS Choices on a monthly basis.



CHPPD for August was 13.6 This is higher than in July (12.7) and for the same month last year (11.5). This figure is an indication of "care" hours given to patients, so if the total was 24, that indicates every patient received 1:1 nursing, the figures for August indicate that patients received, on average 1:2 nursing. This is used to reflect the activity and acuity on each ward and the staffing levels required. These results cannot be taken in isolation but is a measure to aid decision making in relation to ensuring safe staffing.

### Patient Acuity (PANDA)

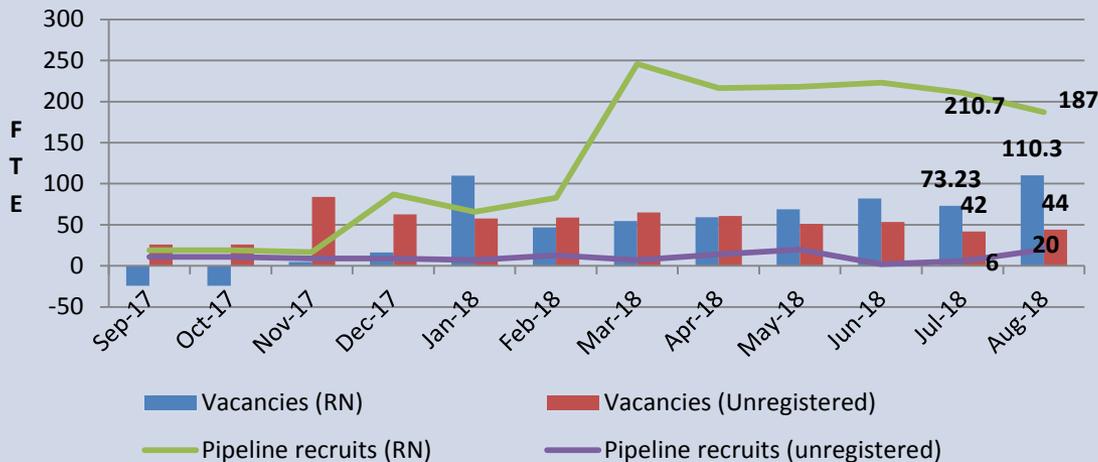


PANDA acuity data measures patient dependency based on the actual acuity and dependency of children. These are the following categories that are evaluated:

- Normal dependency Under 2 Years - 1 Nurse: 3 Patients
- Normal dependency Over 2 Years - 1 Nurse: 4 Patients
- Ward High Dependency (HD) - 1 Nurse: 2 Patients
- Ward Intensive Care (WIC) - 1 Nurse: 1 Patient

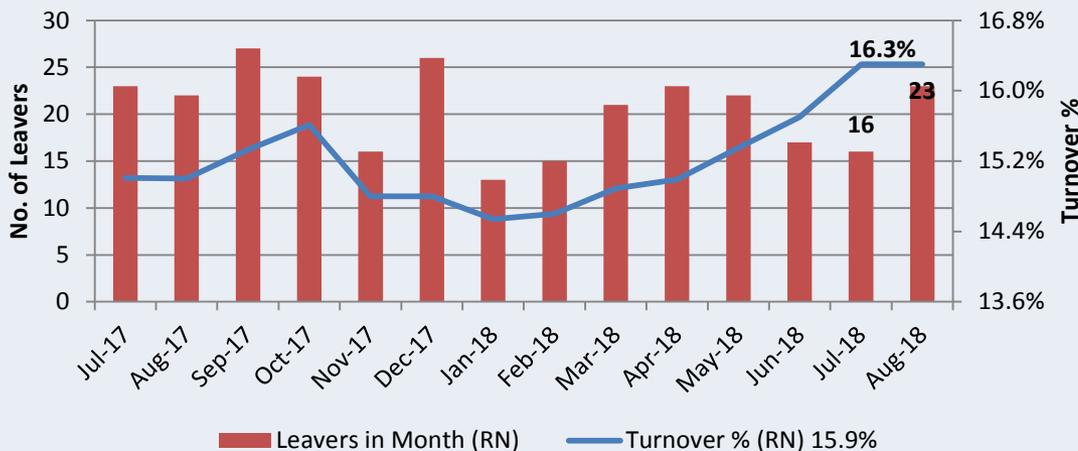
The trend in patient acuity requiring a nurse to patient ratio of 1:1 or 1:2 level of care has been consistent over the last few months and is currently reporting at 64% which is higher than the same month last year (59%). Patients with normal dependency of 1:3 and 1:4 were 36% of the total reported in August. This is a trend that is continually reviewed and discussed to ensure that correct numbers and skill mix of staff are available for the needs of the in-patients wards.

## Vacancies & Pipeline



The RN vacancy rate for August was 6.9%, which was an increase from the previous month (4.6%), but is well below the set Trust target of 10%. This increase was due to 2 main factors: the addition of the establishment required to open the extra beds on Alligator, yet to be recruited to and an increase in the number of leavers during the month. Unregistered vacancies are currently 17% (54 WTE). This position will improve with the intake of 13 new Health Care Support Workers starting in October. The recruitment pipeline includes 123 Newly Qualified Nurses (NQNs) who will join the Trust in September with a further 25 deferring until November and January. The attrition rate from the cohort of NQNs (recruited in March to starting in post in September) is 21%, this is an improvement on last year (24%). This has been attributed to the collaborative working between Nursing Workforce and the newly reorganised HR Resourcing Team.

## Voluntary Turnover & Leavers



Turnover rates have increased over July and August. Historically the Trust sees a trend of increased leavers during August and September though there is concern that the turnover rates have been increasing since January. Feedback from leavers over the last twelve months have identified the main reasons for leaving include: relocation (39%) and work life balance (24%). Recognising the upward trend the Trust has joined the NHSI Retention Collaborative and is using a number of validated resources to revise and refocus the current retention plan and associated initiatives. A bid to the GOSH Charity is being drafted to help support these initiatives.

## Nursing & HCA Safe Staffing- August/ July 2018

Division	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies %	RN Vacancies (FTE)	Pipeline (No.)	Turnover %	Sickness %	Maternity %
JM Barrie August. July	108% 110.3%	13.3 12.2	3.3% 2.2%	25.51 16.9	n/a n/a	11.9% 12.5%	3.1% 3.2%	4.4% 4.4%
Charles West August. July	114.4% 103.1%	14.5 13.6	5.9% 2.3%	36.11 13.6	n/a n/a	20.4% 20.3%	3.0% 3.1%	3.1% 3.1%
IPP August. July	106.8% 101.2%	12.6 11.9	27.3% 23.3%	30.06 25.7	n/a	14.8% 11.5%	2.8% 3.0%	1.2% 2.3%
Trust August. July	110.4% 105.8%	13.7 12.7	6.9% 4.6%	110.3 73.2	187* 211	16.3% 16.3%	3.1% 3.1%	3.9% 3.9%

\*The Newly Qualified Nurses starting in September are currently being allocated to the ward and departments

## Successes

### Internal Transfer scheme:

- 14 applications received.
- 11 successfully processed

MarketPlace Event planned for September in ICH. Event will focus on the following themes:

- Pensions & Retirements.
- Flexible working.
- Health & Well-Being.
- Education & Career Development.
- Lightweight uniforms are to be trialled.

## Challenges

- One of the Better Values cost saving initiatives adopted for 2018-19 for nursing, was to review the Bank rates paid in all of the Intensive Care Units and all areas of Theatres. The specialist hourly rates were reduced in August following a comprehensive benchmarking exercise with other London Trusts to ensure they are still highly competitive. This has not been a popular decision with the units affected and has currently lead to a reduction in staff booking into Bank shifts. The situation is being closely monitored and managed. No unsafe shifts have been reported for July or August.

<b>Trust Board 27th September 2018</b>	
<b>Workforce Race Equality Standard 2018</b>	<b>Paper No: Attachment 1</b>
<b>Submitted by:</b> Alison Hall, Acting Director of HR & OD	
<b>Aims / summary</b> To provide Trust Board with assurance that the Trust is meeting its obligations under the Workforce Race Equality Standard (WRES). This builds on the objectives that were agreed by the Trust Board in January 2016 for the Equality Delivery System.	
<b>Action required from the meeting</b> To note the content of the report and approve the associated action plan	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> Meeting the statutory duty to report publicly on this activity and meet CQC requirements.	
<b>Financial implications</b> None.	
<b>Who needs to be told about any decision?</b> N/a	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Director of HR & OD	
<b>Who is accountable for the implementation of the proposal / project?</b> Director of HR & OD	

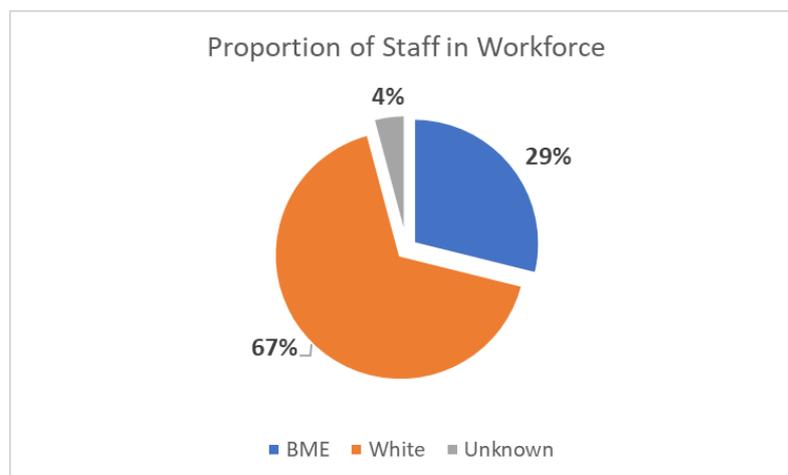
## Workforce Race Equality Standard 2018

### 1. Introduction

- 1.1 Since 2015 NHS organisations are required to publish data against the NHS Workforce Race Equality Standard (WRES).
- 1.2 WRES data publication is an annual requirement and is included in the 2016/17 NHS standard contract for NHS provider organisations and it also features in the CQC Assessment and Improvement Framework as part of the 'Well Led' domain. All Trusts are also required to develop and publish an action plan based on their data, addressing any issues raised. This plan must be approved by trust boards.
- 1.3 The 2018 WRES Trust data exercise has been completed and will be published with the action plan, following the September Trust Board. These will be available at <http://www.gosh.nhs.uk/about-us/equality-and-diversity>.

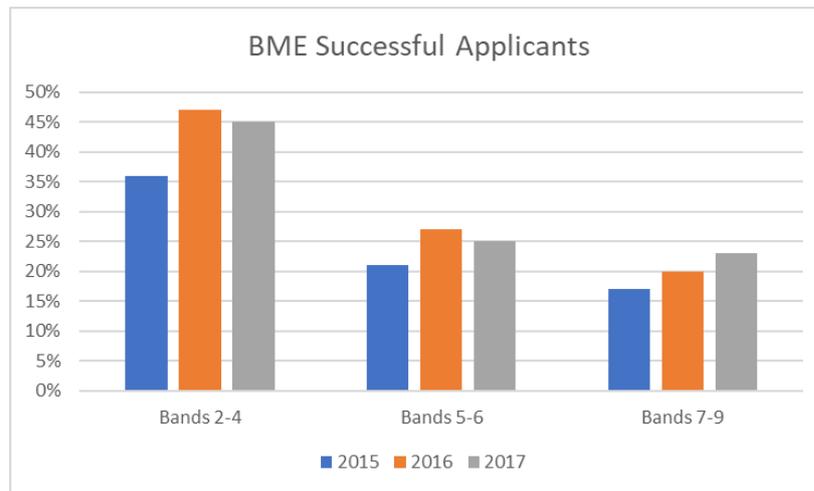
### 2. Main findings of the 2018 WRES

- 2.1 There are nine WRES indicators, four of the indicators focus on workforce data, four from data obtained by the national NHS Staff Survey, and one indicator focusses upon Black and Minority Ethnic (BME) representation on Boards. Further information about these indicators and the Trust data associated with them are given in *Appendix One*.
- 2.2 The main points arising from the Trust data include:
- An overall workforce composition of 29% BME staff.

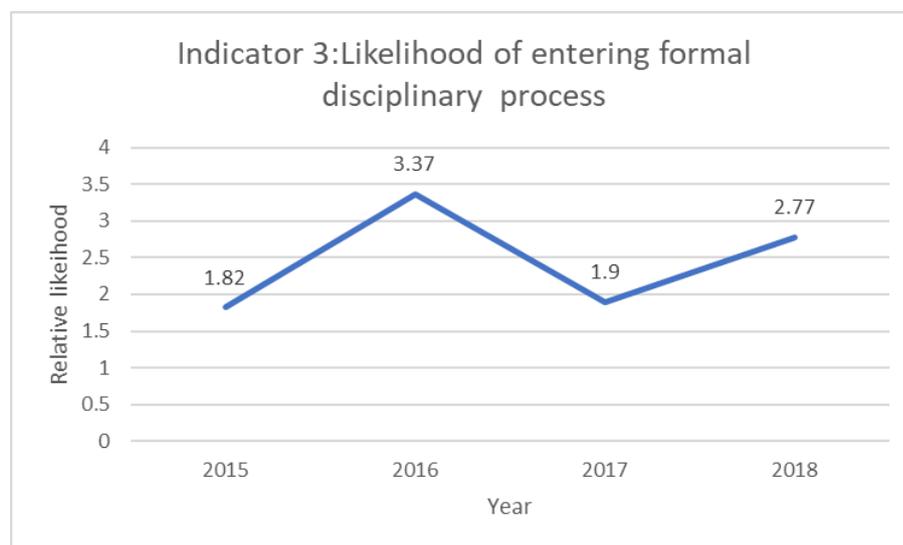


- The highest representation of BME staff continues to be found at lower pay bands, however the data shows that since last year there has been an increase in headcount of the numbers of BME staff in non-clinical Band 8a (+11), in clinical bands 5-7 (+50) and in the number of BME consultants (+9).
- In common with other public sector organisations (NHS England citing "Discrimination by Appointment" report, 2013) Trust data shows that proportionately fewer BME candidates are being appointed into jobs than white applicants (white people are 2.15 times more likely to be appointed). Trust data in this respect, has decreased slightly in the last year in bands 2-4 and 5-6, however there was a 3% increase in BME staff being successfully appointed to bands 7-9.

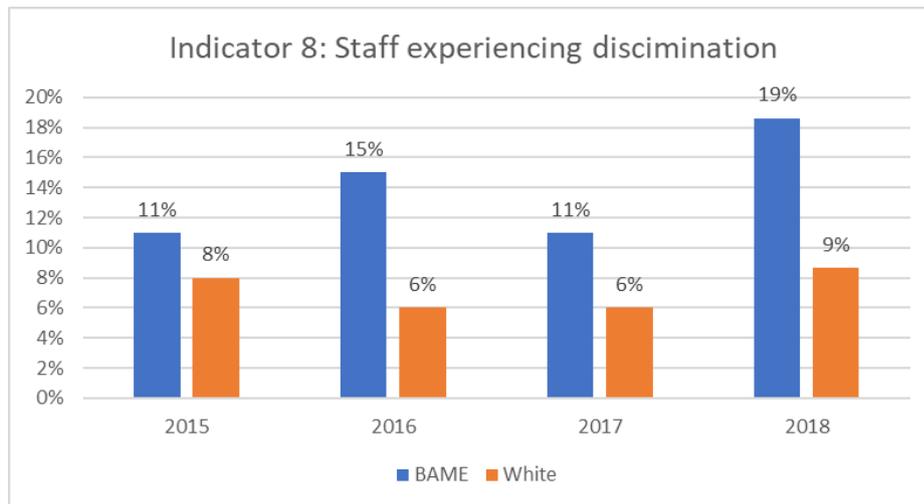
## Attachment 1



- Conversely, whilst numbers are small overall, proportionately more staff from BME backgrounds at the Trust are involved in formal disciplinary action than white staff (2.77 times more likely). This has increased in the last twelve months. Again, this continues to be a pattern across the NHS (NHS Employers report, 2010). The Trust are engaging with the Pan London group of hospitals working on WRES indicator 3. As part of this we are looking to adopt one of the processes being trialled in other London Trusts to tackle inequalities in white/BME disciplinary processes. The success of the various processes will be evaluated and we will watch developments in the field carefully over the next year. In addition we already include input around unconscious bias in recruitment & selection and PDR training and will be looking to see how unconscious bias could be integrated further into other leadership and management courses.



- Uptake of non-mandatory training and CPD between BME and white staff is broadly comparable.
- 2018 Trust data shows that race does not appear to be a major factor in whether a member of staff experiences harassment, bullying and abuse from service users (26.32% white, 18.31% BME) although there has been a deterioration since 2017 in the proportion of BME staff experiencing harassment, bullying and abuse from colleagues when compared to their white counterparts.
- There has been a deterioration in the numbers of BME staff believing that Trust provides equal opportunities for career progression or promotion (BME staff 65.93% 2018: 79.09% - 2017; 78% - 2016; 77%, 2015) and an deterioration since last year in BME staff personally experiencing discrimination at work (18.62% -2018, 11.2% - 2017; 15% - 2016).



Source: NHS Staff Survey 2015 – 17

- Voting membership of the Board continues to have a lower representation of BME staff than is found in the overall workforce (-13.5%).

### 3. Equality Objectives

3.1 In January 2016 the Trust Board agreed a set of equality objectives, which were developed using the NHS Equality Delivery System v2. (nb The NHS Equality Delivery System v2 addresses *all* the equality characteristics that are protected in law, for example race, gender, disability; the Workforce Race Equality Scheme focuses *only* on race). These objectives were created following widespread consultation with, and feedback from, staff and other stakeholders about what GOSH’s equality priorities should be. The Trust’s staffing-related Equality Objectives, which are valid for a period of up to four years, are:

1. Increase overall visibility of the Trust Board and Senior Leaders.
2. Develop the understanding of managers and employees in recognising and managing Harassment and Bullying, with the longer term intention of a reduction in the instances of bullying and harassment concerns raised.
3. To improve the representation of BME staff in senior posts.

3.2 The agreed objectives and resultant associated actions will also deliver many of the actions to address the issues highlighted by the data produced for the WRES. The agreed actions arising from the Trust’s Equality Objectives were therefore rearticulated in the 2017 WRES action plan. The 2018 WRES action plan also rearticulates these actions as well as including further actions (*see Appendix 2*).

#### Action required

Trust Board are asked to:

- Note the contents of this paper.
- Re-endorse the actions agreed to progress the Trust’s Equality Objectives as part of the WRES action plan.

## Indicator 1

Breakdown of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) for both clinical and non-clinical workforce

## Clinical Workforce

Band	White		BME	
	Headcount	% of workforce	Headcount	% of workforce
Under Band 1	n/a	n/a	n/a	n/a
Band 1	n/a	n/a	n/a	n/a
Band 2	30	0.6%	45	1.0%
Band 3	99	2.0%	115	2.4%
Band 4	70	1.5%	49	1.0%
Band 5	688	14.5%	178	3.8%
Band 6	530	11.2%	160	3.4%
Band 7	458	9.7%	112	2.4%
Band 8A	156	3.3%	23	0.5%
Band 8B	68	1.4%	12	0.3%
Band 8C	30	0.6%	3	0.06%
Band 8D	7	0.15%	1	0.02%
Band 9	2	0.04%	0	0%
VSM	4	0.08%	0	0%
Consultant	239	5%	89	1.88%
Of which senior medical manager	7	0.15%	2	0.04%
Non-consultant career grade	102	2.15%	57	1.2%
Trainee grades	65	1.4%	37	0.78%
Other	13	2.7%	7	0.15%

## Non-Clinical workforce

Band	White		BME	
	Headcount	% of workforce	Headcount	% of workforce
Under Band 1	n/a	n/a	n/a	n/a
Band 1	n/a	n/a	n/a	n/a
Band 2	53	1.1%	71	1.5%
Band 3	76	1.6%	97	2.4%
Band 4	153	3.2%	123	2.6%
Band 5	77	1.6%	70	1.5%
Band 6	87	1.8%	57	1.2%
Band 7	81	1.7%	26	0.5%
Band 8A	75	1.6%	25	0.5%
Band 8B	21	0.4%	8	0.17%
Band 8C	21	0.4%	3	0.06%
Band 8D	11	0.2%	0	0%
Band 9	2	0.04%	0	0%
VSM	4	0.08%	1	0.02%

Attachment 1

Indicator	Descriptor	2018	2017	2016	2015
Indicator 2	Relative likelihood of white staff being appointed from shortlisting across all posts	2.15 times	1.73 times	2.02 times	2.57 times
Indicator 3	Relative likelihood of BME staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	2.77 times	1.9 times	3.37 times	1.82 times
Indicator 4	Relative likelihood of white staff accessing non-mandatory training and CPD	1.2	1.19	1.07	1.05
Indicator 5 (from Staff Survey)	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White: 26.3% BME: 18.31%	White: 22.9% BME: 21.62%	White: 27% BME 21%	White: 25% BME 17%
Indicator 6 (from Staff Survey)	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White: 26.72% BME: 35.15%	White: 24.84% BME: 28.34%	White: 23% BME 33%	White: 24% BME 25%
Indicator 7 (from Staff Survey)	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White: 87.87% BME: 65.93%	White: 86.98% BME: 79.09%	White: 90% BME 78%	White: 93% BME 77%
Indicator 8 (from Staff Survey)	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 8.66% BME: 18.62%	White: 6.03% BME: 11.2%	White: 6% BME 15%	White: 8% BME 11%
Indicator 9	Percentage difference between the organisations' Board voting membership and its overall workforce	-17.7%	-11.8%	- 4.6%	-5.3%

Attachment 1

Appendix 2: Action Plan

EQUALITY OBJECTIVE	RATIONALE	WRES INDICATOR	MEASUREMENT	BASELINE MEASURE	TARGET	ACTION
Increase overall visibility of the Trust Board and Senior Leaders	Enhance communication with staff in light of staff survey results. Enable leaders to demonstrate their commitment to E&D in response to findings from EDS 2 scoring exercise.	1 & 9	Annual staff survey (staff reporting good communication between them and senior managers). Annual WRES	Staff Survey 2015: GOSH score = 30%. Average score for acute specialist trust: 38%.	2017 survey: target of 33%. By the end of 2019, GOSH's score will mirror the average score of acute specialist trusts. Improvements in the EDS 2 (2019) and WRES scores will also be achieved.	Various approaches phased over the life of the objective. These will include: <ul style="list-style-type: none"> <li>Strategies to increase the visibility of leadership and enhancement of their communication with staff.</li> <li>Executive sponsors for each of the inclusion forums</li> <li>Continuing to engage Senior Leaders with celebrations and events throughout the year to further improve visibility, after success with Black History Month 2017.</li> </ul>
Develop the understanding of managers and employees in recognising and managing Harassment and Bullying, with the longer term intention of a reduction in the instances of bullying and harassment concerns raised.	EDS 2 survey results and voting showed that it was one of the categories to score highest in the underdeveloped grade.	6 & 8	The number of managers who have undertaken the Harassment and Bullying training  The number of employees who have undertaken Harassment and Bullying training  Levels of reported harassment and bullying via the staff survey	Staff Survey 2015:  Harassment, bullying and abuse from staff:  White – 23% BME – 33%	Levels of reported harassment and bullying via the staff survey will have reduced by 5% by 2019	<ul style="list-style-type: none"> <li>Launching our Always Behaviours together with a new Dignity at Work policy to clarify behaviours expected</li> <li>Continue to develop the understanding of employees in defining what constitutes harassment and bullying behaviours and how they make take action should they believe this behaviour is being aimed at them or their colleagues.</li> <li>The GOSH FTSU Ambassador service is well established and has been used by staff to raise H&amp;B concerns. The FTSU ambassador was appointed March 2018</li> </ul>
To improve the representation of BME staff in senior posts	Data shows that shortlisted applicants from BME groups are less likely to be appointed to senior posts i.e. Band 7-9	1, 2, 7	Annual E&D data report	Shortlisted applicants 2015 bands 7 – 9 64.5% (white), 35.5% (BME)  Appointed 2015	By the end of 2019 the proportion of BME senior staff appointed will be more reflective of the number of BME	<ul style="list-style-type: none"> <li>'Understanding Unconscious Bias' is now included in management training workshops and training courses eg recruitment and selection and PDR training.</li> <li>The Resourcing team have reviewed the</li> </ul>

Attachment 1

	jobs at GOSH than people from white groups			bands 7 -9 83% (white) 17% (BME)	staff shortlisted	Trust's interview assessment form against ACAS best practice also ensuring that the Trust's Always Values have been included to provide assurance that selection decisions are value-congruent.
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**Action Plan Associated With the Agreed GOSH Equality Objectives**

In addition to the above associated with the agreed Trust Equality Objectives further actions are planned under other streams of work which will support the improvement of GOSH WRES data and outcomes and these include:

- Setting up staff inclusion forums the first of which to launch will be our BAME forum during October 2017, with executive sponsors.
- Working with the forum to develop appropriate actions around our WRES findings as well as helping shape our inclusion agenda for the coming year,
- Supporting staff to apply to the National Stepping Up Programme for aspiring BAME leaders.
- Working with colleagues in Employee Relations to introduce processes when we are contemplating taking / or are taking formal disciplinary processes to help address WRES Indicator 3.
- Launching Always Behaviours campaign during Q3 - 4 2018 to help better support staff to raise issues around unacceptable behaviour / H&B – will be working closely with the BAME forum to reach their membership

Trust Board 27 September 2018	
<b>Revised Trust Board Terms of Reference</b>	<b>Paper no: Attachment 2</b>
<b>Submitted by:</b> Anna Ferrant, Company Secretary	For approval
<b>Aims / summary</b>	
<p>The Trust Board terms of reference have been reviewed and updated as follows:</p> <p><u>Financial Reporting Council (FRC) new UK Corporate Governance Code (January 2019)</u>            In 2015, the terms of reference were reviewed and updated against Monitor’s revised Code of Governance (July 2014). The Code of Governance is based on the principles of the UK Corporate Governance Code. In July 2018, the FRC announced a revision to the UK Corporate Governance Code, which comes into force from 1 January 2019. Whilst the NHS Code of Governance has not been updated (it is unclear as to if and when this will happen), the Board’s terms of reference reflects some of the minor amendments that are presented in the FRC Code as follows:</p> <ul style="list-style-type: none"> <li>• Strengthening the phrasing about the role to the Board is setting purpose, values and strategic direction.</li> <li>• Including reference to the Board ensuring arrangements are in place for staff to raise concerns in confidence. The Audit Committee seeks assurance of this on behalf of the Board and reports after every committee meeting. The Board also receives an annual report from the Freedom to Speak Up Champion.</li> </ul> <p><u>CQC’s Well Led Framework (January 2018)</u>            The terms of reference have previously been reviewed and updated against Monitor’s Well Led Framework (April 2015). The framework was developed to support NHS foundation trusts to gain assurance that they are well led and can continue to meet patients’ needs and expectations in a sustainable manner under challenging circumstances. The Well Led framework has recently been updated (January 2018). The following changes have been proposed to the terms of reference (see yellow highlighted text) in line with the updated Well Led framework Key Lines of Enquiry (KLOEs):</p> <ul style="list-style-type: none"> <li>• Bullet point 1: Reference to setting a strategy that is reflective of the wider health and social care economy (in response to feedback from the CQC and KLOE 2 about a clear vision, credible strategy and robust plans)</li> <li>• Bullet point 2 and 3: Reference to compassionate, inclusive and effective leadership (KLOE 1).</li> <li>• Bullet point 4: Reference to the Board ensuring there are effective structures in place (KLOE 4 about clear responsibilities, roles and systems of accountability to support good governance and management)</li> <li>• Bullet point 8: Clarity about the Board being open and honest about its performance (KLOE 7 - people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services).</li> </ul>	

**CQC Well Led inspection of Trust in January 2018**

The Trust was inspected by the CQC against the Well Led framework in January 2018. A review of the commentary in that report has been conducted for the purposes of the review of the Board terms of reference. Strengthening of the terminology proposed by the amendments above responds to the commentary in the CQC report, in particular around partnership working with external stakeholders and governors, reporting to the Board, and, assurance around governance systems and processes.

**Minor amendments**

Other minor amendments to the terms of reference are proposed as follows:

- Reference to the Council of Governors (previously the Members' Council) and governors (previously councillors)
- Change of reference from 'Chairman' to 'Chair'.
- A review of the terms of reference against the revised and approved Constitution has been conducted and there are no further changes proposed to the terms of reference.

A revised version of the terms of reference is attached at appendix 1 and all amendments are shown in red text. The yellow highlighted text outlines the amendments related to the CQC Well Led Framework.

**Board workplan**

The Trust Board workplan is subject to review and will be informed by the effectiveness review of the Quality and Safety Assurance Committee (currently underway) and the effectiveness review of the Audit Committee and Finance and Investment Committee (both completed over the last few months). A revised version of the workplan will be presented at the November 2018 Board meeting.

**Action required from the meeting**

To approve the amendments to the terms of reference and note that the workplan will be updated and presented for approval at the November Board meeting .

**Contribution to the delivery of NHS / Trust strategies and plans**

The terms of reference provide a written framework of how the Board operates.

**Financial implications**

No direct financial implications.

**Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place?**

N/A

**Who needs to be told about any decision**

N/A

**Who is responsible for implementing the proposals / project and anticipated timescales?**

The Trust Board and Company Secretary.

**Who is accountable for the implementation of the proposal / project**

The Trust Board

## TRUST BOARD TERMS OF REFERENCE

The Trust has Standing Orders for the practice and procedures of the Trust Board (Annex 9 of the Constitution). For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.

### 1. Constitution

The Trust is governed by the NHS Act 2006 (as amended by the Health and Social Care Act 2012), its Constitution and its Terms of Authorisation granted by the Independent Regulator (the Regulatory Framework).

### 2. Role

The role of the Great Ormond Street Hospital for Children NHS Foundation Trust Board is:

- To establish the Trust's purpose, vision, values and strategic direction, setting strategic objectives that are reflective of the wider health and social care economy and supported by quantifiable and measurable outcomes and performance indicators;
- To provide compassionate, inclusive and effective leadership in promoting the vision, values and standards of conduct and ethical behaviour for the Trust and its staff;
- To seek and receive assurance on the quality and sustainability of the Trust's services, promoting high standards of effectiveness, patient safety, patient experience and compassionate care;
- To ensure there are effective structures, processes, systems of accountability, validated and accurate information and appropriate financial and human resources in place to support the delivery of the strategy, the Trust's business plans and good quality, sustainable services.
- To ensure the Trust develops and implements appropriate risk management strategies and policies to identify, monitor and address current and future risks on the quality and financial sustainability of services and comply with regulatory and statutory requirements.
- To ensure that strategic development proposals have been informed by open and accountable consultation and engagement with staff, patients and their representatives, governors, members, the wider community and other key external stakeholders, as appropriate.
- To exercise financial stewardship, ensuring that the Trust is operating effectively, efficiently and economically and with probity in the use of resources;
- To support continuous learning and improvement ensuring the development of extensive internal and external audit, monitoring and reporting systems and

seeking assurance of the effectiveness of the arrangements for staff to raise concerns in confidence and have such concerns investigated and follow up action taken where necessary.

- To encourage and promote openness, honesty and transparency about performance with, patients and their representatives, the public, staff, governors, members and other stakeholders;
- To ensure that the Trust is operating within the law and in accordance with its constitution, statutory duties and the principles of good corporate governance.

The annual work-plan documents the Board's reporting and monitoring arrangements, including reporting from the following committees:

- Audit Committee
- Quality and Safety Assurance Committee
- Finance and Investment Committee

In addition, a report of the business conducted at each of the Council of Governor's meetings shall be presented at a meeting of the Board for information.

### **3. Membership**

The Board shall comprise 12 directors excluding the Chair.

There shall be 6 non-executive directors. The Deputy Chair may deputise for the Chair. No other person will be authorised to deputise for a non-executive director.

There shall be 6 executive directors:

- the Chief Executive
- Deputy Chief Executive
- Chief Finance Officer
- Medical Director
- Chief Nurse
- Director of Human Resources and Organisational Development

The Non-Executive and Executive Directors listed above each hold a vote.

The Board may approve deputies with formal acting up status or interim directors.

### **4. Attendance at meetings**

The Board is committed to openness and transparency.

The main body of the meeting shall be held in public and representatives of the press and any other members of the public or staff shall be entitled to attend.

Members of the public and staff shall be excluded from the first part of the meeting due to the confidential nature of business to be transacted, or due to special reasons stated in the resolution and arising from the nature of the business of the proceedings.

In addition to Board members, the following individuals shall be entitled to remain during confidential business:

- Director of Development

- Director of Research and Innovation
- Director of International Private Patients
- Director of Communications

Other senior members of staff may be requested to attend the confidential session by invitation of the Chair.

These invited individuals do not hold a vote.

## **5. Quorum**

No business shall be transacted at a meeting unless at least five directors are present including not less than two independent non-executive directors, one of whom must be the Chair of the Trust or the Deputy Chair of the Board; and not less than two executive directors, one of whom must be the Chief Executive or another executive director nominated by the Chief Executive.

An officer in attendance for an executive director but without formal acting up status may not count towards the quorum.

Participation in a meeting by telephone, video or computer link shall constitute presence in person at the meeting.

## **6. Frequency of meetings**

The Board shall normally hold 6 formal Board meetings a year

In addition to the above meetings, the Board shall reserve the right to convene additional meetings as appropriate.

Executive directors and non-executive directors are expected to attend a minimum of 5 formal Board meetings per year.

## **7. Performance evaluation**

The Board will undertake an evaluation of its own performance on an annual basis. Every third year evaluation of the Board will be led by an external facilitator.

Directors will be subject to individual performance evaluation on an annual basis:

- The Chief Executive will evaluate the performance of the executive directors;
- The Chair will evaluate the performance of the non-executive directors and the Chief Executive;
- The Senior Independent director will evaluate the performance of the Chair.

Committees of the Board will conduct an evaluation of their effectiveness on an annual basis.

Appropriate action will be taken where recommendations are highlighted.

## **8. Secretariat**

The Company Secretary shall act as Secretary to the Board.

The minutes of the proceedings of the Board meetings shall be drawn up for agreement and signature at the following meeting.

Signed minutes shall be maintained by the Secretariat.

Agendas and papers for the public section of all Board meetings shall be placed on the Trust website two working days prior to the meeting.

#### **9. Review of the terms of reference**

These Terms of Reference shall be reviewed bi-annually by the Board or following amendments to the Trust's Standing Orders, Reservation and Delegation of Powers.

Draft September 2018