Great Ormond Street Hospital for Children NHS Foundation Trust

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Wednesday 7 November 2018
4:30pm – 6:30pm
Charles West Room, Paul O'Gorman Building

NO.	ITEM	ATTACHMENT	PRESENTER/ AUTHOR	TIME
1.	**Welcome and introductions**		Michael Rake, Chair	4:30pm
2.	**Apologies for absence**		Michael Rake, Chair	
3.	**Declarations of interest**		Michael Rake, Chair	
4.	**Minutes of the meeting held on 24 July 2018**	**A**	Michael Rake, Chair	
5.	**Matters Arising and action log**	**B**	Anna Ferrant, Company Secretary	
6.	**Update on GOSH Strategy and its delivery:** • **Leadership: The Board (including update on recruitment processes)** • **Leadership: Restructure of the Senior Management Team and Operational Teams** • **Culture: Update on Speaking Up at GOSH** • **Assessment: Update on Well Led Assessment (including Deloitte)**	**Verbal** **Verbal** **C - Presentation to follow** **D** **E**	Michael Rake, Chair/ Peter Steer, CEO Michael Rake, Chair Nicola Grinstead, Deputy CEO Matthew Shaw, Medical Director Matthew Shaw, Medical Director/ Anna Ferrant, Company Secretary	4:40pm
7.	**Annual Plan – discussion with Governors on plans for 2019/20**	**F – Presentation**	Nicola Grinstead, Deputy CEO/ Peter Hyland	5:10pm
8.	**Chief Executive Report including:** • **Performance dashboard September 2018** • **Integrated Quality Report September 2018 (highlights)** • **Update from the Patient and Family Experience and Engagement Committee (PFEEC) including Q2 2018/19 PALS Report** • **Finance report September 2018 (highlights)**	**G**	Peter Steer, Chief Executive	5:40pm

9.	**Reports from Board Assurance Committees** • **Quality and Safety Assurance Committee (July and October 2018)** • **Audit Committee (October 2018)**	**H** **I**	Amanda Ellingworth, Chair of the QSAC Akhter Mateen, Chair of the Audit Committee	5:50pm
10.	**Update from the Young People's Forum (YPF)**	**J**	Amy Sutton, Children and Young People Participation Officer	6:00pm
	GOVERNANCE			
11.	**Appointment of the GOSH external auditor**	**K**	Akhter Mateen, Chair of Audit Committee/ Helen Jameson, Chief Finance Officer/ Fran Stewart, Public Governor	6:10pm
12.	**Governance Update:** • **Revised Trust Board Terms of Reference (for information)** • **Council of Governors' Development Programme** • **Buddying Programme** • **Membership Engagement Recruitment and Representation Committee Update** • **Membership Strategy – for approval**	**L**	Paul Balson, Deputy Company Secretary	6:20pm
	PERFORMANCE and ASSURANCE			
13.	**Any Other Business**	**Verbal**	Chair	6:30pm

ATTACHMENT A

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
24th July 2018
Charles West Boardroom

Sir Michael Rake	Chairman
Miss Faiza Yasin	Patient and Carer Governor: Patients outside London
Miss Alice Rath	
Miss Zoe Bacon	Patient and Carer Governor: Patients from London
Miss Elena-May Reading	
Mrs Stephanie Nash	Patient and Carer Governor: Parents and Carers from London
Dr Emily Shaw	
Mrs Mariam Ali	
Mrs Lisa Allera	Patient and Carer Governor: Parents and Carers from outside London
Dr Claire Cooper-Jones	
Mr Simon Tan	Public Governor: North London and surrounding area
Mr Theo Kayode-Osiyemi	
Ms Fran Stewart	Public Governor: South London and surrounding area
Mr Colin Sincock	Public Governors: The rest of England and Wales
Mr Julian Evans	
Dr Sarah Aylett	Staff Governor
Mr Nigel Mills	
Mr Michael Glynn	
Mr Paul Gough	
Dr Quen Mok	
Professor Jugnoo Rahi	Appointed Governor: UCL Institute of Child Health

In attendance:

Mr James Hatchley	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Lady Amanda Ellingworth**	Non-Executive Director
Dr Peter Steer	Chief Executive
Ms Helen Jameson*	Chief Finance Officer
Ms Nicola Grinstead*	Deputy Chief Executive
Mr Graham Lawrence*	DAC Beachcroft LLP
Ms Stephanie Needleman*	DAC Beachcroft LLP
Dr Anna Ferrant	Company Secretary
Mr Paul Balson	Deputy Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)

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

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

14	**Apologies for absence**
14.1	Apologies for absence were received from: Miss Alice Rath, Patient and Carer Governor; Mr Simon Hawtrey-Woore, Public Governor; Teskeen Gilani, Public Governor; Cllr Lazzaro Pietragnoli, Appointed Governor and Ms Lucy Moore, Appointed Governor.
15	**Declarations of Interest**
15.1	No declarations of interest were received.
16	**Minutes of the meeting held on 25 April 2018**
16.1	The Council of Governors **approved** the minutes of the previous meeting.
17	**Matters Arising and action log**
17.1	The actions taken since the last meeting were noted.
18	**Chief Executive Report**
18.1	Dr Peter Steer, Chief Executive gave an update on the following matters:
18.2	<u>Divisional Restructure</u>
18.3	In May 2016 when the current Trust structure was implemented, a commitment had been 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 was proposed and a formal Trust wide consultation had taken place receiving over 300 responses.
18.4	A larger number of smaller divisions would be implemented as suggested by feedback and a tripartite structure for leadership of divisions was being created to support improved visible nursing leadership. Dr Steer said that interest in the new roles had been received from committed members of staff who would support the Trust cultural aims.
18.5	Sir Michael Rake, Chairman said that this clinical operations restructure had been discussed during the pre-meeting between Governors and the Chairman and Governors had been clear that it was vital to ensure that there was sufficient time for clinicians to undertake the managerial part of their role. Mr Paul Gough, Staff Governor asked how clinicians' time would be backfilled. Ms Nicola Grinstead, Deputy Chief Executive said that previously clinicians had received payment to undertake managerial roles but no specific time had been allocated. Under the new structure it had been agreed that 2.5 days would be backfilled and this had been built into the structure and cost of the programme. A succession plan had been implemented to develop clinicians in recognition of feedback that moving straight into a managerial role was challenging. Ms Grinstead said that it was vital that the roles were accessible to all members of staff and the Executive Team was open to different patterns of work such as job sharing.

18.6	Professor Jugnoo Rahi, Appointed Governor asked for a steer on the Board's thinking about how the structure would support the Trust's research ambitions. Ms Grinstead said that there were no plans to restructure research and innovation and ORCHID would continue to report to the Chief Nurse, however job descriptions for new roles would be explicit about their responsibilities around research.
18.7	Dr Claire Cooper-Jones, Patient and Carer Governor asked how management time would be allocated when there was not a clear division of time. Ms Grinstead said that there would be a requirement for people to be available to undertake their management role on Wednesdays and Thursday mornings which was important for teams to be able to meet and in order to hold more Trust wide meetings. The tripartite nature of divisional management was also key and it would be expected that each leader would have an understanding of and be able to take decisions across each other's portfolio if necessary.
18.8	Mrs Lisa Allera, Patient and Carer Governor highlighted that communication was a key theme of PALS contacts and complaints and she said that it was vital that this was at the forefront of people's roles. She said that GOSH should be a leader in this area.
18.9	Ms Mariam Ali, Patient and Carer Governor asked how the success of the new structure would be measured. Ms Grinstead said that performance was governed by a set of KPIs and a scorecard. The revised structure would enable more effective drill down into performance metrics. Alongside this staff would be asked about their view of the effectiveness of the structure.
18.10	Dr Sarah Aylett, Staff Governor welcomed the work and said she felt the changes would enable increased involvement in decision making within the smaller divisions with a reduced gap between managers and clinicians.
18.11	<u>Performance dashboard June 2018</u>
18.12	Dr Steer said that the performance dashboard comprised a set of nationally and locally set targets and highlighted the response rate for the Friends and Family Test. He said that it was challenging to meet the locally set target of 40% as many patients and families had a number of repeat visits and were unlikely to respond each time. It was important to break down response rates between first and follow up visits and it was anticipated that this would facilitate a higher return rate.
18.13	Sir Michael Rake, Chairman highlighted that the theatre utilisation continued to be below target and queried the reason for this. Dr Steer that there were elements of practice that were inefficient such as the theatres being booked for activity in four hour blocks irrespective of the length of surgery. He said that a flow project was on-going which included this work to ensure that the areas that were within the Trust's control were as efficient as possible.
18.14	Professor Rahi noted the interrelated nature of many of the metrics. She asked whether the Board had a sense of this in order to identify potential underlying issues. Dr Steer agreed that there was a relationship between metrics such as last minute cancellations and theatre utilisation but emphasised the importance of continuing to focus on areas that were within the Trust's control. He confirmed that the Board was appropriately robust in challenging performance against the

	metrics.
18.15	Dr Quen Mok, Staff Councillor asked how far the lower rates of theatre utilisation were as a result of nursing vacancies. She queried the impact of the recent decrease in bank rates for nurses. She expressed concern that the bank rate had been decreased previously but this had not been successful. Dr Steer said that historically nurses on bank shifts had been paid a substantial premium above their usual hourly rate. He said in some areas of the Trust this amounted to an uplift of 50% however this was not available to nurses in all areas. There had been a reduction in this rate however GOSH bank nurses continued to be paid at the highest rate in London. Dr Steer said that although there may be some initial impact this had not been quantified however he reiterated that the difference in pay between nurses working bank shifts in different areas of the hospital was not appropriate. Dr Steer acknowledged that communication around the change could have been improved and confirmed that the Chief Nurse continued to monitor the impact
18.16	<u>Integrated Quality Report (highlights)</u>
18.17	Dr Steer highlighted that there had been one grade three pressure ulcer in quarter 1 of 2018/19 and a root cause analysis of this was taking place. Despite this, GOSH's performance around pressure ulcers overall remained good.
18.18	<u>Finance report (June 2018 - highlights)</u>
18.19	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. Ms Jameson said that although IPP debtors days were above target they were reducing. Payments totalling £4million had been received in July against a total debt of £19million.
18.20	**Action:** Ms Fran Stewart, Public Governor asked for a steer on the arrangements around paying clinicians for IPP work. Ms Jameson confirmed that signed agreements were in place to be clear that clinicians would be paid at the point GOSH received the funds. Nurses were paid in the normal way as part of their salary. An update would be received at the next meeting about the arrangements for clinicians who no longer practiced, either in an NHS or private capacity, at GOSH to recover funds if a bill remained unpaid.
18.21	Dr Emily Shaw, Patient and Governor asked what the cost to the Trust was of the large debt. Ms Jameson said that alongside the staff time involved in trying to recover the debt, a 3.5% charge was also incurred. She emphasised that IPP activity made a significant contribution to NHS services and highlighted that the Trust's auditors were comfortable that GOSH's position was in line with other providers. Mr Akhter Mateen, Non-Executive Director and Chair of the Audit Committee said that this matter continued to be discussed by the Board and Audit Committee and said that it was vital to find the balance between achieving a relationship which would encourage the debts to be paid without discouraging further activity taking place at GOSH. He highlighted that despite slow payment, GOSH had not had an instance of bad debt with the exception of a failed state.

18.22	Mr Colin Sincock, Public Governor asked for a steer on the investments made by the Trust. Ms Jameson said that was in the form of cash in governmental accounts as required. She said that material changes to the cash amount were as a result of having received funds from the charity for capital projects but not having used this by month end.
18.23	Dr Emily Shaw, Patient and Carer Governor asked about the anticipated impact on IPP activity of Britain's exit from the European Union and growing appetite and capabilities for treating patients in country in the middle east. Ms Jameson said that although there had not been a decrease in activity due to GOSH's specialist nature, work continued to diversify the portfolio of countries from which the Trust received referrals. The team was working with a specialist agency in some newer countries in order to raise GOSH's profile and encourage referrals. Work was also taking place to diversify into education and to ensure that as many GOSH doctors as possible who undertook private practice carried this out at GOSH.
18.24	<u>Update from the Patient and Family Experience and Engagement Committee (PFEEC) including Q1 2018/19 PALS Report</u>
18.25	The Council noted the reports.
19	**Reports from Board Assurance Committees**
19.1	<u>Quality and Safety Assurance Committee (May and July 2018)</u>
19.2	Professor Rosalind Smyth, Member of the Quality and Safety Assurance Committee said that two meetings had taken place since the last update. During both meetings the matter of culture, and particularly the issue of bullying and harassment as reported through the staff survey, was discussed. Professor Smyth said that a survey of all staff would be taking place to ensure that more reliable results were available from across the Trust.
19.3	Freedom to Speak Up ambassadors have provided a report and the FTSU guardian had attended the meeting and provided good assurance around the support being provided to staff in order to raise concerns.
19.4	Mrs Stephanie Nash, Patient and Carer Governor who had observed the meeting said she felt that there had been thorough and robust questioning of processes and that she had felt assured that quality and patient safety was the central focus.
19.5	<u>Finance and Investment Committee (March, May and July 2018)</u>
19.6	Mr James Hatchley, Chair of the Finance and Investment Committee said that the Committee continued to discuss the business as usual reports such as performance, monthly financial update and discussions with commissioners. The electronic patient record programme was also discussed at each meeting.
19.7	Consideration was given to previous capital projects and the learning from this and the financial implications of the intraoperative MRI project were reviewed. The meeting which had taken place directly before the Council of Governor meeting had reviewed the Long Term Financial Model and had recommended the Board for approval two estates and facilities business cases.

19.8	Mr Theo Kayode-Osiyemi, Public Governor asked for a steer on the investments that could be made at GOSH which would support IPP and could compete with the new hospitals being built in country in the Middle East. Mr Hatchley said that the Board considered a variety of options that would support the Trust's IPP ambitions but added that due to GOSH's specialist nature referral rates were less impacted by in-country capabilities.
19.9	Dr Sarah Aylett, Staff Governor asked how financial performance was reviewed across the divisions given that different specialties were subject to differing tariffs. Ms Helen Jameson, Chief Finance Officer said that budgets were set taking this into account and therefore performance against budget could be reviewed equally in relative terms. Ms Jameson added that work was taking place to look at patient level costing which took into account each service by which a patient was treated.
20	**Update from the Young People's Forum (YPF)**
20.1	Ms Faiza Yasin, Patient and Carer Governor and Co-Chair of the YPF said that there were now 78 members of the forum ranging in ages from 10 to 24 years. Young people had taken part in PLACE inspections and had taken part in demonstration the Epic platform for the Electronic Patient Record programme.
20.2	Members of the Forum had presented to the all-party parliamentary group on health and wellbeing and were involved in the stakeholder panel for the recruitment of a new Non-Executive Director to the Board. Sir Michael Rake, Chairman thanked the Forum for their work as part of the NED recruitment programme.
21	**Revised Draft Constitution**
21.1	Dr Anna Ferrant, Company Secretary said that the Constitution Working Group, chaired by the Deputy Chief Executive had comprised both Governors and Board members and had reviewed each section of the constitution in order to strengthen governance arrangements for the membership, Council of Governors and Trust Board and considering best practice and legal advice. Dr Ferrant confirmed that each amendment to the Constitution required approval from both the Council of Governors and the Board at their July meeting.
22.2	<u>Revised Constituencies</u>
22.3	The Council reviewed and **approved** the following recommendation: • The Council does not appoint more than 27 governors (as current) for purposes of ensuring the Council is of an appropriate size and not unwieldy. **Action**: The Council agreed in principle to amend the classes of Governor constituencies, and to implement the phasing of elections subject to a workshop on the topics in November 2018 where the impact of these changes would be explored and consulted on, as follows: a. The electoral areas that constitute each class for the patient and carer constituency and public constituency are updated in line with current electoral boundaries. b. In order to provide consistency of approach and clarity for members and

	governors, the public, patient and carer classes are aligned so that they cover the same electoral areas. c. The split between North and South London constituencies is removed. The associated surrounding areas to North and South London are moved into new public and patient/carer classes as follows: i. London (covering all 32 London Boroughs plus the City of London) ii. Home Counties that send a relative number of patients to GOSH (called Trust Home Counties constituency). This would reflect the current electoral constituencies listed under surrounding areas plus Berkshire (as a number of patients attend from Berkshire)
22.4	iii. The Rest of England and Wales.
22.5	<u>Staff Governors</u>
22.6	The Council of Governors **approved** the recommendation to retain the same number of staff governors and that they continued to represent the interests of all staff regardless of profession or team.
22.7	<u>Appointed Governors</u>
22.8	The Council reviewed and **approved** the following recommendation: • RETAIN appointed governor from Camden Council, the local Trust Council. • RETAIN appointed governor from GOSH UCL ICH • REMOVE appointed governors representing selfmanagement UK and the GOSH School from a date to be determined • APPOINT two new governors from the Young People's Forum and strengthen links between the Council and the YPF.
22.9	<u>Minimum age of membership</u>
22.10	The Council **approved** the recommendation that the minimum age of members remain at 10 years of age but that the relationship with the Young People's Forum is formalised and the YPF is approached to gather young people's view of various issues.
22.11	<u>The 'six year rule' for patient and carer constituency membership</u>
22.12	The Council **approved** the following recommendations: • The 6 year rule should be amended to a 10 year rule for members to remain in the Patient and Carer Constituency. • The inclusion of a paragraph on the requirement to become a member of the patient and carer constituency (where valid) in the first instance, unless otherwise informed in writing by an individual.
22.13	<u>Voting and written resolutions</u>
	Following a review of the voting requirements throughout the Constitution, the Constitution Review Group believed that there was limited clarity on what the voting requirements were and the extent to which these were appropriate for the type of resolution being put to the Council. The Council reviewed and **approved** the following amendments:

	• Annex 8, paragraph 3.1.2: The Council of Governors may resolve by a majority of two thirds of governors present and voting, to exclude members of the public from any meeting or part of a meeting
	• To remove the provision under annex 6 of the Constitution which stated that: "*No resolution of the Members' Council shall be passed if it is opposed by all of the public councillors present at the meeting*."
	• A revised section on investigating and resolving complaints against a governor involving a three stage vote as follows:
	  • one vote of a simple majority of those present and voting on whether there is a case to answer
	  • one vote of a simple majority of those present and voting of whether to uphold the statement of case and, where passed,
	  • a final vote of a simple majority of those present and voting on the sanctions (if any) to be imposed, with the exception of where the sanction proposed is the removal of a governor, in which case a three-quarter majority of those present and voting is required.
	• A new clause added to annex 8 in recognition of the fact that that there will be few occasions where written resolutions will need to be put to the Council to seek their approval/ views and enable business to proceed. The new clause allows for such written resolutions, requiring a signature from Governors and requires as least three quarters of the Governors to respond in writing within the timescales outlined in the notice.
	• the inclusion of wording clarifying that unless otherwise specified in the constitution, questions arising at a meeting of the Council of Governors shall be decided by a majority of votes of those governors <u>present and voting</u>

22.14	• The inclusion of a paragraph clarifying the use and voting requirements for a written resolution.
22.15	<u>Tenure of Governors</u>
22.16	The Council of Governors **approved** the following recommendation:
22.17	That the tenure for governors is set at 6 years total as a lifetime maximum with no return after this period of appointment has been served.
22.18	<u>Disqualification of governors for failure to attend meetings or refusal to undertake training</u> The Council of Governors **approved** the following recommendations: • The Chairman, Lead Governor and Company Secretary should consider whether the reasons for non-attendance by a governor is 'reasonable'; • The number of meetings required for attendance will remain at 2 out of 4 meetings a year • Examples of accepted reasons for non-attendance (reasonable cause) are included in the Constitution – a conflict with personal or work commitments where a date of the meeting has been changed by the Trust at short notice; ill health; or, a personal or family emergency. • The Company Secretary would contact a governor to request reasons for on-going nonattendance. • A governor's refusal to undertake any training would remain a reason for disqualification (subject to an understanding of reasonable cause)

22.19	
22.20	Further provisions as to eligibility to be a governor The Council of Governors approved the following proposals: • Existing grounds for removal are retained and that examples of instances where it is not in the Trust's best interests for an individual to continue as a governor similar to those used by other trusts are added for purposes of clarity; and, • the three-quarter majority required for removal be retained, but it be changed to three quarters of governors present and voting to bring voting in line with other voting requirements in the Constitution.
22.21	
22.22	Investigation of complaints against governors and removal/ suspension of Governors The Council of Governors **approved** the following proposals: • Emphasis on resolving matters informally where appropriate. • Where informal resolution is not appropriate or has failed to resolve the issue to consider other actions such as mediation, suspension or commissioning an investigation. • Clarity for the individual against which a complaint is made on the process. • Clarity for the individual raising the concern that the matter is being taken seriously and being appropriately dealt with. • Clarity for the Council on how decisions will be reached and the authority afforded to individuals, including the requirement for the Chair as the ultimate decision maker to consult with others on all decisions. • Transparency of the process so that decisions taken by the Chair, including the terms of reference of an investigation are consulted with the Lead Governor and shared with the Council, unless there is a good reason not to do so (the usual presumption will be that such matters will be shared with the LG and Council except in circumstances where the speed of decision is required on a matter or where police or other advice precludes this). The Chair will subsequently provide an explanation as to why could not share with Lead Governor / Council of Governors at a later time. • Where the Chair (following the request consultation) considers that a governor has failed to comply with the Constitution or the Code of Conduct/ Standing Orders a three stage process is proposed: o a Council vote on whether there is a case to answer; o following a response from the governor in question, a Council vote on whether to uphold the statement of case and, where passed; o a final vote on the sanctions (if any) to be imposed.
22.23	
22.24	Eligibility criteria for directors and governors The Council of Governors approved the following proposals: • The Chair has the authority to determine whether an executive director or non-executive director may hold another director or governor position of another Health Service Body. The Chairman will consult with the Chief Executive for the executives, the Board for the Chief Executive and the governors for the NEDs.

	• When the matter relates to the Chair, the Senior Independent Director has the authority to determine whether the Chair may hold another director or governor position of another Health Service Body. The SID will consult with the Board and the governors. • In respect of the equivalent eligibility criterion for the Council of Governors it was proposed that the Chair would determine whether a governor may hold another director or governor position at another Health Service Body. • Deleting the requirement that a person may not become or continue as a director if they are a person whose tenure of office as a chairman or as a member or director of an NHS body has been terminated on the grounds that his appointment is not in the interests of the health service, for nonattendance at meetings, or for non-disclosure of a pecuniary interest and replacing it with a requirement that a person much satisfy the Fit and Proper Persons' requirement. • Add the following additional ineligibility criteria for both governors and directors: o people who have been removed from any of the primary medical service, primary dental service or ophthalmic service list; o people who fail to repay monies properly owed to the Trust; and o people who lack capacity within the meaning of the Mental Capacity Act 2005, to carry out the duties and responsibilities of a director or governor.
22.25	
22.26	<u>Provisions for when the Constitution is silent on a particular matter that arises</u>
22.27	The Council **approved** the following proposal:
22.28	Given that the Chairman is the leader of the Board (which is responsible for the governance of the Trust) and the Council, it is appropriate for him to have lead responsibility for resolving matters, subject to any specific matters which fall within the responsibilities of the Chief Executive as Accounting Officer. However, the procedure provides for the Chair to consult with the governors where matters relate to them.
22.29	<u>Evaluation of the Council of Governors</u>
22.30	The Council of Governors **approved** the following proposal:
22.31	The performance of the Council should be evaluated regularly, normally at intervals not exceeding 18 months, and where possible should coincide with any similar evaluation of the board of directors. However, the Council may decide at any time to evaluate a specific aspect of its performance – for example, to learn from its handling of a matter or where specific concerns are raised. Such annual (or other) evaluations should be internal to the Trust. At a minimum, the Council should be evaluated against their general statutory duties (set out at paragraph 16 of the constitution).
22.32	<u>Other minor revisions to the Constitution</u>
	The Council of Governors **approved** the other minor revisions to the Constitution as set out below: • Amendment of the name of the Council from 'Members' Council' to 'Council of

	Governors' and 'councillor' to 'governor' as agreed at the April 2018 meeting. • Removal of reference to all Board subcommittees except those stated in the Code of Governance (the Audit Committee and the Nominations Committee) (Annex 9, paragraph 19) – this means that when other subcommittees change or change name a constitutional amendment will not be required. • Amendments to and movement of the section on membership dispute resolution procedure (Annex 10 updated and Annex 11 deleted. The procedure has been revised – originally it provided for mediators to be appointed and the Group was not assured of how this would resolve the issues quickly and effectively. Under the revised wording, the Company Secretary will make a determination on the point in issue. If the member is not satisfied with the Company Secretary, they may appeal in writing within 14 days of the Company Secretary's decision to the Chair whose decision shall be final. • Updated section on the revised declaration of interest section for governors (Annex 8, paragraph 6) – this is to reflect new NHS England guidance on conflicts of interest and to allow scope for a revision of the Trust's policy in light of this guidance. • Updated section on the revised declaration of interest section for directors (Annex 9, paragraph 23) – as with the directors' declaration of interests this is to reflect new NHS England guidance on conflicts of interest and to allow scope for a revision of the Trust's policy in light of this guidance.
22.33	• A review of the constitution is required every three years
22.34	<u>Code of Conduct</u> The Council of Governors reviewed and **approved** the revised Code of Conduct which included: • Clarity about the expected role and conduct of governors • Clarity about when the Code is applicable to governors
22.35	• Further detail about the Trust Always Values.
22.36	<u>Standard Operating Procedure for Meetings by Electronic Communication</u> The Council reviewed and **approved** the SOP for meetings by electronic communication and noted that electronic communications will be made available at all meetings. Where he considers it appropriate, the Chair may convene a meeting at which all of the persons attending participate by electronic communication.
22.37	
22.38	<u>Revised Lead Governor and Deputy Lead Governor Role Descriptions</u> The Council **approved** the role descriptions of the Lead Governor and Deputy Lead Governor.
22.39	**Phasing governor elections and constituency boundary changes – a discussion paper**
22.40	Dr Anna Ferrant, Company Secretary said that it was important to ensure that a turnover of the majority of Governors at one election, which happened at the election in January 2018 when 22 seats were subject to election, was avoided in the future. As part of the review of the Constitution undertaken by the Constitution Review Group they considered the introduction of phasing elections. Dr Ferrant

	confirmed that the introduction of phasing would require approval by both the Board and Council of Governors and for Governors to volunteer to be subject to phasing and standing in another election.
22.41	**Actions:** Sir Michael Rake, Chairman said it was vital that the proposal was fully discussed and suggested that at the next meeting, Governors broke into discussion groups with each group being led by a member of the Constitution Working Group. This was agreed.
22.42	**Action:** It was also agreed that further data and information about the membership composition would be available and the potential impact on existing Governors.
22.43	Ms Fran Stewart, Public Governor suggested that in light of the fact that continuing to have such a large Governor turnover at election was unacceptable it was vital to implement phasing. She said that in this case option 2, to implement phasing based on existing constituencies and classes, or option 3, to implement phasing based on new classes from 2020 were the key options for consideration.
23	**Appointment of a Non-Executive Director on the GOSH Board**
23.1	Dr Anna Ferrant, Company Secretary said that of 61 applications received, 14 had been long listed with 4 shortlisted candidates plus one reserve. Shortlisted candidates had met with a young people stakeholder group, received a tour of the hospital and taken part in a formal interview and feedback had been taken from staff and young people involved in the informal parts of the process.
23.2	There had been unanimous agreement from the panel to recommend the appointment of Ms Kathryn Ludlow to the Board and a very strong reference had already been received.
23.3	Ms Mariam Ali, Patient and Carer Governor said she had been on the interview panel and confirmed that Ms Ludlow was the clear preferred candidate with a strong emphasis on working culture and working collaboratively.
23.4	Ms Fran Stewart, Public Governor asked for a steer on the reasons for Ms Ludlow's application to GOSH. Sir Michael Rake, Chairman said that Ms Ludlow currently undertook other charitable NED roles and had recently stepped down from her partner role at leading law firm Linklaters so had availability to undertake the role.
23.5	The Council **approved** the appointment of Ms Ludlow.
24	**Chairman and Non-Executive Director Appraisal process**
24.1	Sir Michael Rake, Chairman said that Professor Rosalind Smyth, Mr James Hatchley and Mr Akhter Mateen had been appraised and Mr Hathley had undertaken an appraisal of Sir Michael.
24.2	The Council of Governors **approved** the outcome of the appraisals.
25	**Process for appointment of external auditor**

25.1	Ms Helen Jameson, Chief Finance Officer said that 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.
25..2	Ms Jameson said that a timetable had been proposed to ensure that a new appointment was in place within the required timeframe and she proposed that a steering group including two Governors was established which would provide a recommendation to the Council of Governors for approval at the November meeting.
25.3	Ms Fran Stewart, Public Governor asked for a steer on the criteria which had been used to choose the framework. Ms Jameson said that framework which had the greatest mix of firms had been chosen to ensure the best quality responses were received.
25.4	**Action:** Ms Stewart volunteered to sit on the steering group and it was agreed that Dr Anna Ferrant, Company Secretary would email the Council to seek expressions of interest for the remaining seat on the group.
26	**Governance Update**
26.1	**Action:** Mr Paul Balson, Deputy Company Secretary presented the update and said that Governors had been allocated NED 'buddies' taking into account Governor responses to the interests and experience questionnaire. Mr Balson said that there would be some changes to the buddying groups given the appointment of the new NED. Governors would be asked to further provide suggestions of areas which could be explored as part of the Governor development programme and a template for this would be circulated to request this information.
26.2	<u>Membership Engagement Recruitment and Representation Committee Update and AGM/ AMM Plan</u>
26.3	Miss Zoe Bacon, Chair of the MERRC said that the Committee had reviewed the Terms of Reference and had agreed to focus on recruitment of and engagement with the 10-16 year old membership group. A membership manager would be in post from 30th July who would support work to achieve the membership target.
26.4	Discussion had taken place about plans for the Annual General Meeting which would have a theme of 70 years of the NHS. Patient stories would be provided and staff would be holding information stalls.
27	**Any other business**
27.1	**Action:** Sir Michael Rake, Chairman said that in the private meeting between the Chairman and Council of Governors it had been agreed that a clinician would be invited to give a presentation at each meeting. Any other requests for agenda items should be emailed to the Company Secretary.

ATTACHMENT B

Attachment B

COUNCIL OF GOVERNORS ACTION CHECKLIST
November 2018

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
18.20	24/07/18	Ms Fran Stewart, Public Governor asked for a steer on the arrangements around paying clinicians for IPP work. Ms Jameson confirmed that signed agreements were in place to be clear that clinicians would be paid at the point GOSH received the funds. Nurses were paid in the normal way as part of their salary. An update would be received at the next meeting about the arrangements for clinicians who no longer practiced, either in an NHS or private capacity, at GOSH to recover funds if a bill remained unpaid.	**HJ**	**November 2018**	Verbal update
22.3	24/07/18	The Council agreed to review and consider the following proposals at a workshop prior to the next meeting (alongside phasing of elections): a. The electoral areas that constitute each class for the patient and carer constituency and public constituency are updated in line with current electoral boundaries. b. In order to provide consistency of approach and clarity for members and governors, the public, patient and carer classes are aligned so that they cover the same electoral areas. c. The split between North and South London constituencies is removed. The associated surrounding areas to North and South London are moved into new public and patient/carer classes as follows: i. London (covering all 32 London Boroughs plus the City of London)	**AF and members of the Constitution Working Group**	**November 2018**	Actioned: Workshop planned for 7 November 2018

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		ii. Home Counties that send a relative number of patients to GOSH (called Trust Home Counties constituency). This would reflect the current electoral constituencies listed under surrounding areas plus Berkshire (as a number of patients attend from Berkshire) iii. The Rest of England and Wales.			
22.41 22.42	24/07/18	Sir Michael Rake, Chairman said it was vital that the proposals around phasing of elections was fully discussed and suggested that at the next meeting, Governors broke into discussion groups with each group being led by a member of the Constitution Working Group. This was agreed. It was also agreed that further data and information about the membership composition would be available and the potential impact on existing Governors.	**AF and members of the Constitution Working Group**	**November 2018**	Actioned: Workshop planned for 7 November 2018 and information to be provided to governors at that workshop
25..4	24/07/18	Ms Stewart volunteered to sit on the steering group for the appointment of an external auditor and it was agreed that Dr Anna Ferrant, Company Secretary would email the Council to seek expressions of interest for the remaining seat on the group.	**AF**	**July 2018**	Actioned: Approval sought from working group and Audit Committee on appointment of external auditor at the meeting – see agenda
27.1	24/07/18	Sir Michael Rake, Chairman said that in the private meeting between the Chairman and Council of Governors it had been agreed that a clinician would be invited to give a presentation at each meeting. Any other requests for agenda items should be emailed to the Company Secretary.	**AF and all Governors**	**On-going**	Noted – a clinician will be sought to present at every GOSH Council meeting

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

Wednesday 7 November 2018

Summary & reason for item:
To update the Council on implementation of:

1. Cognitive - Safety Reliability and Improvement Programme.
2. Freedom to Speak Up Service (FSU)

Governor action required: To receive and note the report on the different ways staff are being supported to speak up about safety at GOSH.

Report prepared by:
Karen Panesar, Project Manager - Safety Reliability & Improvement Programme
Luke Murphy, Freedom to Speak Up Guardian

Item presented by: Matthew Shaw, Medical Director

1. Safety and Reliability Improvement Programme Highlight Report for the council of Governors – November 2018

Project Manager	Karen Panesar
SRO	Andrew Long

1.1. Background Summary

In the last quarter of 2017, following discussions between the Executive team and Cognitive Institute, GOSH launched the Safety and Reliability Improvement Programme (SRIP). The programme's two main components are Speaking Up for Safety (SUFS) and Promoting Professional Accountability (PPA), both of which are detailed below.

GOSH is the first UK partner in 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".

On 22nd March 2018 the business case was reviewed by the Charity grants committee and funding approved for the duration of the programme. The programme is for three years' duration.

The programme has now mobilised and is in implementation stage.

1.1.1. "Speaking Up for Safety" ™

The objective of "Speaking up for Safety" ™ (SUFS) training is to empower staff to raise patient safety concerns with colleagues through graded assertiveness and communication skills training recognising that a critical aspect of achieving a safe and reliable culture is a common language where staff support each other and speak up whenever there is a concern for safety. To disseminate the training, Safety Champions are being recruited from GOSH employees to deliver the training and act as role models, playing a pivotal role in developing a culture of safety and reliability.

Following the recruitment and accreditation of 11 Safety Champions, August 2018 saw a soft launch of the SUFS seminar. This has continued through to the launch of the Pilot training within the Brain directorate in October – November 2018. The purpose of the pilot is to examine the feasibility of the approach, learn lessons and use the learnings to revise the roll-out plan prior to full Trust implementation. It is anticipated that by end of November 2018, 80% of Brain directorate staff will have undertaken training (approx. 350 staff). Additionally, a Safety Culture Survey has been produced which will be used both pre and post training to assess the impact of the programme and to understand our safety culture, both now and in the future.

In November 2018 groundwork will commence for the selection and recruitment of a 2nd cohort of Safety Champions to enable faster roll-out of the programme. Training for this 2nd group will take place in January 2019 in preparation for Trust roll-out in June 2019.

In October 2018 SUFS was showcased at the GOSH Open House event through the use of an interactive board game. October also saw the NHS's promotion of "Speak Up" month and both events provided the opportunity for the Trust to take a collaborative approach to the various avenues of support and advice around "Speaking Up" available to staff.

1.1.2. Promoting Professional Accountability (PPA) Programme

The Promoting Professional Accountability (PPA) Programme equips healthcare leaders with the skills needed to engage with staff to change behaviours that undermine a culture of safety.

There is a lead-in time to implement the PPA Programme (c. 6-9months) with significant work needed to prepare for PPA. The timescale of the implementation of PPA has taken into account the requirement to have trained approximately 80% of all staff in SUFS before PPA go-live so that staff do not default to reporting and do "Speak Up for Safety"™.

A Trust Board and the General Medical Staff Committee (GMSC) briefing took place in October 2018 and further preparation for this programme will commence with an Organisational Readiness Workshop in January 2019 with roll-out planned for September 2019.

Further detail in respect of the timescales for both SUFS and PPA can be found in *Appendix A: Safety Reliability & Improvement Programme Road Map.*

2. Freedom to Speak Up Service Highlight Report for the council of Governors – November 2018

Freedom to Speak Up Guardian	Luke Murphy

2.1. Background Summary

The Freedom to Speak Up (FTSU) service is part of a national campaign following the Francis Report. Every NHS Trust and Foundation Trust in England must have a service that promotes speaking up about safety. The Freedom to Speak up Guardian and five Ambassadors are available to staff at GOSH to support them in speaking up about safety. The service also receives contact about bullying and harassment as well as safety concerns.

The service is promoted through the intranet site, through "all staff emails" and the staff magazine Roundabout. The FTSU service works closely with others who support staff to speak up about their concerns to create a guide for staff on support including concerns about bereavement, bullying, working hours and safety. This new guidance was promoted at the recent Open House event.

In Q2 2018/19 the service had 18 contacts on a range on subjects falling into three broad categories: Bank pay for nurses, the Electronic Patient Record Programme and bullying and harassment.

2.1.1. Nurse Bank Pay

The pay rates that GOSH Bank pay for some nurses has recently been reviewed in comparison with other Trusts and with other nurses at GOSH. The rates paid to some nurses were higher than others at GOSH and higher than other Trusts. Following a review the pay rates were reduced to provide a cost saving and greater equity at GOSH across different nurses in different services.

Nurses have contacted the Freedom to Speak Up service to raise their concerns about how this change was reviewed, how it was communicated and to raise concerns about the implications for patients.

The concerns have been raised with the Deputy Chief Nurse and the Chief Nurses who have offered to speak with any nurse who is concerned, either individually or in groups, whichever the nurses found most supportive. The contacts to the service have been reminded about the importance of recording any impact on patient care and that they should feel confident in recording any impact on safety.

2.1.2. Electronic Patient Records

Project staff who have left the Trust and staff who remain at GOSH have contacted the service to raise concerns about communication within the EPR project, about how the work is audited and about staff feeling emotional stress instead of the pressure you would expect in an important project.

Both staff who remain at GOSH and those who have left spoken positively about GOSH and the importance of the EPR project. They are sharing their concerns in order to help improve it.

The concerns were shared with the Medical Director as Executive Director for the project as well as the Deputy Chief Executive. The concerns were edited to anonymise the information and shared with the Senior Management Team. EPR is audited for progress; the senior managers have improved their communication and are considering the way the staff can give critical feedback more easily.

2.1.3. Bullying and Harassment

Of the 18 contacts to the service 8 were in relation to bullying and harassment. This is a similar proportion to the preceding quarter and the previous annual report. This information is shared with the Acting Director of Human Resources and Organisational Development.

Work continues to ensure staff know how to report bullying and harassment and the Trust's management development programme includes a session for managers on how to deal with issues when they are reported. Managers also receive individual advice from HR Advisers.

Safety and Reliability Improvement Programme Road Map (Year 1)

Great Ormond Street Hospital for Children NHS Foundation Trust

The SRIP road-map provides a high level overview of the activities delivered within our partnership with the Cognitive Institute

Jan 18 | Feb 18 | Mar 18 | Apr 18 | May 18 | Jun 18 | Jul 18 | Aug 18 | Sep 18 | Oct 18 | Nov 18 | Dec 18

Planning

- Project mobilised
- Signed Partnership agreement
- Steering Group & work streams defined

Orientation

- SRIP Board Briefing
- SRIP Trustee Briefing
- SRIP Leaders' Orientation x5

Orientation

- New Executive SRIP Briefing
- Executive meeting
- SRIP Leaders' Orientation x2

Group One Safety Champions

Planning | Recruitment & selection | Train the Trainer 2 days | Accreditation

Speaking Up For Safety Pilots

- Delivery of SUFS training to pilot division 'Brain'

Promoting PPA

- PPA Board Briefing

"Always means always"

- GMSC Engagement Session

Group 2 SC Recruitment

- Selection & Recruitment

Engagement & Communications

Safety Champion Recruitment Drive
SUFS Engagement & Launch Planning

The child first and always

Safety and Reliability Improvement Programme Road Map (Year 2)

The SRIP road-map provides a high level overview of the activities delivered within our partnership with the Cognitive Institute

Jan 19 | Feb 19 | Mar 19 | Apr 19 | May 19 | Jun 19 | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19

Group Two Safety Champions

- Train the Trainer 2 days
- Accreditation

PPA

- PPA Organisation Readiness Workshop

PPA Implementation Consulting

- Video/teleconference

PPA

- Staff Information session/ communications

PPA

- PPA Leaders Intervention Skills Workshop
- Peer Messengers Skills Training

SUFS Trust-Wide Launch

Speaking up for Safety (SUFS) 1 hour training delivered by Safety Champions for all staff

PPA Trust-Wide Launch

- Staff information Seminar
- Coaching & Support
- Peer Messenger skills Training
- Leaders Intervention Skills Workshop

Engagement & Communications

- SUFS Launch and engagement activities Planning
- PPA Organisational Readiness Communication Planning

Great Ormond Street Hospital for Children NHS Foundation Trust

Attachment E

Council of Governors

7 November 2018

Well Led Governance Review Update

Summary & reason for item: To provide the Council of Governors with an update on the Trust's plans for assessment against the Well Led criteria, including an overview of what the criteria cover.

The Trust was subject to a CQC inspection in January 2018, including a Well Led assessment. A copy of the Well Led report can be found here:

Work continues with implementation of the CQC recommendations and an update will be provided to the Council in February 2019.

Whilst there were no recommendations arising from the CQC Well Led report, negative commentary was included. This has been collated and mapped against the CQC Well Led criteria for consideration and action.

In October 2016, Deloitte was invited in to conduct an independent review of the Trust against the Well Led criteria. An update on management of progress with the recommendations in the report is included in the presentation.

Governor action required: To note the update and the overview of the Well Led criteria.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Matthew Shaw, Medical Director

Well Led Assessment at GOSH

Overview and plans for preparation

Council of Governors

7 November 2018

Matthew Shaw, Medical Director

Overview – what does the assessment cover?

- An assessment of
  - the leadership and governance at trust board and executive team-level;
  - the overall organisational vision and strategy;
  - organisation-wide governance,
  - management, improvement; and
  - organisational culture and levels of engagement.

- Will also take account of findings across core the service level inspections, especially the well-led assessment

How is it assessed?

- Interviews with key individuals:
  - Chair, NEDs and executives
  - Governors
  - Freedom to Speak Up Guardian; Guardian of Safe Working; Director of Infection, Prevention and Control
  - Other senior managers covering risk, complaints, governance, research, safeguarding, training, education, clinical operations, groups of nurses, doctors, AHPs etc.
- Evidence collation prior to the inspection and at the inspection
- Separate rating awarded after inspection of Outstanding, Good, Requires Improvement and Inadequate

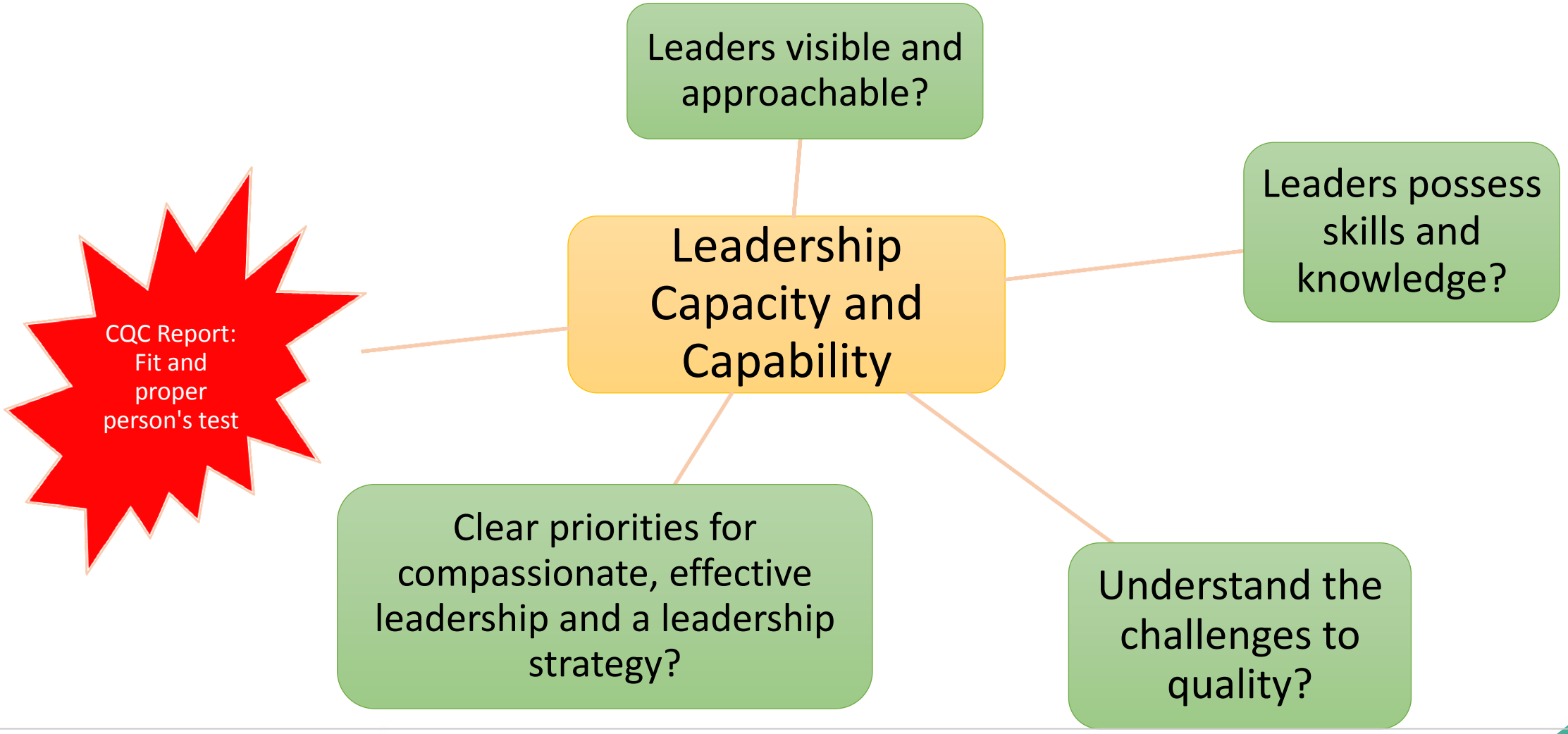
Integrating this in to how we work

- The Well Led Assessment is not just a ‘one-off’ event every 12-18 months
- Need to actively apply the criteria rather than ‘retro fit’ it
- We already apply many of the criteria on a daily basis
- However, need to be ‘deliberate’ in our approach:
  - Understood as a Trust Board and Senior Management Team
  - Integrated into everything – how we are governed and operationalise plans
  - Evidence documented and collated as we go

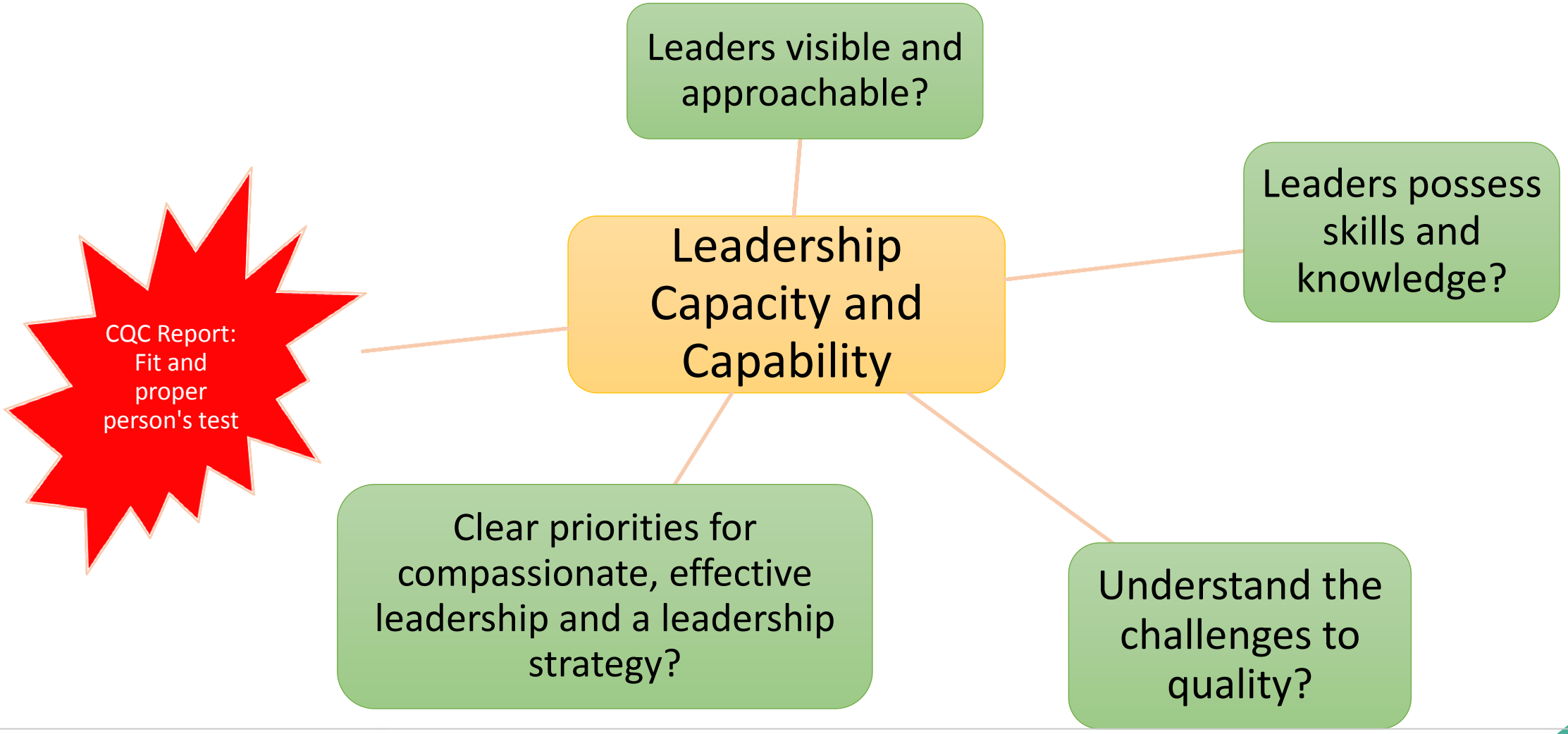
Plans going forward

- Undertaking an executive lead paper-based gap analysis against the Key Lines of Enquiry (KLOEs)
- Producing an action plan (noting work already underway in other areas, CQC findings, Deloitte well led actions and identifying new actions)
- Applying the criteria to how we are governed and work on a daily basis
  - Reviewing our governance framework and processes
  - Communicating and applying the criteria within the restructured clinical teams and corporate teams, ensuring a consistent, streamlined approach
- Being deliberate about documenting work conducted and outcomes
- Collating key evidence in a central repository
- Undertaking a mock inspection (September 2019), including prior mock preparation exercises for the Board and SMT.

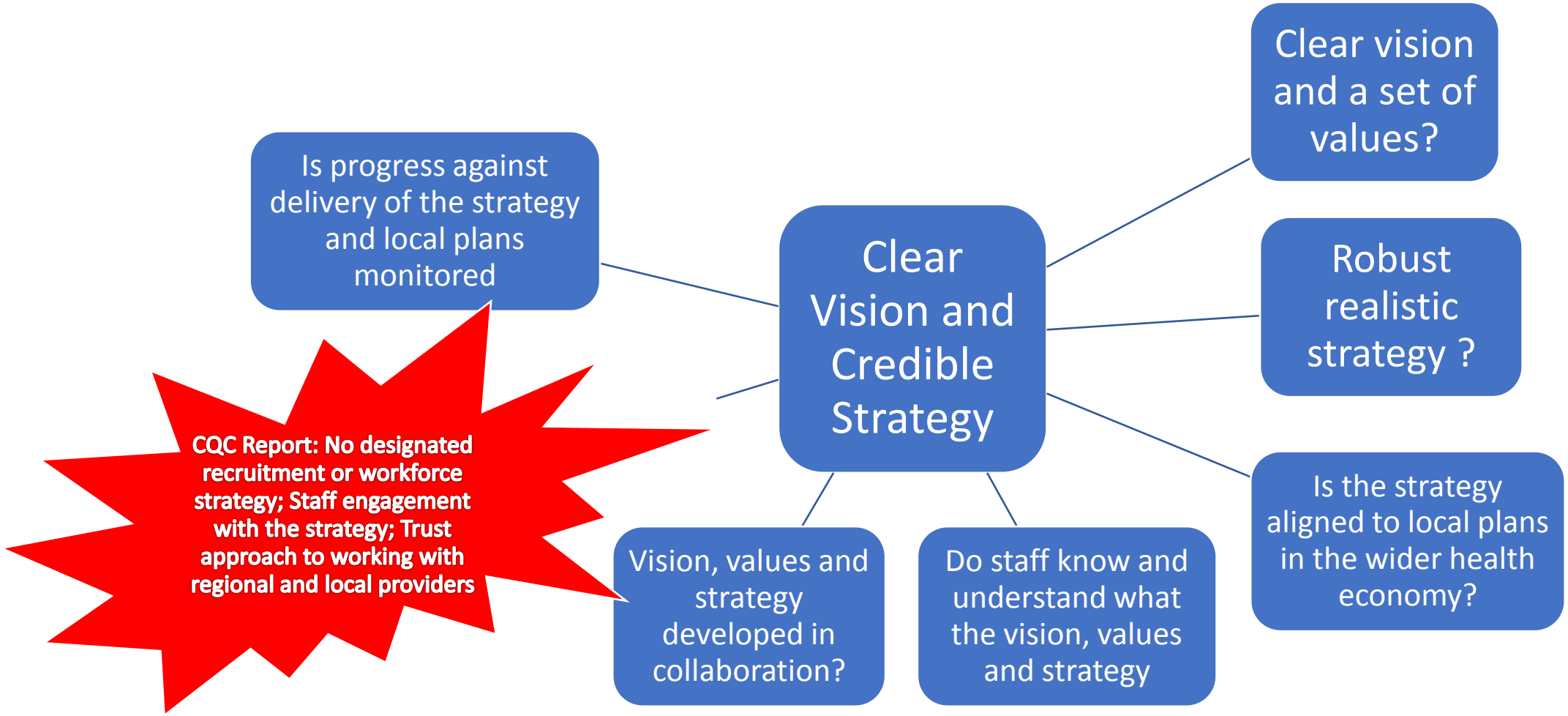
KLOE 1: Is there the leadership capacity and capability to deliver high quality, sustainable care?



KLOE 1: Is there the leadership capacity and capability to deliver high quality, sustainable care?

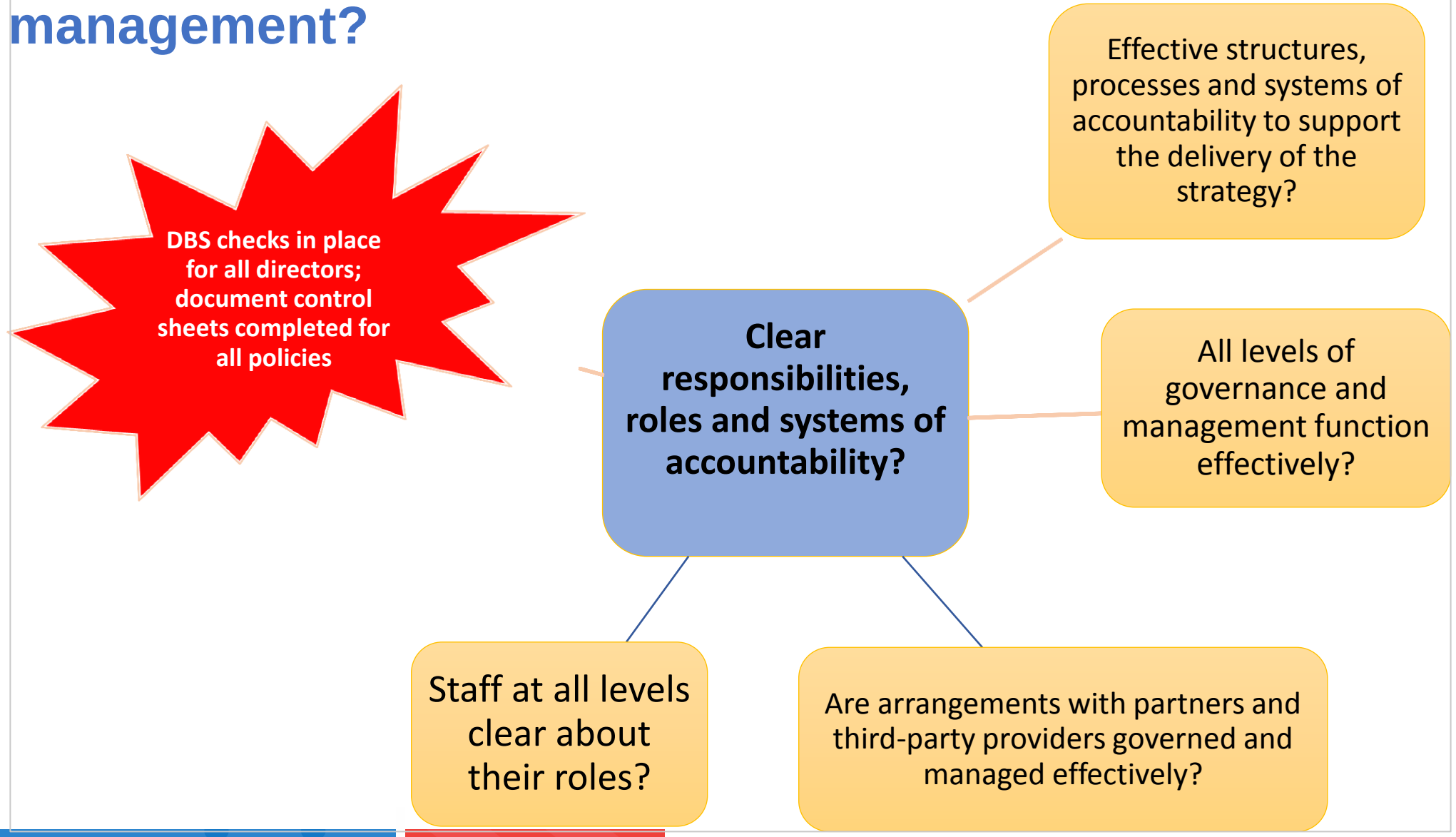


KLOE 2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

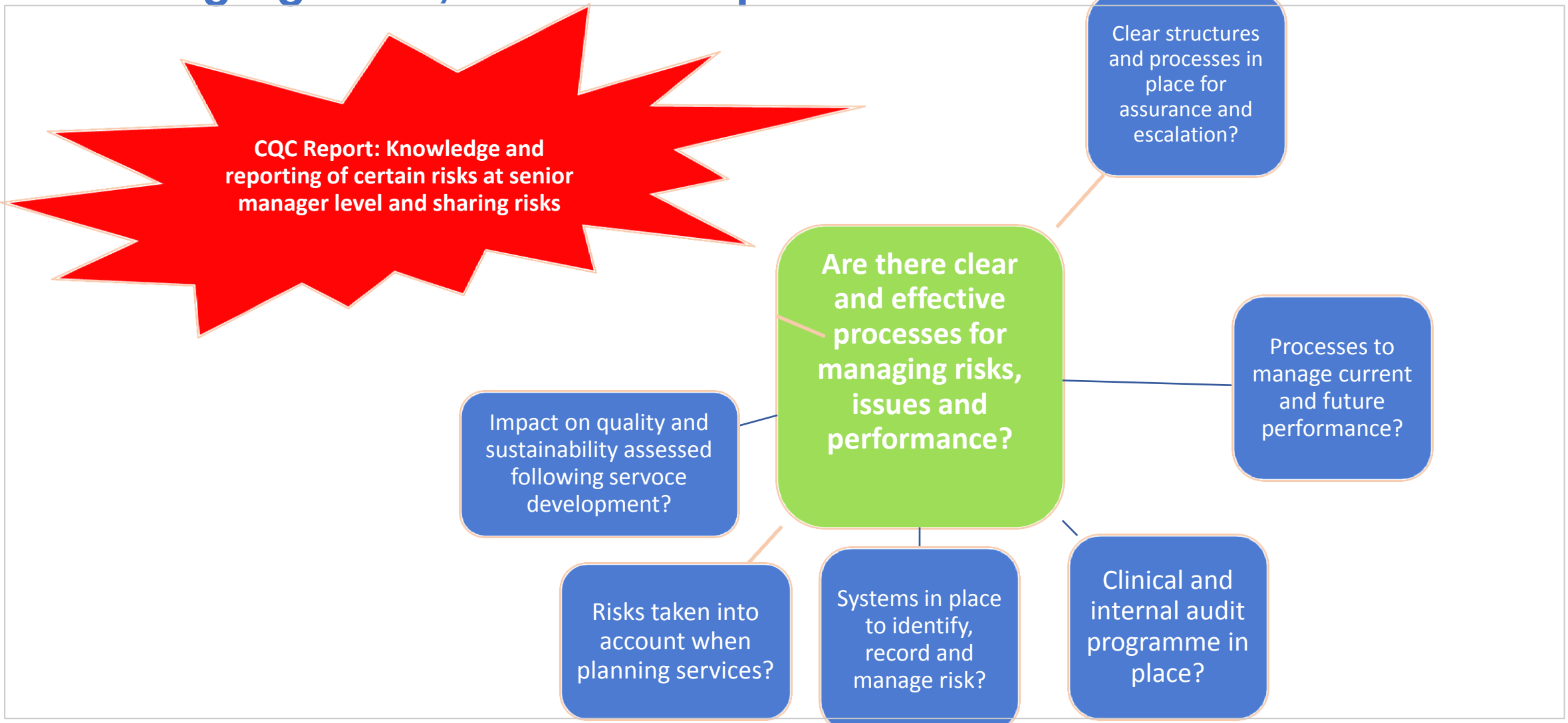


KLOE 3: Is there a culture of high quality, sustainable care?

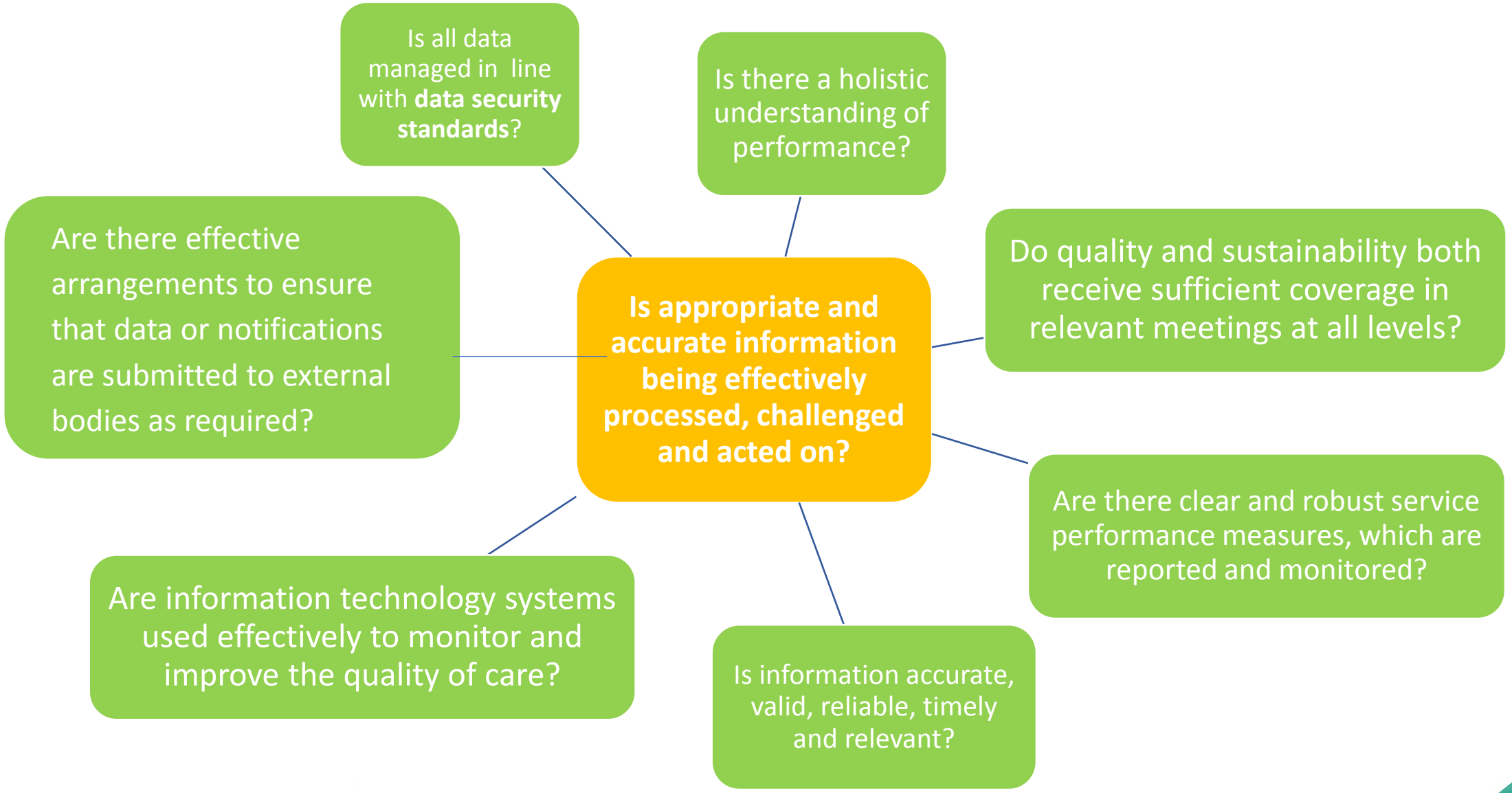
KLOE 4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?



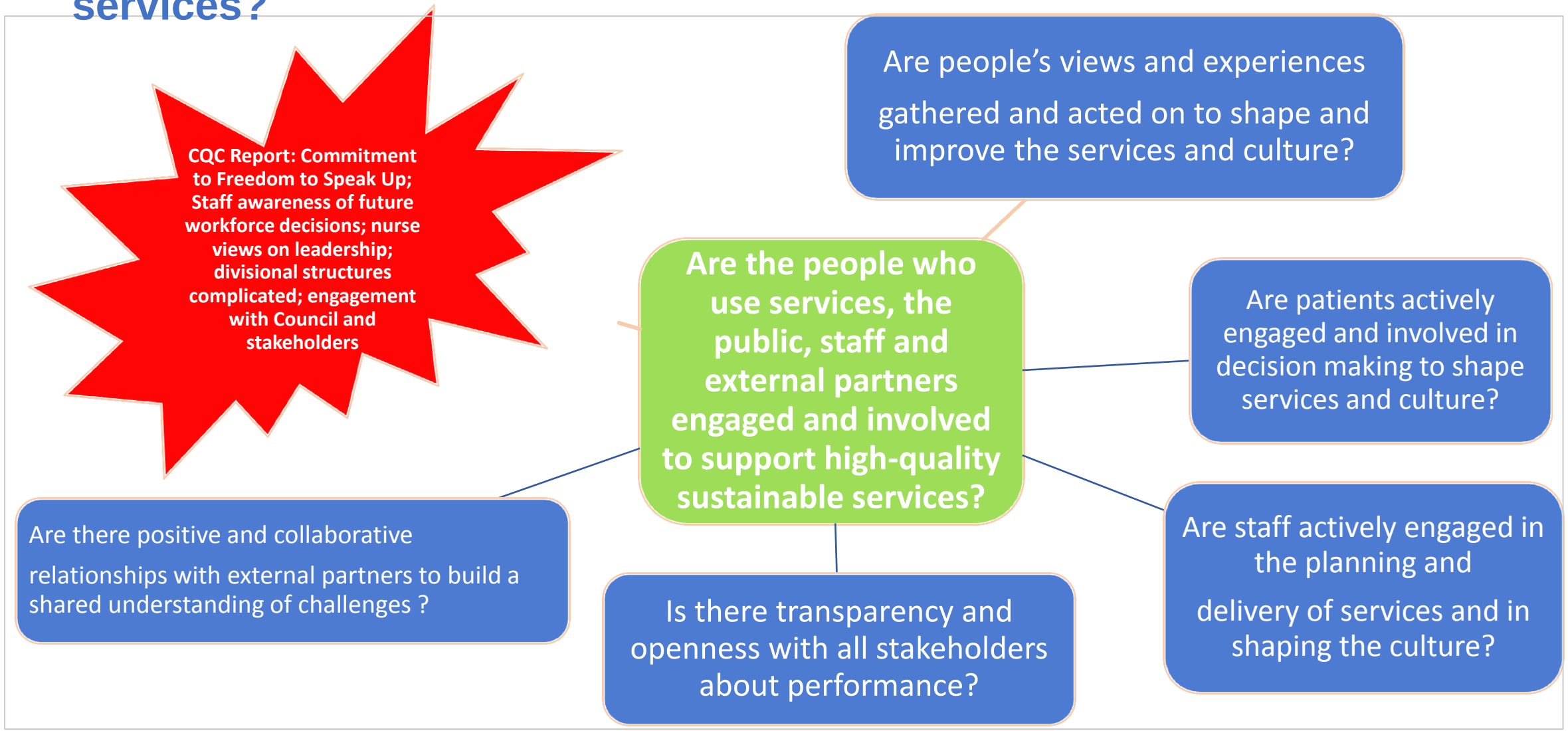
KLOE 5: Are there clear and effective processes for managing risks, issues and performance?



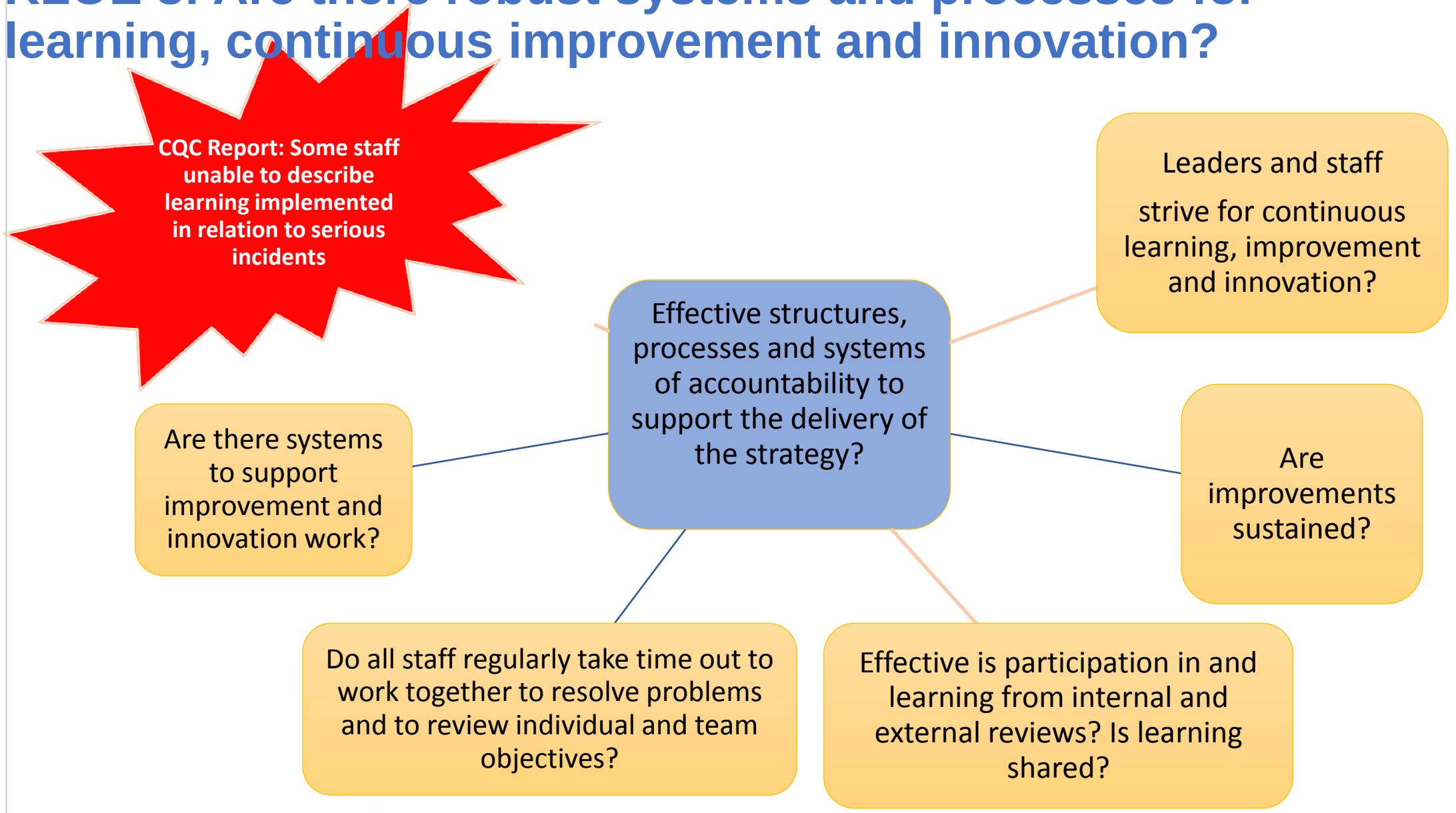
KLOE 6: Is appropriate and accurate information being effectively processed, challenged and acted on?



KLOE 7: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?



KLOE 8: Are there robust systems and processes for learning, continuous improvement and innovation?



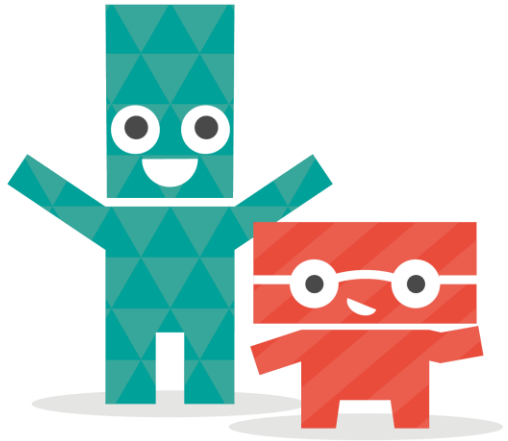
Deloitte Well Led Action Plan - Background

- The Trust is required to undertake a self-appointed independent assessment against the well led criteria every three years.
- The last such independent assessment was conducted by Deloitte in October 2016 which was shared with NHS Improvement and the Council.
- Deloitte made 36 recommendations. Progress with these was reported at the Council throughout 2017 (see Appendix 1 for December 2017 report to Council).

Deloitte Well Led Action Plan - Update

- As reported at the December 2017 Council meeting, 26 of the 36 recommendations had been actioned or mitigated.
- It was agreed at that time that the remaining 10 recommendations required input from the new incoming Chairman. There were also changes to executive and other non-executive members on the Board which created further delay.
- Noting the Trust's plans outlined here on preparations for future well led assessments, the Trust's responses to all recommendations in the Deloitte report are being revisited and aligned with the recommendations/ negative commentary in the CQC well led report
- Work will continue over the next two months and a report provided on progress with all these recommendations at the February 2019 Council meeting.

Questions?



Well Led Governance Review Action Plan Update

Following the independent Well Led Governance Review at GOSH, an action plan to deliver the recommendations has been developed. Progress with the actions is regularly reported to the Executive Management Team and the Trust Board. The Trust Board retains overall responsibility for ensuring that the recommendations are acted upon in a timely manner and agree any required changes to stated actions or timescales, where appropriately evidenced.

Twenty-six (26) of the 36 recommendations have been completed (two of the recommendations relate to external review of progress with the plan). A summary of progress with the recommendation is detailed below. Many of the recommendations are linked or co-dependent. A copy of the action plan is available on request.

Recommendations and action progress update

Recommendations	Actions and progress update
1 (Update the strategy); 2 (align KPI reporting to the Board to the strategy); 3 (prioritise and refresh the key enabling strategies); 4 (improve communication on the strategy); 5 (align the divisional KPIs to the strategy); Monitor each service against key performance; 34 (ensure that each service at the Trust is monitored and managed against key performance indicators)	A high level overview of the strategic objectives was presented to the Board in March 2017. This was followed by a detailed review of the actions to deliver the objectives at the April Board meeting where the strategy was approved. The Trust Board workplan has been refreshed (approved at March Board) and includes regular review of progress with delivery of the strategy. The strategy has been renamed 'Fulling our potential' COMPLETED The Fulfilling our Potential strategy has now been refreshed and the Communications Team is proactively working with the strategy team to ensure its disseminated and embedded throughout organisation. Activity to date includes: • Communication on strategy to senior managers at SMT meeting. • Communication on strategy in All Staff Forum • Open House week 6–10 November, launched refreshed strategy to all staff with a whole week of activities and focus • Strategy intranet page in place as hub for content There is an ongoing plan to embed strategy and continue communication and engagement with staff. Further strategy documents to be developed to support leaders and managers in talking to their teams about the strategy, helping to embed it into daily processes. COMPLETED AND ONGOING The new performance dashboard was introduced in July 2016 and has been updated every month since. This is subject to on-going development and review and includes alignment with the current strategic plan and regulatory frameworks. COMPLETED For 2017/18, divisional operational plans and objectives will be linked to the refreshed strategy and divisions will report to the Board twice a year on rotation. COMPLETED Divisional Boards review service level and divisional level

Recommendations	Actions and progress update
	performance indicators. Executives attend divisional performance reviews and scrutinise and challenge performance and offer support where required. COMPLETED
6 (Strengthen the Board Assurance Framework)	A quality risk has been agreed and controls and assurances identified and documented. The risk was reviewed at the January QSAC meeting. COMPLETED The assurance committees will continue to receive an overview of all BAF risks (on the summary chart). Each committee will receive detailed information about their relevant risks at every meeting. Deep dives into the relevant risks will move from once a year to twice a year, but will be subject to flexibility on a risk based basis. COMPLETED The Board calendar has been subject to a review and this has included alignment with committee workplans. The Board calendar was approved at the March 2017 Trust Board COMPLETED. Work has already started to reference alignment of Board and committee items to strategic risks and will continue. COMPLETED
7, 8 and 9 (Strengthen sign off of QIAs assurance reporting and engagement with staff to enhance P and E); 33 (enhance reporting on P&E to Board)	A formal sign off process has being implemented. The QIA process is based upon best practice and learning from other organisations and aims to strike a balance between minimising bureaucracy and providing the required level of assurance to enable schemes to proceed with confidence. All schemes that involve a change to skill mix and/or headcount; service redesign; and/or change to a business process or service delivery are required to complete a QIA. The sign-off process depends on whether the scheme has a quality impact on other Divisions or parts of the hospital; poses any Trust-wide quality risks; contains an individual quality risk with a net 5x5 score of 12 or above or, for schemes from corporate areas, has potential clinical quality or patient safety impacts. Divisions have ensured that teams are involved in the design of savings schemes and this approach will be strengthened going forward. COMPLETED In order to support continuous learning, the central QIA Panels meet bi-monthly and audits selected QIAs reviewed at Divisional level. The QIA Panel also agrees a programme and appropriate dates for post implementation reviews of schemes, depending upon potential impacts identified through the QIA process. This programme will include schemes approved by the Panel and also some approved within Divisions, with the aim of encouraging a virtuous cycle of feedback, informing the future QIA approval process. COMPLETED The 2017/18 'Better Value' programme was launched as part of the Trust's work on its refreshed strategy ('Fulfilling our

Recommendations	Actions and progress update
	Potential') including updates to the Senior Management Team and an associated awayday session attended by approx. 100 staff. Local Better Value schemes have been developed with frontline staff by local management teams within divisions and key frontline staff have also been engaged in the development of the cross cutting work programme, especially areas pertaining to flow. A new communications strategy has been developed for the Better Value programme and will include a mix of enhanced intranet presence, use of newsletters and other initiatives (e.g. 'Dragons' Den') to encourage the generation of new ideas from all staff. COMPLETED The work of QIA panels and specific quality impact analysis on two schemes a quarter are reported to QSAC and from there to Board. COMPLETED
10 (Commission an on-going Board development programme); 14 (formal succession planning for the Board); 15 (assessment of successes and risks for GOSH)	A tender has been issued for a preferred partner to develop a board development programme. Interviews are underway. The programme is to be developed by March 2018. Board members assessment of development priorities have been collated and used to inform the tender and partnership arrangement. (In progress) The MC Nominations and Remuneration Committee will continue to review succession planning for NEDs as part of its usual annual work programme and make recommendations to the Members' Council and Trust Board. COMPLETED AND ONGOING
12 (Use of headhunters for NED positions); 13 (360 appraisal process); 29 (commission an independent facilitated programme of development between the Board and Council); 30 (engage with other FTs that have good levels of engagement between councillors and Board)	The Board and Council has approved the use of headhunters for all NED appointments. The Board will consider the cost of headhunters to ensure value for money. Both the Board and Council agreed to sign off the use of headhunters for each NED appointment. COMPLETED It has been agreed that: • A draft proposal has been shared with the Board. This is based on the NHS Leadership Academy Healthcare Leadership Model and national 360 degree scheme. The Chairman will be updated on progress with the proposed appraisal scheme by January 2018 (In progress) • Discussion on the timescales for the facilitation work will take place with the new Chairman, the Board and the Council in January 2018 (In progress) • The Well Led Governance Review Working Group representatives have met with 5-6 other trusts to find out how engagement works between board and councils. The findings from this work will be fed in to the facilitation exercise (In progress)

Recommendations	Actions and progress update
16 (Align the code of conduct)	The Code of Conduct will be updated at the same time as revising the constitution. (In progress)
17 (Implement a formal programme of NED/ Board walkrounds); 23 (formal NED committee chair meetings)	A schedule of formal NED/ Board walkrounds has been drawn up and implemented. COMPLETED. The first formal NED committee chairman meeting took place in January and will be held again later in the year to share information, leaning and ensure effectiveness between committees. COMPLETED
18 (introduce regular patient stories and Board and QSAC); 19 (introduce a rolling programme of divisional team presentations to QSAC); 24 (introduce assurance based reporting cards from committees to Board); 25 (update committee ToR); 26 (introduce improvements to Board/ committee administration); 27 (clarify the committee responsible for performance); 32 (deliver a fully integrated Board performance report)	The Board receives patient stories at every public meeting (subject to availability of the individual patient). Different formats are being tested including videoed patient stories. Three stories have been reported to Board so far. The QSAC will follow up on matters arising from these stories. COMPLETED The Trust Board workplan has been updated and divisional teams will start to report to the Board from June 2017 onwards. COMPLETED The assurance committee chairman have agreed that summary reports to the Board will remain but be drafted so as to be clear about the level of assurance received by the committees and to document any concerns raised. COMPLETED The assurance committee chairman have considered the workplans of the committees and removed duplication of reporting. The ToR for the Audit Committee has been revised accordingly, including reference to counterfraud attending the meeting and councillors observing the meetings. COMPLETED Funding for a deputy company secretary has been approved for 2017/18 and interviews arranged for 11 December 2017. Work is ongoing to identify an interim postholder whilst the appointment takes place. Once this post has been appointed to, a review of the duties and workload of the team will be conducted to ensure we are fit for purpose for 2018/19 (In progress) The Finance and Investment Committee is responsible for performance and the workplan now reflects this COMPLETED A revised and integrated scorecard was reported to the Board in May 2017 COMPLETED.
20 (Explore the culture of GOSH); 21 (introduce a culture barometer)	The new Head of OD will be tasked to implement this. This will need to be congruent and consistent with the Board and wider leadership development needs analysis - both of which are now underway. (In progress).

Recommendations	Actions and progress update
22 (feedback on learning from patient/staff feedback)	Friends and Family Test posters have been provided to all ward areas and the Trust Listening Event was held in November 2016. COMPLETED.
28 (improve internal staff communication);	Team members have been recruited and recruitment continues. An Interim Head of Internal Comms in place. A new intranet has been agreed and our intranet manager is in liaison with agencies - development is expected to take a few months. Delivery of intranet relies on IT projects and migration to Office 365, so exact timings are TBC. All channels are being assessed as part of an internal communications deep-dive -Internal comms channels are being reviewed and refreshed in line with strategy and to ensure channels work for their intended purpose and target audience, delivering the best possible engagement. Specifically new newsletter software is also being purchased to provide statistics on open rates, allowing us to respond to the ways in which staff interact with it (In progress)
35 (update the data quality strategy to clearly define the Executive post holder responsible for data quality and the Board Committee accountable for receiving assurance reporting in this area.); 36 (Re-visit the action plan produced in response to the external data quality review)	The accountable executive is the DCEO. The Audit Committee receives assurance on data quality and this is reflected in the AC Terms of Reference. Following a restructure, there is now a new post of Director of Planning and Information and also a Chief Information Officer appointed. A data quality dashboard is being procured to enhance reporting to the Data Quality Committee and Audit Committee. COMPLETED The action plan has been updated and reviewed at the January Audit Committee COMPLETED

Attachment F

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

Update on Annual Business Plan

Summary & reason for item:

The Trust is required to develop and submit an annual plan each financial year to Monitor (NHS Improvement). Prior to submission, our Constitution states at 41.6 that *In preparing the document, the directors shall have regard to the views of the Council of Governors*.

This document represents the first stage of our consultation with the Council of Governors. Enclosed within, is an update on the annual business plan. This contains:

- an overview of the NHS national context – e.g. challenges in the wider healthcare environment, and expectations from NHS England and NHS Improvement, and
- how the Trust will need to respond through planning –including the high-level business timetable that covers critical deadlines for submissions and important 'touch points' with strategy, finance, workforce, performance, and the programme management office.

Governor action required:

To note the item and ask Governors to participate in a workshop around the detail of the business plan planned for the February 2019 Council of Governors meeting.

Report prepared by:

James Scott, Head of Strategy and Planning

Item presented by:

Nicola Grinstead, Deputy Chief Executive Officer

An update on our Annual (Business) Plan

Nicola Grinstead, Deputy Chief Executive Officer

7 November 2018

National Context

- Continued challenges across the NHS
  - Financial (46% of NHS provider trusts reported a deficit in 2016/17)
  - Workforce (still identified as the single biggest risks following the 2016/17 NHS Providers report)
  - Operational (declining performance around A&E, RTT, diagnostics, and cancer).
- NHS England (NHSE) and NHS Improvement (NHSI) focus: maintaining 18/19 delivery, productivity and efficiency, eliminating deficits, reducing variation, collaborative care, and demand management.
- Also includes payment reform: price relativities, proposed changes to Market Forces Factor, resourcing centralised procurement, and favouring 'breaking even' over individual control totals – 2019/20 will be a 'transitional year' with one-year rebased control totals.
- GOSH will need to continue to respond to these challenges as well as other factors (e.g. changing expectations and advances in technology.)

National Context

- In September 2018 we submitted our 2019/20 Contracting and Service Development Intentions that will inform the 19/20 contract.
- Intensions raised, but not exhaustive, included: 2019/20 national pricing changes; Electronic Patient Record (EPR) implementation; service reviews where particular pressures like growth have been noted; new treatments, service developments and changes; RTT and Diagnostics; national reviews; and networks.
- Inline with this we are refreshing our corporate and divisional business plans looking at:
  - Activity
  - Workforce
  - Finances
  - Better Value
- All work will be inline with core publications (e.g. NHS Standard Contract and CQUIN guidance.)

The business planning timetable

- Planning covers many different aspects and includes assessment of our workforce, activity, strategy and ultimately, will include the Trust's annual budget.

- We have to comply with the national timetable that is run by NHS Improvement.

Key deadlines are:

Initial Plan Submission to NHSI – (focuses on activity and efficiency with only headlines in other areas)	14th January 2019
Draft Plan submission - Draft 2019/20 organisation operating plans	12th February 2019
Contract / Plan Alignment Submission	05th March 2019
Final Plan submission	04th April 2019

Business planning timetable

Red = Deadlines for submissions of returns
Blue = Touch points with strategy, finance and workforce teams

NOVEMBER

Launch Business Planning process and agree initial works required by operational teams; initial budgets will be developed in this time along with initial activity plans. First cuts of the strategic plans and the outline activity plans are required by the end of November.

Launch 2019/20 business planning at Senior Leadership Team (SLT) meeting	1st Nov
Present 2019/20 business planning at General Manager meeting	5th Nov
Draft budgets to be issued to all areas by finance teams	By 15th Nov
Divisional performance review meetings – update of progress and refresh of process	22nd Nov
Activity plan workshops to be held to go through process and support completion	By 28 Nov
Informatics and Income meet with teams to critique plans and feedback to teams	By 30 Nov
Submit initial activity projections for 2019/20	End of Nov
Submit outline strategic business plan (without detailed budgets)	End of Nov

DECEMBER

The first challenge sessions will be held offsite to look at initial plans and agree any themes that need addressing. Draft budgets for 2019/20 will need to be submitted before Christmas.

Market place and challenge sessions, Friend's House, all day – 1 of 2	6th Dec
Submit outline budgets as first draft	21st Dec

Business planning timetable

Red = Deadlines for submissions of returns
Blue = Touch points with strategy, finance and workforce teams

January

Following submission of initial plans and budgets, these will be reviewed to provide challenge by senior staff within the Trust and feedback will be requested in this time. Changes will need to be made to budgets in this time and there will be reviews of progress at PRM's.

Revised budgets to be submitted after initial challenges	18th Jan
Divisional performance review meetings to socialise plans and conduct peer review	31st Jan

February

Second challenge sessions to occur offsite to update wider teams on progress in respect of budgets and business plans. Intention is to agree final activity plans and budgets by end of Feb.

Market place and challenge sessions, Friend's House, all day – 2 of 2	7th Feb
Activity plans to be refreshed an updated workshops	15th Feb
Updated 'final' budgets to include challenges raised above.	22nd Feb

March

The final iterations of the above will be reviewed by the executive and board and any final changes required will be made in this time ahead of submission of formal returns to NHSI.

Final changes to be made ahead of inclusion in final submission to include final strategic priorities, workforce, activity and budgets	**22nd Mar**

Action for the Council of Governors

- To note the update

- To participate in a workshop around the detail of the Business Plan planned for February Council of Governors. More detail to follow

Great Ormond Street Hospital for Children NHS Foundation Trust

Attachment G

Council of Governors

7 November 2018

Chief Executive Report – November 2018

The purpose of this paper is to provide a summary of key work priorities and achievements since the 24 July 2018 report to the Council of Governors. The report includes:

- Verbal update from the Chief Executive
- Executive summaries of:
    - Integrated Quality Report
    - Integrated Performance Report
    - Finance Report
    - Update from the Patient and Family Experience and Engagement Committee (PFEEC)
    - Q2 2018/19 PALS Report
- Trust Board update from 27 September 2018
- News stories
    - Chief Executive to leave GOSH
    - Welcome to the new Non-Executive Director – Kathryn Ludlow
    - Other GOSH news

Governor action required:

- Governors are asked to note the report and pursue any points of clarification or interest.

Report prepared by:

Paul Balson, Deputy Company Secretary, paul.balson@gosh.nhs.uk

Report presented by:

Peter Steer, Chief Executive Officer

Executive summaries

Integrated Quality Report (September 2018 - highlights)

- From September to April 2018 there was a statistically significant increase of non-clinical emergency patients transferred to Intensive Care Unit by Clinical Site Practitioners – a run of eight consecutive months above the previous process mean.
- There has been a recently identified decrease (improvement) in the monthly inpatient mortality rate per 1000 discharges.
- We have identified a Trust-wide reduction in the measure of Central Venous Line infections per 1000 line days.

Integrated Performance Report (September 2018 - highlights)

- The positive response performance for our Inpatient Friends and Family Test remains above the national standard of 95%, with 98.07% reported in September. However, the challenge remains in increasing the number of responses received with 11.28% of our patients completing the questionnaire either online or by paper. Our patient's views are valued by the Trust to ensure we understand where we can improve as an organisation and receive feedback on areas of best practice. A number of actions led by the Senior Nursing Team are being implemented within the Trust to improve the volume of responses.
- The Trust continues to achieve the national referral to treatment standards (RTT) which monitors the length of time children wait for their treatment. 92.24% of GOSH patients awaiting treatment had waited 18 weeks or less at the end of September 2018. Whilst this is a slight deterioration from last month's performance and is due to a number of challenges in specific specialities, our performance is above the national standard of 92%. For context, the national RTT position in August 2018 against the 92% standard was 87.2%.
- The Trust continues to report compliance against the five cancer indicators relevant to the Trust, both in month for August and year to date, these indicators are reported a month in arrears in line with national guidance.
- Unfortunately the Trust did have five 52 week waiters related to the RTT standard in September 2018. Three were inherited from other organisations as late referrals (including pathways where MDS information was identified as being of a poor quality). Two were due to process errors by the Trust which have now been reviewed and strengthened. All five patients have either received treatment or have a treatment date in October 2018. All children who wait over 52 weeks are clinically reviewed by the GOSH Medical Director.
- Trust performance against the diagnostic six week standard (99% target) for the month of June was 94.53%, which was a slight improvement from the August position, but did not achieve the national standard. The Trust had 37 children who waited over six weeks for their diagnostics, against a permitted tolerance of less than seven. The increase in breaches were mainly due a review in August which highlighted that a number of Audiology ABR patients were incorrectly recorded on a planned waiting list. We have now reviewed all these patients and moved all that are clinically appropriate to an active six week diagnostic waiting list and the Trust is on track to clear this in November. The very small permitted tolerance of breaches remains a challenge against this standard.
- Our performance against the Discharge Summary Turnaround continues to fluctuate around the 86% position. However it continues to be below the agreed standard of 100%. Our clinical teams continue to keep this as an area of focus, and performance is reported at monthly performance meetings. A number of actions are continuing in an attempt to improve the position, including:
    - daily reminders to staff to complete summaries within the 24 hour standard,

- a training refresher course for Junior Doctors,
- weekly reports generated and sent to the Service Managers and Ward Clerk
- ensure discharges flagged as exclude, are clinically validated and documented.

Finance report (September 2018 - highlights)

- Although, the Trust was behind its control total by £0.3m at Month 5. This was the first time that the Trust had been in this position in 2018/19. The Trust is still expecting to over-deliver its control total by £0.4m by year end.
- The closing cash balance was £68.2m, £14.9m higher than plan.
- NHS Improvement has released the potential national tariffs for NHS activity in 2019/20. These show a potential significant reduction in income for the Trust for delivering the same work. The Trust is working with partners across London and nationally to ensure any impact is minimised and appropriate.

Patient Family Experience and Engagement Committee (November 2018 – highlights)

- The Friends and Family Test response rate dropped to 11% in September 2018, from 15% in August and 35% in April.
- The top three positive themes raised by inpatients in September were: Always Helpful, Always Welcoming and Always Expert.
- The top three negative themes for inpatients in September were: Environment and infrastructure, housekeeping / cleanliness and access/admission/discharge/transfer.

PALS Report Q2 2018/19

- The Trust received a total of 383 cases in quarter 2 2018/19. This was 59 less than quarter 1 2018/19 (442).
- Most of the cases related to the Cardiology specialty - 40 cases.
- The most common arising pam Trust theme was: Inpatients (lack of communication; environment of the parents kitchens; accommodation) – 97 cases

27 September 2018 Trust Board update

The last meeting of the Trust Board was on 27 September 2018. Highlights for Governors that are not reported elsewhere within the Council of Governors' papers are summarised below.

Patient story – Jason

The Board received a patient story from Tracy, whose twelve year old son Jason was first referred to the Nephrology Team in February 2013.

Tracy was positive about how Nurses spoke directly to Jason in a way that he could understand, that there was access to play therapists and a youth club and the way in which staff tried to make reasonable adjustments to support families.

She also raised some areas of improvement for consideration, such as reviewing the criteria around access to family accommodation.

The Board highlighted the importance of receiving patient stories and suggested the Trust Board consider hearing from staff about their experience of working at GOSH.

Update on progress with implementation of digital research platform

As part of the Research and Innovation Strategy, the Trust has procured a data store and digital research platform from Aridhia. The platform and other systems comprise the overall Digital Research Environment (DRE) to work alongside the new Electronic Patient Record (EPR) system. It provides a collaborative research environment for the management, visualisation and analysis of routinely collected de-identified clinical as well as other data.

Update on restructure

Following an evaluation of clinical operations and consultations with staff, the new organisation structure came live on 1st October. The key aim of the change in structure was to be clear about points of accountability within the tripartite structure and to ensure that was appropriate visibility of all professional groups. The new structure has been circulated to Governors and an update will be presented to the Council of Governors on 7 November 2018.

Safety and Reliability Improvement Programme

Mr Matthew Shaw provided an update on the work undertaken to support staff to speak up about safety at GOSH. This is covered in more detail in attachment D on the 7th November Council of Governors' meeting papers.

Workforce Race and Equality Standard Report

The Trust Board received the report which highlighted several points, key being that just over a quarter of the Trust workforce is from a BAME background.

This was similar to similar Trusts but less than other Trusts nationally. The Trust Board noted a number of HR workstreams in place to address the issues raised. These included:

- Work around unconscious bias and unconscious bias training
- Senior Manager review of issues before they move through the employment tribunal.
- Developing a programme called 'our always behaviours' as a next step from the Trust values to make it clear what people can do when they see inappropriate behaviour.

The full sets of papers, including those for the Trust Board meeting on 8 November are uploaded here: https://www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board/trust-board-meetings. If you would like to attend the Trust Board or have any queries please contact: Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk

Great Ormond Street Hospital news

Chief Executive to leave GOSH

Dr Peter Steer, the Chief Executive of Great Ormond Street Hospital (GOSH), will be leaving at the end of the year to take up the position of Chief Executive at Mater Group in Brisbane, Australia.

Dr Steer joined GOSH in January 2015. Work is underway to appoint Dr Steer's successor and the Council of Governors will be asked to approve the appointment.

Welcome to the new Non-Executive Director

Kathryn Ludlow, Non-Executive Director officially started her role in October 2018 as the new Non-Executive Director for Great Ormond Street Hospital.

Kathryn was, until April 2017, Partner at the leading law firm Linklaters. Over a 30 year career with Linklaters, Kathryn worked in litigation, investigations and risk management, and is a well-regarded expert in dispute resolution. Her professional expertise has crossed many sectors including finance, banking, mining and telecoms.

Speaking of her appointment, Kathryn said, "I am delighted to be joining the Board of GOSH. I feel immensely proud to be joining a team of such talented, committed and caring people and look forward to working with them to further the work of this fantastic hospital."

Acting Director of HR and Organisational Development – Alison Hall

As Governors will be aware; Ali Mohammed, our Director of HR and OD, left the Trust to take up a position at the NHS Leadership Academy.

Alison Hall, Deputy Director of HR and OD, has been appointed acting as director while the executive team plans for recruitment to the permanent post.

GOSH tribute to Professor Maria Bitner-Glindzicz

It is with profound sadness that we learnt of the death of Professor Maria Bitner-Glindzicz, Clinical and Molecular Geneticist at Great Ormond Street Hospital and UCL Great Ormond Street Institute of Child Health.

Maria was a true leader in her field, a very valued colleague, and internationally recognised for her contributions to genetics. Her important work focused on children and adults with sight and hearing loss. It included pioneering research into the genetic causes of deafness in children and therapies that she hoped would one day restore vision. She was a genuine advocate for her patients and an articulate voice who tirelessly pushed for greater support for children affected by sight and hearing impairments.

Our deepest sympathies go out to Maria's family and friends at this very difficult time.

First UK surgery in the womb for baby with spina bifida

A team from Great Ormond Street Hospital (GOSH) and University College London Hospitals (UCLH) have carried out the first two operations on the damaged spinal cords of babies in the womb, in what are the first surgeries of their kind in the UK.

The team repaired the holes in the babies' spines in two 90-minute operations this summer. Until now, mums could choose to have the foetal surgery abroad or have postnatal surgery after the baby is born, which is the current practice in the UK.

In the surgery the foetus is exposed while the mother is under anaesthetic - similar to a Caesarean section. The neurosurgeon then cuts around the exposed spinal cord which is protruding through a hole in the back. After putting the spinal cord back into the spinal canal, a protective tube of muscles and skin is created around it to prevent spinal fluid from leaking.

This specialist foetal surgery will give the baby a significantly better chance in life.

Great Ormond Street Hospital (GOSH) announces plans to open a state-of-the-art centre for children with hearing and sight loss.

Set to open in 2020, the Sight and Sound Centre will be the first dedicated medical facility for children with sight and hearing loss in the UK.

Patients with conditions that affect their ability to see and hear represent the largest outpatient group at GOSH, accounting for 25,000 patient visits each year. While the specialist care provided by the department is already excellent, current facilities do not cater for their needs.

The Sight and Sound Centre will improve care by bringing clinicians supporting these children together in one place and vastly improve the patient experience by creating an environment tailor-made to these patients' needs.

Construction is due to start in the autumn of 2018. The cost of the building will be met through Great Ormond Street Hospital Children's Charity donations, including an incredible £10 million pledge from Premier Inn and Restaurants, building on the remarkable feat of raising £7.5 million for the hospital's new Premier Inn Clinical Building, which opened earlier this year.

Staff survey underway

At GOSH we take part in the national NHS Staff Survey. This year we asked all staff (excluding bank staff) to complete a survey as it's really important that we hear from everyone. All NHS organisations take part in the survey, working in partnership with staff side representatives. The purpose of this survey is to collect staff views about working in their NHS organisation. It's one of the best ways for staff to share their views about their job, working at GOSH and the NHS. Staff feedback will be used to improve local working conditions for staff, and ultimately to improve patient care.

We use an external partner, Picker, who is approved by NHS England to conduct our survey for us. All responses go back to Picker directly (both paper and electronic) and no staff at GOSH ever see completed surveys. Feedback is grouped according to area when it is fed back and it's impossible to identify an individual's responses.

This year, the survey launched on the week of 24th September. The closing date for return of paper surveys is 28th November, and for electronic it's the 30th November.

GOSH DRIVE

On 11 October the Trust launched DRIVE – Digital Research, Informatics and Virtual Environments – a digital hub set to transform the use of technology in healthcare and improve patient outcomes at Great Ormond Street Hospital (GOSH) and beyond.

DRIVE is a result of a unique partnership between GOSH, University College London (UCL) and leading industry experts in technology, artificial intelligence and digital innovation.

The DRIVE team is working with industry leaders to ensure the latest in technology and digital developments will be developed, appraised and implemented into a clinical setting at pace.

The aim is to use technology and data to provide safer, better (data driven) and kinder care, that is clinician-focussed and patient-centred. DRIVE is the how and provides the capability to develop scalable solutions to improve healthcare. GOSH patients are digital natives which means they and their families are early adopters of technologies. They will naturally embrace the new devices and apps the unit develops. These young people are our future in so many ways – and of course the future patients of the NHS for the next 50 years.

DRIVE has also been included in a pioneering national report into how innovative technologies like artificial intelligence (AI) can be harnessed to transform healthcare and patient outcomes.

Paul O'Grady's Little Heroes

Great Ormond Street Hospital (GOSH) was delighted that a prime time ITV series based at the hospital, aired in the summer. The six-part series fronted by Paul O'Grady followed the lives of some of the 618 amazing children and their families who come through the doors of GOSH every day.

Viewers also got the opportunity to get to know the dedicated staff who care for and treat children who have some of the most serious and complex conditions.

Great Ormond Street Hospital (GOSH) new, dedicated Twitter channel (@GreatOrmondSt)

From Monday 3 September 2018, we have been tweeting about the wonderful world of GOSH – including stories of our remarkable patients, their families and our amazing staff who make GOSH so special.

We'll be sharing more of what makes the hospital such an extraordinary place – including clinical updates and world-firsts, research breakthroughs, news from our executive team, day-in-the-life profiles of GOSH staff and, of course, our patient and family stories.

We're moving away from the shared Twitter feed with GOSH Charity. To catch up on the latest charity activities please follow @GOSHCharity.

Get a jab, give a jab

In the last three weeks we've vaccinated just over 18% of our workforce (around 700 members of staff) but have more to go. By getting the Flu vaccine, staff will be helping children internationally – for every member of staff vaccinated, GOSH will buy 10 tetanus vaccines through Unicef as part of 'get a jab, give a jab'.

Appendices

- Integrated Quality Report – Attachment Gi
- Trust Board Dashboard - September 2018 – Attachment Gii
- Finance Report – Attachment Giii
- Patient and Family Experience and Engagement Committee (PFEEC) including Q2 2018/19 Giv
- PALS Report Attachment Gv

Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

Integrated Quality Report

Mr Matthew Shaw, Medical Director
Alison Robertson, Chief Nurse

October 2018
(covering July - September 2018)

Index

Safety

Care/ Experience

Outcomes/ Effectiveness

Improvement

Has patient care been safe in the past?

Measures – summary

This slide contains an overview of some of the key measures monitored within the Trust; these will be considered by exception. Where there are measures/trends of concern, a slide containing a deep dive of that information will be included in the report.
Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.
Please see appendix 1 for the methodology used for the measures below.

Measure	Comment
Non-2222 patients transferred to ICU by CSPs** ** patients should be transferred to ICU before they have an arrest where possible which would indicate the early identification of a deterioration prior to an arrest.	From September to April 2018 there was a statistically significant increase – a run of 8 consecutive months above the previous process mean. This increase did not sustain and the current mean is still 7.1 transfers per month. In July 2018 there were 6 unplanned ICU transfers, in August 2018 there were 16 (an outlier – being investigated by the resus team) and in September 2018 there were 8.
Cardiac arrests	Overall, the data remains stable for this measure at 1.4 cardiac arrests per month; this has remained stable since 2015 with the exception of one outlier in January 2017. The Trust had zero cardiac arrests from March 18 to May 18, however there were 2 recorded in June (both in theatres). There were 2 cardiac arrests in July 2018 (one on Leopard, one on Chameleon), 2 in August 2018 (one on Chameleon and one on XMRI) and 0 in September 2018. Although the count of cardiac arrests remains stable, there has been a statistically significant reduction in the number of cardiac arrests outside ICU per 1000 bed days (see further slides for details).
Respiratory arrests** **The figures within the Integrated Quality Report includes arrests within all areas outside of ICUs (including day case Wards, day units, outpatient areas and non-clinical areas e.g. main reception) whilst the Safe Staffing Report arrest data only refers to arrests on in-patient Wards . The data will therefore differ between the two reports as the Integrated Quality Report includes additional areas.	The data remains stable for this measure at 2.67 respiratory arrests per month; this has remained stable since June 2015 (when there was a decrease) with the exception of an outlier in November 2015 and August 2017 (both high). The most recent 3 months indicate no change – there were 4 respiratory arrests outside ICU in July, 3 in August and 0 in September 2018.

Has patient care been safe in the past?

Measures – summary

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Measure	Comment
Never Events	The last Never Event was on 23rd March 2018, meaning there have been no never events in the previous two quarters. The mean time between never events is unchanged at 220 days, with the baseline for this data taken from 2010 until 2014. The Never Event declared in March 2018 was for retained foreign object while the previous never event in October 2017 was for wrong site surgery.
Serious Incidents** **by date of incident not declaration of SI	There has been a recently identified increase in the monthly number of serious incidents (Sis). From February 2018 to September 2018 the mean is 2.50 SIs per month, an increase on the previous monthly mean of 0.76 per month (based on a baseline between September 2016 and January 2018, which was a statistically significant reduction compared to the previous mean). There were 3 Sis reported in July, 3 in August and 2 in September 2018. The increase is yet to be sustained.
Mortality	There has been a recently identified decrease (improvement) in the monthly inpatient mortality rate per 1000 discharges. The previous baseline mean of 6.3 inpatient deaths per 1000 discharges remained stable up to and including November 2017. However, from December 2017 there has been a run of points below the mean and therefore a statistically significant reduction – the current rate is 4.8 inpatient deaths per 1000 discharges. This improvement is yet to be sustained. The figures for July, August and September 2018 were 4.99, 5.07 and 4.92 inpatients deaths per 1000 discharges, respectively. Over 80% of GOSH inpatient deaths are on ICU, and ICU deaths must be risk adjusted to properly determine a trend. Raw survival/mortality rates do not take account of severity of illness and case mix so outcome data needs to be adjusted to take these factors into account. All ICU data is submitted, after risk adjustment, to the national Paediatric Intensive Care Audit Network (PICANET). This process will allow any trends or outlier performance to be determined. Internal monitoring of Variable Life Adjusted Plots (VLAD) from January – June 2017 showed an increase in the number of deaths on PICU compared to expected. A comprehensive internal review of cases did not suggest any obvious patterns or concerns about the quality of care in PICU/NICU, and no single cause that could explain the trend. GOSH has been informed by PICANET it will not be a statistical outlier for 2017 and the full PICANET data for the calendar year 2017 is due to be published on 31 March 2018. The most recent VLAD data suggests that the negative trend has not continued.

Has patient care been safe in the past?

Measures – summary

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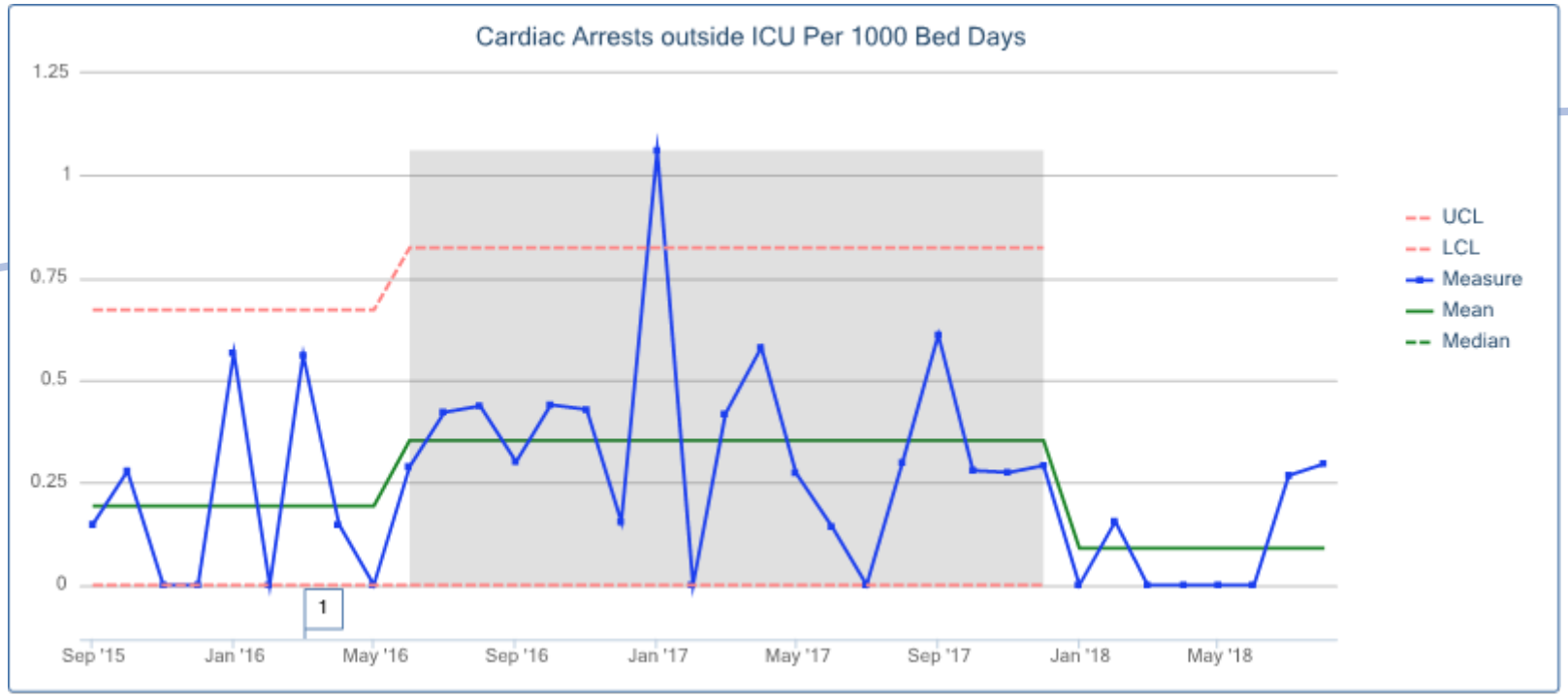
Please see appendix 1 for the methodology used for the measures below.

Measure	Comment		
Hospital acquired pressure ulcers reported (category 2+)	There has been a recently identified statistically significant reduction in the number of hospital acquired pressure ulcers reported. Starting in March 2017 (identified in August 2018 as 14 of 17 consecutive points were below the previous baseline mean), there was a reduction from 6.67 per month to 5.06 per month – this has been sustained. The figures for July, August and September 2018 are as below:		
	July 2018	**August 2018**	**September 2018**
Category 2 hospital acquired pressure ulcers	**5**	**12**	**7**
Category 3 hospital acquired pressure ulcers	**1**	**0**	**0**
Category 4 hospital acquired pressure ulcers	**0**	**0**	**0**
GOSH-acquired CVL infections	We have identified a reduction in the measure of CVL infections per 1000 line days. This reduction started in January 2017 and has been sustained – the current baseline mean from January 2017 to January 2018 shows a rate of 1.38 CVL infections per 1000 line days, compared to a previous mean of 1.78 CVL infections per 1000 line days. Since this reduction, the CVL infection rate per 1000 line days has remained stable and within normal variation, with 2.23, 0.81 and 1.27 CVL infections per 1000 line days recorded in June, July and August 2018 respectively. September data not yet available – this data must be validated before publication as is the norm.		
The number of PALS cases	The number of PALS cases reported per month remains stable, with an average of 145. Since the outliers in summer 2017 (June and July), the process is currently in normal variation; there have been no runs, trends or recent outliers identified. There were 129 cases in July 2018, 136 cases in August and 100 cases in September 2018 – these are all within expected limits based on previous baseline data.		

Has patient care been safe in the past?

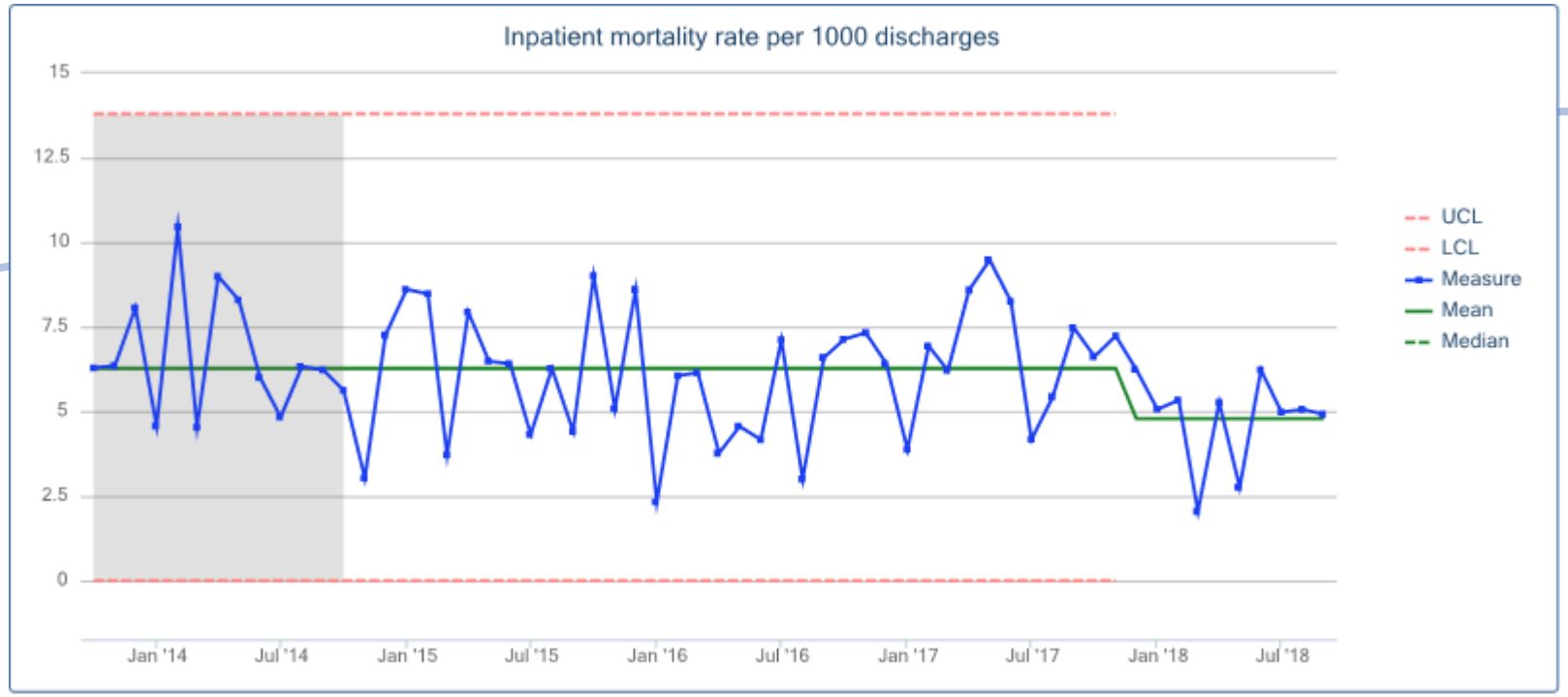
Measures – highlights/exception



Measure	Comments
Cardiac arrests outside ICU per 1000 bed days**	There has been a recently identified statistically significant reduction in the number of cardiac arrests outside ICU per 1000 bed days. The current mean is 0.09 cardiac arrests per 1000 bed days, a reduction on the previous mean of 0.35 per 1000 bed days, which was taken from a baseline period between June 2016 and December 2017. The current improvement is yet to be sustained but is a significant improvement.

Has patient care been safe in the past?

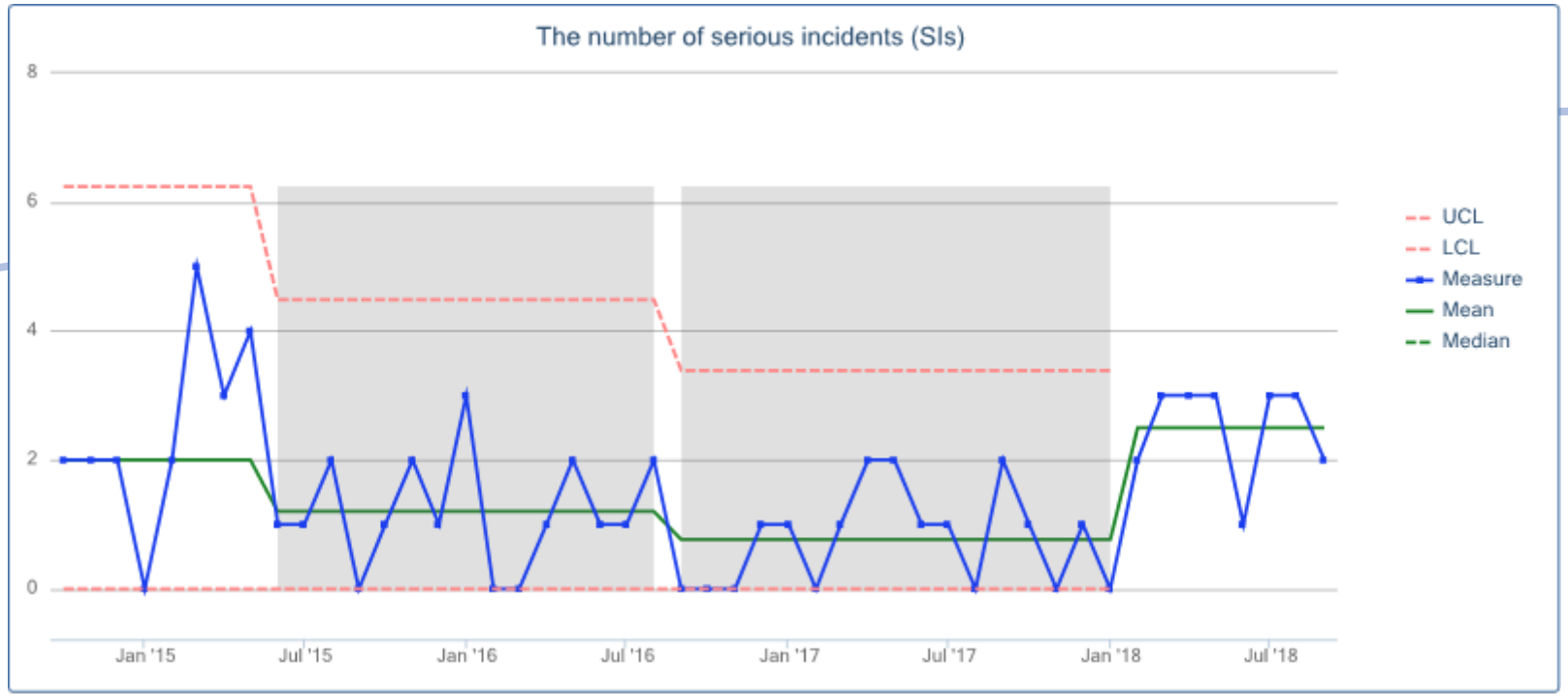
Measures – highlights/exception



Measure	Comments
Mortality	There has been a recently identified decrease (improvement) in the monthly inpatient mortality rate per 1000 discharges. The previous baseline mean of 6.3 inpatient deaths per 1000 discharges remained stable up to and including November 2017. However, from December 2017 there has been a run of points below the mean and therefore a statistically significant reduction – the current rate is 4.8 inpatient deaths per 1000 discharges. This improvement is yet to be sustained. The figures for July, August and September 2018 were 4.99, 5.07 and 4.92 inpatients deaths per 1000 discharges, respectively.

Has patient care been safe in the past?

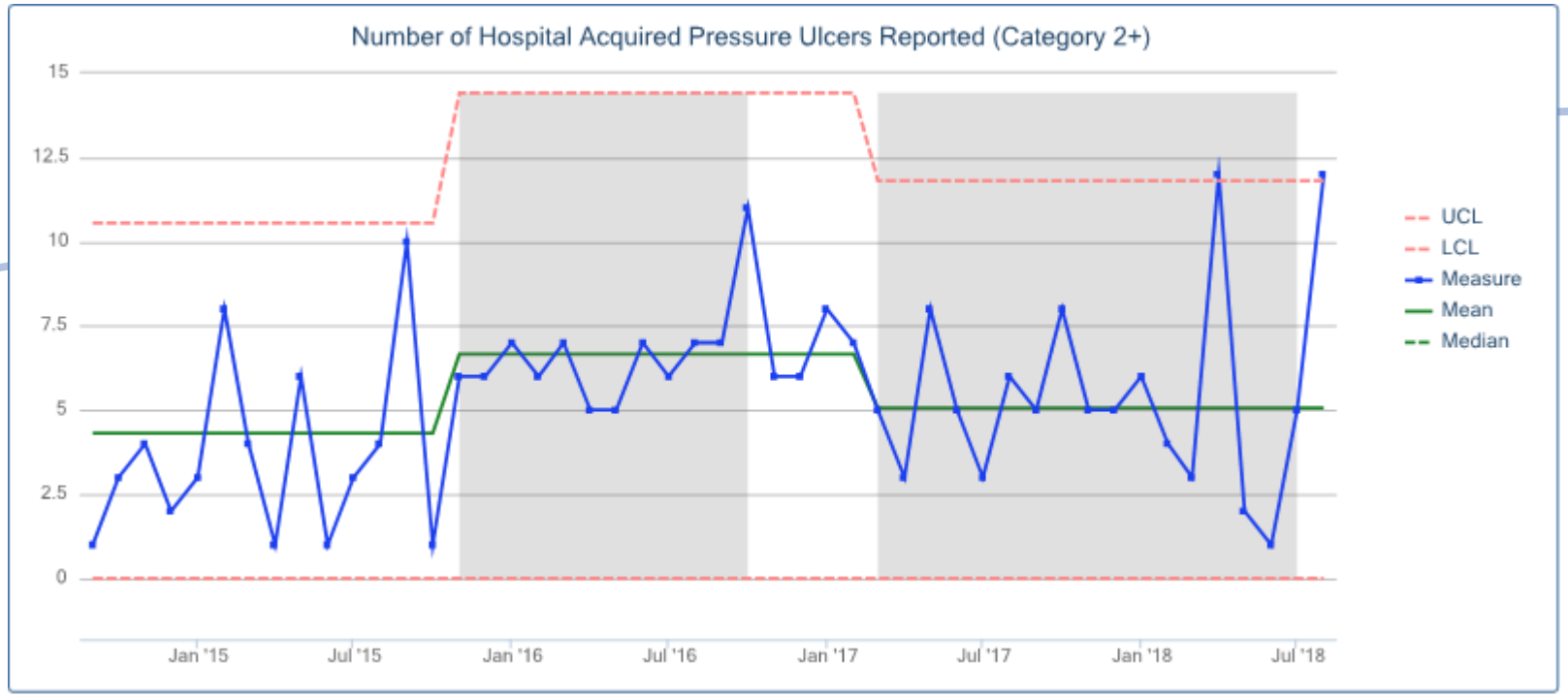
Measures – highlights/exception



Measure	Comments
Serious Incidents** **by date of incident not declaration of SI	There has been a recently identified increase in the monthly number of serious incidents (Sis). From February 2018 to September 2018 the mean is 2.50 SIs per month, an increase on the previous monthly mean of 0.76 per month (based on a baseline between September 2016 and January 2018, which was a statistically significant reduction compared to the previous mean). There were 3 Sis reported in July, 3 in August and 2 in September 2018. The increase is yet to be sustained.

Has patient care been safe in the past?

Measures – highlights/exception



Measure	Comments
Hospital acquired pressure ulcers reported (category 2+)	There has been a recently identified statistically significant reduction in the number of hospital acquired pressure ulcers reported. Starting in March 2017 (identified in August 2018 as 14 of 17 consecutive points were below the previous baseline mean), there was a reduction from 6.67 per month to 5.06 per month – this has been sustained. There were 5 category 2+ pressure ulcers in July, 12 in August (which is now an outlier based on the recently improved process mean and control limits) and 7 in September 2018.

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Serious Incidents and Never Events July - September 2018			
No of new SIs declared in July - September 2018:	10	No of new Never Events declared in July - September 2018:	0
No of closed SIs/ Never Events in July - September 2018:	7	No of de-escalated SIs/Never Events in July - September 2018:	0

SIs/Never Events declared in July – September 2018 (10)

STEIS Ref	Incident Date	Date Report Due	Description of Incident	Divisions Involved	Senior Responsible Officer (SRO)	Patient Safety Manager	Executive Sign Off	Divisional Contact
2018/16218	22/04/18	25/09/18	Grade 3 pressure ulcer (left nostril) on PICU	JM Barrie	AMD	Lead Patient Safety Manager	Chief Nurse	Matron
2018/17361	01/07/18	05/10/18	Medication error contributing to patient deterioration	Barrie	AMD	Patient Safety Manager	Medical Director	Divisional Co-chair
2018/17361	01/07/18	09/10/18	Patient on Berlin Heart. Anticoagulation plan being followed but INR high (Risk of bleeding). Patient suffered a cerebral bleed.	Charles West	AMD	Lead Patient Safety Manager	Medical Director	Divisional Co-chair
2018/17571	03/07/18	11/10/18	Missing CDs	Charles West	AMD	Patient Safety Manager	Medical Director	Divisional Co-chair
2018/17965	20/06/18	16/10/18	National New born Screening incident. Delay in potential diagnosis of cystic fibrosis	Charles West	AMD	Patient Safety Manager	Medical Director	Divisional Co-chair
2018/21643	16/08/18	28/11/18	Power Outage	Trust Wide	Director of Finance	Fire, Health and Safety Advisor	Medical Director	Director of Estates and Facilities
2018/21816	17/08/18	30/11/18	Overdose of GTN administered to a patient	Charles West	AMD	Patient Safety Manager	Medical Director	Medical Director
2018/22439	16/08/18	12/12/18	Significant delay in providing treatment to patients due to delay in releasing clinical assessment findings and treatment advice to local clinical team.	JM Barrie	AMD	Patient Safety Manager	Medical Director	Divisional chair
2018/22597	13/09/18	11/12/18	Information Governance Breach - SAR Request sent which included names and clinical information regarding other patients	Charles West	AMD	Patient Safety Manager	Medical Director	Service Manager for Medical Records
2018/23119	21/09/18	18/12/18	HR-disclosure Information Governance Breach	HR	AMD	Patient Safety Manager	Medical Director	Employee Relations and Deputy Director of HR

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs/Never Events in July – September 2018 (7):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2017/ 20094	The patient (who had scoliosis) attended for a day case MRI scan under anaesthetic as part of pre-operative spinal investigations. The following day his mother noticed that his lower limb function had changed- he had had a weakness prior to the scan (which was one of the reasons the MRI scan was ordered) but was now unable to move his legs at all. When assessed clinically it was suspected the patient had suffered a spinal cord injury. The Trust carried out an initial internal review and recommended that an external independent review of the patient's care was sought in order to help identify all appropriate causation and learning. The teams at GOSH have considerable experience in managing children with scoliosis but they have not known such a devastating cord injury to have occurred in this way previously.	**The external reviewer concluded that it is possible to say definitively how the acute deterioration occurred, but has suggested several possible factors that may have contributed to the injury / hypotheses as to how the injury occurred:** **a) Blood supply to the cord may have affected from the previous surgery or the patient's pre- existing abnormal vasculature with regard to the coarcation of the aorta.** **b) Pressure over the apex of the kyphus or the positioning in the scan may have contributed to the problem of cord dysfunction. The patient is noted to have thin soft tissue coverage over the area. The reviewer has stated that he is not aware of such an injury having occurred in this way before but has had patients with thin coverage over the cord who have experienced neurological symptoms with light pressure on the skin** **c) The relative hypotension during anaesthesia may have also contributed to an acute vascular event in an already compromised cord** **d) The cord was already starting to fail and the acute change may have happened at some point even without the MRI scan (although the reviewer suspects it did have some influence in the acute presentation).** **The reviewer has concluded that there was no substandard care in the patient's management but has identified several learning points for the Trust to consider**	**A review should be carried out of the admission process for spinal patients being admitted for day case MRI scans under anaesthetic. This should include the need for a detailed physical assessment and history taking at the clerking stage.** **A process will be developed by which the spinal surgery team assess and identify patients who may have an 'at risk' spinal cord.** **Any patients who are identified as having an 'at risk' cord should have regular neurological function assessments using the ASIA score (a tool developed by the American Spinal Injury Association for the essential minimal elements of neurological assessment)** **A process will be developed by which for patients deemed to be at risk, there is communication regarding this risk by the referring surgeon to the radiology and anaesthetic teams where a patient is booked in for an MRI scan (or where referred for another investigation/procedure, the relevant team is notified). This will facilitate appropriate planning of the investigation/ procedure to ensure that the risk to the patient's vulnerable cord is best managed. As recommended by NHS England this will include consideration of relative hypotension as a potential contributory factor** **Action:** Head of Clinical Service for Spinal Surgery will write and implement a protocol that will cover all recommendations .	Both the Trust review and external review have concluded that this was an extremely rare outcome, and with the evidence available at the time, could not have been predicted by the team caring for this patient. The event has led the Trust to consider whether this type of injury could be avoided in the future for other patients with a clearer process of identifying and managing patients who might be deemed to have a vulnerable cord.

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs/Never Events in July – September 2018 (7):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2018/ 7762	A swab was retained in the patient's abdomen during surgery to repair a bowel perforation. The patient required another operation under general anaesthetic to remove the swab when it was identified 3 days later but recovered well from a surgical perspective. The investigation has not been able to identify with certainty why the surgical count process did not highlight that a swab had not been returned to the scrub team. There were no concerns at the time of surgery and the counts were thought to be correct; the staff present cannot recall any significant or untoward events or factors that may have contributed to this error.	The final count, and possibly the first closure count, completed by two experienced scrub nurses did not identify that there was a missing swab and it was retained in the patient's abdomen.	**Introduce consolidation count for all invasive procedures .** a) Teaching to be arranged for all theatre staff. b) Surgical Count Policy to be amended. **Ensure that all theatre staff carry out their counts in the same way and that care plans are completed appropriately to reflect the counts that have been performed.** a) Teaching to be arranged for all theatre staff. b) Surgical Count Policy to be amended. **Ensure that the 'count' is a protected part of the procedure in the same that for example the 'time out' part of the WHO checklist is. All staff present in theatre should be aware that the count is being carried out and there should be no unnecessary talking, interruptions etc (unless needed for patient care)** a) Amend the Surgical Count policy to reflect this. b) Teaching to be arranged for all theatre staff. c) Medical Director to send communication to all Surgical Consultants asking for this learning to be cascaded to their teams All theatre staff to complete NatSSIPs eLearning. **Reinforce behaviours in the operating theatres that minimise potential for distraction to all members of staff- for example if a member of staff needs to enter the theatre during a case to speak to one of the operating team, they must be able to ascertain that they will not be interrupting a surgeon during a critical point in the surgery, or the scrub staff during their count. ('do and don't/ theatre 'etiquette' list)** a) Refresher sessions on theatre etiquette. **Audit to be completed to ensure there is review of whether behaviours in the operating theatre minimise potential for distraction for all members of staff, and whether the count is protected.** a) Matron for Theatres to identify lead to work with Clinical Audit Manager to carry out this audit.	None identified.

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs/Never Events in July – September 2018 (7):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2018/ 10352	The patient was admitted for elective craniofacial surgery which involved taking a rib cartilage graft and post operatively developed a haemothorax (a collection of blood in the pleural space). This was not identified prior to discharge and the patient presented to his local GP with increasing dyspnoea, fevers and night sweats on 10th April. He was transferred to his local hospital where the haemothorax was diagnosed. The investigating team did not find that there is evidence that the patient had signs of a significant haemothorax on discharge or that the teams should have taken any additional actions. From the history provided it appears that the patient became increasingly unwell following discharge. However the investigation identified several learning points around communication .	The patient developed a haemothorax following elective surgery which involved the known complication of a pleural breach. It is not possible to say with certainty at which point the bleeding started.	**Operation notes should only be written by a member of the surgical team who has been present for the whole procedure, and should be checked by the Lead Surgeon when written by another member of the team.** a) Medical Director to remind all Consultant surgeons of this and ask that they disseminate to their teams **Documentation of medical reviews must reflect the full assessment and physical assessment that** **has been carried out.** a) Structured ward round and documentation of this will be included in the Trust's roll out of electronic records (EPIC) **All clinical staff should be reminded of the importance of handing over information regarding events that may have happened out of hours to the home team/ reviewing previous medical entries and observations.** a) Item regarding this to be added to the Patient Safety Outcomes Committee. b) Divisional management staff will be asked to communicate this to their teams following discussion at PSOC.	Any significant events related to patient care that occur 'out of hours' should be handed over to the home team as soon as possible in working hours

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs/Never Events in July – September 2018 (7):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2018/ 10554	The patient had an unwitnessed fall from his bed after which he was assessed as clinically stable. It was assessed however that it would be safest to nurse the patient on the floor, but his parents were not in agreement with this. The patient sustained a second fall 3 days later after which he had a brief period of unconsciousness. A CT scan was performed which was normal. It was requested again that the patient was nursed on the floor. Later that day the patient clinically deteriorated and experienced a prolonged seizure. He was transferred to the PICU.	The current documentation to undertake moving and handling risk assessment (combined mandatory risk assessment) is not fit for purpose and does not support adequate risk assessment to establish a patient's risk of falls and requires experts to assist in the decision making. Neither is there a suitable training programme to develop the expertise and confidence to assess and manage patients at risk of falls or higher moving and handling risk. It remains unclear whether the fall triggered the deterioration and the cause of the seizure. The patient had not had any recent seizures so it was unlikely that the fall was due to underlying disease as surgery had been successful and hemiparesis was improving. It was considered whether there was a new infection brewing as the patient had a raised white cell count so antibiotics were started but there was no other evidence to suggest this. Also concussion post fall or a new intracranial bleed following the fall is a possibility but the head scans showed no acute changes. One final explanation is hyponatraemia as the patient was prone to plasma sodium abnormalities.	**All Combined Mandatory Risk Assessments must be completed on admission and updated as per the Moving and Handling Policy and the Falls Policy.** a) Review and update combined mandatory risk assessment in line with NHSE changes and update any associated policies. Submit updated risk assessment to nursing board and associated policies to Policy Approval Group. Review and update teaching package. Discuss at sisters/charge nurse forum Launch and audit. **Following a fall where a head injury has occurred or cannot be excluded, observations and neurological observation must be undertaken as per the Falls Policy and recorded on nervecentre.** a) Online PEWS Training, Online Nervecentre Training, PEWS included in Trust Inductions, Neurological observation training, access to nervecentre is not granted until training is complete. **Ensure that all patients are nursed on appropriate bed.** a) Meeting to be convened to review current bed provision – availability, and develop a system that allocates specialist equipment including box beds based on patient needs as opposed to the current first come first served basis. **Manual Handling should provide patient review and plan of care for individual patients at risk of falls** a) Ensure Manual Handling training posts x 2 are recruited to. Monitor manual handling training compliance for all staff. **Parental refusal of alternative bed options** a) Admission talk, Arrange simulation training, ward teaching and bitesize teaching sessions. **Flag any patients of concern including 'watchers'** a) Patients with watcher status should be flagged at handover or the safety huddle and the PSAG board and nervecentre must be updated .	Ensure risk assessment is used effectively and acted upon for patients at risk of falls.

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs/Never Events in July – September 2018 (7):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2018/ 11435	A patient attended GOSH in October 2016 for emergency urological surgery, reduction of a prolapsed bladder and soft tissue reconstruction of the pelvis. Immediately prior to surgery an x-ray of the patient's pelvis was undertaken. The purpose of this x-ray was to clarify the defect in the patient's pelvic bones and the x-ray was reviewed by the urology consultant. The x-ray also showed an incidental finding of a dislocated hip on the patient's left side which was not noticed by the urology consultant. The pelvic x-ray was formally reported by the radiology team the following day. The formal written report issued by the reporting radiologist confirmed the presence of symphysis diastasis (which the urology consultant had been looking for and noted) but also the presence of a dislocated hip, an unexpected finding. The findings on this x-ray were not telephoned through to the urology consultant. An automated email containing these results was sent to her in November 2016. The results in the email were not noticed by the urology consultant and, after an inpatient stay, the patient was discharged. The patient continued to recover at home and started to walk. In March 2018 the patient attended the urology consultant's outpatient clinic for a follow up appointment. The urology consultant then observed the patient's unusual gait and saw that she appeared to have a dislocated left hip. The urology consultant re-reviewed the patient's previous images and realised that this had been diagnosed in October 2016.	The process for communication of an unexpected finding to the clinical team failed in this incident. Whilst the images were sent to the consultant who reviewed them and the radiology report confirming the hip dislocation was also emailed to her this failure still occurred. This was due to a failure to red flag an unexpected radiological finding and confirm that this had been received by the consultant leading on the patient's care.	**Unexpected findings on x-ray images for all modalities need to be communicated to the clinical team in a way that ensures that they are received, enabling them to be acted upon by the clinical team.** a) A 'red flag' system for unexpected clinical findings to be implemented using the PACS system. This will mean that a radiology report identified as a 'priority report' will be sent to a consultant in a separate, standalone email with a subject header highlighting that this report contains an unexpected finding. b) Audit to be undertaken with the trust clinical audit team to monitor the frequency of emails and follow-up they receive.. c) The 'Requesting and reporting of radiology investigations and procedures' SOP to be updated to include a more prescriptive criteria of when an unexpected or emergency finding should be phoned through to the clinical team. d) In the long term, the implementation of clinical system, EPIC will enable to trust to 'red light' imaging results as well as monitor whether a scan result has been opened by the clinical team. Epic will also enable imaging results to be sent to several members of a clinical team and not only one clinician. **Consultant clinicians must be provided with an appropriate allocation of administrative time in conjunction with the time they are working clinically.** a) Review of consultant job planning to be undertaken by the executive team at GOSH. **Telephone messages left by a patient or their family must be responded to by an appropriate member of either the clinical or management team.** a) Process for responding to patient telephone calls to be implemented amongst the administrative teams **This event was not reported as an incident by staff via the online incident reporting system, Datix. Review of education and training for incident reporting should be undertaken.** a) All staff are provided with education at trust induction. b) 'How to report an incident' training to be implemented and training to be led by the Patient Safety Team	The communication of examinations and diagnostic test results must be communicated to the clinical team effectively. Unexpected findings require an additional flag to clinical teams.

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs/Never Events in July – September 2018 (7):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2018/ 11637	In May 2018 an immunology research fellow was preparing for a meeting with the GOSH immunology consultant. The research fellow was aware the consultant had limited access to her GOSH email whilst at her office in ICH, so to ensure a spreadsheet would be received, the research fellow copied the email to what they thought was the immunology consultant's gmail account. The consultant was able to access her GOSH email via remote access on an iPad, and then realised the gmail address in the CC list was incorrect.	Whilst the root cause of this incident can be identified as human error, where a member of staff entered an email address incorrectly resulting in sending patient identifiable information to an unknown recipient, the processes surrounding this occurrence are more complex. The immunology research fellow had been working in an environment where they had been copied in to a lengthy email trail using unsecure email addresses, including the GOSH immunology consultants gmail address. The data had also been sent through to her unsecurely from the SCETIDE registry. The immunology research fellow had also been so concerned regarding submission to the registry that she had wanted to ensure the GOSH immunology consultant received the spreadsheet so she was able to review which data was missing. Given the barriers for ICH staff accessing GOSH emails, she copied the email to the GOSH immunology consultant's personal gmail address. She had also communicated with the GOSH immunology consultant's gmail account previously and felt that this was acceptable.	**Submission of any research data to a registry should be undertaken according to the information sharing agreements and secure portals where possible. All information should be anonymised according to these agreements but, in the case of long term outcome measures it must be possible to link back to a patient where necessary.** a) Continue to submit data to the SCETIDE and EBMT secure portals as introduced by those registries. Surgical Count Policy to be amended. **There is a need for a secure and robust system of communication between medical, clinical and academic staff nationally and internationally.** a) GOSH to offer and supply encrypted devices which allows clinicians to access their GOSH emails remotely, even when working at ICH. b) Incident to be reported to ICH and discussion to be held with their ICT and information governance team with regards to future ICT arrangements. c) GOSH ICT to investigate the implementation of a more secure email system to enable staff from different organisations to communicate via email securely. **An organisational review of email communication by clinical staff undertaking research is necessary to understand the extent of the challenges faced by research clinicians trust wide.** a) Trust clinical research leads will coordinate a project to determine: 1. How many researchers have multiple email addresses for work; 2. What steps they have taken for data confidentiality. This information will be reported back to the Electronic Patient Records, IT and Information Governance teams and will inform their strategic plans on staff email communication. The scoping project will be introduced with an email to relevant clinicians reiterating the appropriate use of the multiple email accounts staff use, At the end of the project the staff will be send a summary of the results, with guidance on safe, effective email communication. **Staff must be made aware of how to send data in a secure form by email including how to encrypt or password protect attachments if necessary.** a) Guidance regarding how to send information securely from a GOSH email account to be disseminated to staff. This should include how to password protect attachments and how to securely send password information. b) Guidance regarding safe transfer of information to be included in email policy for the trust c) Learning from information governance breaches made using email to be disseminated trust wide via a member of the executive team. d) Training slide regarding safe transfer of information by email to be included in mandatory Information Governance training at GOSH. e) Module regarding safe data transfer to be included Good Clinical Practice 'GCP' training as part of a mandatory research course. This will be attended by all staff undertaking a clinical research project **Staff must be made aware of their responsibilities regarding information sharing and information governance.** a) Mandatory annual information governance training to continue to be implemented as a requirement for all GOSH staff to complete. b) Ensure that staff are aware of any relevant changes as a result of GDPR.	Safe transfer of information should always be paramount when sending data between different sites. Consideration should be given to whether information requires encryption, the email addresses used are secure according to the sensitivity level of patient data being sent. Whilst consideration of these factors should be carried out by staff, they must also be given the tools to transfer information securely.

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed/de-escalated SIs/Never Events in July – September 2018 (7):

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2018/ 11980	The patient was being cared for on the Cardiac Intensive Care Unit post operatively and developed a grade 3 Pressure Ulcer.	If the combined mandatory risk assessment (pre-operative skin assessment) had been carried out on admission the correct bed could have been ordered in advance of the procedure for the patient to be nursed on post operatively. This may have avoided the development of the pressure ulcer. The patient also needed to be turned regularly and frequency would be dependent on GS regardless of the bed/mattress.	**Ensure that all patients are nursed on appropriate bed** a) Meeting to be convened to review current bed and mattress provision – availability, access to specialist equipment, repair, maintenance, replacement. Contract supervision for maintenance of beds. **Ensure skin assessments and nutritional assessments (combined mandatory risk assessment) take place within 6 hours of admission and are clearly documented in the medical notes** a) Review and update combined mandatory risk assessment in line with NHSE changes and update any associated policies. Add section to document previous pressure areas Staff to document GS once per shift where PU already identified. Submit updated risk assessment to nursing board and associated policies to Policy Approval Group. Review and update teaching package. Discuss at sisters/charge nurse forum. Launch and audit. **Further training for staff on Pressure Ulcer Prevention and maintaining skin integrity** a) Review core training material and adapt for CICU specific patients. Progress offer by CICU matron to establish 0.5 WTE TVN post for cardiac wards. Review GOSH TVN capacity and demand and make recommendations for future investment. **Staff to be familiar with all equipment to avoid pressure ulcers and frequency of turns.** a) Monitor manual handling training compliance. Ensure X 2 Manual Handling training posts are recruited to. **Staff training on types of beds and new beds for different patient weights.** a) Staff to have familiarisation sessions with types of beds and mattresses available and which patients they are suitable for. **Highlight importance of accurate documentation in Carevue e.g. site where aderma applied, turns etc.** a) Ensure lessons are learned from this investigation in terms of the importance of good standards for nursing documentation through education sessions.. **Ensure patients with LD have LD involvement and hospital passport updated if required.** a) Ensure staff are aware of LD team and support available and how to make any necessary referrals. SOP/flowchart to be developed. Work with Electronic Patient Record Team to ensure staff can make referrals to the team via the EPIC system. **Ensure documentation in theatre of any pressure areas pre (from pre op checklist) and post operatively and effective handover is carried out post operatively.** a) Use of the peri operative care plan to document skin status on arrival, removal, transfer to recovery and at handover to ward. Use of guidance from the National Safety Standards for Invasive Procedures addressing handovers.	All patients must have combined mandatory risk assessment completed on admission.

Are we responding and Improving?

Patient and Family Feedback: Red Complaints

Great Ormond Street Hospital for Children NHS Foundation Trust

Red Complaints in July - September 2018

No of new red complaints declared in April-June 2018:	2	No of re-opened red complaints in April-June 2018:	0
No of closed red complaints in April-June 2018:	1		

New Red Complaints declared July – September 2018 (2)

Ref	Opened Date	Report Due	Description of Complaint	Divisions Involved	Exec Lead	Division Lead
18/038	07/08/18	30/10/18	Parents raise concerns regarding care at GOSH and two other Trusts. Patient arrived with a bleed on the brain but surgery was unsuccessful and patient died.	JM Barrie	Medical Director	GM
18/041	30/08/18	04/10/18	Patient's mother raises concerns about the frequency of monitoring of patient's spine. Specifically, she complains that patient was not appropriately followed up and his scoliosis progressed to the extent that the surgical outcome was not as good as it should have been. She also raises concerns that when problems were found, fast track surgery (within 3 months) was promised but it was 5 months.	Spinal	Medical Director	Service Manager, Neurosciences

Are we responding and Improving?

Patient and Family Feedback: Learning from Red Complaints

Great Ormond Street Hospital for Children NHS Foundation Trust

Learning from closed red complaints in July – September 2018 (2):

Ref:	Summary of complaint:	Outcomes/Learning:
17/069	Father of a deceased patient raised concerns about care provided in the three days before her death. Specifically, that staff were unresponsive to the family's concerns and the patient's changing condition.	The investigation concluded that the care provided was appropriate and that staff appropriately monitored, reviewed and responded to the patient's deterioration. However, the investigation highlighted inadequate communication and record-keeping. In response to this staff briefings are being held with all staff highlighting the importance of good communication issues, use of interpreters and record keeping.

18/004	Mother of patient raised concerns about the failure to diagnose a dislocated hip, and the subsequent delay in treatment.	Serious Incident investigation highlighted failings in communication following an incidental finding of a dislocated hip. The investigation found inadequate processes to highlight unusual or concerning findings and also that telephone calls from the patient's family were not responded to.
		• Learning actions/outcomes included:
		  • Changes to the automated radiology reporting processes so that significant/ unexpected findings are identified as priority reports to consultants;
		  • Review of SOP including criteria for phoning through unexpected findings;
		  • Review of clinical consultant job plans to ensure appropriate allocation of time for administrative tasks;
		  • Implementation of process for responding to patient telephone calls amongst the administrative teams, and new messaging system to ensure timely and appropriate response to queries;
		  • EPIC will also enable 'red light' of images, monitoring of whether scan results have been accessed, and wider distribution of imaging results to clinical teams.

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

Great Ormond Street Hospital for Children NHS Foundation Trust

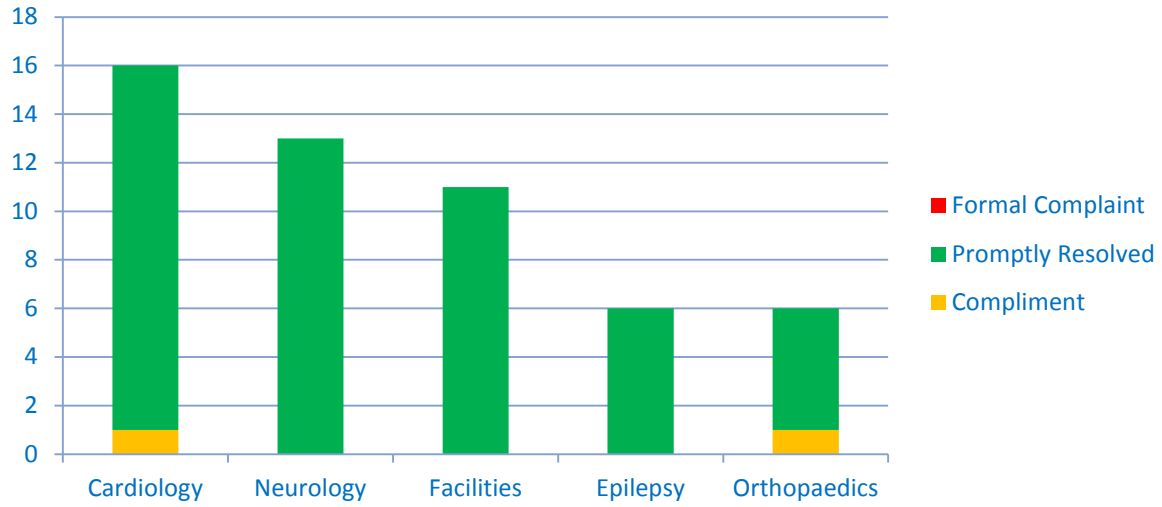
Table showing Pals cases by grading comparing July 17/18 in comparison to the previous month June 18.

Cases - Month	07/17	06/18	07/18
Promptly resolved	76	151	116
Complex cases	15	2	0
Escalated to formal complaints	0	1	1
Compliments about specialities	1	9	5
*Special cases	2289	0	0
Total	2381	163	122

*See Appendix at the end for definitions

*Date range for July 2017 & July 2018

Graph showing the top 5 specialities of Pals cases classified by category.



Pan-Trust Thematic Analysis

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

Great Ormond Street Hospital for Children NHS Foundation Trust

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

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

Great Ormond Street Hospital for Children NHS Foundation Trust

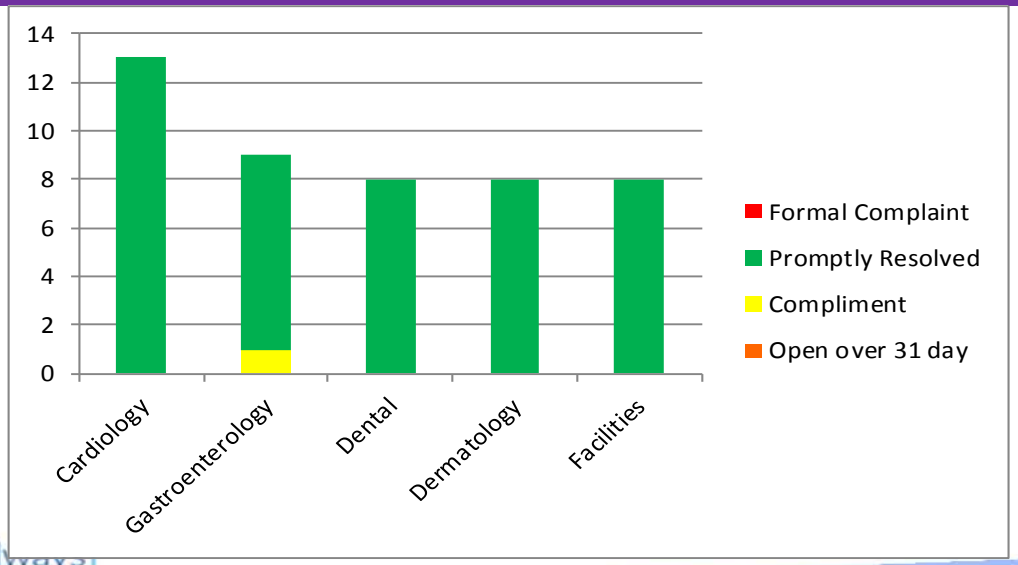
Table showing Pals cases by grading comparing Aug 17/18 in comparison to the previous month Jul 18

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
Total	158	122	129

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)*



Pan-Trust Thematic Analysis

Great Ormond Street Hospital for Children NHS Foundation Trust

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 specialties	08/17	07/18	08/18
Outpatient (Cancellation; Failure to arrange appointment; poor communication, franking of letters)	19	23	33
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)	50	31	37
Staff attitude (Rude staff, poor communication with parents, not listening to parents**)**	8	20	8
Support & Listening (Communication, Emails, Letters, social media)	46	1	1
Admission/Discharge /Referrals (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

Are we responding and improving?

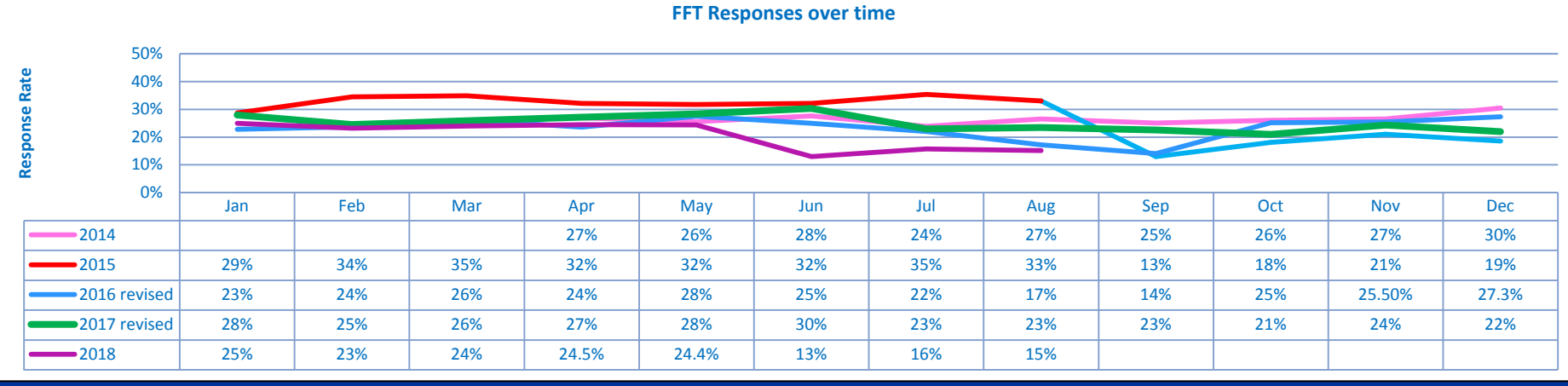
Learning from Friends and Family Test- Inpatient Data

Great Ormond Street Hospital for Children NHS Foundation Trust

Data Quality Kite-Mark	Inpatient Results July 2018	Inpatient Results August 2018

July 2018
Overall FFT Response Rate = 16%
Overall % to Recommend = 97%

August 2018
Overall FFT Response Rate = 15%
Overall % to Recommend = 97%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014				27%	26%	28%	24%	27%	25%	26%	27%	30%
2015	29%	34%	35%	32%	32%	32%	35%	33%	13%	18%	21%	19%
2016 revised	23%	24%	26%	24%	28%	25%	22%	17%	14%	25%	25.50%	27.3%
2017 revised	28%	25%	26%	27%	28%	30%	23%	23%	23%	21%	24%	22%
2018	25%	23%	24%	24.5%	24.4%	13%	16%	15%				

The percentage response rate has dropped since the introduction of the new online system. The Patient Experience Team are working closely with the wards to increase this.

July 2018 Top 3 Themes (by % of overall comments)			August 2018 Top 3 Themes (by % of overall comments)		
Positive Themes:	**No +ve comments**	**Total No. comments**	**Positive Themes:**	**No +ve comments**	**Total No. comments**
Always Helpful	248	660	Always Welcoming	96	712
Always Expert	110	660	Always Helpful	226	712
Always Welcoming	110	660	Always Expert	133	712
Negative Themes:	**No -ve comments**	**Total comments**	**Negative Themes:**	**No -ve comments**	**Total comments**
Environment & Infrastructure	22	660	Environment & Infrastructure	34	712
Access / Admission / Discharge / Transfer	21	660	Access / Admission / Discharge / Transfer	12	712
Catering & Food	4	660	Catering & Food	10	712

Are we responding and improving?

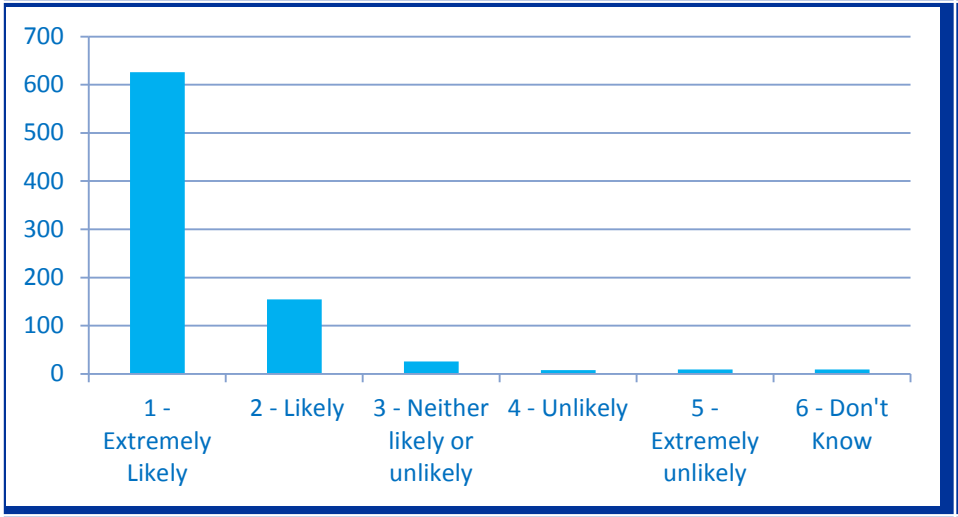
Learning from Friends and Family Test- Outpatient Data

Great Ormond Street Hospital for Children NHS Foundation Trust

Data Quality Kite-Mark	Narrative:
	The percentage to recommend in Outpatients has improved slightly in August compared with July. The total number of feedback received in outpatients in August was 829. 96% were completed by Adults and Young People, 4% by younger patients.

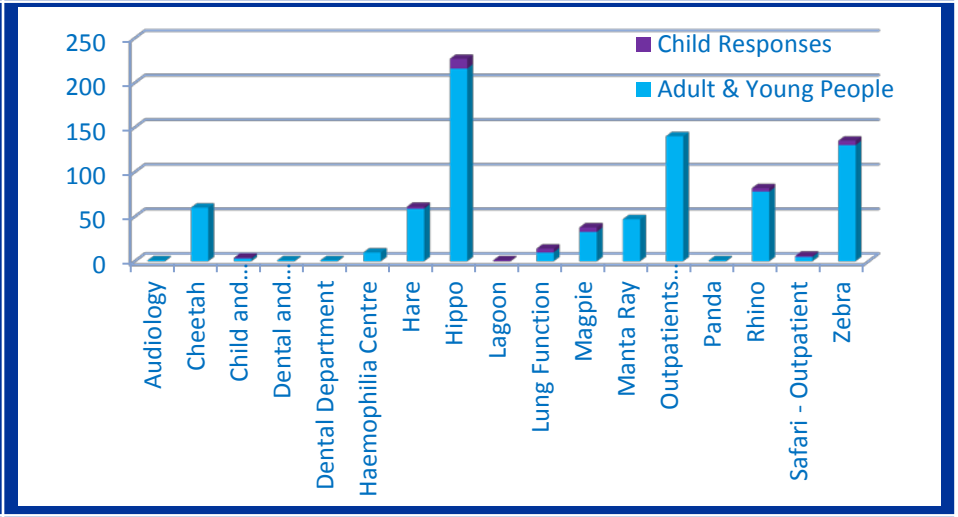
Outpatient Results July 2018

July 2018
Overall % to Recommend = 93.8%
833 Responses in July 2018



Outpatient Results August 2018

August 2018
Overall % to Recommend = 94.8%
829 Responses in August 2018



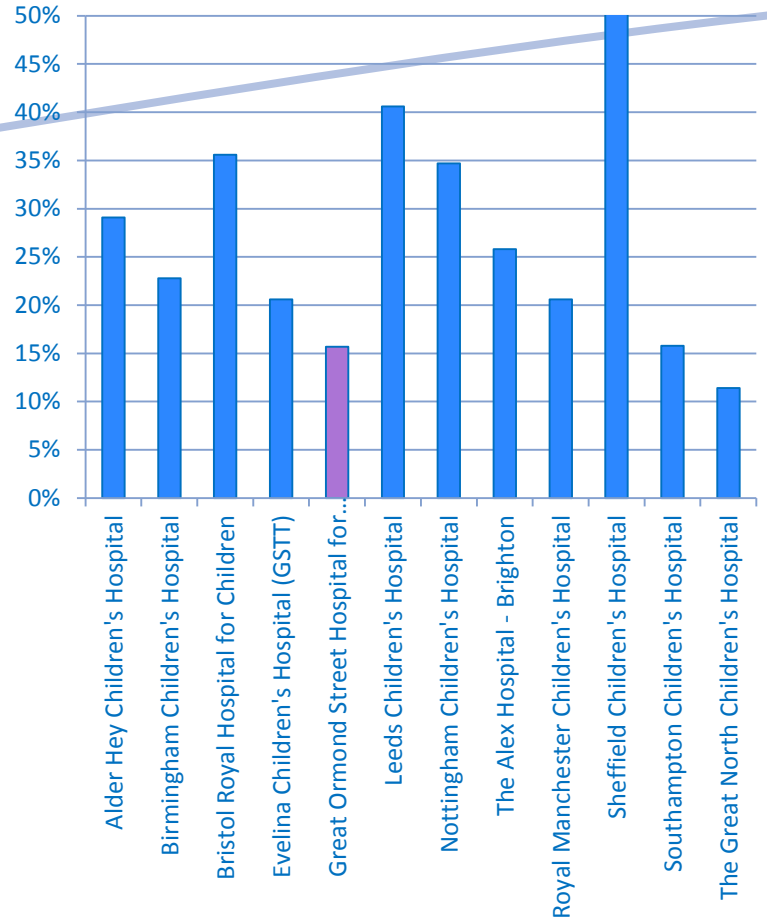
Are we responding and improving?

Benchmarking

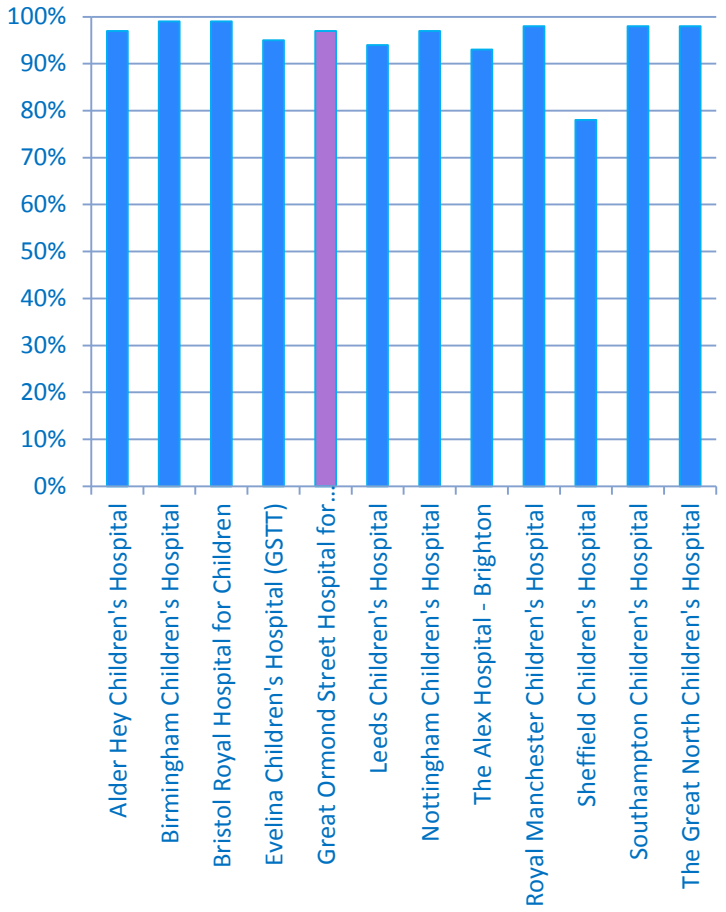
Great Ormond Street Hospital for Children NHS Foundation Trust

Data from NHS Choices – July 2018

Response Rates



Percentage to Recommend



Are we responding and improving?

Learning from Friends and Family Test

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Parent / Carer Feedback

My son was referred to ENT for glue ear & had an operation and insert grommets and remove adenoids. That operation has completely changed his life. Previously he was thought to have autism. The sudden explosion in his social communication skills following his operation was extraordinary to see. He is now a radically different, chatty, social and cheerful little boy having previously been unresponsive and introverted. The ENT team here have literally changed our lives. Thank you! (Rhino)

The whole service was amazing everyone was really nice and helpful, very happy. What a warm feeling. Thank you to all you amazing people, your doing a brilliant job at Great Ormond Street. Thank you! (Walrus)

Great care. Very friendly and trustworthy staff. Amazing hospital!

Parent/Carer Feedback

During our stay the staff members here have already been very supportive, caring, friendly and very efficient. Thank you to all the team who have made our stay the best it could be. (Koala)

Very friendly, patient and engaged brilliantly with our child.
(Manta Ray)

(Staff name) is amazing and brilliant. She is always positive, happy and I love it when I come in and she is our nurse, I'm using this as a feedback form as having her has really helped put me/us at ease. She is helpful and really supportive. GOSH is very lucky to have her. Please feed back to her (NICU).

Are we responding and improving?

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

Great Ormond Street Hospital for Children NHS Foundation Trust

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

'You Said'

We did

Bumblebee Ward

1. Lack of care from the team for the patient
2. Not quick enough to respond to the needs of the patient for e.g. (changing and tidying bed and cleaning)
3. Nurses do not co-operate(do not have the spirit of teamwork)
4. Intentional neglect
I will be writing a detailed report/letter to the Qatar Health Office so they can avoid working with this hospital or this ward specifically, as the patient should be treated with respect(father of the patient)

I have fed back to the ward team the information I received from (Patient Names) family, I also got some feedback from the hospitality team regarding the issues that they raised. As a team we have been looking at strategies such as "shift buddies" to ensure patients are covered in the absence of an allocated nurse. I have drafted a letter which I will send to the family and I plan to call the family as well to feedback

Tom Kennedy - Matron

Lab Samples Project

Great Ormond Street Hospital for Children NHS Foundation Trust

Project aim: To significantly reduce the number of lab sample rejections by November 2019.

Project Initiation and Leadership:
Project start: July 2018. Executive Sponsor: Nicola Grinstead.

Background: An audit revealed that in 2017 approximately 4900 patient samples were rejected due to pre-analytical errors. Rejected samples can result in delayed diagnoses, treatment and discharge from hospital, impacting on patient experience.

What are we trying to accomplish?

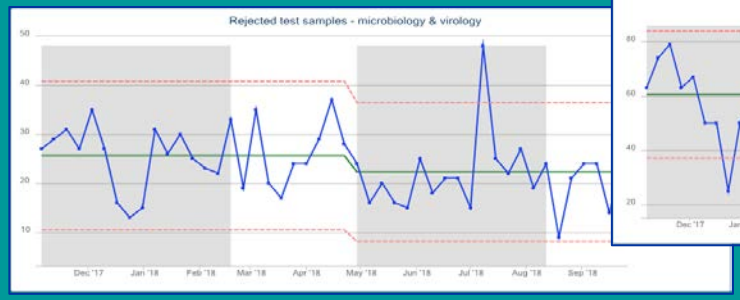
- Reduced incidence of repeated sample collection
- Improved patient experience
- Effective mechanisms for information sharing and troubleshooting
- Improved access to data on rejections for ward staff
- Reduced wastage of resources

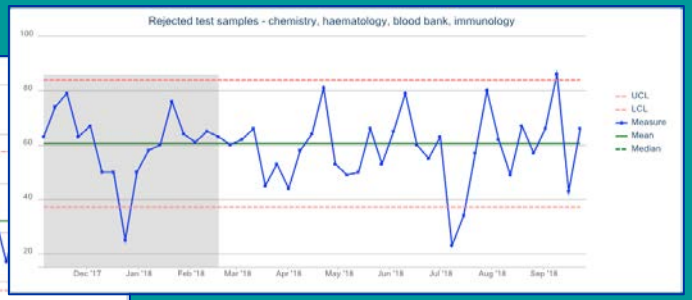
How will we know that a change is an improvement?

- Sustained reduction in the total number of rejected samples
- Reduced transport time
- Reduced number of lost/missing samples reported

What change can we make that will result in improvement?

- Steering group established with representation from key stakeholders
- 4 key work-streams identified:





Sample transport	**Sample collection resources**
Training & education	**Policy & guidelines**

Next steps

- Establish working groups for each work-stream
- Review reasons for rejection data
- Review of policies, guidelines and SOPs
- Trial of alternative resources - smaller coagulation bottle, alternative NPA container, alternative butterfly needles

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)

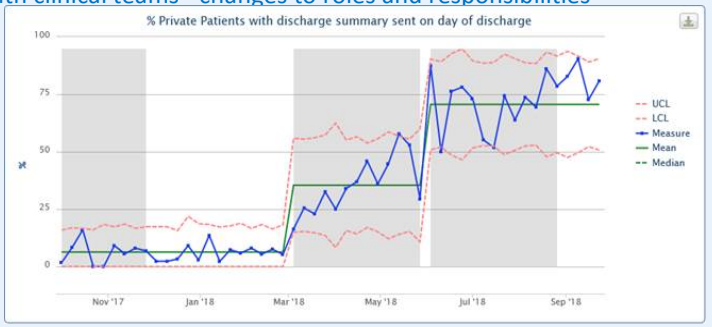
Great Ormond Street Hospital for Children NHS Foundation Trust

Project	Project Aims	Project Leads	Project Timescales and Progress
PEWS	To Implement PEWS across all inpatient wards at GOSH by April 2018.	Executive Sponsor- Alison Robertson (Chief Nurse) Medical Lead - Mark Peters (ITU Consultant Intensivist) Nursing Lead – Sarah Newcombe (Chief Nursing Information Officer)	Progress to date: • Changes to PEWS were made on the 1st August 2018. This was based on clinical feedback that included; ➢ Realignment of the type of alerts staff receive ➢ Original Temperature chart was re-instated ➢ Addition of 'oral' as a selectable temperature site ➢ 'Watcher' status added for patients on end of life care ➢ Ward beds matched against those on Nervecentre with the addition of 'virtual' beds in some areas to support patient flow. • The PEWS project is set to close at the end of October 2018. The Resus team have agreed to take over PEWS and it will be reviewed as part of the 'Deteriorating Patient' projects. • PEWS measures will be reviewed in context of ensuring they are fit-for-purpose when used operationally e.g. Nursing dashboard.
Extravasation	To reduce the incidence of extravasation injury and repeated cannulation at GOSH by 30 March 2019	Executive Sponsor- Chief Nurse Clinical Lead- Consultant Anaesthetist	Progress to date: • Review of publications and current practice at other paediatric centres (including international) to identify best practice in securing and dressing cannulas • VHP Framework & Tool implemented in all wards excluding ICUs • Working with EPR to ensure Epic supports project interventions • Best practice checklist for cannulation trolley and VHP developed • On-going PDSA pilot of cannulation training pathway for junior doctors • Review and consolidation of all policy, procedure and care bundle related to IV access underway • Coordination of cannulation education now led by SIM team – focus on signing off more assessors across Trust to improve ability to sign-off competent staff • Working with plastics to improve referral form for Epic • Piloting of VAF system paused whilst recruitment of team underway (system to log referrals to VAF team to enable prioritisation and oversight from CSP team.

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)

Great Ormond Street Hospital for Children NHS Foundation Trust

Project	Project Aims	Project Leads	Project Timescales and Progress
Transition	To enable clinicians to start all young people a Transition Plan by the age of 14 in line with NICE recommendations Ensure young people and their families are adequately prepared for the move to adolescent or adult health services	Executive Sponsor- Chief Nurse	On-going project Progress to date: • Growing Up, Gaining Independence (GUGI) programme developed • eCOF reporting tab scheduled to go live w/c 8.9.18 • Family information sheets being formatted/illustrated • GUGI Part 2 template sent to all specialties • TIM attending specialty meetings Next steps: • Further information videos for YP and families • Staff training needs analysis • Template for 'Welcome to the XYZ service at GOSH' to include information about age limit of service and set expectations from outset developed to send to specialties • Transition Policy update • Develop sustainability plan
GOSH clinical app development	To develop an app to improve access to information on GOSH quality and safety tools to new and current clinical staff	Project Leads QI - Maria Banaghan and Duncan Shepherd	Progress to date: • Prototype mobile application developed by two UCL Computer Science students Incorporating 'safety toolkit' of GOSH quality and safety tools (e.g. Sepsis 6 protocol, vessel health framework), training videos, ICU induction toolkit and guidelines. Next steps: • Alpha version of app due to be demoed at Drive launch • Improving the user experience when using the application, and developing a content management function that will allow content growth within the App, at future points. • Discussion on long term aim of app and possible expansion as a wider app to include GOSH policies and guidelines
IPP Flow – discharge summaries	To improve the number of IPP discharge summaries completed on the day of discharge	Divisional Lead – Chris Rochenbach QI Lead – Maria Banaghan	Progress to date: • Improvement from June 2018 , from 45% to 73% of discharge summaries completed on the day. • Process review with clinical teams - changes to roles and responsibilities 

Trust Board Dashboard - September 2018

Great Ormond Street Hospital for Children NHS Foundation Trust

Caring

		Jul	Aug	Sep	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					→		
% Positive Response Friends & Family Test: Inpatients		97.08%	96.72%	98.07%	↑		95%
Response Rate Friends & Family Test: Inpatients		15.71%	15.03%	11.28%	↓	40%	
% Positive Response Friends & Family Test: Outpatients		92.98%	94.84%	93.60%	↓		95%

Safe

		Jul	Aug	Sep	Trend	Plan	NHS Standard
Serious Patient Safety Incidents (date reported on STEIS)	In-month	5	0	4	↓		
	YTD	12	12	16	↓		
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	1			
	YTD	0	0	1			
C.Difficile due to Lapses of Care	In-month	0	0	0			
	YTD	0	0	0			14
Incidents of MRSA	In-month	1	0	1			0
	YTD	1	1	2			0
CV Line Infection Rate (per 1,000 line days)		0.81	1.3	1.43	↓	1.6	
Who Checklist Completion: recorded on PIMS		93.84%	91.74%	92.36%	↑	98%	

WHO checklist: Obsevational audit results	Q1	Q2	Q3	Q4		
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	1	↑	5	
	Respiratory Arrests	4	3	1	↑		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	0	→	0	

Responsive

Diagnostics: Patients Waiting <6 Weeks		97.43%	94.44%	94.53%	↑		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		No Pts	100%		#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		32	55	48	↑		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		4	6	7	↓		0
Urgent Operations Cancelled for a 2nd Time		0	0	0	→		0
Same day / day before hospital cancelled outpatient appointments		1.32%	1.37%	1.26%	↑		
RTT: Incomplete Pathways (National Reporting)		92.76%	92.85%	92.24%	↓		92%
RTT: Number of Incomplete Pathways (National Reporting)	<18wks	4945	4896	5279	↑		-
	>18wks	386	377	444	↓		-
RTT: Incomplete Pathways >52 Weeks - Validated		3	6	5	↑		0
RTT: Incomplete Pathways >40 Weeks - Validated		15	14	18	↓		0
Number of unknown RTT clock starts	Internal Referrals	2	1	0	↑		-
	External Referrals	739	910	416	↑		-
RTT: Total Number of Incomplete Pathways Known/Unknown	<18 weeks	5674	5792	5681	↓		-
	>18 weeks	398	392	458	↓		-

Data Completeness

Mental Health Identifiers: Data Completeness		99.00%	99.12%	99.25%	↑		97%
Mental Health Ethnicity Completion - %		39.94%	42.60%		↑		90%
% of Patients with a valid NHS number	Inpatients	92.4%	92.6%	TBC	↓		99%
	Outpatients	93.6%	93.5%	TBC			

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

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

People, Management & Culture: Well-Led

		Jul	Aug	Sep	Trend	Plan	NHS Standard
Sickness Rate		2.40%	2.40%	2.40%	→	3%	
Turnover	Total	17.2%	17.6%	17.7%	↑	18%	
	Voluntary	14.2%	15.2%	14.8%	↓	14%	
Appraisal Rate		85%	86%	79%	↑	90%	
	Consultant	84%	84%	84%	→		
Mandatory Training		93%	93%	92%	↓	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test		n/a				61%	
Vacancy Rate	Contractual	3.7%	4.8%	3.4%	↑	10%	
	Nursing	5.7%	7.9%	7.90%	→		
Bank Spend		6.2%	6.1%	5.9%	↑		
Agency Spend		1.10%	1.07%	1.08%	↓	2%	

Effective

Discharge Summary Turnaround within 24hrs		89.60%	83.80%	87.16%	↑		100%
Clinic Letter Turnaround within	7 working days	43.31%	44.20%				
	14 working days	72.58%	70.58%		↓	100%	
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		8.74%	8.88%	8.80%	↑	7.73%	

Productivity

			Jul	Aug	Sep	Trend	Plan	NHS Standard
Main Theatres	Theatre Utilisation		68.4%	73.6%	65.3%	↓		77%
	No. of theatres		14	14	14			
Outside Theatres	Theatre Utilisation		56.0%	50.0%	55.4%	↑		77%
	No. of theatres		7	7	7			
Trust Beds	Bed Occupancy		82.2%	79.8%	82.2%	↑		
	No of available beds		406	406	406	↓		
Average number of trust beds closed		Wards	15.3	29.0	33.4	↓		
		ICU	3.0	6.0	8.0	↓		
Refused Admissions	Cardiac refusals		11	1	3	↓		
	PICU / NICU refusals		11	7	11	↓		
Number of PICU Delayed Discharges	Internal 8 - 24 hours		4	2	1	↑		
	Internal 24 hours+		12	4	11	↓		
	External 8 - 24 hours		2	0	3	↓		
	External 24 hours+		1	7	3	↑		
	Total 8 - 24 hours		6	2	4	↓		
	Total 24 hours+		13	11	14	↓		
PICU Emergency Readmissions < 48 hours			1	2	0			

Activity

			Jul	Aug	Sep	Trend		
Daycase Discharges (YOY comparison)		In-month	2,497	2,273	2,243	↓	2,156	
		YTD	9,648	11,921	14,164		12,314	
Overnight Discharges (YOY comparison)		In-month	1,460	1,189	1,159	↓	1,414	
		YTD	5,826	7,015	8,174		8,887	
Critical Care Beddays (YOY comparison)		In-month	877	1,096	847	↓	1,014	
		YTD	4,155	5,251	6,098		6,323	
Bed Days >=100 Days	No. of patients		5	7	4	↑		
	No. of beddays		970	1,262	562	↑		
Outpatient Attendances (All) (YOY comparison)		In-month	21,598	18,609	19,558	↑	21,475	
		YTD	88,352	106,961	121,917		126,840	

Our Money

	Jul	Aug	Sep	Trend		
Control total	2.2	**2.4**	0.0	↓	5.8	0.0
Forecast outturn control total	12.1	12.5	12.5	→	12.1	0.4
Better value	TBC	TBC	TBC			TBC
Debtor days (IPP)	179	195	206.0	↓	120	(86.0)
Quick Ratio (Liquidity)	1.80	1.80	1.80	→	1.60	0.2
NHS KPI Metrics	1.0	1.0	1.0	→	0.0	0.0

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Workforce Performance Report Month 5 2018/19

Contents

Trust Performance Summary for the 5 months ending 31 Aug 2018

KEY PERFORMANCE DASHBOARD

Great Ormond Street NHS Hospital for Children
NHS Foundation Trust

FINANCIAL PERFORMANCE

	In month			Year to date			Full Year Forecast	
	Plan	Actual	RAG	Plan	Actual	RAG	F'cst	RAG
INCOME incl. passthrough	£40.7m	£41.2m		£194.4m	£194.6m		£476.7m	
PAY	£21.8m	£22.2m		£107.9m	£108.6m		£268.5m	
NON-PAY incl. passthrough	£14.7m	£15.3m		£73.6m	£73.6m		£179.0m	
CONTROL TOTAL	£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*
NHS & Other Clinical Revenue	£116.6m	£118.1m	£1.5m	
Pass Through	£26.6m	£25.9m	(£0.8m)	
Private Patient Revenue	£26.0m	£26.6m	£0.6m	
Non-Clinical Revenue	£25.3m	£24.0m	(£1.3m)	
Total Operating Revenue	£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).

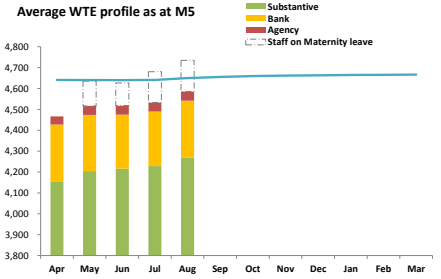
PEOPLE

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

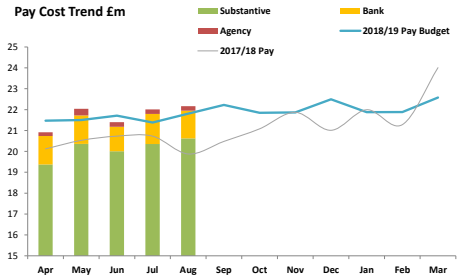
AREAS OF NOTE:

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



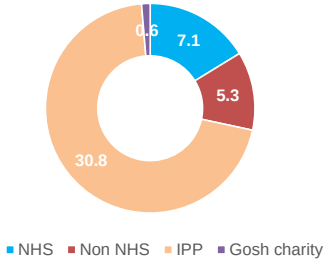
CASH, CAPITAL AND OTHER KPI's

Key metrics	*Plan*	*Actual*
Cash	£52.2m	£60.9m
IPP Debtor days	120	195
Creditor days	30	20
NHS Debtor days	30	8

Capital Programme	*YTD Plan M5*	*YTD Actual M5*	*Full Year F'cst*
Total Trust-funded	£9.4m	£6.1m	£24.4m
Total Donated	£19.0m	£18.6m	£40.9m
Grand Total	£28.4m	£24.7m	£65.3m

NHSI metrics	*Plan M5*	*Actual M5*
CAPITAL SERVICE COVER	1	1
LIQUIDITY	1	1
I&E MARGIN	1	1
VAR. FROM CONTROL TOTAL		2
AGENCY	1	1
TOTAL		

Net receivables breakdown (£m)



AREAS OF NOTE:

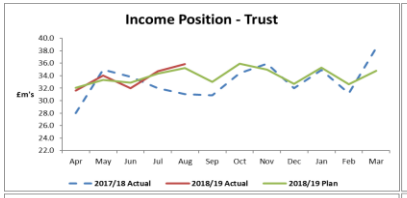
1. Cash held by the Trust is higher than plan by £8.7m.
2. The capital programme is £3.7m behind plan (£3.3m Trust funded and £0.4m donated) due to slippage on a number of IT and Estates projects
3. Following a scheme by scheme review of capital expenditure, the forecast outturn has been revised downwards. 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.
4. 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.

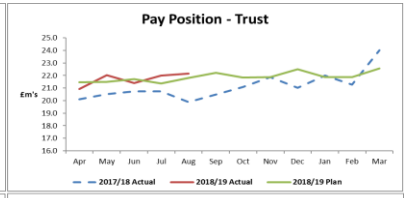
Trust Income and Expenditure Performance Summary for the 5 months ending 31 Aug 2018

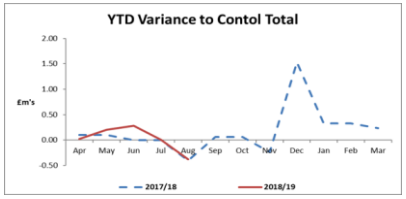
Great Ormond Street Hospital for Children NHS Foundation Trust

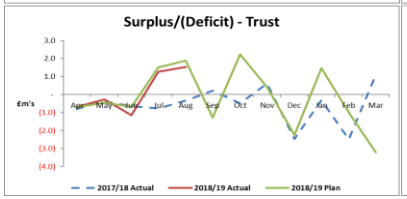
2018/19												2017/18	CY vs PY	
Annual Budget	Income & Expenditure	Month 5				Year to Date				Rating	Notes	YTD Actual	Variance	
		Budget	Actual	Variance		Budget	Actual	Variance						
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	YTD Variance		(£m)	(£m)	%
280.59	NHS & Other Clinical Revenue	24.26	23.82	(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%)			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	2	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	3	21.10	2.94	13.93%
470.56	**Total Operating Revenue**	**40.73**	**41.23**	**0.50**	**1.23%**	**194.44**	**194.56**	**0.11**	**0.06%**	G		**187.20**	**7.36**	**3.93%**
(260.28)	Permanent Staff	(21.61)	(20.62)	0.99	4.58%	(106.90)	(100.75)	6.15	5.75%			(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%)			(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%)			(6.80)		0%
(262.65)	**Total Employee Expenses**	**(21.81)**	**(22.17)**	**(0.36)**	**(1.65%)**	**(107.88)**	**(108.56)**	**(0.68)**	**(0.63%)**	R	4	**(102.00)**	**(6.56)**	**(6.43%)**
(13.48)	Drugs and Blood	(1.18)	(1.02)	0.16	13.56%	(5.56)	(5.32)	0.24	4.32%	G		(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		(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		(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%			(27.00)	1.15	4.26%
(179.04)	**Total Non-Pay Expenses**	**(14.71)**	**(15.30)**	**(0.59)**	**(4.01%)**	**(73.62)**	**(73.64)**	**(0.02)**	**(0.03%)**	G	5	**(75.00)**	**1.36**	**1.81%**
(441.69)	**Total Expenses**	**(36.52)**	**(37.47)**	**(0.95)**	**(2.60%)**	**(181.50)**	**(182.20)**	**(0.70)**	**(0.39%)**	R		**(177.00)**	**(5.20)**	**(2.94%)**
28.87	**EBITDA (exc Capital Donations)**	**4.21**	**3.76**	**(0.45)**	**(10.69%)**	**12.94**	**12.36**	**(0.59)**	**(4.56%)**	R		**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%		7	(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		**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%			(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%)**			**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%			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%)		6	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%)**			**10.10**	**9.67**	**95.74%**

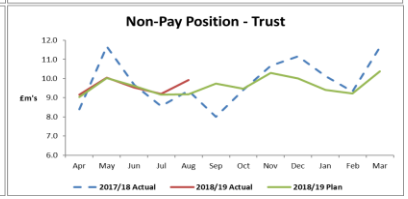
DIVISIONAL CONTROL TOTALS										Rating
Plan Annual		2018/19								
		Month				Year to Date				
		Budget	Actual	Var	Var	Budget	Actual	Var	Var	
(£m)	Division	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	
38.22	Charles West	3.45	3.88	0.43	12.46%	16.25	16.61	0.36	2.22%	G
22.56	JM Barrie	2.62	1.64	(0.98)	(37.40%)	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%)**	











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

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

1. 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 specialties 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.

2. Private Patient income is £0.7m favourable to plan YTD. The in-month positon 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).

3. 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 AfC pay award received in M5 of £0.9m covering M1-3 & 5.

4. Pay is adverse to plan YTD by £0.7m. This is due to the additional payments relating to the AfC 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.

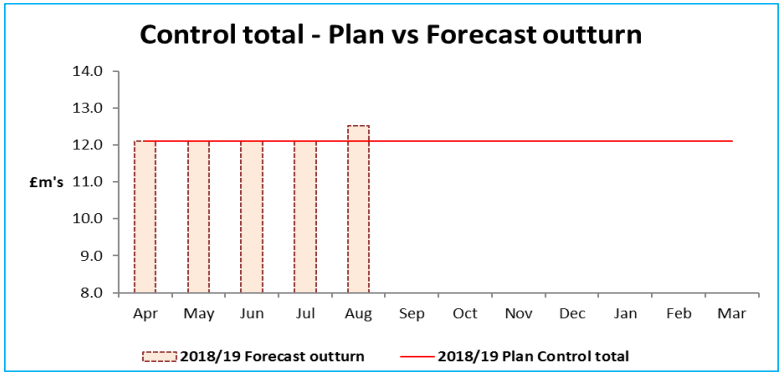
5. Non pay (excluding pass through) is £0.8m adverse to plan YTD. Higher than planned levels of activity have led to increased non-pay spend along with an increase in the impairment of receivables, predominantly relating to private patient income. Better value targets are included within other expenses in the plan; savings are actually being delivered across other areas of non-pay offsetting the total overspend.

6. 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.

Trust Income and Expenditure Forecast Outturn Summary for the 5 months ending 31 Aug 2018

Great Ormond Street Hospital for Children NHS Foundation Trust

Full Year Actual 2017/18 (£m)	31 Aug 2018 Income & Expenditure	Annual Budget (£m)	Internal Forecast Full-Yr (£m)	Variance to Plan (£m)	Variance to Plan %	Rating Forecast Variance to plan	Notes
280.64	NHS & Other Clinical Revenue	280.59	286.78	6.19	2.16%	G	1
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	2
59.65	Non-Clinical Revenue	62.93	61.18	(1.75)	(2.86%)	R	
461.88	**Total Operating Revenue**	**470.56**	**476.66**	**6.10**	**1.28%**		
(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%		
(253.71)	**Total Employee Expenses**	**(262.65)**	**(268.48)**	**(5.83)**	**2.17%**	R	3
(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%)		
(182.33)	**Total Non-Pay Expenses**	**(179.04)**	**(179.04)**	**0.00**	**(0.00%)**	G	4
(436.04)	**Total Expenses**	**(441.69)**	**(447.52)**	**(5.83)**	**1.30%**	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%)		
22.45	**Adjusted Net Result**	**42.93**	**39.30**	**(3.64)**	**(9.25%)**		



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

Summary

- The Trust is forecasting a £0.4m favourable control total positon at the year ned. 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

1. 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.
2. 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.
3. 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.
4. 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.
5. The forecast assumes full achievement of the £7.6m Provider Sustainability Fund which is achieved by meeting the control total target each quarter.

2018/19 NHS Income & Activity for the 5 months ending 31 Aug 2018

Great Ormond Street Hospital for Children NHS Foundation Trust

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)
Total	**128,117**	**125,908**	**(2,209)**	**£114,405**	**£115,832**	**£1,427**	G	**£893**	**£920**	**3.0%**	**£3,400**	**(£1,973)**

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.

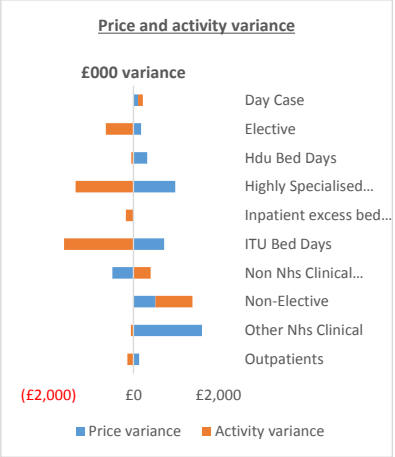
Highly specialised services contain a mix of low volume, high cost and high volume, low cost services and this can cause volatility in the price and activity variances from month to month. The year to date activity variance is a result of ECMO, complex tracheal and lung transplant activity being below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



RAG Criteria:

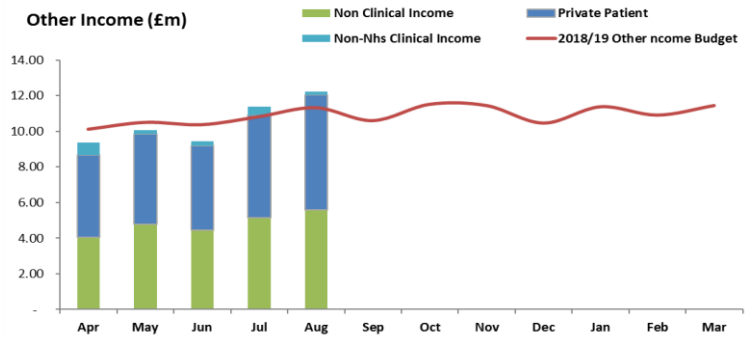
Green Favourable Variance to plan
Amber Adverse Variance to plan (< 5%)
Red Adverse Variance to plan (> 5% or

2018/19 Other Income for the 5 months ending 31 Aug 2018

Great Ormond Street Hospital for Children NHS Foundation Trust

Other Income Summary

		Current month			Year to date			
	Annual plan £000's	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's	RAG YTD Variance
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
Non-NHS Clinical Income	**£67,941**	**£6,035**	**£6,615**	**£580**	**£27,812**	**£28,414**	**£602**	**G**
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
Non Clinical Income	**£62,925**	**£5,286**	**£5,598**	**£312**	**£25,317**	**£24,038**	**(£1,279)**	**R**



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.

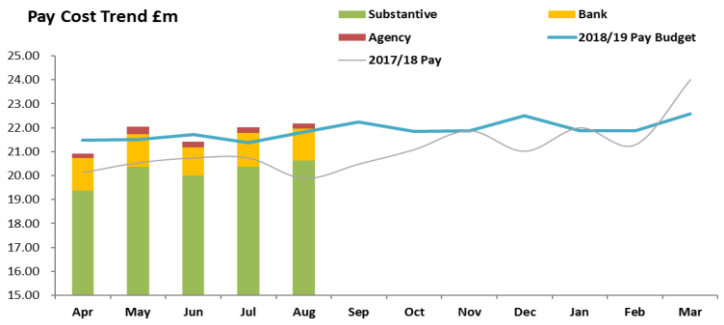
Workforce Summary for the 5 months ending 31 Aug 2018

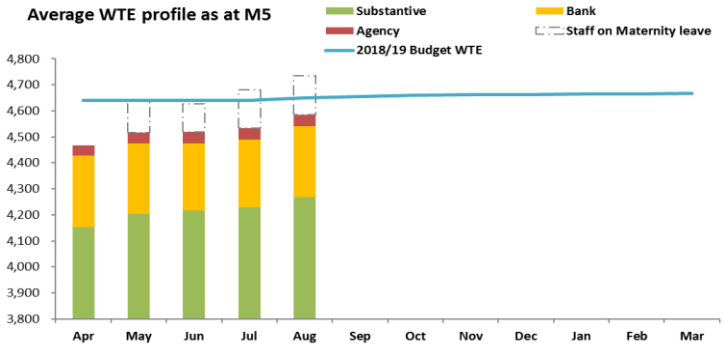
*WTE = **Worked WTE**, Worked hours of staff represented as WTE

Great Ormond Street Hospital for Children NHS Foundation Trust

£m including Perm, Bank and Agency	2018/19 plan			2018/19 actual			Variance				RAG
Staff Group	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
Total substantive and bank staff costs	**110.8**	**4,796.6**	**55.4**	**106.7**	**4,541.8**	**56.4**	**4.1**	**254.8**	**5.9**	**(1.8)**	G
Agency	0.2	8.1	61.8	1.2	44.4	62.4	(0.9)	(36.3)	(0.9)	(0.0)	R
Total substantive, bank and agency cost	**111.0**	**4,804.7**	**55.5**	**107.8**	**4,586.2**	**56.4**	**3.2**	**218.5**	**5.0**	**(1.9)**	G
Reserve*	(3.1)	(155.0)	0.0	0.7	0.0	0.0	(3.9)	(155.0)	(3.1)	(0.7)	R
Total pay cost	**107.9**	**4,649.8**	**55.7**	**108.6**	**4,586.2**	**56.8**	**(0.7)**	**63.5**	**1.5**	**(2.2)**	R
Remove Maternity leave cost				(1.3)			1.3			1.3	G
Total excluding Maternity Costs	**107.9**	**4,649.8**	**55.7**	**107.3**	**4,586.2**	**56.1**	**0.6**	**63.5**	**1.5**	**(0.9)**	G

*Plan reserve includes WTEs relating to the better value programme





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.

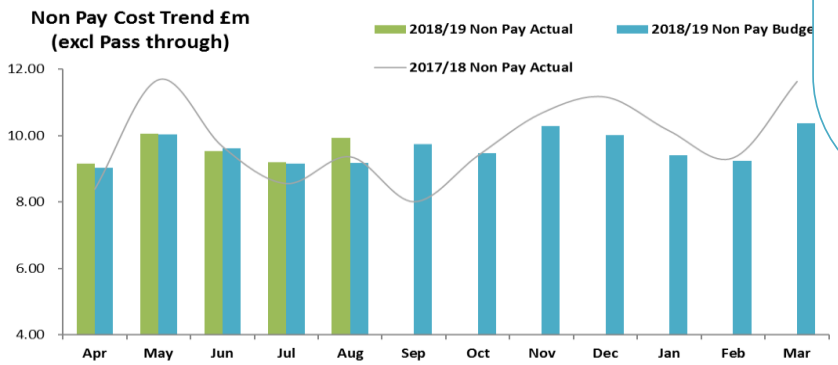
Non-Pay Summary for the 5 months ending 31 Aug 2018

Great Ormond Street Hospital for Children NHS Foundation Trust

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
Total Non-Pay costs	**47.02**	**48.07**	**(1.05)**	R
Depreciation	8.29	8.20	0.09	G
PDC Dividend Payable	3.13	3.10	0.03	G
Total	**58.44**	**59.37**	**(0.93)**	R

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)

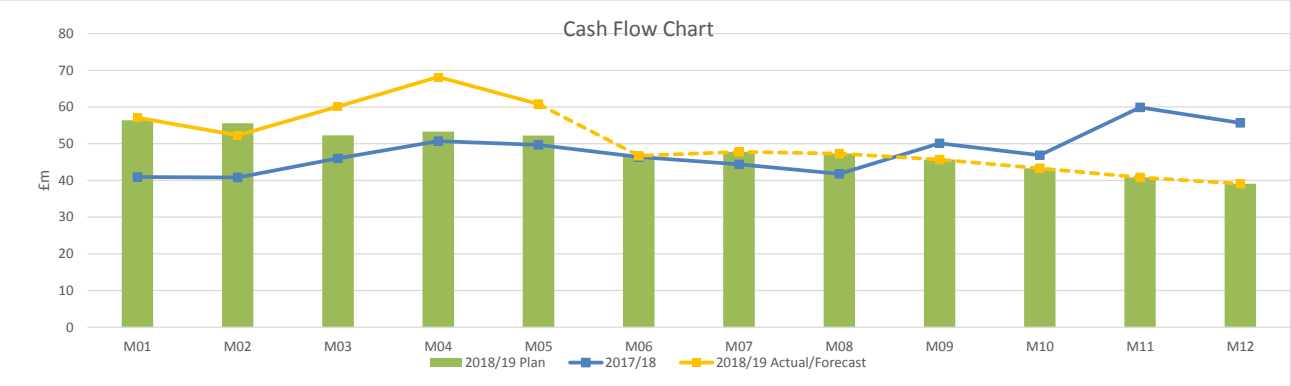
**Clinical non-pay includes blood costs, drugs costs, healthcare from non-NHS bodies, services from NHS organisations, supplies & services clinical and excludes passthrough*

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*
529.44	**Total Assets Employed**	**549.98**	**549.21**	**(0.76)**	**572.36**	**538.78**	**10.43**

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
24.65	**Total Donated**	**18.98**	**18.57**	**0.41**	**40.89**	G
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
13.33	**Total Trust Funded**	**9.45**	**6.12**	**3.33**	**23.74**	A
37.98	**Total Expenditure**	**28.43**	**24.69**	**3.74**	**64.63**	A

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:

1. 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).
2. Cash held by the Trust is higher than plan by £8.7m largely due to later receipt of invoices than planned.
3. 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)
4. 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.
5. 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.

Patient Family Experience and Engagement Committee

Herdip Sidhu-Bevan

November 2018

FFT -Key Points – October 2018

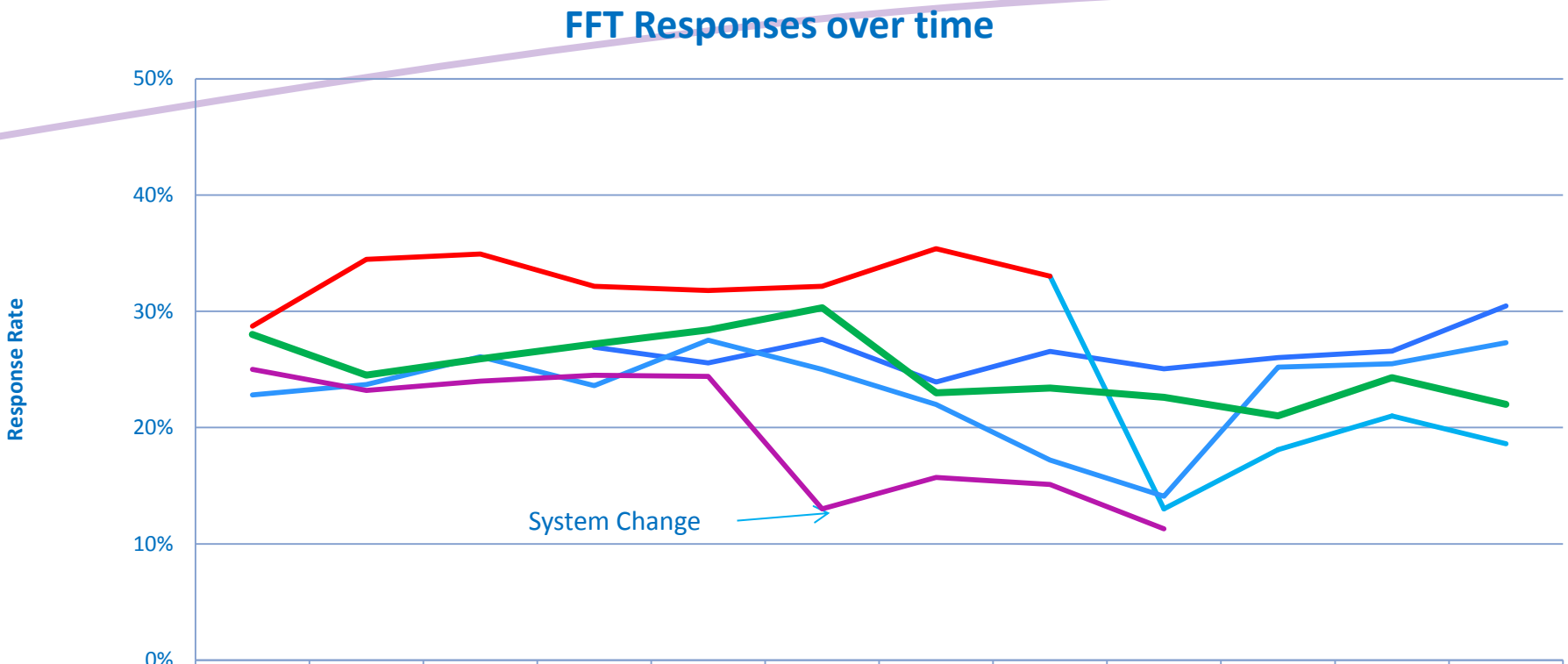
- Regular ‘Feedback Friday’ on Twitter @GreatOrmondSt which will also advertise online feedback form and “You Said, We Did!.
- GOSH internal FFT Target Reduced from 40% to 25% from 1st October 2018.
- Internal Response Rate has dropped to 11% in September 2018.

FFT (Friends and Family Test)

FFT Response Rate

Great Ormond Street Hospital for Children NHS Foundation Trust

Inpatients - Average Response Rate so far in 18/19 = %



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2014				27%	26%	28%	24%	27%	25%	26%	27%	30%
2015	29%	34%	35%	32%	32%	32%	35%	33%	13%	18%	21%	19%
2016 revised	23%	24%	26%	24%	28%	25%	22%	17%	14%	25%	26%	27%
2017 revised	28%	25%	26%	27%	28%	30%	23%	23%	23%	21%	24%	22%
2018	25%	23%	24%	25%	24%	13%	16%	15%	11%			

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%	98.0%						

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%	93.6%						

FFT Themes - Inpatients

Top Three Positive Themes*

*Calculated by Percentage of overall comments

August 2018	September 2018
Always Welcoming	Always Helpful
Always Helpful	Always Welcoming
Always Expert	Always Expert

Top Three Negative Themes*

August 2018	September 2018
Environment & Infrastructure	Environment & Infrastructure
Access / Admission / Discharge / Transfer	Housekeeping / Cleanliness
Catering & Food	Access / Admission / Discharge / Transfer

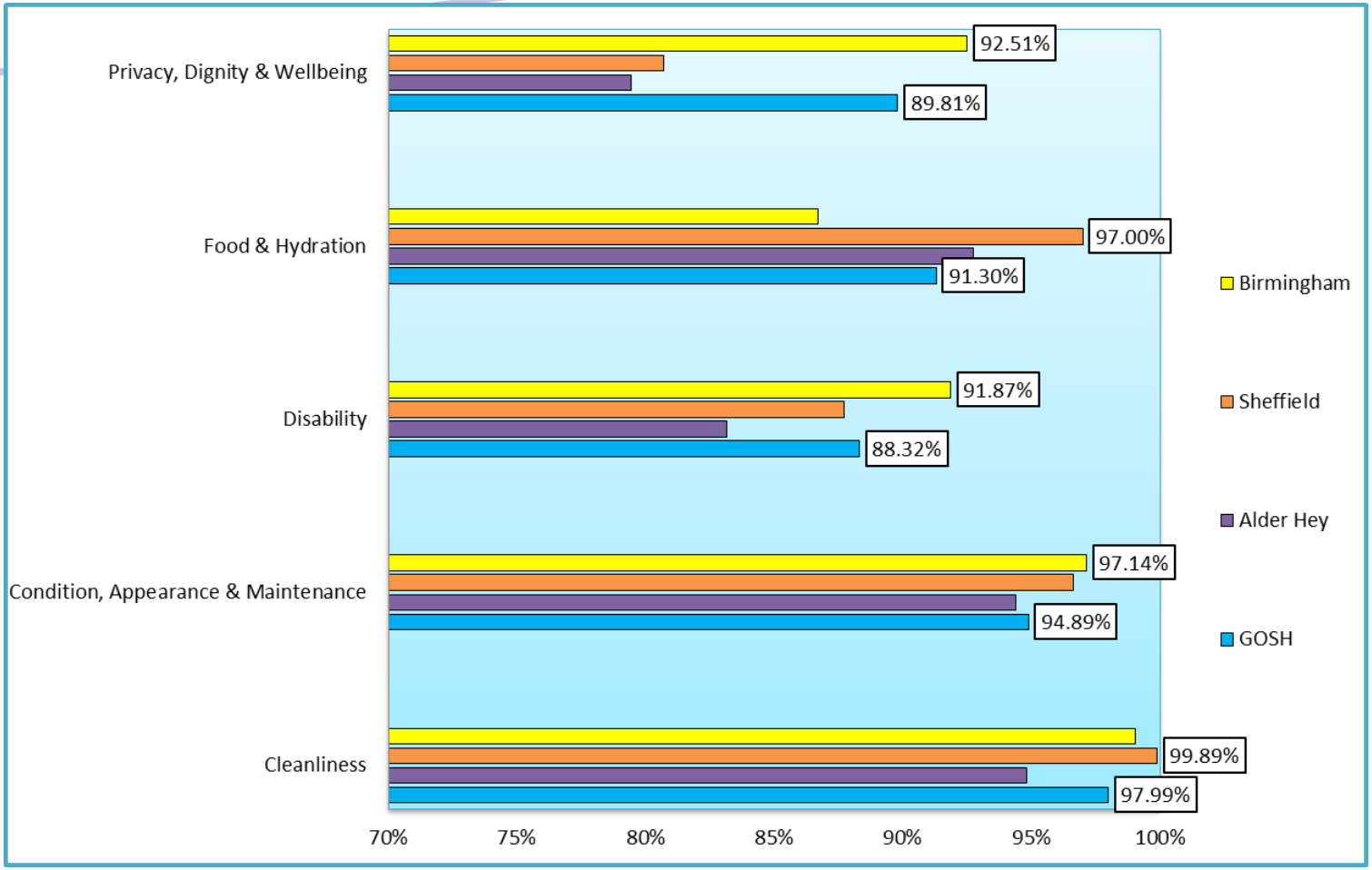
FFT Negative Themes

- Environment
  - Cubicles too clinical
  - Older wards very dated
  - Parent beds uncomfortable
  - Lots of noise at night-time
  - Faulty equipment in cubicle (TV)
  - Lack of curtains
- Housekeeping
  - Standard of cleanliness is not the same across the hospital. Great in some areas, substandard in others
- Access / Admission / Discharge / Transfer
  - Cancelled operations
  - Access times for sleep for day/evening wards
  - Long waits after admission

Patient Led Assessments of the Care Environment (PLACE) 2018

	2013	2014	2015	2016	2017	2018		
Average	95.75%	97.25%	97.57%	98.06%	98.38%	**98.47%**		
Cleanliness	**89.75%**	**96.80%**	**96.75%**	**97.95%**	**98.44%**	97.99%	↓	0.45%
Average	88.78%	91.97%	90.11%	93.37%	94.02%	**94.33%**		
Condition, Appearance & Maintenance	**81.48%**	**93.73%**	**91.07%**	**95.36%**	**96.31%**	94.89%	↓	1.42%
Average				78.84%	82.56%	**84.19%**		
Disability				**79.49%**	**93.62%**	88.32%	↓	5.30%
Average		88.79%	88.49%	88.24%	89.68%	**90.17%**		
Food & Hydration		**92.82%**	**88.40%**	**94.31%**	**92.41%**	91.30%	↓	1.11%
Average		87.73%	86.03%	84.16%	83.68%	**84.16%**		
Privacy, Dignity & Wellbeing		**94.15%**	**94.85%**	**95.03%**	**93.44%**	89.81%	↓	3.63%

PLACE 2018 -result comparison



PLACE – what next?

- Quarterly PLACE audits
- Action plan
- DPS feedback session
- PFFEC
- Publishing the PLACE scores (local facilities noticeboards)

PALS Q2 18/19

Full Report is available in appendix of this report.

The following slide highlights key themes raised through the PALs team and key specialities.

Pan-Trust Thematic Analysis

Top 5 specialities and themes arising in PALS cases received Q2 18/19

Great Ormond Street Hospital for Children NHS Foundation Trust

Specialities	Q2 17/18	Q1 18/19	Q2 18/19
Cardiology	25	36	40
Facilities	8	24	25
Neurology	10	18	25
Orthopaedics	10	17	18
Gastroenterology	18	17	17

Themes	Q2 17/18	Q1 18/19	Q2 18/19
Outpatient (Cancellation; Failure to arrange appointment; poor communication)	139	104	78
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families)	81	102	87
Inpatients (lack of communication; environment of the parents kitchens; accommodation)	43	37	97
Referrals (Waiting times; Advice on making a NHS referral; advice on making an IPP referral)	40	34	13
Admission/Discharge (Cancellation; waiting times to hear about admissions; lack of communication with families)	48	32	44

PALS Report Q2 2018/19

Luke Murphy Pals Manager

1 – 2 Pan-Trust

3. **Pan Trust Analysis**
4. **Trust Learning**
5. **IPP (International and Private patients) & DPS (Development and Property Services)**
6. **Always Values**
7. **NHS Choices**

Comparison of PALS cases received by the Trust during Q2 18/19*

Great Ormond Street Hospital for Children NHS Foundation Trust

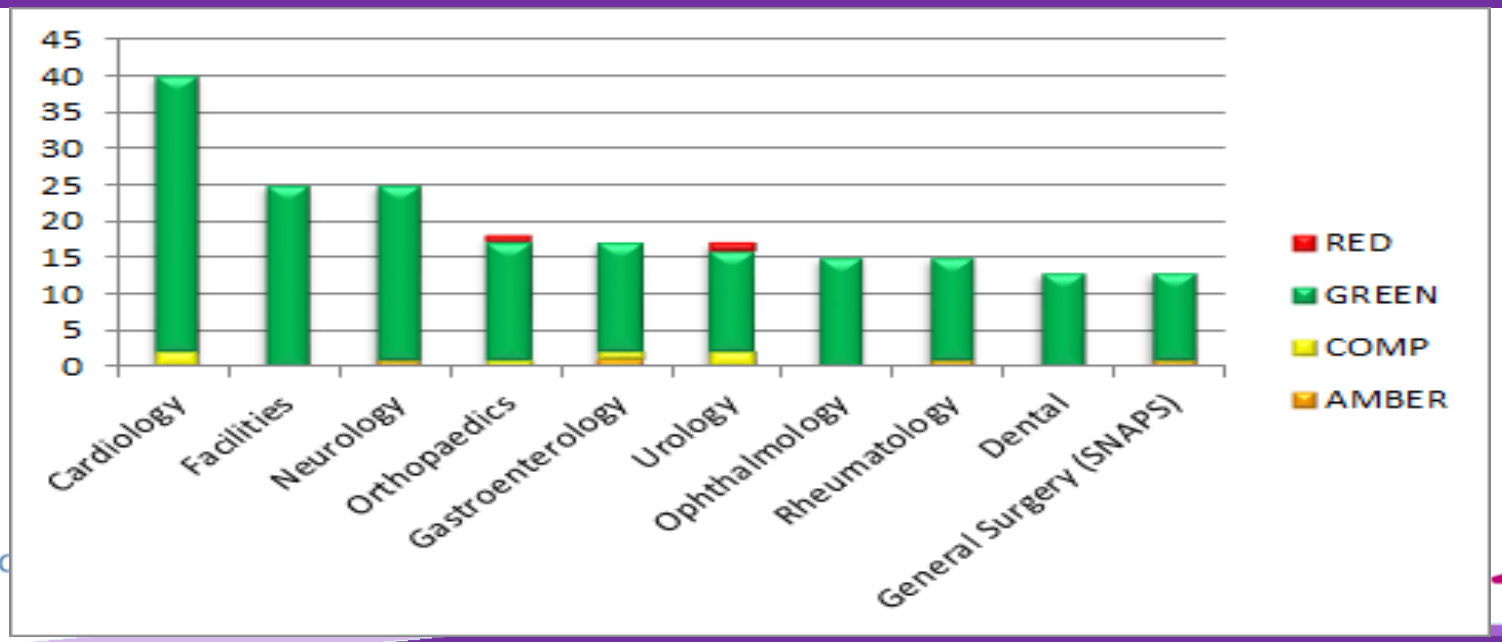
Table showing Pals cases by grading comparing Q1 in 17/18 in comparison to previous quarters.

Cases	Q2 17/18	Q1 18/19	Q2 18/19*
Promptly resolved	293	386	358
Complex cases	22	36	9
Escalated to formal complaints	0	3	6
Compliments about specialities	1	17	10
*Special cases	2334	0	0
Total	2650	442	383

*See Appendix at the end for definitions

*Date range for Q2 01/07/18-30/09/18

Graph showing the top 10 specialities classified by category.



Pan-Trust Thematic Analysis

Top 5 specialities and themes arising in PALS cases received Q2 18/19

Great Ormond Street Hospital for Children NHS Foundation Trust

Specialities	Q2 17/18	Q1 18/19	Q2 18/19
Cardiology	25	36	40
Facilities	8	24	25
Neurology	10	18	25
Orthopaedics	10	17	18
Gastroenterology	18	17	17

Themes	Q2 17/18	Q1 18/19	Q2 18/19
Outpatient (Cancellation; Failure to arrange appointment; poor communication)	139	104	78
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families)	81	102	87
Inpatients (lack of communication; environment of the parents kitchens; accommodation)	43	37	97
Referrals (Waiting times; Advice on making a NHS referral; advice on making an IPP referral)	40	34	13
Admission/Discharge (Cancellation; waiting times to hear about admissions; lack of communication with families)	48	32	44

PALS Cases Pan Trust Learning

Great Ormond Street Hospital for Children NHS Foundation Trust

Examples of themes raised in Q2 (Communication, Outpatients and Inpatients)

Communications:- • 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".	CARDIO	• Dr has confirmed letter has been dictated and sec with call mum to give mum number for the secretaries at Barnett Hospital.
• 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.	NSURG	• Matron will speak with Dad to help him understand the reasoning behind the conflict level given.
Outpatients:- • 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.	NEURO	• 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.
• 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.
• **Inpatients:-** 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"	DERM	• Matron has spoken with mum and taken concerns forward with the team to improve any future admissions.
• Mum came to Pals for a update regarding an SI investigation involving her daughter.	THERAPY	• Patient Safety have spoken with mum and given the correct contact details for further follow ups. - Mum may pop in to Pals to discuss

PALS Cases by Division

Great Ormond Street Hospital for Children NHS Foundation Trust

International Private Patients

	Q2 17/18	Q1 18/19	Q2 18/19
IPP	4	7	3

Commentary: Pals work closely with our colleagues in IPP Arab Advocates to support prompt resolutions.

Development and Property Services

Top Specialties	Q2 17/18	Q1 18/19	Q2 18/19
Estates	1	2	1
Facilities	22	15	26
Redevelopment	2	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

GOSH letters to families not being franked, so families have had to incur the costs of postage

Outcome:

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.

Post room are implementing a new system by OCT 18 , which will remove the need to frank envelopes

PALS and the Always Values

Great Ormond Street Hospital for Children NHS Foundation Trust

Q2 -

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

Always Welcoming- Respect	1	Always Welcoming- Friendly	2	Always Helpful- Understanding	13	Always Helpful- Help others	73
Always Welcoming- Smiles	10	Always Welcoming-Reduce Waits	14	Always Helpful- Patient	13	Always Helpful- Reliable	82
Always Expert- Professional	30	Always Expert- Excellence	5	One Team- Listen	2	One Team- Involve	1
Always Expert- Safe	3	Always Expert- Improving	5	One Team- Communicate	119	One Team- Open	2

Themes

The top three themes that the values relate to are

- **Friendly:** Environment; praise for care; information about referrals
- **Respect:** Referral information; lack of communication with families; staff attitude
- **Reduce waiting:** Lack of communication with parents/patients; waiting times and failure to arrange appointment
- **Smiles:** Staff attitude

The top three themes that the values relate to are

- **Understanding:** Lack of communication with families; accommodation; advice NHS
- **Help Others:** Accommodation; lack of communication; Health information
- **Patient:** Delays /waiting times; incomplete records
- **Reliable:** Cancellations; lack of communication with families; waiting times;

The top three themes that the values relate to are

- **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 three themes that the values relate to are

- **Listen:** Lack of communication with families; support; catering
- **Communicate:** Lack of communication with families; access to medical records; waiting times
- **Open:** Lack of communication with families; accommodation issues; access to medical records
- **Involve;** Lack of communication with families; cancellations with no prior notice; delay in arranging appointments

Other Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

Social Media and NHS Choices: Q2

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

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"

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 19th & 20th 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 wold like to thank the renal and urology team. I wold like to thank you all, I know you are a tam and the best hospital in the world , but you are never boastful about it.	Renal/Urology
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
Mother and father wanted to say they were pleased with today's experience in the pre anaesthetic clinic.	**ENT**

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**

  During the financial year 17/18 there were two separate large contacts following interest by media and public regarding GOSH

  Definitions:

  Red= Complaints

  Amber= Complex/Long Term cases

  Green= Promptly Resolved

Attachment H

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

7th November 2018

Quality and Safety Assurance Committee Summary Report
July and October 2018

Summary & reason for item: To provide an update on the July and October meetings of the Quality and Safety Assurance Committee. The agendas for both meetings are also attached.

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

Report prepared by: Victoria Goddard, Trust Board Administrator

Item presented by: Amanda Ellingworth, Chairman of the Audit Committee

Attachment H

Summary of the meeting of the Quality and Safety Assurance Committee held on 20th 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.

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

Attachment H

QUALITY AND SAFETY ASSURANCE COMMITTEE
Friday 20 July 2018 at 2:00pm – 5:00pm in the Charles West (Board) Room, Great Ormond Street Hospital for Children NHS Foundation Trust
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	Chairman		**2:00pm**
2.	**Minutes of the meeting held on 9 May 2018**	Chairman	**A**	
3.	**Matters arising/ Action point checklist**	Chairman	**B**	**2:05pm**
4.	**Committee Effectiveness Review**	Chairman	**1**	**2:10pm**
	QUALITY AND SAFETY			
5.	**Integrated Quality and Safety Update**	Medical Director/ Chief Nurse	**D**	**2:15pm**
6.	**Update on Transition**	Transition Improvement Manager	**E**	**2:25pm**
7.	**Quarterly Safeguarding Report (April - June 2018)** • **Combined Recommendations Action Plan**	Chief Nurse	**F** **T**	**2:35pm**
8.	**Update on development of potential Future Workforce Assurance Report**	Director of HR and OD	**G**	**2:45pm**
	RISK AND GOVERNANCE			
9.	**Board Assurance Framework Update**	Company Secretary	**H**	**2:55pm**
10.	**External review update**	Medical Director	**I**	**3:00pm**
11.	**Health And Safety Update**	Director of HR and OD	**J**	**3:10pm**
12.	**Bullying and Harassment**	Director of HR and OD	**K**	**3:20pm**
13.	**Compliance Update**	Medical Director/ Company Secretary	**L**	**3:30pm**
14.	**Whistle blowing - Quality related cases** **Freedom to speak up to update**	Director of HR and OD/ Freedom to Speak up	**M** **U**	**3:40pm**

		Ambassador		
	AUDIT AND ASSURANCE			
15.	**Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)**	Deputy Chief Executive	**N**	**3:50pm**
16.	**Internal Audit Progress Report (April 2018 – June 2018)**	KPMG	**O**	**4:00pm**
17.	**Internal and external audit recommendations update**	KPMG	**P**	**4:10pm**
18.	**Clinical Audit update April 2018 – June 2018**	Clinical Audit Manager	**Q**	**4:20pm**
19.	**Update from Audit Committee (May 2018)**	James Hatchley, NED	**S**	**4:30pm**
20.	**Matters to be raised at Trust Board**	Chair of the Quality and Safety Assurance Committee	**Verbal**	**4:40pm**
21.	**Any Other Business**	Chairman	**Verbal**	
22.	**Next meeting**	**Thursday 11th October 2:30pm – 5:30pm**		
23.	**Terms of Reference and Acronyms**	**1 and 2**		

Attachment H

Great Ormond Street Hospital for Children NHS Foundation Trust

Summary of the meeting of the Quality and Safety Assurance Committee held on 11th October 2018

Matters arising

The Committee had requested an update on whether the reduction in scores in all areas of PLACE 2018 were statistically significant. It was noted that GOSH performed better than the national average in all areas except cleanliness and that the change in scores did not appear to be significant. A different methodology had been used in 2018 which was more complete than in previous years.

A charter had been introduced which included a set of expectations for teams which were not functioning well and meetings took place bi-monthly to hold teams to account. The Committee emphasised that it was vital that teams functioned well together in order to ensure there was good clinical governance in place. The Committee requested that this work took place in a timely fashion.

QSAC Effectiveness Review 2018

The results of the effectiveness survey showed that members and attendees felt that in general the committee was meeting its Terms of Reference however issues were raised about the way in which information was received as data rather than assurance reports and the way in which matters were escalated to the Committee. It was agreed that it was important to encourage and have time for free-flowing discussion on emerging issues. Discussion took place about the possibility of splitting out workforce and culture and addressing these issues in a NED led task and finish group.

Emerging clinical/quality issues

Deployment of the software required in order for GOSH and all other sites that irradiate blood to become compliant with specific safety procedures had been delayed. This was as a result of the software being the single available solution and the company was not able to meet demand. The Trust had written to the MHRA to explain the issue and had alternative arrangements in place which were accepted by the MHRA. There had been no incidents around the irradiation of blood.

Further to the recent update at Board, the national problem around disposing of clinical waste had exacerbated and some Trusts had had to take urgent response measures. GOSH had created additional space to store clinical waste bins and changed its licence for storing waste to allow storage of a different type of waste and for longer. Discussions were taking place about developing a pan-London response.

Overview of quality and safety flows in new clinical operational structure

Clear and published single points of accountability were in place for each area and heads of nursing had responsibility for patient experience and heads of service had responsibility for quality, safety and risk. Work was taking place to recut the data in Datix to match the new operational structure however this was a significant task.

Integrated Quality Report

The Trust had a trend of decreasing mortality and arrests outside ICU as well as an increasing trend of recognising the deteriorating patient. A deep dive would be taking place into hospital acquired pressure ulcers and it was noted that the tissue viability team was comprised of 1.8WTE. The Committee requested assurance that, despite the time taken to complete an investigation, any immediate learning from Serious Incidents was embedded into practice immediately. It was confirmed that an Executive

review meeting took place to assess whether a serious incident should be declared and part of the remit of this meeting was to ascertain whether any immediate changes needed to be made.

Update on clinical outcomes development programme
Craniofacial and neurology dashboards had recently been developed and it was noted that GOSH published more clinical outcomes on its website than any other Trust. The Committee agreed that it was important that GOSH continued to benchmark internationally.

Update on issues arising from patient stories (including stories presented at Trust Board in July and September 2018)
The Committee welcomed the progress that had been made in responding to recommendations arising from patient stories.

Quarterly Safeguarding Report (July – September 2018)
There was substantial work to be done around adult safeguarding however a member of the safeguarding team was now the lead for adult safeguarding. Updates were being made to the Mental Capacity Act Policy which was key. There had been no cases of non- compliance in responding to safeguarding requests and the social work service would be recording their complete activity on the Epic system, however discussion was taking place with an external organisation who provided safeguarding services in oncology and had their own information system.

Internal Audit Report on Safeguarding
The review had provided a rating of significant assurance with minor improvement potential. Staff had been clear on their understanding of safeguarding referrals routes and had given excellent feedback about the support provided by the safeguarding team. The Committee congratulated the team.

Board Assurance Framework Update
Discussion took place around reducing the likelihood score of risk 4: recruitment retention however the committee expressed concern about this due to uncertainties around Brexit and the importance of continuing to focus on recruitment and retention. It was agreed that the score would not be reduced but that the remit of the risk would be widened to include the recruitment and retention of other stuff such as junior doctors.

The Committee reviewed the following high level risks:

- Risk 6: The risk that the Trust is unable to sustainably provide and deliver specialist clinical services to the required level.

It was noted that the scope of this risk was very wide and discussion took place about the increase in medication errors. Work was taking place to ascertain whether this increase was in proportion to the Trust's overall increase in reporting.

- Risk 11: Quality and safety risks to implementation of EPR

Formal routes were in place to manage clinical safety and challenging areas had been shared with NHS Digital who had confirmed that they would provide additional advice over and above their usual review.

The Committee noted the risk management update.

Attachment H

Health and Safety Update
Fire safety training compliance had risen since the publication of the report and was now 90% and fire risk assessments continued. Only one RIDDOR had been declared so work could be taking place to raise the importance of declaring these occurrences. Discussion took place about the occupational health team which was very small and the resources available to undertake manual handling training, which was being provided externally. The Committee noted that following substantial work, sharps remained an issue and the committee requested that this was added to the health and safety action plan.

Compliance Update
A band 7 compliance manager would be in post by the end of the October and the committee expressed some concern that there had been a gap when the post had not been filled for some time.

Internal and external audit recommendations update
The Trust continued to maintain a low level of outstanding recommendations. Discussion took place about a recommendation related to the integrated quality report which was not fully aligned with the Single Oversight Framework (SOF). It was confirmed that the indicators which the SOF required to be reviewed were presented to the Board under different reports and the Committee emphasised the importance of highlighting the recommendations which were key and must be completed within the timeline.

Clinical Audit update (July – October 2018)
Discussion took place about the audit on unexplained fractures in IPP and it was confirmed that the correct safeguarding processes had been followed in all cases. The Committee highlighted the important work of the Clinical Audit Team and said it was vital that it was sufficiently resourced.

Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)
The increase in the number of Serious Incidents declared had been reviewed to ensure that it was not as a result of the Better Value programme and it was confirmed that this was not the case. The Committee undertook a deep dive into the flow project and congratulated the team on the substantial reduction in cancellations which had been achieved.

Workforce update
It was confirmed that the data would be provided to directorates to enable them to create their own action plans. It was conformed that a number of forums had been developed and the BAME forum had run an excellent first meeting.

Whistle blowing update - Quality related whistle blowing cases
No new whistleblowing cases had been raised in the reporting period however the team continued to investigate and learn lessons.

Freedom to Speak Up cases
A new leaflet had been produced which would be available online and brought together all methods of raising concerns at GOSH. The service continued to receive bullying and harassment concerns as 50% of their cases however issues reported under this heading were wide ranging. Issues raised had been around pressure on staff in the EPR team and staff dissatisfaction at the reduction in specialist nurse bank rates.

Attachment H

Freedom of Information Act Update

Posts in the team had now been filled and the team members were able to begin clearing the backlog of queries received. The ICO had written to the Trust about the time taken to respond to a requestor. GOSH had an open relationship with the ICO who had been satisfied with the response to the decision notice.

Any other business

The Committee discussed whether there had been any patient safety implications as a result of the power outage in August 2018. It was noted that there had been some patient cancellations, all of whom had been rebooked and one patient was required to be woken up before surgery but after anaesthesia which had been the correct decision and one of which the family had been supportive of.

Attachment H

QUALITY AND SAFETY ASSURANCE COMMITTEE

Thursday 11th October 2018 at 2:30pm – 5:30pm in the Charles West (Board) Room, Great Ormond Street Hospital for Children NHS Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	Chair	**Verbal**	**2:30pm**
2.	**Minutes of the meeting held on 20th July 2018**	Chair	**A**	
3.	**Matters arising/ Action point checklist** • **PLACE 2018 Update**	Chair	**B** **V**	
4.	**QSAC Effectiveness Review 2018**	Company Secretary	**C**	**2:40pm**
5.	**Emerging clinical/quality issues**	Chair	**Verbal**	**2:55pm**
	QUALITY AND SAFETY			
6.	**Overview of quality and safety flows in new clinical operational structure** **Integrated Quality Report including** • **an update on the way learning is disseminated at the Trust** • **an example external integrated quality report** **Update on clinical outcomes development programme** **Update on issues arising from patient stories (including stories presented at Trust Board in July and September 2018)**	Deputy CEO/ Medical Director/ Chief Nurse Medical Director/ Chief Nurse Medical Director Chief Nurse	**Verbal** **D** **E** **F**	**3:05pm**
7.	**Quarterly Safeguarding Report (July – September 2018)**	Chief Nurse	**G**	**3:35pm**
	RISK, COMPLIANCE AND GOVERNANCE			
8.	**Board Assurance Framework Update** **Risk 6: The risk that the Trust is unable to sustainably provide and deliver specialist clinical services to the required level.** **Risk 11: Quality and safety risks to implementation of EPR**	Company Secretary Medical Director/ Chief Nurse Medical Director	**H** **Verbal Update** **I**	**3:45pm**

9.	**Risk Management update (**Assurance of management of quality related high level and trust wide risks (compliance with the risk management framework)	Medical Director	**J**	**4:00pm**
10.	**Health and Safety Update**	Acting Director of HR and OD	**K**	**4:10pm**
11.	**Compliance Update**	Medical Director	**L**	**4:20pm**
	AUDIT AND ASSURANCE			
12.	**Internal Audit Progress Report (July - October 2018)**	KPMG	**M**	**4:25pm**
13.	**Internal and external audit recommendations update**	KPMG	**N**	
14.	**Clinical Audit update (July – October 2018)**	Clinical Audit Manager	**O**	**4:40pm**
15.	**Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)**	Deputy Chief Executive	**P**	**4:50pm**
16. **17.** **18.**	**Workforce update** **Whistle blowing update - Quality related whistle blowing cases** **Freedom to Speak Up cases**	Acting Director of HR and OD Acting Director of HR and OD Freedom to Speak Up Guardian	**Q** **R** **S**	**5:00pm**
	FOR INFORMATION			
19.	**Update from the Clinical Ethics Committee**	Chair of CEC	**Verbal**	**5:15pm**
20.	**Freedom of Information Act Update**	Medical Director	**U**	
21.	**Matters to be raised at Trust Board**	Chair of the Quality and Safety Assurance Committee	**Verbal**	
22.	**Any Other Business**	Chairman	**Verbal**	
23.	**Next meeting**	**Thursday 17th January 2019**		
24.	**Terms of Reference and Acronyms**	**1**		

Attachment I

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors
7th November 2018

Audit Committee Summary Report
October 2018

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

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

Report prepared by: Victoria Goddard, Trust Board Administrator

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

Summary of the meeting of the Audit Committee held on 18th October 2018

The Committee noted the minutes from the Trust Board Risk Management meeting which took place on 4th September 2018 and requested that any actions were incorporated into the Trust Board and Audit Committee action checklists.

Board Assurance Framework (BAF) Update

The Committee agreed to recommend to the Board an increase in the likelihood score for risk 11: EPR risk from 3 to 4 as a result of the complexity of patient data which was required to migrate across to the Epic System and the result of a refresh of the Long Term Financial Model (LTFM) which showed greater financial risk to the hospital overall.

The Committee undertook a deep dive into the following BAF risks:

- Risk 1: Financial Sustainability

The Committee agreed to recommend to the Board an increase in the likelihood score from 3 to 4 and an increase in the impact from a score of 4 to 5. This was as a result of risks around the Trust's income through tariffs, the potential impact of Brexit and risks around IPP performance and debtors. Mitigations against these areas were noted.

- Risk 2: Productivity and Efficiency

The Committee agreed that it was important to work towards a culture in which staff were engaged collectively in working towards the better value target and in working in the best interests of the Trust as a whole. Discussion took place around the action that would be taken in the event of a significantly larger efficiency target being assigned to the Trust in 2018/19 and it was agreed that some actions that had been taken at other Trusts could be initiated at GOSH but in some cases there was likely to be significant staff feedback.

- Risk 7: GOSH Strategic Position

GOSH continued to improve its engagement with external organisations such as STPs and through the Children's Alliance in order to advocate appropriately within the system.

Risks arising since last Audit Committee meeting: Power Outage

An update was provided on the root cause of the power outage which had taken place in August 2018 and it was agreed that the Board and Council of Governors would be briefed. It was emphasised that, other than the Southwood building for a period of approximately three hours, the GOSH site was covered by generator power. Eleven patients were affected by cancellations however it was confirmed that they had been rebooked and the hospital had been safe throughout this time. An action plan was in place and the committee asked for this to include the work that was being undertaken by the authorised engineer to review the way the system power system, which was currently overcomplicated, could be simplified.

Update on GDPR and data quality

Information sheets were being developed based on privacy notices to make them more user friendly and education sessions were taking place with staff around the use of email as some incidents involving email had taken place. Discussion took place around subject access requests (SARs) and the large scale of some of the requests received by the Trust.

The focus of the data quality work was now around what was required for the EPR programme. The Committee noted that following a review of the external auditor opinions given to the quality report, no Trusts reviewed had received an unqualified report. Discussion took place around the way in which GOSH could achieve this and the committee agreed that the Trust's first priority must be to ensure that patients were receiving treatment within an appropriate timeframe and that the Board was assured of this.

Serious Incidents and Claims
The Committee reviewed the number of open claims and the number of these which had an associated complaint or Serious Incident investigation. It was agreed that the committee would continue to review the cost of liabilities as although GOSH's liability was capped at its insurance premium it was contributing to an NHS system.

Losses and Ex-gratia Payments
The total write off in the period was noted and it was confirmed that the Trust continued to minimise losses. It was agreed that a trend would be included in future reports.

External Audit Planning Report
A draft plan had been submitted by Deloitte due to the external audit tender process currently underway. The scope of the work remained consistent with previous years. Discussion took place about the way in which the EPR system would be valued once it came into use as the judgements taken would be scrutinised by the auditors.

Internal Audit Progress Report and Technical Update October 2018
The internal audit on safeguarding was received which provided a rating of significant assurance with minor improvement potential. Discussion took place about the phasing of the audit calendar and the large number of reports which were received in the second half of the financial year. The committee requested a tracker from the auditors for each report to show the progress made.

Internal and external audit recommendations – update on progress– October 2018
Discussion took place about a recommendation related to the integrated quality report which was not fully aligned with the Single Oversight Framework (SOF). It was confirmed that the indicators which the SOF required to be reviewed were presented to the Board under different reports and the Committee emphasised the importance of highlighting the recommendations which were key and must be completed within the timeline.

Counter Fraud Update – October 2017
One on-going case continued to be investigated and it was noted that referrals in the NHS in general were reducing which was against the trend in the private sector.

Update on accounting standards – IFRS
- IFRS 15 – A risk had been identified around impact of the standard on research and innovation income and it had been agreed that GOSH would speak to the Department of Health. A review of approximately 200 contracts was required to ascertain whether variations were required.
- IFRS 16 – Although this standard was not adopted until 2019/20 a disclosure on the potential in the annual accounts was required in 2018/19.

Review of SFIs, Standing Orders and Scheme of Delegation
Documents had been updated to reflect changes such as the change in procurement provider and clinical operations structure. A two page guide was being produced for budget holders.

Whistle blowing Update – October 2018
One issue was ongoing and one case had recently concluded and learnings were being gathered. Work on whistleblowing was taking place with an HR consultant with experience of whistleblowing in other Trusts and they had confirmed they were not concerned about the number of cases received. It was highlighted that due to the implementation of Freedom to Speak Up, staff were becoming more away of how to raise concerns and activity was increasing.

Updates from Board Assurance Committees
The Committee noted the minutes from the previous Finance and Investment Committee and Quality and Safety Assurance Committee.

Procurement Waivers – October 2018
The Committee requested a review of the approach to waivers was undertaken at a future meeting.

Attachment I

AUDIT COMMITTEE
Thursday 18th October 2018 at 9:00am, Charles West Boardroom, Paul O'Gorman Building, Great Ormond Street, WC1N 3JH
AGENDA

	Agenda Item	Presented by	Attachment	Time
1	**Apologies for absence**	Chair	**Verbal**	**9:00am**
2	**Minutes of the meeting held on 23rd May 2018**	Chair	**A**	
3	**Matters arising and action point checklist**	Chair	**B**	
	RISK			
4	**Draft minutes of the Board Risk Management Meeting on 4 September 2018**	Chair	**C**	**9:10am**
5	**Board Assurance Framework Update** **Process for presentation of high level risks** **Risk 1: Financial Sustainability** **Risk 2: Productivity and Efficiency** **Risk 7: GOSH Strategic Position**	Company Secretary Chair Chief Finance Officer Deputy CEO Deputy CEO	**D** **Verbal** **F** **G** **H**	**9:15am**
6	**Risks arising since last Audit Committee meeting:** • **Power Outage**	Deputy CEO/ Director of Development	**J**	**9:50am**
7	**Update on GDPR and data quality**	Director of Performance and Information/ Company Secretary	**K**	**10:00am**
8	**Serious Incidents and Claims**	Medical Director	**L**	**10:10am**
9	**Losses and Ex-gratia Payments**	Chief Finance Officer	**M**	**10:20am**
	EXTERNAL AUDIT			
10	**External Audit Planning Report**	Deloitte LLP	**N**	**10:30am**
	INTERNAL AUDIT AND COUNTER FRAUD			
11	**Internal Audit Progress Report and Technical Update October 2018**	KPMG	**O**	**10:40am**
12	**Internal and external audit recommendations – update on progress– October 2018**	KPMG	**P**	

13	**Counter Fraud Update – October 2017**	Counter Fraud Manager, TIAA	**Q**	**10:55am**
	GOVERNANCE			
14	**Update on accounting standards – IFRS**	Chief Finance Officer	**R**	**11:00am**
15	**Review of SFIs, Standing Orders and Scheme of Delegation**	Chief Finance Officer	**S**	**11:10am**
16	**Whistle blowing Update – October 2018**	Acting Director of HR and OD	**U**	**11:20am**
17	**Finance and Investment Committee –- April – September 2018 draft minutes**	James Hatchley, Chair of the F&I Committee	**V**	**11:30am**
18	**Quality and Safety Assurance Committee –July 2018 Final Minutes**	James Hatchley, NED	**W**	
	ITEMS FOR INFORMATION			
19	**Procurement Waivers – October 2018**	Chief Finance Officer	**X**	**11:40am**
20	**Performance Report – Months 4&5 (2018/19)**	Deputy Chief Executive	**Y**	
21	**Any Other Business**	Chair	**Verbal**	
22	**Next meeting**	24 January 2019.		
23	**Audit Committee Terms of Reference and annual work-plan**	1 - For reference only		

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

Wednesday 7 November 2018

Young People's Forum Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since the last Members' Council Meeting since July 2018.

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

3 key messages to take away from this report are:

1) There was a YPF membership consultation and the following changes to membership have been accepted

   A - The exit age of the YPF should be lowered from 25 to 21

   B- YPF members should be current patients or siblings of current patients (with an allowance of staying for a year after being discharged from GOSH)

2) There has been a YPF election. The newly elected team is the youngest the YPF has ever had: the Chair is 15 and the Vice-Chair is 14 (the previous Chair team were 24 years old and 17 years old).

3) 24 involvement opportunities were advertised during this period such as taking part in a pilot for youth volunteering at Saturday and Sunday Clubs and becoming a patient representative on the Catering Improvement Group.

Report prepared by: Amy Sutton, Children and Young People's Participation Officer.

Item presented by: Young People's Forum Member who is also a Governor or the Children and Young People's Participation Officer.

Attachment J

YPF activity – August 2018 to October 2018

The Young People's Forum (YPF) is a group of current and ex patients aged 10-21 who have a strong voice in helping to improve the experiences of teenage patients. They use their own experiences to guide and support the hospital. There are six meetings a year, with ad hoc involvement opportunities between meetings.

The current total of membership: 43

Since the last report to the Council three monthly YPF newsletters have been circulated.
Examples of YPF member activities since the last report are:

- Five members took part in Non-Executive Director stakeholder panels.
- Six members took part in the Summer School for medical students and recent graduates. Members presented a session on what is important to young people in healthcare and took part in a discussion about how to communicate well with young people.
- YPF member, Ezara-Mai, won a prestigious Diana Award for her work in raising awareness about rare conditions.

24 involvement opportunities were advertised during this period such as taking part in a pilot for youth volunteering at Saturday and Sunday Clubs and becoming a patient representative on the Catering Improvement Group.

Meetings
Since the last Foundation Trust Council Meeting, there has been one YPF meeting in August. At the meeting:

- Nicola Grinstead, Deputy Chief Executive, sought inspiration for names of the newly formed divisions, as part of helping to make teams across the hospital work together better. Nicola was assisted by Dekay—an urban poet/ rapper. The video taken of the session will be available on the YPF website page.
- The Catering Team visited the group to collect feedback on their menu ideas which are due to go live in October.
- The Redevelopment Team sought ideas from members on how to design the patient bedrooms. There were a number of interactive sessions, e.g. mixing paint to create colour palates.

Fig 1: August 2018 YPF

YPF consultation
In June a review into the membership of the YPF was completed. A formal Consultation document and easy read version were created and circulated. The consultation period opened in July and closed in August 2018.

Two changes were put to the group:

1) The exit age of the YPF should be lowered from 25 to 21
2) YPF members should be current patients or siblings of current patients (with an allowance of staying for a year after being discharged from GOSH)

There were 17 responses (23% of the membership); 65% (11) of comments were positive and supported the change and 35% (6) expressed negative comments.

Members who were specifically affected received an email to:

- Clarify their situation
- Thank them for their time and dedication
- Remind them of other ways they can remain involved with the hospital (Six alternative options)
- Encourage them to join the patient representative/Foundation Trust at their adult hospitals

Fig 2: Thank you and farewell session during the August YPF meeting

During the August meeting there was a thank you session where members who would be leaving the group received hand-written thank you cards and photos of their time as a member.

As a final goodbye, for those who were unable to attend the August meeting, there will be a YPF Graduation Ceremony during the Annual Volunteers Awards. During this event they will receive framed certificates and the yearbook which is currently being designed.

YPF election
An election is held annually for YPF members to vote for their Chair and Vice Chair. In August an election pack was emailed to YPF members containing role descriptions, an explanation of the voting process, and how members could declare their interest.

Five members declared their interest to be Chair. This election had the youngest cohort of candidates ever; the youngest candidate was 13 and the oldest was 17. All candidates wrote statements to explain why they wanted the respective roles; these were sent out to YPF members one week before voting opened.

Fig 3: Ali, Chair – left
Charlotte, Vice Chair - right

Five members declared their interest to be Vice Chair and the same process was used.

The newly elected team is the youngest the YPF has ever had: the Chair is 15 and the Vice-Chair is 14 (the previous Chair team were 24 years old and 17 years old). They will be mentored and supported by the CYPPO

Visual minutes of YPF meetings and monthly YPF newsletters are available on request.

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

External Audit Tender

Summary & reason for item:
The Trust is currently in contract with Deloitte for external audit services and these arrangements expire on 31 March 2019. A process was needed to procure replacement arrangements from April 2019.

In line with the *National Health Service Act 2006* and *Reference Guide for NHS Foundation Trust Governors* it is the responsibility of the Council of Governors to appoint or remove the Trust External Auditors with support from the Audit Committee.

A paper was previously brought to the Council of Governors that outlined and asked for approval of the tender process. The process was approved and it was agreed that two Governors should act on behalf of the Council throughout the process.

This paper outlines the process undertaken and recommends the preferred bidder for the Council of Governors to approve.

Governor action required:
To approve the appointment of Deloitte as External Auditors from April 2019.

Report prepared by:
Helen Jameson – Chief Finance Officer

Item presented by:
Helen Jameson – Chief Finance Officer

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

7 November 2018

Governance update

Summary & reason for item:

The purpose of this paper is to provide a summary of Governance work undertaken related to the Council of Governors since the 24 July 2018 report to the Council of Governors. The report includes:

- Revised Trust Board terms of reference
- Council of Governors' development programme
- Buddying Programme update
- Membership Engagement Recruitment and Representation Committee (MERRC) update
- The Membership Strategy 2018 – 2021 – **for approval**
- Feedback from the 2018 AGM

Governor action required:

- To review the development plan and inform the Corporate Affairs team of any development they would like to prioritise for the 6 February 2019 Council of Governors' development session.
- To note the report and pursue any points of clarification or interest.

Report prepared by:

Paul Balson, Deputy Company Secretary, paul.balson@gosh.nhs.uk

Report presented by:

Paul Balson, Deputy Company Secretary

Revised Trust Board terms of reference

The Trust Board terms of reference have been reviewed, updated and approved to reflect: the July 2018 Financial Reporting Council (FRC) Code, the updated Well Led framework Key Lines of Enquiry (KLOEs) and CQC Well Led inspection and other minor amendments. A summary of the changes are:

- strengthening the phrasing about the Board's role in setting purpose, values and strategic direction.
- including reference to arrangements for staff to raise concerns in confidence.
- how the Board will set a strategy that is reflective of the wider health and social care economy.
- reference to compassionate, inclusive and effective leadership.
- reference to the Board ensuring there are effective structures in place to support good governance and management.
- Reference to the Council of Governors (previously the Members' Council) and governors (previously councillors)
- Change of reference from 'Chairman' to 'Chair'.

Council of Governors' development programme

Following the July Council of Governors' meeting, Governors were sent a template to help the Corporate Affairs team design a Council of Governors' development plan for the rest of 2018/19 and 2019-2021.

This was to ensure that the agendas of the forthcoming Governor Development sessions, which will start Wednesday 6th February 2019, would strike a balance of what is required / what Governors would like to learn.

The template was divided into two sections:

Holding NEDs to account	**Key duties of a Governor**
The Corporate Affairs team listed the Trust Strategy objectives and asked Governors to indicate what skills / knowledge they would need to be able to hold NEDs to account against strategy area	Governors were asked to indicate what further development they needed to deliver key Governor duties such as: remunerating the Chair and NEDs.

All Governors were asked to complete the template by Friday 31 August 2018. The feedback has been collated and will be used to guide the agendas of the forthcoming Development sessions. The most popular areas identified are presentations from the Charity and Research & Development and we will plan on delivering these sessions from Wednesday 6th February 2019.

Wherever possible we will ensure that subject matter experts are able to present the items. In addition to the Development sessions we will explore other innovative ways to deliver the development objectives e.g. online training, tours of the hospital and pre-recorded videos.

Governors are invited to inform the Corporate Affairs team of any other sessions they would like to prioritise.

The complied document is included as an appendix to this report.

Buddying Programme update

At the Council of Governors' meeting on 24 July the 'Buddying' arrangements were agreed and Governors were allocated to their Non-Executive Director 'Buddies'. All Buddies were encouraged to make contact with their allocated Governors for an initial meeting.

All Non-Executive Directors have either met with their buddies, have meetings / telephone calls scheduled with their buddies or offered time slots that were not used. Meetings that did not take place were due to transport delays, scheduling issues or Governor withdrawal / non-participation from the programme.

Buddying ideas for the Council of Governors

Following their initial meeting, some of the buddying groups have initiated the following ways for working together:

- Meeting every two months at GOSH to share high level reflections, queries and concerns for the NED to consider as part of their role.
- Reminding Governors about opportunities for attending Trust Board, Assurance committees, or any other Hospital group meetings. Ensure that there is sufficient rotation of Governor attendance at these meetings and that papers are available in a timely manner.
- Offering Governor specific training or discussion opportunities from NHS bodies or assurance providers like KPMG and Deloitte.
- Circulating regular updates on current issues following Trust Board meetings or on matters in between meetings.

Next steps and end of year evaluation

The Buddying programme was requested by the Council of Governors and offers a valuable opportunity to work with the Non-Executive Directors. The Governors that have actively participated in the programme have provided positive feedback. The Corporate Affairs team remains on hand to facilitate the Buddying programme.

This is the first pairing of Governors to Non-Executive Directors as part of the Buddying programme. The programme will be evaluated and a report prepared for the 17 July 2019 meeting. Dependent on feedback, the program will either be continued with Governors' being matched with a different NED (including the new NED Kathryn Ludlow) or alternative arrangements considered e.g. twice yearly Q&A sessions with NEDs and Governors.

Membership Engagement, Recruitment and Representation Committee (MERRC) update

The last meeting of the MERRC was on 17 October 2018. The following highlights were discussed at the Committee:

Membership Statistics and report as at 10 October 2018 and update on recruitment drive

The Committee reviewed a report that provided a summary of our public, parent and carer and patient membership (it did not include staff membership).

The table below shows the overall membership figures for our public and patient, parent and carer constituencies at 31 March 2018 and current figures at 10 October 2018. Also presented are the target figures for the year ahead.

Table 1: Actual and projected membership figures for 2018-19

Constituency	2017/18 actual (as at 31 March 2018)	2017/18 actual (as at 10 October 2018)	2018/19 target (as at 31 March 2019)
Public	2,752	2,798	2,835
Patient, parent and carer	6,917	6,933	7,125
Total	**9,669**	**9,731**	**9,959***

Both constituencies have seen an increase in number of members, which is positive. Since 31 March 2018, 46 members have joined the public constituency (55% of our annual target). This leaves a remaining target of 37 new public members to recruit by 31 March 2019 in order to reach our projected total.

The patient, parent and carer constituency has gained 16 new members (7.7% of our annual target). This leaves a remaining target of 192 new members to recruit by 31 March 2019 in order to reach our projected total.

Unfortunately there was decrease in the number of patient members aged 17-21 years decreased by 32. Recruiting patients in this age group was a focus for the MERRC when reviewing the draft Membership Engagement Strategy. The full report is included as an appendix to this paper.

Membership Strategy 2018 – 2021

On 18 September 2018 Committee Members and other Governor attendees held a session devoted to the revision of the Membership Engagement Strategy. The session was very productive and generated a lot of ideas for the Strategy. The key points included:

- Keep the objectives from the previous strategy, but be more focused in scope "Do less, better". The new strategy needed to be more targeted towards demographics that the membership is under represented on.
- Run health seminars on specific topics, the format being: a talk from a Consultant and then time with a Governor and recruitment talk.
- Additional "You said, we did" content, to demonstrate the value of being a member.
- Make more use of the Governors being able to contact their constituencies.
- Aim for better Governor attendance at fun runs, the AGM and other events.
- More outreach by Governors to community groups, targeting the community leaders.
- Link with our local CCG Patient and Public Engagement teams to identify the "key players" we can discuss membership with.
- "Piggy back" onto social media Campaigns to get young people interested in the experiences available by being a member.

At the 17 October meeting, the Committee discussed the first draft of the Strategy and raised the following points in discussion that would be actioned by the Deputy Company Secretary and the Membership Relationship Manager:

- It was crucial to the recruitment of members, that the benefits of membership are clearly defined, articulated and advertised. Moving forward, any ideas for youth recruitment and engagement could be piloted through the YPF. It is essential that the fun and influential aspects of membership are better advertised.

- The Committee needed to consider a concept marketing approach to recruitment: Consider the three or four key target groups, what they would want from membership and then see how we can tailor the membership offer for them.
- Do we collect information on whether or not we have members with learning difficulties? Are they underrepresented in comparison to the national picture?
- Is there an even spread of patients across the new Directorates?
- How could Directorates help recruit members?
- Could we work with the DRIVE team to recruit members?
- Could Governors be allocated to their areas of interest and have this communicated to members? Demonstrate how Governors can be a bridge / signpost for members.

Action: The draft strategy is attached for approval by the Council of Governors.

Review membership form and communications to new members

The Committee reviewed the refreshed membership form and welcome letter from the Lead Governor, but felt it was prudent to better define the benefits of membership and include these before final approval.

Progress report on Governors' online library

The MERRC agreed the framework and design for the Governor online Governors library. Working with the Communications Team, the Corporate Affairs Team will begin uploading initial content and it will be available to Governors from January 2019.

Governors will be able to access the Trust intranet through use of their GOSH email addresses which will be distributed at the 7 November meeting of the Council of Governors.

The full functionality of the online library will not be available until the Trust has moved its systems over to Office 365.

Feedback from AGM

The Governors who attended the AGM provided feedback on the AGM. The following points were raised:

- Overall the event was very good.
- The Lagoon felt was a more open, interactive and informal space.
- There were a lot of staff in attendance and less Governors and Members this year.
- There was lower representation from partner organisations.
- The stalls were all very good.
- There could have been a focus on recruiting younger members to the membership.
- The 'Child first and Always' could have been embedded further into the presentations.

Appendices

- Revised Trust Board terms of reference - Attachment Li
- Full development Programme plan for Council of Governors - Attachment Lii
- Membership statistics report - Attachment Liii
- Membership Engagement Strategy - Attachment Liv

Attachment Li

Great Ormond Street Hospital for Children NHS Foundation Trust

FINAL 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.

Approved September 2018 Trust Board

Council of Governors development plan

Key areas of development ↘			Learning Objectives
Holding NEDs to Account	Care	Clinical Services	To get a clear understanding of how much knowledge the NEDs have and to understand their areas of concern and their rationale for these.
			What is the process for recognising and funding specialised services?
			How do we currently review the clinical services, make changes and optimize for maximum performance as well as quality of care. What are the priorities, gaps, challenges and focus areas
		Quality	How do we measure patient/family carer views on how valued, cared for and listened to they are?
			How 'quality' is measured? What is a positive outcome? Can this be different for a clinician, a parent, for a patient? Comparative understanding of how other trusts are doing in terms of NHSI and CQC reports.
		Access	Can we have comparative understanding of how other Trusts are performing on RTT What are the metrics?
		Better Value	Have comparative understanding of how other Trusts are doing in terms of better value. How does the Trust know it is striking the right balance between efficient and holistic care.
	People	Culture	Can we have a report from HR including highlights from the staff survey and a report from Cognitive Institute to explain their work? Do staff feel they have a good work/life balance? Culture - how does the Trust track this? What are the communication channels for staff to raise issues? What are the challenges?
		Talent	What is the Trust is doing to counter the negative effects of Brexit? What are the strategies and challenges to retain talent?

Key areas of development ↘			Learning Objectives
		Leadership	What tools and datasets do the NEDs use to assess leadership? - What Leadership and management training is available? - How is the impact of learning /training measured? - How are we performing on appraisal? - Is there evidence of leadership changes from staff feedback?
		Education	How is the impact of education accessed / available and assessed? Understanding of the challenges for staff How education budgets and time granted to staff has changed.
	Research	Research	A general introduction and an overview of what the strategy is and how is success measured?
		Reward	-
	Technology	Digital	How does the Trust compare with others with regards to its use of up to date technology and becoming a digitally mature organisation, radically transforming patient, family and staff experience of our services
		Technology	What are the cost implications and how they will impact on our families?
	Voice	Voice & Advocacy	How is the patient voice / voice of those who need to be heard the most, fed into Trust decision making. Are patients sufficiently aware that they can raise concerns and all the avenues open to them?
		Networks & Partners	Presentations on current networks and their roles What is GOSH's influence within the networks? Are we making the most of these relationships?
	Spaces	Environment	What are we doing to counter the challenges around sustainable care? Do we have plans to provide less 'Enclosed' spaces for patients with a less clinical feel?
		Site	Can we gain an understanding of the way the site works, the challenges of the site and any operating restrictions imposed on the Trust because of its location How do we ensure the site is accessible to all?

Key areas of development ↘			Learning Objectives
		Equipment	Can we have a presentation by the equipment and procurement committees? How do they decide what to fund from the bids submitted?
	Information	Informatics	We would like a presentation on key functions and outputs and assurances on data quality
		EPR	What a comprehensive, unified electronic single patient record means for the Trust Risks, threats and opportunities for maximising staff productivity and delivering excellent care Contingency plans for if it breaks
		Research Data	-
	Funding	NHS Funding	Presentation on NHS funding, especially of specialised paediatric services' and how decisions are made.
		Charity Funding	The role of the charity and its impact on GOSH finances
		Commercial Funding	How the Trust is developing sources of income within the UK and internationally What is the process for recognising, promoting and funding specialised services
Key Governor duties	Appoint the Chair and NEDs	Understand the terms and conditions for the chair and non-executive directors	-
	Remunerate the Chair and NEDs	Understand the terms and conditions for the chair and non-executive directors	To understand what influence / power NEDS have. Examples of when a NED has taken action What was the process involved? Are there example of when a NED has been challenged Need to understand the market value of these positions balanced against the future reputational value of being GOSH Chair/NED.

Key areas of development ↘			Learning Objectives
	Taking decisions on significant transactions and mergers, acquisitions, separations and dissolutions	Definition of 'Significant transactions' and voting arrangements	-
	Taking decisions on non NHS income	Governance arrangements on approving any change to the proportion of income derived from non-NHS sources	Big picture context, historical perspective, informed decisions - strategic context and priorities.
	Appoint the auditor	Understanding the criteria for auditors	-
		Governance arrangements for the appointing and removal of external auditors	-
	Engage, recruit and represent members	Engage	-
		Recruit	-
		Represent	-

Great Ormond Street Hospital for Children NHS Foundation Trust

Membership statistics and report as at 10 October 2018 and projected membership targets to 2019

Summary & reason for item

Anyone living in England and Wales over the age of 10 can become a GOSH member, and the Trust strives for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers and staff.

This report provides a summary of our public, parent and carer and patient membership (it does not include staff membership).

Membership Engagement Services (MES) is our membership database provider and holds and manages our public and patient, parent and carer data. Statistical analyses were run within the database and the attached report produced to highlight key findings.

Actual and projected membership figures

Table 1 below shows the overall membership figures for our public and patient, parent and carer constituencies at 31 March 2018 and current figures at 10 October 2018. Also presented are the target figures for the year ahead.

Table 1: Actual and projected membership figures for 2018-19

Constituency	2017/18 actual (as at 31 March 2018)	2017/18 actual (as at 10 October 2018)	2018/19 target (as at 31 March 2019)
Public	2,752	2,798	2,835
Patient, parent and carer	6,917	6,933	7,125
Total	**9,669**	**9,731**	**9,959***

Both constituencies have seen an increase in number of members which is positive.

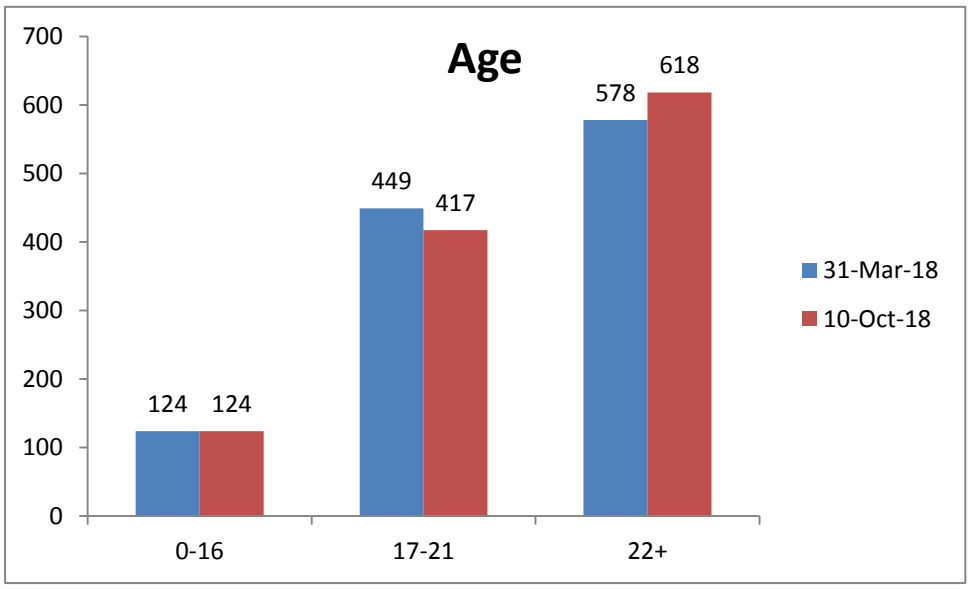
Since 31 March 2018, 46 members have joined the public constituency (55% of our annual target). This leaves a remaining target of 37 new public members to recruit by 31 March 2019 in order to reach our projected total.

The patient, parent and carer constituency has gained 16 new members (7.7% of our annual target). This leaves a remaining target of 192 new members to recruit by 31 March 2019 in order to reach our projected total.

Constituency demographics

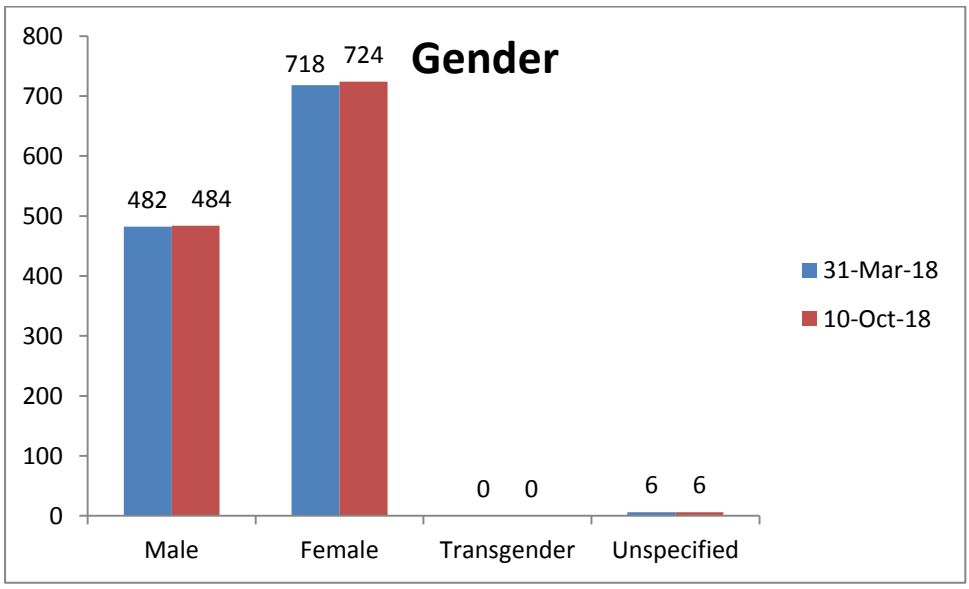
The graphs below show the difference in make-up of each constituency between 31 March 2018 and 10 October 2018, by age, gender and ethnicity.

Patient Constituency



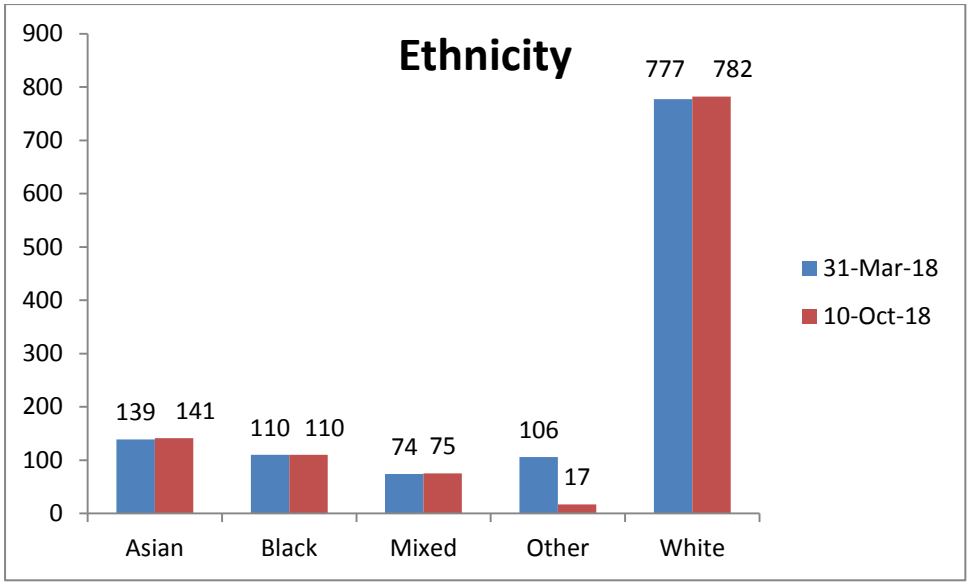
Graph 1: The differences in patient membership figures across age groups between March and October 2018

There has been an increase of 40 patient members who are aged 22 years or above. It is of note that the number of patient members aged 17-21 years has decreased by 32. The number of patient members aged 0-16 years has not changed.



Graph 2: The differences in patient membership figures across gender groups between March and October 2018

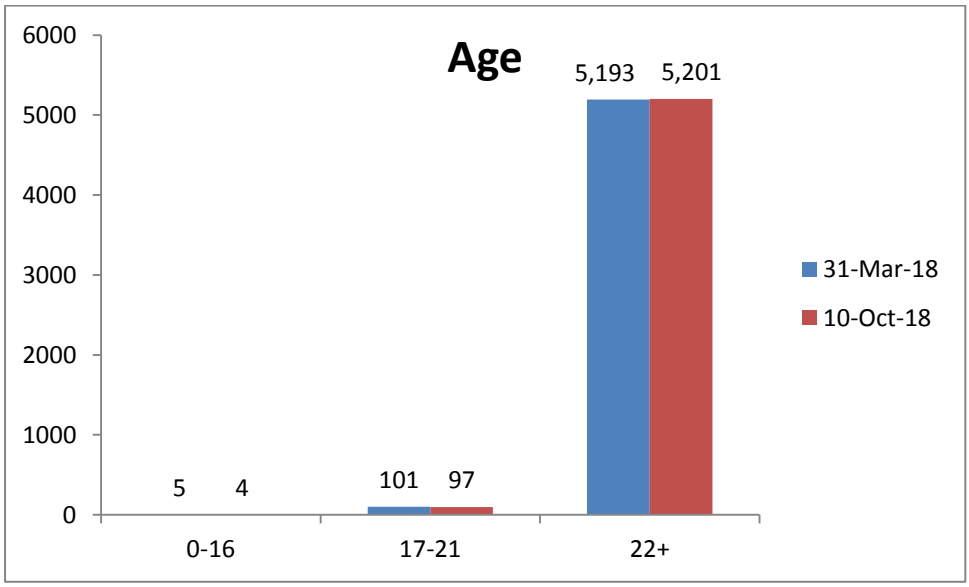
The membership has gained 2 male patient members and 6 female patient members since March 2018. The number of transgender patient members and those who have not stated their gender has not changed.



Graph 3: The differences in patient membership figures across ethnicities between March and October 2018

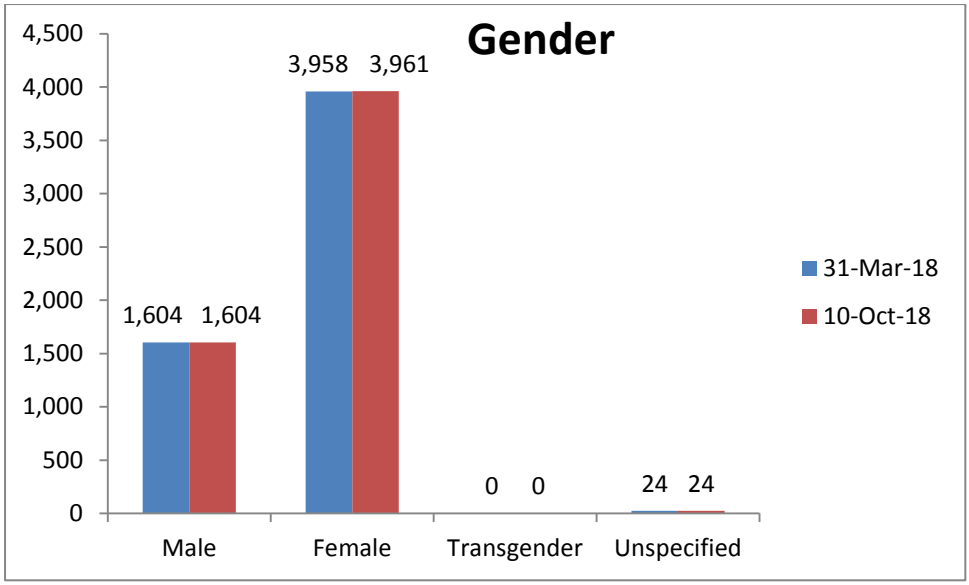
A slight increase is noted in the number of patient members of all ethnic backgrounds, with the exception of those who identify as black (no change) and those who identify as other, where there has been a decrease of 89 patient members.

Parent and Carer Constituency



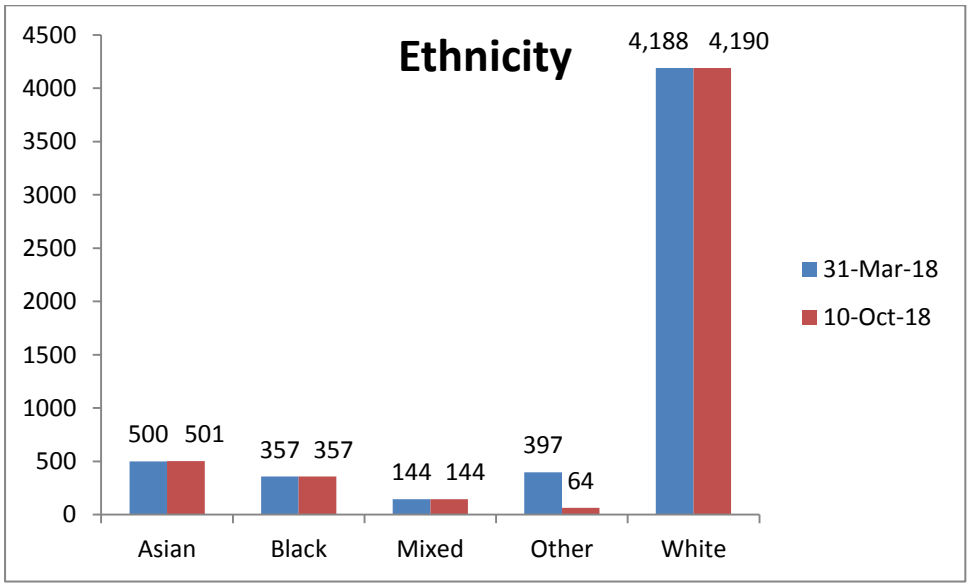
Graph 4: The differences in parent/carer membership figures across age groups between March and October 2018

A slight decrease is noted in the number of parent and carer members who are 0-16 years and 17-21 years. The parent/carer constituency has gained 8 members aged 22 or over.



Graph 5: The differences in parent/carer membership figures across gender groups between March and October 2018

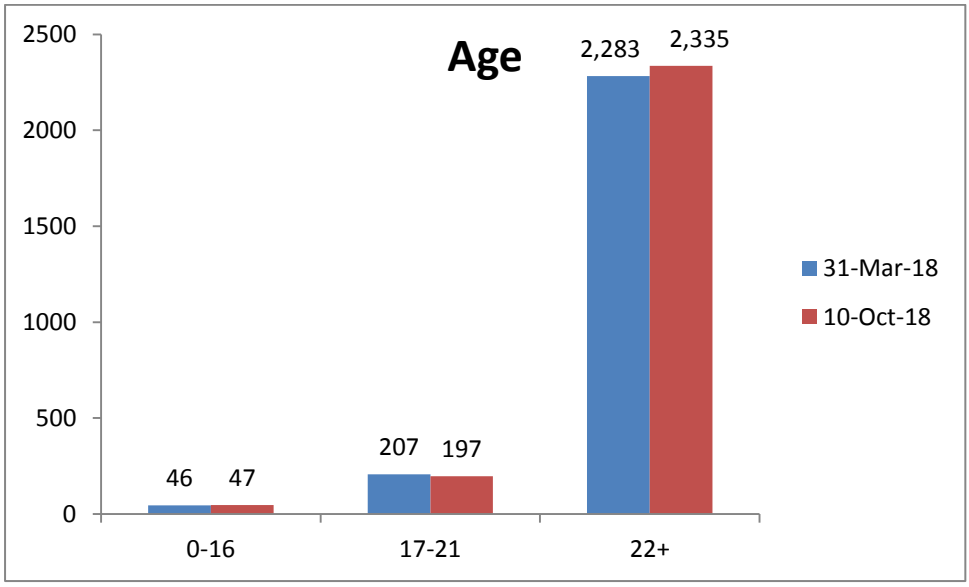
No change is noted in the number of male, transgender and unspecified parent/carer members. The membership has gained 3 female members in this constituency.



Graph 6: The differences in parent/carer membership figures across ethnicities between March and October 2018

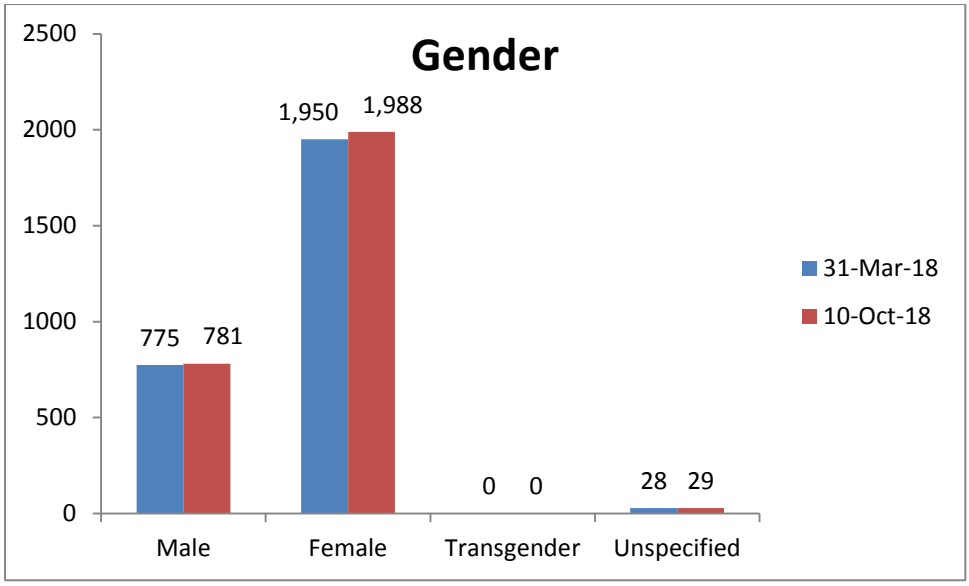
There has been very little change in the ethnic make-up of the parent/carer constituency, with the exception of a reduction of 333 members who identify as other.

Public Constituency



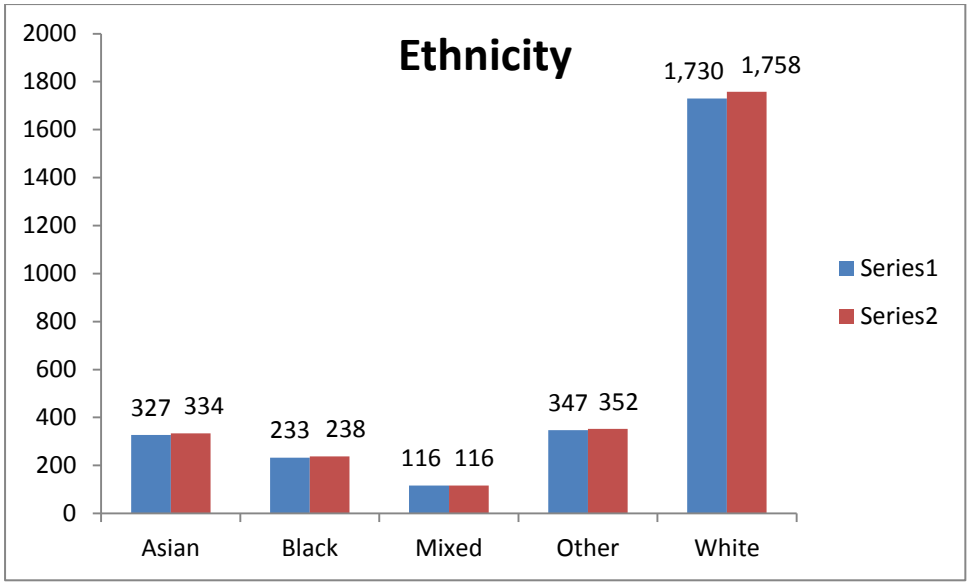
Graph 7: The differences in public membership figures across age groups between March and October 2018

The public constituency has gained one member aged 0-16 years and 52 members aged 22 or over. Notably, there has been a decrease in the number of public members aged 17-21.



Graph 8: The differences in public membership figures across gender groups between March and October 2018

The membership has gained public members of male (6), female (38) and unspecified gender (1). The number of transgender public members has not changed.



Graph 9: The differences in public membership figures across ethnicities between March and October 2018

There has been an increase across all ethnicities in the public constituency with the exception of those who identify as mixed, where there has been no change.

Public membership profile in geographical context

The tables below show the public membership profiles for North London and South London and surrounding areas respectively, compared to eligible membership in England and Wales, and the public membership profile for the rest of England and Wales.

Table 2: Public membership profile for North London and surrounding areas compared to eligible membership in England and Wales

	Public	% of Membership	% of catchment area profile (all of England and Wales)
Ethnicity	**1,419**	**100.00**	**100.00**
Asian	237	16.70	15.64
Black	153	10.78	8.07
Mixed	75	5.29	3.66
Other	168	11.84	2.62
White	786	55.39	70.01

Table 3: Public membership profile for South London and surrounding areas compared to eligible membership in England and Wales

	Public	% of Membership	% of catchment area profile (all of England and Wales)
Ethnicity	**790**	**100.00**	**100.00**
Asian	67	8.48	6.62
Black	64	8.10	6.77

Mixed	36	4.56	3.18
Other	86	10.89	1.14
White	537	67.97	82.28

Table 4: Public membership profile for the rest of England and Wales

	Public
Ethnicity	**578**
Asian	30
Black	20
Mixed	5
Other	96
White	427

Great Ormond Street Hospital for Children
NHS Foundation Trust

Recruit | Communicate | Engage

Membership Strategy

2018 - 2021

Table of Contents

1 Our Membership Strategy

1.1 Background to the Membership Strategy

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) gained foundation trust status in 2012.

GOSH has a long history of active involvement with patients, the public and its staff in how it plans, develops and delivers services. The organisation has always fostered strong patient and public engagement activity both Trust-wide and through individual service and departmental initiatives. A Members' Forum was established pre foundation trust status and thus the organisation's transition to a Foundation Trust was well founded. Representatives from the Member's Forum sat on the Foundation Trust Steering Board.

Becoming a Foundation Trust served to further strengthen the existing culture of involvement. Our Foundation Trust members and their representatives on the Council of Governors are not as a stand-alone consultation group but a truly engaged and involved group through the wider Trust Patient and Public Involvement agenda.

The membership strategy was first developed in 2006 in preparation for submission as part of our application for foundation trust status. It was revised in 2010, 2012, 2013 and 2015. This strategy outlines the Trust's vision for membership over the period 2018-2021 and builds on the success of membership management to date.

It sets out the methods that will be used to continue to develop effective, responsive and representative membership communities that will assist in ensuring that our Trust is fit for its future in the changing NHS environment.

1.2 2018-2021 Membership Strategy: Key Objectives and Action Plans

The three themes originally set out in the 2015-18 membership strategy have been carried forward and refreshed for the 2018-2021 strategy. These are:

These themes form the framework for our membership objectives and will be detailed in our Membership Engagement Recruitment and Representation Committee (MERRC) workplan. The recognise and build on the systems and processes which the Trust already has in place to maintain and grow, engage and involve its membership.

The themes will serve to assist the Trust in evaluating its success in delivering this strategy and learn from this process to continue to develop, maintain and engage with its membership. A new membership relationship manager has been appointed to support delivery of the strategy objectives.

It should be recognised that this strategy may need to evolve and develop in response to other strategies, including the GOSH five year strategic plan (2014-2019).

1.3 Membership Strategy Objectives

This section outlines the membership objectives that we have set ourselves to achieve in our strategy; and our priorities for delivery over the next three years. The objectives have been re-developed under the theme headings, in order to provide focus and clarity.

Recruit

Objective 1: To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation.

Objective 2: Increasing the membership of patients and young people and seeking the participation and views of the children who are not yet eligible to join the Trust by:

a) Achieving marginal growth in overall membership numbers (c.3%)
b) Maintaining face to face and partnership working as the primary means of recruitment
c) Focused recruitment drives for patient and youth membership.

Communicate

Objective 3: To provide appropriate information to members and the Council of Governors, to promote understanding and facilitate informed decision-making

Objective 4: To communicate the benefits of membership and create new engagement opportunities

Objective 5: To build more awareness, communication, and interaction between governors and their constituents (including events and use of social media).

Engage

Objective 6: To continue to harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities, improving governance and enabling the Trust to achieve its objectives

Objective 7: To support the Trust's Patient & Public Involvement work and enable a single view of Trust, partnership organisations and charity-wide engagement opportunities

Objective 8: To encourage a partnership approach between the Trust, its membership and other likeminded organisations, working together for the benefit of the community we serve.

Outlined in Section 2 below is the context of each objective and the plans in place for delivery over the next three years. The *SMART* mnemonic acronym has been used to provide guidance in setting goals that are *Specific, Measureable, Achievable, Relevant and Timely*.

2 Implementing the objectives: Recruit

2.1 Overview of current membership landscape

As a specialist Trust with a very broad geographical catchment area, GOSH does not have a defined 'local community'. We treat patients from across England and internationally, although most come from London, the Eastern Counties and South East England. Our geographically dispersed patient (and their carer) population must however be reflected in our membership base, and members must be drawn from the full range of services.

As a result of an on-going recruitment campaign, the Trust had an active membership total of 9,669 as at 1 April 2018.

2.2 Why do people join as members?

Our members join the Trust to have their voices heard and to help us better understand the views of our hospital community so that we can improve the quality, responsiveness and development of services and ensure that patients and carers needs are met.

2.3 Eligibility

GOSH is a tertiary hospital providing some national services. Our Foundation Trust membership is free and open to anyone who lives in England and Wales aged over 10 years. We would like our membership to reflect the broad and diverse communities we serve as well as those patients; their families and carers; members of the public and staff who all share the GOSH vision of *'the child first and always'*.

Members may only join the Trust in one category of membership. Should a member of a patient or public constituency subsequently be recruited as an employee of the Trust they will be moved to the staff constituency once they have been in post for more than 12 months. Residents of Scotland and Northern Ireland are not eligible to join the Trust.

2.4 Membership Involvement Levels

The Trust would like its membership communities to be actively involved in its work and for members to have the choice of varying levels of participation according to their individual interests. This way, we can establish effective ways of engaging and communicating with our members. We also recognise that levels of involvement may change depending on circumstances. Members can be involved as little or as much as they like, knowing that all involvement helps make a difference.

The three levels of membership involvement are:

Level 1

- Receive newsletters, annual reports, business plans
- Act as a 'barometer' of public opinion on the public's view of the Trust's reputation and services
- Vote in Council of Governors' elections.

Level 2 (as above, plus):

- Participate in surveys, questionnaires, consultations
- Participate in focus/ discussion/ advisory groups
- Attend open days and other educational events
- Act as an ambassador for the Trust.

Level 3 (as 1 & 2 above, plus):

- Stand for election as a governor and represent the views of their constituency, raising views on behalf of their members
- Governors collect and channel the views of other members of the public in their constituency on a variety of issues including service quality and service provision
- Attend formal meetings
- Become a Trust volunteer or a Membership Champion.

2.5 Our Recruitment objectives: SMART goals

Objective 1:	To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation.

Objective 2:	Increasing the membership of patients and young people and seeking the participation and views of the children who are not yet eligible to join the Trust by: a) Achieving marginal growth in overall membership numbers (c.3%) b) Maintaining face to face and partnership working as the primary means of recruitment c) Focused recruitment drives for patient and youth membership.

Specific

We will define what is meant by 'representative' by comparing the demographic data of GOSH patients with national figures, to identify key under-represented populations. We will then identify the most effective means of recruiting and subsequently engaging and communicating with our target groups, tailoring our approach to specific communities.

Measureable

We will ensure that our membership numbers can be resourced appropriately by maintaining an accurate and up to date membership database. We will produce summary statistic membership reports detailing demographic composition, for presentation to MERRC, the Council of Governors and others as required.

Achievable

Successful recruitment has been found to rely on establishing a connection and a relationship between the trust and the potential member. We will ensure that the Council of Governors plays an active role in linking with their constituencies to recruit and build relationships with members and represent their views.

We will hold targeted events to facilitate face to face recruitment within the hospital, at local organisation events and events run by Great Ormond Street Hospital Children's Charity (GOSHCC). This will facilitate personal contact, provide the opportunity to answer questions directly and enable messages to be targeted to the individual.

We will strategically bolt membership and membership recruitment onto other key Trust events and information sessions, working with other teams such as the GOSH volunteers team and local Clinical Commissioning Groups' Patient and Public Engagement teams.

We will work with the Trust's Patient and Public Engagement lead, local schools and scouts and guides groups, as well as external organisations such as Youth Politics UK and the youth social action organisation Step Up To Serve who coordinate the #iwill campaign, to recruit younger members.

We will reach out to potential members outside our hospital community through endorsements from celebrities and individuals who hold ambassadorial roles within the Trust, using digital channels such as the Trust website or social networking, as well as through our partnership with GOSHCC.

We will update our membership application form – both hard copy and electronic version – in line with GDPR requirements and to reflect recent changes to the constitution. Our online membership functionality makes it easy for new members to sign up.

We will work with the GOSHCC Communications team to produce child-friendly communications in Easy Read format, for parents to read to their children (0-10 years). We will also consider issuing a birthday card with sign-up information and membership materials when a patient turns 10, to encourage our younger patients to join the membership.

Relevant

Although overall membership is increasing, we are still under-represented by males, ethnic minority groups and young patients (under 16 years). Of those patients treated at GOSH 58% are under the age of 10, although we do treat children from birth to 19 years of age. Membership is open to anyone over the age of 10 and this must be considered when setting yearly membership targets for the patient population.

Whilst we will continue to welcome new members from all areas, our objectives will focus on improving membership representation of young people aged 10-16 years and the patient population in general, recruiting those who are eligible to join as a member and engaging with those who may in future join the Trust. Our overall aim is to maintain, marginally grow and develop our membership community.

Timely

Recruitment figures will be reported on regularly to MERRC and the Council of Governors, and in the Trust's Annual Report and Annual Membership Report, shared at the Annual General Meeting and Annual Members' Meeting. Recruitment targets will be reviewed annually. Table 2 sets out our projected membership figures for 2018/19.

Table 1: Projected Membership 2018/19

Consituency	2017/18 actual (as at 31 March 2018)	5% attrition	8% growth	2018/19 target (as at 31 March 2019)	In year net target
Public	2,752	138	220	2,835	83
Patient, parent and carer	6,917	346	553	7,125	208
Total	**9,669**	**483***	**774***	**9,959***	**291**

* Discrepancies between totals due to rounding up or down of attrition and growth percentages.

A target figure of 9,959 has been set to ensure our membership numbers are comparable with those of other Trusts. It is important that recruitment campaigns are reviewed yearly to address any membership profile imbalances and compensate for natural attrition.
We will produce a separate yearly recruitment campaign and calendar and develop strategies and plans to identify and address any membership profile imbalances.

3 Implementing the objectives: Communicate

3.1 Introduction

Members are the vital link between the Trust and its community, both local and national. Our aim is to have a thriving membership community; one that is both informed and involved.

Communication with members is achieved through a combination of Trust and governor managed channels. It is important to maintain a continual two-way dialogue (both informal and formal) to ensure consistent member engagement. We must adapt our communications to meet stakeholder expectations and showcase the benefits of membership more prominently across all channels. Communication with our membership begins with expressions of interest on the membership sign up form.

3.2 Communication methods and the role of the Council of Governors

All membership communication activities will be guided by principles e.g.

- Use of Plain English
- Simple and consistent messages
- Focus on target audience
- Messaging to be open, honest and delivered to the right people in the right way
- Facilitate a two way process to encourage feedback.

The Council of Governors will receive the necessary training and support to communicate with their constituents, using appropriate tools and platforms for two-way communication.

Responding to the constantly shifting digital landscape is important if we are to meet the expectations of those who interact with us. Our aim is for communications to:

- Be both Trust and governor led
- Provide opportunities for education
- Be disseminated online, by post, face to face and over the phone
- Keep members up to date on hospital news, events and opportunities and FAQs
- Break down to constituency level (location) where possible and appropriate.

3.3 Our Communcation objectives: SMART goals

Objective 3:	To provide appropriate information to members and the Council of Governors to promote understanding and facilitate informed decision-making.

Specific

GOSH has a duty to ensure that membership views and concerns are reflected in our decision-making. Our need to have open discussion and debate with our stakeholders and the public is one of the driving forces behind this strategy. In order to do this we must tailor our communications accordingly.

With support from colleagues in the GOSHCC Communications team, we will evaluate the strengths and limitations of different communications channels and consider what the intended audience will engage with and respond to when selecting the most appropriate way to communicate with our diverse membership.

Measureable

Information will be disseminated electronically via email, and by post where applicable. Our membership database ClickEmail function provides information on the number of members who receive email correspondence from GOSH and, more specifically, how many members click to open and view the email. This information provides valuable insight into the level of engagement we are achieving in communicating electronic messages efficiently and cost-effectively.

We will hold Listening Events on projects and developments happening across the Trust, to share information and provide an opportunity for members to give feedback and influence decisions that are made about the hospital's services. We will record the number of inquiries received; shares; re-tweets; Facebook likes; number of attendees. We will video the events and make the video and slides available on the website. We will continue to harness the support and commitment of our hospital community and ensure they are aware that they have a key role in shaping the future of the hospital.

Achievable

The website is ideal for promoting the trust's activities and achievements, with social media providing an additional platform that allows for a more interactive exchange between the trust and its members. We will work with colleagues in the GOSHCC Digital Communications team to update our online membership and governance information, providing details on how to contact the membership office and Council of Governors.

Relevant

Our 2017/18 Council election gave us the opportunity to reach out, communicate and engage with members in new ways. Social media was used to advertise the election with online nominations and voting options, as well as other involvement opportunities. We will use the new GOSH Twitter profile to promote Trust activities and post live tweets during events, as we did at the recent Annual General Meeting and Annual Members' Meeting.

Timely

We will identify the timeliest and most appropriate manner to communicate Trust information to our members and governors, responding accordingly to feedback.

We will endeavour to share documents and consultation papers with our membership and governors and seek comment where appropriate. Requests for decision-making will be timely, and the two-way communications channels already in place will be maintained and improved.

Objective 4: To communicate the benefits of membership and create new engagement opportunities.

Specific

In order to reach the projected membership growth rate set out in this document, recruitment and engagement is key, and so it is important to refresh our engagement opportunities regularly.

GOSH treats patients with sometimes rare and little understood conditions. We will pilot health seminars on specific conditions or health topics, open to all members. We will aim to recruit a patient speaker for each seminar to share their views and experiences. These seminars will facilitate the delivery of valuable information, provide the opportunity to pose

questions directly to clinicians and researchers and offer the chance for patients, parents and carers to meet others in a similar situation.

We will issue feedback forms at each seminar asking for suggestions for future topics. We will make videos and slides available online for those who cannot attend. We will collaborate with charities and other external organisations where possible, developing collaborative and mutually beneficial relationships with like-minded third parties for further promotion of the membership and its benefits.

Measureable

Our monthly *Get Involved* email to members is currently promoting more opportunities than ever before and will continue to be developed and used as a vital engagement tool. The email is sent to members via the membership database and so delivery can be monitored through the ClickEmail function as detailed above. We will record levels of engagement through the various channels listed above.

Achievable

Through email subscriptions, we will use the membership database to reach thousands of members in an instant with news and engagement opportunities, including hyperlinks to surveys and Eventbrite pages. This will enable members to register to attend events online or make enquiries by return email.

We aim to encourage grassroots promotion of membership with our younger members helping to spread the word amongst their peers. Other forums within GOSH, such as the Young People's Forum (YPF) and the Volunteer Service have also helped with targeted engagement opportunities.

We will work with colleagues from GOSHCC to investigate the possibility of giving away free merchandise as a promotional tool, e.g. the first 100 members to sign up will receive a GOSH mug/ badge/ voucher.

Relevant

We aim to be as visible and active in the wider community as possible, with attendance at events in local communities and beyond. Relationships will continue to be built with partner organisations and other comparable NHS Foundation Trusts across the country. The aim is to share best practice and engage a wider audience.

The 'Benefits of Membership' page on the website will be updated following recommendations from the membership strategy working group; we will replace *'commitment'* with *'involvement'* and remove *'It's a great way to say thanks'* as this bullet point was seen to be presumptuous and unnecessary. Additional benefits will be listed, including the opportunity to: sit on an interview panel to select Board members; meet the governors; take part in take-over events e.g. take over the GOSH Twitter profile for a day; attend health seminars and listening events, meet others with similar experiences; and to use membership as a gateway to other GOSH opportunities e.g. work experience, joining committees, personal development. We will also review and update the Health Service Discounts information.

Timely

Updating information on membership benefits listed on the website will be a priority, as this is a quick win and easily achievable, and will likely be one of the firsts pages a potential member will visit for more information. We will look to schedule health seminars and recruit specialist speakers, with the aim of being able to publish a full programme for 2019 early in the new year.

Objective 5: To build more awareness, communication, and interaction between governors and their constituents (including events and use of social media).

Specific

Governors have a very important relationship with their constituents and strive to represent them fairly and visibly. Acting as a link to the hospital and local community, the Council of Governors will feedback information about the Trust, its vision and its performance to their constituencies and stakeholder organisations (those that either elected or appointed them).

The Council will write personalised letters to their constituents and our Lead Governor will continue to introduce members to the Trust by writing personalised letters for the welcome pack. In order to maximise awareness, communication and interaction we will use a multi-channel approach.

We will incorporate a 30 minute 'meet your governor' session at the end of each health seminar, so that members have the opportunity to meet a governor and pose questions to them directly. Governors will relay any feedback received to the Trust for action.

Measureable

We will log communications received from members to the Foundation Trust mailbox for the attention of the Council. We will record number of attendees at staff surgeries and 'meet your governor' sessions.

Achievable

Governors are present and involved at events within the hospital, the local community and at those of our partner organisations, such as University College London and GOSHCC. Staff surgeries are already held in order for the staff membership to meet governors and have their views heard. This format will be repeated for 'meet your governor' sessions following health seminars.

Relevant

With membership plans focusing on young people we will increase the online presence of our governors. Communications will be tailored to have a more personal feel and target specific audiences directly. Along with the welcome letter, we will consider issuing a membership card or badge on sign up, to create a feeling of inclusion and belonging to the GOSH community.

Timely

We have already updated the website with details of our new governors, and will keep these pages updated regularly.

We will review and update the welcome pack sent to new members on sign up; a welcome letter from the newly appointed Lead Governor has already been approved, and an insert containing information on upcoming meetings of the Board and Council of Governors, YPF and other events in collaboration with colleagues from GOSHCC will be included.

4 Implementing the objectives: Engage

4.1 Introduction

Stakeholder engagement is of paramount importance and enables us to fulfil our role as a locally accountable organisation. The Health and Social Care Act 2012 seeks to improve accountability and strengthen the collective voice of patients. Active and sustained engagement with the membership community will improve governance and enable the Trust to achieve its objectives.

Our ambition for the next three years is to build on the work to date and focus our energy and resources into increasing the active engagement with existing members, both public, patient and staff, so that membership is even more meaningful.

4.2 Stakeholder Engagement methods and approaches

We wish to engage with and consider the views of our members and stakeholders in the following areas:

- Developing our Annual Plan
- Major corporate Trust consultations on service provision, planning , improvements and change, e.g. waiting times, out of hours services; way-finding
- Redevelopment updates, e.g. Centre for Research into Rare Disease in Children
- Current Trust performance
- Opportunities to get involved in Trust activities, e.g. volunteering, project and steering groups within the PPI agenda
- Promoting the Council of Governors' election as an important events
- Voting in Council elections and standing for election.

4.3 The role of the Council of Governors

The Health and Social Care Act 2012 places a new responsibility upon the Council of Governors to represent not only the views of members across all constituencies, but also the views of the public. The governors are an essential resource in the engagement of their constituents and it is essential that their views reflect the membership they represent.

As part of their duties, governors should feedback information about the trust to members and the public. The Trust views engagement as two-way with its members. Our Appointed governors are also a valuable link to local communities and our partner organisations. All governors receive training and support, to empower them to effectively engage with members and the general public in their local communities.

We must also actively engage with our staff membership and develop new ways to reach out and seek their views. Our staff governors are key to this process.

4.4 Our younger patients

As a children's hospital, it is important that children and young people remain central to our vision and are able to participate in the planning and development of the organisation's services.

Although 58% of our patient population is under 10 and children have to be at least 10 to become a member, we are committed to developing mechanisms to engage with and

receive the views of younger children. We will focus on increasing engagement with the hospital's patient community to tailor the opportunities for the number of young members from this constituency.

We aim to develop our partnership and joint working within the hospital and to engage with our patient and young population through:

- GOSH school
- GOSH activity centre
- GO Create! GOSH Arts Programme
- Play therapists (and other staff who work directly with patients)
- Patient and Public Involvement and Engagement in Research team
- Our partners at University College London, Institute of Child Health
- Partnership working with GOSHCC
- Partnership working with Bloomsbury Festival, Coram Fields and other local organisations.

4.5 Our Engagement Objectives: SMART goals

Objective 6:	To continue to harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities, improving governance and enabling the Trust to achieve its objectives.

Objective 7:	To support the Trust's Patient & Public Involvement work and enable a single view of Trust, partnership organisations and charity-wide engagement opportunities.

Objective 8:	To encourage a partnership approach between the Trust, its membership and other likeminded organisations, working together for the benefit of the community we serve.

Specific

The active engagement of our members is paramount to the development of Trust services. We will ensure that feedback channels are clear and easy to use. All Trust members regardless of geographic location and age will be able to engage with the Trust's activities.

Building on links established through our patient and public involvement activity, we seek to enhance our profile with community groups, charities and other organisations. We will also take into account our geographical spread. Our aim is to broaden the range of people we engage with.

Measureable

The experience, knowledge and skills of our members will be garnered through the continued use of surveys, workshops, steering groups, focus groups and the invitation to attend all public meetings. We will ensure that regular and reliable communications are sent out to give our membership plenty of notice to attend and feedback accordingly on any activities concerning the Trust.

Achievable

Patient and public involvement (PPI) is an on-going dialogue between GOSH and its patients, their families and carers and the public, from which we gauge perspectives and opinions on issues which will help shape our strategy and inform decision-making. We will

work with the PPI team to streamline and maximise engagement opportunities, thereby enhancing the patient experience.

We recognise our colleagues as one of our most valuable membership engagement assets and would like to encourage greater involvement across our services. We will use the staff Intranet, staff governors' voice and Roundabout staff newsletter to increase awareness amongst key staff about our aims and plans.

Relevant

Foundation Trusts have a duty of partnership. While the Trust is a regional, national and international centre rather than a 'local' hospital, it recognises that it has a role to play in the communities in which it serves and in which the hospital is situated, as well as an employer.

Our membership community is growing and our membership voice is strong, as was evident at our 2017/18 Council election. We have also seen an increase in members wishing to attend Council and Trust Board meetings.

Timely

We aim to enhance and extend our engagement with members by coordinating a calendar of tailored engagement events which will involve collaborative working with GOSH and local partners.

4.6 Working with other Membership Organisations

Other Foundation Trusts

We will continue to engage with other Foundation Trusts to share best practice, skills and expertise. We intend to further develop existing relationships with other NHS Foundation Trusts to develop a regular forum with other membership departments, especially in children's hospitals. We will explore whether there is scope for joint working and engage our Council of Governors to help us strengthen existing links with local organisations as well as creating new ones.

NHS Providers

The Trust is a member of NHS Providers, the membership organisation for NHS public provider trusts. We have access to GovernWell - the national training programme for Foundation Trust governors and a library of other resources and training tools.

5 Evaluating Success

5.1 Managing the 2018-2021 Membership Strategy and the role of the Council

Planned well, evaluation can:

- Help ensure our action plans have clear aims and objectives from the outset
- Establish the extent to which objectives have been met and with what impact
- Lead to shared learning across the Trust
- Inform the planning of future membership activities
- Encourage more people to take part in membership recruitment, communication and engagement activities.

The Membership Engagement Recruitment and Representation Committee (MERRC) is a sub-committee of the Council of Governors. The committee delegates authority from the Council to make decisions on behalf of and be accountable to the Council for recruiting, engaging and communicating with the Trust's membership and representing the interests of patients, carers, families and the general public in the areas served by the Trust.

The committee will review the membership strategy and associated plans at an early opportunity and on an on-going basis, to ensure that that there is continued commitment to developing, maintaining, extending and communicating with, an active membership. The Chair of the MERRC provides a report and a verbal update at every Council Meeting.

5.2 Key Performance Indicators

The MERRC will review each of the objectives at every committee meeting and report back on progress at every Council of Governors' (COG) meeting.

Our Recruit Objectives	SMART goals
Objective 1 To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio-economic representation **Objective 2** Increasing the membership of patients and young people and seeking the participation and views of the children who are not yet eligible to join the Trust by: a) achieving marginal growth in overall membership numbers (c.3%) b) maintaining face to face and partnership working as the primary means of recruitment	• Define what is meant by 'representative' by comparing the demographic data of GOSH patients with national figures, to identify key under-represented populations • Identify the most effective means of recruiting, engaging and communicating with target groups • Maintain an accurate and up to date membership database, producing summary statistic membership reports for MERRC, the COG et al • Ensure that the COG plays an active role in linking with their constituencies • Hold events to facilitate face to face recruitment within the hospital, at local organisation events and events run by GOSHCC • Bolt membership and membership recruitment onto other key Trust events and information sessions • Work with the Trust's PPI lead, local schools and scouts and guides groups, as well as external organisations such as Youth Politics UK and the youth social action organisation Step Up To Serve who coordinate the #iwill campaign, to recruit

c) focused recruitment drives for patient and youth membership	younger members • Reach out to potential members outside our hospital community through endorsements from celebrities and individuals who hold ambassadorial roles within the Trust, using digital channels such as the Trust website or social networking, as well as through our partnership with GOSHCC • Update our membership application form • Produce child-friendly communications in Easy Read format, for parents to read to their children (0-10 years) • Consider issuing a birthday card with sign-up information and membership materials when a patient turns 10, to encourage our younger patients to join the membership.

Our Communication Objectives	SMART goals
Objective 3 To provide appropriate information to members and the Council of Governors, to promote understanding and facilitate informed decision-making	• Evaluate the strengths and limitations of different communications channels and consider what the intended audience will engage with and respond to • Disseminate information electronically via email, and by post where applicable • Monitor the level of engagement we are achieving in communicating electronic messages via the database ClickEmail function • Hold Listening Events to share information and provide an opportunity for members to give feedback and influence decisions; record the number of inquiries received; shares; re-tweets; Facebook likes; number of attendees • Video the events and make the video and slides available on the website • Update our online membership and governance information, providing details on how to contact the membership office and Council of Governors • Use the new GOSH Twitter profile to promote Trust activities and post live tweets during events • Identify the timeliest and most appropriate manner to communicate Trust information to our members and governors in response to feedback • Share documents and consultation papers with our membership and governors and seek comment where appropriate.
Objective 4 To communicate the benefits of membership and create new engagement opportunities	• Pilot health seminars on specific conditions or health topics, open to all members. Aim to recruit a patient speaker for each seminar to share their views and experiences • Aim to publish a full programme of health seminars for 2019 early in the new year • Issue feedback forms at each seminar asking for suggestions for future topics • We will make videos and slides available online for

	those who cannot attend • Continue to use and develop the monthly *Get Involved* email to members as a vital engagement tool; monitor delivery through ClickEmail • Work with the Young People's Forum and the Volunteer Service on engagement opportunities • Investigate the possibility of giving away free merchandise as a promotional tool • Attend events in local communities for visibility and to engage a wider audience • Continue to share best practice with partner organisations and nurture relationships with comparable Foundation Trusts across the UK • Update the 'Benefits of Membership' page on the website and list additional benefits.
Objective 5 To build more awareness, communication, and interaction between governors and their constituents (including events and use of social media)	• COG to feedback information about the Trust, its vision and its performance to their constituencies and stakeholder organisations • COG to write personalised letters to their constituents; Lead Governor to introduce members to the Trust by writing letter for the welcome pack • Incorporate a 30 minute 'meet your governor' session at the end of each health seminar, so that members have the opportunity to meet a governor and pose questions to them directly; governors to relay any feedback received to the Trust for action • Record number of attendees at 'meet your governor' sessions and staff surgeries • Log number of communications received from members to the FT mailbox for the COG • Governors to be present and involved at events within the hospital, the local community and at those of our partner organisations • Increase the online presence of our governors Consider issuing a membership card or badge on sign up, to create a feeling of inclusion and belonging to the GOSH community • Keep COG pages on website updated regularly • Review and update the welcome pack sent to new members on sign up including welcome letter and insert containing information on upcoming meetings of the Board and COG, YPF etc.

Our Engage Objectives	SMART goals
Objective 6 To continue to harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities, improving governance and enabling the Trust to achieve its objectives	• Ensure that feedback channels are clear and easy to use • Build on links established through our PPI activity to enhance our profile with community groups, charities and other organisations to broaden the range of people we engage with • Continue to harness the experience, knowledge and skills of our members through surveys,

Objective 7 To support the Trust's PPI work and enable a single view of Trust, partnership organisations and charity-wide engagement opportunities **Objective 8** To encourage a partnership approach between the Trust, its membership and other likeminded organisations, working together for the benefit of the community we serve.	workshops, steering groups, focus groups and the invitation to attend all public meetings • Give our membership plenty of notice to attend and feedback accordingly on any Trust activities • Work with the PPI team to streamline and maximise engagement opportunities • Use the staff Intranet, staff governors' voice and Roundabout staff newsletter to increase awareness amongst key staff about our aims and plans • Enhance and extend our engagement with members by coordinating a calendar of tailored engagement events which will involve collaborative working with GOSH and local partners.

Title of Document:	Membership Strategy 2018-2021 v0.1
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Summary of Stakeholder Feedback:	The Membership Engagement Recruitment and Representation Committee to review progress of the Membership Strategy at its next meeting on 17 October. Final draft to be presented to the Council of Governors for sign off on 7 November.

With thanks to the following members of the Membership Strategy Working Group:

Zoe Bacon – Patient Governor (London based)

Faiza Yasin – Patient Governor (non-London based)

Simon Hawtrey-Woore – Public Governor (North London based)

Theo Kayode-Osiyemi - Public Governor (North London based)

Colin Sincock – Public Governor (rest of England and Wales)