Great Ormond Street Hospital for Children NHS Foundation Trust

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GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST **MEETING OF THE COUNCIL OF GOVERNORS** **Wednesday 6 February 2019** **3:00pm – 5:30pm** **Charles West Room, Paul O'Gorman Building**				
NO.	**ITEM**	**ATTACHMENT**	**AUTHOR**	**TIME**
1.	**Welcome and introductions**		Michael Rake, Chair	3:00pm
2.	**Apologies for absence**		Michael Rake, Chair	
3.	**Declarations of interest**		Michael Rake, Chair	
4.	**Minutes of the meeting held on 7 November 2018**	**A**	Victoria G	
5.	**Matters Arising and action log**	**B**	Anna Ferrant, Company Secretary	
6.	**GOSH - The research hospital. How the Children's Cancer Centre supports our long term vision**	**C**	Stephanie Williams, Deputy Director of Redevelopment and clinicians and staff	3:15pm
7.	**Operational Plan 2019/20 Update**	**D**	Peter Hyland, Director of Performance and Information	3:35pm
8.	**Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 18/19**	**E**	Peter Hyland, Director of Performance and Information	3:45pm
	PERFORMANCE and ASSURANCE			
9.	**Chief Executive Report including:** • **Integrated Quality Report December 2018 (highlights)** • **Performance dashboard December 2018** • **Finance report December 2018 (highlights)** • **Update from the Patient and Family Experience and Engagement Committee (PFEEC) including Q3 2018/19 PALS Report**	**F**	Matthew Shaw, Chief Executive	3:55pm
10.	**Reports from Board Assurance Committees** • **Quality and Safety Assurance Committee (January 2019)**	**G**	Amanda Ellingworth, Chair of the QSAC	4:20pm

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	• **Finance and Investment Committee (November, December 2018 and January 2019)**	**H**	James Hatchley, Chair of the F and I Committee	
11.	**Update from the Young People's Forum (YPF)**	**J**	Amy Sutton, Children and Young People Participation Officer	4:40pm
	GOVERNANCE			
12.	**Appointment of a Lead Governor and Deputy Lead Governor**	**K**	Paul Balson, Deputy Company Secretary	4:45pm
13.	**Update on Well Led Assessment at GOSH**	**L**	Anna Ferrant, Company Secretary	4:55pm
14.	**Governance Update:** • **Membership and Engagement Recruitment and Representation Committee Update** • **Update from the Constitution Working Group** • **Membership Strategy (for approval)** • **Managing Declarations of Interest at GOSH** • **NED appraisal process**	**N** **O**	Paul Balson, Deputy Company Secretary Anna Ferrant, Company Secretary	5:15pm
15.	**Any Other Business**	**Verbal**	Chair	pm

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Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
7th November 2018
Charles West Boardroom

Sir Michael Rake	Chairman
Miss Faiza Yasin	Patient and Carer Governor: Patients outside London
Miss Alice Rath	
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 Hawtrey-Woore**	Public Governor: North London and surrounding area
Mr Simon Tan	
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
Dr Sarah Aylett	Staff Governor
Mr Nigel Mills	
Mr Paul Gough	
Dr Quen Mok	
Cllr Lazzaro Pietragnoli	Appointed Governor: London Borough of Camden

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
Ms Kathryn Ludlow	Non-Executive Director
Dr Peter Steer	Chief Executive
Mr Matthew Shaw	Medical Director (Chief Executive from 15th December 2018
Ms Helen Jameson	Chief Finance Officer
Ms Nicola Grinstead	Deputy Chief Executive
Dr Anna Ferrant	Company Secretary
Mr Paul Balson	Deputy Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Amy Sutton	Children and Young People's Participation Officer
Isimat Temitayo Orisasami	CQC relationship manager

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

28	**Apologies for absence**
28.1	Apologies for absence were received from: Ms Elena-May Reading, Patient and Carer Governor; Ms Zoe Bacon, Patient and Carer Governor; Public Governor; Teskeen Gilani, Public Governor; Mr Julian Evans, Public Governor; Professor Jugnoo Rahi, Appointed Governor and Ms Lucy Moore, Appointed Governor.
29	**Declarations of Interest**
29.1	No declarations of interest were received.
30	**Minutes of the meeting held on 24 July 2018**
30.1	The Council of Governors **approved** the minutes of the previous meeting.
31	**Matters Arising and action log**
31.1	The actions taken since the last meeting were noted.
32	**Update on GOSH Strategy and its delivery**
32.1	Dr Peter Steer, Chief Executive provided an overview of the GOSH strategy and said that the Board was considering who GOSH was and its place in the NHS landscape as a high profile national and international centre of excellence for rare and complex diseases in children and young people. He said that it had been recognised that GOSH was not a good fit in the current landscape with only a small percentage of patients coming from the London Borough of Camden or the local STP. Dr Steer said that it was important for GOSH to ensure that as the NHS plan was developed and was implemented nationally the Trust was a key solution which was resourced appropriately.
32.2	The Trust's strategy had been refreshed in 2017 and the second annual Open House strategy week had been held which received good engagement from staff across the hospital. Dr Steer said that it was vital that the Trust continued to work on its HR strategy which was behind plan. He added that this was now more complex due to the implications of Britain's exit from the EU.
32.3	Dr Steer said that considerable discussion had taken place at Board about Phase 4 development plans. Following the opening of the Premier Inn Clinical Building it had been anticipated that the next phase would involve the replacement of the frontage building however this was a significant investment and consideration and discussion at Board continued. Sir Michael Rake, Chair confirmed that Phase 4 would be discussed at a Council of Governors meeting and a commitment had been made to GOSH Children's Charity that agreement would be reached on a business and financial case by the end of 2018.
32.4	<u>Lessons learnt from the high profile case in 2017</u>
32.5	Dr Steer gave a presentation on the work that had taken place to distil learning from the high profile case. He said that work had taken place to review the impact on staff led by an external psychologist and feedback was also received from the

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	crisis communications support that had been engaged throughout the period.
32.6.	It had been found that the Trust would have benefitted from recognising the stress caused to staff at an earlier stage and engaged expertise around this. Dr Steer said that it was important to consider the support that could be incorporated in future as it was likely that the situation could recur. GOSH had not declared a major incident during this time and consideration would be given to doing so in future in order to allow the Trust to respond in a more structured way and continue with business as usual.
32.7	Dr Steer said that feedback had highlighted the way in which conflict resolution was managed with families and the need to balance the safety of staff. It was confirmed that the Chief Nurse was leading on positive work around conflict resolution including the involvement of external mediation. Further understanding was also required around stakeholder management during high profile periods. Sir Michael said that he had had met with the Chair of NHS Improvement who was aware of the issues and the need for further discussion.
32.8	Mr Paul Gough, Staff Governor gave a brief overview of the impact of the high profile case on his service and suggested that a more joined up response from areas throughout the Trust such as security and communications would have been helpful. Dr Sarah Aylett, Staff Governor said that the bioethics service was developing a staff support service led by a senior nurse who was meeting with different staff groups to look at moral distress and when this required intervention. She said that this was an important area to develop. Dr Steer agreed and said that when GOSH psychologists had been providing support to teams they had occasionally been a member of that team which was challenging.
32.9	Dr Emily Shaw, Patient and Carer Governor said that she felt GOSH had conducted itself well in the media. She queried whether more public education work was required about the importance of working in the best interests of the patient when treatment was futile. Dr Steer agreed that this was vital.
32.10	Mr Nigel Mills, Staff Governor asked whether plans were in place for families who were on the wards at the same time as high profile patients. Dr Steer said that this had been a very challenging environment for these families and staff had done excellent work to support other patients in the area. Ms Nicola Grinstead, Deputy Chief Executive said that agreement to separate groups had been made too late and was part of the process at an early stage when a major incident was declared.
32.11	**Action:** Sir Michael said that discussion during the private meeting had focused on communication and Dr Steer agreed that this was key and continued to be discussed. He said that this was the most prevalent theme in PALS contacts and complaints and work was taking place around administration to support improved communication. A presentation on DRIVE had been received about how technology could be used to improve communication. Dr Steer said that presentation should be provided to the Council on communication overall at GOSH both internally and externally.
32.12	Mr Colin Sincock, Public Governor highlighted the importance of communication between groups of staff in ensuring there was a joined up workforce. He asked for a steer on whether this was sufficiently in place. Dr Steer said that more work was

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	required and added that a large proportion of patients who were treated at GOSH were managed by a number of specialties leading to complex communication. The recent clinical operations restructure had sought to group specialties into likely patient pathways to ensure communication was simplified as far as possible.
32.13	Nurse bank rates
32.14	Dr Peter Steer, Chief Executive said that GOSH had previously been criticised by the CQC for being a substantially medically led organisation with a lack of significant nursing voice. He said that the decision to reduce the specialist bank rate received by some nurses was made by the nursing leadership in order to contribute to the substantial savings required from nursing without needing to remove substantive posts. The previous specialist bank rate had been substantially above the agency cap that had been introduced by the government and was a significant disincentive to the recruitment of establishment posts. Dr Steer acknowledged the poor communication around the roll out of the reduction and added that it had been delayed as a result.
32.15	Dr Aylett said that nurses with highly specialised skills felt undervalued and highlighted that there was a national shortage or nurses particularly in paediatrics. She said that the skills required of nurses at GOSH were not in line with those of a district general hospital and said that the change to specialist bank rates could lead to reduced activity which had associated costs. Dr Steer said that the specialist bank rate had originally been introduced to support nurses with specialist skills in ECMO. The application of this additional rate had since spread to other nurses in CICU, NICU, PICU and some areas of Sky Ward. He said that the funding was not in place to continue to do this.
32.16	Ms Fran Stewart, Public Governor asked for a steer on the timescales to resolve the issue. She said if the reduction in the specialist bank rate did not go ahead there would be a gap in the Better Value programme and asked what the nursing team would do to ensure that the savings attributed to this scheme were made elsewhere. Dr Steer said that discussion would take place at Trust Board on 8th November 2018 however there had not been alternative schemes put forward.
32.17	Mr Gough said that as a Better Value scheme, a quality impact assessment would have been undertaken. He asked whether the current issues had been anticipated through this process. Dr Steer said that the level of reaction received had not been anticipated but emphasised that difficult decisions would continue to be required and said that it was important to take decisions which were in the best interests of the Trust as a whole. Ms Grinstead said there had been one option proposed originally had been a larger reduction in the specialist bank rate which would have brought GOSH into line with other Trusts however that was felt not to be the correct decision. She stressed that GOSH's rate remained enhanced when benchmarked against other organisations. The process had highlighted poor practice in terms of filling shifts with bank staff instead of recruiting to establishment positions and the overreliance on bank shifts in order to open alligator ward which would have been a substantial cost pressure to the Trust.
32.18	Restructure of the Senior Management Team and Operational Teams
32.19	Ms Nicola Grinstead, Deputy Chief Executive said that the operational structure had been set out on a single page and this was being used as a tool to support

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	the improvement of communications. A weekly Senior Leadership Team meeting had been implemented in order to share issues and positive stories from the previous week and good feedback was being received. Appointments had been made to leadership posts and performance management meetings would now begin under the new structure. Ms Grinstead said that new leaders had been appointed alongside those with substantial experience.
32.20	Mr Colin Sincock, Public Governor asked how the issues which had led to the review of the operational structure were likely to have affected patients. Ms Grinstead said that feedback metrics were reviewed for each area and the issues had not been the same in all areas. She said that the heads of nursing now had a clear remit as heads of patient experience.
32.21	Mr Gough said that Senior Management Team meetings had so far been excellent with good presentations received. He stressed that substantial resources had been put into the new leadership and said it was important that these individuals were challenged.
32.22	Ms Stewart queried the involvement of finance in the senior leadership of the directorates as they were not part of the tripartite leadership structure. Ms Grinstead confirmed that the finance team was an integral part of the operational performance reviews as were all the other executive led portfolios.
32.23	Culture: Update on Speaking Up at GOSH
32.24	The Board had congratulated Mr Luke Murphy, Freedom to Speak Up Guardian on his work to develop the service. Mr Matthew Shaw, Medical Director said that themes which had been raised were primarily around bullying and harassment and the change to the nurse specialist bank rate. Contacts had also been received around the pressure on the staff who were working on the implementation of the EPR programme and Mr Shaw said that it was vital that the Trust was productive and felt supported. He added that one particular team which had been supported by the FTSU guardian had not raised any further concerns after the support had been provided.
32.25	The work with the Cognitive Institute had been rolled out in the Brain directorate and the new structure was leading to a reduced hierarchy with the expectation that this would make it easier for staff to speak up. Mr Shaw said that 18 speaking up for safety champions were being recruited in December 2018 with training for approximately 4,000 staff taking place over June, July and August 2019. The next phase of the Cognitive Institute programme was around professional accountability and staff being responsible for peer reviewing professional behaviours. Mr Shaw said that good communications support was being received.
32.26	Assessment: Update on Well Led Assessment (including Deloitte)
32.27	**Action:** The Well Led framework from the CQC comprised 8 Key Lines of Enquiry around matters such as the external perception of the Trust, staff perception of the senior leadership and the priorities set by the Board. Work had been taking place to speak to external individuals within the NHS to hear their views of GOSH and consider how their perception could be changed. Discussion had taken place with NHS Improvement around their supporting the Trust by undertaking a mock inspection which would be the first time this had been done at the Trust. It was

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	agreed that a further update on Well Led would be provided at a future Council of Governors meeting.
32.28	Mr Shaw said that the improvement actions which were being taken were being documented however gaps remained and work was taking place to develop a coherent plan. The Royal Marsden NHS Foundation Trust had recently received a rating of outstanding for well led and consideration was being given to a representative of the Trust being invited to GOSH to learn from their work.
32.29	Mr James Hatchley, Non-Executive Director said that as the Senior Independent Director he held monthly meetings around Freedom to Speak Up and Whistleblowing and was assured that issues were escalated as appropriate. Mr Hatchley said he felt the systems were good but it was important to consider whether sufficient communication was taking place.
33	**Update from the Young People's Forum (YPF)**
33.1	Ms Amy Sutton, Children and Young People's Participation Officer presented the report and said that following an analysis of the membership of the YPF a recommendation had been made to reduce the upper age limit from 25 to 21 years with members being either current patients, siblings of a current patient or within one year of this status. Following a consultation on the proposed changes, 65% of respondents had been support and a formal response paper was provided with changes having come into effect on 1st September 2018.
32.2	As a consequences of the changes to the upper age limit the youngest cohort of candidates for Chair and Vice Chair was nominated with a 15 year old Chair and 14 year old Vice Chair being elected.
33	**Reports from Board Assurance Committees**
33.1	Quality and Safety Assurance Committee (July and October 2018)
33.2	Lady Amanda Ellingworth, Chair of the Quality and Safety Assurance Committee said that many of the discussions at the committee had been around culture and this had also been a focus of a number of the papers received. The Committee had reviewed the results of the QSAC effectiveness survey and would be using this to inform the way it worked in the future. A possible Non-Executive Director led task and finish group to look at workforce and culture was being considered.
33.3	Audit Committee (October 2018)
33.4	Mr Akhter Mateen, Chair of the Audit Committee said that the focus of the committee was on risk management. A review of the Board Assurance Framework had taken place and deep dives on three risks were undertaken. The Committee had agreed that the financial risk was increasing due to proposed tariff changes, the impact of which was not currently clear.
33.5	The Committee continued to review the Electronic Patient Record programme as it moved closer to 'go live' and the impact of Britain's exit from the EU also continued to be discussed. The Trust continued to report that it would meet the Better Value target of £15million which was the first time a programme of this magnitude would have been achieved.

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33.6	Mr Mateen said that IPP debtors remained high and continued to be scrutinised by the committee. The Trust's external auditors had confirmed that debtors were not out of line with those of other organisations.
34	**Appointment of the GOSH external auditor**
34.1	Ms Helen Jameson, Chief Finance Officer said the contract that was currently in place with Deloitte for external audit services was due to expire on 31st March 2019 and new arrangements would be required from April 2019. It was the responsibility of the Council of Governors to appoint or remove the Trust's external auditors with support from the Audit Committee. It had previously been agreed by the Council that two Governors would act on behalf of the Council throughout the process.
34.2	Three bids had been received for external audit and Ms Jameson said that in all areas of scoring with the exception of cost Deloitte had scored the highest of the three bids and had been the highest score overall. During the presentation Deloitte had reflected on where they could improve over their current provision and felt they could increase engagement with Governors in future. It had also been confirmed that a new audit partner would be appointed to work with the Trust.
34.3	Mr Akhter Mateen, Chair of the Audit Committee said that the recommendation was to appoint Deloitte and a fee had been negotiated for five years. Ms Fran Stewart, Public Governor who had been a member of the evaluation panel confirmed that it had been a unanimous recommendation from panel members.
34.4	Sir Michael Rake, Chair said he felt there was benefit from retaining the continuity of the firm, but a fresh view from a new audit partner.
34.5	The Council **approved** the recommendation to appoint Deloitte as external auditors from April 2019.
35	**Annual Plan – discussion with Governors on plans for 2019/20**
35.1	Ms Nicola Grinstead, Deputy Chief Executive gave a presentation on the development of the annual plan for 2019/20. She said that the NHS continued to have financial, workforce and operational challenges and focus would be placed on productivity and efficiency, collaborative care and reducing variation.
35.2	**Action:** Changes had been proposed to the Market Forces Factor (MFF) part of the tariff which would have a substantial impact on GOSH. Sir Michael Rake, Chair said that it was vital the MFF was discussed further at Board and that the potential impact was raised politically in partnership with other Trusts.
35.3	Ms Helen Jameson, Chief Finance Officer said that it was likely that the savings target would increase but there would be a different approach taken to this.
35.4	Ms Grinstead confirmed that Governors would be able to get involved in setting the annual plan through workshops.
36	**Chief Executive Report**

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36.1	Dr Peter Steer, Chief Executive acknowledged the work that had been taking place around workforce race and equality standards and confirmed that a discussion had taken place at the Trust Board about unconscious bias training being built into the Board development programme. Dr Steer said that four inclusion forums had been established and positive first meetings of the BAME and LGBT+ groups had taken place.
36.2	Mr Colin Sincock, Public Governor noted that there had been a number of PALS contacts from inpatients and their families around facilities. He asked for more information about this. Dr Steer said that the contract with the external organisation providing cleaning services to the Trust had recently been reviewed in order to improve the standard. He said that the opening of the Premier Inn Clinical Building had enabled the Trust to move patients out of the oldest building in the estate which should lead to an overall reduction in PALS contacts about the patient environment. Lady Amanda Ellingworth, Chair of QSAC said that this had been discussed at the QSAC meeting and whilst plans were in place to address some aspects, some issues would only be solved as development continued and patients could be moved out of the aged estate.
36.3	Dr Quen Mok, Staff Governor noted that there had been some patients who had waited over 52 weeks for treatment and asked whether there had been an adverse impact on their condition caused by their wait. Ms Nicola Grinstead, Deputy Chief Executive said that in many cases patients were referred to GOSH close to, or beyond, the 52 week point. She confirmed that all cases were reviewed for an assessment of clinical harm and it had been determined that no harm had been caused as a result of the long wait. Ms Grinstead said that cases of patients who had been subject to long waits as a result of GOSH errors or poor practice were reviewed for potential harm by the Medical Director at 45 weeks.
37	**Governance Update**
37.1	**Action:** It was agreed that the approval of the revised membership strategy would be discussed at the next meeting.
37.2	Mr Paul Balson, Deputy Company Secretary said that the Trust Board Terms of Reference had been updated and provided to the Council for information. Buddying of Governors and Non-Executive Directors had begun and an end of year effectiveness review would take place. Sir Michael Rake, Chair said that discussion had taken place in the pre-meeting about whether it would be beneficial to review the buddying groups in an effort to improve uptake.
38	**Any other business**
38.1	Action 18.20: Ms Helen Jameson, Chief Finance Officer reported that the outstanding IPP debt for consultants who were no longer employed at GOSH was approximately £28,000 and no issues were anticipated in receiving this income which was for activity between one and three years ago and was in the process of being paid.
38.2	Ms Jameson thanked Ms Fran Stewart, Public Governor for her work on the External Audit Evaluation Panel.

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38.3	Mr Nigel Mills, Staff Governor emphasised the importance of discussing children and young people rather than only children.
38.4	Sir Michael Rake, Chair noted that it was Dr Peter Steer's last Council of Governors meeting as Chief Executive. He thanked Peter for his fantastic work which had often been undertaken in difficult circumstances.

Tab 5 Matters Arising and action log

Attachment B

COUNCIL OF GOVERNORS ACTION CHECKLIST
February 2019

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
32.11	07/11/18	Dr Steer said that a presentation should be provided to the Council on communication overall at GOSH both internally and externally.	CM	April 2019	To be presented at the April Council meeting
32.27	07/11/18	It was agreed that a further update on Well Led would be provided at a future Council of Governors meeting.	MS	February 2019	On agenda
35.2	07/11/18	Changes had been proposed to the Market Forces Factor (MFF) part of the tariff which would have a substantial impact on GOSH. Sir Michael Rake, Chair said that it was vital the MFF was discussed further at Board and that the potential impact was raised politically in partnership with other Trusts.	HJ	December 2018	Noted for the Board agenda
37.1	07/11/18	It was agreed that the approval of the revised membership strategy would be discussed at the next meeting.	AF	February 2019	On agenda
41.4	28/11/18	Sir Michael said that the Board had discussed phase 4 at a number of Board meetings and confirmed that a paper would be presented to the Governors in good time as it was a complex issue.	MT	February 2019	Children's Cancer Centre on agenda
41.6	28/11/18	It was agreed that Sir Michael would provide a regular Chair's update to the Council of Governors meeting which would outline his activities since the previous meeting and provide brief commentary on any relevant matters.	MR	On-going	Noted and on-going
41.7	28/11/18	It was agreed that consideration would be given to Sir Michael being interviewed for an updated Member Matters article.	PB	March 2019	To be arranged WITH THE Comms Team
42.6	28/11/18	It was agreed that a summary of the work the Board and Executive Team had done on Brexit would be	MS	February 2019	Verbal update from the CEO at the February Council meeting

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Tab 5 Matters Arising and action log

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		presented to the Council of Governors.			

Attachment C

Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors
6th February 2019

GOSH - The research hospital. How the Children's Cancer Centre supports our long term vision

Summary & reason for item: Presentation on the case for the Children's Cancer Centre (Phase 4 at GOSH) as we enter the Pre Construction Services Contract and commence the town planning design development.

Governor action required: For information

Report prepared by: Stephanie Williamson, Deputy Director of Redevelopment

Item presented by: Darren Hargraves; Jayne Franklin; Steve Tomlin; Matt Tulley; Steph Williamson

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Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

**GOSH - The research hospital.
How the Children's Cancer Centre
supports our long term vision
February 2019**

Research Hospital and Children's Cancer Centre

Almost every patient with cancer treated in this hospital is treated on a research protocol

This presentation will cover:

- Vision for cancer services, the Children's Medicine Centre and school
- Design Quality
- Workforce
- Demand and capacity
- Cost
- Funding
- Affordability
- The commitment stages

Why – our place in the world

- World leading children's hospital for *research into* and *treatment of* complex and rare disease

- Track record of research breakthroughs and innovation

- Cancer in childhood is a rare disease

- Helping children with complex needs fulfil their potential

The very best of GOSH:

Recent major developments have delivered the facilities required for:

- Neurosciences
- Cardiac Services
- Rare Disease Research

Development now required for children with cancer and the staff and researchers who look after them delivering:

- Scale to make incurable cancer curable
- Care for those surviving with complex needs

The proposed development also addresses the need to a Children's Medicine Centre and additional capacity for the GOSH School

Children's Cancer Centre - Vision

- Vision – Delivering excellence in paediatric cancer through innovation in:
  - Buildings
  - Models of care
  - Novel treatments

- Harnessing the partnership with GOS RI, DRIVE & GOSH CC
- Building research capacity to deliver world-class care at scale and accelerate progress
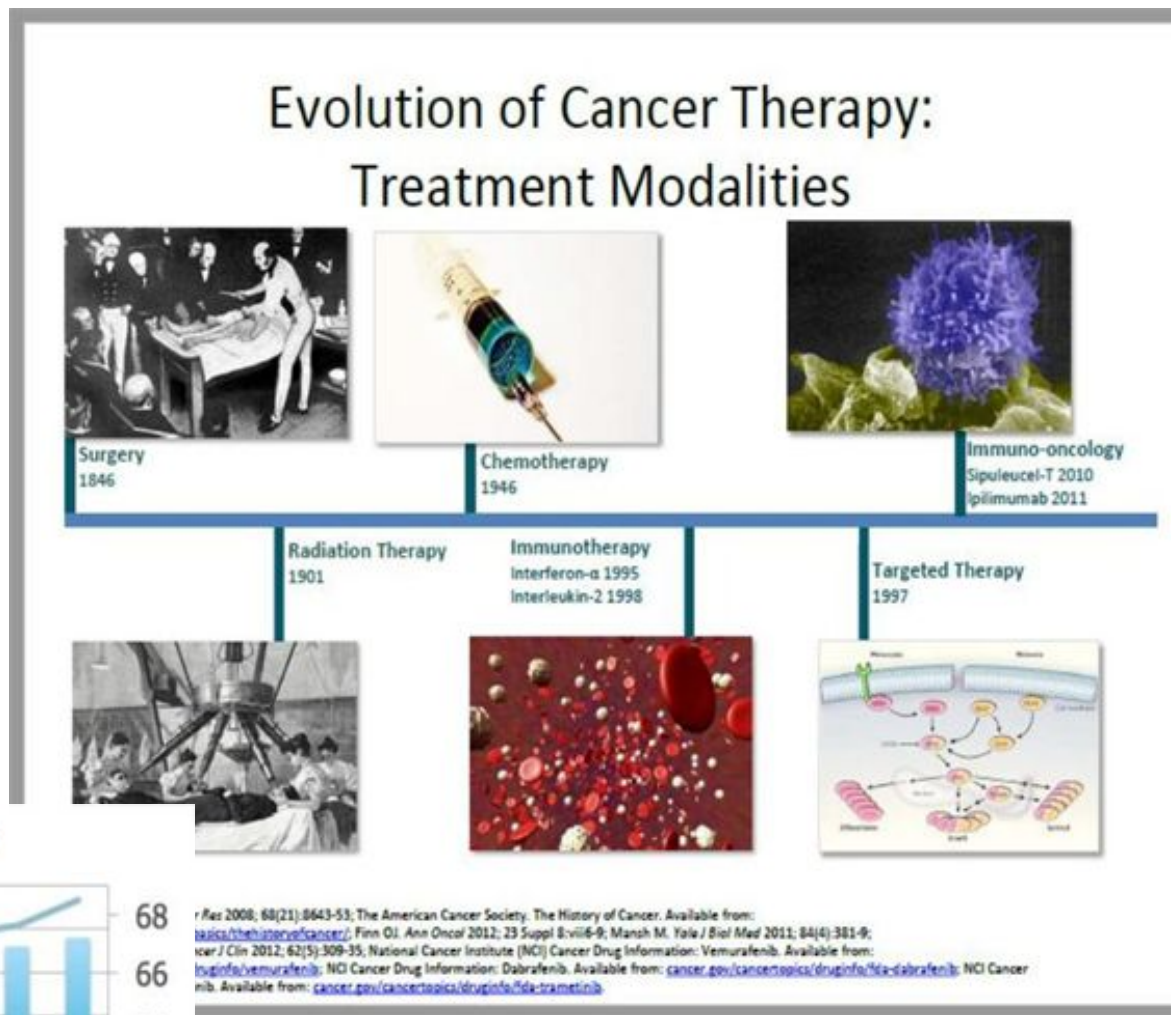
GOSH Paediatric Cancer - NOW

- One of the biggest paediatric cancer centres in Western World
- Excellent outcomes
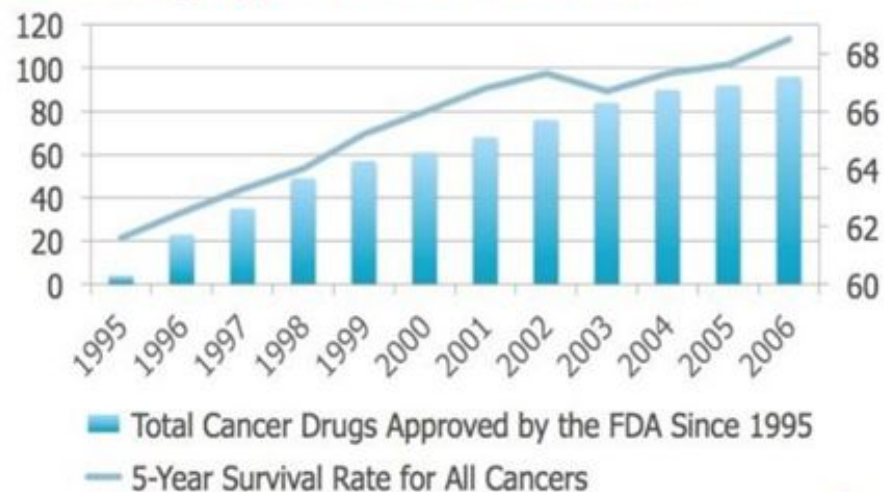- Pioneering innovation

- Despite very poor quality, fragmented real estate
- Outpatients and in-patients in separate buildings prevent staff efficiency and development of new models of care

- Struggling with capacity, in particular to deliver innovative treatments
- Capacity to be able to take on additional work and research
- Ultimately want to deliver innovation at scale

Cancer innovations - Timeline

Evolution of Cancer Therapy: Treatment Modalities

Surgery 1846

Chemotherapy 1946

Immuno-oncology
Sipuleucel-T 2010
Ipilimumab 2011

Radiation Therapy 1901

Immunotherapy
Interferon-α 1995
Interleukin-2 1998

Targeted Therapy 1997

r Res 2008; 68(21):8643-53; The American Cancer Society. The History of Cancer. Available from: ...pics/thehistoryofcancer/; Finn OJ. Ann Oncol 2012; 23 Suppl 8:viii6-9; Mansh M. Yale J Biol Med 2011; 84(4):381-9; ...cer J Clin 2012; 62(5):309-35; National Cancer Institute (NCI) Cancer Drug Information: Vemurafenib. Available from: ...ruginfo/vemurafenib; NCI Cancer Drug Information: Dabrafenib. Available from: cancer.gov/cancertopics/druginfo/fda-dabrafenib; NCI Cancer ...nib. Available from: cancer.gov/cancertopics/druginfo/fda-trametinib.

Cancer Drugs Approvals & 5-Year Survival Rates

Total Cancer Drugs Approved by the FDA Since 1995

5-Year Survival Rate for All Cancers

References: (1) FDA Approved Drugs for Oncology. CenterWatch. http://www.centerwatch.com/drug-information/ fda-approved-drugs/therapeutic-area/12/oncology (2) 5-Year Relative and Period Survival. SEER Cancer Statistics Review 1975-2011. http://seer.cancer.gov/faststats/selections.php?#Output

Patient survival by calendar year at GOS (1978 – 2014)
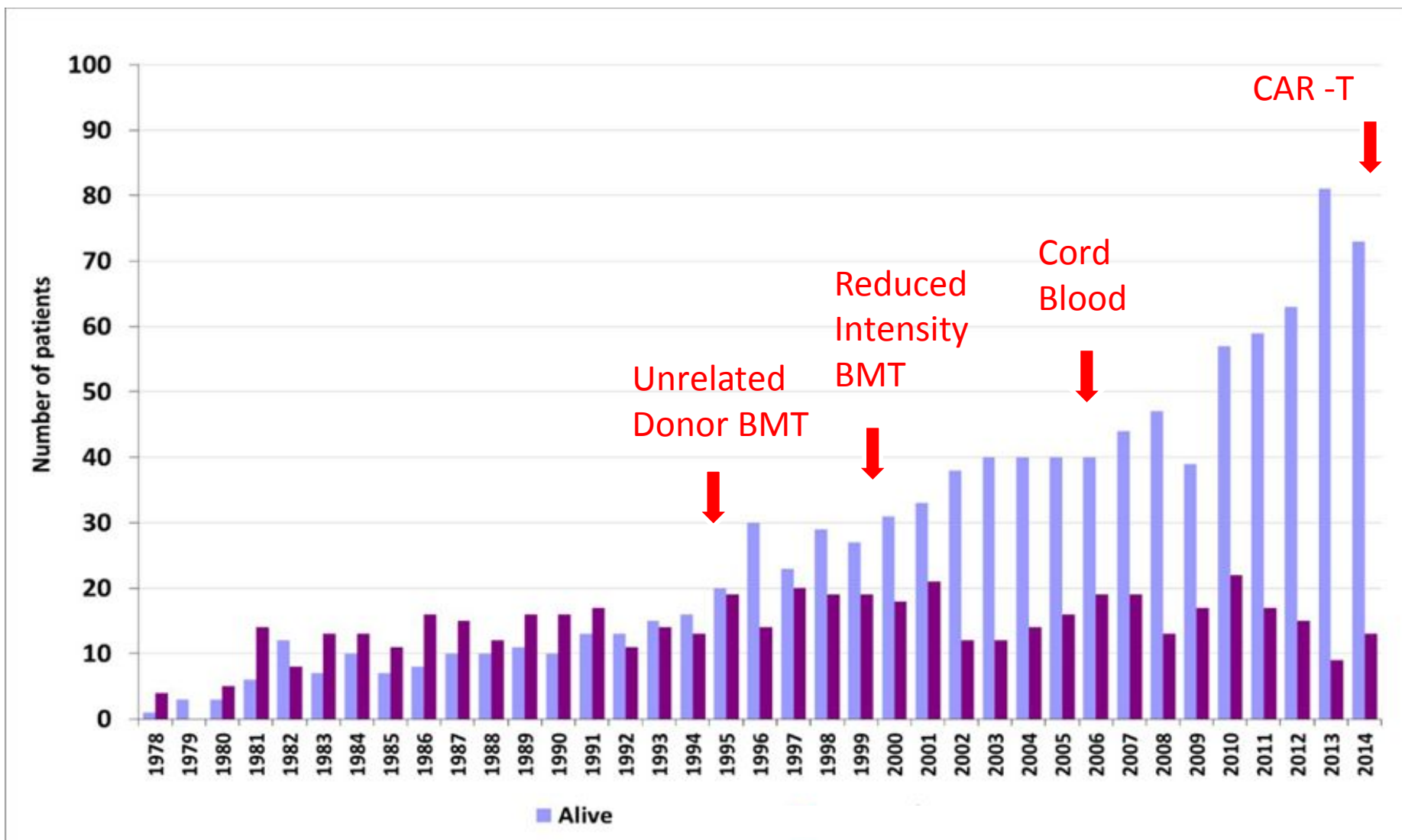
GOSH at the forefront of these innovations

- CAR-T immunotherapy
- Gene Editing for Leukaemia
- Targeted therapies
- National Molecular Tumour Board
- Molecular diagnostics
- Delivery of new therapies
- Leaders of multiple National and International Clinical Trials

Future opportunities

- Regional, tertiary and quaternary referral centre
- Service redevelopment for NHS will mean rationalisation of services
- Potential for new paediatric cancer research centres

- Creation of specific centres with critical mass, specialists focus, patients and technology in one place
- High quality, tailored and consistent patient and family experience

Our future of Cancer Centre

- Dramatic change in the next 10 years
- Targeted cellular and gene therapy with shorter treatment duration but higher acuity
- Flexibility of beds – ambulatory to ICU
- Research embedded into clinical unit
- More patients living with cancer as a chronic disease

- **A dedicated, but flexible Cancer Centre able to cope with future demands, capitalise on opportunities and promote innovation!**

Why – the Pharmacy Enabler

- Largest dedicated paediatric pharmacy in UK

- Currently fragmented over 6 areas

- Manufacture of IVs, Chemotherapy and Parenteral Nutrition = 3000 items a month MHRA = "unfit for purpose"

- 240 trials in process

- 130 staff but poor recruitment and retention

- Space to be leading the UK in practice, safety and innovation

Pharmacy Future

Formation of a Children's Medicines Centre
– leading on patient focussed medicines excellence

Patient Facing Out-Patients:

    Information Provision

    Minor Ailment advise and sales

    Adaptable medicines choice and flavour

Research Focussed

    Enabled Clinical Trials development

    24/7 trial delivery

    Research in children's medicines practice

    Formulation Development

Why – Fulfilling their Potential

- Continuing education is vital for children at GOSH to enable them to reach their life goals and to **fulfil their potential.**

- Section 19 Education Act 1996 states that there must be 'suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

Why - the Quality Case

"Improved physical settings can be an important tool in making hospitals safer, more healing, and better places to work."

Ulrich, R. and Zimring, C. Report to the Center for Health Design. (2004). The role of the physical environment in the hospital of the 21st century: A once-in-a-lifetime opportunity.

Why – FFT as a quality test

- *"Better storage for parents/carers is needed, practically when some families are resident for so long."*
- *"It'd still be good to see the ward updated as so much resource has been ploughed into modernising other wards and buildings."*
- *"Chemo machine couldn't get to the playroom without being charged. All this led to a rather additionally stressful experience"*

Why – Flexibility
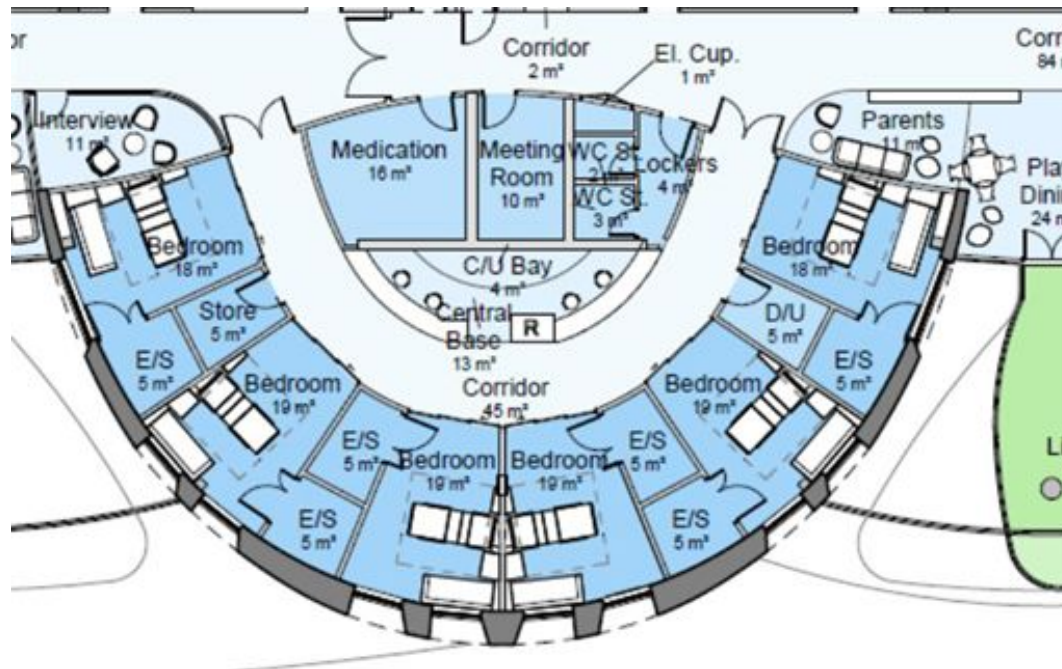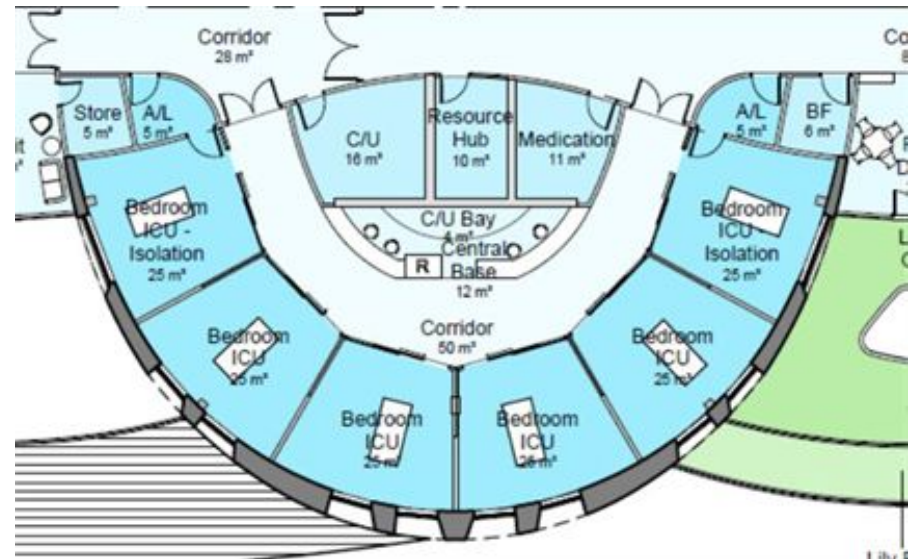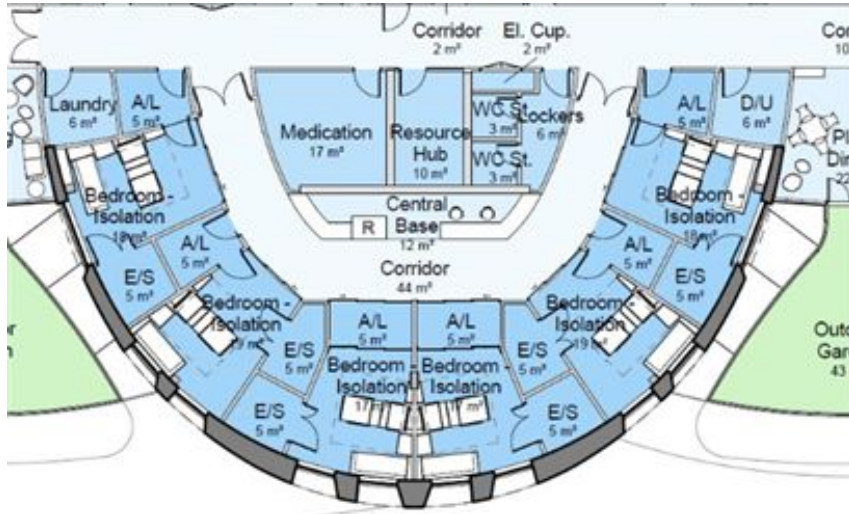
How – the Options
Preferred Option

Floor	Departments		
10	Plant		
9	Activity Centre	Hospital School	Roof Garden
8	Inpatients: 24 Beds – Cancer Services BMT		
7	Inpatients: 24 Beds – Cancer Services		
6	Inpatients: 24 Beds – Cancer Services		
5	Inpatients: 24 Beds – IPP		
4	Inpatients: 24 Beds – PICU		
3	iMRI	Complex Imaging – Decant from Turtle (Southwood Level 1) plus PET MR	
2	Main Entrance	Cancer daycare	Pharmacy
1	Special Feeds Unit	Pharmacy	Pharmacy
0	Plant & ICT Data Centre		

How – the Costs

Original scheme	Preferred Option	Fall back Option	Do minimum
£402m	£377m	£355m	£120m-£150m
120 new beds	120 new beds	96 new beds	Loss of 14 current beds, masterplan not possible

How – the Funding

	Preferred Option Trust owned	Preferred Option Charity owned
Charity	250	250
Structure benefit	0	50
GOSH internal funds	50	50
Third party	77	27
Total	377	377

How – approvals, programme and commitment

Timing	Governance	Commitment
Dec 2018	Trust Board approval	Approved option
		Approved affordability
		Approved funding route
		Approved PCSA £13m
		Commit to Redevelopment fees £3m
July 2019	Trust Board	Receive OBC for approval Approve commencement of decant works - £30m
Nov 2021	Trust Board & Council	FBC approval Contract Award £300-£320m
July 2022		Construction commences

Tab 6 GOSH - The research hospital. How the Children's Cancer Centre supports our long term vision

Phase 4 Time Line

Approvals

- Masterplan
Feb 2015
- SOC
May 2016
- EDA
Sept 2017
- OBC

- FBC

Activity

Design

Enabling & Decant Works

Main Works Contract

December 2018

July 2019

October 2021

July 2022

OBC Development

FBC Development

Town Planning Consent

EDA

PCSA £16m

£32M

NEC Construction Contract £302-£320M

S t a r t   o n   S i t e

Conclusions

- There is no do nothing option.
- We have a vision for our research and services and how redevelopment supports delivery of the vision.
- We have a preferred option and sub-option that supports the vision and delivers significant benefits.
- CCC is affordable – it will deliver a balanced LTFM based on assumptions agreed at FIC.

What next

- Discussions with Regulators in relation to funding and affordability
- Recommence CCC design – February 2019
- Recommence OBC drafting
- OBC approval targeted for July 2019
- Agree the funding model presented is supported by the Charity and deliverable.

Thank you

Tab 7 Operational Plan 2019/20 Update

Attachment D

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Council of Governors
6ᵗʰ February 2019

Operational Plan 2019/20 Update

Summary & reason for item:

This presentation provides an update to the Council of Governors around the work that has been completed to date related to business planning and development of an Operational Plan together with the planned activities over the coming months. This is to ensure that the Trust has a robust process internally to meet these requirements, together with meeting the external requirements and timeframes issued by NHS Improvement.

Governor action required:
To note the progress and planned direction

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

Item presented by:
Peter Hyland, Director of Operational Performance and Information

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Tab 7 Operational Plan 2019/20 Update

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Operational plan 2019-20 refresh

February 2019

The child first and always

Tab 7 Operational Plan 2019/20 Update

Great Ormond Street
Hospital for Children
NHS Foundation Trust

NHS

Background

- In January 2018, the full Business Planning guidance was issued detailing the process that NHS organisations were required to follow for planning our services for 2019/20.

- To supplement this we have developed an internal process to ensure we have a robust business planning process which encompasses activity, finance, Better Value and workforce profile for the next financial year.

- The external requirement means that we need to make various submissions to NHS Improvement throughout the period, the final of these due on **4th April 2019,** with Board sign off planned for **3rd April 2019.**

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Tab 7 Operational Plan 2019/20 Update

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Process to date

An internal planning process is being undertaken including the following:

- Revision of activity plans

- Contract negotiation with commissioners

- Enhancing process and identifying schemes under the Better Value programme;

- Budget setting process

- Refreshing capital planning assumptions

- Submission of the initial activity, finance and Better Value template to NHSI

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Tab 7 Operational Plan 2019/20 Update

Next steps and timetable

Great Ormond Street
Hospital for Children

NHS

NHS Foundation Trust

Date	Action	Notes
4th Jan	Initial CIP outline plan submission	We will be required to submit outline plans for Better Value programmes to our local STP for inclusion in the London wide network submission. Outline plans should be submitted to the PMO based on your initial local work.
16th January	Submit initial budget proposal	You should have met with your business partners to agree high level plans for 2019/20 noting the budgeting rules document that is appended to this document.
18th January	STP Better Value submission	Submission of initial plans to North Central London STP which we will use to form the basis of the outline 2019/20 CIP programme.
w/c 21st January	Review meetings	Meetings to be held with executive budgeting leads to review initial submissions and Better Value proposals.
26th January	Submit any charity bids	Any charity bids to be submitted to the Trust for further consideration.
By 26th January	Scope pan-organisation Better Value schemes	Initial sessions will be organised by the PMO to consider how pan-organisation issues can be handled and contribute towards Better Value targets over the coming year.
6th – 7th February	Submission of initial plan	The executive and board will consider initial budgets and confirm the acceptance of the NHSI plan.
12th February	Confirmation of initial plan to NHSI	Following feedback from the executives, the initial plan for activity, workforce and expenditure will be submitted to NHSI.
By 22nd February	Refine Better Value schemes	Continued work to define and agree the pan-organisation Better Value opportunities as described above.
1st March	Submission of final budget assumptions	Following feedback from the initial assumptions, revised plans will be submitted detailing the full delivery of the assigned Better Value programme.
6th March	Review by Trust Executive	The final pass of the draft budgets for 2019/20 will be confirmed by the executive before submission to the Trust Board.
20th March	Final approval by Trust executive	The Trust executive will review all final revenue, capital, Better Value and charitable plans and notionally approve submission of the Trust plan to the board for approval.
3rd April	Final Approval by Trust Board	Trust Board will review and confirm submission of the 2019/20 GOSH annual plan.
4th April	Final submission of NHSI Plan	Following review and discussion as indicated above, the final submission of the Trust plan will be made to NHSI.

Tab 7 Operational Plan 2019/20 Update

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Key assumptions in the draft plan

The draft plan makes the following key assumptions:

- We will deliver savings from a Better Value programme of £20m

- Clinical activity will grow, reflecting demographic change in our population and will focus on specific clinical areas:
  - Cardiac
  - Neurosciences
  - CAR T Cell
  - Cochlear
  - Uveitis
  - Anaesthetics pre-operative assessments
  - RTT to deliver speciality level compliance

- We will meet all national performance targets (RTT, cancer, diagnostics).

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Tab 7 Operational Plan 2019/20 Update

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Key areas of further development

Before submission of final plan

The following areas will be concluded before the submission of final plans:

- Further refining and profiling of our activity plan

- Directorate level planning

- Contract negotiation

- Budget setting process

- Workforce planning

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Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors

6th February 2019

Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 18/19

Summary & reason for item:

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

Councillor action required:

Each councillor to select a first preference and second preference from the list above. Please email your clearly stated first preference and second preference to Alissa.Angelova@gosh.nhs.uk by **12pm Friday 15th February 2019.**

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

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Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 18/19

Introduction

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

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

Last year, councilors selected CV Line related blood-stream infections (per 1000 line days).

List of local indicators to select from for 18/19:

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

What is required from councillors?

Each councillor is asked to select a first preference and second preference from the list above. Please clearly state your first preference and second preference and send it in an email to Alissa.Angelova@gosh.nhs.uk by **12pm on Friday 16th February 2019.**

Councilors will be informed of the result by email on **Wednesday 20th February 2019**. The tested indicator will also be noted in the minutes at the Members' Council meeting in April 2018.

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

Peter Hyland
Director of Operational Performance and Information

Tab 9 Chief Executive Report including:

Attachment F

Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors
6 February 2019

Chief Executive Report – February 2019

The purpose of this paper is to provide a summary of key work priorities and achievements since the 7 November 2019 report to the Council of Governors. The report includes:

- Update - New GOSH Chief Executive
- Executive summaries of Board reports (December 2018 data):
    - Integrated Quality Report
    - Integrated Performance Report
    - Finance Report
    - Update from the Patient and Family Experience and Engagement Committee (PFEEC)
    - PALS Report
- Trust Board update from 5 December 2018
- News stories
    - Changes to the Executive Team
    - Update on CQC inspection
- 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:

Matthew Shaw, Chief Executive

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Tab 9 Chief Executive Report including:

Attachment F

GOSH appoints New Chief Executive

Matthew Shaw took up the post as Chief Executive at Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) on 15 December 2018 after being Medical Director at the Trust. Prior to joining GOSH, Matthew was a Medical Director in BUPA Health Services. He was also the Medical Director then Deputy Chief Executive and Transformation Director of the Royal National Orthopaedic Hospital (RNOH). He is also a consultant spinal surgeon.

Trust Board Executive summaries (December 2018 data)

Integrated Quality Report (February - highlights)

Following feedback from the Executive team, the report format has been reviewed and amended. To also contain:

- featured clinical outcome to monitor effectiveness
- learning from deaths summary
- clinical audit overview
- Patient Experience report which analyses trends across complaints, PALs and the Friends and Family Test (FFT)

The following key findings from within the report have been identified:

- there has been a statistically significant reduction in the number of cardiac arrests outside Intensive Care Unit
- there has been a trend of information governance incidents; this report includes a new serious incident and learning from a recently closed information governance serious incident
- there has been an increase in feedback about the standard of nursing care which is being addressed through a Trust wide ongoing Core Care programme to ensure basic care needs are met
- the FFT response rate increased to 16.5% and directorates have produced action plans outlining how they will meet the Trust target of 25%

Integrated Performance Report

The Integrated Performance Report (IPR) is focused on the key areas/ domains in order to be assured that the Trust's services are delivering to the level our patients and families, Trust Board and our commissioners and regulators expect. The key messages for each area/domain are:

Caring

Inpatient FFT response rate remains significantly below the new Trust internal target of 25%, however, over the last three months improvements have been made with an increase of 4%. Out of 2848 patient eligible to respond, 471 (16.54%) patients completed the survey. It should be noted that Heart and Lung and IPP directorates have achieved the local standard. The directorates continue to focus on implementing the actions previously described and are sharing learning, encouraging patients and families to complete the survey. .

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However, 96.82% of the 471 patients providing feedback would recommend the Trust.

<u>Safe</u>

The Trust reported no incidents of MRSA in December 2018.

No incidents of C-Diff were reported in December 2018.

<u>Responsive</u>

93.14% of patients were waiting within 6 weeks for a Diagnostic test for October, 44 patients breached the standard with 38 attributable to Radiology including Cardiac MRI. The breaches are grouped into four categories, 17 Capacity, 16 Booking Processes, 6 Trust Processes and 5 Tolerance. Action plans have been put in place to address the capacity issue within the sedation service, additional training on the national standard and local SOPs continues, along with bookings and performance and daily walk rounds by ASM and SM to admin teams to offer support.

The Trust has achieved RTT Incomplete Pathway national standard for 12 consecutive months, 92.09%. However, for December a patient was reported waiting 52 weeks and over. The patient was referred to the Trust at week 65 from Brighton and Sussex. The patient is dated to be seen in February 2019.

<u>Well Led</u>

Appraisal rates remain to be a challenge. Action plans are being drawn up by all directorates containing trajectories to improve the position.

<u>Effective</u>

Discharge Summaries within 24hrs are significantly below the national standard of 100%, at 80.33%. Action plans are being collated to address the position.

<u>Productivity</u>

Theatre Utilisation has further decreased to 62% in December, it has been identified that patients cancelled for clinical and non-clinical reasons on the day or at short notice, capacity issues on Panther, Sky and Bear particularly in early December and families choosing not to have large surgeries over the festive period have impacted. However, it is recognised that focus on list bookings and forward looking is still required.

Finance report

The Trust is required to achieve an overall control total that is agreed with NHS Improvement annually. The Trust is in line with its control total at Month 9. In order to support the Trust's position, £3.1m has been released from contingency year to date.

The Trust is ahead of its income target by £3.6m (excluding pass through) at Month 9. NHS Clinical Income remains ahead of plan by £1.5m. This is offset by reduced International and Private Patient's (IPP) activity, which was behind plan in month by £0.7m and is now £0.6m behind year to date.

The Trust is forecasting a breakeven position at the year end to the control total.

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Patient Family Experience and Engagement Committee (Q3 2018/19 – highlights)

- Overall the Trust did not meet the 25% FFT response target in Q3 but directorate led action plans are in place to address this.

- IPP also have implemented an action plan in response to a decline in the FFT recommendation rate from 98.8% in October to 73.0% in December 2018

- Positive comments referred to the caring nature of staff and the reassurance they provide to patients and families. Negative comments referred to waiting times and some ward/ clinic environments

PALS Report Q3

- The Trust received a total of 429 cases (an increase of 46 from Q2 2018/19).

- There was a further significant increase in cases about Cardiology from 40 to 60 in Q3. Themes related to communication, cancellations and access to treatment for Postural Orthostatic Tachycardia Syndrome (POTS).

- Trust wide themes related to communication (difficulties in reaching the relevant departments and in obtaining information about appointments, test results and general queries) and cancellation of appointments and procedures.

5 December 2018 Trust Board update

The last meeting of the Trust Board was on 5 December 2018. Highlights for Governors that are not reported elsewhere within the Council of Governors' papers are summarised below.

Patient Story - Josephine

The Board received a patient story from Josephine who was a GOSH patient under the epilepsy team from 2011–2018. She reported that she found the following helpful whilst in hospital:

- The food was enjoyable and the catering staff were extremely kind

- The play team were excellent and catered appropriately for her age

- The nurses were very helpful

- Volunteers made her feel welcome

Josephine said that she felt that improved Wi-Fi and more information about financial support such as food vouchers would have been helpful.

GOSH Operational Plan 2019/20 – planning process and guidance update

The Board received an update on the planning process for 2019/20. The update set out the key actions and timetable that will be followed by the Trust in order to develop a robust business plan, as well as meet the external requirements set by NHS Improvement. A report is on the Council agenda.

In June 2018, the Government had announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 which represented an annual real-term growth rate over five years of 3.4%.

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The NHS is awaiting full planning guidance from NHS England and NHS Improvement on developing a Long Term Plan for a ten year period up to 2029. In its Long Term Plan, NHS England pledges to:

- Create a Children and Young People's Transformation Programme to oversee the delivery of commitments for 0-25 year-olds – moving towards mental and physical health service models that are person-centred, rather than an arbitrary transition to adult services based on age
- Accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025
- Invest in expanding access to community-based mental health services to meet the needs of more children and young people and improve the health a and wellbeing of patients with learning disabilities and autism
- Develop and implement networked care to improve outcomes for children and young people with cancer, offer all children with cancer whole genome sequencing from this year and ensure UK access to CAR-T cancer therapies and proton beam therapy.
- Improved access and consent processes for children and young people taking part in clinical trials, aiming for an increase of 50% in participation among teenagers and young adults by 2025.

The executive team are reviewing the plan and considering how it will be reflected in future planning for the Trust.

Deep dive analysis of neuroscience: developing a strategy

The Board received a presentation on the ambitions, challenges, opportunities, and themes that have emerged from an analysis of Neuroscience services at GOSH. The analysis informed a refresh of the Directorate strategy.

The Board reviewed the feedback and supported the Directorate's strategy and vision for the future.

Infection Prevention and Control Report

The Board received a report from the Director of Infection Prevention and Control. The Trust's contracted cleaning supplier had implemented agreed improvement plans for medical equipment decontamination.

Revised Standing Financial Instructions and Scheme of Delegation

The Board approved the revised Scheme of Delegation (which sets out clearly the responsibilities and extent of authority delegated to committees, working groups or individuals) and Standing Financial Instructions (which explain the financial responsibilities, policies and procedures). The documents had been revised to reflect the change of procurement providers, the new directorate structure, the new vacancy approval process and changes to the tendering rules.

CQC Inspection Action Plan

The Board was informed that the Trust was on track to deliver the milestones set out in the action plan arising from the planned CQC inspection in January 2018 (See Update on CQC inspection below).

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Tab 9 Chief Executive Report including:

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Safe Nurse Staffing Report (September and October 2018)

The Chief Nurse informed the Board that as a whole, the Trust had remained within the recommended parameters for actual versus planned hours for nursing and care staff however there was one directorate which was below the recommended parameters in September and one in October. It was confirmed that no unsafe shifts had been reported in either September 2018 or October 2018.

Work will take place to review the number of patients outside the Intensive Care Unit (ICU) who were being nursed on a 1:1 or 1:2 ratio.

The vacancy rate for October 2018 was 1.3% as a result of a cohort of newly qualified nurses starting in post in September 2018. Work would take place to review establishments following the clinical directorate restructure. Turnover remained higher than other organisations at 16.6% for October and the Trust had joined the NHS Improvement retention collaborative which will provide support and access to good practice examples.

Report from the Guardian of Safe Working

The Guardian of Safe Working presented the quarterly report. Highlights from the report included:

- Exception reporting needed to be further integrated into medical working practice.

- Clarity on roles and responsibilities within teams was required

- Fewer junior doctors were going into paediatrics and the Trust's dependency on them was increasing. Although work to establish nursing roles that could be developed to support Doctors, there were some activities which can only be undertaken by Doctors.

- The Board requested trend information and details of the actions that were being taken to modernise the workforce.

Board papers

The full sets of papers, including those for the Trust Board meeting on 5 December 2018 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

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Tab 9 Chief Executive Report including:

Attachment F

Great Ormond Street Hospital news

Changes to the Executive Team

Caroline Anderson appointed as new Director of HR and OD

Caroline Anderson has been appointed as the Director of HR and Organisational Development. She comes to us from the Land Registry via Hackney and Greenwich Councils and the electricity industry. Caroline will join us on 18 March 2019.

Andrew Taylor acting Chief Operating Officer

Andrew Taylor assumed the role of Acting Chief Operating Officer to lead our clinical operations and we envisage he will remain in this role for a period of six months, after which time the post will be recruited to on a permanent basis. I am extremely grateful to Andrew for his support to maximise continuity and stability at a time when we, along with the rest of the NHS, are under pressure operationally and are preparing to introduce our Electronic Patient Record.

Sanjiv Sharma acting Medical Director

Following my appointment to the CEO post, we requested expressions of interest from the GOSH consultant body to assume the role of Interim Medical Director. I'm delighted that Dr Sanjiv Sharma, our Deputy Medical Director for Medical and Dental Education since January 2016 has taken on this post. Recruitment for the substantive Medical Director post is ongoing.

Deputy Chief Executive left the Trust

Nicola Grinstead, Deputy Chief Executive, left the Trust at Christmas. I would like to thank Nicola for the contribution she has made to the running of the Trust and to wish her every success in the future.

Update on CQC inspection

The Care Quality Commission (CQC) wrote to the Trust on the 2nd January 2019 to advise that an inspection of the Trust's 'well-led' performance and at least one core service would be carried out

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Tab 9 Chief Executive Report including:

Attachment F

within six months. We contacted the CQC to advise them that this will coincide with the implementation of our Electronic Patient Record Programme, an essential transformation programme which will have a significant impact on our operations. The CQC considered this information and have advised that the inspection will take place after the roll-out phase (i.e. towards the end of the year) to prevent additional pressures being placed on our patient services.

The executive and governance teams have updated the trust's Well Led action plans to ensure that any outstanding areas for improvement are closed as soon as possible. An update is on the Council agenda.

GOSH in the news

GOSH patient first to receive ground-breaking new cancer therapy on the NHS

A 10-year-old boy has become the first NHS patient to receive a pioneering new cancer therapy at Great Ormond Street Hospital (GOSH). Yuvan, from Watford, has relapsed acute lymphoblastic leukaemia (ALL) and has now received the ground-breaking treatment, known as Kymriah.

Kymriah is a type of immunotherapy called CAR-T therapy which modifies a patient's immune system cells, known as T cells, to attack the cancer cells.

Previously, CAR-T therapy was only available to patients as part of research trials. Research has shown the treatments are effective for patients with particularly aggressive cancers after standard treatments have failed.

ALL affects around 600 people per year, most of whom are children. Although treatments have improved steadily, approximately 10% of patients still relapse.

In November, it was announced that GOSH, along with two other UK hospitals would be the first offer this treatment to NHS patients.

GOSH reveals pioneering research into early intervention mental health services for patients and their families

On 22 January 2019, GOSH launched a drop-in centre providing accessible, low-intensity early intervention services for patients and families concerned about their mental health.

It is hoped that this new research could pave the way for effective treatment of mental health conditions for children with complex physical conditions that is effective and delivers positive outcomes, whilst being less resource intensive.

For the study, researchers from GOSH and UCL Great Ormond Street Institute of Child Health (ICH) set up a drop-in centre, named "the Lucy Booth" after the Peanuts' characters' stand, in the hospital's reception area. Although the research project is led by the ICH Psychological Medicine Research Team, the centre is run by a multidisciplinary team of volunteers and staff from research, clinical psychology and psychiatry who are available to patients and families, ad-hoc throughout the day.

Support currently provided to participants includes assessments, one to one and group therapy sessions, as well as the provision of interventions through a psychological wellbeing practitioner who can deliver cognitive behavioural therapy, guided self-help and onwards referrals both to the hospital's own psychological services and external agencies such as CAHMS.

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Tab 9 Chief Executive Report including:

Attachment F
GOSH hosts celebration for Year of Zayed

In celebration of the Year of Zayed, Great Ormond Street Hospital (GOSH) and the UCL Great Ormond Street Institute of Child Health (ICH) welcomed a delegation from the Government of Abu Dhabi in the week before Christmas. 2018 celebrated 100 years since the birth of the late Sheikh Zayed bin Sultan Al Nahyan, founding Father of the UAE.

During the visit, the delegation took time to see the progress being made at The Zayed Centre for Research into Rare Disease in Children. The centre, the first of its kind, was made possible thanks to a generous £60 million gift from Her Highness Sheikha Fatima bint Mubarak, Chairwoman of the General Women's Union, and the Supreme Council for Motherhood and Childhood, and Supreme Chairwoman of the Family Development Foundation, the wife of the late Sheikh Zayed bin Sultan Al Nahyan, Founder of the United Arab Emirates. The Abu Dhabi delegation also met the children staying at the hospital and in celebration surprised them with Year of Zayed themed gifts.

GOSH sees children from more than 90 countries and specialises in the treatment of children with rare diseases. These include children from the UAE who come to GOSH to be treated for a range of conditions including rare heart and neurological conditions.

Christmas celebrations

Hundreds of children cared for at Great Ormond Street Hospital (GOSH) over Christmas and their families were involved in Christmas celebrations. Highlights included:

- Christmas party for children currently at the hospital and those have been cared for at GOSH in the past year organised by GOSH Children's Charity

- Celebrity friends, including Emma Bunton, Nick Grimshaw, and Stephen Mulhern popping in

- Activities for patients, including face-painting, arts and crafts, a giant inflatable snow globe photo booth, and biscuit decorating with former Great British Bake-Off contestants including Dan Beasley-Harling from this year's series.

- Sharing of GOSH Christmas moments on social media

GOSH's ground-breaking gene therapy research to feature in Royal Institution Christmas Lectures

Professor Bobby Gaspar, who has pioneered gene therapy research at Great Ormond Street Hospital (GOSH) for the last 20 years, was a special guest at the Royal Institution Christmas lectures this year.

The three part series addresses the question 'Who am I?' and was broadcast on BBC Four on 26, 27 and 28 December 2018. Episode three focused on emerging genetic technologies including gene therapy and personalised medicine, both key areas of focus for research at GOSH.

Professor Gaspar, along with colleagues at GOSH and ICH continue to make use of the latest technological advances to further increase the effectiveness of gene therapy. Their work is supported by a range of funders, including the National Institute for Health Research GOSH Biomedical Research Centre, GOSH Charity, and a current trial, supported by the Medical Research Council is looking at a new more effective method of delivering a working copy of the missing gene into a patient's cells.

New edition of Blood Drops

The first edition for 2019 of Blood Drops, the newsletter from the Blood Transfusion team, is now available. This edition focuses on the special blood components that many of our patients need,

9

Tab 9 Chief Executive Report including:

Attachment F

which require discussions with the Transfusion Laboratory as they are ordered especially from NHS Blood and Transplant for our patients.

Get a jab, give a jab

The Trust has vaccinated just over 57% of our workforce (around 2,550 members of staff) and our top three departments for uptake are: Built Environment, Research Innovation, and Corporate Affairs. It's more important than ever to protect yourself and patients by getting your flu jab this winter. You'll also be helping children internationally – GOSH will buy 10 tetanus vaccines per vaccinated staff member through Unicef's 'get a jab, give a jab' campaign.

Governors are also eligible to receive the jab through Occupational Health.

Appendices

- Integrated Quality Report - Attachment Fi
- Trust Performance Dashboard - Attachment Fii
- Finance Report – Attachment Fiii
- Patient and Family Experience and Engagement Committee (PFEEC) Fiv
- PALS Report Attachment Fv

10

GOSH

Integrated Quality Report

Dr Sanjiv Sharma, Acting Medical Director

Alison Robertson, Chief Nurse

January 2019

(covering November-December 2018)

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Safe

Effective

Caring

Responsive

Well- Led

Contents	Page number:
Patient Safety Measures	Page 3-10
New SIs and Never Events	Page 11
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Clinical Audit- specialty led	Page 14
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Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures Unplanned transfers to ICU
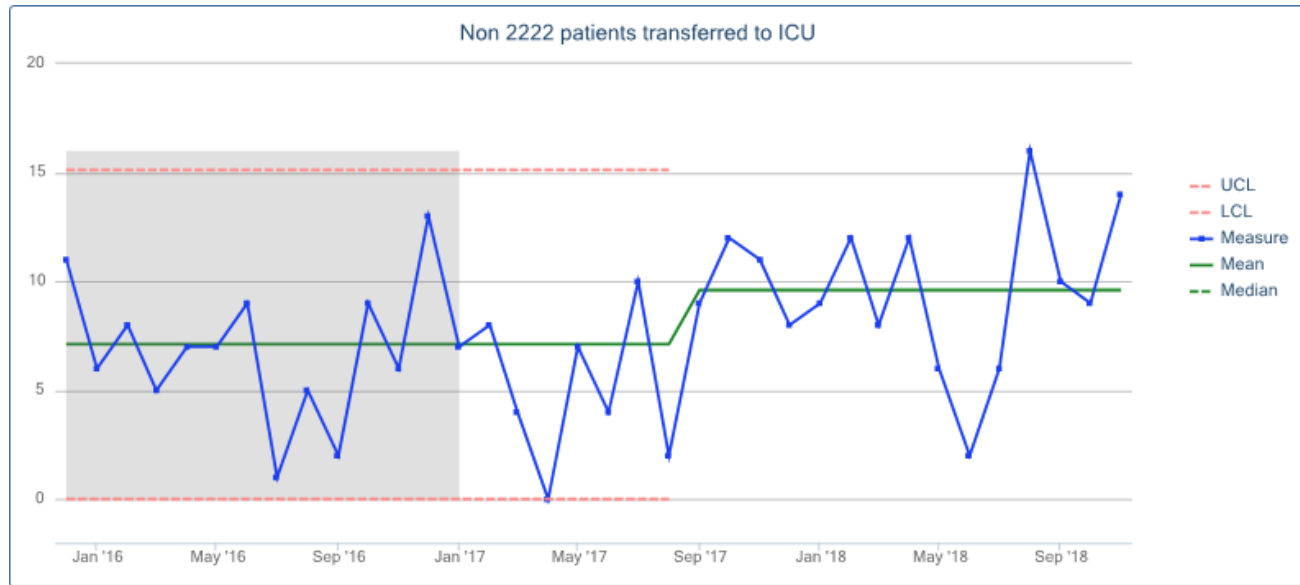
There is currently an average of 10 (9.60) unplanned non-2222 call patients transferred to ICU per month. This is an increase on the previous baseline, where there was an average of 7 (7.12) patients transferred each month.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures Cardiac Arrests Outside ICU
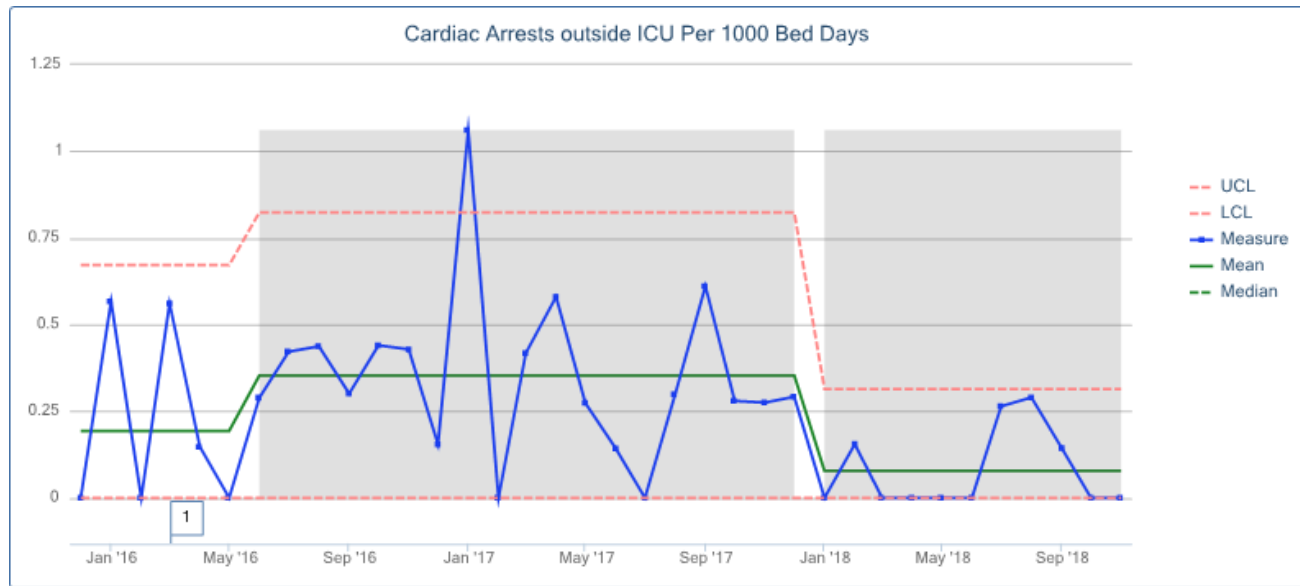
There has been a recently identified statistically significant reduction in the number of cardiac arrests outside ICU per 1000 bed days per month. The current average is 0.08 cardiac arrests per 1000 bed days, a massive improvement on the previous baseline average of 0.35 per 1000 bed days. This reduction has been sustained.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures **Respiratory Arrests Outside ICU**

Respiratory Arrests outside ICU Per 1000 Bed Days
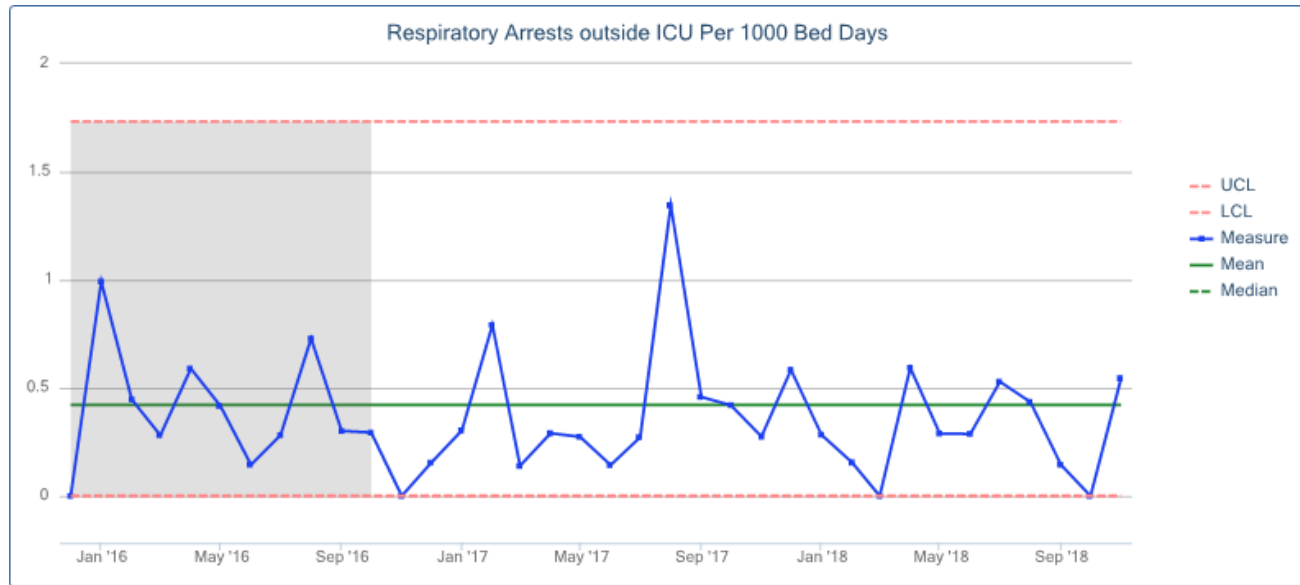
There is an average of 0.42 respiratory arrests outside ICU per 1000 bed days per month. This has remained stable since the end of 2015. Most recent months are comfortably within normal limits – no increases or decreases and nothing to hint at otherwise.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures Never Events
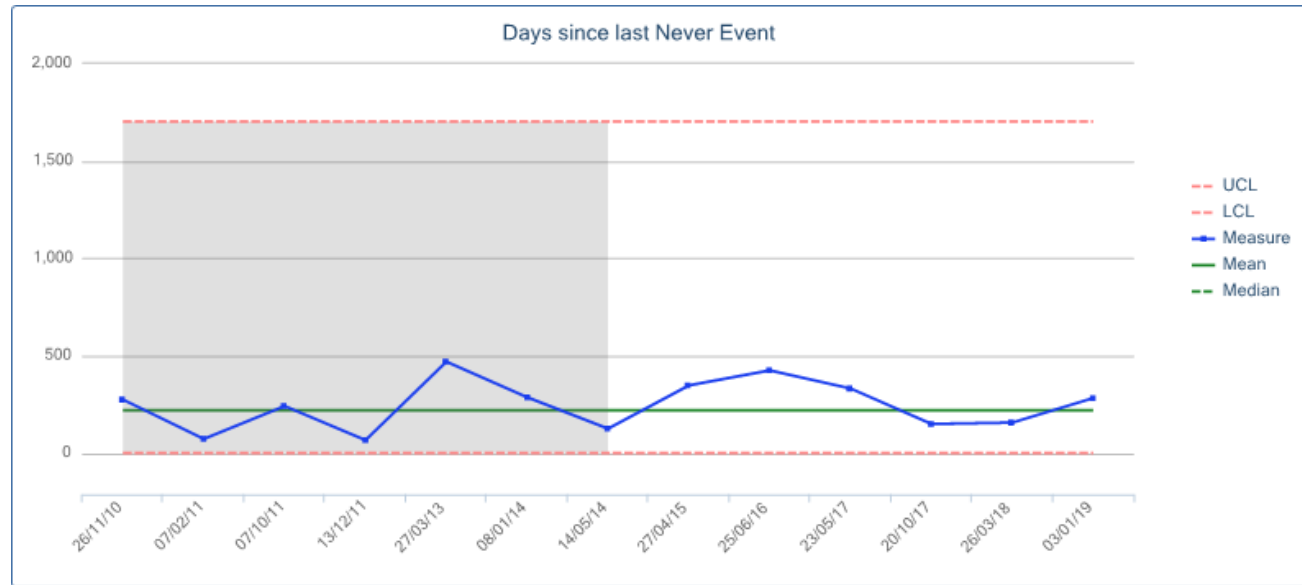
On average, there is a never event at the Trust every 220 days. The last Never Event was on 23rd March 2018, meaning there have been no never events in the previous 3 quarters. The Never Event declared in March 2018 was for a retained foreign object.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures **Serious Incidents**

The number of serious incidents (SIs)
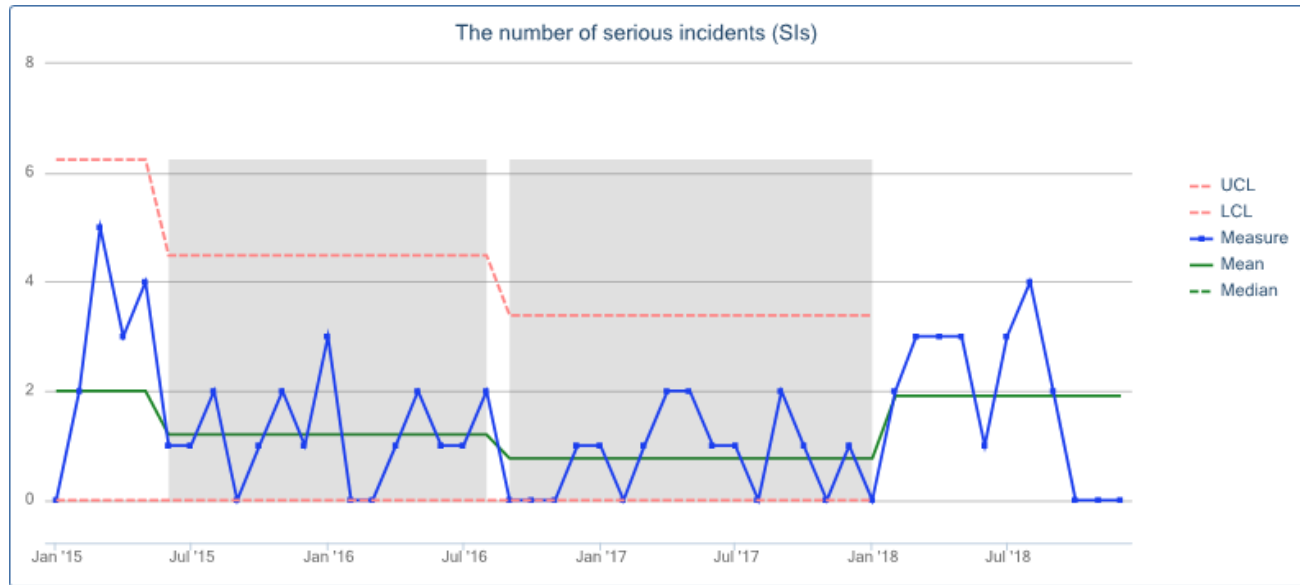
In the last quarter, there were no serious incidents reported. However, there is currently an average of 2 serious incidents per month, an increase of the previous average of 1 per month. It remains to be seen whether this increase is sustained, but it does not look likely based on the most recent quarter.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures Inpatient Mortality

Inpatient mortality rate per 1000 discharges
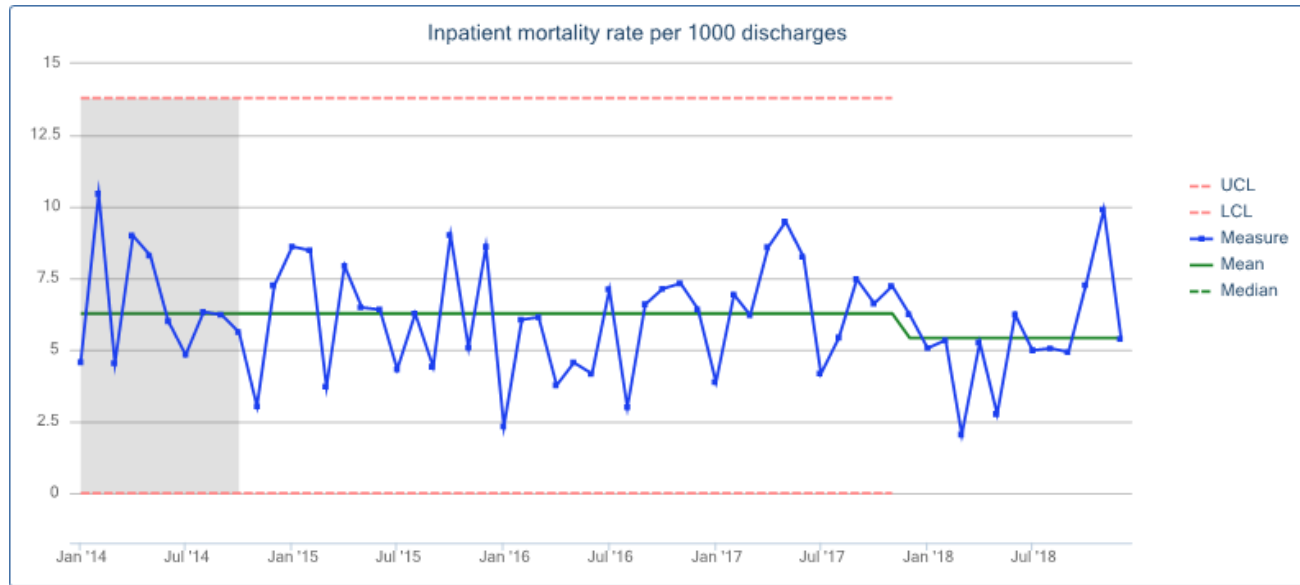
There has been a recently identified decrease in the inpatient mortality rate per 1000 discharges. The current average is 5.43, an improvement of the previous average of 6.28. The timing of this decrease aligns with safety improvement project moving from CEWS to PEWS across the Trust. We hope to be able to say that this statistically significant decrease has been sustained within the next couple of months.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures Pressure Ulcers

Hospital-acquired pressure ulcers reported (category 2+) per 1,000 bed days
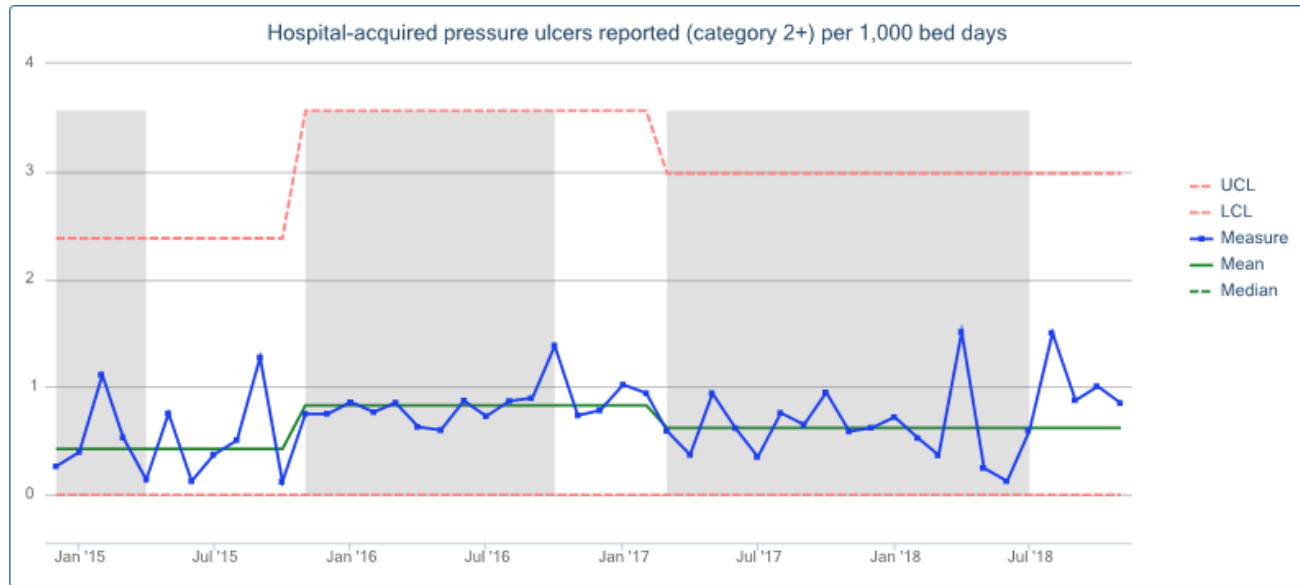
There is a current average of 0.62 category 2+ pressure ulcers per 1000 bed days per month, this is a decrease (improvement) on the previous average of 0.83 per 1000 bed days per month.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety Measures CVL Infections

GOSH-acquired CVL infections for every 1,000 line days
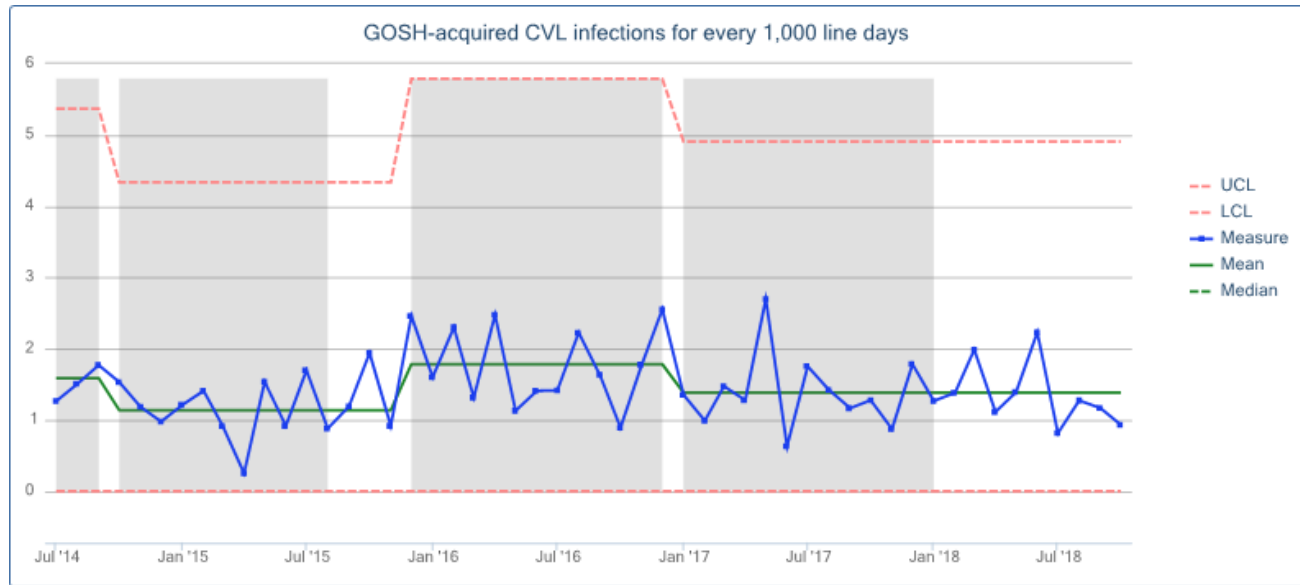
There is currently an average of 1.38 CVL infections per 1000 line days across the Trust. This is an improvement on the previously baselined average of 1.78 per 1000 line days.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety New Serious Incidents and Never Events

Serious Incidents and Never Events in November- December 2018			
No of new SIs declared in November- December 2018:	1	No of new Never Events declared in November- December 2018:	0
No of closed SIs/ Never Events in November- December 2018:	3	No of de-escalated SIs/Never Events in November- December 2018:	0
The learning from the closed SIs can be found on the following slide. Further feedback is awaited from NHS England on 2 out of 3 of the SIs and those closed summaries will be included in the next report following receipt of this information.			

New SIs/Never Events declared in October(1)								
STEIS Ref	Incident Date	Date Report Due	Description of Incident	Directorates Involved	Patient Safety Manager	Executive Sign Off	Directorate Contact	Remedial action taken on incident identification?
2018/ 26315	22/10/18	30/01/19	Information Governance Breach- public area	N/A	Patient Safety Manager	Medical Director	N/A	Information retrieved within 24 hours of notification

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Safety learning from closed SIs and Never Events

Learning from closed/de-escalated SIs/Never Events in October 2018:

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2018/ 22597	Information Governance breach. Subject Access Request redaction error. In September 2017 the Trust received a Subject Access Request for all emails which contained any personal information of an individual patient. An email search was conducted and all relevant emails were collated. As part of the process 14,818 emails as pdf documents were reviewed for any content which shouldn't be released by the Health Records team. The Health records team identified 84 separate instances of third party data. These were marked by the team for removal before release, using a tool within Adobe Pro. After approval, this data was redacted from the electronic record by accepting the marked redactions using the Redaction tool in Adobe Pro. The final copy of emails was released electronically in April 2018 and sent to the individual requester electronically via securesend, an encrypted portal which allows for large documents to be sent securely. Following receipt of their SAR, the requester responded to the Trust. Part of their letter explained that third party data was accessible in the pdf documents which had been released. This had been viewed by the requestor who had been able to remove the redactions applied by the Health Records team. On initial investigation it was found that while the reactions had been applied to the correct information, the data was still accessible by highlighting and copying this information. This is because staff had not ticked a box within adobe pro which removed the metadata and the redactions were not applied to a layer within the file which contained a copy of the text.	The root cause of the incident has been assessed as an error in the task of applying redactions by a member of staff. However, a combination of factors resulted in the inappropriate release of this data and it is clear that an increase in staff knowledge of the redaction procedure, clear guidance on the process and continuity of the software used for redaction would have prevented this from occurring. It has also been noted that this was an error that was unknown or unexpected by the team, and as such, safeguards to prevent this occurrence were minimal.	1. Development of specific guidance on procedure for redaction using the two software systems available, adobe pro and Nitro. 2. A specific additional quality check to be included in the redaction process by Health records prior to data release. 3. Formalised training for health records staff involved in the redaction process. 4. Consideration of the whole process of SAR with specific consideration into email searches and removal of non-relevant data. 5. Review of open and previously completed Subject Access Requests.	If redactions are to be applied to any file type, consideration should be taken to not just the information to be redacted but also the method of redaction and checks should be made to confirm this has been successful.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Clinical Audit learning from priority audit plan

A central clinical audit plan prioritises clinical audit to support learning from incidents, risk, patient complaints, and to investigate areas for improvement in quality and safety.

Examples of current and recently completed priority clinical audits

"Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients."
[NHS England definition]

Source	Context	Progress
Learning from complaints	All dental procedures involving haemophilia patients must be communicated between the two teams to ensure appropriate cover for procedures.	**Completed** There is evidence that the action agreed has been implemented as agreed following the complaint. Post implementation of the recommendation (March 2018), there is evidence that the Haemophilia team and the Dental and Maxillofacial team communicated pre and post surgery in order to provide the appropriate cover of care. There is no clinical risk identified in this audit and the actions agreed have been implemented effectively
Implementation of action following SI	Re-audit of implementation of pre-operative consent clinic for elective cardiac surgery.	Audit completed in Nov 18 The agreed target for full implementation of the pre-operative consent clinic has not been achieved . There has been some improvement noted in consent forms being started at pre-admission for elective cardiac surgery, but not all surgeons are engaged in the process, and some logistical issues are in place. **Has been shared with the Directorate management team to determine next steps**
Incidents reporting/Red complaint	Re-audit to assess the frequency of Orthopaedic and Spinal consultant review for long term admissions on Sky Ward. In addition the audit will be extended to review the frequency of consultant attendance across a number of surgical specialties.	There has been an improvement in the number of Spinal/Orthopaedic inpatient days where there is evidence that a Spinal/Orthopaedic Consultant had reviewed the patient on Sky Ward (18% in Sep/Oct c/w 2% Mar-May). .The data represents a reasonable reflection of Spinal and Orthopaedic surgeon attendance on the ward, and the results represent safe and appropriate levels of Spinal/Orthopaedic Consultant/Fellow attendance. **No further action is required in relation to this audit**
Implementation of patient safety alert (NG Tubes)	An audit of best practice of naso-gastric tube management was reported to PSOC in April 2018 and showed: • positive practice of testing the position of Nasogastric tube testing , and awareness of the techniques that should be avoided . • non-compliance with standards for documentation of process. Re-audit to review and support documentation of best practice with documentation of NGT.	Data collection in progress
Documentation of post-operative infection in the consent process Spinal Surgery	GOSH spinal surgery infection rates have been flagged by Public Health England for Surgical Site Infections Q42017and Q1 2018. audit found that the documented risk of infection as part of the consent process for neuromuscular patients having spinal surgery was not in line with the infection rates noted at GOSH. In many cases a 1% risk was being documented as being discussed, when the infection rate can be between 3-8%. This will be re-audited in December 2018 to review whether a request from the Medical Director to change practice has been actioned.	Data collection in progress

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Clinical Audit specialty led

In addition to the priority plan of audit, support and governance is provided for clinical teams to do clinical audit that supports the quality of care at GOSH. Summary reports of new and completed clinical audits are shared on the Trust intranet , sent to the SLT membership , and reported monthly to the Patient Safety and Outcomes Committee. This helps ensure that there is appropriate oversight and that learning is shared.

Clinical Audit Prize The Clinical Audit team have developed a quarterly clinical audit prize. This will help promote , value , and incentivise sharing of clinical audit in the Trust. In addition this will support our mandatory reporting of clinical audit activity for regulatory purposes (CQC, Quality Report)

Clinical Audit prize

We want to make sure that clinical audits that our staff undertake to review quality are acknowledged and valued.

If your team have completed a clinical audit in the last three months and wish to enter please do by:
- Writing down in 200 words or less how the work has or will help your team to 'Achieve the best possible outcomes, through providing the safest, most effective and efficient care'.
- Attach a final presentation or report and email to [redacted]

Deadline for entries: Monday 31st December . Winners to be notified in January 2019
Certificates will be provided to all winners .

This is the first clinical audit prize, this may become a quarterly event, dependent on interest

Ten high quality entries have been received and are being evaluated

"Just wanted to feedback that I think the clinical audit prize is a great idea. They are often thankless tasks that require a lot of work from junior members of the department with little recognition. "

GOSH Senior House Officer

Sharing audit findings
The GOSH CQC inspection report published in April 2018 highlights a culture of using clinical audit to review and improve care.
"There was a culture of reflection, assessment and audit amongst teams and services who led projects to improve patient care. For example, before relaunching a new nutrition pathway the dietetics team completed an audit of patient documentation"" "The ear, nose and throat team had a significant track record of reviewing service experiences with patients and their parents. Examples such as these were evident across the hospital

Our long term data suggests we are encouraging a culture of sharing our specialty led clinical audit activity

Completed Clinical Audits per calendar year
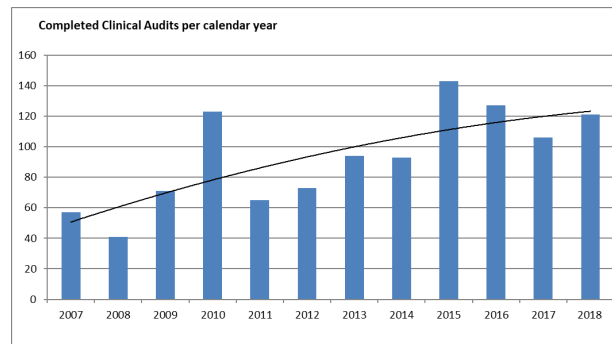
Some examples of clinical audits completed in Q3 that have supported the Trust aim to achieve the best possible outcomes through providing the safest, most effective and efficient care:

Ventilator prescriptions on Kangaroo and Leopard Ward
Improvement in the completion and application of ventilator prescription. Nurses have a more robust and clear way of communicating and checking what settings the child's ventilator should be on. This has led to there being no clinical incidents surrounding ventilator prescriptions with inpatients.

Use of Imaging Studies in Evaluating Patients after Bladder Augmentation
"Through this audit, we have instigated change that will save resources & costs for the trust, improve the patient pathway and importantly reduce un-necessary radiation exposure for these patients. "

Evaluation of the Outcome of Bilateral Developmental dysplasia of the hip treated by a standard protocol
"made some changes to our plaster cast splinting regime, abandoned closed reduction for some high dislocations and advised that open reductions are performed by senior surgeons"

Evaluation of referral pathway for Urodynamic Requests
"This audit is a good example of a complete audit cycle. Problems were identified and quantified, changes made to address the problems and re-audit done to confirm significant positive outcomes. Audit has shown that changes to the pathway have led to significant improvements in patients going more quickly on to the waiting list. "

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Council of Governors meeting February 2019-06/02/19

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Tab 9.1 Integrated Quality Report December 2018 (highlights)

Learning from deaths

The Mortality Review Group (MRG) was established in 2012 to review the deaths of inpatients at Great Ormond Street Hospital (GOSH). The purpose of the MRG is to provide a Trust level overview of all deaths to identify any learning points, themes and risks and take action as appropriate to address any risks.

Child Death Review Statutory Guidance published in October 2018
Additional resources and planning will need to put into place to meet the new requirements of the guidance. NHS England confirmed in writing on the 12 December that
"In the legislation, Medical Directors of NHS Trusts and Foundation Trusts are charged with ensuring that regular local multi-professional Child Death Review Meetings (CDRMs) are held to review all child deaths declared by members of their staff. These meetings will need to be flexible and vary according to the circumstances of each child's death and the practitioners involved. Trusts are required to have these arrangements in place by 29 September 2019"
An initial meeting at GOSH of key stakeholders took place on the 10th December to establish the next steps in meeting the requirement. A follow up meeting to clarify resources to plan the implementation is anticipated to take place in January 2019.

Learning from the Mortality Review Group : review of deaths that occurred in Q2 2018/19
Twenty children died at GOSH between 1st July and 31st September 2018. Case record reviews have been completed for 18 patients.
• One case cannot be reviewed until notes can be made available following post mortem.
• One case was not able to reviewed as the December 2018 MRG meeting was not quorate.
Of the 18 cases reviewed:
No cases had a modifiable factor in the child's care at GOSH that may have contributed to vulnerability, ill health or death (influence score 2).
One death resulted from an unexpected complication of a procedure at GOSH. Local review found that there were no modifiable factors in the care at GOSH that could prevent future deaths, but the team is conducting a formal investigation as a Serious Incident .
The table below provides a summary of the deaths that occurred during the quarter using NHS England reporting guidance.

Total number of inpatient deaths at GOSH between 1st July and 31st September 2018	20
Number of those deaths subject to case record review by the MRG	18
Number of those deaths investigated under the serious incident framework and declared as serious incidents	1
Number of deaths where a modifiable factor was identified at GOSH with an influence score of 2	0
Number of deaths where a modifiable factor was identified at GOSH with an influence score of 3	0
Number of deaths of people with learning disabilities	1
Number of deaths of people with learning disabilities that have been reviewed	1
Number of deaths of people with learning disabilities where a modifiable factor was identified at GOSH with an influence score of 2 or more	0

Learning points for deaths occurring in Q2 2018/19

The following learning points have been identified.
Documentation
• The MCCD is an important legal document and must be completed correctly.
Clinical Care
• Early involvement of specialist teams is very helpful, particularly in 'adult' conditions not commonly seen in children.
• Unexpected surgical emergencies are likely, albeit infrequent, during interventional procedures. An SOP for such unexpected emergencies is useful.
• Multidisciplinary teamwork provides the best possible outcomes, particularly for complex patients with multiple problems
• Acute / unexpected collapse in an infant is commonly due to sepsis, or cardiac, metabolic, endocrine causes. A high index of suspicion must be maintained for all potential causes of deterioration in an infant who is unwell.
Support
• Family support is essential for all patients at GOSH; international patients, or those where English is not their first language may require additional guidance and support, particularly when a child dies.
A report that highlights the learning points and a summary of cases will be reported to the Patient Safety and Outcomes Committee on the 9th January

Modifiable factors to prevent future deaths
An influence score offers an interpretation of the extent to which the factor may have contributed to the death of the patient: 0 – Information not available 1 - No factors, or unlikely to have contributed to death 2 - Factors may have contributed to vulnerability, ill health or death 3 - Factors provide a complete and sufficient explanation for death

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Clinical Outcomes Programme at GOSH

The Clinical Outcomes Programme supports clinical teams to establish their outcome measures, and collect, analyse and publish their outcomes data to the Clinical Outcomes Hub and the Trust website. Where possible, we seek to benchmark with other paediatric centres of excellence.

Clinical outcomes are broadly agreed, measurable changes in health or quality of life that result from our care.

Brain
- Epilepsy measure development

Body, Bones and Mind
- SNAPS dashboard (Hub)
- Urology dashboard (Hub)
- Urology (Trust website)

Operations and Images
- Anaesthesia (Trust website)

Sight and Sound
- Plastic Surgery and OT (Trust website)

Blood, Cells and Cancer
- BMT (Trust website)
- Haemophilia (Trust website)
- HIV (Trust website)
- Palliative Care (Trust website)

Heart and Lung
- Exploring publication of ICU measures to Hub
- Exploring new cardiac measures for Trust website

International and Private Patients
- Exploring options for sharing of data

Medicines, Therapies and Tests
- Exploring global AHP measure options
- Support of SLT developments
- Support of physio developments

Legend:
- Links to latest data on Clinical Outcomes Hub internal outcomes platform or external Trust website
- Support to establish or review measures, collect or analyse data, or other support of clinical teams

Latest SSQD reports

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Tab 9.1 Integrated Quality Report December 2018 (highlights)

Each quarter the Anaesthesia department collects data from 250 randomly chosen patients (five per cent of the caseload) while in the post-anaesthesia care unit (PACU) to help monitor our effectiveness.

During anaesthesia and surgery a child's temperature can drop to below 36.0°C (hypothermia). Hypothermia is associated with a higher risk of complications after surgery. A range of warming devices are used during anaesthesia to prevent hypothermia (excludes heart surgery)
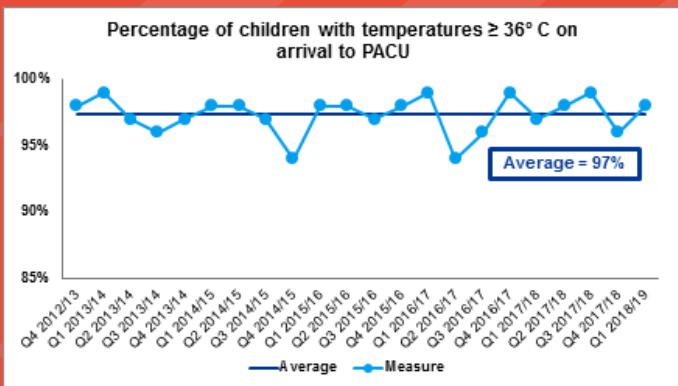
Pain-relieving drugs are given by the anaesthetist during surgery to ensure that children are as comfortable as possible after surgery. After surgery, the specialist nurse in the PACU will assess if the child is comfortable using a simple zero to 10 scale (no pain at zero and worst possible pain at 10). If necessary, the child will receive further pain relief to ensure s/he is comfortable before going to the ward.

Some children experience breathing problems shortly after waking up from an anaesthetic. The degree of risk will depend on the child's medical condition and the nature of surgery for which anaesthesia is being provided. Most cases of breathing problems are experienced briefly, and minimal intervention is required.
Our aim is that less than 10 per cent of our patients experience respiratory complications in the PACU, a target we share with Cincinnati Children's Hospital.

Percentage of children with temperatures ≥ 36° C on arrival to PACU

Average = 97%

Percentage of children with pain scores ≤ 4 in PACU

Average = 92%

Percentage of children with respiratory complications in PACU

Average = 4%

*We apply the same target as Cincinnati Children's Hospital – to seek to achieve more than 90 per cent of children arriving comfortable in recovery.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

QI Project- Early Warning Dashboard

What is it?

The dashboard has been designed to provide Nervecentre wards with accurate, user-friendly, patient level data to support the recognition of the deteriorating patient.

The aim is to improve the visibility of ward practices to proactively identify areas for improvement e.g. observation completeness and Sepsis recognition.

What does it show?

Incomplete observations – Based on the premise that 'complete' would be recording all 7 parameters required to generate a PEWS score

Sepsis – Sepsis 6 patients with no bundle or review completed

Chart Types – Number/ type of observations based on chart type and category

Early Warning Score RAG – PEWS scores and RAG escalation based on those scores

for nursing observations taken between 20/11/2018 and 19/12/2018, inclusive, on all wards

Incomplete Observations

13054

/ 53306 total observations

Sepsis 6 patients with no bundle / review

94

/ 151 total triggering patients

Chart Types

Chart	Obs	Pts
PEWS	38592	1866
Doppler	6053	89
NCA/PCA	6944	103
Non-acute monitoring	1661	62
End of Life	56	1

Early Warning Score RAG

PEWS Score	Obs	Pts
Red (9+)	312	50
Amber (5-8)	2874	282
Green (1-4)	33574	1688
Zero	16009	1532
No score	537	205

Incomplete Observations

13054

/ 53306 total observations

Incomplete Nervecentre Observations

Obs Date	Obs Time	Chart Type	Hospital No	Patient Name	DOB	Ward	EWS	Heart Rate	Systolic Blood Pressure	Respiratory Rate	WoB	SpO2	Oxy Resp

What should the focus be on?

Any missing observations including those recorded as 'unable/ refused' or 'Unable/ Crying', particularly when combined with an AVPU of 'Asleep'

Inappropriate 'Non-acute monitoring' or 'Doppler' chart use

Sepsis patients with no bundle or review completed

Key Messages

This is very much a supportive tool designed to improve recognition of the deteriorating patient in a proactive manner.

The dashboard can be found within the Nursing Portal or via the below link

Link - http://qst/m/ew

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Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Experience Report

Including

Complaints

Friends and Family Test

Patient Advice and Liaison Service

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving?

Patients, families and carers are able to share their experiences via numerous routes including PALS, Complaints and the Friends & Family Test (FFT).
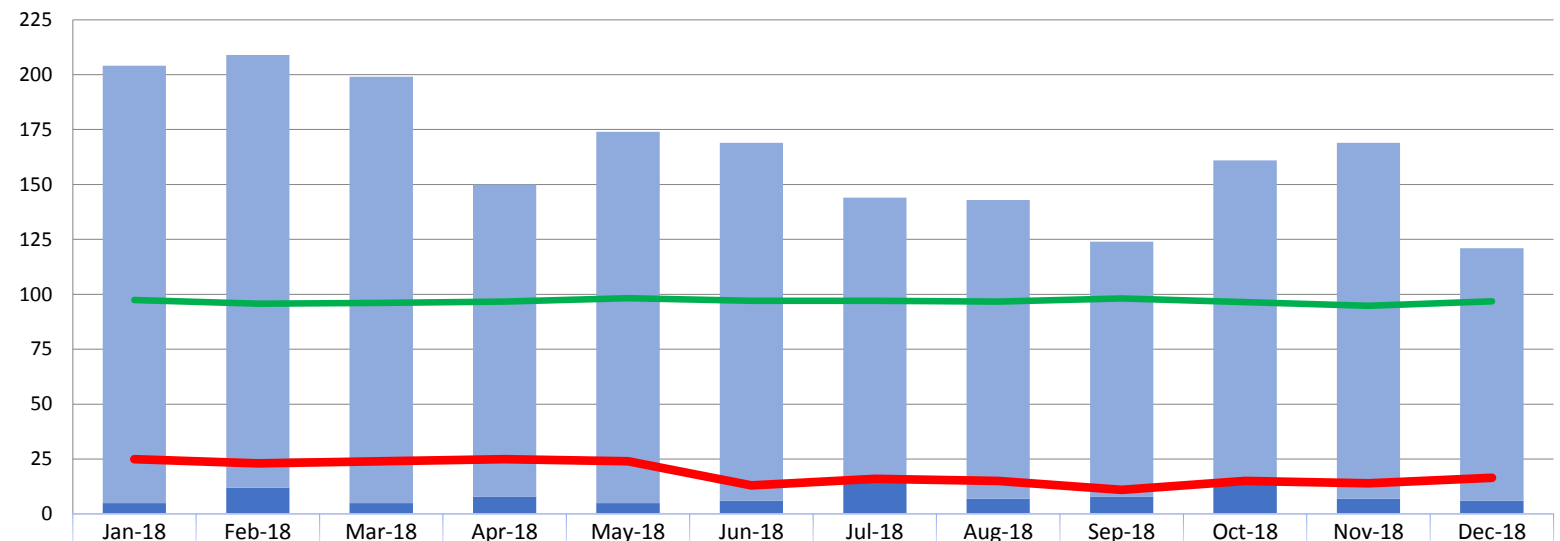
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
PALS	199	197	194	142	169	163	129	136	116	146	162	115
Formal Complaints	5	12	5	8	5	6	15	7	8	15	7	6
FFT recommendation rate %	97.4	95.7	96.1	96.7	98.2	97.1	97	96.7	98.1	96.5	94.8	96.8
FFT % response rate	25	23	24	25	24	13	16	15	11	15	14	16.5

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving? PALS data Q3

Chart legend:
- ■ Blood, Cells & Cancer
- ■ Body, Bones & Mind
- ■ Brain
- ■ Heart & Lung
- ■ Medicines, Therapies & Tests
- ■ Operations and Images
- ■ Sight & Sound

December: 10, 31, 23, 16, 4, 4, 17
November: 14, 32, 23, 32, 10, 6, 28
October: 15, 21, 28, 9, 5, 5, 32

Top themes	11/18	12/18
Outpatient (Cancellation; Failure to arrange appointment; poor communication)	45	42
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)	24	12
Staff attitude (Rude staff, poor communication with parents, not listening to parents)	8	13
Transport (Eligibility, delay in providing transport, failure to provide transport)	11	5
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)	24	4

Top 3 Specialities	PALS cases
Cardiology	57
Neurology	23
Gastroenterology	20

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving? Complaints data Q3

Q3 Formal Complaints by directorate

Legend:
- Blood, Cells & Cancer
- Body, Bones & Mind
- Brain
- Heart & Lung
- IPP
- Medicines, Therapies & Tests
- Nursing & Pt Experience
- Sight & Sound
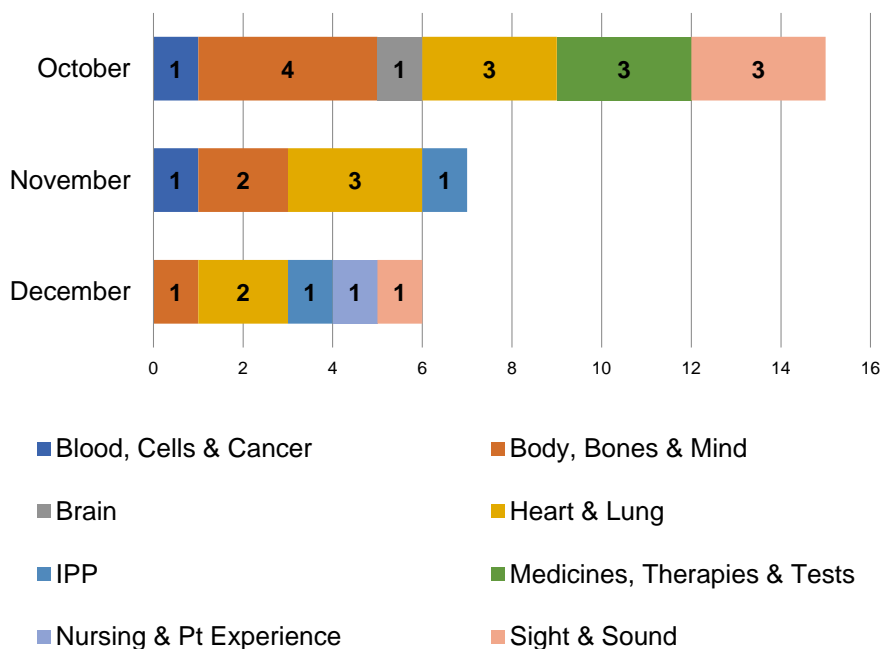
Formal complaints (n=28) fell slightly from Q2 (a reduction of 2 complaints). However, this was the busiest Q3 for complaints since 2015 and a 100% increase on the same period last year.

Complaints in October rose significantly with the main issues recorded about poor communication including concerns from families who didn't feel listened to, and who experienced difficulties getting the information they needed.

Complaints about Heart & Lung division (n=8) mainly related to Cardiology Service (n=4) with three complaints relating to concerns about access to care and treatment for Postural Orthostatic Tachycardia Syndrome (POTS). While in Body, Bones & Mind, complaints about Gastroenterology (n=2), Specialist Neonatal and Paediatric Surgery (SNAPS) (n= 2) and Urology (n=2) highlighted concerns about communication, delays and care.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving? Complaints data Q3

Top 10 themes of Formal Complaints Q3
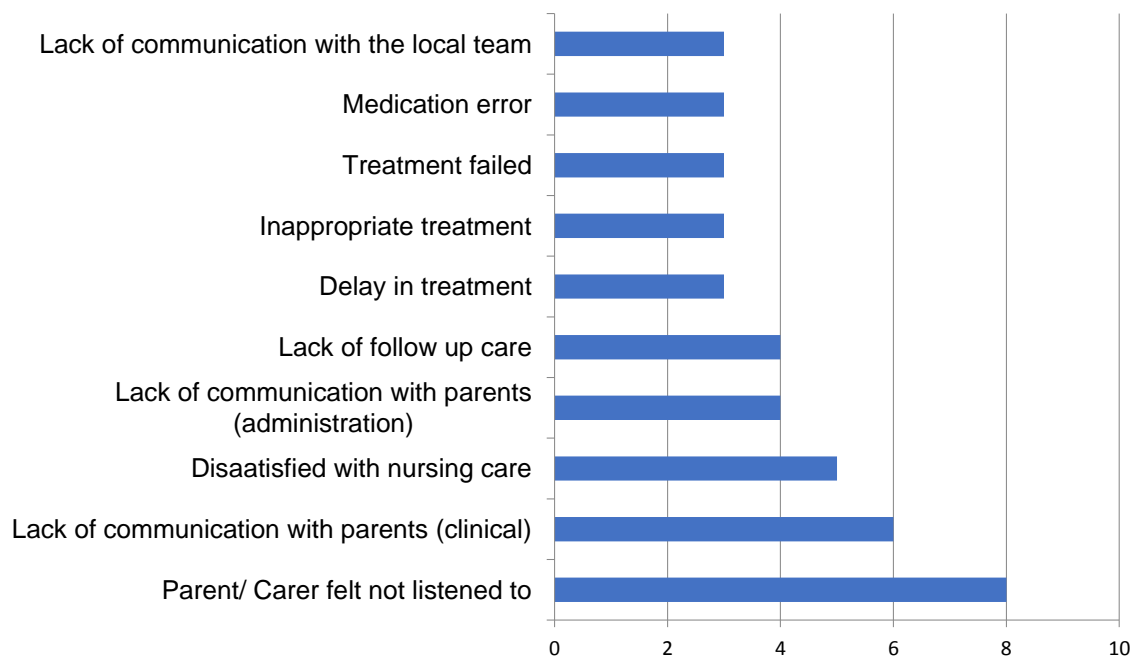
Complaints frequently relate at least in part to communication issues and this is reflected in the formal complaints received this quarter. Some families felt that staff were unresponsive to their concerns/ requests and they experienced difficulties in getting the information and support they needed.

This quarter (n= 5) also brought an increase in complaints about nursing care (n= 2 in Q1 and n= 2 in Q2). Further detail at slide **14.**

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving? Red (high risk) Complaints

Red complaints in Q3 2018/9			
New red complaints declared in Q3:	1	Complaint about care and treatment under several teams at GOSH before patient sadly died in September 2018. This includes concerns about delays, poor coordination between departments, inadequate management of patient's condition, staffing levels and communication between departments and with the patient's family. Investigation being led by Heart and Lung Directorate.	
Reopened red complaints in Q3:	0	Closed red complaints in Q3:	1

Red (high risk) complaints fell from 2 in Q2 to 1 this quarter, while there were 6 amber (medium risk) complaints in contrast to 9 last quarter. There were no clear trends in the red/amber complaints this quarter but this is under close review.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving? Learning from complaints

Ref	Details of complaint	Action taken
18/014 red complaint	Concerns raised about communication and delays in review on a public holiday which resulted in the patient (who has complex needs) experiencing pain, dehydration and discomfort for longer than necessary.	The investigation identified that inadequate coordination of care contributed to the errors in the patient's care and that there were missed opportunities to plan for possible change in his condition following surgery. In response to this, the Trust: • is recruiting a new group of General Paediatric Consultants who will coordinate care of complex patients under a number of specialities, provide increased out of hours support and lead review meetings ahead of public holidays and weekends; • has improved documentation regarding consultant ward reviews; • has implemented weekly multi disciplinary Grand Ward Rounds; • reminded staff of appropriate escalation processes and available medical support; • is reviewing ways of ensuring appropriate ward cover including increased recruitment and optimising care and support provided by physician associates, senior house officers and advanced nurse practitioners.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving? FFT Response Rate by Directorate
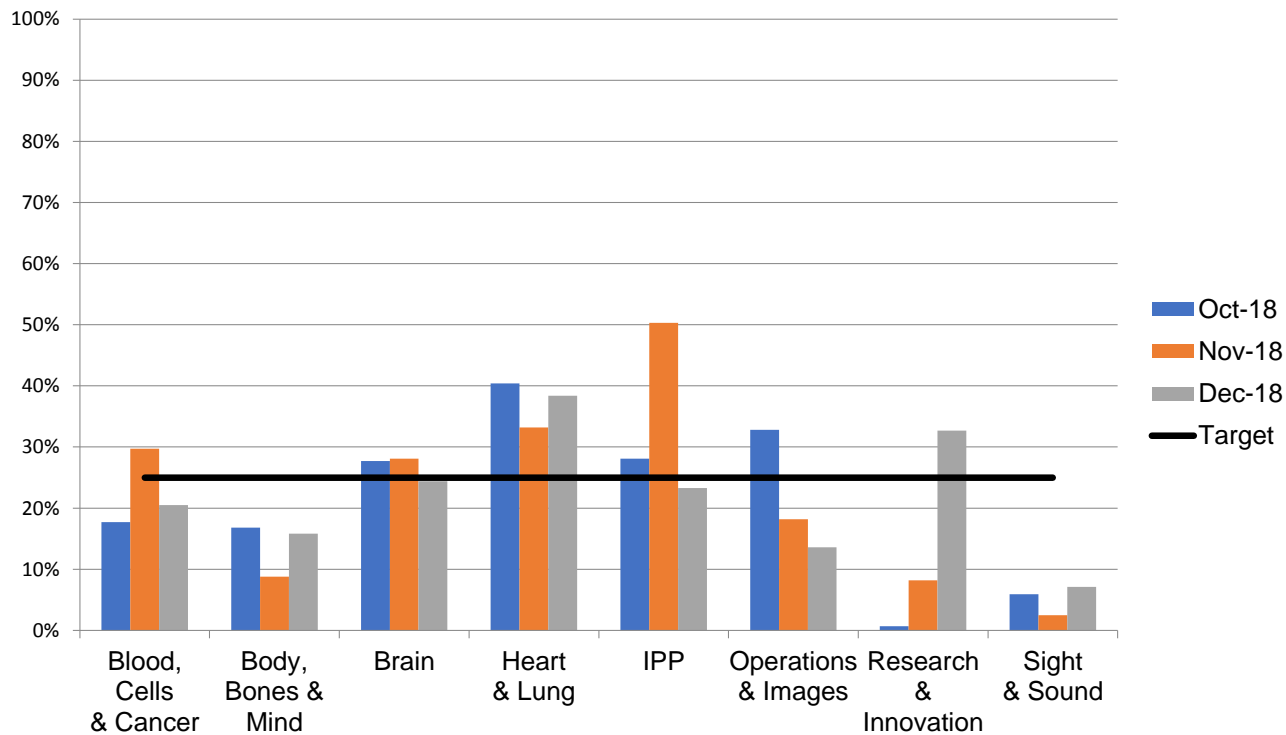
As shown on slide 4, while the overall FFT rates have increased in Q3, they did not meet the recently revised Trust target of 25%.

Benchmarking against 11 paediatric hospitals (October 18 data) FFT response rates varied between 11% and 42%. The October rate of 15% places the trust at the lowest end of the scale.

The directorates are working hard to increase FFT response rates with the support of the Patient Experience team. Directorates who are able to meet the target report doing so by discussing FFT in all team meetings, encouraging collective responsibility and ensuring that where possible FFT cards are returned before patients leave the ward/ clinic.

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Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving?
FFT % Recommendation by Directorate

Chart legend: Oct-18, Nov-18, Dec-18

Categories: Blood Cells & Cancer, Body Bones & Mind, Brain, Heart & Lung, IPP, Ops & Images, Research & Innovation
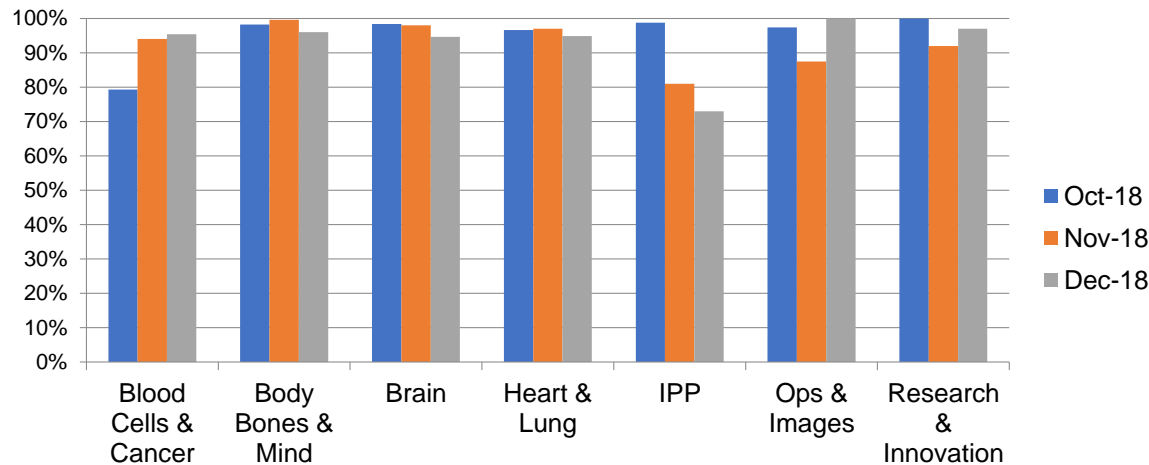
FFT feedback at GOSH includes a high proportion of qualitative feedback indicating that families are willing to share their experiences.

As shown in slide 4, the recommendation rates in October and November dropped. At 94.8% the November rate was the lowest in 2018. Despite this, feedback was positive with families particularly commenting on the kindness, warmth, support and caring attitude of staff.

Despite this, the Trust was at the higher end of the scale (96%) when benchmarked against other paediatric hospitals (range 83% to 100%) in October 2018.

	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% with qualitative comments (All areas)
Oct 18	550	990	46	**1586**	**79.3%**
Nov 18	481	1419	83	**1983**	**77.2%**
Dec 18	471	832	47	**1350**	**78.6%**

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving?
FFT: Outpatient Responses
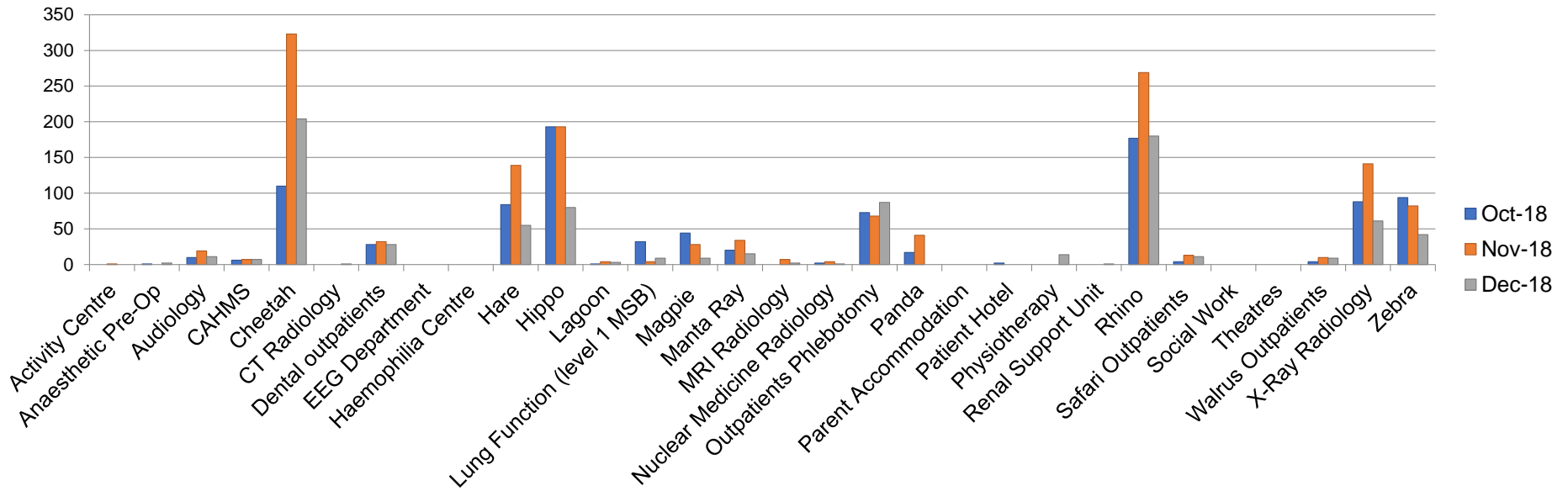
The above chart outlines the number of the FFT responses within Outpatients. There is no Trust or NHS target around outpatient feedback. There was a large increase in FFT responses in November 2018 but consistent with previous years and the reduced number of clinics in December, overall numbers dropped. All negative comments are followed up with the relevant service.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Qualitative Comments - Parents

Positive	Negative

Positive

"Thank you to the staff in Nightingale Ward for the care and attention you gave my son before and after his surgery. __ALL__ staff are positive, good humoured and reassuring at all times. A big thanks to the Housekeeper, for bringing me a much needed cup of tea!!"
Nightingale Ward

"Amazing nurses who cant do enough to help and make something not nice more bearable! You're all superstars! **Panther Ward**

"The staff and facilities at Great Ormond St are always amazing. It's always a great atmosphere and the staff are always helpful. I strongly recommend GOSH to anyone, It's a phenomenal institution that the UK should be proud of it!"
Rhino Outpatients

"We are in a place of real expert care. The nurses and doctors are so friendly and welcoming to the children and they normalise the experience"
Cheetah Outpatients

Negative

"Travelled from Nottinghamshire to be told my son's consultant is not here today. So we have travelled all this way for nothing, not to mention the expense of transport for us".
Hare Outpatients

"This is the first appointment my daughter has had in 9 months despite starting a new drug 9 months ago. She reacted badly to that drug and I phoned, emailed on numerous occasions to ask for help but none was forthcoming! My daughter should have been reviewed 3 months after starting the new medication (NICE guidelines). She did her GCSEs this Summer and was ill throughout - again I was begging for help and advice. Todays appointment is all we got! I am utterly disgusted with GOSH!!"

Cheetah Outpatients

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Are we responding and improving? Learning from feedback: core care

This quarter there was an increase complaints about the standard of nursing care (n= 5). Families raised concerns about a lack of basic nursing care. One family reported that it was difficult to keep the patient clean because of the lack of support, assistance and practical materials received. The patient was left in soiled bedding and clothing and her basic needs were not met. Another family complained about delays in responding to and addressing the patient's pain and discomfort and delays in calls bells being responded to. In the context of these complaints, concerns were also raised about communication including that some staff did not introduce themselves before providing care.

Concerns about nursing care are also reflected in the FFT feedback received this quarter. Families reported issues with delays in responding to requests for care and information and a lack of confidence in the competence of nursing staff. PALS feedback echoed some of the concerns raised about the standard of nursing care including prolonged waiting times.

Earlier this year the Trust launched a Core Care programme to ensure that basic care needs are met. The Nurse Practice Educators completed audits on 18 wards to establish a baseline of compliance with areas of basic care including but not limited to completion of observations, risk assessments, and documentation/ record keeping. Following the audits, a four week education programme was created looking at Infection Control, Safety, Nutrition and Communication and promoting good nursing practice. A post programme audit showed improvements in the majority of areas and will shape the focus for future work on core care.

The results of this work have been shared with the Trust Nursing Board and will be presented at the Matrons' and Sisters' meetings. The Core Care Programme will run twice a year and planning is underway to identify what it will cover. Following the programme, some wards are also working on their own bespoke programmes. For example, Clinical Audit is working with the Brain Directorate to ensure that staff are able to demonstrate compassionate care through good nursing care, communication and appropriate environments.

Tab 9.1 Integrated Quality Report December 2018 (highlights)

Patient Experience- highlights of Q3

- **Volunteer Services, Play, Patient Experience and the charity worked together to hold Halloween celebrations attended by 149 children. For the first time we took activities to the ward for children who couldn't attend the Lagoon**

- **We took delivery of mini electric cars which will be used to reduce anxiety for children heading to theatres**

- **We celebrated GOSHXmas!**

- **#feedbackFriday was launched on Twitter**

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Tab 9.1 Integrated Quality Report December 2018 (highlights)

Spotlight on Takeover Challenge

- **In November 16 teams across the Trust and the Charity offered 27 opportunities to children and young people.**

- **We had two of our youngest participants (7 years old) took over as Head of Play and Head of ICT.**

- **Roles for children and young people including scientists, matrons, radiologists and the deputy CEO.**

"I really enjoyed getting experience in the practical side of science, as this is rare when at school. It was really interesting to see how what we learn at school can be applied in real life and how this might affect treatments in the future" Rose, 15

"I liked having my own pass and phone and visiting parts of the hospital that patients never see" Miles, 7

I loved her perspective and the lightness she brought to the team. I think it's really important in a child-centred organisation to do things like Take Over to bring experience of a child into focus on 'behind the scenes' decisions and thinking." Laura, Head of Play

"I thoroughly enjoyed talking to all of the nurses and learning more about the challenges and rewards of being a paediatric nurse in a specialist hospital" Grace, 16

Tab 9.2 Performance dashboard December 2018

Trust Board Dashboard - December 2018

Great Ormond Street Hospital for Children NHS Foundation Trust

Caring

		Oct-18	Nov-18	Dec-18	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					→		
% Positive Response Friends & Family Test: Inpatients		97.79%	94.80%	96.82%	↑		95%
Response Rate Friends & Family Test: Inpatients		12.54%	13.72%	16.54%	↑	25%	
% Positive Response Friends & Family Test: Outpatients		95.66%	92.32%	92.80%	↑		95%
Number of complaints open at month end (including re-opened)		18	14	11			
Number of open RCAs		TBC	TBC	TBC			

Safe

		Oct-18	Nov-18	Dec-18	Trend	Plan	NHS Standard
Number of Incidents	Reported	645	779	659			
	Open	TBC	2456	1934			
Serious Patient Safety Incidents (date reported on STEIS)	In-month	1	1	1	→		
	YTD	19	20	21			
Never Events	In-month	0	0	0	→		0
	YTD	0	0	0			0
Incidents of C. Difficile	In-month	2	1	0	↑		
	YTD	3	3	4			
C.Difficile due to Lapses of Care	In-month	0	0	0	→		0%
	YTD	0	0	0	→		
Incidents of MRSA	In-month	0	0	0	→		0
	YTD	2	2	2	→		0
CV Line Infection Rate (per 1,000 line days)		1.01	1.92	1.00	↑	1.6	
WHO Checklist Completion		93.17%	91.92%	91.15%	↓	98%	
Arrests Outside of ICU	Cardiac Arrests	0	0	0	→	5	
	Respiratory Arrests	0	4	3	→		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		1	0	0	→	0	

Responsive

		Oct-18	Nov-18	Dec-18	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting <6 Weeks		94.07%	96.98%	93.14%	↓		99%
Cancer 31 Day: Referral to First Treatment		100%	-	100%			85%
Cancer 31 Day: Decision to Treat to First Treatment		100%	100%	100%	→		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery		100%	67%	100%	↑		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs		100%	100%	100%	→		98%
Cancer 62 day: Consultant Upgrade of Urgency of a referral to first treatment		100%	100%	100%	→		
Last Minute Non-Clinical Hospital Cancelled Operations		61	58	36	↑		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard		6	7	8	↓		0
Urgent Operations Cancelled for a 2nd Time		0	0	0	→		0
Same day / day before hospital cancelled outpatient appointments		1.54%	1.51%	1.41%	↑		
RTT: Incomplete Pathways (National Reporting)		92.19%	92.15%	92.09%	↓		92%
RTT: Number of Incomplete Pathways (National Reporting)	<18wks	5501	5729	6040	↑		-
	>18wks	466	488	519	↑		-
RTT: Incomplete Pathways >52 Weeks - Validated		2	3	1	↑		0
RTT: Incomplete Pathways >40 Weeks - Validated		11	17	24	↓		0
Number of unknown RTT clock starts	Internal Referrals	1	2	3	↑		-
	External Referrals	562	391	225	↑		-
RTT: Total Number of Incomplete Pathways Known/Unknown	<18 weeks	6042	5885	6263	↑		-
	>18 weeks	488	499	524	↑		-

Data Completeness

		Oct-18	Nov-18	Dec-18	Trend	Plan	NHS Standard
Mental Health Identifiers: Data Completeness		99.50%	99.64%	99.51%	↓		97%
Mental Health Ethnicity Completion - %		60.64%	67.30%	63.56%	↑		90%
% of Patients with a valid NHS number	Inpatients	92.5%	92.5%	TBC	→		99%
	Outpatients	93.6%	93.8%	TBC			

People, Management & Culture: Well-Led

		Oct-18	Nov-18	Dec-18	Trend	Plan	NHS Standard
Sickness Rate		2.40%	2.50%	2.40%	↑	3%	
Turnover	Total	17.5%	17.4%	17.5%	↓	18%	
	Voluntary	14.7%	14.6%	14.8%	↓	14%	
Appraisal Rate	Non-Consultant	81.0%	82.0%	83.0%	↑	90%	
	Consultant	83.0%	TBC	TBC			
Mandatory Training		92.0%	91.0%	91.0%	→	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test						61%	
Vacancy Rate	Contractual	1.8%	-0.3%	0.4%	↓	10%	
	Nursing	1.3%	0.7%	3.6%	↓		
Bank Spend		6.2%	6.2%	6.0%	↑		
Agency Spend		1.07%	1.09%	1.05%	↑	2%	

Effective

		Oct-18	Nov-18	Dec-18	Trend	Plan	NHS Standard
Discharge Summary Turnaround within 24hrs		85.51%	76.03%	80.38%	↑		100%
Clinic Letter Turnaround within	7 working days	40.06%	36.66%	-	↓		
	14 working days	67.04%	66.83%	-	↓		100%
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		8.41%	8.30%	9.10%	↓		7.73%

Productivity

			Oct-18	Nov-18	Dec-18	Trend	Plan	NHS Standard
Main Theatres	Theatre Utilisation		65.6%	65.2%	62.0%	↓		77%
Outside Theatres	Theatre Utilisation		56.4%	54.8%	46.8%	↓		77%
Trust Beds	Bed Occupancy		79.7%	86.9%	78.5%	↓		
	No of available beds		406	406	406	→		
Average number of trust beds closed	Wards		35	19	32	↓		
	ICU		5	5	6	↓		
Refused Admissions	Cardiac refusals		7	3	0	↑		
	PICU / NICU refusals		25	32	22	↓		
Number of PICU Delayed Discharges	Internal 8 - 24 hours		3	4	7	↓		
	Internal 24 hours+		11	15	17	↓		
	External 8 - 24 hours		0	3	7	↓		
	External 24 hours+		7	5	6	↑		
	Total 8 - 24 hours		3	7	14	↓		
	Total 24 hours+		18	20	23	↓		
PICU Emergency Readmissions < 48 hours			2	3	0	↑		

Activity (NHS & PP)

			Oct-18	Nov-18	Dec-18	Trend	Plan	
Daycase Discharges (YOY comparison)	In-month		2,609	2,535	1,991	↓	2,094	
	YTD		17,035	19,570	21,561		20,287	
Overnight Discharges (YOY comparison)	In-month		1,439	1,391	1,196	↓	1,370	
	YTD		9,950	11,341	12,537		12,914	
Critical Care Beddays (YOY comparison)	In-month		1,203	916	862	↓	1,082	
	YTD		7,300	8,216	9,078		9,664	
Bed Days >=100 Days	No. of patients		13	10	12	↓	0	
	No. of beddays		2,459	2,605	1,968	↑	0	
Outpatient Attendances (All) (YOY comparison)	In-month		24,365	24,495	17,514	↓	17,868	
	YTD		156,512	181,007	198,521		190,669	

Our Money

	Oct-18	Nov-18	Dec-18	Trend	YTD	Variance
Control Total	2.3	0.5	0.6	↑	9.2	0.1
Forecast outturn control total	12.5	12.1	12.1	→	12.1	0.0
Debtor Days (IPP)	213.0	217.0	207.0	↑	120.0	(87.0)
Quick ratio (Liquidity)	1.9	2.0	1.9	↓	1.6	0.3
NHSI KPI Metrics	1	1	1	→	1	0.0

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

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

Tab 9.3 Finance report December 2018 (highlights)

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Finance and Workforce Performance Report Month 9 2018/19

Contents

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Income & Expenditure Forecast Outturn	4
NHS Income and Activity	5
Other Income	6
Workforce Summary	7
Non-Pay Summary	8
Cash, Capital and Statement of Financial Position Summary	9

Trust Performance Summary for the 9 months ending 31 Dec 2018

KEY PERFORMANCE DASHBOARD

Great Ormond Street 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	£37.4m	£37.9m	🟢	£352.1m	£355.1m	🟢	£478.1m	🟢
PAY	£22.5m	£22.7m	🟠	£196.3m	£198.5m	🟠	£266.5m	🟠
NON-PAY incl. passthrough	£14.8m	£13.2m	🟢	£134.2m	£135.0m	🟠	£182.8m	🟠
CONTROL TOTAL	-£1.3m	£0.6m	🟢	£9.2m	£9.3m	🟢	£12.1m	🟢

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 9, the Trust position is £0.1m favourable to the planned control total; this includes the release of £3.1m of contingency. The Trust has entered into a block agreement with NHSE for 2018/19 and the YTD position reflects this settlement as well as the CCG income which remains above plan. YTD Pay costs are £2.2m adverse to plan due to the £2.1m AfC pay award and research costs driven by greater activity within R&I. Non-pay is £0.7m adverse to plan an improved in month due to a reduction in the impairment of receivables, although these costs remain high in the YTD position.

INCOME BREAKDOWN RELATED TO ACTIVITY

Income breakdown Year to Date	Plan (£m)	Actual (£m)	Var (£m)	RAG
NHS & Other Clinical Revenue	£210.6m	£212.1m	£1.5m	🟠
Pass Through	£47.7m	£47.0m	(£0.7m)	
Private Patient Revenue	£47.4m	£46.8m	(£0.6m)	🟠
Non-Clinical Revenue	£46.5m	£49.2m	£2.7m	🟢
Total Operating Revenue	£352.1m	£355.1m	£2.9m	🟢

RAG: on or favourable to plan = green, 0-5% adverse to plan = amber, 5%+ adverse to plan = red
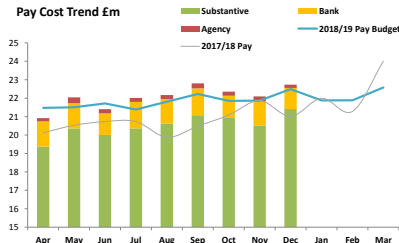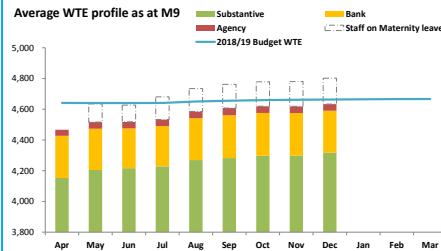
AREAS OF NOTE:
Operating revenue remains favourable to plan YTD (£2.9m). The Trust has entered into a block contract with NHSE for 2018/19, this is represented in the YTD NHS Clinical Income and Non-clinical income. YTD non-clinical income is £2.7m ahead of plan which is driven by the £2.0m AfC pay review income and over performance of research income YTD of £2.8m. These are offset by the Better Value target that is being partially achieved through NHS income. IPP income is £0.7m below plan in month which is at a lower level than the preceding 8 months. This has resulted in a YTD position of £0.6m adverse to plan.

PEOPLE

	M9 Plan Av. WTE	M9 Actual Av. WTE	Variance
PERMANENT	4,634.9	4,317.9	317.0
BANK	20.3	272.3	(251.9)
AGENCY	8.1	43.5	(35.4)
TOTAL	4,663.3	4,633.6	29.7

AREAS OF NOTE:
The pay costss have risen throughout the year due to the increased AfC award and incremental progression of staff combined with increased service provision linked to the Cardiac business case. The Cardiac business case has also driven up the average WTE within the trust. Vacancies in the permanent workforce are being covered by a combination of bank and agency staff. The calculation excludes 168.5 contractual WTE's on maternity leave within the Trust.
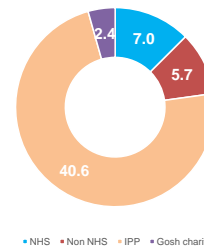
Average WTE profile as at M9
Legend: Substantive, Bank, Agency, Staff on Maternity leave, 2018/19 Budget WTE

Pay Cost Trend £m
Legend: Substantive, Bank, Agency, 2017/18 Pay, 2018/19 Pay Budget

CASH, CAPITAL AND OTHER KPIs

Key metrics	Plan	Actual
Cash	£45.7m	£56.3m
IPP Debtor days	120	207
Creditor days	30	26
NHS Debtor days	30	8

Capital Programme	YTD Plan M9	YTD Actual M9	Full Year F'cst
Total Trust-funded	£18.0m	£10.4m	£19.4m
Total Donated	£37.4m	£26.0m	£35.7m
Grand Total	£55.5m	£36.4m	£55.0m

NHSI metrics	Plan M9	Actual M9
CAPITAL SERVICE COVER	1	1
LIQUIDITY	1	1
I&E MARGIN	1	1
VAR. FROM CONTROL TOTAL		2
AGENCY		1
TOTAL		1

Net receivables breakdown (£m)

7.0, 5.7, 40.6, 2.4

Legend: NHS, Non NHS, IPP, Gosh charity

AREAS OF NOTE:
1. Cash held by the Trust is higher than plan by £10.6m.
2. The capital programme is £19.1m behind plan (£7.6m Trust funded and £11.4m donated) due to slippage on a number of IT and Estates projects
3. The forecast capital expenditure outturn has been reviewed and updated on a scheme by scheme basis. The revised forecast outturn for trust-funded capital expenditure is £8.6m lower than plan. The two most significant projects contributing to this are the Medical Equipment Decontamination Unit (MEDU) and EPR. Charity-funded expenditure outturn is forecast at £9.3m lower than plan. The two most significant projects contributing to this are the Sight and Sound Hospital and Southwood Courtyard developments.
4. IPP debtor days have fallen in month to 2017 from 217. IPP are holding meetings with embassies in order to reduce debt further.
5. NHSI metrics are on plan apart from variance to the Control Total which is a result of the AfC funding.

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Tab 9.3 Finance report December 2018 (highlights)

Trust Income and Expenditure Performance Summary for the 9 months ending 31 Dec 2018

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Annual Budget (£m)	Income & Expenditure	Month 9 Budget (£m)	Actual (£m)	Variance (£m)	Variance %	Year to Date Budget (£m)	Actual (£m)	Variance (£m)	Variance %	Rating YTD Variance	Notes	2017/18 YTD Actual (£m)	CY vs PY Variance (£m)	Variance %
280.59	NHS & Other Clinical Revenue	22.54	22.22	(0.32)	(1.42%)	210.59	212.06	1.47	0.70%	G	1	207.00	5.06	2.44%
63.49	Pass Through	4.77	4.70	(0.07)	(1.47%)	47.68	47.01	(0.67)	(1.41%)			49.30	(2.29)	(4.65%)
63.55	Private Patient Revenue	5.14	4.45	(0.69)	(13.42%)	47.36	46.79	(0.57)	(1.20%)	R	2	43.80	2.99	6.83%
62.93	Non-Clinical Revenue	4.99	6.51	1.52	30.46%	46.48	49.19	2.71	5.83%	G	3	42.30	6.89	16.29%
470.56	Total Operating Revenue	37.44	37.88	0.44	1.18%	352.11	355.05	2.94	0.83%	G		342.40	12.65	3.69%
(260.28)	Permanent Staff	(22.29)	(21.41)	0.88	3.95%	(194.54)	(184.67)	9.87	5.07%			(170.30)	(14.37)	(8.44%)
(0.50)	Agency Staff	(0.04)	(0.18)	(0.14)	(350.00%)	(0.38)	(2.09)	(1.71)	(450.00%)			(3.50)	1.41	40.29%
(1.87)	Bank Staff	(0.16)	(1.14)	(0.98)	(612.50%)	(1.40)	(11.78)	(10.38)	(741.43%)			(12.50)		0%
(262.65)	Total Employee Expenses	(22.49)	(22.73)	(0.24)	(1.07%)	(196.32)	(198.54)	(2.22)	(1.13%)	R	4	(186.30)	(12.24)	(6.57%)
(13.48)	Drugs and Blood	(1.04)	(0.31)	0.73	70.19%	(10.09)	(8.52)	1.57	15.56%			(9.70)	1.18	12.16%
(41.45)	Other Clinical Supplies	(3.23)	(3.49)	(0.26)	(8.05%)	(31.56)	(31.80)	(0.24)	(0.76%)	A		(32.60)	0.80	2.45%
(60.62)	Other Expenses	(5.75)	(4.67)	1.08	18.78%	(44.89)	(47.63)	(2.74)	(6.10%)	R		(45.20)	(2.43)	(5.38%)
(63.49)	Pass Through	(4.77)	(4.70)	0.07	1.47%	(47.68)	(47.01)	0.67	1.41%			(48.70)	1.69	3.47%
(179.04)	Total Non-Pay Expenses	(14.79)	(13.17)	1.62	10.95%	(134.22)	(134.96)	(0.74)	(0.55%)	R	5	(136.20)	1.24	0.91%
(441.69)	Total Expenses	(37.28)	(35.90)	1.38	3.70%	(330.54)	(333.50)	(2.96)	(0.90%)	R		(322.50)	(11.00)	(3.41%)
28.87	EBITDA (exc Capital Donations)	0.16	1.98	1.82	1,137.50%	21.57	21.55	(0.02)	(0.09%)	G		19.90	1.65	8.29%
(16.79)	Owned depreciation, Interest and PDC	(1.42)	(1.41)	0.01	0.64%	(12.40)	(12.30)	0.11	0.85%		7	(13.60)	1.31	9.60%
12.08	Control total	(1.26)	0.57	1.83	145.74%	9.17	9.26	0.09	0.94%	G		6.30	2.95	46.90%
(11.60)	Donated depreciation	(0.99)	(0.96)	0.02	2.13%	(8.49)	(8.41)	0.1	0.99%			(4.40)	(4.01)	(91.02%)
0.48	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(2.24)	(0.39)	1.85	82.59%	0.68	0.85	0.17	25.00%			1.90	(1.05)	(55.26%)
(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	3.09	3.14	0.05	1.62%	37.44	26.00	(11.44)	(30.56%)		6	18.10	7.90	43.65%
42.93	Adjusted Net Result	0.85	2.75	1.90	223.53%	38.12	26.85	(11.27)	(29.56%)			20.00	6.85	34.25%

DIVISIONAL CONTROL TOTALS

Plan Annual (£m)	Directorates	Month Budget (£m)	Actual (£m)	Var (£m)	Var %	Year to Date Budget (£m)	Actual (£m)	Var (£m)	Var %	Rating
15.04	Blood Cells & Cancer	1.03	0.67	(0.36)	(34.95%)	11.36	11.48	0.12	1.06%	G
22.41	Body Bones & Mind	1.64	1.04	(0.60)	(36.59%)	16.78	13.02	(3.76)	(22.41%)	R
19.86	Brain	1.47	1.54	0.07	4.76%	14.97	16.48	1.51	10.09%	G
54.38	Heart & Lung	4.33	3.44	(0.89)	(20.55%)	40.99	38.81	(2.18)	(5.32%)	R
(18.71)	Medicines Therapies & Tests	(1.59)	(0.83)	0.76	47.80%	(14.04)	(13.78)	0.26	1.85%	G
(30.12)	Operations & Images	(2.49)	(2.48)	0.01	0.40%	(22.63)	(22.45)	0.18	0.80%	G
10.23	Sight & Sound	0.73	0.95	0.22	30.14%	7.70	8.50	0.80	10.39%	G
24.88	International Private Patients	1.91	1.47	(0.44)	(23.04%)	18.70	15.78	(2.92)	(15.61%)	R
1.87	Research And Innovation	0.06	0.19	0.13	216.67%	1.26	2.27	1.01	80.16%	G
(87.76)	Corporate/Other	(8.35)	(5.42)	2.93	35.09%	(65.92)	(60.86)	5.06	7.68%	G
12.08	Control total	(1.26)	0.57	1.83	145.24%	9.17	9.25	0.08	0.87%	

Income Position - Trust

Pay Position - Trust

YTD Variance to Contol Total

Surplus/(Deficit) - Trust

Non-Pay Position - Trust

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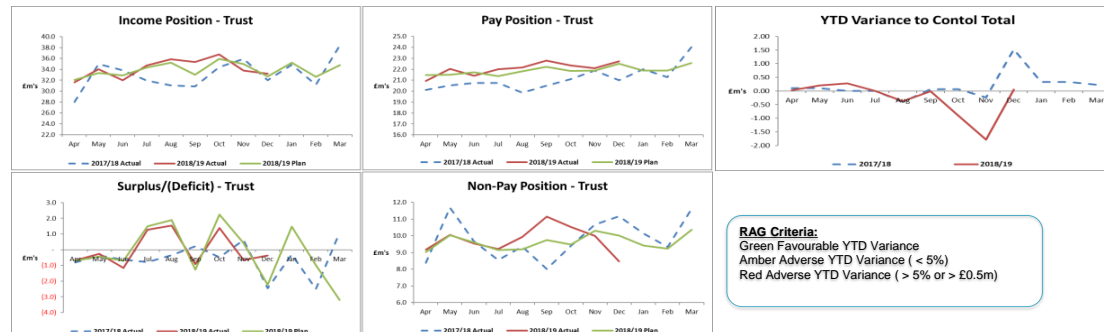Red Adverse YTD Variance (> 5% or > £0.5m)

Summary

- In month the Trust is reporting a favourable position to the control total (£0.1m). Private patient income is at its lowest level in 2018/19 and now has a YTD underperformance (£0.6m). YTD income is partially offsetting under delivery within the Better Value Program. The position includes the release of £3.1m of contingency YTD.

Notes

1. NHS & other clinical revenue (excluding pass through) is favourable to plan by £1.5m YTD. This is driven by the NHSE block which includes funding for additional service provision and the overperformance on CCG activity.

2. Private Patient income has fallen in month; it is now £0.7m below the M9 plan and is at its lowest level this year. Closure of beds in December and the increased complexity of cases requiring ICU beds has led to the reduced activity levels.

3. Non-clinical income is £2.7m favourable YTD which includes £2.0m of income for the AfC pay award and additional income for genetics testing.

4. YTD pay is adverse to plan by £2.2m due to the additional cost of the AfC pay award of £2.1m. There are a number of vacancies across the Trust which are being partially filled by bank and agency staff which carry a premium over equivalent substantive posts.

5. Non pay (excluding pass through) is £0.7m adverse to plan YTD largely due to increased impairments of receivables for IPP income.

6. Income from capital donations is £11.4m less than plan due to slippage on a number of donated projects. These include in particular the Cardiac Cath Lab as the project start date has been delayed to coincide with the replacement of MRI number 4.
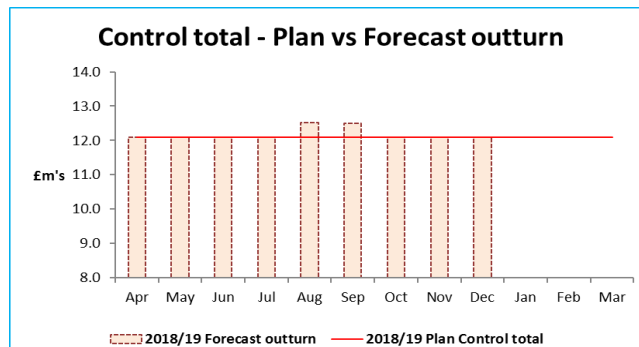
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Trust Income and Expenditure Forecast Outturn Summary for the 9 months ending 31 Dec 2018

Great Ormond Street Hospital for Children NHS Foundation Trust

Full Year Actual 2017/18 (£m)	31 Dec 2018 Income & Expenditure	Annual Budget (£m)	Internal Forecast Full-Yr (£m)	Variance to Plan (£m)	%	Rating Forecast Variance to plan	Notes
280.64	NHS & Other Clinical Revenue	280.59	284.82	4.23	1.49%	G	1
64.33	Pass Through	63.49	62.60	(0.89)	(1.42%)		
57.26	Private Patient Revenue	63.55	63.24	(0.31)	(0.49%)	A	2
59.65	Non-Clinical Revenue	62.93	67.41	4.48	6.65%	G	
461.88	**Total Operating Revenue**	**470.56**	**478.07**	**7.51**	**1.57%**		
(231.99)	Permanent Staff	(260.28)	(247.92)	12.36	(4.99%)		
(4.38)	Agency Staff	(0.50)	(2.87)	(2.37)	82.58%		
(17.34)	Bank Staff	(1.87)	(15.67)	(13.80)	88.07%		
(253.71)	**Total Employee Expenses**	**(262.65)**	**(266.46)**	**(3.81)**	**1.43%**	R	3
(12.37)	Drugs and Blood	(13.48)	(12.75)	0.73	(5.73%)	G	
(43.66)	Other Clinical Supplies	(41.45)	(43.24)	(1.79)	4.14%	R	
(61.97)	Other Expenses	(60.62)	(64.18)	(3.56)	5.55%	R	
(64.33)	Pass Through	(63.49)	(62.60)	0.89	(1.42%)		
(182.33)	**Total Non-Pay Expenses**	**(179.04)**	**(182.77)**	**(3.73)**	**2.04%**	R	4
(436.04)	**Total Expenses**	**(441.69)**	**(449.23)**	**(7.54)**	**1.68%**	R	
25.84	**EBITDA (exc Capital Donations)**	**28.87**	**28.84**	**(0.03)**	**(0.10%)**	G	
(15.93)	Owned Depreciation, Interest and PDC	(16.79)	(16.76)	0.03	(0.18%)		
9.91	**Control total**	**12.08**	**12.08**	**0.00**	**0.00%**	G	
(9.30)	Donated depreciation	(11.60)	(11.60)	0.00	0.00%		
0.61	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**0.48**	**0.48**	**0.00**	**(633.33%)**		
(2.81)	Impairments	(2.52)	(2.52)	0.00	0.00%		
24.65	Capital Donations	44.97	35.65	(9.32)	(26.14%)		
22.45	**Adjusted Net Result**	**42.93**	**33.61**	**(9.32)**	**(27.73%)**		

Control total - Plan vs Forecast outturn

£m's — Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2018/19 Forecast outturn ----- 2018/19 Plan Control total

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 year end position that breaks even with the Trust control total of a £12.1m surplus.

- A block contract has been agreed with NHSE for 2018/19 and is included in the NHS Clinical income and non clinical income numbers of the forecast.

Notes

1. NHS Clinical income is forecast to be £3.3m favourable to plan which is driven by the additional service provision on top of the original contract and overperformance on CCG activity.

2. Private patient income is forecast to be £0.3m adverse to the plan which is in line with the M8 forecast. Work to ensure Private Patients can access services in line with plans is essential in the final quarter of the year as dellivery of the private patient forecast is key to delivering the control total.

3. Pay is forecast to be £3.8m adverse to plan by the year end. The adverse variance is due to the additional AfC pay review payments to staff which is offset by income. The increased spend within the final months of the year is related to new starters and additional research income.

4. Non-pay is forecast to be £4.6m adverse at the year end excluding pass through. The higher than planned spend reflects increases in the level of impairments for IPP debt and increased costs associated with increased research. A key focus for the Trust will be to ensure the aged debt is paid and thus reduce the provision, reducing non pay costs for the remainder of the year.

5. The forecast assumes full achievement of the Provider Sustainability Fund (£7.6m) and the full release of the contingency. The Trust has fully achieved its control total in Q1, Q2 and Q3 and is planning to breakeven at the year end. In order to deliver the control total and achieve the PSF it is important that the Private patient forecast is achieved. If this does not occur then the control total will be missed and PSF will not be achieved further deteriorating the position.

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Tab 9.3 Finance report December 2018 (highlights)

2018/19 NHS Income & Activity for the 9 months ending 31 Dec 2018

Great Ormond Street
Hospital for Children
NHS
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	16,079	14,028	(2,051)	£18,944	£19,681	£737	G	£1,178	£1,403	19.1%	£3,156	(£2,419)
Elective	10,555	10,116	(439)	£48,905	£46,301	(£2,604)	R	£4,633	£4,577	(1.2%)	(£566)	(£2,038)
Hdu Bed Days	2,610	2,468	(142)	£1,923	£2,493	£570	G	£737	£1,010	37.0%	£674	(£104)
Highly Specialised Services	14,037	13,050	(987)	£22,867	£22,157	(£710)	R	£1,629	£1,698	4.2%	£900	(£1,610)
Inpatient excess bed days	6,441	4,892	(1,549)	£3,696	£2,787	(£909)	R	£574	£570	(0.7%)	(£20)	(£889)
ITU Bed Days	8,591	7,560	(1,031)	£24,972	£23,769	(£1,203)	R	£2,907	£3,144	8.2%	£1,792	(£2,995)
Non Nhs Clinical Income	1,266	1,814	548	£3,302	£3,363	£61	G	£2,608	£1,854	(28.9%)	(£1,368)	£1,429
Non-Elective	1,231	1,344	113	£13,573	£15,422	£1,849	G	£11,026	£11,475	4.1%	£603	£1,246
Other Nhs Clinical	47,786	50,014	2,228	£38,001	£40,855	£2,854	G	£795	£817	2.8%	£1,100	£1,754
Outpatients	121,559	123,057	1,498	£30,566	£31,287	£721	G	£251	£254	1.2%	£369	£352
Total	**230,155**	**228,343**	**(1,812)**	**£206,749**	**£208,115**	**£1,366**	**G**				**£6,640**	**(£5,274)**

Summary

Income is favourable against plan due to changes in respect of the national genomics contract and the overperformance on CCG commissioned income. The adverse activity variance is partially due reduced elective attendances within the organisation partially driven by beds and increased complexity.

The key activity year to date variances are summarised below:-

Elective is 439 adverse to plan excluding excess bed days and this is due to the under-performance within paediatric surgery, urology and 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 1,031. This is due to reduced levels for PICU & CICU as some beds remain unoccupied across the Trust.
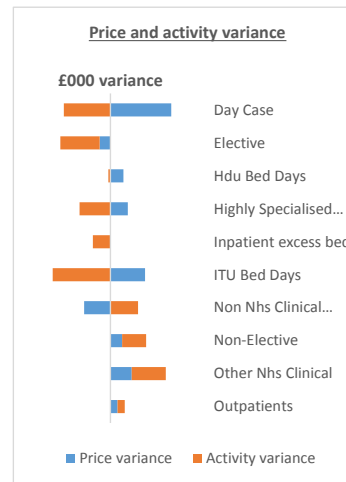
Highly specialised services contain a mix of low volume, high cost and high volume, low cost services and this can cause volatility in the activity variances from month to month. The year to date activity variance is largely the result of ECMO being below plan.

Non-elective activity is due to increases in paediatric surgery, nephrology, neurology and neurosurgery.

Other NHS clinical income Includes:-
  - Flex to freeze estimated movement £450k
  - Additional funding for delivery cystic fibrosis second line screening £59k
  - Prior year benefit of £184k between year end and final activity values

Outpatients activity is favourable driven by increased radiology attendance from July.

Price and activity variance

£000 variance

- Day Case
- Elective
- Hdu Bed Days
- Highly Specialised...
- Inpatient excess bed...
- ITU Bed Days
- Non Nhs Clinical...
- Non-Elective
- Other Nhs Clinical
- Outpatients

■ Price variance ■ Activity variance

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

Tab 9.3 Finance report December 2018 (highlights)

2018/19 Other Income for the 9 months ending 31 Dec 2018

Great Ormond Street Hospital for Children
NHS Foundation Trust

Other Income Summary

	Annual plan £000's	Current month			Year to date			RAG YTD Variance
		Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's	
Private Patient	£63,545	£5,136	£4,452	(£684)	£47,359	£46,786	(£573)	R
Non NHS Clinical Income	£4,396	£340	£228	(£112)	£3,302	£3,430	£128	G
Non-NHS Clinical Income	**£67,941**	**£5,476**	**£4,680**	**(£796)**	**£50,661**	**£50,216**	**(£445)**	A
Education & Training	£8,676	£723	£765	£42	£6,507	£6,084	(£423)	A
Research & Development	£22,530	£1,692	£1,728	£36	£16,920	£19,698	£2,778	G
Non-Patient Services	£771	£58	£35	(£23)	£579	£521	(£58)	A
Commercial	£1,603	£121	£114	(£7)	£1,204	£1,131	(£73)	A
Charitable Contributions	£6,248	£469	£906	£437	£4,692	£5,513	£821	G
Other Non-Clinical	£23,097	£1,923	£2,957	£1,034	£16,580	£16,240	(£340)	A
Non Clinical Income	**£62,925**	**£4,986**	**£6,505**	**£1,519**	**£46,482**	**£49,187**	**£2,705**	G
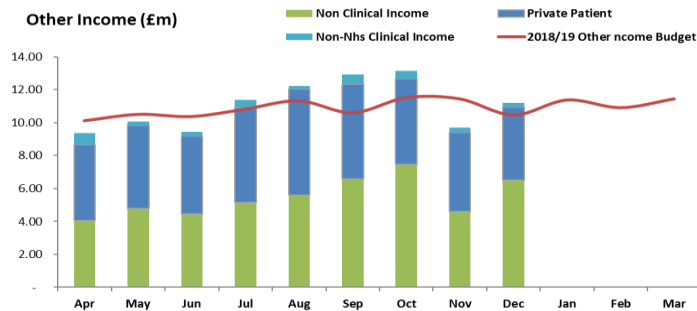
Other Income (£m)

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

Summary

- Private patient income is adverse to plan in month (£0.7m), and £0.6m adverse YTD. Revenue within Cardiac Surgery, Neurology, ENT and PICU is above plan; although this is being offset by lower activity within Gastro, Cancer, Cardiac and Respiratory. PICU has seen an uplift in activity due to the increasingly complex referrals that have been received that need access to ICU beds.

- Research income is £2.8m above plan YTD due to increased grants and recognition of the income associated with the achievement of milestones within current grants. A number of grants have also finished and the final costs and associated income have been recognised in the accounts.

- Other Non-Clinical income is £1.0m favourable in month due to the income received to fund the AfC pay award for which £2.0m has been received YTD; this is not budgeted for (in line with NHSI guidance). This has been offset by the Trust wide income better value targets being included here within the Trust annual plan.
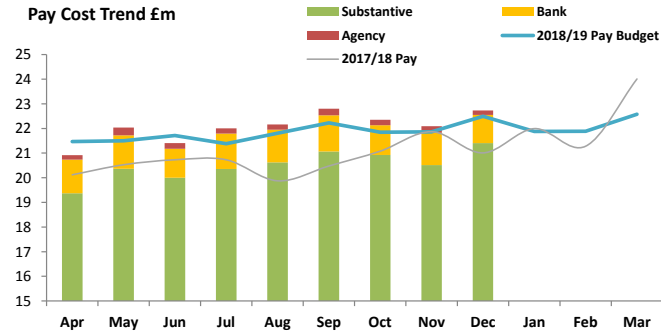
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Tab 9.3 Finance report December 2018 (highlights)

Workforce Summary for the 9 months ending 31 Dec 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)	36.9	1,136.1	43.3	34.7	1,076.7	43.0	2.2	59.4	1.9	0.2	G
Consultants	39.2	355.7	146.9	38.0	337.7	150.0	1.2	18.0	2.0	(0.8)	G
Estates & Ancillary Staff	3.0	130.4	30.8	3.0	125.6	31.8	0.0	4.8	0.1	(0.1)	G
Healthcare Assist & Supp	7.3	315.2	30.7	6.6	283.9	31.1	0.6	31.4	0.7	(0.1)	G
Junior Doctors	19.1	355.2	71.7	19.7	331.4	79.1	(0.6)	23.8	1.3	(1.9)	R
Nursing Staff	59.4	1,620.6	48.9	58.3	1,551.4	50.1	1.1	69.2	2.5	(1.4)	G
Other Staff	0.4	8.7	54.0	0.2	5.0	59.6	0.1	3.7	0.2	(0.0)	G
Scientific Therap Tech	36.1	918.3	52.4	35.1	878.7	53.3	1.0	39.5	1.6	(0.6)	G
Total substantive and bank staff costs	**201.3**	**4,840.2**	**55.5**	**195.7**	**4,590.4**	**56.8**	**5.6**	**249.8**	**10.4**	**(4.8)**	**G**
Agency	0.4	8.1	61.7	2.1	43.3	64.2	(1.7)	(35.2)	(1.5)	(0.2)	R
Total substantive, bank and agency cost	**201.7**	**4,848.3**	**55.5**	**197.8**	**4,633.7**	**56.9**	**3.9**	**214.5**	**8.9**	**(5.0)**	**G**
Reserve*	(5.3)	(184.0)	0.0	0.8	0.0	0.0	(6.1)	(184.0)	(7.6)	1.5	R
Total pay cost	**196.3**	**4,664.2**	**56.1**	**198.5**	**4,633.7**	**57.1**	**(2.2)**	**30.5**	**1.3**	**(3.5)**	**R**
Remove Maternity leave cost				(2.3)			2.3			2.3	G
Total excluding Maternity Costs	**196.3**	**4,664.2**	**56.1**	**196.2**	**4,633.7**	**56.5**	**0.1**	**30.5**	**1.3**	**(1.1)**	**G**

*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m

Legend: Substantive, Bank, Agency, 2018/19 Pay Budget, 2017/18 Pay

Average WTE profile as at M9

Legend: Substantive, Bank, Agency, Staff on Maternity leave, 2018/19 Budget WTE

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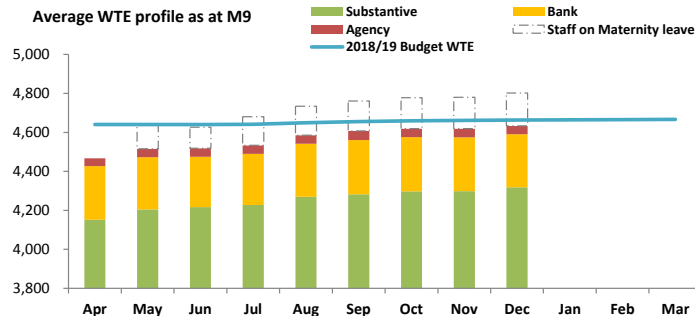
Summary

- YTD actual pay spend is £198.5 m which is £2.2m adverse to plan. A key contributor to this overspend is the additional pay in relation to the AfC Pay Award (£2.0m); funding of £1.9m has been provided for but is captured within Non-Clinical Revenue. The value of funding to GOSH has been reduced following an increase in the clawback value by the DoH for staff working on Private Patients (£0.3m).

- The table above does not include 168.5 contractual WTE for staff on maternity leave which cost £2.3m YTD. If this cost is excluded then the average cost per WTE is higher than plan by £0.4k per WTE.

- Substantive and bank staff YTD costs are £5.6m below plan, due to vacancies which can be seen by the £10.4m volume variance. These vacancies are being partially offset by the increased cost of staff (partially offset by AfC funding) and the £2.1m agency spend predominantly within PICU & Pharmacy.

- The reserve line contains the unallocated pay better value target which is offsetting the underspend within pay.

- A number of the 118 newly qualified nurses that started on the 24th September are working as supernumerary as they undergo their induction training within the Trust.

- We are not expecting to breach the agency ceiling set by NHSI and the Trust is currently below the YTD agency ceiling.

Non-Pay Summary for the 9 months ending 31 Dec 2018

Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

Non-Pay Costs (excl Pass through) YTD				
	Budget (£m)	Actual (£m)	Variance	RAG YTD Actual variance
Drugs Costs	8.52	7.02	1.50	G
Blood Costs	1.56	1.50	0.06	G
Business Rates	2.97	2.89	0.08	G
Clinical Negligence	5.31	5.31	0.00	G
Supplies & Services - Clinical	31.56	31.80	(0.24)	A
Supplies & Services - General	2.81	3.96	(1.14)	R
Premises Costs	24.78	24.05	0.73	G
Other Non Pay	9.02	11.42	(2.41)	R
Total Non-Pay costs	**86.54**	**87.95**	**(1.41)**	R
Depreciation	15.32	15.16	0.16	G
PDC Dividend Payable	5.63	5.83	(0.20)	A
Total	**107.49**	**108.94**	**(1.45)**	R

Top 5 YTD Clinical* Non Pay overspends by Speciality (£m)				
	YTD 2018/19 Budget (£k)	YTD 2018/19 Actual (£k)	Variance (£k)	Trend
Genetics	2,250	2,833	(582)	
Nephrology	2,127	2,691	(564)	⬆
Cardiac Critical Care	1,308	1,842	(534)	⬇
Bone Marrow Transplant	1,973	2,252	(279)	⬆
Wards (Exc. Haem/Onc)	779	964	(185)	⬆

Top 5 YTD Clinical* Non Pay underspends by Speciality (£m)				
	YTD 2018/19 Budget (£k)	YTD 2018/19 Actual (£k)	Variance (£k)	Trend
Neuromuscular	735	30	706	⬆
Cardiac Serv	3,760	3,429	331	⬆
Clinical Immunology	1,517	1,265	252	⬆
Snaps	636	391	245	⬆
Critical Care Barrie	2,749	2,535	215	⬇

Non Pay Cost Trend £m (excl Pass through)
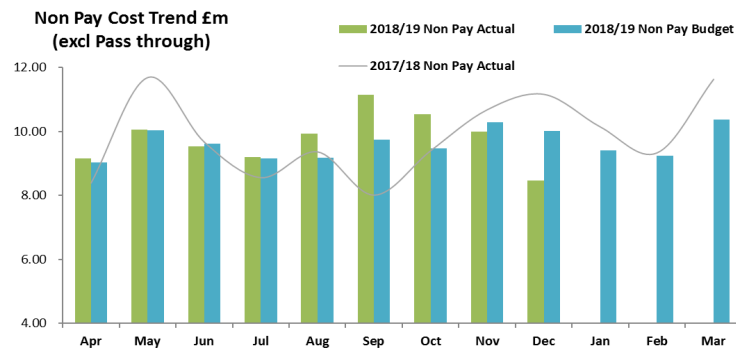
Clinical non-pay excludes passthrough

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Summary

- YTD non-pay excluding pass through is adverse to plan by £1.5m. A key driver is the YTD increase in the impairment of receivables of £3.2m. This is driven by the delayed payment of private patient income, this drives the Other Non Pay variance.

- The M9 increase in the impairment of receivables was partially offset by the continued underspend in premises associated with reductions in software maintenance contracts and below plan drugs costs linked to activity. Supplies & Services General continues to be overspent due to increased catering costs.

Top 5 clinical over/under spends

The key areas with Non-pay overspends are:

- **Genetics** - higher than plan Next Generation Sequencing and lab consumables linked to the Genetics reconfiguration
- **Nephrology** – The majority of the overspend relates to Drugs costs and Blood costs which correlates to the over performance in NHS Clinical Income.
- **Cardiac Critical care** - This overspend is driven by ECMO related expenditure for high value patient activity
- **Bone Marrow Transplant** - Mainly driven by spend on blood and in line with over-performance on activity versus plan.
- **Wards (Exc. Haem/Onc) -** Mainly driven by spend on Ward drugs in line with activity.

The key areas of Non-pay underspends are:

- **Neuromuscular** – continues to underspend on splints, braces and drugs.
- **Cardiac Service** - underspent by £0.3m due to delays in opening of Alligator Ward.
- **Clinical Immunology** - underspend mainly due to a positive variance against drug costs, in line with an under-performance on activity.
- **SNAPS -** consumables underspend due to lower activity.
- **Critical Care (PICU/NICU)** - underspends due to NHS activity volume shortfall against plan driven by low referrals.

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

Tab 9.3 Finance report December 2018 (highlights)

Cash, Capital and Statement of Financial Position Summary for the 9 months ending 31 Dec 2018

Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

31 Mar 2018 Audited Accounts £m	Statement of Financial Position	YTD Plan 31 Dec 2018 £m	YTD Actual 31 Dec 2018 £m	YTD Variance £m	Forecast Outturn 31 Mar 2019 £m	YTD Actual 30 Nov 2018 £m	In month Movement £m
463.29	Non-Current Assets	503.09	484.19	(18.90)	492.85	480.78	3.41
85.92	Current Assets (exc Cash)	94.58	98.62	4.04	82.18	96.58	2.04
55.69	Cash & Cash Equivalents	45.71	56.28	10.57	55.79	52.50	3.78
(69.95)	Current Liabilities	(70.78)	(76.68)	(5.90)	(63.88)	(70.16)	(6.52)
(5.51)	Non-Current Liabilities	(5.03)	(5.12)	(0.09)	(4.87)	(5.17)	0.05
529.44	**Total Assets Employed**	**567.57**	**557.29**	**(10.28)**	**562.07**	**554.53**	**2.76**

31 Mar 2018 Audited Accounts £m	Capital Expenditure	YTD Plan 31 Dec 2018 £m	YTD Actual 31 Dec 2018 £m	YTD Variance £m	Forecast Outturn 31 Mar 2019 £m	RAG YTD variance
5.81	Redevelopment - Donated	17.35	7.81	9.54	11.10	R
9.06	Medical Equipment - Donated	4.09	4.42	(0.33)	8.54	G
9.78	ICT - Donated	16.00	13.77	2.23	16.01	A
24.65	**Total Donated**	**37.44**	**26.00**	**11.44**	**35.65**	A
6.99	Redevelopment & equipment - Trust Funded	7.26	3.52	3.74	5.03	R
1.61	Estates & Facilities - Trust Funded	2.33	0.66	1.67	2.02	R
4.73	ICT - Trust Funded	8.45	6.24	2.21	12.30	A
13.33	**Total Trust Funded**	**18.04**	**10.42**	**7.62**	**19.35**	R
37.98	**Total Expenditure**	**55.48**	**36.42**	**19.06**	**55.00**	A

31-Mar-18	Working Capital	30-Nov-18	30-Nov-18	RAG	KPI
19.00	NHS Debtor Days (YTD)	7.0	8.0	G	< 30.0
189.00	IPP Debtor Days	217.0	207.0	R	< 120.0
27.70	IPP Overdue Debt (£m)	30.9	31.4	R	0.0
5.00	Inventory Days - Drugs	6.0	10.0	G	7.0
70.00	Inventory Days - Non Drugs	79.0	88.0	R	30.0
35.00	Creditor Days	25.0	26.0	G	< 30.0
70.3%	BPPC - NHS (YTD) (number)	43.2%	43.5%	R	> 95.0%
43.3%	BPPC - NHS (YTD) (£)	80.9%	81.1%	R	> 95.0%
89.3%	BPPC - Non-NHS (YTD) (number)	84.4%	84.8%	R	> 95.0%
85.0%	BPPC - Non-NHS (YTD) (£)	90.3%	90.6%	G	> 95.0%

RAG Criteria:
NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)
BPPC Number and £: Green (over 95%); Amber (95-90%); Red (under 90%)
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)

Cash Flow Chart

Legend: 2018/19 Plan, 2017/18, 2018/19 Actual/Forecast
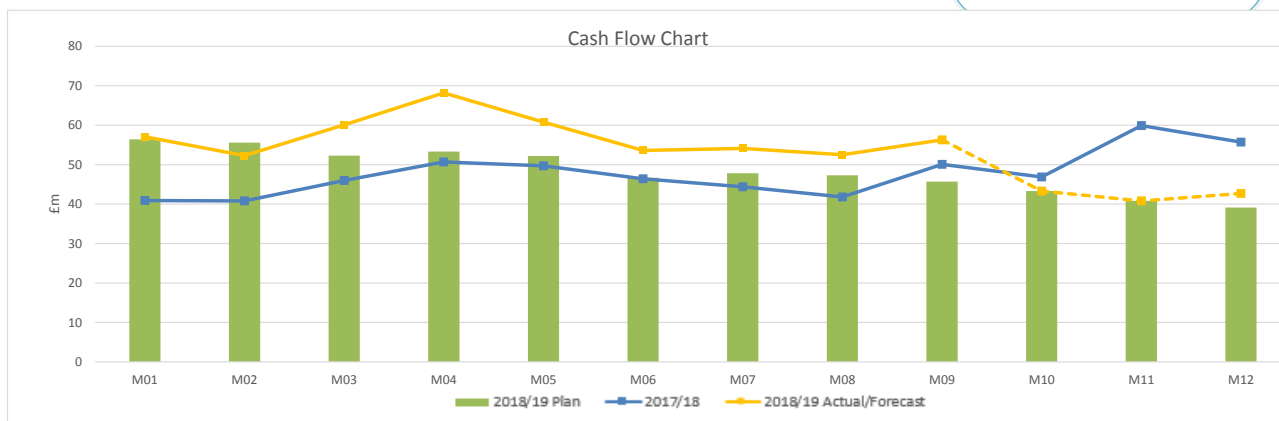
Comments:

- The capital programme is £18.7m behind plan (£7.2m Trust funded and £11.5m donated). The following Trust funded programmes have slipped against plan; Network/Wi-Fi hardware (£0.5m); various estates projects (£1.8m); Phase 4 (£0.9m) and MEDU (£1.1m).
- Cash held by the Trust is higher than plan by £10.6m. The variance was largely as a result of lower than planned expenditure on Trust funded capital projects (£7.6m).
- Total Assets employed at M09 was £10.3m lower than plan as a result of the following:
  - Non current assets totalled £480.8m (£18.9m less than plan largely as a result of the slippage on Estates and IT projects);
  - Current assets excluding cash less Current liabilities totalled £21.9m (£1.9m lower than plan).
  - Cash held by the Trust totalled £56.3m (£10.6m higher than plan)
  - Non current liabilities totalled £5.1m (£0.1m higher than plan)
- Overdue IPP debt increased in month to £31.4m (£30.9 in M8). This increase largely relates to debt from Embassies which fall outside terms.
- IPP debtor days decreased from 217 days to 207 days.
- The cumulative BPPC for NHS invoices (by number and value) improved slightly in month since M07
- The cumulative BPPC for Non NHS invoices (by number and value) also improved slightly since M07
- Creditor days increased in month to 26 days but this remains within target of 30 days.

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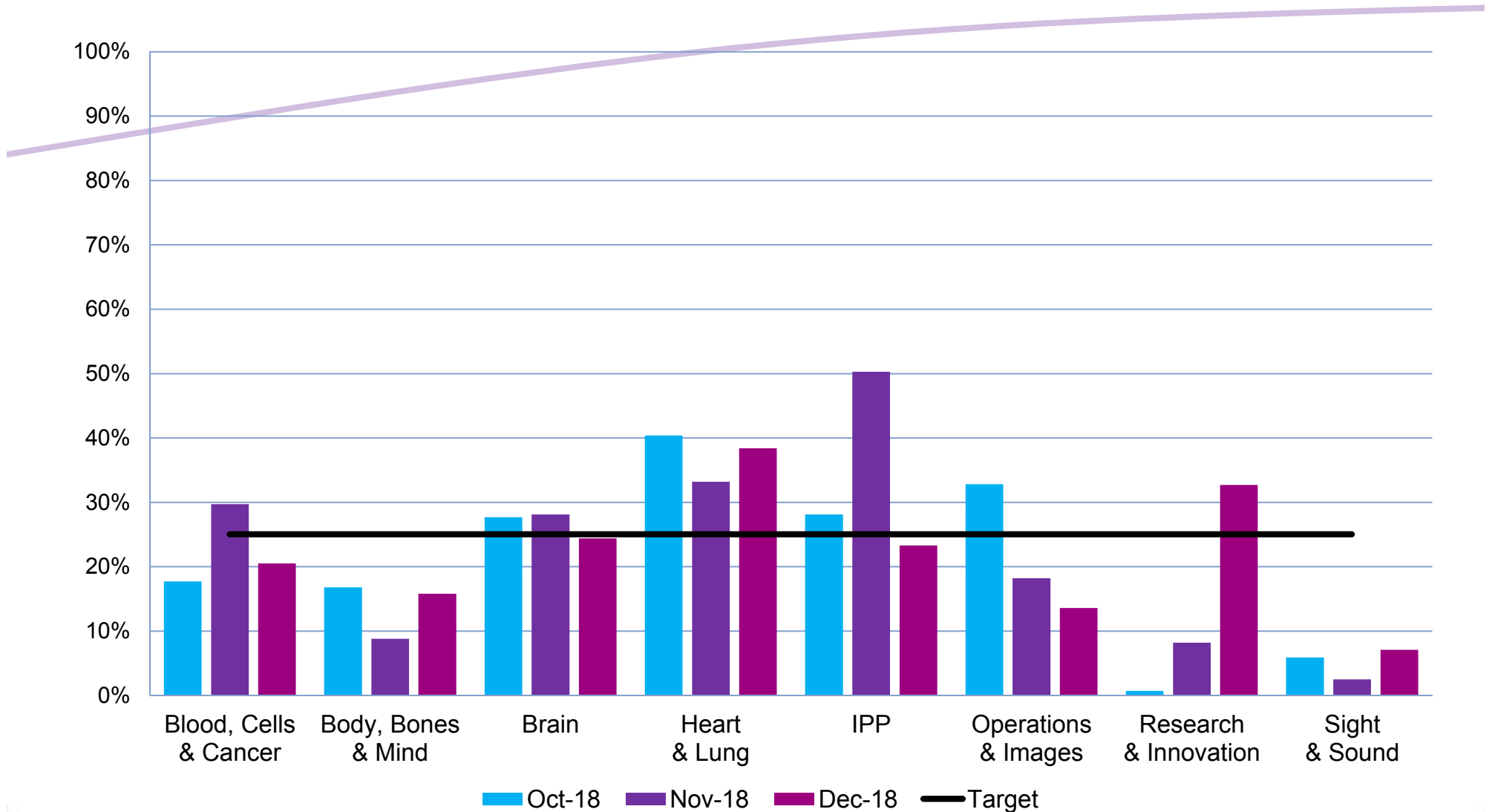# Patient Family Experience and Engagement Committee

October – December 2018

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Key Points – Q3 2018/19

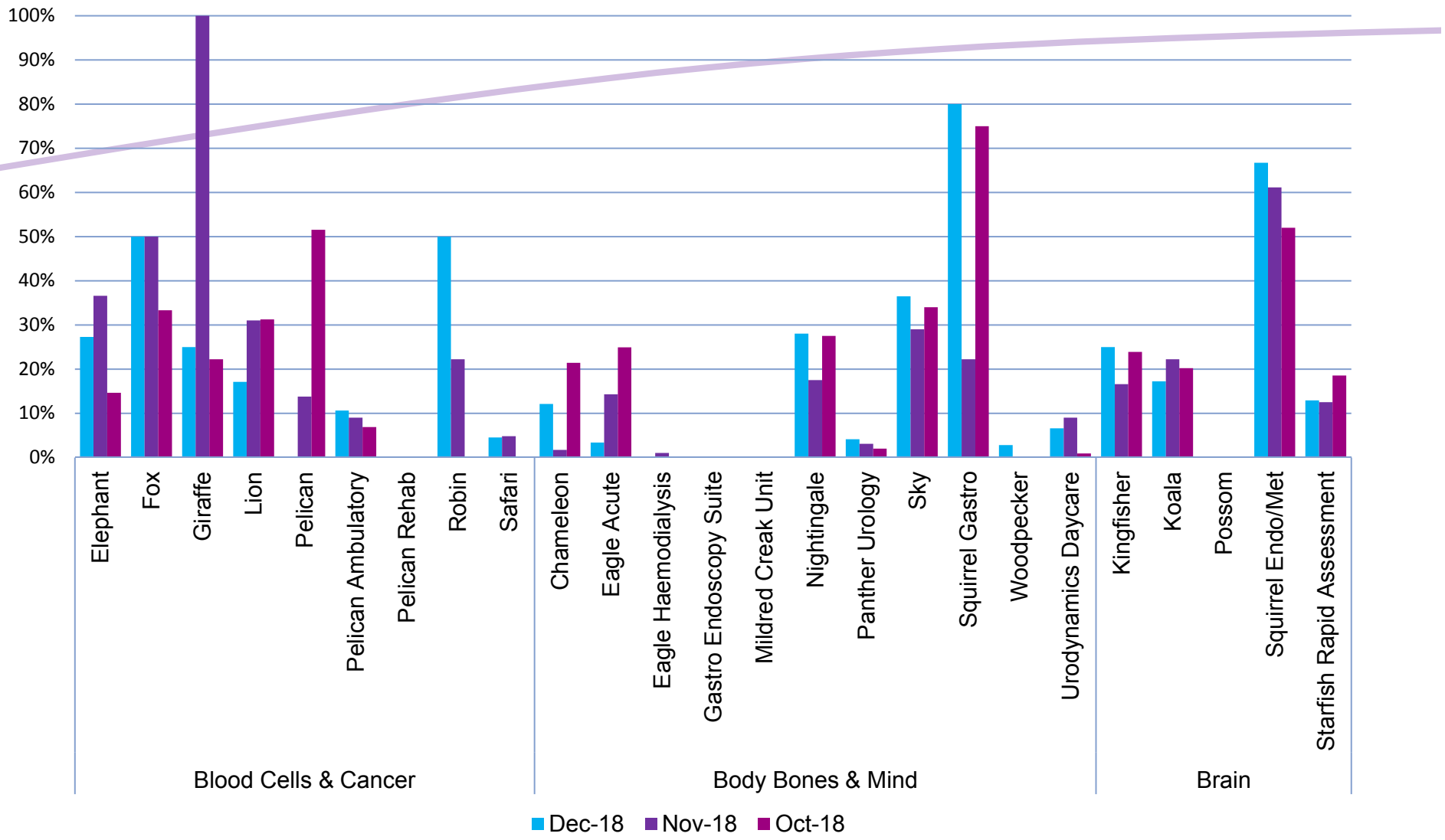**Great Ormond Street Hospital for Children**
NHS Foundation Trust

- This quarter the target for the Trust Friends and Family Test was changed to 25%. Overall, this has not been achieved but the Trust response rate increased slightly in December to 16.5%.

- The Heart and Lung directorate consistently met the 25% target in Q3. The Brain and IPP directorates achieved this in October and November and almost met this in December.

- All directorates who did not met the 25% target in December presented action plans at PFEEC in January outlining how they will increase FFT response rates.

- GOSH Patient Experience team is working with NHS England to inform development of a revised FFT question.

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Directorate Breakdown

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Inpatient response rate per directorate.

Legend: Oct-18, Nov-18, Dec-18, Target

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Inpatient Breakdown 1/2

Blood Cells & Cancer — Body Bones & Mind — Brain

Dec-18 ■ Nov-18 ■ Oct-18

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Inpatient Breakdown 2/2

Great Ormond Street Hospital for Children
NHS Foundation Trust

Legend: Dec-18, Nov-18, Oct-18

Categories (left to right):
- Heart & Lung: Alligator, Bear, CICU Flamingo, Kangaroo, Leopard, NICU, PICU, Respiratory Sleep Unit, Walrus
- IPP: Bumblebee, Butterfly, Caterpillar, Hedgehog
- Ops & Images: Otter, Radiology IR
- R&I: Turtle, Clinical Research Facility
- S&S: Panther

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Outpatients

Outpatient responses decreased in December 2018, consistent with previous years and the reduced number of clinics held over the holiday period.

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FFT Response Rate

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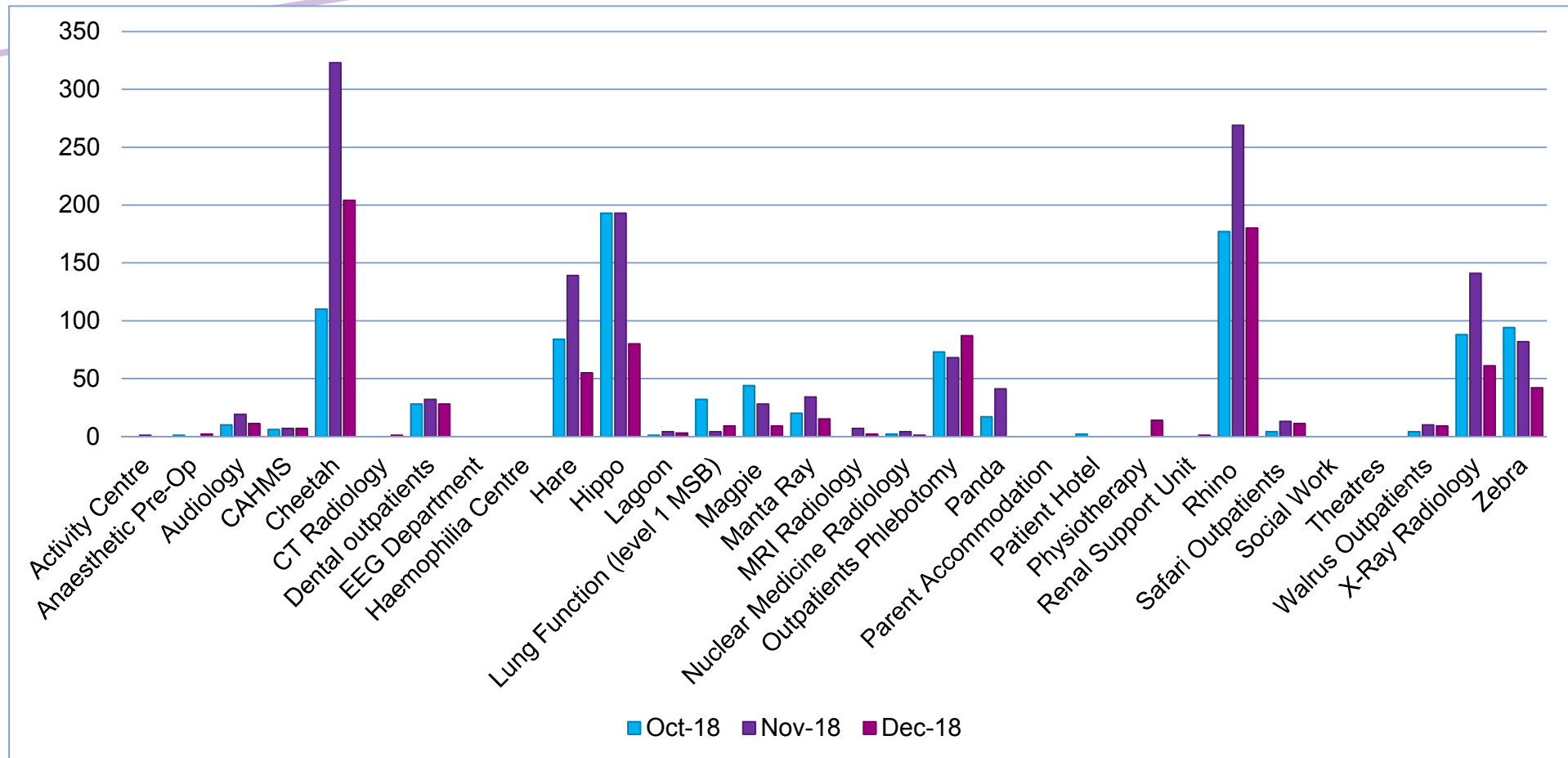
- A total of 4,919 FFT returns were received in Q3 and a high proportion of these (on average around 78%) included qualitative comments indicating a willingness to provide feedback.

- Actions to improve FFT response rates include:
  - Increased engagement with staff at all levels emphasising importance of FFT and collective responsibility for this.
  - Use of iPads, promotion of link on bedside TVs and helping families to bookmark FFT link on their personal devices
  - Review of processes to ensure collection of FFT cards before patients/ families leave the hospital
  - Recruitment of ward administrators to assist with timely data entry of FFT responses
  - Support from the Patient Experience team including training on ways of increasing FFT responses

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Percentage to Recommend

Inpatient Areas

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FFT Recommendation rate

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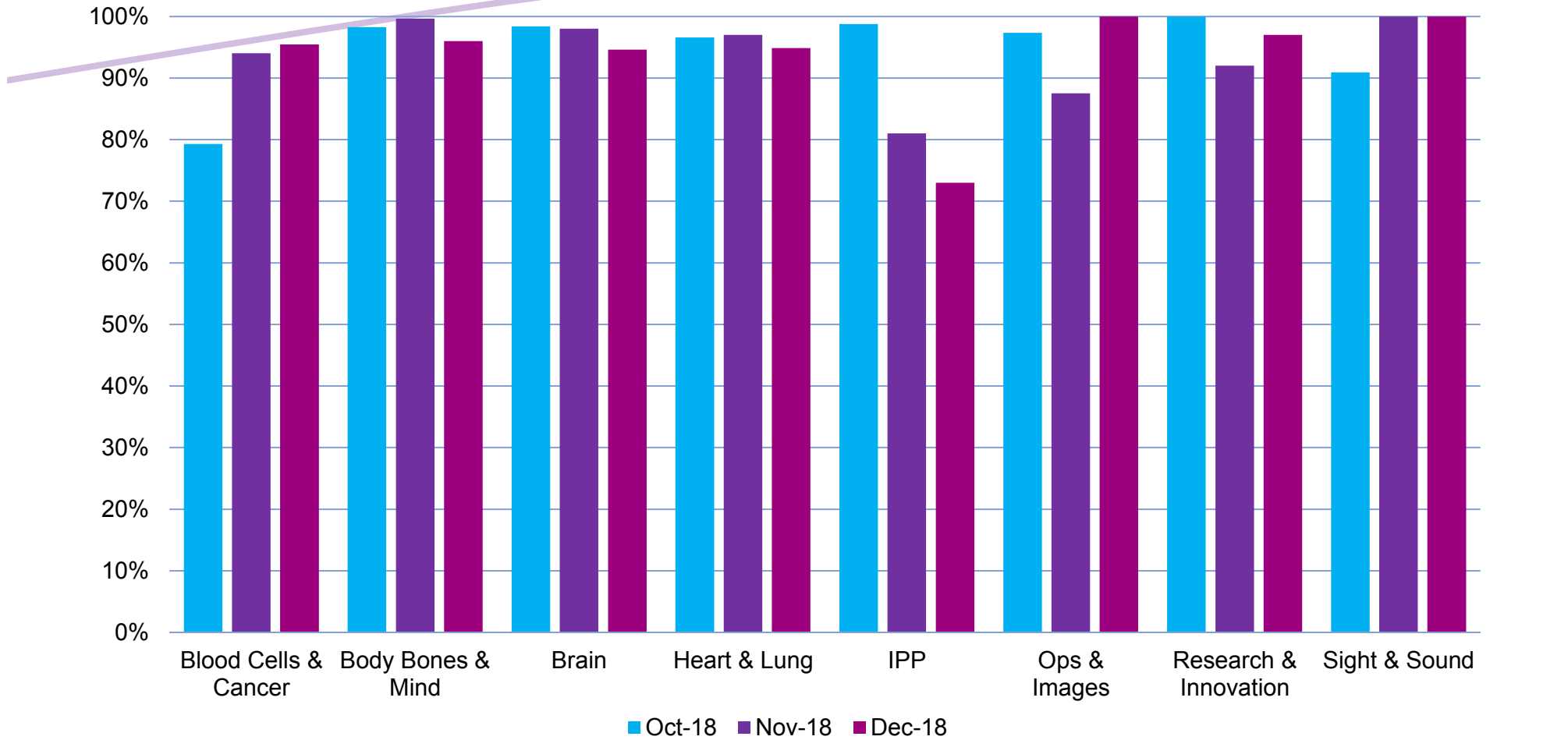
- In Q3 the highest number of comments referred to staff as helpful, understanding, patient and reliable. Respondents referred to the caring nature of staff and the reassurance they offered to patient and families
- Negative comments related to waiting times, cannulas and injections*, and the state of some ward/ clinic and facilities
- All negative comments are shared with the relevant clinical area and are followed up where possible with the patient/ family where contact details are provided.
- Following reduced recommendation rates in Q3, IPP are working to reduce delays in prescribing and to improve room utilisation and staffing levels.

These comments usually come from children/ young people who are unhappy at having to have cannulas/ injections. However, work is ongoing as part of the Trust extravasation project to improve intravenous access.

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Benchmarking

Data from NHS Choices – Oct 18

Response Rates

Percentage to Recommend

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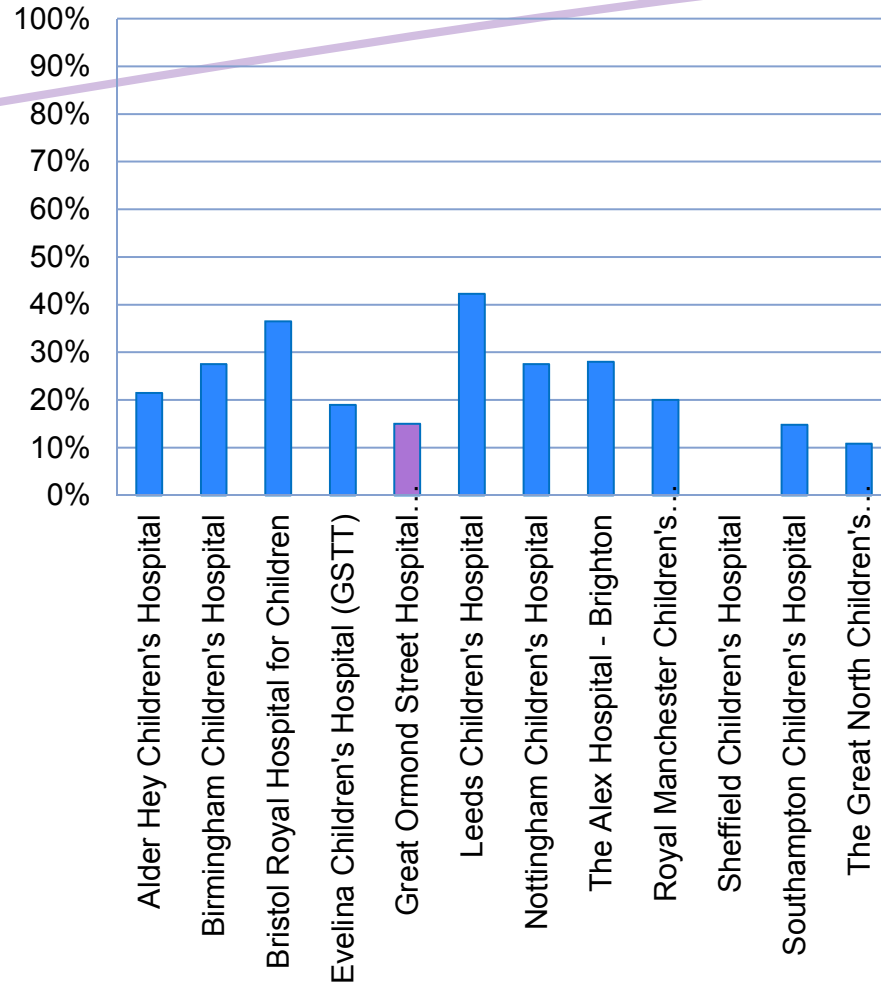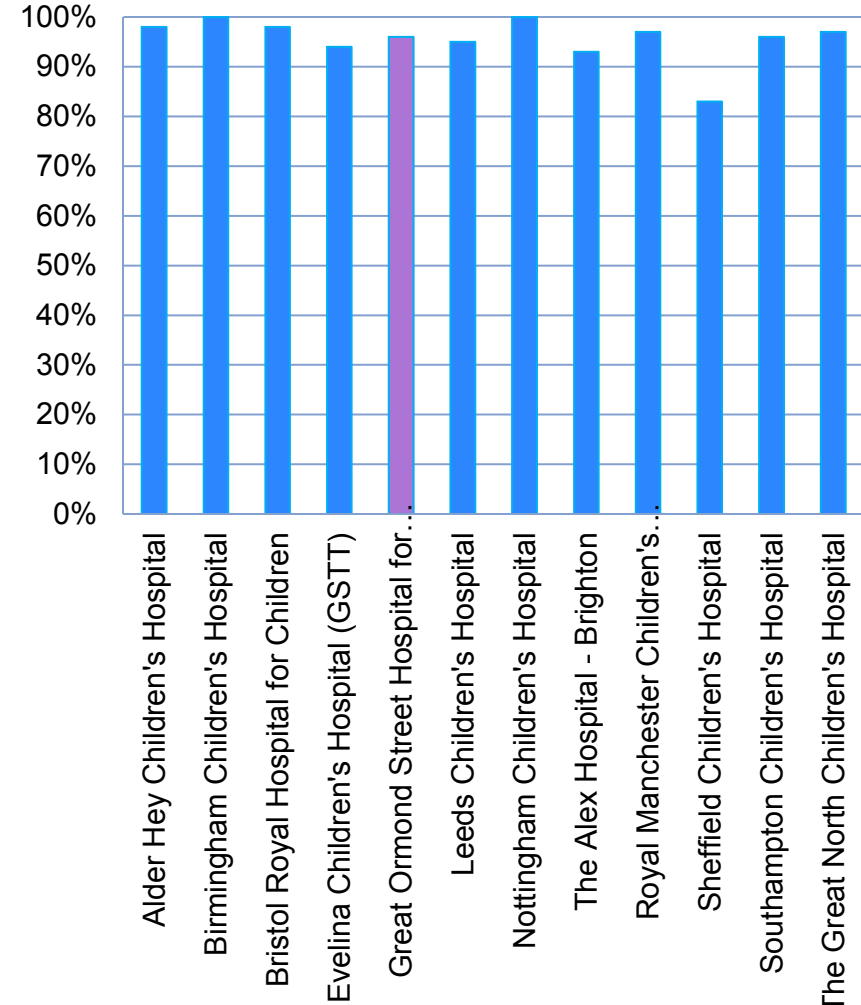
Qualitative Comments- Parents & Patients

Great Ormond Street Hospital for Children
NHS Foundation Trust

Positive

"I find GOSH a place of safety and support for my child and me. Everyone who works here is really helpful and full of understanding"
Cheetah Ward

"We have been coming to GOSH for over 12 years and we can't stress enough how amazing the hospital are staff are"
Audiology

"Toys are good!"
Cheetah Outpatients

"We have been part of the long term ventilation unit at GOSH for 9 years and we have seen it develop into the fantastic, supportive and warm environment that it is today. Thank you very much and keep up the good work"
Kangaroo Ward

"My son feels at ease when here, he is informed of what's going on in a child friendly way. All staff are friendly and caring"
Somers Clinical Research Facility

Negative

"Poor communication between consultant. Spent all week and the weekend being told one thing, then when the consultant came in the following week he completely dismissed what I'd been told and said something completely different"
Bear and Bear HDU

"Didn't like the lack of Christmas decorations! It's a children's hospital!"
Main reception and entrance

"Nice staff but need to update system to say Mum and Mum not just Mum and Dad for LGBT families".
Hare Outpatients

[This will be addressed and resolved with the implementation of EPIC later this year]

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PALS Report Q3 2018/19

Luke Murphy Pals Manager

1 – 2   **Pan-Trust**

3.   **Pan Trust Analysis**

4.   **PALs themes and action taken**

5.   **IPP (International and Private patients) & DPS (Development and Property Services)**

6.   **Always Values**

7.   **NHS Choices**

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Comparison of PALS cases received by the Trust during Q3 18/19*

Great Ormond Street Hospital for Children NHS Foundation Trust

Table showing Pals cases by grading comparing Q3 in 17/18 in comparison to previous quarters.

Cases	Q3 17/18	Q2 18/19	Q3 18/19*
Promptly resolved	316	358	381
Complex cases	76	9	37
Escalated to formal complaints	1	6	7
Compliments about specialities	7	10	4
*Special cases	0	0	0
Total	400	383	429

*See Appendix at the end for definitions

*Date range for Q3 01/10/18-31/12/18

Graph showing the top 10 specialities classified by category.

Legend: Complex case — Compliment — Promptly resolved — Complaint

Categories (x-axis): Cardiology, Neurology, Gastroenterology, General Surgery…, Dental, Ear Nose and…, Epilepsy, Ophthalmology, Endocrinology, Dermatology

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Pan-Trust Thematic Analysis

Top 5 specialities and themes arising in PALS cases received Q3 18/19

Specialities	Q3 17/18	Q2 18/19	Q3 18/19
Cardiology	27	40	60
Neurology	31	25	26
Gastroenterology	8	25	24
General Surgery	22	18	19
Dental	12	17	17

Themes	Q3 17/18	Q2 18/19	Q3 18/19
Outpatient (Cancellation; Failure to arrange appointment; poor communication)	44	78	79
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families)	60	87	52
Inpatients (lack of communication; environment of the parents kitchens; accommodation)	63	97	33
Waiting Times (Waiting times; Advice on making a NHS referral; advice on making an IPP referral)	26	13	40
Admission/Discharge (Cancellation; waiting times to hear about admissions; lack of communication with families)	6	44	5

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Themes raised Q3

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NHS Foundation Trust
NHS

- In Q3 there was a significant increase in PALs cases (from 40 to 60) about Cardiology. The main themes were communication (n=18), access to treatment for Postural Orthostatic Tachycardia Syndrome 'POTS' (n=11), and cancellations particularly at short notice or when families were already on their way to or already at GOSH (n=7). One case regarding POTS escalated to become a formal complaint.

- In Q3 PALs cases regarding Gastroenterology remained high (24) and two cases were escalated to Complaints. Themes of concerns related primarily to communication (n=11) including difficulties in reaching the team, inadequate information about admission and transition, and lack of response to queries/ contact. 3 cases were in response to cancellations.

- All issues were addressed on a case by case basis with ward/ administrative staff and service managers. Heads of Nursing and Patient Experience for these services will attend the next PFEEC to update on wider action to address and resolve these issues.

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PALS Cases- themes and action taken

Examples of themes raised in Q3 (Communication, Outpatients and Inpatients)

Communication:-

- Concerns relating to Neurology were about difficulties four families were experiencing in getting responses to requests for information, test results and a query about medication.

- Concerns about delays in appointment and lack of response to GP and local physiotherapist who requested that the appointment be expedited.

NEUROG	• The service have contacted three of the four families affected to provide the information requested. The Neurology CNS will respond to the medication query.
CARDIO	• Appointment made for January 2019 and mum updated.

Outpatients:-

- Four families raised concerns about cancellation of appointments

- Mum contacted Pals to raise a concern regarding communication, which resulted in patient having to have a general anaesthetic twice in one day.

DENTAL	• Team have reimbursed the travel costs.
GASTRO	• Dr spoke with Mum at length and she is happy with the outcome and explanation, especially as the new tube is apparently working better than the old one ever did.

Inpatients:-

- Cancellation of surgery due to lack of beds.

- Mum concerned about lack of surgery date for patient.

SNAPS	• Pals reimbursed travel costs and the admission was rescheduled.
ORTHO	• Date confirmed with family.

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PALS Cases by Division 🔍

Great Ormond Street Hospital for Children NHS Foundation Trust

International Private Patients Q3

	Q2 17/18	Q2 18/19	Q3 18/19
IPP	6	3	6

Commentary: Pals work closely with our colleagues in IPP Arab Advocates to support prompt resolutions.
Quarter 3, Pals have had 2 cases regarding advise on how to access private treatment at GOSH and 4 cases regarding billing and charges.

Development and Property Services

Top Specialties	Q3 17/18	Q2 18/19	Q3 18/19
Estates	10	1	4
Facilities	6	26	6
Redevelopment	0	0	0

Commentary :
Facilities: Local resident contacted GOSH regarding the scaffolding and noise in Guilford Street

Estates: A Mother has visited us in the Pals office to explain the heating in Fox Ward Room 4 "is like a furnace". Mum explained it is "unbearable".

Outcome:
Head of Facilities contacted resident with future plans and to keep them updated on progress.

Estates team confirmed that the heating issue has now been resolved in Fox Ward.

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PALS and the Always Values

Q3

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

Always Welcoming- Respect	3	Always Welcoming- Friendly	8	Always Helpful- Understanding	23	Always Helpful- Help others	62
Always Welcoming- Smiles	0	Always Welcoming-Reduce Waits	26	Always Helpful- Patient	17	Always Helpful- Reliable	77
Always Expert- Professional	32	Always Expert- Excellence	7	One Team- Listen	3	One Team- Involve	0
Always Expert- Safe	10	Always Expert- Improving	4	One Team- Communicate	148	One Team- Open	0

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

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Other Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

Social Media and NHS Choices: Q3

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.

Rheumatology are amazing. Amazed by how joined up and fluid the care was. The doctors, nurses and HCAs were all wonderful, taking time and care to explain everything in a way my son could understand. Everyone introduced themselves and their role and made us feel welcome and involved. Follow up appointments were made within 4 days of the initial assessment and even though we were told there was a waiting list, his inpatient rehab has already been arranged and confirmed for 4 weeks time, including accommodation for the duration of our stay.
This is the third child in 3 years we have had with a complex condition needing a mix of impatient and outpatient care from various departments, and it is by far the best NHS provider we have come across. Thank you.

No negative posts on NHS Choices for Qtr 3

Compliments:

Mum would like to compliment the following people who helped her during and after her child's transplant.: the transplant nurses, PA and consultant. - **Shared with head of Renal and ASM to forward to appropriate individuals. Also nominated from GEMS.**	NEPHR
Parents proposed a GEM award for Admission Coordinator, Consultant and CNS in Cardiology. Parents explained they were kept well informed, the staff had a lovely manner and showed empathy. - **Pals shared the compliment with the management team and forwarded for GEMS nomination.**	CARDIO
My 2 year old son recently had a upsetting diagnosis for a life limiting illness, We saw Metabolic team Dr XXXX team member and registrar Dr XXXX. I have to say, I have not yet met a Dr as amazing and caring and passionate as Dr XXXX. She takes a holistic approach to care and covered all aspects of my son's care. She really does go beyond her call of duty. Please let the metabolic team know that we really appreciate the care and are beyond happy - **Pals shared the compliment with the management team and forwarded for GEMS nomination.**	METAB

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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

  Definitions:

  Red=   Complaints

  Amber= Complex/Long Term cases

  Green= Promptly Resolved

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Tab 10.1 Quality and Safety Assurance Committee (January 2019)

Attachment G

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Council of Governors

6th February 2019

Quality, Safety and Experience Assurance Committee Summary Report
January 2019

Summary & reason for item: To provide an update on the January meeting of the Quality and Safety Assurance Committee. The agenda for this 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: Amanda Ellingworth, Chairman of the Quality and Safety Assurance Committee

Tab 10.1 Quality and Safety Assurance Committee (January 2019)

Attachment G

Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

**Summary of the meeting of the Quality and Safety Assurance Committee
Held on 17th January 2019**

Matters arising
Following the update that had been given at the October 2018 Committee meeting about GOSH's non-compliance with Medicines and Healthcare products Regulatory Agency (MHRA) standards around irradiating blood due to the delayed deployment of the single available software solution, it was confirmed that no feedback had been received from the MHRA regarding the non compliance, and no incidents had occurred around the irradiation of blood.

Update on review of remit of QSAC and annual workplan
Discussion took place around potentially establishing a Workforce and Education Assurance Committee of the Board which would provide detailed focus on culture, workforce and education and service innovation.. The Committee agreed that the key aim of any new arrangement was to increase the time available for oversight of these matters, which to date had been insufficient for the depth of discussion required. Some concern was raised about the potential risk of disaggregating discussion about culture and workforce from quality and safety. Further discussion would take place at Trust Board. The Committee approved revised Terms of Reference and workplan and agreed that it would propose to the Board that the Committee be renamed the Quality, Safety and Experience Committee in recognition of the increased focus that would be placed on family and patient experience.

Emerging clinical/quality issues
A paper had been discussed at the Executive Management Team meeting about the leadership development programme for the new operational structure. It was noted that in general, performance had reduced since the new structure had been implemented. An Acting Chief Operating Officer role had been developed which will have focused responsibility for performance, and strategy will move into the CEO remit.

An analysis of the impact of the reduction in the specialist bank rate on quality of services was reviewed. It was emphasised that overall the Trust had increased the number of bank shifts being filled over the last four months and were operating at the highest use of bank staff ever. The committee welcomed the plan to review the overall reward arrangements for bank staff, using the principles of equity amongst staff and parity with neighbouring trusts' rates where possible.

Integrated Quality and Safety Report
A statutory child death review process had been introduced and the Trust was required to be compliant by September 2019 which would be challenging for GOSH due to the complexity and wide geographical origins of GOSH patients and the requirement to receive correspondence from external parties. Work continues towards compliance.

Quarterly Safeguarding Report (October 2018 – December 2018)
An interim solution to provide 24/7 safeguarding coverage would be implemented on 1st March 2019 and it was agreed that any issues with gaps after this date would be reported by exception to the committee. Work was taking place to complete the actions arising from the internal audit report into safeguarding. Social work had developed a system which would ensure that all referrals were electronic once Epic was in place.

Tab 10.1 Quality and Safety Assurance Committee (January 2019)

Attachment G

Risk Assurance and Compliance Group Update on the Board Assurance Framework
The Committee agreed to revise the way that deep dives were undertaken to be in line with the process adopted by the Audit Committee.

- Risk 5: The trust is unable to demonstrate compliance with Performance Management Framework/ Monitor's licence

There remained challenges around the delivery of diagnostics targets and focus was being placed on this as well as the CQC and Well Led Action Plans. The Electronic Patient Record (EPR) implementation was also a key risk. A CQC inspection of GOSH would be taking place in the second half of 2019. It was noted that the compliance register which listed the Trust's regulatory requirements outside of the Monitor licence would be discussed at the next meeting.

Research Governance Update
It was likely that the MHRA (Medicines and Healthcare products Regulatory Agency) would undertake an inspection in 2019. One 'major finding' had been made at the last inspection around medical oversight of trials and further progress was required in this area. The Committee noted that alongside research governance at GOSH, considerable collaboration takes place both nationally and internationally and suggested it would be helpful to set out these frameworks in the context of Brexit.

Compliance Framework Update
Work was taking place to complete the CQC's routine provider information request which had a return deadline of 23rd January 2019.

Health and Safety Update
Work was continuing to take place to implement safer sharps and a review of products that could easily be replaced was underway. Interim arrangements were in place to ensure the Trust was safe as there was a gap in the Fire Officer role.

Whistle blowing update - Quality related whistle blowing cases
A previous case had been successfully resolved and a new case reported which was currently being investigated.

Freedom to Speak Up Update
Discussion took place around the complex interaction of staff emotional and mental wellbeing and stress on the cases that were raised. It was noted that there were a number of cases where tackling performance issues had brought to the fore a number of other issues. The committee requested that the issue of stress and emotional and mental wellbeing of staff fell into the remit of the proposed new workforce and education assurance committee.

Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)
A three to five year transformation plan was being developed for outpatients and discussion about this would be taking place with the Senior Leadership Team in February 2019.

Internal Audit Progress Report (October 2018 – December 2018)
The Committee received two final reports: risk management which had provided a rating of significant assurance with minor improvement opportunities, and infection control which had also provided a rating of significant assurance with minor improvement opportunities.

Tab 10.1 Quality and Safety Assurance Committee (January 2019)

Attachment G

Internal and external audit recommendations update
Good progress continued to be made in reducing the number of outstanding recommendations. It was noted that it was unlikely that the GOSH strategic workforce plan would be completed by the deadline because it was important for the newly appointed Director of HR and OD to influenece this once she started in post.

Clinical Audit update October 2018 – December 2018
Discussion took place around the implementation of pre-operative consent clinics in cardiac which had not been achieved. The Chief Executive said that he had written to the team being clear that the consent clinic process must be in use for all patients with the exception of those who were urgent and last minute.

Matters to be raised at Trust Board
The paper to the Trust Board about the proposed workforce and education assurance committee to be clear about the way in which the QSAC would continue to receive assurance on the general overview and how matters would be selected for deep dives.

Any other business

- Safeguarding

Discussion took place around compliance with safeguarding training for honorary contract holders. Work was taking place to ensure that the honorary contracts listed were still in place and the committee suggested that honorary contracts should be limited to those individuals who required an appraisal to be undertaken at GOSH.

Tab 10.1 Quality and Safety Assurance Committee (January 2019)

Attachment G

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

QUALITY AND SAFETY ASSURANCE COMMITTEE
Thursday 17 January 2019 2:00pm – 5:00pm in the Charles West Room, Great Ormond Street Hospital for Children NHS Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	**Apologies for absence**	Chair	**Verbal**	**2:00pm**
2.	**Minutes of the meeting held on 11th October 2018**	Chair	**A**	
3.	**Matters arising/ Action point checklist**	Chair	**B**	
4.	**Update on review of remit of QSAC and annual workplan**	Company Secretary	**D**	**2:10pm**
5.	**Emerging clinical/quality issues**	Chair	**Verbal**	**2:30pm**
	- Analysis of impact of the reduction in the specialist bank rate on quality of services	Chief Nurse	**E**	
	QUALITY AND SAFETY			
6.	**Integrated Quality and Safety Report**	Acting Medical Director/ Chief Nurse	**F**	**2:45pm**
7.	**Quarterly Safeguarding Report (October 2018 – December 2018)**	Chief Nurse	**G**	**3:00pm**
	RISK AND GOVERNANCE			
8.	**Risk Assurance and Compliance Group Update on the Board Assurance Framework** **Deep dives into BAF risks:** **Risk 5: The trust is unable to demonstrate compliance with Performance Management Framework/ Monitor's licence**	Company Secretary Acting Chief Operating Officer	**H** **I**	**3:10pm**
9.	**Research Governance Update**	Deputy Director of Research and Innovation	**J**	**3:20pm**
10.	**Compliance Framework Update**	Head of Quality and Safety	**K**	**3:35pm**
11.	**Health and Safety Update**	Director of HR & OD	**L**	**3:45pm**
12.	**Whistle blowing update - Quality related whistle blowing cases**	Acting Director of HR and OD	**M**	**3:55pm**

Tab 10.1 Quality and Safety Assurance Committee (January 2019)

Attachment G

13.	**Freedom to Speak Up Update**	Acting Medical Director	**N**	**4:05pm**
	AUDIT AND ASSURANCE			
14.	**Update on quality and safety impact of Fit for the Future programme (linked to BAF risk 2: Productivity)**	Acting Chief Operating Officer	**O**	**4:10pm**
15.	**Internal Audit Progress Report (October 2018 – December 2018)**	KPMG	**P**	**4:20pm**
16.	**Internal and external audit recommendations update**	KPMG	**Q**	
17.	**Clinical Audit update October 2018 – December 2018**	Clinical Audit Manager	**R**	**4:35pm**
18.	**Matters to be raised at Trust Board**	Chair of the Quality and Safety Assurance Committee	**Verbal**	**4:50pm**
19.	**Any Other Business**	Chair	**Verbal**	
20.	**Next meeting**	**Thursday 4th April 2018 2:00pm – 5:00pm**		
21.	**Current Terms of Reference and Acronyms**	**1**		

Attachment H

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Council of Governors

6 February 2019

Finance and Investment Committee Summary Report

Summary & reason for item: To provide an update on the November and December meetings of the Finance and Investment Committee. The update for the February meeting will be verbal. The agendas for the meetings are also attached.

Governor action required: The Governors are asked to NOTE the report and pursue any points of clarification or interest.

Report prepared by: Paul Balson, Deputy Company Secretary

Item presented by: James Hatchley, Chair of the Finance and Investment Committee

1

Attachment J

Summary of the Finance and Investment Committee meetings
held on 14 November 2018, 10 December 2018 and 1 February 2019

Summary of purpose and scope of report

This report summarises the Finance and Investment Committee's (FIC) work since its last written report to the Council of Governors on 24 July 2018.

The FIC held formal meetings on 14 November 2018, 10 December 2018 and 1 February 2019. Highlights from the November 2018 and December 2018 meetings are covered below. The Chair will provide a verbal update of key issues from the 1 February meeting.

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

Key issues for the Trust Board's attention

- The Trust ended Month seven of the 2018/19 financial year £0.9m behind its control total.
- Cash was higher than plan by £6.3m.
- The Trust achieved RTT Incomplete Pathway national standard for the 9th consecutive month
- The Trust needs to disseminate the message that significant savings needed to be delivered this year.
- Discussed the EPR programme noting that the project remained on track.

Performance and finance standing updates

Finance report 2018/19 Month seven finance report
The Trust was behind its control total by £0.9m in Month seven. This was a further decline from Month six.

The Trust would not receive its quarterly Provider Sustainability Fund (PSF) if it did not reach its quarterly control total. Should the Trust make it back over the course of the financial year, the Trust would receive it.

Cash was higher than plan by £6.3m.

The Trust was meeting weekly with International and Private Patients to review the £30.5m of outstanding debt.

Integrated Performance Report
The Trust achieved RTT Incomplete Pathway national standard for the 9th consecutive month. However, for October two patients were reported waiting 52 weeks and over.

Achieving the performance target for the Friends and Family Test continued to be a challenge for the Trust. The Trust lowered its target to 25% (to be in line with its peers) but has not achieved it to date. The Chief Nurse had initiated work with the Directorate Heads of Nursing and Patient Experience to improve performance. It was noted that, 97.79% of the 550 patients that provided feedback would recommend the Trust, which was positive.

Productivity and Efficiency (Better Value) update
The Trust needs to disseminate the message that the £15m of savings needed to be delivered this year. The 2019/20 better value target was estimated to be around £20m and planning for 2019/20 was underway.

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Attachment J

Project updates / reviews

Theatre utilisation programme action plan – December 2018
Committee members noted that the modelled process map of a single inpatient's care over 18 weeks including theatre was complex. Actions considered to improve theatre utilisation included: an 'Operations Control Centre' or cross learning from a commercial industry where flow was commercially critical (such as hotels or airlines).

The Committee requested the three year vision for improving theatre utilisation be presented to FIC and then the Trust Board in future.

EPR Programme Update – December 2018
Although there were a number of issues like statutory reporting that were on the critical time line; overall, the programme was controlled and the areas of risk all have remedial plans. The Committee discussed EPIC's potential to generate savings through a modernisation of the workforce.

Annual Update on Patient Level Costing Reference Cost Submission – December 2018
The Trust had risen from the 18th to the 10th highest overall Reference Cost Index nationally. Whilst this was concerning it was agreed that the data was not a pure measure and cross-hospital comparisons where hard to make; it did however give further ammunition to continue to focus on the larger better value target for 2019/20). Moving forward, the Trust would benchmark its costs where applicable and with the aim to be more increasingly competitive and continually demonstrating value for money to commissioners.

Directorate Restructure
The committee reviewed the mapping of the new structure on the financial reporting structure and questioned management on the migration of other core KPIs. It recognised the work in progress and believed the enhanced transparency would be beneficial for both management and governance of performance.

Long Term Financial Model (LTFM) review – November 2018
On 1 November 2018, the Non-Executive Director members of FIC met to be updated on the development of the LTFM and the variables within the model. The model was revisited at the 14 November meeting and presented at the December Trust Board meeting.

Phase 4 – November 2018
At the 14 November 2018 meeting The Committee undertook a review of Phase 4 options to give the Trust Board an informed opinion.

Major Development Projects Update

The committee was presented with a general update on the major projects. Phase 4 (as above) commanded an overwhelming share of the debate.

End of report

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Attachment J

FINANCE AND INVESTMENT COMMITTEEMEETING
Wednesday 14 November 2018
10.00am to 1.00pm
Trust meeting room Barclay house L4
Great Ormond Street Hospital for Children NHS Foundation Trust

AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chairman	Verbal	10:00am
2	Minutes of the meeting held 18 September 2018	Chairman	A	
3	Matters arising, action checklist	Chairman	B	
	Performance & finance standing updates			
4	Activity Trends 2018/19	Deputy Chief Executive	C	10:15am
5	Integrated Performance Report	Deputy Chief Executive	D	10:25am
6	Finance Report Month 6	Chief Finance Officer	E	10:35am
7	Productivity and Efficiency (Better Value) Monthly Update	PMO	F	10:45am
	Project Updates / Reviews			
8	Directorate restructure	Deputy CFO	G	11:00am
9	Theatre utilisation programme action plan	Director of Planning and Information	J	11:25am
10	EPR Programme Update	EPR Programme Director	K	11:40am
11	Major Development Projects Update -including Phase 4	Director of Development	L	11:50am
12	LTFM review	Deputy CFO	M to follow	12:00pm
13	Genetics update	CFO	Verbal	12:20pm

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Attachment J

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	Agenda Item	Presented by	Attachment	Time
14	**Post project implementation reviews** • **Hedgehog ward** • **Woodpecker ward**	**Director of Development**	**O**	12:30pm
	Other Business			
15	**Evaluation of papers**	**Chairman**		12:40pm
	Close 1.00pm			
	Next meeting 10 December 2018			

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Attachment J

FINANCE AND INVESTMENT COMMITTEEMEETING
Monday 10 December 2018
2.00pm to 5.00pm
Charles West Room
Great Ormond Street Hospital for Children NHS Foundation Trust
AGENDA

	Agenda Item	Presented by	Attachment	Time
1	Apologies for absence	Chairman	Verbal	2:00pm
2	Minutes of the meeting held 14 November 2018	Chairman	A	
3	Matters arising, action checklist	Chairman	B	
	Performance & finance standing updates			
4	Activity monitoring through 'Magic numbers' 2018/19	Deputy Chief Executive	C	2:10pm
5	Integrated Performance Report	Deputy Chief Executive	D	2:25pm
6	Finance Report Month 7	Chief Finance Officer	E	2:40pm
7	Productivity and Efficiency (Better Value) Monthly Update	PMO	F	2:55pm
	Project Updates / Reviews			
8	GOSH actions in response to BHRT review	CFO	G	3:10pm
9	Directorate restructure	Deputy CFO	H	3:25pm
10	Theatre utilisation programme action plan	Director of Planning and Information	I	3:40pm
11	Genetics update	CFO	Verbal	3:55pm
12	EPR Programme Update – December 2018	Richard Collins	J	4:10pm
13	Bank and agency staffing	CFO / Chief Nurse	K	4:25pm
14	Annual Update on Patient Level Costing Reference Cost Submission	CFO	L	4:40pm
	Other Business			
15	Evaluation of papers	Chairman	Verbal	4:55pm

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Attachment J

Agenda Item	Presented by	Attachment	Time
Close 5.00pm			
Next meeting TBC			

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Tab 11 Update from the Young People's Forum (YPF)

Attachment J

Great Ormond Street Hospital for Children

NHS

NHS Foundation Trust

Council of Governors

Wednesday 6 February 2019

Young People's Forum (YPF) Update

Summary & reason for item: To provide an update of the activities of the Young People's Forum since October 2018.

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

Three key messages to take away from this report are:

1) The YPF are co-creating an art project to help other young people explore the emotional issues of transitioning to adult health care.

2) The YPF took part in a World Café to discuss the positives and negatives of introducing an electronic patient record and discussed practical and ethical issues. Their views have informed a survey which will be circulated to patients and families before, during and after implementation.

3) The YPF have created a legacy. They set up the first BIG Meet Up – youth forums from around the country meeting up to share ideas on how to improve their hospitals. The second BIG Meet Up took place in October in Derby and two more hospitals have signed up to host future meetings.

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.

1

Tab 11 Update from the Young People's Forum (YPF)

Attachment J

Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

YPF activity – October 2018 to January 2019

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: 50

Since the last report to the Council three monthly YPF newsletters have been circulated.
Examples of YPF member activities since the last report are:
- YPF member, Hannah, presenting at the GOSH Conference about the impact on families when a sibling has a long-term health condition.
- Four YPF members contributed to the new Royal College of Paediatrics and Healthcare strategy.

20 involvement opportunities were advertised during this period including leading the digital campaign for the next GOSH Teens Careers Festival.

Meetings
There were meetings in October and December. 19 young people attended in October and 26 were present at the December session.

October Meeting
This was the first meeting since the membership changes came into place.
- GOSH Arts and art company Studio Hato came to YPF to begin work on an art project about transition. The new Growing Up, Gaining Independence guidelines support young people with the practical issues of transition, however, the aim for this project is to help young people explore their emotions about transitioning. GOSH Arts and Studio Hato will return to a future meeting to continue the project.
- As membership changes came into effect the YPF leaflet requires an update. YPF members took part in a photo shoot and wrote quotes about why they joined the YPF and their favourite activities which will be included on the new leaflets.
- Mat Shaw visited YPF and took part in a Q&A session.

Fig 1. Members redesigning the YPF leaflet

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Tab 11 Update from the Young People's Forum (YPF)

Great Ormond Street Hospital for Children NHS Foundation Trust

Attachment J

December Meeting

This meeting differed to normal as we had only two items on the agenda.

- In the morning the YPF took part in a World Café as part of the Electronic Patient Record (EPR) research project that will look at the impact of introducing an EPR. The discussion YPF had with the researchers will inform a survey which will be circulated to patients and families before, during and after the implementation.
- In the afternoon Nick Martin, Head of Sustainability, worked with the YPF to get their ideas on how to make GOSH clean and green, with a particular focus on clean air. Nick will continue to work with the YPF on a Clean Air campaign.

Fig 2. YPF December meeting

The BIG Meet Up

In 2017 the YPF organised and hosted the first meet up of hospital youth forums from around the country. This has created a legacy. In November 2018 six YPF members attended the second BIG Meet Up at Royal Derby Hospital. The focus was how to improve mental health as this was the main issue identified at the first BIG Meet Up. Harrogate Hospital will host the 2019 event and Alder Hey has offered to host in 2020.

Newly Registered Nurses

YPF members were invited to talk to the newly-registered nurses about the teenage experience at GOSH as part of the nursing preceptorship programme. There were a total of eight sessions and YPF members attended these sessions to talk about their own experiences and what they feel can be improved. The YPF members led discussions and tasks about:

* Practical issues for young people in hospital
* The rights of young people in hospital
* Emotional issues for young people in hospital.

Feedback from the newly-registered nurses about the sessions was overwhelmingly positive and said the insight was invaluable. Due to this success the YPF have been invited to run the session with the healthcare assistant apprentices.

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Attachment K

Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors

6 February 2019

Process for appointment of a Lead Governor and Deputy Lead Governor at GOSH

Summary & reason for item:

The Lead Governor (existing) and Deputy Lead Governor (new) roles are appointed on an annual basis.

The Council endorsed the appointment of Mariam Ali as Lead Governor for 2018/19. In July 2018 the Council and the Board approved a revised Constitution which included a revised role description for the Lead Governor and Deputy Lead Governor roles. The approved role description included details about how the appointment process will be conducted.

The purpose of this paper is to remind the Council that the appointment will be made at the April Council meeting following a call for nominations prior to that meeting.

Governor action required:

To note:
- the approved appointment process ;
- that nominations will be sought by email over the next few weeks, in time for consideration and voting at the 17 April 2019 Council meeting.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Attachment K

Process for appointment of a Lead Governor and Deputy Lead Governor at GOSH

Background

The Lead Governor and Deputy Lead Governor (new) roles are appointed on an annual basis.

In July 2018 the Council and the Board approved a new Constitution which included a revised role description for the Lead Governor and Deputy Lead Governor. Annex 6, paragraph 3 of the Trust Constitution highlights that elected (not appointed) governors may be appointed as either the Lead Governor or Deputy Lead Governor:

3. *Lead Governor and Deputy Lead Governor*

3.1 The Council of Governors shall elect one of the elected governors as the Lead Governor in accordance with the conditions of appointment set out in the Lead Governor role description approved by the Council of Governors.

3.2 The Lead Governor shall have the responsibilities, and perform the tasks, set out in the Lead Governor role description.

3.3 The Council of Governors shall elect one of the elected governors as the Deputy Lead Governor in accordance with the conditions of appointment set out in the Deputy Lead Governor role description approved by the Council of Governors.

3.4 The Deputy Lead Governor shall have the responsibilities, and perform the tasks, set out in the Deputy Lead Governor role description.

Whilst the new Constitution was being revised and consulted on, the Council of Governors' endorsed the appointment of Mariam Ali as Lead Governor for 2018/19.

Role of the Lead Governor and Deputy Lead Governor

The principal responsibilities of the role of Lead Governor are as follows:

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Board of Directors (the Board).[1]
- To bring to the Chair's attention any material issues from the Governors.
- To work towards the effectiveness of the CoG and its subcommittees, including supporting the Chair and Company Secretary in organising any evaluation of the CoG.
- Contribute to the induction process for newly appointed or elected Governors.
- To act as the point of contact between the Governors and NHS Improvement.

The role of the Deputy Lead Governor is to support the Lead Governor and deputise for him or her when necessary.

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[1] To include: Where requested by the Chair, supporting him/her in contacting the CoG or groups of Governors, or in understanding Governors' views on any matter and where approved by the COG and the Chair, speaking for and represent the COG at the Trust's Annual Members' Meeting or any other occasion.

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Attachment K

The appointment process

The approved role description includes details about how the appointment process for both positions will be conducted. A copy is provided at **Appendix 1**. It states:

Conditions of appointment and Term of Office

- *A Governor will nominate themselves for the position of Lead Governor and/or Deputy Lead Governor (including providing an outline of the relevant experience). Separate elections will be conducted for both positions and the elections conducted by the CoG by a 'show of hands' or a secret ballot (as determined by the Chair).*

- *The Lead Governor (and the Deputy Lead Governor) must be elected governors and will be appointed to via separate elections at a Council meeting. A staff governor may only be appointed as Lead or Deputy in a situation where he/ she will serve with a publicly appointed governor. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor.[2] In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, he/she will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.*

- *The tenure is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation).*

- *The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above. It is anticipated, where terms of office accord, that the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant. Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.*

- *Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution.*

Training and support

The Lead Governor and Deputy Lead Governor will be provided with induction training/ ongoing training for the role. This will include information on external support available from external organisations.

Ongoing support and will be available from the Company Secretary and Deputy Company Secretary to help deal with queries and matters arising.

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[2] Where the Lead Governor is a staff governor, in any situation where the Lead Governor's position as an employee of the Trust gives rise to a position of potential conflict, the Deputy Lead shall act as Lead until the next meeting of the Council, when the situation shall be considered and a decision made as to how it shall be handled.

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Attachment K

The Chair will have regular contact with the Lead Governor to update on Trust/ Board matters, receive feedback from governors and bring to the Chair's attention any material issues.

Process and timetable for appointment to the Lead Governor and Deputy Lead Governor roles

On the basis of the conditions of appointment process outlined above, the Council is asked to approve the following process:

- All elected governors (public governors, patient and carer governors and staff governors) will be asked by email to consider self -nominating themselves for appointment as either/ both the Lead Governor/ Deputy Lead Governor roles (governors can nominate themselves for both roles on separate forms)[3]. A copy of the role description is attached at Appendix 1.
- Elected governors are asked to record their interest in the role by submitting a short statement (250 words maximum) using the form attached;
- Nominees should outline any previous experience and/or knowledge they may have in terms of the role, stating clearly how they would meet the person specification;
- Nominations will open on **Monday 18 February 2019** and the deadline for nominations is **5:00pm on Monday 11 March 2019**. Nomination forms received after this deadline will not be accepted;
- Nomination forms can either be emailed or posted;
- If sending by post, please leave sufficient time for the form to arrive in the Executive Office and address it to:
  Dr Anna Ferrant
  Company Secretary
  Executive Offices
  Paul O'Gorman Building
  Great Ormond Street Children's Hospital NHS Trust
  Great Ormond Street
  London WC1N 3JH
  Email Nomination Forms to Anna.Ferrant@gosh.nhs.uk

- Statements from nominated candidates will be circulated to all governors prior to the April meeting;
- Nominated candidates will each be given the opportunity to address those governors attending 17 April 2019 Council Meeting for up to two minutes to outline why they think they are best suited for the role. This process will be chaired by the Trust Chair;
- Nominated candidates not in attendance in person can use webex or dial in facilities to address the Council;
- A ballot will be conducted at this meeting (show of hands or secret ballot as determined by the Chair). Only those present at the meeting or using dial in or webex will have the opportunity to vote;
- Voting will be conducted using the Alternative Voting System - AV- (see Appendix 2).

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[3] A governor who self-nominates for both roles (on separate forms)and is appointed as Lead Governor will automatically be removed from the ballot for the Deputy Lead Governor role.

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Attachment K

Appendix 2

Alternative Voting System

The Alternative Vote (AV) is a preferential system where the voter has the chance to rank the candidates in order of preference.

The voter puts a '1' by their first choice a '2' by their second choice, and so on, until they no longer wish to express any further preferences or run out of candidates.

Candidates are elected outright if they gain more than half of the first preference votes. If not, the candidate who lost (the one with least first preferences) is eliminated and their votes are redistributed according to the second (or next available) preference marked on the ballot paper. This process continues until one candidate has half of the votes and is elected.

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

FINAL LEAD GOVERNOR ROLE DESCRIPTION

Principal responsibilities

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Board of Directors (the Board).[1]

- To bring to the Chair's attention any material issues from the Governors.

- To work towards the effectiveness of the CoG and its subcommittees, including supporting the Chair and Company Secretary in organising any evaluation of the CoG.

- Contribute to the induction process for newly appointed or elected Governors.

- To act as the point of contact between the Governors and NHS Improvement[2].

Specific Lead Governor tasks

- To chair the CoG pre-meeting[3] as required and to ensure that any material matters discussed there are brought to the attention of the CoG and the Chair.

- To chair meetings of the COG that cannot be chaired by the Chair, Deputy Chairman or Non-Executives due to a conflict of interest or any other absence.

- To be a member of the Nominations & Remunerations Committee and any other committees established by the CoG.[4]

- In accordance with the process approved by the CoG, to collate the input of Governors for the senior independent director of chairman for the Non-Executive Directors' and Chair's annual appraisals.

- To liaise with the Company Secretary/ Deputy Company Secretary as and when concerns are raised by Governors.

- Be involved with setting the agendas for the Council of Governors.

- Support the Chair in acting to remove a Governor due to unconstitutional behaviour.

The Person Specification

To be able to fulfil this role effectively, the Lead Governor will:

- Have integrity in accordance with the Nolan Principles (*The 7 Principles of Public Life*), the Code

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[1] To include: Where requested by the Chair, supporting him/her in contacting the CoG or groups of Governors, or in understanding Governors' views on any matter and where approved by the COG and the Chairman, speaking for and represent the COG at the Trust's Annual Members' Meeting or any other occasion.

[2] The Lead Governor may only contact NHS Improvement (NHSI), the organisation which includes Monitor, after authorisation from the Council of Governors (COG) and only when all reasonable efforts have been made to resolve the matters that are of concern to the COG. The Lead Governor may only act as a contact between the Governors and NHSI when the normal channels of communication are unavailable.

[3] This meeting takes place prior to a Council meeting and the Chair briefing meeting. It is attended by governors only. The purpose of the pre-meeting is to provide a forum to discuss the Council agenda and papers and can receive updates on specific topics as determined by the Governor Development Work Programme.

[4] The COG may agree that the Lead Governor must share this responsibility with the Deputy Lead Governor.

1

Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

of Conduct for Governors and be committed to the values of the Foundation Trust.

- Enjoy the confidence of the CoG and the Chair.

- Have an understanding of the statutory duties of Governors, the Trust's Constitution and how the Trust is influenced or regulated by other organisations including the role of and basis that NHS Improvement may take action.

- Have the ability to chair meetings in a manner that works in the best interests of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors.

- Have a willingness to challenge constructively and the ability to influence, negotiate and present a well-reasoned argument.

- Be able to commit the time necessary to represent the position and wishes of Governors in a manner that has their confidence.

- Maintain the confidentiality of information.

Conditions of appointment and Term of Office
- A Governor will nominate themselves for the position of Lead Governor and/or Deputy Lead Governor (including providing an outline of the relevant experience). Separate elections will be conducted for both positions and the elections conducted by the CoG by a 'show of hands' or a secret ballot (as determined by the Chair).

- The Lead Governor (and the Deputy Lead Governor) must be elected governors and will be appointed to via separate elections at a Council meeting. A staff governor may only be appointed as Lead or Deputy in a situation where he/ she will serve with a publicly appointed governor. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor.[5] In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, he/she will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.

- The tenure is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation)

- The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above. It is anticipated, where terms of office accord, that the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant. Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.

- Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution.

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[5] Where the Lead Governor is a staff governor, in any situation where the Lead Governor's position as an employee of the Trust gives rise to a position of potential conflict, the Deputy Lead shall act as Lead until the next meeting of the Council, when the situation shall be considered and a decision made as to how it shall be handled.

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Approval and review of this document
This document will be reviewed not less than annually.

<u>Deputy Lead Governor</u>

The role of the Deputy Lead Governor is to support the Lead Governor and deputise for him or her when necessary.

Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.

Final
Approved July 2018 Council of Governors' Meeting

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Tab 12 Appointment of a Lead Governor and Deputy Lead Governor

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Nomination for appointment as Lead Governor/ Deputy Lead Governor at Great Ormond Street Hospital for Children NHS Foundation Trust

I ………………………………………………………………………………….(state full name) as a public/ patient and carer/ staff governor (delete as appropriate) representing ………………… ……… …………………………………………………………………………(state the constituency) nominate myself for the position of Lead Governor/ Deputy Lead Governor on the Great Ormond Street Hospital for Children NHS Foundation Trust Council of Governors.

I understand that my nomination form will be circulated to all governors and that appointment to the role will be subject to a ballot of all governors.

Statement (no more than 250 words)

Date: ……………………………………………………………………………………………

Tab 13 Update on Well Led Assessment at GOSH

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Council of Governors

GOSH Well Led CQC Assessment Update

Summary & reason for item: To provide the Council with an update on progress with preparation for the CQC Well Led assessment in autumn 2019.

Governor action required:

To note progress with the preparations for the well led assessment including:
- Progress with closure of actions against the independent Well Led Governance Review conducted in October 2016.
- Progress with closure of actions against the negative commentary presented in the April 2018 CQC Well Led Report.
- The action plan to close gaps around the eight CQC Well Led Key Lines of Enquiry (KLOEs).

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Matthew Shaw, CEO and Anna Ferrant, Company Secretary

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Tab 13 Update on Well Led Assessment at GOSH

GOSH Well Led Assessment CQC Assessment Update

The Trust has been advised that the next CQC scheduled Well Led Assessment will be conducted in autumn 2019. In preparation for this assessment, the executive team have conducted a review of evidence against the 8 Key Lines of Enquiry under the Well Led Governance Framework.

As part of preparation for the assessment, the executive team have reviewed progress with responses to the following:

- closure of actions against the recommendations in the independent Well Led Governance Review conducted by Deloitte in October 2016.
- closure of actions against the negative commentary presented in the April 2017 CQC Well Led Report.

Any outstanding actions from these two reports have been included in an overarching actions plan in preparation for the Well Led assessment later this year. Further details are outlined below.

Progress against recommendations in the independent Well Led Governance Review conducted in October 2016

Under guidance from NHS Improvement, providers are encouraged to carry out externally facilitated, developmental reviews of their leadership and governance using the well-led framework every three years. The last independent GOSH Well Led Governance Review was conducted between June – October 2016. Following an open competition, Deloitte LLP was selected as the preferred bidder to conduct the review.

By January 2018, 23 out of 36 recommendations had been actioned. **Appendix 1** (in a separate pack for information only) provides a list of the 13 outstanding actions to deliver the recommendations. The actions against those recommendations that require further work have been carried over into the Well Led Assessment Action Plan 2019 (see below).

Progress with actions against the negative commentary presented in the April 2017 CQC Well Led Report.

Whilst the CQC made no formal recommendations to the Trust in relation to the findings in its Well Led Assessment published in April 2018, the Trust took it upon itself to review any negative commentary in the report and ensure that relevant actions were taken to mitigate the issues raised.

Appendix 2 (in a separate pack for information only) provides a list of outstanding actions to mitigate the negative comments raised. The actions against those comments that require further work have been carried over into the Well Led Assessment Action Plan 2019 (see below).

Assessment against the 8 Key Lines of Enquiry under the Well Led Governance Framework.

The executive team have reviewed evidence against the KLOEs and developed a draft action plan in preparation for the Well Led assessment conducted by the CQC later in the year (see **Appendix 3** in a separate pack for information). This incorporates any outstanding actions from the Deloitte externally-facilitated review and the previous CQC Well Led report, as noted above. The action plan

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Tab 13 Update on Well Led Assessment at GOSH

will continue to be updated as other work is identified. Progress with the plan will be monitored by the Executive Management Team.

Themes arising from an assessment of the evidence mapped to the KLOEs include:

- Ensuring that strategies and associated plans are developed, consulted on, communicated across the Trust, monitored and implemented.
- Ensuring that governance frameworks, procedures and policies are in place and up to date.
- Ensuring staff (all groups) and director appraisals and mandatory training targets are met.
- Reviewing how strategy, decisions, changes to practice, learning from risks are communicated across the Trust to all staff groups.
- Ensuring that directors and senior managers are visible to staff.
- Being deliberate about documenting:
    - Progress with strategic and local partnerships.
    - Responding to external benchmarked data such as the staff survey results etc.
    - Progress with actions against internal and external reviews of GOSH services.

Anna Ferrant, Company Secretary and Louisa Desborough, Strategic Partnerships Adviser to the CEO.

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Tab 13 Update on Well Led Assessment at GOSH

Appendix 1 - Progress against remaining open recommendations in the independent Well Led Governance Review conducted in October 2016

Rec. No.	Recommendation	Progress/ Comments
4	**Improve the communication of the Trust's recently refreshed strategy to staff and key external stakeholders.**	There are a number of communication activities that have embedded the fulfilling our potential strategy:

28	**Improve the internal staff communication methods to ensure that they are effective and optimal.**	• In May 2016 when the current clinical operations structure was implemented, a commitment was made to evaluate it after 2 years
		• Consequently, in April 2018, the Trust carried out an evaluation into the Clinical Operations structure
		• The Deputy CEO led 10 workshops and shared a series of questions across the Trust. Over 300 staff members directly participated with others joining discussions in local team meetings.
		• Based on feedback received a draft structure was proposed and over 200 staff joined in an exercise to make final adjustments.
		• This proposed structure was then shared with the entire Trust for formal consultation with over 300 responses received.
		• The new structure achieves the following important points which emerged from the various consultation exercises:
		  - A larger number of smaller directorates making roles more manageable and achievable. Clarity on reporting lines and accountability
		  - Clinical groupings based on patient pathways and clinical connections rather than people and politics
		  - An increase in senior nursing roles
		  - Parity in senior nursing pay with senior management pay
		  - Clinical leadership at speciality level
		  - Integration across the offices of the DCEO, CNO and MDO
		  - The introduction of some new, strategically important, roles including a Chief of Mental Health Services and a Chief AHP
		
		The Trust conducted a review following the high profile media case in 2017. The review looked at how the Trust managed the case and supported staff with the following objectives:
		-To provide emotional support to staff
		-To listen and respond to staff affected by the event
		-To learn from went well and what needed improving so that we have a framework that can be employed for any future similar events
		-To share learning
		-To gather, reflect upon and implement any appropriate recommendations
		
		The Trust held an Open House week in October 2018 designed to give all staff a chance to engage and find out more about the inspiring work they are doing across the hospital. Every day of the week, a range of themed activities were held, reflecting the work underway to help our patients fulfil their potential. The week included a range of interactive activities, games, competitions, and chances to meet colleagues and find out about the role they play at GOSH. Directors actively engaged with the Open House Week, promoting the vision and values, ending in a question and answer session with the CEO and Chair.
		
		Following concerns raised by nursing staff and other professions about the changes to bank rate pay, the FTSU service met with nurses and healthcare assistants to hear feedback on the following four areas:

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Tab 13 Update on Well Led Assessment at GOSH

Rec. No.	Recommendation	Progress/ Comments
		• Nursing Involvement in Service Development • Nursing staff Support • Nursing Careers • Nursing Knowledge Staff were able to give their feedback anonymously to encourage them to be either positive and/or negative in their feedback. 351 comments were received over 7 sessions. A report was submitted to the Trust Board in December 2018 with follow up at QSAC in January 2019. Following the staff consultation on the clinical operations restructure and appointment of the new roles across the directorates, an event was held off site to support the new teams getting to know one another and working together. The annual staff survey is now sent to all staff and not a random selection of staff. A proposal has been presented at EMT making recommendations for staff engagement with senior leaders, including senior team involvement in CEO communications. These proposals are for Trust-wide communications, to augment existing staff engagement by leaders. Following comments arising from the 2018 CQC report, the Communications Team is working with an external provider to develop a stakeholder relations strategy, mapping our stakeholder relations strategy, mapping our stakeholders and developing a plan for engagement. (ADDED TO WELL LED ACTION PLAN)
10	**Commission an ongoing Board development programme. This programme should include informal time for BMs to meet together and opportunities to reflect on the Board's effectiveness and contribution towards enabling GOSH to become the leading children's hospital in the world.**	The Kings Fund (KF) has been appointed to provide support and run a development programme for the executive team. In addition, the KF will also provide topic based support (masterclasses) for the Board - presenting on key issues that are relevant to the role of the Board within the current NHS which will support all Board members to remain updated on key external matters affecting the Trust or influencing decisions that affect the Trust. The Advisory Board will provide similar masterclasses (the Trust is a member). The opportunities provided by the KF and the Advisory Board will be considered as part of a Board development programme, led by the new Director of HR and OD. (ADDED TO WELL LED ACTION PLAN)
11	**A follow-up review by Deloitte in the Summer of 2017 to independently verify the progress that has been made in implementing the recommendations of this report.**	The Board is considering when the next external independent review of the Trust governance framework will be conducted. Q1 2019/20 has been proposed, noting the timing of the forthcoming CQC Well Led Inspection in Autumn 2019. (ADDED TO WELL LED ACTION PLAN)
13	**Introduce 360 degree feedback for EDs and NEDs from Board colleagues and from Councillors to improve the quality of appraisal discussions.**	The Trust is road-testing a new tool for 360 degree appraisal of executive directors. This will be piloted in March 2019. (ADDED TO WELL LED ACTION PLAN)

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Tab 13 Update on Well Led Assessment at GOSH

Rec. No.	Recommendation	Progress/ Comments
15	**As part of the Board development programme, ensure that sufficient time is allocated to considering why GOSH is successful, the risks to that continued success and the role of the Board in sustaining and furthering that success.**	This recommendation is now rolled in to recommendation 10A (see above). The executive team have conducted a review of the work underway across the team and mapped out delivery dates and reporting timelines to the Board.The executive team plan to discuss with the NEDs the vision for the Trust. A meeting has been set for May 2019 for an initial discussion followed by a full presentation on options for the October Strategy Board Day. (ADDED TO WELL LED ACTION PLAN)
16	**Align the Board Code of Conduct to the Trust's 'Always' values and ensure that BM objectives include reference to the importance of role modelling these values and behaviours.**	Council code updated, approved and rolled out to Governors Board code updated and subject to approval at the February Board (ADDED TO WELL LED ACTION PLAN)
20	**Comprehensively explore the culture of the organisation to identify whether any changes need to be made.**	The new Head of OD will lead on this. The approach will need to be congruent and consistent with the Board and wider leadership development needs analysis - both of which are now underway. A risk has been included on the Board Assurance Framework around culture at GOSH and will be actively monitored by the Board:
21	**Introduce a tool, such as a 'culture barometer', to measure and monitor aspects of GOSH's culture to provide greater Board oversight of this important area.**	The risk that GOSH fails to develop its culture in alignment with its strategy and values, impacting on: • The effective implementation of plans and policies across the Trust and the associated impact on safety and quality of services and the patient and family experience. • The ability of the Trust to attract competent staff and promote the Trust as a place to work and feel engaged. • Missed market opportunities arising from a failure to remain agile and connected and adapt to the ever-changing NHS landscape. • The Trust's reputation with partners, commissioners, regulators, the NHS and the public. It includes focus on the development of an organisational development strategy/plan and statement about the Trust's intended culture. Work is underway to develop an action plan to respond to the results from the 2018 staff survey. (ADDED TO WELL LED ACTION PLAN) A workforce strategy is also under development. A leadership strategy is part way developed and will be considered at EMT over the next few months. (ADDED TO WELL LED ACTION PLAN)
26	**Introduce improvements to the Board and Committee administration to ensure smooth-running support.**	Boardpad has been replaced with Diligent (an digital system for accessing board papers) A new Deputy Company Secretary appointed with focus on work between Board and Council. Work underway to conduct a corporate governance review of all committees All Board assurance committees have conducted an effectiveness review in 2018 and actions have been implemented

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Tab 13 Update on Well Led Assessment at GOSH

Rec. No.	Recommendation	Progress/ Comments
29	**Commission an independently facilitated programme of development between the Board and the MC. This programme should successfully address:- the respective roles of the Board (primary governance) and the MC (secondary governance);- MC meeting arrangements;- the behaviours expected of both parties.**	This work has been completed and is ongoing. The Council received external support on its governance role (Beachcrofts) along with feedback from a consultation exercise run by governors and NEDs to consider how other FTs operate in this area. Taking all of this into account, through the support of the new chair and with the work of the Deputy Company Secretary the work programmes listed under recommendation 26 above have been implemented. Consideration to be given to the timing of the next effectiveness survey of the Council - this may be rolled into the external independent review of the well led framework in 2020. (Query on Board effectiveness review ADDED TO WELL LED ACTION PLAN)
31	**Given the seriousness of the relationship issues between the Board and the MC, as part of the independent follow-up review of recommendations in the Summer of 2017, there should be a review of whether the relationship between the two governing bodies has improved.**	
30	**Engage with other FTs that have good levels of engagement between Councillors / Governors and Boards (details to be provided by Deloitte).**	Well Led Review Working Group representatives met with 5-6 other trusts to find out how engagement works between board and councils. The findings from this work were fed in to a joint meeting of the Board and Council in 2018. The work programme taken forward by the Deputy Company Secretary was the output of this meeting. This includes: Governors are regularly reminded about assurance committee meetings and are sent the papers for the assurance committees at the same time that members of the committees receive their papers. The chair meets with governors in a private session before each Council meeting to provide updates on key matters and listen to comments and concerns NED buddying under way and providing an opportunity to meet NEDs and contact them by email with questions. NEDs attend all Council meetings and are available to answer questions from governors. A portal has been set up for filing easily accessible documents for governors and will be rolled out at the February Council meeting. Governors have been provided with GOSH email addresses and have direct access to the GOLD mandatory training pages on the internet.

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Tab 13 Update on Well Led Assessment at GOSH

Appendix 2 - Progress with actions against the remaining open negative commentary presented in the April 2017 CQC Well Led Report.

ID	Issue Highlighted in CQC 2018 Report	Update/ action
4	Some staff we spoke to were unable to describe learning implemented in relation to serious incidents. There was limited evidence of shared understanding of key learning issues throughout the trust.	The assurance and escalation framework is under review. The risk escalation process has been revised, documented and shared at OPDG (now OB) and EMT and Board. Learning from events have been re-established. SI reports are shared at the Patient and Safety Outcomes Committee (PSOC) and information is to be cascaded to teams from PSOC representatives. SI reports are under review. The risk management strategy is under review. (ADDED TO WELL LED ACTION PLAN)
5 6 41	The trust missed opportunities for engagement with some of the local stakeholders. The trust does not demonstrate open and positive relationships with key stakeholders. It was not sharing information promptly and was often defensive when challenged on performance and safety. The trust did not proactively engage and lead on paediatric care and treatment locally. …..The trust was located within the footprint for North Central London sustainability and transformation partnerships (STP). Although the trust was fully supportive of a joined up local planning process to deliver transformational change, they felt the STP model did not directly correlate with the trust's tertiary services model which extended both across London but also throughout England. …….The trust did not take a proactive role in using their considerable expertise and resources to show leadership in working together with other regional and local providers of children and young people's care.	Great Ormond Street Hospital sits geographically with the North Central London (NLC) Sustainability & Transformation Plan (STP). GOSH has only 2.3% of patients funded via the NCL CCG network, with the majority of income commissioned via NHSE (85.7%) and other NHS organisations (i.e. non NCL CCGs) (12.0%). The Trust is engaged on the relevant paediatric child health agendas within the NCL STP. GOSH Directors attend professional meetings i.e. the STP CEO, STP Medical Director, STP Human Resources Director and STP Directors of Finance Meetings. Reporting from the STP professional groups to be built in as standing agenda item on EMT. Various examples of partnership working are documented. Stakeholder relations strategy under development. (ADDED TO WELL LED ACTION PLAN)
7	Pharmacy services did not report any key performance indicators directly to the board meaning there was a limited accountability or oversight of this service.	Hospital Pharmacy Transformation Programme underway and reviewed as business as usual to relevant committees. (ADDED TO WELL LED ACTION PLAN) Medicines management annual report to be reviewed. (ADDED TO WELL LED ACTION PLAN)
8	The trust did not provide assurances that all incidents were being properly recorded in a central database of patient safety incident reports and shared with external partners. The trust did not resolve an issue with uploading information into the central system which was brought to their attention as early as August 2017.	The Trust has had a central database to record incidents since 2003, the web based application was rolled out in 2013. The Trust discovered an issue with the uploading of incidents to the NRLS in July 2017 and raised the concern with the NRLS and Datix. Work to resolve the issue commenced immediately with the root cause of the problem not been easily identifiable. However, Datix, the NRLS team and the patient safety team worked together to resolve the technical issue that was identified between Datix and the NRLS.

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Tab 13 Update on Well Led Assessment at GOSH

ID	Issue Highlighted in CQC 2018 Report	Update/ action
9	Staff felt learning from high profile cases had not always been implemented or sufficiently considered by the trust leaders. High profile cases often impacted on day to day service oversight and the trust's leaders did not always fully plan for additional operational pressures nor implement prevention mechanisms to minimise this impact.	The Trust has conducted a review following the high profile media case in 2017. The review looked at how the Trust managed the case and supported staff with the following objectives: -To provide emotional support to staff -To listen and respond to staff affected by the event -To learn from went well and what needed improving so that we have a framework that can be employed for any future similar events -To share learning -To gather, reflect upon and implement any appropriate recommendations Actions are in the process of being implemented but include: -Roll out of a revised and approved Acceptable Behaviour Policy (the Trust' Conflict Resolution Policy has been refreshed and renamed as the Acceptable Behaviour Policy – plans are being put in place to roll this out. The aim of the policy is to identify inappropriate or unsafe behaviours that impact on the safe provision of care to patients; support staff and patients or careers to better understand what behaviours impact negatively on the safe provision of care to patients; end or reduce harm to staff and patients resulting from inappropriate or unsafe behaviours. The Policy embodies the Trust Always Values by drawing on the Always Welcoming commitment to provide a safe environment and the Always One Team commitment to working collaboratively to prove the best quantity care for children and young people.) (Progress with this ADDED TO WELL LED ACTION PLAN) - Provision of support for staff from external provides including psychologists - a Trust wide Schwartz round and facilitate a sharing experience event for those directly affected. - A technical Q and A sessions for staff to ask questions about how the case was handled and to learn for the future Work with other providers dealing with similar cases including Alder Hey (sharing experiences and supporting staff)
10	The trust was in a process of addressing findings from an independent review of their governance framework which took place in 2016. They were still to complete work required to facilitate improvements in relationships between trust's board and members' council, as well as ensure inclusivity and address potential concerns of the members council. Evidence from the well-led inspection indicated that there had not been a dynamic pace of change in the past and additional support from the board is required to achieve this. The trust's 'member's council', established to hold the board's non-executive directors to account, did not feel that the trust actively engaged them in governance. Those we were in contact with also felt the trust was not always transparent with them. Similarly, staff we spoke with did not always feel the trust assured their voices were heard and acted on. In 2016, the trust commissioned an independent review of their governance framework. The governance review report was prepared in October 2016 and noted some	A number of actions completed: -New Council appointed and inducted. -Governors involved in review and approval of revised Trust Constitution outlining key ways governors will be kept involved -Governors worked to produce a development plan for their group development - Chair leads private meeting with Governors prior to every Council meeting -All governors allocated a NED buddy - Governors provided with access to GOSH email and GOSH GOLD Learning Site - Governors appraised of press cuttings on regular basis -Working with governors to agree implementation of new constituency boundaries and election timetable (CWG) -Governors and young people involved in the CEO recruitment stakeholder panels -Governors appointed from a shortlist the external auditors for the Trust - approved at December Council meeting -Governors invited to various events including Staff Forums when the Chair/ NEDs are in attendance; CEO leaving party etc. BAF Risk 18 (culture) documents the controls in place to mitigate risks around the culture and the actions to be taken

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Tab 13 Update on Well Led Assessment at GOSH

ID	Issue Highlighted in CQC 2018 Report	Update/ action
	areas of strength including its comprehensive approach to risk management. ….However, they were still to facilitate improvement of relationship between trust's governing bodies (the board and members council), comprehensively explore the culture of the organisation and address some other issues raised in the report.	Actions to be undertaken: Work underway to develop a Governor portal - due for launch early February 2019 at Council meeting Development of an organisational development strategy/plan and statement about the Trust's intended culture (ADDED TO WELL LED ACTION PLAN) Risk Management Strategy requires updating(ADDED TO WELL LED ACTION PLAN) Action plan to respond to staff survey results 2018(ADDED TO WELL LED ACTION PLAN) Development of a workforce strategy(ADDED TO WELL LED ACTION PLAN) Development of a final Education and Training Strategy (ADDED TO WELL LED ACTION PLAN) Staff engagement strategy under development (ADDED TO WELL LED ACTION PLAN) Stakeholder engagement strategy under development (ADDED TO WELL LED ACTION PLAN)
33	Although nurses had access to leadership programmes they said the trust did not have an overall leadership training programme which would be beneficial to all. The approach taken by the trust was to provide separate training to different staff groups.	Band 7 leadership programme in place at the time of the CQC assessment. Leadership framework to support directorate teams approved and being rolled out. Director of Education in place to co-ordinate education across all staff groups. Trust Board has approved the concept of Learning Academy which is in development
34	The chief pharmacist reported into the medical director who had board level responsibility for medicines management. Multiple changes at board level over the last few years meant information exchange both up and down the organisation was not a smooth process. Although within the pharmacy department there was a clear leadership structure in place however this was not aligned to divisional structure set up within the trust.	Hospital Pharmacy Transformation Programme underway. Medicines management annual report to be reviewed Medicines Management Risk added to Board Assurance Framework (ADDED TO WELL LED ACTION PLAN)
36	The trust's policy stated that enhanced DBS checks should be repeated every three years, however, three of the fifteen files we reviewed contained DBS certificates that were more than three years old. The trust told us for remaining staff they had a log of the DBS reference numbers and all staff had relevant DBS checks in place.	The Recruitment and Selection Policy states: - The Trust will assess an applicant's suitability for positions which are included in the Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975 as amended) using criminal record checks processed through the Disclosure and Barring Service (DBS). Where a DBS certificate at either standard or enhanced level can legally be requested (where the position is one that is included in the Rehabilitation of Offenders Act (1974) (Exceptions) Order (1975) as amended) and where appropriate Police Act Regulations (as amended), the Trust can only ask an individual about convictions and cautions that are not protected. - In circumstances where a disclosure is positive, at interview, or in a separate discussion, the recruitment team shall ensure that an open and

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Tab 13 Update on Well Led Assessment at GOSH

ID	Issue Highlighted in CQC 2018 Report	Update/ action
		measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment. The Resourcing Service Manager will undertake to discuss any matter revealed on a DBS certificate with the individual seeking the position before withdrawing a conditional offer. The Trust will accept certificates registered under the DBS update service as long as the original certificate satisfies the required level of check for the role. DBS checks are conducted every 3 years from date if appointment. An audit will be conducted in April 2019. (ADDED TO WELL LED ACTION PLAN) The DBS process is subject to review and a paper will be brought to the EMT in February 2019 (ADDED TO WELL LED ACTION PLAN) Audit of compliance with DBS process to be conducted in April 2019 (ADDED TO WELL LED ACTION PLAN)
38	We found that copies of the director's application form, CV, job description and offer letter were kept on record by the trust. However, the trust's HR director told us that all paperwork related to the interview and assessment process were destroyed after 12 months. This meant we were unable to asses if the trust followed good practice in relation to recruitment and selection of their directors for the sample of files we viewed. Following the inspection the trust told us that paperwork was only destroyed for unsuccessful candidates. However, during the inspection we requested to see and were not provided with this information for the sample of director's files we reviewed.	The necessary paperwork is filed in HR for employed directors. An audit of the paperwork will be conducted in April 2019.
40	There was no separate medicines optimisation strategy.	Hospital Pharmacy Transformation Programme underway. Medicines Management Risk added to Board Assurance Framework Medicines management annual report to be reviewed (ADDED TO WELL LED ACTION PLAN)
42	The trust did not have a designated recruitment or workforce strategy that set out their approach to future workforce decisions and addressed the long-term risks associated with workforce planning. ....Nurses were unaware of workforce strategy and felt that there were no plans to retain experienced and skilled workforce but instead the trust was disproportionally focused on nurses' recruitment with little emphasis on retention.	Workforce plan is submitted to NHSI annually Workforce Strategy and Organisational Development Strategy to be developed once the Director of HR and OD is appointed (mid-March 2019) (ADDED TO WELL LED ACTION PLAN)
43	Nurses told us that they did not feel their contributions were always appreciated by the trust and they lacked nursing leadership at board level to ensure the nursing voice was heard within the organisation. They did not feel processes were equally applied to all staff groups and that they did not have an equal say when participating in multidisciplinary meetings.	New directorate structure strengthens nursing leadership. Restructure has created the Head of Nursing and Patient Experience role as part of the directorate leadership team Terms of reference revised for Nursing Board, Matrons meeting and Operational Sisters meeting. Following concerns raised by nursing staff and other professions about the changes to bank rate pay, the FTSU service met with nurses and healthcare assistants to hear feedback on the following four areas: • Nursing Involvement in Service Development

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Tab 13 Update on Well Led Assessment at GOSH

ID	Issue Highlighted in CQC 2018 Report	Update/ action
		• Nursing staff Support • Nursing Careers • Nursing Knowledge Staff were able to give their feedback anonymously to encourage them to be either positive and/or negative in their feedback. 351 comments were received over 7 sessions. A report was submitted to the Trust Board in December 2018 with follow up at QSAC in January 2019. Following the staff consultation on the clinical operations restructure and appointment of the new roles across the directorates, an event was held off site to support the new teams getting to know one another and working together. The Trust is implementing the Cognitive Institute Safety and Reliability Programme across the Trust from Board to Ward. This includes establishment of a safety champions' programme. The Programme addresses the influence and impact of organisational climate, leadership commitment, and high performance work practices on quality and safety in healthcare. The programme will provide a framework for the development of leadership competencies, a safety culture and will emphasise the importance of professional accountability. (ADDED TO WELL LED ACTION PLAN)
45	The trust did not fully comply with recommendations set out by the freedom to speak up guidance and the National Guardian's Office.	The Trust has a Freedom to Speak Up Guardian and Ambassadors in place. The Guardian reports quarterly to the Quality and Safety Assurance committee (a Board committee) and annually to the Board. The Intranet site has rolling banners promoting the service and newsletters have been circulated to all staff. This has prompted staff to contact the service.
46	Board members told us they felt performance issues were escalated to the relevant committees and the structures established to resolve and manage them appropriately. However, we found some key issues or potential high risks were not always brought to board members attention at early stage. This included an anomaly in reporting to the national reporting and learning system (NRLS).	The NRLS system issues were reported to executive Board members and mentioned verbally at a Board meeting at the time. A review has taken place of the GOSH Assurance and Escalation Framework - presented at the December 2018 Board meeting. This is in the process of being updated. The escalation risk route for risks has also been reviewed and updated - documented in one place and circulated to all senior managers.
48	There was also a corporate risk register which was reviewed regularly and presented to the audit committee and the board. We found that the register was reflective of organisational risks and the score system used to assess risk allowed trust to set out mitigation actions accordingly. However, the senior leaders of the organisation did not always know of its existence and could not verbalise who had an oversight of the corporate risk register and what was the process for including risks on it.	The Operational Board (OB) is now responsible for reviewing all trust wide risks and high rated risks. A revised risk escalation process highlights responsibilities Regular updates on the Board Assurance Framework to be presented at the Operational Board - awaiting the updated OB ToR

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Tab 13 Update on Well Led Assessment at GOSH

ID	Issue Highlighted in CQC 2018 Report	Update/ action
49	The trust had a system for the management of patients' safety alerts. However, they had a number of overdue Central Alerting System (CAS) alerts dating to September 2016, which were still incomplete. CAS alert system is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. This is an area which had been raised for action by the interim medical director and monitored by service commissioners.	The Trust has a central monitoring system for the CAS alerts that are received. There are a number of alerts that remain open as the Trust does not have full assurance that the actions taken will mitigate the risk described in the alert. The CAS alerts are monitored at PSOC and at the CQRG (with the commissioners). The Trust's process is to keep the alert open until assurance is obtained that the action plan is complete and the change is sustainable. In June 2018, following our CQC report, NHS England wrote to all NHS Trusts reminding them of the need to complete the actions within the alert and for them not to be closed on the basis on an action plan.
51	Policy documents we reviewed were not unified for ease of reading and understanding by the targeted audience, document control sheets were not routinely used in every policy document reviewed by us, there was no standardised structure and layout. Some of the documents we reviewed were not adequately version controlled. For example, review date or version numbers were not recorded in the policy dated March 2015 referring to the Fit and Proper Persons Requirement. Where document control sheets were attached to a policy document they did not always contain required information. For example, Child Death Overview Information Sharing Policy did not note what amendments were introduced in December 2017 when the policy was reviewed and if the document was assessed against best-practice information governance policies and standards. Another policy despite noting on the cover sheet that it was in its final version had a document watermark placed on it saying it was a draft version. The policy also did not note when it was developed or when it was due to be reviewed (Safety Standards for Invasive Procedures Policy).	Policy owners use a standard template which has been refreshed. Guidance provided to all policy owners on drafting and updating of policies including document control papers, tracked changes showing updates made. Policy owners attend the PAG to present the changes at the meeting. The minutes of the PAG provide further assurance of the management of policies. Deputy Company Secretary provides regular updates on progress with policies to the PAG and SMT
53	We noted that information provided for the public on the trust website was not always easy to find, up to date or in a user-friendly form. The director of communication was aware of the issue and said the website was being updated and patients have been involved in setting out key priories and consulted on the layout of the future website.	We have completed a review of the website architecture.
54	In August 2017, analysis by CQC indicated that there was a potential anomaly with GOSH NRLS data for one week in July 2017; the trust had reported 689 no harm incidents for one day. The trust responded that the 'blip' was because they had reorganised their divisional structures in 2016. As a result of this reorganisation (and moving of specialities within divisions), the trusts data team had remapped the reporting codes on the recording system to ensure that the trust could continue to review incidents accurately. Also, they had observed an anomaly within the upload system, as a result of remapping of codes, rather than a problem with GOSH reporting and governance processes. The trust expressed that they were confident that the issues they previously identified were now resolved. However, CQC noted that their data upload in September 2017 also contained an anomaly which indicated the issues was not resolved.	This technical anomaly is now resolved. No issues have been identified by the Patient Safety team, NRLS, Datix or the CQC.

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Tab 13 Update on Well Led Assessment at GOSH

ID	Issue Highlighted in CQC 2018 Report	Update/ action
56	We reviewed eight serious incident reports. …….there was limited evidence of shared understanding of key learning issues throughout the trust. ……some reports stated only the title of the approver rather than their full name, and some reports did not have the electronic incident reporting system reference number on (although all included the Strategic Executive Information System [STEIS] reference number). We also observed that the executive summaries did not summarise learning and recommendations from the investigation. There was no section in the SI report template to record any relevant safeguarding information. ….we noted that one action plan did not address all recommendations made in the SI report, and two action plans had no completion date or assigned accountable person for the actions listed. Action achievement status had not always been updated. ……NHS England told us that the timeliness of completion of investigations remained an area of scrutiny and whilst it was clear that the trust completed any immediate actions, the delay in completing a report and sharing it with the family was an area for improvement.	The SI process is being reviewed with the input of the Deputy Chiefs of Service and the Heads of Nursing. (ADDED TO WELL LED ACTION PLAN) All of the SI reports, the one page fliers and the Trust wide learning is shared at PSOC and feed the 'learning from….' Lunch time events. A 'Learning at GOSH' subgroup is being created so that all Trust wide learning is shared and disseminated. The SI reports have a consistent approach so that the author, approver and STEIS reference number are all clear by their titles and not individual names. All of the actions from the SI reports are listed onto Datix and are monitored electronically. These actions are audited by the Clinical Audit Manager. The hard copy reports will not be updated as once they are signed off as approved, the actions are monitored on Datix.
57	The trust told us that patients and families were informed of the notifiable safety incident in line with the requirements of the Duty of Candour (DoC) regulations. However, there was no mention of DoC in the SI reports, such as whether the incident met the criteria for DoC or if the DoC process had been implemented. We found variable standards of engagement with parents with regards to the duty of candour.	The Trust has a Duty of Candour Policy in place outlining how staff are open and transparent when responding to incidents. This policy requires updating including a process for staff to manage moderate harm cases in relation to Duty of Candour. (ADDED TO WELL LED ACTION PLAN)
58	Nurses told us that they did not always feel supported by the trust when they were dealing with grief; they provided examples were senior managers were slow to acknowledged difficulties and emotional strain faced by staff carrying for a child at their end of life.	Liaising with the bereavement co-ordinator on the support that is given

Tab 13 Update on Well Led Assessment at GOSH

Appendix 3

GOSH Well Led Assessment – January 2019
GAP ASSESSMENT AND ACTION PLAN

W1	KEY LINE OF ENQUIRY Is there the leadership capacity and capability to deliver high-quality, sustainable care?

PROMPTS
- Do leaders have the skills, knowledge, experience and integrity that they need – both when they are appointed and on an ongoing basis?
- Do leaders understand the challenges to quality and sustainability, and can they identify the actions needed to address them?
- Are leaders visible and approachable?
- Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?

Ref.	Source	Lead	Action	Deadlines	Status/ Comments
Board skills, knowledge and experience					
W1.**A1**	Gap assess	CoSec	Declaration of Interest Policy review	15 Mar 2019	Pending redraft of current policy and implementation of purchased IT system to record declarations
W1.**A2**	CQC report	CoSec	Mandatory training up to date for executives and NEDs Updates to go to EMT and board	EMT review Jan Board update Feb/March 2019	Acting Dir HROD has emailed an update on execs to Dep Co Sec. Report to Board members. Company Secretary to develop a dashboard including well led KPIs
W1.**A3**	Gap assess	CoSec	Appraisal process for newer NEDs to be completed	6 February Council meeting Board Apr 2019	Paper on Council of Governors' agenda in February 2019
W1.**A4**	Gap assess	EA (CEO)	Appraisals up to date for all exec team members	End Feb 2019	CF to look up on GOSH GOLD and book in any outstanding PDR meetings
W1.**A5**	Gap assess	HROD	Update to Nom Com on the process for exec succession planning and talent management	Nom Comm 3rd Apr	Exec teams to nominate current staff that are important to develop for succession. Anna to circulate a template to populate. HROD does an annual assessment but will consider a wider ongoing process within the OD strategy.

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						Executive organogram updated by Co Sec and circulated to Board in February 2019
W1.**A6**	CQC report	HROD		Review of performance against policy for board and SMT members: Fit and Proper Person Test (exec & NEDs) and DBS (all staff & board)	End Feb 2019	
W1.**A7**	Deloitte	HROD		Implement 360 degree appraisal into exec development and NED appraisal process	22 March 2019	360s for executive team to be conducted via 360 Strengthscope in advance of EMT away day 22 March. (Pilot for exec PDRs **and** NED 360s.) Board discussion needed about format for NED appraisal, noting governors' feedback on merits of a formal process
W1.**A8**	Exec work prog	CEO, SPA* (CEO)		Confirm programme for executive team development (King's Fund)	February 2019 (CEO update to Feb board)	King's Fund preparing a programme of quarterly team sessions and individual interventions based around recommendations from Deloitte, Well Led etc. (including externally facilitated strategy sessions.)
W1.**A9**	Exec work prog	CEO, SPA (CEO)		Confirm programme for chair and NED development (King's Fund plus other partners)	March 2019	CEO's office working in partnership with the King's Fund to create a content-led, educational programme e.g. masterclasses. Team will obtain feedback from the NHSI's Well Led programme for board development in March – currently a phase 1 pilot for a small number of trusts. Next step is to programme an external board effectiveness review.
W1.**A10**	Deloitte	CoSec		Update Board Code of Conduct	February 2019	On February 2019 Board agenda
W1.**A11**	CQC report	SPA (CEO), EA (CEO)		Add an update on engagement with external stakeholders into CEO's board report and schedule topic-specific updates. Ensure updates on work with partners is reported at EMT	February 2019	(NB this is a process to develop the board's knowledge base – stakeholder input to the strategy is covered in W.2)

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W1.**A12**	CQC report re risk	COO	Board oversight of Brexit risk	Update to board: February 2019	BAF risk being updated by small short-life steering group w/c 21 Jan. Fortnightly meetings of a working group meeting to be established.
Leaders understand the challenge to quality and safety					
W1.**A13**	Exec work prog	CoSec & HROD	Establishment of a Workforce and Education Assurance Committee (permanent or task and finish – TBC at February 2019 Board)	Board paper Feb	(If approved at Board in February 2019) proposal for assurance committee to commence in March 2019
W1.**A14**	CQC report	COO/ EA (CEO)	Establish an engagement event with the GOSH referrer community	March 2019	Trust internal engagement/events lead drafting a proposal to come to EMT under 'stakeholder engagement' standing item EA (CEO) to agree with executives the standing item topics for EMT and relevant executive owners for regular reporting
W1.**A15**		HROD	Add staff to Friends and Family Test paper– process map and paper to board	April 2019	To be built into the Board calendar
Quality issues at GOSH					
W1.**A16**	Exec work prog	EA (CEO) & CoSec	Refresh board work plan in light of executive work plan, reporting requirements and assurance against the strategy	April 2019	EA (CEO) to update the exec team priorities GANT chart ahead of each fifth EMT and circulate with papers so that the priorities/timescales are kept 'live'. Mat and Claire will refer to the exec projects GANT chart when planning EMT agendas. CoSec to update the board work plan including statutory reporting.
W1.**A17**	CQC report – escalation	EA (CEO)	Add Clinical Quality Review Group report to EMT agenda as a standing item and pull through minutes of CQRG	Feb 2019	EA (CEO) to agree with executives the standing item topics for EMT and relevant executive owners for regular reporting

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W1.**A18**		EA (CEO)	Exec team to submit headline messages to EMT administrator from key committees (via committee chairs). These will be collated as an EMT paper so that everyone is clear on issues and risks being discussed and escalated from these committees.	Ongoing	EA (CEO) to collate as a paper for each fifth EMT meeting
W1.**A19**		CEO/ SPA (CEO)	Produce a rolling report for board collating the findings of internal and external reviews commissioned by GOSH to provide exec and board level assurance on case-specific concerns about quality, safety, standards etc. (Corporate as well as operational.)	End April	Exec team to send any significant reviews or reports to SPA (CEO). CEO's team to create a report template, allocate owners and socialise. Provide to MS for sign off. Co Sec to advise on board reporting schedule.
W1.**A20**		All execs	Develop a process for horizon-scanning on key national reviews that are relevant to GOSH – to identify risks in the system, applicable learnings and recommendations.	EMT agenda Feb	To discuss at EMT. Quality issues stay with MD. Other execs should own theirs for now. Further consideration required at EMT.
Board visibility					
W1.**A21**	Exec work prog	Dir of Comms & EA (CEO)	Create a schedule of walk-arounds for execs and NEDS. Include evenings for NEDs. Discuss the coming 6 months with the NEDs – using 'Perfect Ward' as a template.	Early Feb 2019	Already established NED walkrounds prior to board meetings. EA to CEO is documenting existing walkrounds and it is agreed execs will walk round clinical and corporate areas once a month at least with NEDs invited to join.
W1.**A22**	CQC report - visibility	Dir of Comms & EA (CEO)	Create a schedule of board engagement activities with staff and stakeholders.	April 2019	A schedule of meetings with the CEO and chairman with key external stakeholders will be part of the stakeholder engagement strategy. Chair dinners with different staff scheduled to Feb – these need to be extended across the year.
Priority for ensuring sustainable, compassionate, inclusive and effective leadership					
W1.**A23**	Exec work prog	CN	Establish a plan to develop a leadership strategy	22nd May Board	Paper to come to EMT by end April 2019

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W1.**A24**	Exec work prog	HROD & COO	Update EMT on implementation of the SMT coaching and mentoring programme across the new directorate leadership teams	May EMT	Programme approved at January EMT and being rolled out
W1.**A25**	Exec work prog	HROD & COO	Progress update to EMT & board on the LGBT, BAME, gender and disability groups: exec ownership, actions, communications. See W3.**A14**	3rd April board	Board will receive WRES plan in Q1 2019 LGBT exec lead is CEO BAME and Gender exec lead: HROD Disability: Dir Development Chairs to be appointed, set up their groups and update the board on progress and examples.
W1.**A26**		HROD	Schedule an unconscious bias session with the board – content-led, information-based session e.g. best practice.	By April 2019?	Factor into the board development programme

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W2	KEY LINE OF ENQUIRY: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver?

PROMPTS
- Is there a clear vision and a set of values, with quality and sustainability as the top priorities?
- Have the vision, values and strategy been developed using a structured planning process in collaboration with staff, people who use services, and external partners?
- Do staff know and understand what the vision, values and strategy are, and their role in achieving them?
- Is the strategy aligned to local plans in the wider health and social care economy, and how have services been planned to meet the needs of the relevant population?
- Is progress against delivery of the strategy and local plans monitored and reviewed, and is there evidence to show this?

Ref.	Source	Lead	Action	Deadlines	Status/ Comments
Clear vision and values					
W2.**A1**	Exec work prog	HoS&P*	Create a summary report on the staff and stakeholder consultation (process, audiences consulted, outcomes) used to inform the development of the operational strategy (the House).	Feb 2019	The strategy was consulted on and shared widely with staff, council, CQRG and NHSE. HoS&P to confirm that appropriate updates on Open House 2019 went to Ops Board and SLT.
W2.**A2**	Exec work prog	(CEO) & execs	Create clear delivery and reporting plans/processes for the 'House' – the operational strategy. (This document should come to EMT for approval and progress updates.)	Updates to March EMT and April board	The 'House' implementation plan will be linked to the EMT work plan and monitored by the Better Value Programme Board, which will extend its remit to oversee a 3-5 year transformation process.
W2.**A3**	Exec work prog	Dir of Comms	Create an internal comms strategy. Refresh intranet content and identify other internal comms channels/fora to ensure that staff are aware of the strategy refresh and how we used their feedback.	April board	Proposals to come to EMT
W2.**A4**	Exec work prog	Dir of Comms, SPA (CEO)	Stakeholder audit & mapping: list and prioritise partners & networks we engage with, define relationship leads at EMT and/or GK Strategy objectives 'kick-off' session.	Board updates Feb & April 2019	GK Strategy interviews and workshops ongoing through Feb/March. SPA (CEO) to draw together info on GOSH staff/consultants on national committees.
W2.**A5**	Exec work prog	CEO SPA (CEO)	Identify and align other strategic initiatives, such as the Joint Research Strategy and Hospital Funding Priorities Steering Group (project managed by GOSHCC). Identify an EMT and board reporting	TBC	Research Strategy board is chaired by NED James Hatchley and attended by CEO & CFO. CEO and CFO attend the Hospital Funding Priorities Steering Group.

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				process.		Quarterly updates to EMT and board. (For further consideration and discussion, including comms alignment.)
W2.**A6**	Exec work prog	Dir of Comms, CEO, SPA (CEO)	Develop a stakeholder engagement strategy. Nominate exec/board leads for key stakeholders. Add stakeholder engagement as a standing item to EMT agenda.	Strategy workshop 4th Feb 2019. Board update 7th Feb 2019. Messaging workshop by early March. Board approval April 2019.	Stakeholder engagement strategy to be delivered by GK Strategy in a two-stage process of audit and message/strategy development. Role of board to be considered. Strategy to be reviewed following development of GOSH Long Term strategy.
W2.**A7**	Exec work prog	CEO, SPA (CEO), COMMS	Create a list of key unresolved strategic issues. Develop a series of board-approved position statements on each (e.g. digital transformation, 10-year plan, cardiac services, paediatric services across North London, personalised medicine, commercial strategy.)	April 2019	List to be prepared for exec strategy session 11th Feb 2019 Message development session for stakeholder engagement strategy (facilitated by GK Strategy) to be held on 4th March 2019.
W2.**A8**	Exec work prog	CEO, SPA (CEO)	Design a six-month consultation process on long-term strategy – engaging with GOSH opinion formers, sounding out trusted external colleagues, presenting transformational scenarios to stimulate discussion with staff, Council, commissioners etc.	Programme design - April 2019 (Delivery plan over six months - to board on 30th October 2019)	Output: Articulate the GOSH 5-10 year vision. Co-design GOSH-specific key principles to guide exec team and board decision-making and prioritising for big strategic decisions. Apply these criteria to long term strategy design process and broader board decision-making.
W2.**A9**	Exec work prog	CEO	Develop a commercial strategy that builds on GOSH long-term strategy.	TBC	For further consideration and discussion as part of the long term strategy engagement phase. Dir Comms to explore charity partnerships' suitability for pro-bono scoping work on opportunities.
W2.**A10**	CQC report	HROD	Review and report on the organisational impact of the GOSH values	Update in July 2019	Staff FFT indicates staff are aware of the GOSH values but staff survey results indicate the reverse. Incoming HROD to consider within OD/Leadership strategy – developing compassionate leadership.

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| W2.**A11** | Exec work prog | MD | QI Strategy – endorsing which QI process to use and the QI priorities | March 2019 | Quality priorities are being updated by Head of Quality and Safety. Will need to be presented in the annual Quality Report presented at QSAC. |
| W2.**A12** | CQC report | | Develop an education and training strategy | April 2019 | |

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Tab 13 Update on Well Led Assessment at GOSH

W3	KEY LINE OF ENQUIRY: Is there a culture of high-quality, sustainable care?				
	PROMPTS • Do staff feel supported, respected and valued? • Is the culture centred on the needs and experience of people who use services? • Do staff feel positive and proud to work in the organisation? • Is action taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority? • Does the culture encourage openness and honesty at all levels within the organisation, including with people who use services, in response to incidents? Do leaders and staff understand the importance of staff being able to raise concerns without fear of retribution, and is appropriate learning and action taken as a result of concerns raised? • Are there mechanisms for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations? • Is there a strong emphasis on the safety and wellbeing of staff? • Are equality and diversity promoted within and beyond the organisation? Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably? • Are there cooperative, supportive and appreciative relationships among staff? Do staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively?				
Ref	**Source**	**Lead**	**Action**	**Deadlines**	**Status/ Comments**
Values and culture					
W3.**A1**	CQC report	HROD & CEO	Review staff survey results on support for staff and respect for staff including actions.	February 2019	To be brought to Feb 2019 EMT in readiness for reporting to April Board
W3.**A2**	Exec work prog	HROD & MD	HROD & MD to create a spreadsheet and confidential board update on recent cases of unacceptable behaviour in clinical teams.	March 2019	Going forward, the spreadsheet will be updated quarterly and reported to EMT and board to monitor progress
W3.**A3** *(Also W1.A13)*	Exec work prog	CoSec & HROD	Possible establishment of the Workforce and Education Board assurance committee	Board paper February 2019	(If approved) proposal for assurance committee to commence in March 2019
W3.**A4**	Exec work prog	CEO & CoSec	Consider the appointment of an associate NED on the Board with HR/OD expertise	Board paper February 2019	Individual will be an employee (not appointee and so not appointed by Council)

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Action taken to address behaviour issues					
W3.**A5**	Exec work prog	MD	Update to Board on progress with implementation of Cognitive	March 2019 (April 3rd board)	(Also note W.3.A3)
Openness and honesty in response to incidents					
W3.**A6**	CQC report	MD	Update the Being Open and Duty of Candour Policy. Document how the Trust manages moderate harm cases consistently.	March 2019	Needs drafting, consultation and approval via PAG
W3.**A7**	CQC report	MD	Review of the Serious Incident Policy taking account of negative commentary in the CQC report.	March 2019	The SI process is being reviewed with the input of the Deputy Chiefs of Service and the Heads of Nursing.
Induction, appraisal and career development					
W3.**A8**	CQC report	HROD, MD, COMMS	Review data and ensure appraisals and mandatory training are in place across all directorates including our own staff and honorary staff. Roll-out staff comms to raise awareness of the importance of mandatory training.	March 2019	HROD to bring updates to EMT, OB and other forums with granular detail on which staff groups are (and are not) complying.
W3.**A9**	CQC report	HROD, MD, CN	Create and socialise a list of leadership programmes for clinical and non-clinical staff	May 2019	Exec team to review list and assess whether there is coherence and programmes are optimised, promote uptake as considered necessary.
W3.**A10**	CQC report	MD	Implementation update on revalidation action plan	May 2019?	Update is annually to Board – in July. Require an update prior to this to EMT to assure actions closed
W3.**A11**	CQC report	HROD	Co-design and deliver a Workforce Transformation Strategy to address cultural transformation	August 2019 for 18th Sept board	This work will be led by the incoming HR & OD
W3.**A12**	Exec work prog	CN	Update on Learning Academy	June FIC Board 18th July	Ask Feb board to delegate authority to approve the business plan to FIC.
Supporting patients and staff – equality					

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W3.**A13**	Exec work prog	CEO	Launch staff forums on LGBT, BAME, gender and disability	March 2019	Board will receive WRES plan in Q1 2019
W3.**A14**	Exec work prog	HROD	Update on BAME and LGBT staff fora: what changes have been proposed/ implemented? See W1.A25	3rd April board	Board will receive WRES plan in Q1 2019
Supporting our staff – well-being					
W3.**A15**	CQC report	HROD	Update on progress with implementation of Trust Recovery Programme to Trust Board	3 April 2019 Board	Present at EMT beforehand
W3.**A16**	CQC report	HROD	Provide an update on Carefirst – effectiveness, awareness, number of staff accessing?	Update to Operational Board May 2019	Health and Wellbeing plan to be put on intranet. CareFirst contract up for review. EAPs alone not enough – we need an internal solution – high profile case learnings. Coming to EMT. Needs to go to Operational Board. Consider how to draw together with the other staff benefits.
W3.**A17**	CQC report	HROD	Commission an impact report or similar to update on progress of the multi-disciplinary health and wellbeing group and other staff wellbeing projects. Look into mental health first aiders.	Staff benefits review to Operational Board in March 2019	Discussed at H and S committee
W3.**A18**	Exec work prog	HROD	Refresh the executive review process for GEMS	Feb EMT	
W3.**A19**	Exec work prog	CFO	Patient/family and staff accommodation review	18th Sept Board	Charity to be asked to lead the review on the basis of funding impact. Report to be considered by EMT in advance of board update.
Supporting staff – safety					
W3.A**20**		COMMS	Comms to issue a note on the standard operating procedure for response and escalation when a staff member or visitor becomes ill on site.	Feb 2019	Response to recent staff incident
Cooperative, supportive and appreciative relationships among staff					
W3.**A21**	Exec work prog	CN	Provide update on an action plan for the roll-out of Acceptable Behaviour Policy	March 2019?	EMT update?

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Tab 13 Update on Well Led Assessment at GOSH

W4	KEY LINE OF ENQUIRY: Are there clear responsibilities, roles and systems of accountability to support good governance and management?				

PROMPTS
- Are there effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services? Are these regularly reviewed and improved?
- Do all levels of governance and management function effectively and interact with each other appropriately?
- Are staff at all levels clear about their roles and do they understand what they are accountable for, and to whom?
- Are arrangements with partners and third-party providers governed and managed effectively to encourage appropriate interaction and promote coordinated, person-centred care?

Ref.	Source	Lead	Action	Deadlines	Status/ comments
Board and committee structure					
W4.**A1**	Exec work prog	CoSec	Schedule of matters reserved for the Board requires updating	3 April 2019 Board	Present at EMT beforehand
W4.**A2**	Exec work prog	CoSec	Conduct external board effectiveness review	TBC at February 2019 Board	Request for approval of timing of next external review. Possibly Q1 2020/21
Delivery of sustainable services					
W4.**A3**	Exec work prog	Dir of Redev	Sustainability Management Plan to be reviewed	To Board for 3rd April	Present at EMT beforehand
W4.**A4**	Exec work prog	MD	Update on progress with job planning	March 2019	Update to be presented at EMT
W4.**A5**	Exec work prog	CEO	Redesign the Better Value Programme Board to incorporate both the existing oversight on Better Value and a 'Future Hospital' programme to oversee a 3-5 year transformation programme.	TBC	Exec team to work with director of programmes to develop a transformation programme based on trust strategy implementation plan and re-frame the programme board.
Escalation and accountability					
W4.**A6**	CQC report	CoSec	Review and update the Assurance and Escalation Framework	March 2019	Deputy CoSec tasked with delivery

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Tab 13 Update on Well Led Assessment at GOSH

W4.**A7**	Exec work prog	CoSec	Corporate Governance review of committees at GOSH	April 2019	Deputy CoSec tasked with delivery
W4.**A8**	Exec work prog	MD	Compliance Register being updated	March 2019	Head of Quality and Safety tasked with delivery
W4.**A9**	CQC report	MD	Risk Management Strategy under review	Early March 2019	Head of Quality and Safety tasked with delivery – requires drafting, consultation and approval at RACG and then to Board
Internal audit					
W4.**A10**	Exec work prog	CoSec	Confirm format of internal audit monitoring at RACG		DepCo Sec to prepare for presentation at RACG
Engagement with third parties and partners					
W4.**A11**	Exec work prog	Dir of Comms & SPA CEO	Development of Stakeholder Engagement Strategy – review stakeholder engagement via standing EMT item	April 2019	See W2 actions
W4.**A12**	Exec work prog	CFO	PLICS review for directorates and assessment of income from partnership models (including Genomics Laboratory Hub)	September 2019	TBC
W4.**A13**	Exec work prog	CEO	Develop a commercial strategy as a result of feedback during the GOSH Future Strategy consultation, income review (above) and work commissioned via the Better Value/Future Hospital Transformation Board. (See W4.A5)	Early 2020	

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Tab 13 Update on Well Led Assessment at GOSH

W5	KEY LINE OF ENQUIRY: Are there clear and effective processes for managing risks, issues and performance?				
	PROMPTS • Are there comprehensive assurance systems, and are performance issues escalated appropriately through clear structures and processes? Are these regularly reviewed and improved? • Are there processes to manage current and future performance? Are these regularly reviewed and improved? • Is there a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken? • Are there robust arrangements for identifying, recording and managing risks, issues and mitigating actions? Is there alignment between the recorded risks and what staff say is 'on their worry list'? • Are potential risks taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities? • When considering developments to services or efficiency changes, how is the impact on quality and sustainability assessed and monitored? Are there examples of where financial pressures have compromised care?				
Ref	**Source**	**Lead**	**Action**	**Deadlines**	**Status/ Comments**
Assurance and Escalation Framework					
W5.**A1**	CQC Report	CoSec	Review and update the Assurance and Escalation Framework	March 2019	Dep CoSec – see W4.A8
Performance Monitoring					
W5.**A2**	Exec work prog	MD	Compliance with child death overview process – Action plan to be created	April 2019	
W5.**A3**	CQC Report	MD	Pharmacy – KPI reporting and medicines optimisation strategy/ medicine management annual report	May – September 2019	Medicines Management risk added to BAF. Outlines timelines for a broad work programme to mitigate risk
W5.**A4**	Exec work plan	COO	Design a rolling internal review process (Including corporate) to ensure things are regularly picked up	February 2019	Paper to EMT Andrew has developed a template for directorates
Reporting and assessment of risk					
W5.**A5**	CQC report	MD	Risk Management Strategy under review	Early March 2019	Head of Quality and Safety tasked with delivery – requires drafting, consultation and approval at RACG and then to Board
W5.**A6**	CQC report	COO	Business planning and business case templates under review. Mechanism for reporting into board.	March 2019	Peter Hyland/ James Scott reviewing this and ensuring fit for purpose and

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Tab 13 Update on Well Led Assessment at GOSH

					adequately prompts users to document all risks (finance, activity and quality) Discussions ongoing with CFO & COO
W5.**A7**	Exec work prog	CoSec	Develop a standard operating procedure for undertaking internal and external reviews of GOSH services	April 2019	Present at EMT and discuss with Board/ QSAC
Examples of risk management at Board Level					
W5.**A8**	CQC report	COO	Review of how high profile cases are managed in the future following learning from previous cases	May 2019	Consideration of use of business continuity planning for these cases. Report to be presented at EMT

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Tab 13 Update on Well Led Assessment at GOSH

W6	KEY LINE OF ENQUIRY: Is appropriate and accurate information being effectively processed, challenged and acted on?					
	PROMPTS • Is there a holistic understanding of performance, which sufficiently covers and integrates people's views with information on quality, operations and finances? Is information used to measure for improvement, not just assurance? • Do quality and sustainability both receive sufficient coverage in relevant meetings at all levels? Do all staff have sufficient access to information, and do they challenge it appropriately? • Are there clear and robust service performance measures, which are reported and monitored? • Are there effective arrangements to ensure that the information used to monitor, manage and report on quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified? • Are information technology systems used effectively to monitor and improve the quality of care? • Are there effective arrangements to ensure that data or notifications are submitted to external bodies as required? • Are there robust arrangements (including appropriate internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards? Are lessons learned when there are data security breaches?					
Ref	**Source**	**Lead**	**Action**		**Deadlines**	**Status**
Performance monitoring						
W6.**A1**	Exec work prog	HROD	OD plan to incorporate data interpretation skills assessment, particularly for clinical leaders		Oct 2019	For discussion at Operational Board
W6.**A2**	Exec work prog	CEO	Board development project to incorporate an assessment of the type of information required by the board and consider their needs in terms of information/education on data		April 2019	Not started
W6.**A3**	Exec work prog	CEO, COMMS	GOSH Long Term Strategy Consultation and Stakeholder Engagement review to collate information on GOSH stakeholders, which will be added to the GOSH stakeholder lists. CRM software to be purchased in late 2019 to ensure contact information is up to date and live updates on queries/feedback can be logged and shared with engagement leads.		Dec 2019	Stakeholder list to be developed as part of the first phase of the stakeholder engagement strategy
W6.**A4**	Exec work prog	MD	QI dashboards to be updated to match new directorates		April 2019	

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Tab 13 Update on Well Led Assessment at GOSH

Data quality					
W6.**A5**	Exec work prog	Dir P&I (COO)	Performance and planning team to provide integrated updates to EMT (including on the alignment of data quality function with major programmes such as EPR)	TBC	An action on the BAF
W6.**A6**	Exec work prog	DProg (COO)	Programme management software to be considered to provide live reports and oversight on key programmes and enable collaboration between teams	Oct 2019	HoS&P, DProg & SPA (CEO) are scoping options with a view to creating a brief
W6.**A7**	Exec work prog	CEO/ EA (CEO)	EMT to review information submitted for decision-making as part of the EMT work planning process	Ongoing with a deliberate focus at every fifth EMT meeting	
W6.**A8**	Exec work prog	CEO	Appoint a Chief Clinical Information Officer to the board to advise on the organisation's progress with implementing new technologies – including live projects - EPR and clinical research information	Ongoing – following board appointment	Board asked to consider adding a non-voting exec post holder at February 2019 Board
W6.**A9**	Exec work prog	COMMS	Ongoing reviews of GOSH Web and the internet	Summer 2019	

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Tab 13 Update on Well Led Assessment at GOSH

W7	KEY LINE OF ENQUIRY: Are the people who use services, the public, staff and external partners engaged and involved to support high-quality sustainable services?				
	PROMPTS • Are people's views and experiences gathered and acted on to shape and improve the services and culture? Does this include people in a range of equality groups? • Are people who use services, those close to them and their representatives actively engaged and involved in decision-making to shape services and culture? Does this include people in a range of equality groups? • Are staff actively engaged so that their views are reflected in the planning and delivery of services and in shaping the culture? Does this include those with a protected equality characteristic? • Are there positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs? • Is there transparency and openness with all stakeholders about performance?				
Ref	**Source**	**Lead**	**Action**	**Deadlines**	**Status**
W7.**A1**	CQC report	CN	Children and Young People's CQC Survey		Underway
W7.**A2**	Exec work plan	HROD	YPF involvement in executive & NED recruitment during 2019	May 2019	HROD to devise a plan
W7.**A3**	Exec work plan	CN	Patient involvement and experience strategy	April 2019	
W7.**A4**	CQC report	COO	Establish an engagement event with the GOSH referrer community	March 2019 – see W1.A**14**	Trust internal engagement/events lead drafting a proposal to come to EMT under 'stakeholder engagement' standing item EA (CEO) to agree with executives the standing item topics for EMT and relevant executive owners for regular reporting
W7.**A5**	Exec work plan	CoSec	Team to revise the confidential agenda threshold to ensure that as many items as possible are discussed at the public board	Ongoing	
W7.**A6**	CQC report	COMMS & SPA (CEO)	Stakeholder engagement strategy in development, stakeholder engagement update to be added to all EMT agendas and CEO board reports	April 2019	

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Tab 13 Update on Well Led Assessment at GOSH

W7.**A7**	Exec work plan	CEO	Consultation on GOSH Long Term strategy will involve all key stakeholder groups	October 2019	
W7.**A8**	Deloitte	COMMS	Internal comms strategy to be developed	April 2019	
W7.**A9**	Exec work prog	CEO	Staff forums on gender and disability to be launched	March 2019 See W1.**A25**	Board will receive WRES plan in Q1 2019 Board will receive WRES plan in Q1 2019 LGBT exec lead is CEO BAME and Gender exec lead: HROD Disability: Dir Development Chairs to be appointed and set up their groups and update the board on progress and examples.

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Tab 13 Update on Well Led Assessment at GOSH

W8	KEY LINE OF ENQUIRY: Are there robust systems and processes for learning, continuous improvement and innovation?				
	PROMPTS - In what ways do leaders and staff strive for continuous learning, improvement and innovation? Does this include participating in appropriate research projects and recognised accreditation schemes? - Are there standardised improvement tools and methods, and do staff have the skills to use them? - How effective is participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the servicer? Is learning shared effectively and used to make improvements? - Do all staff regularly take time out to work together to resolve problems and to review individual and team objectives, processes and performance? Does this lead to improvements and innovation? - Are there systems to support improvement and innovation work, including objectives and rewards for staff, data systems, and processes for evaluating and sharing the results of improvement work?				
Ref	**Source**	**Lead**	**Action**	**Deadlines**	**Status**
W8.**A1**	Exec work plan	MD	Safety and Reliability programme being piloted and subject to roll out	Ongoing	
W8.**A2**	Exec work plan	MD	Flow project under review (better value programme)	18th September 2019 board	Discussion to be held on whether the board needs an interim update
W8.**A3**	Exec work plan	MD	QI Strategy – endorsing which QI process to use and the QI priorities	March 2019	
W8.**A4**	Exec work plan	CEO	Digital strategy board under consideration – will oversee ICT, EPR and DRIVE	March 2019	
W8.**A5**	Exec work plan	COO	Design a rolling internal review process (Including corporate) to ensure things are regularly picked up	February 2019	Paper to EMT Andrew has developed a template for directorates
W8.**A6**	CQC report	CEO/ SPA (CEO)	Produce a rolling report for board collating the findings of internal and external reviews commissioned by GOSH to provide exec and board level assurance on case-specific concerns about quality, safety, standards etc. (Corporate as well as operational.)	End April 2019	Exec team to send any significant reviews or reports to SPA (CEO). CEO's team to create a report template, allocate owners and socialise. Provide to MS for sign off. Co Sec to advise on board reporting schedule.

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Tab 13 Update on Well Led Assessment at GOSH

W8.**A7**	CQC report	All execs	Develop a process for horizon-scanning on key national reviews that are relevant to GOSH – to identify risks in the system, applicable learnings and recommendations.	EMT agenda February 2019	To discuss at EMT. Quality issues stay with MD. Other execs should own theirs for now. Further consideration required at EMT.

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Great Ormond Street Hospital for Children
NHS Foundation Trust

Council of Governors

6 February 2019

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 7 November 2018 Council meeting. The report includes:

- Two Young Person's Forum Governors appointed

- Feedback from the Constitution Working Group on the two elected Governor vacancies

- The Membership Strategy 2019 – 2022 – **for approval**

- Membership statistics report as at 18 January 2019

- Changes to Managing Declarations of Interest at GOSH

- Progress on Governors' online library

- Launch of Governors' newsletter

- Council of Governors' development session update

Governor action required:

- Welcome the Two Young Person's Forum Governors

- Approve the Constitution Working Group's recommended option for managing the two elected Governor vacancies on the Council of Governors

- Approve the Membership Strategy 2019 – 2022

- Note the comparisons in membership figures between October 2018 and January 2019

- 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

Jessica Haddrell, Membership Relationship Manager

Report presented by:

Paul Balson, Deputy Company Secretary

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Two Young Person's Forum (YPF) Governors appointed

In July 2018 the Council of Governors approved a Constitution Working Group recommendation to appoint two Governors from the Young People's Forum, replacing the SelfManagement UK and GOSH School Governors.

In late 2018, all YPF members were sent a Governor role description and asked for expressions of interest. YPF members were advised that there were two places available and that if more than two members put themselves forward, an election would be arranged. Initially, three YPF candidates came forward so a hustings and vote was arranged to take place at the YPF meeting on Saturday 26 January 2019. Before this meeting, one candidate pulled out, meaning the two other candidates could be appointed without the need for election. The Chair of the YPF put forward Emma Beeden and Josh Hardy as the YPF Governors.

The official start date for Emma and Josh will be dependent on completion of mandatory checks and other documentation. Emma and Josh have been invited to attend the 6 February 2019 meeting of the Council of Governors as observers.

Feedback from the Constitution Working Group (CWG) on the two elected Governor vacancies

Background

Following elections between 14 November 2017 and 31 January 2018, one of the elected Governors from the Parents and Carers outside London constituency resigned in February 2018 (before taking office) due to a change in personal circumstances. A Staff Governor resigned on 24 August 2018 as they moved to another organisation and was therefore no longer able to be a Staff Governor.

On 24 July 2018 the Council of Governors agreed to amend the classes of Governor Constituencies as shown below:
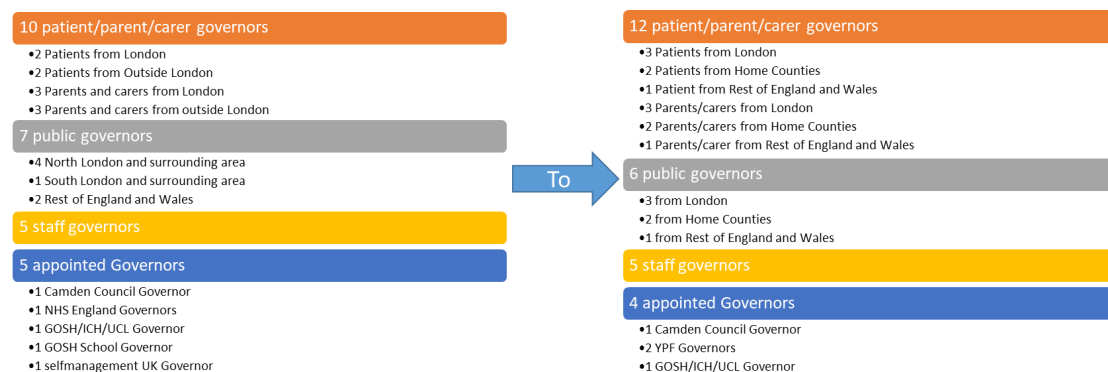
As agreed by the Council, transition to the new constituencies will start in December 2020 for appointment by 1 March 2021.

At the 7 November 2018 meeting, the Council of Governors agreed to consider options for filling the two elected vacant seats whilst awaiting the next major full election in December 2020.

The CWG met on 10 January 2019 to discuss the options for managing the two elected Governor vacancies on the Council of Governors: one Staff Governor and one Parents and Carers outside London Governor.

Options

Following a Corporate Affairs review of the Constitution and consultation with Beachcrofts, the CWG was presented with an options appraisal. A summary of the options and the CWG discussion is outlined in the table below:

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Option	Summary of discussion
Invite the next highest polling candidates in the February 2018 election to serve a term of office expiring on 1st March 2021 (the remaining term for this seat)	The group considered if the number of votes that the next highest polling candidate received was relevant to whether that candidate was selected. They were informed that the Constitution did not specify a threshold of number of votes required. The relatively short term of office (approx. 19 months) was not deemed an issue, given that some of the terms of office that would be contested in March 2021 were for one year.
Call an election for both seats, with the successful candidates serving a term of office expiring on 1 March 2021 (the remaining term for this seat)	The group noted the cost of an election and that the tenure of the elected Governors would be for a 19 month period of office. The group noted the financial challenges which faced the Trust and agreed that this sum could be used more effectively elsewhere within the Trust if there was a suitable alternative option.
Keep the seats vacant until the first annual election for the new constituencies in December 2020	The Constitution was designed to ensure that Governor vacancies were filled. Not filling the vacancies carried a small risk of challenge from a person with an interest in running for a seat on the Council. The group noted that the Council of Governors had agreed to fill the seats at the November 2018 meeting.

Decision

The CWG unilaterally proposed that the option to invite the next highest polling candidates in the February 2018 election to serve a term of office expiring on 1st March 2021.

Recommendation

The Council is asked Approve the Constitution Working Group's recommended option for managing the two elected Governor vacancies on the Council of Governors (to invite the next highest polling candidates in the February 2018 election to serve a term of office expiring on 1st March 2021).

Next steps

Following approval of this option by the Council of Governors, the Company Secretary will contact (by telephone initially and then formal letter) the next highest polling candidate in each constituency to offer them the relevant vacancy.

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The Membership Strategy 2019 – 2022 – for approval

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.

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.

The Strategy and a presentation summarising the Strategy Objectives and how the Corporate Affairs Team plans to deliver the objectives are attached to this report.

Recommendation

The Council is asked to approve the Membership Strategy 2019-2022.

Membership statistics and report as at 18 January 2019

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

The below shows the overall membership figures for our public and patient, parent and carer constituencies at 10 October 2018, compared with current figures at 18 January 2019. Also presented are the target figures for the year ahead.

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

Constituency	2017/18 actual (at 10 Oct 2018)	2018/19 actual (at 18 Jan 2019)	2018/19 target (at 31 March 2019)
Public	2,798	2,815	2,835
Patient, parent and carer	6,933	6,935	7,125
Total	**9,731**	**9,750**	**9,959**

Since 10 October 2018, 17 members have joined the public constituency. We have reached 76% of our annual target, leaving a remaining target of 20 new public members to recruit by 31 March 2019 in order to reach our projected total.

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In the patient, parent and carer constituency we have achieved only 9% of our annual target for 2018/19, leaving a remaining target of 190 new members to recruit by 31 March 2019 in order to reach our projected total. This will be subject to discussion at the next MERRC.

Patient Constituency

The following graph shows differences in patient membership figures across age groups, gender groups and ethnicities between October 2018 and January 2019.
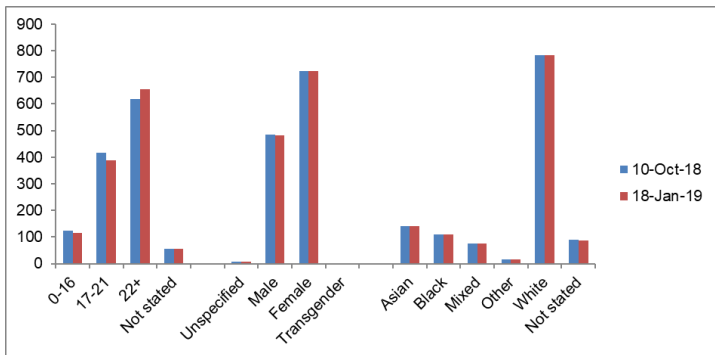
The demographic spread of members in the patient constituency have remained steady, with the only significant difference being within the age demographic. A decrease in members aged 0-21 is counter-balanced by an increase in the 22+ group, as younger patient members have crossed this threshold.

Parent and Carer Constituency

The graph below presented the differences in parent/carer membership figures across age groups, gender groups and ethnicities between October 2018 and January 2019.
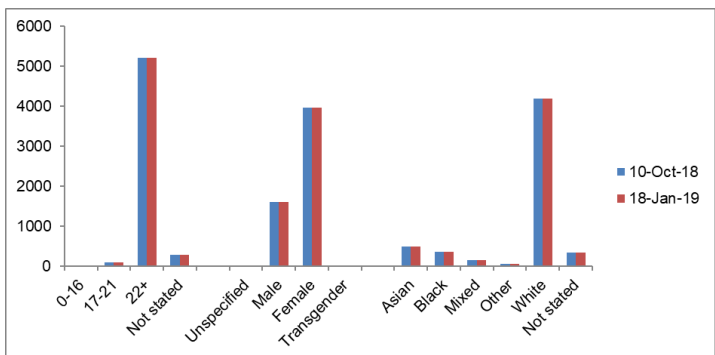
A similar pattern can be seen in the age demographic for this constituency, with 10 fewer members in the 17-21 age group and 12 additional members in the 22+ group. Other figures have remained largely consistent across the gender and ethnicity demographics.

Public Constituency

The following graph presented the differences in public membership figures across age groups, gender groups and ethnicities between October 2018 and January 2019.
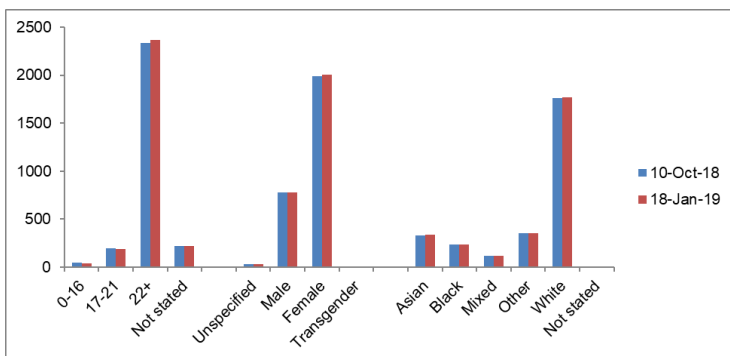
Similar to the Parent and Carer and Patients Constituencies, there was a drop in numbers in the 0-16 and 17-21 age groups is reflected in an increase in the 22+ group with an overall additional 17 members in this constituency.

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Summary

Members who are less well represented are younger patients (0-21 years); males; and all ethnicities other than those who identify as white.

Whilst a steady increase in numbers can be seen in the public constituency, the patient, parent and carer constituency receives significantly fewer applications.

This indicates a need to consider additional engagement and communication strategies, outreach programmes and recruitment drives tailored towards these under-represented groups in order to achieve our projected figures for 2019 and beyond.

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Tab 14 Governance Update:

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Managing Declarations of Interest at GOSH

The Corporate Affairs team is changing the way declarations of interest are managed at GOSH. Following guidance from NHS Improvement, as well as changes to our own Constitution, the Corporate Affairs team has reviewed the Declarations of Interest Policy.

As well as launching the revised Declarations of Interest Policy, the team will be launching an online program to assist with the management of declarations of interest and gifts and hospitality. Governors will shortly be given access to the system. Governors will be able to make declarations on-line. This will help ensure that the Trust's registers on interests and gifts and hospitality are up to date.

Progress on Governors' online library

Following previous discussions, it was agreed that GOSH would design a Governors' online library to enable governors to access key documents such as GOSH meeting papers, the Constitution and other useful Trust information, as well as quick reference guides from Monitor and the Department of Health and Social Care.

At the October MERRC meeting, the Deputy Company Secretary tabled an overview of the content planned for the online library and asked Governors to review and suggest additional content.

Following this meeting the Deputy Company Secretary and Membership Relationship Manager worked with IT to explore various software solutions, finally deciding on the Regibox software package. Regibox facilitates the secure sharing and storing of documents via an auditable e-box or portal. The portal has been tested in-house and appears to be easy to use and fit for purpose.

To pilot the software, an email has been sent to members of the MERRC inviting them to become a member of the Regibox 'Council of Governors' Online Portal'. This will enable us to gather user experience feedback and decide whether or not to continue with the Regibox deployment prior to issuing invitations to all Governors.

A screenshot of the regibox interface is below:

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Tab 14 Governance Update:
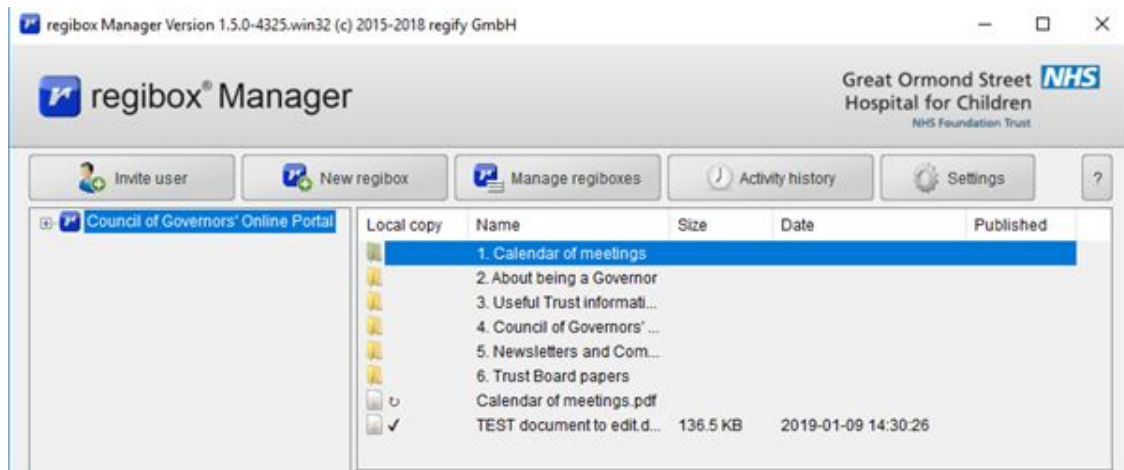
Attachment N
Governors' newsletter

From February 2019 Governors will receive a monthly newsletter from the Corporate Affairs team containing key dates, developments and training and development opportunities.

Council of Governors' development session update

Governors attended three induction sessions between April and August 2018. The sessions prepared and supported Governors to discharge their duties and complete mandatory training.

The Governor Induction programme for the recent intake concluded in August 2018 and transitioned into a series of Governor development sessions. These sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure.

The first session was held on 6 February 2019 and focussed on:

- How quality is measured at GOSH
    - Measuring
    - Outcomes
    - Benchmarking
    - Clinical Audit
- Finance
    - Tariffs
    - Research
    - International and Private Patients
    - Charity

Governors will be asked to comment on the content of the 17 April Council of Governors' development session via the Governors' portal.

Appendices

- Membership Engagement Strategy – summary of objectives
- Membership Engagement Strategy

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Tab 14 Governance Update:

Membership Strategy: Objectives for 2019-2022

Update and next steps

Jessica Haddrell – Membership Relationship Manager

Tab 14 Governance Update:

Recruit objectives

1. Maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation
2. Increase the membership of patients and young people and seek the participation and views of the children who are not yet eligible to join the Trust

How will we do this?

- Define 'representative' and identify target groups
- Hold targeted events and focused recruitment drives for patient and youth membership
- COG to play an active role in building relationships with members
- Work with other GOSH teams, CCGs, charities, local schools and organisations
- Update membership materials e.g. application form
- Provide regular membership statistic reports to MERRC and COG, and review figures annually

Tab 14 Governance Update:

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.

Tab 14 Governance Update:

Communicate objectives

3. Provide appropriate information to members and the COG to promote understanding and facilitate informed decision-making

4. Communicate the benefits of membership and create new engagement opportunities

5. Build more awareness, communication, and interaction between governors and their constituents

How will we do this?

- Work with colleagues in Comms to regularly communicate news and engagement opportunities using different methods e.g. *Member Matters*, *Get Involved*, Twitter, GOSH website, YPF, Volunteer service

- Update the website information and membership/ governor contact details (FT mailbox)

- Pilot health seminars and listening events to share information and seek feedback

- Increase our visibility in the wider community by attending local events

- COG to act as a link between the Trust and members with personalised messages to their constituents; 'meet your governor' sessions and an update to the Welcome Pack for new members

Tab 14 Governance Update:

Engage objectives

6. 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

7. Support the Trust's PPI work and charity-wide engagement opportunities

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

How will we do this?

- Ensure that feedback channels are clear and easy to use e.g. surveys, workshops, steering groups, focus groups and public meetings

- Enhance our profile with community groups, charities and other organisations by coordinating a calendar of tailored engagement events which will involve collaborative working with GOSH and local partners

- Work with the PPI team to streamline and maximise engagement opportunities

- use the Intranet, staff governors' voice and *Roundabout* to involve staff in our plans

Tab 14 Governance Update:

Evaluating Success

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 and with other trusts

- Inform the planning of future membership activities

- Encourage more people to take part in membership recruitment, communication and engagement activities

MERRC will review the membership strategy and associated plans 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 will provide a report and verbal update on KPIs at every COG Meeting.

Tab 14 Governance Update:

Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

| Recruit | Communicate | Engage |

Membership Strategy

2019 - 2022

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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 2019-2022 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 2019-2022 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 2019-2022 strategy. These are:

Recruit	Communicate	Engage

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).

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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.*

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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.

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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.

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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.

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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.

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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

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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.

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| **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.

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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

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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

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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.

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5 Evaluating Success

5.1 Managing the 2019-2022 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

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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

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	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,

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Tab 14 Governance Update:

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 ꞌ Give our membership plenty of notice to attend and feedback accordingly on any Trust activities ꞌ Work with the PPI team to streamline and maximise engagement opportunities ꞌ Use the staff Intranet, staff governors' voice and Roundabout staff newsletter to increase awareness amongst key staff about our aims and plans ꞌ 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 2019-2022 v0.1
Completed By:	Jessica Haddrell, Membership Relationship Manager
Date Completed:	9 October 2018
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)

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Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors

06 February 2019

Appraisal of two Non-Executive Directors at GOSH

Summary & reason for item:

To present the process for Non-Executive Director appraisals I 2019.

Governor action required:

The Council is asked to consider and approve the appraisal process for the two NEDs, using the 2018 appraisal framework (as previously approved by the Council) and the timescales for conducting the appraisal process in early 2019.

Presented by: Michael Rake, Chair/ Anna Ferrant, Company Secretary

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Appraisal of the Non-Executive Directors 2019

1. **Introduction**

1.1   The purpose of this paper is to outline the process for appraising two of the Non-Executive Directors (NEDs) at GOSH.

1.3   **Appendix 1** provides a summary of the guidance on Chair and NED appraisals, outlined in Monitor's *Your statutory duties; A reference guide for NHS foundation trust governors' – August 2013* and in Monitor's *Code of Governance* (July 2014).

The Council of Governors and the Chair agree a process for evaluating the non-executive directors.

Governors have an opportunity to provide soundings on the performance of the NEDs. Theses soundings, along with other information, are used to inform the output of the appraisals. The evaluations are shared with the Council for agreement.

Appraisal process

The Chair individually appraises each non-executive director. To inform this process:

- The Chair collates soundings from the Governors on the performance of each of the NEDs (please see below).
- The Chair will collate soundings from the Chief Executive who will canvass views about each NED from the executives.

An appraisal proforma will be completed during the appraisal. Should any disagreement arise between the Chair/ Non-Executive Director on the results of the appraisal, the Chair will provide a written summary of the difference which will be presented to the Council of Governors' Nominations and Remuneration Committee and reported to the Council for noting.

A summary report will be submitted to the Council of Governors' Nominations and Remuneration Committee for recommendation and a report presented to the Council for approval.

In 2018, the Council approved a similar appraisal process for the Chair and three NEDs who had been appointed in the role for a year or more. The results of the appraisal process were agreed at the July 2018 Council meeting where it was noted that the newer NED members of the Board would be appraised in early 2019.

Focus of appraisals

The Council has previously approved the framework for the appraisal process for the Non-Executive Directors. This is attached at **Appendix 2.** It is proposed that this framework is used for the appraisal process for the remaining NEDs for this round of appraisals, for consistency. A revised framework will be considered by the Council of Governors' Nominations and Remuneration Committee between February and March 2019 for consideration and approval by the Council for the 2019 round of appraisals.

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Collation of soundings

Over the next past few months, Governors have had the opportunity to meet the NEDs and get to know them individually and their role and how they work, as follows:
- NEDs attend the Council meetings and provide reports on the work of the assurance committees and respond to questions raised by Governors on the performance of the Board.
- Governors are invited to observe the work of the NEDs in the Board assurance committees and at Board meetings during the year.
- Governors have been allocated a NED 'buddy' and have met their buddy NED in-between Council meetings

The Council will recall that it was advised in April 2018 that following a recommendation in an independent report related to the appraisal of the executives and NEDs at GOSH that work was underway to implement a 360 degree appraisal process for directors and explore an appropriate tool for NEDS. Unfortunately due to changes in senior HR personnel last year, the process for Directors was not progressed as planned and the proposed process for NEDs was not finalised. Work is now underway with the Kings Fund on the Executive Director development process and this will include 360 degree appraisal for Executive Directors. The Executive Director 360 degree appraisal will take place over the next two months. The Acting Director of HR and OD is exploring an appropriate 360 degree appraisal process for NEDS and report back to the Council of Governors' Nominations and Remuneration Committee.

Timetable for NED Appraisal Process
The NED appraisal process will be conducted for Amanda Ellingworth and Chris Kennedy as follows:
- 6 February 2019: Process for collating soundings from Governors to be approved at the February 2019 Council meeting. At the pre-meet with the Chair prior to the Council meeting, soundings can also be collated.
- Mid -End February 2019: Collation of soundings from Governors via email and soundings from the executives via the Chief Executive
- March 2019: The Chair conducts appraisals of the two NEDs.
- End March 2019: The Council of Governors' Nominations and Remuneration Committee meets to discuss and approve findings to the Council, including consideration of the framework for the 2019 round of appraisals.
- April 2019: The Council considers outputs from the process for approval.

Kathryn Ludlow, NED joined the Trust in September 2018 and it is therefore proposed that her appraisal is conducted in early September in time for the November Council meeting (using the approved 2019 framework to be agreed at the April 2019 Council meeting).

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Recommendation

The Council is asked to consider and approve the appraisal process for the two NEDs, using the 2018 appraisal framework (as previously approved by the Council) and the timescales for conducting the appraisal process in early 2019.

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Appendix 1

Extract from 'Your statutory duties; A reference guide for NHS foundation trust governors' – August 2013.

Annual performance appraisals

Conducting an appraisal of the candidate's past performance at the NHS foundation trust, with particular regard to delivery of the role's objectives, will help the council of governors significantly in performing its statutory duties, particularly when considering the reappointment or removal of the chair or other non-executive directors.

- *For the chair: the council of governors should take the lead on determining what the process will be for evaluating the chair. The senior independent director would be expected to lead the actual appraisal (although one or more governors may also play a significant role) and confirm to the governors whether, following formal performance evaluation, the performance of the chair continues to be effective and demonstrates commitment to the role. The focus of the chair's appraisal will be his or her performance as chair of the board of directors. Since the primary aim of the chair's work will be to lead the directors in executing the trust's forward plan, the appraisal should consider carefully the chair's performance against pre-defined objectives supporting that aim.*

- *The fact that the focus of the chair's appraisal will be his or her performance as chair of the board of directors does not mean that appraising the chair's performance as the chair of the council of governors is not a highly relevant part of the appraisal. Rather, it reflects the 2006 Act, which states that the chair of the board of directors also chairs the council of governors (and not the other way around), and the fact that it is for the governors to appoint, and remove, the chair and the other non-executive directors. That said, the appraisal process should still be used to evaluate all relevant performance issues, including those relating to the council of governors, but these should not be the main issues for consideration in relation to reappointment of the chair, in their capacity as a non-executive director.*

- *The outcome of the evaluation should be discussed and agreed with the council of governors. Where an NHS foundation trust has already developed its own processes for evaluating the chair, the council of governors should periodically review the effectiveness of the process.*

- *For the other non-executive directors: the council of governors and the chair should agree a process for evaluating the non-executive directors. The evaluation should carefully consider their performance against pre-defined objectives that support the execution of the trust's forward plan. The chair of the council of governors will lead on setting objectives for the non-executive directors and carrying out the appraisals. The chair should confirm to the governors that, following formal performance evaluation, the performance of the individual non-executive director proposed for reappointment continues to be effective and demonstrates commitment to the role. The governors should then agree the outcome of the evaluations.*

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Commitments

Any changes in the candidate's other significant commitments will be relevant. The governors should assess the candidate's availability against the time required for the role of chair or non-executive director.

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Extract from Monitor's 'Code of Governance' (July 2014)

B.4.2.The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.

B.6.c The council of governors, which is responsible for the appointment and re- appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and the non-executives, with the chairperson and the non-executives. The outcomes of the evaluation of the non-executive directors should be agreed with them by the chairperson. The outcomes of the evaluation of the chairperson should be agreed by him or her with the senior independent director. The outcomes of the evaluation of the non-executive directors and the chairperson should be reported to the governors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chairperson.

B.6.f Individual evaluation of directors should aim to show whether each director continues to contribute effectively and to demonstrate commitment and has the relevant skills for the role (including commitment of time for board and committee meetings and any other duties) going forwards.

B.6.g The chairperson should act on the results of the performance evaluation by recognising the strengths and addressing the weaknesses of the board, identifying individual and collective development needs, and, where appropriate, proposing new members be appointed to the board or seeking the resignation of directors.

B.6.h The focus of the chairperson's appraisal will be his/her performance as leader of the board of directors and the council of governors. The appraisal should carefully consider that performance against pre-defined objectives that support the design and delivery of the NHS foundation trust's priorities and strategy described in its forward plan.

B.6.1. The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the NHS foundation trust adopted a particular method of performance evaluation.

B.6.3.The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.

B.6.4. The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.

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Appendix 2

Appraisal of the Chair and Non-Executive Directors 2018

The Chair and each NED will be appraised against the following framework, mapped to the approved competencies (see below):

1: Challenges made at Board during the past year are predominantly in relation to strategic matters, the management of significant clinical and corporate risks and impact on quality and safety, clinical outcomes, and patient experience (competencies 1,2,3)

2: Completes the relevant annual declarations and meets all requirements (annual declaration of interests form and raises any potential or actual conflicts at the beginning of a Board/ committee meeting; annual Fit and Proper Person Test declaration; and, the annual code of conduct declaration) (competencies 4,5)

3: Follows up challenges (outside formal meetings when appropriate), to ensure that questions or concerns have been addressed satisfactorily, including delivery of the Well Led Governance Review Recommendations (competency 6)

4: Undertakes all relevant statutory and mandatory training in accordance with relevant timescales (competency 6)

5: Regular attendance at Board and Board committee meetings and participation in a broad range of topics throughout the year (competency 7)

6: Attends external events and/or hospital visits and /or meetings with executives and Council meetings during the year to gather information and inform viewpoints (competencies 8, 9)

7: Chairs of the Board/ Board committees have reviewed the effectiveness of their Board/committees (on an annual basis) and the Chair has received reasonable feedback (competency 10)

8: Are courteous to and supportive of other Board members and Councillors (competency 11).

9: Actively engages with the Council of Governors (competency 6)

Chair and Non-Executive Directors personal style/leadership competencies

1. Strategic direction (Contributes creatively and realistically to planning; can balance needs and constraints; debates cogently)
2. Intellectual flexibility (Can digest and analyse information; willing to modify own thinking; thinks creatively and constructively; sees the detail as well as the big picture)
3. Influencing and communication (Persuades with well-chosen arguments; uses facts and figures to support argument)

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4. Independence and objectivity (Not influenced by personal feelings; opinions or involvement in other activities in considering and representing facts)
5. Openness and transparency (honest, open and truthful in all dealings with patients, families, the public, staff, councillors and stakeholders)
6. Holding to account (Accepts personal accountability; challenges constructively and effectively; contributes to effective governance)
7. Commitment (attends relevant meetings; demonstrates has read documents)
8. Patient and Stakeholder Focus (Understands local health issues; understands diversity of the patient, family and carer community and its differing viewpoints; engages with the Council and other stakeholders)
9. Team working (Involves others in decision-making process; respects other team members; understands the Non-Executive and Council role; shares expertise and knowledge freely)
10. Leadership style for chairing the Board of Directors and Council (Chair) or chairing Board committees, seeking assurance on behalf of the Board and escalating matters of significance to the Board (for the Audit Committee, Clinical Governance Committee and Finance and Investment Committee)(Non-executive directors)
11. Demonstrates a commitment to NHS/Trust values; promotes these values and acts in a way which is consistent with these values and the Nolan principles.