Great Ormond Street Hospital for Children NHS Foundation Trust

Meeting of the Trust Board
Wednesday 7 February 2018

Dear Members

There will be a public meeting of the Trust Board on Wednesday 7th February 2018 at 12 Noon in the **Charles West Room, Paul O'Gorman Building** Great Ormond Street, London, WC1N 3JH.

Company Secretary
Direct Line: 020 7813 8230
Fax: 020 7813 8218

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Attachment	Timing
1.	**Apologies for absence**	Chairman		**12 Noon**
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.				
2.	**Minutes of Meeting held on 28th November 2017**	Chairman	**A**	
3.	**Matters Arising/ Action Checklist**	Chairman	**B**	**12:05pm**
4.	**Patient Story**	Interim Chief Nurse	**C**	**12:10pm**
5.	**Chief Executive Report**	Chief Executive	**V**	**12:25pm**
6.	**Board Committee Updates:** • **Audit Committee Update – January 2018** • **Quality and Safety Assurance Committee Update – January 2018** • **Finance and Investment Committee Update – January 2018**	Audit Committee Chairman Quality Safety and Assurance Committee Chairman Finance and Investment Committee Chairman	**D** **Verbal** **F**	**12:35pm**
7.	**Update from the Members' Council in December 2017**	Company Secretary	**G to follow**	**12:45pm**
	STRATEGY			
8.	**Strategy progress update:** • **Research and Innovation**	Director of Research and Innovation	**I**	**12:50pm**

	• **Divisional Teams update on 2018/19 objectives**	Deputy CEO/ Divisional Teams	**J**	
	OPERATIONS			
9.	**Draft operational and financial plan**	Deputy CEO / Chief Finance Officer	**K**	**1:35pm**
	RISK			
10.	**Board Assurance Framework**	Company Secretary	**L**	**1:40pm**
11.	**Learning from Deaths - Q2 2017/2018**	Interim Medical Director	**U**	**1:45pm**
	PERFORMANCE			
12.	**Integrated Quality Report – 31st December 2017**	Interim Medical Director/ Interim Chief Nurse	**M**	**1:55pm**
13.	**Integrated Performance Report and Scorecard - 31 December 2017 including:** **Theatre Utilisation Programme Overview** **Finance Update – 31 December 2017**	Deputy Chief Executive Deputy Chief Executive Chief Finance Officer	**N** **T** **O**	**2:05pm**
14.	**Safe Nurse Staffing Report – November 2017 and December 2017**	Interim Chief Nurse	**P**	**2:15pm**
	GOVERNANCE			
15.	**Scheme of Delegation**	Chief Finance Officer	**Q**	**2:20pm**
16.	**Medical Revalidation Annual Board report and statement of compliance**	Interim Medical Director	**R**	**2:25pm**
17.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)			
18.	**Next meeting** The next public Trust Board meeting will be held on Wednesday 28th March 2018 in the Charles West Room, Great Ormond Street, London, WC1N 3JH.			

Attachment A

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 28th November 2017

Present

Sir Michael Rake	Chairman
Dr Peter Steer	Chief Executive
Mr David Lomas	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Professor Stephen Smith	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr David Hicks	Interim Medical Director
Ms Loretta Seamer	Chief Finance Officer
Ms Nicola Grinstead	Deputy Chief Executive
Ms Janet Williss	Interim Chief Nurse

In attendance

Mr Matthew Tulley	Director of Development
Ms Alison Hall	Deputy Director HR and OD
Professor Neil Sebire*	Chief Research Information Officer
Dr Shankar Sridharan*	Chief Clinical Information Officer
Mr Ward Priestman*	Chief Information Officer
Ms Meredith Mora*	Clinical Outcomes Development Lead
Dr Anna Ferrant	Company Secretary
Ms Katie Morrison	Deputy Director of Communications
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mr Matthew Norris	Members' Council (observer)

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

101	**Apologies for absence**
101.1	Apologies for absence were received from Mr Ali Mohammed, Director of HR and OD.
101.2	**Action:** Sir Michael Rake, Chairman noted that both the Trust Board and Members' Council had been rescheduled at short notice and said he was very keen to hold an informal meeting with Councillors, particularly with those who had been unable to attend and it was agreed that proposed dates would be sent to the Council.
102	**Declarations of interest**
102.1	No declarations of interest were received.
103	**Minutes of the meeting held on 27th September 2017**
103.1	Minute 65.8 to be amended to read Mr Ali Mohammed, rather than Mr Akhter Mateen.
103.2	Subject to the above amendment, the minutes were **approved.**

104	**Matters Arising/ Action Checklist**
104.1	**Action:** Minute 23.2: It was agreed that the nurse recruitment and retention strategy would be presented to the Board regularly as part of the on-going programme of strategic deep dives.
104.2	Minute 66.3: Ms Nicola Grinstead highlighted that the mandatory target for completion of discharge summaries was 100% which was extremely challenging to achieve and led to a continually red rated indicator on the performance dashboard. She added that although work continued to improve performance it was likely that the indicator would remain red until the implementation of the Electronic Patient Record (EPR). The Board discussed agreeing to formally accept the underperformance, despite continuing to work towards the target, noting that an EPR would be a significant support to achieving 100%. This was agreed.
105	**Chief Executive Report**
105.1	Dr Peter Steer, Chief Executive gave an update on the following matters:
105.2	<u>Appointment of a substantive Chief Nurse</u>
105.3	Dr Steer confirmed that Ms Alison Robertson had been appointed as Chief Nurse and would begin in post in Spring 2018.
105.4	Ms Robertson is currently Executive Director of Nursing for Al Wakra Hospital, Hamad Medical Corporation in Qatar, one of the leading hospital providers in the Middle East. She is a highly experienced Chief Nurse and has held this post at a number of different teaching hospitals leading nursing and midwifery in five different organisations over the last 16 years. Ms Robertson is Visiting Professor at the Florence Nightingale School of Nursing and Midwifery at King's College, London.
105.5	<u>Appointment of a substantive Medical Director</u>
105.6	Mr Matthew Shaw had been appointed as Medical Director. Mr Shaw was a practicing orthopaedic surgeon and has been Clinical Director of the spinal unit at the Royal National Orthopaedic Hospital (RNOH) for the last seven years. He was also, until recently, the Medical Director and Deputy Chief Executive of the RNOH for five years. Mr Shaw had recently been working as Medical Director for Health Provision in BUPA UK.
105.7	Mr David Lomas, Non-Executive Director noted GOSH's involvement in STPs and that the Trust often lacked a good fit to the work that was taking place. He highlighted the reconfiguration of the pathology networks and the importance of GOSH's involvement. Dr Steer confirmed that the Trust was well positioned and the team were appropriately engaged.
105.8	**Action:** Dr Steer said that a London consolidation devolution would be taking place and a paper would be provided to the Board on the action that would be required of GOSH and the way in which services would be devolved.
106	**Board Committee Updates**

106.1	Audit Committee Update – October 2017
106.2	Mr Akhter Mateen, Chair of the Audit Committee reported that the Committee had met on 24th October and received an update on the Board Assurance Framework including a review of three high level risks. The Committee noted the Epic team had rated the progress of the EPR project as green with a rating of 4.5 out of 5, which benchmarked well against other organisations at that stage.
106.3	An update was received on a fire alarm incident and the committee had welcomed the report that the correct processes had been followed and staff and patients had been safe. Learning from the incident had been around contractual terms with the engineer which had been rectified.
106.4	The Trust's external auditors confirmed that as in the previous year scrutiny would be applied to the management override of controls and the internal auditors said that good progress was being made in terms of outstanding recommendations from audits. The Committee noted internal audit reports on workforce planning which had provided a rating of partial assurance with improvements required and capital planning which had provided assurance of significant assurance with minor improvement opportunities.
106.5	Updates were also received from the counterfraud service and on whistleblowing.
106.6	Quality and Safety Assurance Committee update – October 2017
106.7	Professor Stephen Smith, Chair of the Quality and Safety Assurance Committee reported that the committee had welcomed the positive visit from Health Education North Central and East London (HENCEL) and the correspondence that had been received confirming that the Trust was no longer subject to enhanced monitoring.
106.8	**Action:** The Board Assurance Framework had been reviewed and the committee considered high level risks around recruitment and clinical outcomes. Professor Smith confirmed that there had been recent successful recruitment of a large number of newly qualified nurses. It was agreed that congratulations would be passed to the Chief Nurse's team and the HR department for this success.
106.9	The Committee had discussed consent and the plans to develop consent clinics in some specialties. The importance of the work was emphasised and an update on progress at the Committee was requested in six months. It was noted that an update on whistleblowing had been received and it was agreed that the whistleblowing process would be discussed with the Chairman.
106.10	Finance and Investment Committee update – September 2017
106.11	Mr David Lomas, Chair of the Finance and Investment Committee said that the Committee had reviewed programme with the Electronic Patient Record and noted that it was moving forward in line with plan. Discussion had taken place around IPP debtors and debtor days and the continued risk was noted. Activity in different specialties was considered and the Barrie division gave a presentation looking at the drivers of their financial position.
106.12	**Action:** The Committee had discussed the drivers for phase 4 and it was agreed that the Trust Board meeting in January would consider a gant chart of the proposal for key decision points.

107	**Members' Council Update – September 2017**
107.1	Dr Anna Ferrant, Company Secretary said that nominations were now open for the Members' Council elections and voting would begin on 8th January 2018. Professor Rosalind Smyth, Non-Executive Director said that a competitive process was being planned to appoint the appointed Councillor from the UCL GOS Institute of Child Health and added that she would welcome an existing Councillor's involvement in the process.
108	**Strategy progress update - Digital deep dive**
108.1 108.2 108.3	Mr Ward Priestman, Chief Information Officer gave a presentation on progress with the digital strategy. He said that the majority of the KPIs monitored on the IT dashboard were rated green and would therefore be reviewed. Sir Michael Rake, Chairman asked for a steer on the barriers to the successful implementation of the strategy. Mr Priestman said that many of the elements of the strategy, particularly the Electronic Patient Record implementation were substantial transformation projects requiring significant cultural change which was a potential risk. **Action**: Mr James Hatchley, Non-Executive Director said that outside the meeting he would welcome further information about DRIVE and the scope of the relationships being formed and GOSH's obligations under these relationships.
109	**Update on Operational plan 2017-19**
109.1	Ms Nicola Grinstead, Deputy Chief Executive said that the Trust had set a two year plan in 2016/17 and no guidance or planning timetable had yet been issued for 2018/19.
110	**GOSH Learning Academy**
110.1 110.2	**Action:** It was agreed that a refreshed paper would be considered by the Board at the next meeting which would include information about funding mechanisms. Board members should contact the Chief Executive or Company Secretary to feed their questions into the project. **Action:** Professor Rosalind Smyth, Non-Executive Director and Director of the UCL GOS Institute of Child Health requested that discussion took place between the two organisations to capitalise on work that could be done collaboratively.
111	**Overview of Development and Property Services portfolio**
111.1 111.2	Mr Matthew Tulley, Director of Development gave a presentation in response to a request from the Finance and Investment Committee. Discussion took place around nursing accommodation and Mr Tulley said that this was a key part of the recruitment and retention strategy and work was taking place to consider how much accommodation was required.
112	**Integrated Quality Report - 30 September 2017**
112.1	Mr David Hicks, Interim Medical Director presented the report and highlighted that

	the overall mortality rate for the Trust had remained stable for a considerable period of time however within the Trust there was variation. He said that one of the variations had been detected within NICU and PICU and following nationally validated work it had been confirmed that PICU mortality rates were stable and no themes had been found in NICU, mortality rates for which were now returning to average levels.
112.2	Mr Hicks said that an issue had been raised by commissioners about the timeliness of gathering and disseminating the learning from serious incidents. Work was taking place with commissioners to be clear that this was a priority. The Committee emphasised the importance of this work.
112.3	Ms Janet Williss, Interim Chief Nurse said that it would be important for the Trust to consider how cases such as the high profile PICU patient would be managed in terms of the significant number of PALS contacts involved, going forward.
112.4	<u>Clinical Outcomes Update</u>
112.5	**Action:** It was agreed that discussion would take place at QSAC about the information that the Board required in terms of clinical outcomes. The Company Secretary would meet with Ms Meredith Mora, Clinical Outcomes Development Lead to discuss this further.
113	**Integrated Performance Report – 30 September 2017**
113.1	**Action:** Ms Nicola Grinstead, Deputy Chief Executive presented the report and Mr David Lomas, Non-Executive Director noted the continued red status of the theatre utilisation metric. He asked for a steer on the drivers and the work taking place in this area. Ms Grinstead said that bed availability was the key driver and work was required to ensure that the process around cancellations was robust. It was agreed that the split by specialty of theatre utilisation would be presented as part of the data at the next meeting.
113.2	**Action:** Ms Grinstead said that the current consultant job plan was not an efficient model as theatre cases did not fit well into the allotted time. She said that moving to a different model would be a substantial cultural change. It was agreed that key milestones would be set out for theatre utilisation as part of the improvement work.
113.3	<u>Finance Update (30 September 2017)</u>
113.4	Ms Loretta Seamer, Chief Finance Officer said that the financial position was slightly behind plan but the Trust continued to forecast that it would meet its control total. The opening of the Premier Clinical Building had led to a growth in income and expenditure and a deep dive on this change would be undertaken.
113.5	Continued focus was being placed on IPP debt and funds on an outstanding account had been recently received.
114	**Safe Nurse Staffing Report September 2017 – September and October 2017**
114.1	Ms Janet Willis, Interim Chief Nurse said that over 200 newly qualified nurses had begun in post and would be moving out of their induction phase over the coming weeks. She reported that three unsafe shifts had been reported in the period and

	confirmed that none of these had remained at an unsafe level for the whole shift and improvements were being made as a result of the newly recruited nurses. The impact on patients had been around a delay in receiving medication and no harm or incidents had occurred during that time.
115	**Medical Revalidation Annual Board Report and Statement of Compliance**
115.1	Mr David Hicks, Interim Medical Director highlighted that the paper had been considered at the September Trust Board meeting and concerns had been raised about the deferral rate of 29% which was higher than the national average. Mr Hicks reported that only one deferral was a substantive consultant and there were mitigating reasons. Other deferrals were due to maternity leave or fellows without sufficient evidence.
115.2	**Action:** It was noted that an increased number of individuals would be required to undertake revalidation in the next cycle and therefore additional resources would be required. It was agreed that benchmarking would take place of the resources required by other Trusts to support revalidation in advance of the requirements being presented to the Executive Team.
116	**Guardian of Safe Working Update Report**
116.1	Mr Hicks presented the reports and said that in response to exception reports submitted when junior doctors' work varied significantly or regularly from their agreed work schedule, rota patterns had been reviewed and it was anticipated that the number of exception reports would reduce.
116.2	**Action:** It was agreed that the next report would show the split between the number of locum bank and agency shifts.
117	**Update on progress with Well Led Review Action Plan**
117.1	Dr Anna Ferrant, Company Secretary presented the report which was noted by the Board.
118	**Board Development Update**
118.1	This item was deferred to the next meeting as the Director of HR and OD had given apologies.
119	**Register of Seals**
119.1	The Board endorsed the use of the company seal.
120	**Any other business**
120.1	Dr Peter Steer, Chief Executive reported that a member of staff had sadly died on shift. The lead consultant was working with the team involved and the staff member's family.

Attachment B

TRUST BOARD – PUBLIC ACTION CHECKLIST
February 2018

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
158.8	01/02/17	It was agreed that the next research and innovation report would include focus on non-grant based direct funding such as enterprise. The report would also include the impact that the Zayed Centre for Research into Rare Disease in Children would have once on line to research as a whole and to the Trust's income.	DG	February 2018 (as part of strategy reporting to Board)	On agenda – item 9
65.8	28/09/2017	Mr Ali Mohammed, Non-Executive Director said that he had recently attended a GOSH Children's Charity event to learn from commercial organisations focusing on customer experience. He said it had been clear that they used Net Promoter Scores to monitor compliments and complaints. Mr Mohammed asked that consideration was given to using developing a score like this to look at a combination of complaints, legal issues, social media and compliments.	NG/ Peter Hyland	February 2018	Following further research into the potential applicability of NPS at GOSH, it has been concluded that this would not be a valid methodology due to problems in implementation. This view is shared by The Picker Institute, NHS Employers and NHS England.
104.1	28/11/17	It was agreed that the nurse recruitment and retention strategy would be presented to the Board regularly as part of the on-going programme of strategic deep dives.	Polly Hodgson	On-going	Noted on Board calendar
105.8	28/11/17	Dr Steer said that a London consolidation devolution would be taking place and a paper would be provided to the Board on the action that would be required of GOSH and the way in which services would be devolved.	PS	February 2018	Verbal update
106.8	28/11/17	The Board's congratulations to be passed on to the Chief Nurses' team and HR on the work	PS	February 2018	Actioned

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		to recruit a large number of newly qualified nurses.			
106.12	28/11/17	The Committee had discussed the drivers for phase 4 and it was agreed that the Trust Board meeting in January would consider a gant chart of the proposal for key decision points.	MT	February 2018	To be reviewed at the Finance and Investment Committee
108.3	28/11/17	Mr James Hatchley, Non-Executive Director said that outside the meeting he would welcome further information about DRIVE and the scope of the relationships being formed and GOSH's obligations under these relationships.	Ward Priestman	February 2018	To be actioned outside of meeting
110.1 110.2	28/11/17	It was agreed that a refreshed paper would be considered by the Board at the next meeting which would include information about funding mechanisms. Board members should contact the Chief Executive or Company Secretary to feed their questions into the project. Professor Rosalind Smyth, Non-Executive Director and Director of the UCL GOS Institute of Child Health requested that discussion took place between the two organisations to capitalise on work that could be done collaboratively.	Andrew Long and all Board members	February 2018	Not yet due
112.5	28/11/17	It was agreed that discussion would take place at QSAC about the information that the Board required in terms of clinical outcomes. The Company Secretary would meet with the Clinical Outcomes Development Lead to discuss this further.	Andrew Long, Meredith Mora, AF.	February 2018	To be considered at QSAC and as a regular report
113.1	28/11/17	Ms Nicola Grinstead, Deputy Chief Executive presented the report and Mr David Lomas,	NG	February 2018	On agenda – item 15

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
113.2		Non-Executive Director noted the continued red status of the theatre utilisation metric. He asked for a steer on the drivers and the work taking place in this area. Ms Grinstead said that bed availability was the key driver and work was required to ensure that the process around cancellations was robust. It was agreed that the split by specialty of theatre utilisation would be presented as part of the data at the next meeting. Ms Grinstead said that the current consultant job plan was not an efficient model as theatre cases did not fit well into the allotted time. She said that moving to a different model would be a substantial cultural change. It was agreed that key milestones would be set out for theatre utilisation as part of the improvement work.			
115.2	28/11/17	It was noted that an increased number of individuals would be required to undertake revalidation in the next cycle and therefore additional resources would be required. It was agreed that benchmarking would take place of the resources required by other Trusts to support revalidation in advance of the requirements being presented to the Executive Team.	Andrew Long	April 2018	Update on agenda – item 18
116.2	28/11/17	Show the split in the number of shifts between locum bank and agency staff in the next guardian of safe working report.	Andrew Long	On-going	Noted for next report

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 February 2018

Patient Story **Submitted on behalf of** Polly Hodgson, Chief Nurse	**Paper No: Attachment C**

Aims / summary

The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories for the Clinical Governance Committee each year, two in writing and two through a patient / family member attending or through a film clip. Each story includes information on actions which were taken to improve aspects of a service, if applicable. Stories which are selected represent a range of families' experiences across a variety of wards and service areas spanning divisions and ensuring that the experience of families are captured.

The story to be shared on 7th February has been pre-recorded and details a patient's observations of their experiences at Great Ormond Street Hospital over the past ten years (she is currently 13 years old). There are examples of their past and recent experiences as an inpatient (she still visits GOSH regularly).

The patient has been under the care of Gastroenterology, Respiratory, and Surgery, her last recent stay was on Rainforest Ward.

Action required from the meeting

Review and comment

Contribution to the delivery of NHS / Trust strategies and plans

- The Health and Social Care Act 2010
- The NHS Constitution 2010
- The NHS Operating Framework 2012/13
- The NHS Outcomes Framework 2012/13
- Trust Values and Behaviors work
- Trust PPIEC strategy
- Quality Strategy

Financial implications

None

Who needs to be told about any decision

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

Emma James – Patient Experience and Engagement Officer

Who is accountable for the implementation of the proposal / project

Herdip Sidhu-Bevan– Assistant Chief Nurse Quality and Patient Experience

Author and date

Emma James – Patient Experience and Engagement Officer – January 2018

Attachment V

Public Chief Executive's Board report

Genetic Laboratory Consolidation Bid

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

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

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

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

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

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

Cognitive Partnership

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

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

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

NHSI Pathology Laboratory Consolidation Strategy

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

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

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

CQC visits

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

Attachment D

Great Ormond Street Hospital for Children NHS Foundation Trust

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

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

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

- Risk 1: Failure to continue to be financially sustainable

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

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

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

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

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

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

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

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

Data Quality Update

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

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

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

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

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

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

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

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

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

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

Attachment F

Great Ormond Street Hospital for Children NHS Foundation Trust

Summary of the Finance and Investment Committee meeting held on 18th January

Finance Report 2017/18 Month 9

The Committee noted that the forecast position indicated that the Trust would meet the NHSI target Control Total for the year. Discussion took place around the underperformance in PICU activity which was an increase on the previous year but still below plan which included assumptions for opening an additional 4 beds this year.

The Committee requested a discussion at the January Audit Committee on IPP debt provisioning to review the methodology prior to the end of financial year.

Activity Trends 2017/18 Month 9

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

NHS Contract Update 2017/18 Month 8

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

Better Value Monthly Update

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

Business Case for Hard FM Tender

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

Phase 4 OBC review

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

Review of Capital Expenditure previous projects

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

EPR Programme Update

It was noted that the project was on plan in terms of timescale and finances and a positive monthly collaboration teleconference with all UK Epic sites was taking place. The Committee emphasised the

importance of good communication across the Trust and noted that of two indicators which were rated as a 'watch', training was likely to be green by the next meeting and work continued to take place to ensure that all third party contracts were in place.

EDMS Post Implementation Review

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

VNA Business Case

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

Annual Review Patient Level Costing/Reference Costs Submission, review of reporting mechanisms

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

Action – Policy relating to licence of brand

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

Commercialisation of Intellectual Property

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

Financial Analysis

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

Attachment I

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **7th February 2018**	
Research Deep Dive **Submitted by:** Professor David Goldblatt, Director of Research and Innovation and Emma Pendleton, Deputy Director of Research and Innovation	**Paper No: Attachment I**
Aims / summary The aim of the presentation is to provide Trust Board with: • An oversight of research and innovation activity at GOSH (finance, recruitment, key successes) • An update on the implementation of our Research Hospital plan	
Action required from the meeting The presentation is provided for information.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Research and Innovation is one of the Trust's strategic objectives: *We will improve children's lives through research and innovation*.	
Financial implications Research income is circa £20m per annum. Income from enterprise activity is currently low but with potential to increase.	
Who needs to be told about any decision? Professor David Goldblatt, Director of Clinical Research and Development	
Who is responsible for implementing the proposals / project and anticipated timescales? Emma Pendleton, Deputy Director of Research and Innovation	
Who is accountable for the implementation of the proposal / project? Professor David Goldblatt, Director of Clinical Research and Development	

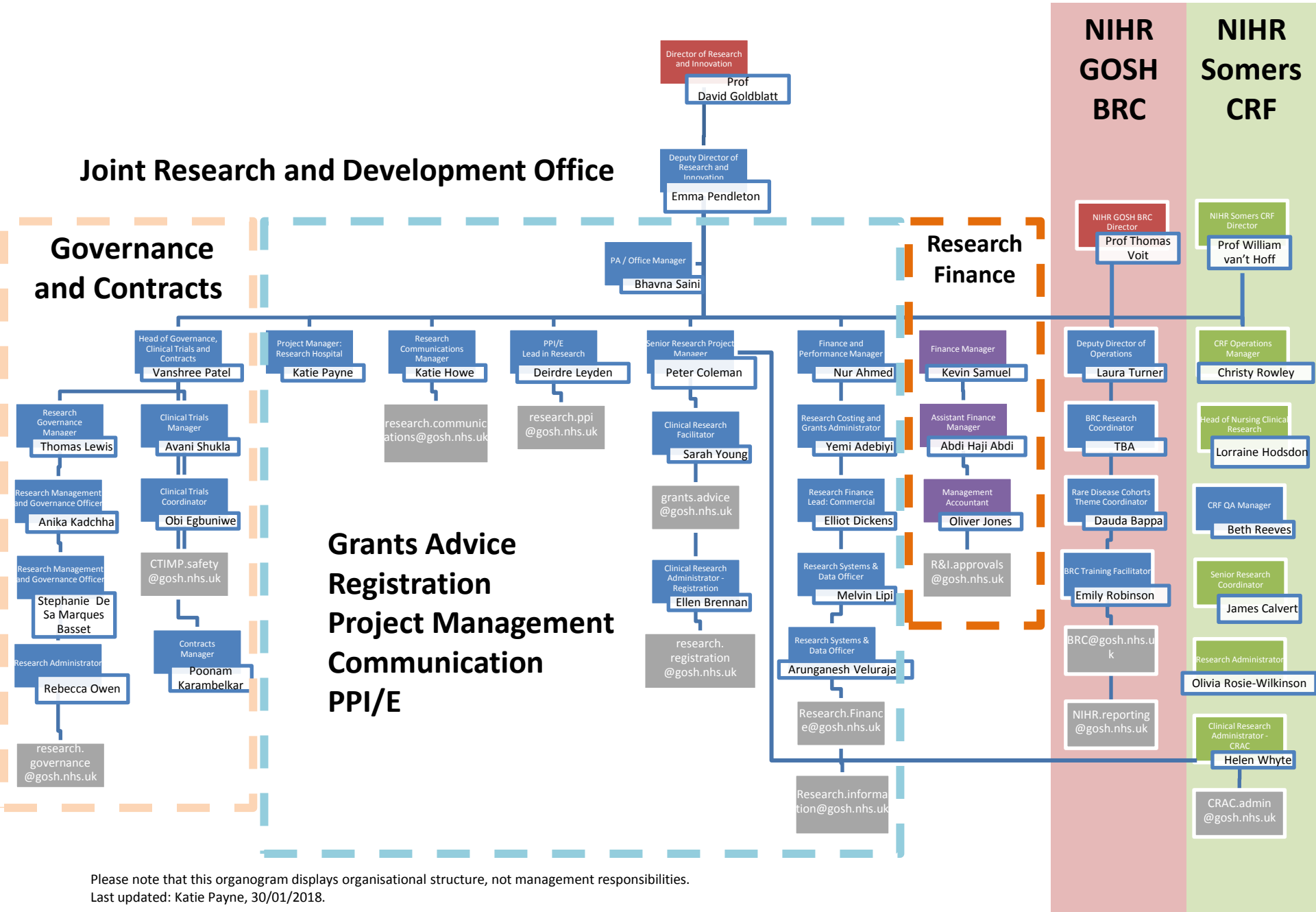
Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board February 2018: Research and Innovation Deep Dive

The child first and always

Welcoming Helpful Expert One Team

Division of Research and Innovation

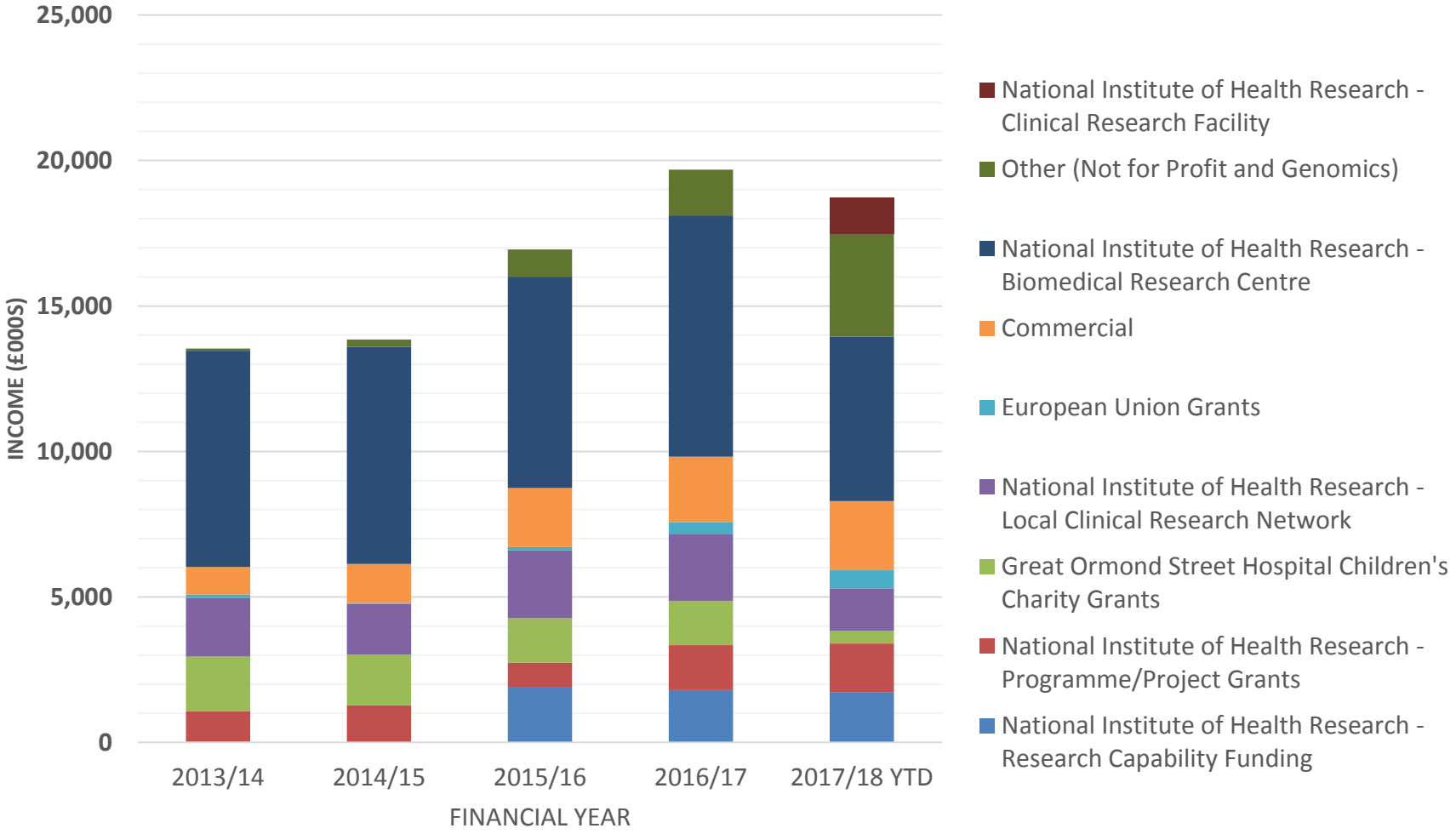


Please note that this organogram displays organisational structure, not management responsibilities.
Last updated: Katie Payne, 30/01/2018.

Strategic Enablers: Research Funding

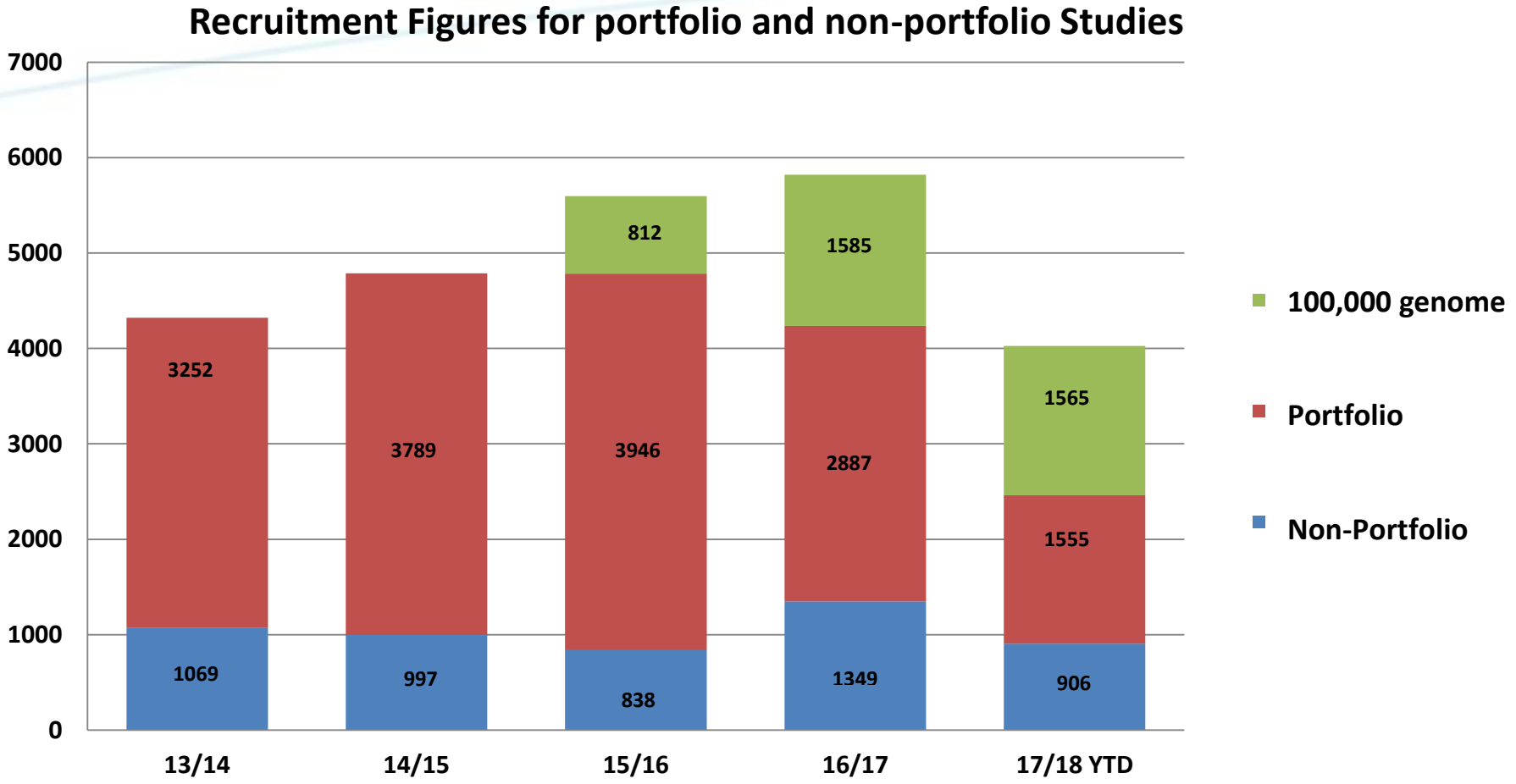
Great Ormond Street Hospital for Children NHS Foundation Trust

R&I Income over 5 years



Achievements: Research Participants

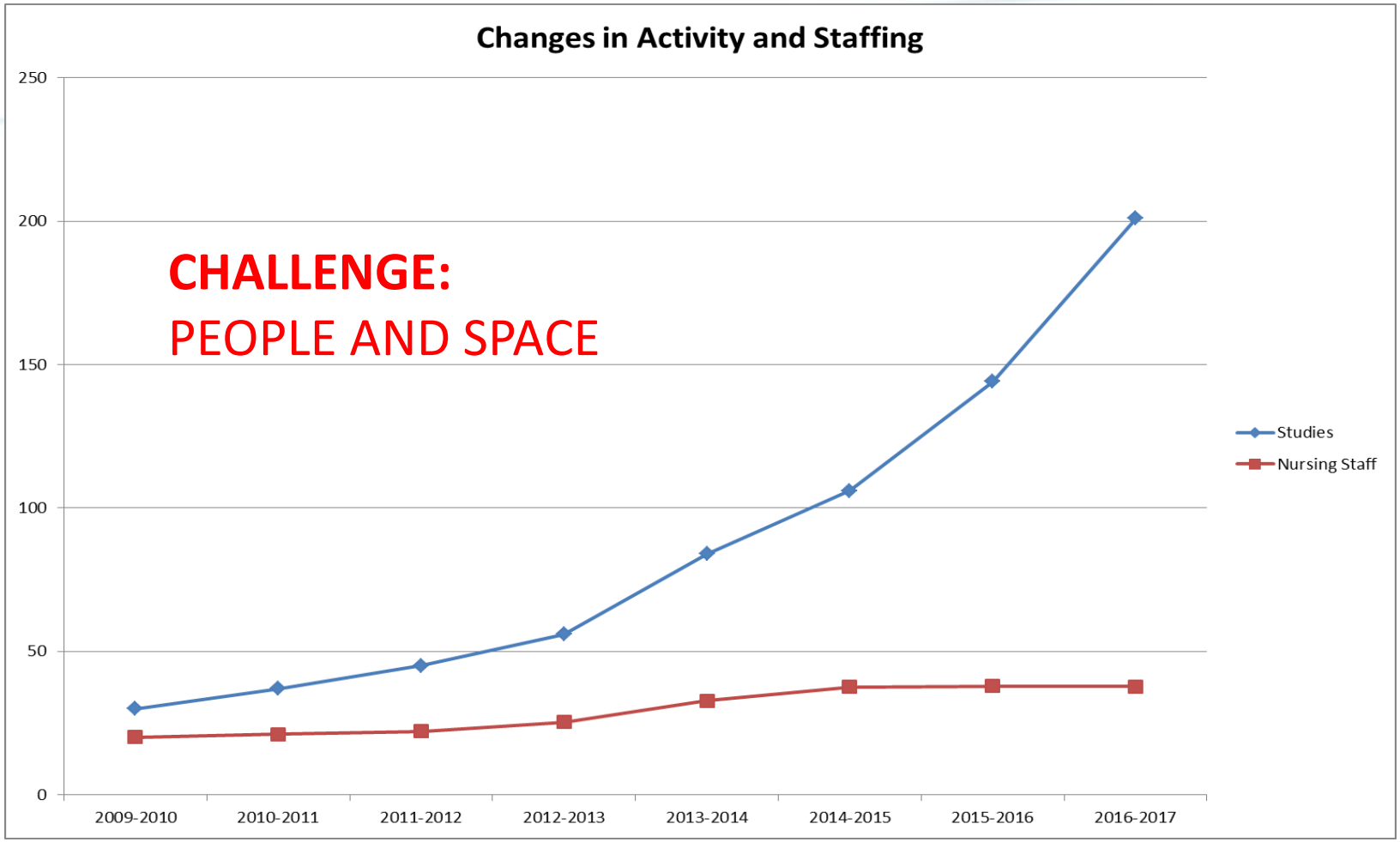
Great Ormond Street Hospital for Children NHS Foundation Trust



Achievements: Research Studies

Great Ormond Street Hospital for Children NHS Foundation Trust

NIHR Clinical Research Facility: Activity and Nursing



Achievements: Publications 2008-2016

Great Ormond Street Hospital for Children NHS Foundation Trust

GOSH & ICH : >1500 research papers published per annum

Rank	Average Citation Impact*		
	2008-12	2010-14	2012-16
1			
2			
3			
4			
5			

*Thomson Reuters Commissioned bibliographic analysis
Calculated from the number of citations for reviews and original papers normalised for research field and year of publication

Achievements: Research successes

- GOSH led phase I/II trial demonstrated benefit of new enzyme replacement therapy for patients with a serious neurodegenerative condition (Battens). Drug now approved by FDA (Cerliponase α®)
- Genetic test for rapid assessment of 400 genes causing eye disease *(Occulome®)* developed at ICH and GOSH now approved in the UK and offered by GOSH Genetics.
- Phase III Trials led by GOSH has resulted in the first drug for Spinal Muscular Atrophy (SMA) being made available to patients on Expanded Access Programme (Nusinersin®)
- UK-wide trial with GOSH participation (SYCAMORE) has identified a new successful treatment combination for uveitis in JIA. Marketing authorisation in progress

Strategic Priorities: Research Hospital

Great Ormond Street Hospital for Children NHS Foundation Trust

Strategic alignment of GOSH, ICH and GOSHCC

- GOSHCC Research Strategy: New Professorial Appointments
- Research integration with EPR
- Clinical-Academic Centres
- Laboratory Medicine Strategy

Infrastructure

- BRC NIHR funding
- Research Capacity via CRF
- Research Finance Transparency
- Research Capability Funding
- JD's/Job Plans:Time for research
- Generic Consent

Facilitation

- Research Accelerator & Grants Advice Service
- Orchid Support for nurses and AHPs
- Divisional Research Leads
- Divisional Performance
- Research Awareness and Education
- GOSH Innovation Hub

Research Hospital: Progress and Looking Forward

Great Ormond Street Hospital for Children NHS Foundation Trust

- **Increased Research Infrastructure:**
  - NIHR Biomedical Research Centre (£37m) and NIHR Clinical Research Facility Funding (£5m)
  - £1.2m pa GOSH and GOSH CC capacity fund investment (26.6 FTEs)
    - 48 awards totalling £4.2 million
- **Generic Consent Pilot**
  - HTA licence obtained
  - Pilot in metabolic clinic (acceptance of generic consent)
  - *Extended pilot including selected inpatient areas*
- **Research Leadership Posts:**
  - Clinical Research Adoptions Chair: Owen Arthurs
  - Deputy Director CRF: Dr Stephen Marks
  - Divisional Research Leads: Prof Mark Peters, Dr Rukshana Shroff

- **Data Research Environment**
- **GOSH Innovation Hub Launch (IP Oversight committee established, fit for purpose Conflict of Interest policy developed and being implemented)**

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **7th February 2018**	
Divisional Teams update on 2018/19 objectives **Submitted by:** Divisional Teams	**Paper No: Attachment J**

Aims / summary

Great Ormond Street Hospital For Children NHS Foundation Trust (GOSH) has set a vision of 'helping children with complex health needs fulfil their potential'. As part of our strategy we have also established eight areas of focus – care, people, research, technology, voice, space, funding, and information (i.e. the areas we understand GOSH needs to focus on and pay attention to in order to achieve its vision) – and a series of aligned objectives.

This strategy progress update, submitted by divisional teams, will bring the Board up to date on: (i) achievements from last year; and (ii) objectives for 2018/19.

Action required from the meeting

The Board is asked to note the achievements and objectives 2018/19, as well as any opportunities to support the divisional teams on areas of strategic development and action.

Contribution to the delivery of NHS Foundation Trust strategies and plans

This strategy progress update relates specifically to objectives that are aligned to our eight strategic priorities and therefore our vision and strategy.

Financial implications

Some objectives for 2018/19 might have financial implications and will be raised accordingly during their presentation.

Who needs to be told about any decision?

Any stakeholders involved in the design, development, and implementation of the objectives (e.g. clinical and managerial colleagues, as well as commissioners and network partners).

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

Designated responsible individuals within the Divisional Teams

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

Designated responsible individuals within the Divisional Teams

Great Ormond Street Hospital for Children NHS Foundation Trust

Charles West Division
Annual Review & Strategic Objectives 18/19

The child first and always

Welcoming Helpful Expert One Team

Top achievements in 2017/18

Strategic priorities

Great Ormond Street Hospital for Children NHS Foundation Trust

CARE

1. Pharmacy review completed and action plan in place
2. Rheum Review completed
3. Hospital at night improvements
4. Hospital wide improvements achieved through the patient placement programme
5. Approval of AMS business case
6. Approval of Thymus business case, allowing innovative treatment to continue sustainably at GOSH
7. Relocation of clinical services to PICB
8. Successfully lobbied NHSE to fund Radio synovectomy

PEOPLE

1. Developing the ANP programme across cardiac services
2. Improved education resources into clinical areas
3. Haem/Onc Hencel report shows improvement
4. Implementation of educational leads across division (medical and health sciences)
5. Supporting development of leaders at all levels of the division, including participation in Trust management development initiatives
6. Introduction of a transformational genomics consultant post
7. Implementation of cancer data manager

RESEARCH

1. Successful transition of Car-T therapy from research to clinical practice.
2. Using commercial income to fund 2 beds on Robin/Pelican
3. Proactively supporting commercial and non-commercial trials across division, working with R&D to ensure they are resourced appropriately
4. Working with R&D to simplify the funding and approval pathway to ensure income is captured for all trials. This has been particularly successful in our immunology lab

TECHNOLOGY

1. Engagement from across the division in EPR. Appointment of subject matter experts within each service
2. Infoflex roll out

Top achievements in 2017/18
Strategic enablers

Great Ormond Street Hospital for Children NHS Foundation Trust

VOICE

1. Network Hospital visits to strengthen relationships and service provided.
2. Hospital visits to Cancer centres in US to plan and prepare for cancer centre development.
3. Partnership working with NHSE to shape Genetics Labs structure in a consortium with 13 other providers.
4. Close working with the National Neurology Hospital on marketing metabolic lab services
5. Developed the complex asthma network across north London

SPACE

1. Division has several new wards open and operational across PICB.
2. Approval for Alligator redesign and opening
3. Space secured for genetics freezers and nitrogen storage, in line with laboratory accreditation and safety regulations, to ensure sustainability
4. Funds have been secured for the upgrade of the cath lab.

INFORMATION

1. Infoflex roll out has significantly improved tracking of cancer patients across the Trust.
2. Worked with the information team to roll out data quality dashboards and new PTL systems.
3. Close working relationship between R&D team, finance and West management to ensure processes around research are better understood across the division.
4. Successful procurement of Dr Dr system

FUNDING

1. Availability of funding for key capital and revenue cases:
- Alligator (revenue and capital)
- Inherited Cardiovascular Conditions
- Pre Analytical Errors (labs)
- AMS
- Thymus

2. Secured funding for the LTV nurse through the well child trust

Objectives still to achieve
Strategic priorities

Great Ormond Street Hospital for Children NHS Foundation Trust

CARE

1. Strengthen the cardiology hub and spoke outreach network, particularly in light of the CHD review outcome.
2. Initiating paediatric rheumatology outreach clinics
3. Expansion of complex asthma service in North London
4. Implement actions from Pharmacy review
5. Implement actions from Rheumatology review
6. Review of palliative care

PEOPLE

1. Roll out ANP development programme across the trust
2. Explore ANP fast track development programme
3. Surgical assistants development in Cardiac theatres
4. Continue to refine the Management development programme.
5. Roll out to specialty leads and HOCS
6. Implement General Paediatrics transformation programme
7. Implement Paediatric on call service

RESEARCH

1. Continue to deliver new cellular and gene therapies
2. Interact with GOSH Charity to deliver the Discovery Appeal
3. Randomised study of Rheumatology Rehab Therapy
4. Clinical utilisation of 3D printing
5. Development of paediatric device hub
6. Analysis of long-term outcomes for cardiac conditions and how to communicate these to families

TECHNOLOGY

1. Development of the control room
2. Kiosk check in
3. Doctor Doctor roll out

Objectives still to achieve
Strategic enablers

Great Ormond Street Hospital for Children NHS Foundation Trust

VOICE	SPACE
Work to be done to develop relationships with other centres across the UK; 1. Develop three level 3 POSCUs to support the cancer network 2. Strengthen the cardiology hub and spoke outreach network 3. Initiating paediatric rheumatology outreach clinics 4. Expansion of complex asthma service is North London	1.Mortuary development: Tender to open at the beginning of January, with works expected to start within a month of closing 2. Challenges around the length of time space requests take to approve. Nitrogen storage proposal submitted over six months ago, work has still yet to start 3. Cath lab upgrade work to take place in 2018 (funding approved) 4. MRI upgrades 5. Continue to develop Phase 4 Cancer Centre with clinical input
INFORMATION	**FUNDING**
1.Progression of EPR and Ahriddiah platform will support the division to drive improvement Awaiting guidance; 2. Paediatric cancer national service review. CRG service specifications still in development. Awaiting progression.	1. Secure infrastructure funding for palliative care service 2. Funding from equipment replacement programme needs to be confirmed 3. Secure funding for DCD organ transplantation. 4. Address IFR funding for orphan drugs and new cell and gene therapies

Great Ormond Street Hospital for Children NHS Foundation Trust

JM Barrie Division

Annual Review & Strategic Objectives 18/19

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Welcoming Helpful Expert One Team

Top achievements in 2017/18
Strategic priorities

Great Ormond Street Hospital for Children NHS Foundation Trust

CARE

1. ISAS Accreditation and CQC ERMA Inspection
2. 1st Radiosynovectomy Procedure Undertaken
3. Expansion of specialist cerebral palsy service to meet RTT
4. Redesign of Trust audit process for Infection Control
5. Redesign of Dysmotility Service and Dietetic Service
6. Redesign and Expansion of Audiology-led service
7. Reopen and commission surgical short-stay ward
8. Implement Social Work and Safeguarding Referrals (SWASH)
9. Significant reduction in short notice cancellation through the theatre and radiology improvement projects
10. Surgery, radiology and audiology improvements to meet waiting time standards

PEOPLE

1. Leadership Development Programme for Service Managers and Assistant Service Managers
2. Psychology Service Training
3. Axiometric Assessment introduced into GM recruitment and onboarding.
4. Social work are now delivering the specialist safeguarding training as part of the Trust statutory /mandatory training programme .

RESEARCH

1. Nusinersen Programme – F Muntoni
2. Batten's Disease Programme – A Chakrapani
3. FOOD (Fabricating Oesophagus for Digestion), regenerative medicine – P DeCoppi
4. An investigation of mental health, social-emotional and behavioural profiles in children with congenital ophthalmological disorders and visual impairment – N Dale
5. Biomechanical analysis of Explanted, Failed Telescopic Rods in Skeletally Immature Patients with Osteogenesis Imperfecta: A Collaborative Translational Study – A Roposch

TECHNOLOGY

1. First Gamma Knife procedure performed
2. Funding approved for IMRI
3. Expansion of VNS program
4. Adoption of Navigated TMS techniques

Top achievements in 2017/18
Strategic enablers

Great Ormond Street Hospital for Children NHS Foundation Trust

VOICE	SPACE
1. Neuroscience network 2. Roll out of SDQ for long term conditions	1. Opening of PICB-theatres, day case area and wards 2. Expansion of the Nephrology Service to 16 beds 3. Rainforest move to Badger 4. Creation of dedicated urology ward on Squirrel 5. Commissioned and opened two additional audiology booths
INFORMATION	**FUNDING**
1. Arezzo Discharge Summary / Results electronic programme to feed into EPR 2. Improved PANDA Scores 3. Contribution to the development of the Theatre Dashboard	1. NIHR Grant for Orthopaedics 2. ICH Grant for Button Batteries 3. Foetal Surgery 4. Roll out of Physicians Associate 5. NIHR program grant “MICE” (mental health in children with epilepsy) 6. Charity bid for IMRI development

Objectives still to achieve
Strategic priorities

Great Ormond Street Hospital for Children NHS Foundation Trust

CARE

1. CHI service expansion and development
2. Young Adult Haemodialysis Unit (YAHU)
3. Repatriation of Craniofacial Service to GOSH
4. Develop and implement Gastroenterology service strategy in consultation with external stakeholders
5. JAG Accreditation for Endoscopy
6. Expansion and Redesign of Critical Care inline with PIC standards
7. Ongoing collaborations between mental health, SNAPS and gastroenterology to support complex gastro patients
8. Review Eating and Feeding service
9. Development of a central paediatric surgical HDU pathway
10. Redesign of urology service to allow sub specialisation
11. Matron-led radiology flow project to improve cancellations

PEOPLE

1. Ongoing development of clinical leadership roles
2. Recruitment and Retention of Specialist Nurses to maintain commissioned beds with particular reference to HDU and ITU.
3. Roll out of HDU course to support earlier repatriation of patients to ward beds

RESEARCH

1. Tissue engineering
2. Fetal spina bifida repairs

TECHNOLOGY

1. EOS imaging for musculoskeletal pathologies and orthopaedic surgical care
2. Revenue business case for IMRI implementation

Objectives still to achieve
Strategic enablers

Great Ormond Street Hospital for Children NHS Foundation Trust

VOICE	SPACE
1. GOSH contribution to Paediatric Surgery STP 2. Set-up of Gastroenterology Network 3. Establish Retinopathy pathway	1. Rainforest move from Badger to Squirrel 2. Site and Sound Development – Italian Building 3. Joint GOSH and Barts Health Young Adolescent Satellite Haemodialysis Unit (YAHU) 4. Commission and Open Neuroscience bed expansion on Possum 5. Relocation of Surgical short stay bed from Possum to Squirrel
INFORMATION	**FUNDING**
1. Implementation of Order Comms solution before EPR 2. Preparation of EPIC and ARIDIHA	1. Move to Radiology led line Service

Great Ormond Street Hospital for Children NHS Foundation Trust

International Private Patients Division
Annual Review & Strategic Objectives 18/19

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Welcoming Helpful Expert One Team

Top achievements in 2017/18

Strategic priorities

Great Ormond Street Hospital for Children NHS Foundation Trust

CARE

1. Excellent FFT results: Response rate (40.2%) and Positive feedback (97.2%)
2. Reduced complaints (2 yellow rated)
3. Implementation of Flow huddles to improve access
4. CV Line infection rate reduction to 0.86 per 1,000 line days
5. No SIs, Never events, incidents of c.Diff or MRSA

PEOPLE

1. PDR appraisal rate (ave. 97.5%)
2. Mandatory training compliance (ave. 98.0%)
3. Apprentice of year (third time running). 14 apprentices since start
4. Highest staff satisfaction in annual survey
5. Deep dives for Sickness and Turnover
6. Agency staff spend of 0.0%

RESEARCH

1. First gene therapy for Cerebral adrenoleukodystrophy insufficiency apheresis
2. ECP (extracorporeal photopheresis) treatment in GVHD post BMT
3. SDR surgery for cerebral palsy is being delivered by IPP funding
4. First private Gamma knife
5. Laser ablation for epilepsy development between JM Barrie and IPP

TECHNOLOGY

1. Dedicated link between London and Dubai to improve efficiencies (and legal)
2. Further development of PSAG boards (S6 and infectious)
3. Implementation of Flow boards
4. Implementation of discharge summaries
5. Improved website and launch of Social media channels

Top achievements in 2017/18
Strategic enablers

Great Ormond Street Hospital for Children NHS Foundation Trust

VOICE

1. Marketing activities
2. Review of partnership opportunities
3. Patient and Family improvements from feedback
4. Improved clinical communication with referrers through patient update reports
5. Implementation of 'green talk'

SPACE

1. Increase outpatient capacity through Saturday clinics
2. Redecoration of two ward areas
3. Upgrade of environment in Caterpillar outpatients

INFORMATION

1. Improved weekly activity reporting
2. Development of productivity indicators for PRM
3. Improved responsiveness through integrated working

FUNDING

1. Significant year on year income growth
2. Commercial 'Better value' programme
3. First International Fellowship
4. Review of new territories
5. Contracts with all 5 major insurers and revalidated with major PMI provider

Objectives still to achieve
Strategic priorities

Great Ormond Street Hospital for Children NHS Foundation Trust

CARE	PEOPLE
1. Roll-out of Flow huddles in Hedgehog and Butterfly 2. Pathway revision and clinical team development to secure specialist activity 3. PICB service developments 4. Partnership with host organisation to improve patient pathway	1. Further reduce Sickness and Turnover rate 2. Reduce vacancies and bank usage
RESEARCH	**TECHNOLOGY**
1. Increased engagement with R&I and raise awareness with consultants and referrers	1. EPR - IPP in or out? 2. Roll-out of Flow board in Hedgehog and Butterfly 3. Patient entertainment further developed to cultural needs 4. Implement electronic FFT

Objectives still to achieve
Strategic enablers

Great Ormond Street Hospital for Children NHS Foundation Trust

VOICE	SPACE
1. Improved Howard Warwick performance (external patient and family experience) 2. Increased clinical communication and timely production of medical reports	1. Access to dedicated theatres for targeted specialities (funded through H'hog B/C) 2. Demand and Capacity review before Phase 4
INFORMATION	**FUNDING**
1. Improving quality of Trust information 2. Making IPP information more accessible 3. Improving scorecard reporting turnaround times	1. Challenging external environment 2. Commercialising opportunities for NHS support services 3. Reduced debt holding

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 February 2018

Draft Financial & Operational Plan 2018-19 **Submitted by:** Nicola Grinstead, Deputy Chief Executive Loretta Seamer, Chief Finance Officer	**Paper No: Attachment K** **Attachments:** i. Planning process overview 2018-19 ii. Draft Financial Plan 2018-19 iii. Draft Operational Plan narrative 2018-19

Aims / Summary

The Trust submitted a two year operational plan for 2017-19 in December 2016. In line with the previous update to the Board, the Trust has been undertaking a process to refresh the planning assumptions for 2018-19.

There is currently no formal national guidance in relation to national planning submissions for 2018-19 but NHS Improvement has informally notified the Trust that these submissions will be required in late February or early March.

The purpose of the attached papers is therefore to provide an update to the Board on the planning process and likely submission requirements (attachment i), the financial planning assumptions and risks (attachment ii), and a refreshed operational plan narrative for 2018-19 (attachment iii).

Action required from the meeting

- **Note** the draft Financial Plan (Attachment ii) and assumptions and risk assessment of assumptions used in the development of the two year plan.
- **Support the recommendation** that the Trust should agree to the Control Total set for next year, based on the assumptions outlined in the draft financial plan.
- **Review** the draft operational plan (Attachment iii) and provide feedback for amendments prior to submission of the draft plan.
- **Indicate** that the Board is satisfied that adequate governance measures are in place to ensure the accuracy of information included within the plans.
- **Delegate** authority to CEO to sign off the draft for submission in late February or early March (awaiting clarification from NHS Improvement).

Contribution to the delivery of NHS / Trust strategies and plans
This paper details the Trusts draft Operational and Financial Plan for the two years starting April 2017.

Financial implications
The Trust is required to establish a robust financial and operating plan for 2017/18 and 2018/19 that ensure it remains safe and sustainable whilst delivering its strategic objectives.

Who needs to be told about any decision?

Who is responsible for implementing the proposals / project and anticipated timescales
Chief Finance Officer and Deputy Chief Executive

Who is accountable for the implementation of the proposal / project
Chief Executive Officer

Attachment K

Great Ormond Street Hospital for Children NHS Foundation Trust

2018-19 planning process overview

1. Introduction

This paper provides an update on the planning process for 2018/19 and the expected external reporting requirements.

In September 2016, NHS Improvement (NHSI) and NHS England (NHSE) published the NHS Operational Planning and Contracting Guidance 2017-19. For the first time, this set out a process for agreeing two year operational plans and contracts with commissioners, and in the context of a national tariff that was set for two years. The Trust submitted its 2017-19 operational plan in December 2016.

Given the time elapsed since the setting of this plan for 2018/19, the trust has been undertaking an internal process to refresh the assumptions for the coming year (described further in section 2)

NHS Improvement have now informally indicated a requirement for national submissions relating to this update (described further in section 3). However, we are waiting to receive formal guidance.

2. GOSH refresh process for 2018/19

GOSH is undertaking an ongoing process to refresh planning assumptions. This includes the following processes, as described to the Board in a previous update:

- Revision of activity plans to reflect the latest information including in relation to utilising PICB capacity;
- Ongoing discussions with commissioners in relation to income levels, CQUIN and QIPP;
- Enhancing process and identifying schemes under the Better Value programme;
- Budget setting process reflecting the latest expectations around inflation, approved business cases and additional unavoidable cost pressures identified during the year.
- Refreshing capital planning assumptions

The internal business planning process has the following key events leading up to finalised plans at the end of March:

- From w/c 5th February: weekly budget setting progress meetings in the run up to budget sign-off
- 8th February: speed dating style event to plan cross-cutting Better Value schemes for 18/19
- 22nd February: presentation of divisional business plans across clinical divisions and executives
- w/c 12th March: second speed date style planning event
- w/c 19th March: final presentation of business plans
- w/c 21st March: divisions and corporates sign-off plans
- 28th March: Board sign-off of final plan

Running parallel to this is a negotiation process with NHSE (described further in attachment ii) and an assurance process with NHSI's London regional team.

3. National planning process

No formal guidance has been received from NHS Improvement regarding the timing or content of plan submissions.

NHSI have indicated that formal guidance is likely to be received in the week commencing 29th January, although this has been delayed a number of times.

It has been informally indicated that this will require submission of the same set of returns as in the previous year – this consisted of the following:

- Operational plan (narrative – updated draft version provided as attachment iii)
- Financial return (detailed template) - required CEO and CFO signature
- Workforce return (detailed template)
- Activity return (detailed template)
- Triangulation return (detailed template) - required CFO signature
- Assurance statement (relating to performance targets and clinical standards) - required CEO signature

Further to the required sign-offs set out above, the financial and workforce return also required Board confirmation that 'the Board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered into this planning template'. The informal indication from NHSI is that these same sign-offs will be required for the submissions for 2018-19.

The deadline for the draft submission of these documents is yet to be confirmed but is likely to be in late February or early March, with final plans submitted at the end of April, after agreement with commissioners.

4. Attached papers for review

The following papers are provided for review:

Finance plan 2018/19 update (attachment ii) – this sets out the key financial assumptions and risks for 2018/19.

Operational plan 2018/19 update (attachment iii) – this provides a revised operational plan narrative for 2018/19, highlighting key changes from the original assumptions used in the 2017-19 plan. It follows the format prescribed by NHS Improvement for the original 2017-19 operational plan.

5. Next steps and actions required

Work is ongoing to refine plans up to the end of March, as described in section 2. The timetable is not built around national planning deadlines as we are yet to be formally notified of any. National submissions will be based on the financial assumptions set out in the financial planning paper attached (attachment ii) and the other planning assumptions set out in the operational plan narrative (attachment iii). It is envisaged that the ongoing planning process will lead to further refinement of these assumptions, but that this will not materially change the overall financial plan and therefore the recommendation to accept the control total (in the context of the financial assumptions and risks indicated in attachment ii).

On this basis, the Trust Board is asked to:

1. **Note** the draft Financial Plan (Attachment ii) and assumptions and risk assessment of assumptions used in the development of the two year plan.

2. **Support the recommendation** that the Trust should agree to the Control Total set for 18/19, based on the assumptions outlined in the draft financial plan.

3. **Review** the draft operational plan (Attachment iii) and provide feedback for amendments prior to submission of the draft plan.

4. **Indicate** that the Board is satisfied that adequate governance measures are in place to ensure the accuracy of information included within the plans.

5. **Delegate** authority to CEO to sign off the draft for submission in late February or early March (awaiting clarification from NHS Improvement).

Attachment K

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT

Revised 2nd Year of NHSI 2 Year Financial Plan

2018/19

Board Briefing February 2018

Financial Review

1. Executive Summary

The NHS planning and contracting process last year required GOSH to submit a two-year plan to NHSI. We have been informed that NHSI will be expecting an update for 2018/19 year to be submitted in February, which includes any amendments / new expectations there may be for 2018/19.

At this time, NHSI have not confirmed dates or a format for the return although it is expected to be similar to last year's return (and will be for a single year). Information we have been given does not suggest a requirement to report a plan for 2019/20.

The initial phase of the financial planning is considered a 'top-down' approach and will provide the bridge and key assumptions between the current year forecast outturn and 2018/19.

The outcome of the planning outlines the financial assumptions applied if the Trust is to meet the control totals for both years.

The following are the key assumptions and risks for consideration:

- NHSE Contract includes the impact of the Local Price Review, demographic growth, high cost drugs and devices growth, tariff inflation, activity to maintain RTT performance, commissioner QIPP of £7.6m and business cases. The original contract value for 2018/19 was £295.8 million with NHSE, though this was before adjustments to the 2017-18 contract for the impacts set out above. The revised contract (including CQUIN) for 2018-19 is £306m. The current expectation of GOSH at present is for a contract of £324m in 2018-19.
- Current Better Value plans need further work but reviews of the financial numbers and our 2017/19 forecast outturn indicates that we anticipate the need for a Better Value program of between £12.0m and £15.0m. A target of £12m was assumed in the original 2018-19 submission though with additional cost pressures funded in budgeting, additional savings will be required.
- Delivery of the M9 forecast outturn of £1.7m above the control total has been assumed as the starting point for the 2018/19 plan; this incorporates an overachievement on income.
- The plan assumes that the costs and income associated with RTT will remain the same in 2018/19 as it was in 2017/18 while cost and income for demographic growth both increase. The full year effect of PICB will provide the infrastructure to support this growth. Although reasonable costs have been assumed, there is a risk that additional facility costs and changes to external support to the Trust will be greater than those in the plan.
- Allowances for contingencies and cost pressures have been included. The initial estimate from the Divisions is for £11.6m excluding inflation, which has been, covered separately. This is £5.0m greater than the funding put within the plan however meetings are underway to reduce the requirement of central funding for these cost pressures.

The capital plan is being worked up to take account of slippage in the 2017/18 program and the new items expected in 2018/19.

2. Background

The control total numbers can be found in the table below and show the 2017/18 control total, 2018/19 control total and the 2017/18 forecast outturn as at month 9. The 2018/19 plan is to hit the control total that was set within the submission of the two-year plan. The forecast outturn includes over performance on the NHSE contract and the current assumption is that this continues into 2018/19. There is risk around this as discussed within the income section below as this over performance has still to be agreed for 2017/18.

Year	Control Total / Outturn	Adjustment for Depreciation on Charity Funded Assets	Net Surplus (Deficit) including Dep'n for charity funded assets
2017/18	£9.7 m Surplus	£9.5 million	£0.2 million Surplus
2017/18 FOT	£11.4 m Surplus	£9.6 million	£1.8 million Surplus
2018/19	£11.0 m Surplus	£11.6 million	£0.6 million Deficit

Although there was a requirement to agree two year contracts last year these will not cover the current level of activity within the Trust. Formal planning guidelines have not been released at this time by commissioners and we are yet to receive a formal first offer for 2018/19.

3. Approach to financial forecasts/planning

Initial Submission Phase

The initial phase of the financial planning is considered a 'top-down' approach and will provide the bridge and key assumptions between the current year forecast outturn and the 2018/19 plan.

The Trust's draft financial plan for 2018/19 has been derived from a projection of the forecast out-turn for 2017/18 with adjustments for:

- non-recurring income and expenditure,
- changes in proposed contract activity and tariff, private income, other income and assumptions for CQUIN;
- known changes to costs for future years;
- cost inflation, productivity and efficiency targets and cost pressures including exchange rate fluctuations;
- any business cases approved or likely to be approved; and
- impacts from the opening of PICB.

If there are any strategic developments or service reviews outlined in the NHS England Specialist Commissioning intentions in relation to the next year, but not as yet approved or have detailed impact assessments, or implementation plans, have not been included in the plans.

In particular, the current assessment of the Cardiac Heart Disease service is still being discussed with relation to the overall Trust Strategy. As a result, the Trust has not made any material changes to its activity projections for these plans. We believe this approach is consistent with that adopted by our commissioners.

Detailed Budget Development Phase

The development of the detailed budgets by cost centre will be based on a rolled budget from the 2017/18 budgets as these were in essence zero based in a number of areas. Once the divisions have agreed the financial envelopes they are going to work to they will be able to set a bottom up budget save for a number of basic financial controls around the creation of staffing and pass through expenditure that

is derived relative to the overall level of income and activity. The bottom up budget will reconcile to their agreed envelopes, which will reconcile to the NHSI plan.

4. Summary Financial Statements 2018/19

Control Total Targets

(Note: These are based on the control totals issued to GOSH last year. We do not expect the control total to change and have therefore assumed the control total for 2018/19 will remain unchanged)

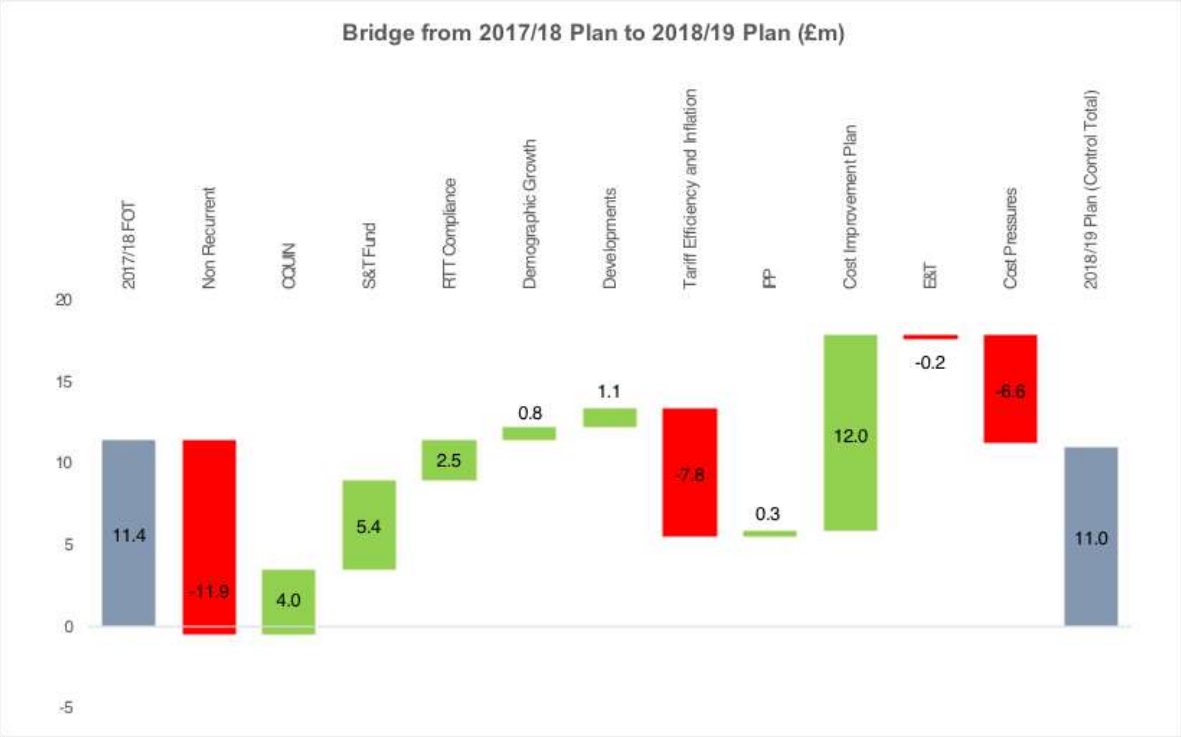
Year	Control Total	Adjustment for Depreciation on Charity Funded Assets	Net Surplus (Deficit) including Dep'n for charity funded assets
2017/18	£9.714 million Surplus	£9.5 million	£0.2 million Surplus
2018/19	£11.005 million Surplus	£11.6 million	£0.6 million Deficit

Income Statement

The statement below lays out the original 2017/18 plan, the forecast outturn as at month 9, the 2018/19 plan submitted last year and the new revised plan incorporating the forecast outturn.

Statement of Comprehensive Income	January Submission			
£m	2017/18 Plan	2017/18 FOT	2018/19 Original Plan	2018/19 Revised plan
NHS & Other Clinical Revenue	276.6	278.5	282.1	284.6
Pass Through	63.5	65.7	65.3	68.7
Private Patient Revenue	60.7	63.4	62.7	64.4
Non-Clinical Revenue	53.3	56.4	53.3	56.4
Total Operating Revenue	**454.1**	**464.0**	**463.4**	**474.1**
Permanent Staff	(225.5)	(229.7)	(231.5)	(237.4)
Agency Staff^	(6.4)	(4.4)	(5.9)	(5.0)
Bank Staff^	(17.0)	(16.7)	(17.6)	(15.2)
Total Employee Expenses	**(248.8)**	**(250.8)**	**(255.0)**	**(257.6)**
Drugs and Blood	(13.1)	(11.6)	(11.9)	(12.5)
Other Clinical Supplies	(46.4)	(43.7)	(46.8)	(40.8)
Other Expenses	(54.1)	(64.9)	(54.9)	(67.6)
Pass Through	(63.5)	(65.7)	(65.3)	(68.7)
Total Non-Pay Expenses	**(177.1)**	**(185.9)**	**(178.9)**	**(189.6)**
Total Expenses	**(425.9)**	**(436.7)**	**(433.9)**	**(447.2)**
EBITDA	**28.2**	**27.3**	**29.5**	**26.9**
Depreciation on Trust-funded assets	(11.2)	(8.5)	(11.2)	(8.5)
Interest	0.2	0.1	0.2	0.1
PDC	(7.5)	(7.5)	(7.5)	(7.5)
Net (Deficit)/Surplus (exc Cap. Don. &	**9.7**	**11.4**	**11.0**	**11.0**
Depreciation on Donated Assets	(9.5)	(9.6)	(11.5)	(11.6)
Impairments	(8.0)	(8.0)	0.0	0.0
Net (Deficit)/Surplus after adj for dep on donated	**(7.8)**	**(6.2)**	**(0.5)**	**(0.6)**
Capital Donations	72.1	32.7	69.1	57.6
Net Result	**64.3**	**26.5**	**68.6**	**57.0**

The waterfall below shows the main assumptions within the 2018/19 plan and shows the movement from the 2017/18 forecast outturn to the new revised 2018/19 plan. The full detailed bridge can be seen at the end of the finance section of this report.



Statement of Financial Position

Statement of Financial Position	January Submission			
£m	2017/18 Plan	2017/18 FOT	2018/19 Original Plan	2018/19 Revised plan
Non-Current Assets	536.7	451.3	612.3	507.8
Inventory	7.3	8.9	4.3	9.2
Debtors	67.2	75.7	67.4	82.5
Cash	53.8	50.1	53.5	50.6
Creditors	(70.5)	(67.2)	(75.1)	(74.7)
Provisions & Non-Current Liabilities	(5.1)	(5.1)	(4.8)	(4.8)
Total Assets Employed	**589.4**	**513.7**	**657.7**	**570.7**
PDC Reserve	126.0	126.7	126.1	126.7
I&E Reserve	353.6	301.9	421.9	358.9
Revaluation Reserve	106.7	82.0	106.7	82.0
Other Reserves	3.1	3.1	3.1	3.1
Total Taxpayers' Equity	**589.4**	**513.7**	**657.7**	**570.7**

5. Bridging/Planning Assumptions

Refer to Appendix 1 for the Detailed Income Statement including bridging adjustments from out-turn to plan 2017/18 and 2018/19.

The plan includes the following assumptions. The Risk assessment applied indicates the certainty of the assumption.

Assumption	Notes	Risk Rating	£m Risk
M9 2017/18 Forecast Out-turn	This internal forecast at month 9 is the basis for the forecast, Net surplus £1.8m excluding capital donations and impairments. This is adjusted for depreciation on donated assets of £9.6m, which gives GOSH an £11.4m outturn. This is £1.7m favourable to the control total.	G	£1.7m
NHS Clinical Income	The plan includes the Trust over delivery on NHS clinical income both on activity and pass through items. This has not yet been agreed with NHSE and is therefore subject to risk. There is also assumed growth in the plan which has not been agreed with NHSE and is above the original plan and contract agreed. Until detailed planning assumptions are received from NHSI and NHSE, it is not possible to fully quantify the risk.	A	£15.6m
Cost for Additional NHS Activity	Costs are increased based on 70% of income to support growth in activity.	G	
IPP Growth	Growth in IPP income has been assumed to be £1.0m with an assumed margin of 30%.	A	£0.3m
Apprenticeship Levy	The Apprenticeship levy has been paid throughout 2017/18 and although it will increase in line with increased pay costs the increase is 0.5% of the increased pay bill circa 0.04m. At this stage no change has been assumed.	G	
Research and Innovation	Additional research income has been assumed within the plan but is expected to be at cost and therefore has no impact on the Trust's bottom line.	G	
RTT Activity	RTT activity for 2017/18 has been removed as a non-recurrent activity of £2.5m. The assumption in the plan is that the same level of RTT activity will occur in 2018/19 however activity forecast predict RTT activity to be higher than this.	G	
Business Cases	The plan allows for business cases with a net impact to the trust bottom line of £1.1m.	G	£1.1m

Assumption	Notes	Risk Rating	£m Risk
PICB	The plans assume that with PICB open the full year impacts of the building costs will be incurred by GOSH. There is some risk around the cost of running the new facility going forward but this is being managed by DPS though cost pressure applications. With the additional beds now open the plan assumes that GOSH has the capacity to deliver the activity plans without opening additional capacity.	G	
Cost Pressures	Cost pressures have been assessed and included. These currently are £11.6m. £6.6m has been put aside in the plan and challenge meetings are being held to reduce the need for central funding of these cost pressures as divisions will be expected to manage their bottom lines.	R	£5.0m
Inflation	The following inflation rates have been applied: Pay 2.5% (1% inflation, 1.5% increment) Non-Pay Drugs 3.6% Non-Pay Other 2.1% The assumption is that the pay inflation will be in line with previous years. Should the Pay review come out with an increased pay award for the NHS we are assuming this will be offset by additional income as mentioned in the Autumn Budget Statement.	A	
Exchange Rate Risk	£2.5 million has been allowed in 2017/18.	A	
Contingency	The 1% contingency has assumed to be recurrent and therefore is still within the plans as per 2017/18 plans.	A	
Productivity and Efficiency Improvements	This target has been determined based on the assumption that the control total will be achieved based on all other assumptions applied. The expected range is £12.0m to £15.0m and the current financial plan assumes £12.0m. £3m has been established in the plan as a stretch to cover cost pressures arising in year; the level of Better Value will be determined post initial budget setting.	A	£3.0m
	Total at risk		**£26.7m**

6. NHS England Contract

NHS Improvement and NHS England published the NHS Operational Planning and Contracting Guidance 2017-19 on 22 September 2016.

NHS Improvement has advised that all contract variations to the existing 2017/18 and 2018/19 contract should be agreed by the beginning of March 2018, with mediation to follow where there are significant and material differences between commissioners and providers. NHS England commissioners have advised that they are working to a later date for contract agreement.

Principles and Assumptions

The following principles and assumptions have been applied in arriving at the proposed Trust contract value.

1. National Pricing

The 2017/18 and 2018/19 National Tariff Payment system was published on 22 December 2016. The Trust has grouped activity using the current tariff grouper and priced PbR activity according to the 2018/19 national prices. Local prices are uplifted by 0.1% in line with the net tariff inflator outlined by NHS Improvement.

2. Starting Baseline

The baseline activity is Months 1 (April) to Month 9 (December) 2017 inclusive, adjusted to current forecast outturn on a straight line basis.

3. Growth

Demographic growth for children as calculated by the Office for National Statistics is 1.35% for the Trust catchment area of North London, Essex, Bedfordshire and Hertfordshire. Non demographic growth is largely covered by NICE approvals and no assumption has been included at this stage.

4. Other adjustments

The baseline has been adjusted for the full year effect of the outcome of the pricing review jointly undertaken in 2016/17. Both NHS England and the Trust now need to work to agree the revised prices and activity levels for those services already reviewed. The workplan for the remaining services is currently being progressed by the Trust and the methodology has been shared with NHS England who are yet to confirm their agreement to this.

The Trust has adjusted the contract baseline for a 4% increase in passthrough costs for Drugs and Devices and also adjusted for the impact of NICE TAs, Devices.

Achievement of commissioner QIPP is increasingly difficult. The Trust has included £7.6m for 2018/19 as this is the current contractual requirement.

5. CQUIN

2.0% has been included on all points of delivery apart from pass-through costs. The current local GOSH specific schemes are expected to continue from 2017/18 where appropriate and proposals for alternative schemes are under development. The current expectation is that 80% of the CQUIN contract value will be achieved.

Comparison of NHSE Contract Value, NHSI Plan and GOSH Proposal

The Month 9 forecast outturn for 2017/18 is £315.4m. This is £9.4m above the current contract value of £295.8m for both 2017/18 (after contract variations). The NHSI plan submitted in March 2017 for NHSE is £310.3m for 2017/18 and £317.0m for 2018/19.

The activity and pass through growth above both contract and planned levels has not yet been agreed for 2017/18. NHSE set out a without prejudice formal proposal of £311m for the full and final settlement of the 2017/18 contract year on 21st December 2017 which was not accepted.

This represents a current risk for 2017/18 and a future risk as the 2017/18 over performance is compounded in 2018/19 with additional activity and pass through growth, tariff inflation and business cases assumed within the GOSH proposal.

The table below summarses the variances:

2017-18		
NHSE Contract	NHSI Plan	GOSH Forecast
306	310.3	315.8

2018-19		
NHSE Contract	NHSI Plan	GOSH Forecast
306	317	324

At this stage, the NHS England values are based on the 2018/19 Contract value. It does not reflect any adjustments for the following:

2017/18 Over-performance (including undelivered QIPP)

- Impact of demographic growth
- Impact of tariff changes
- Impact of tariff and non-tariff inflationary changes
- Impact of the Local Price Review
- Impact of NICE Technology appraisals and Devices
- Impact of known service developments

Weekly Contract negotiation meetings will be convened during February so there is a clear process to agree the contract schedules. Due to the delays in the national planning guidance it is not clear by which date in March, NHS England and the Trust must reach agreement or seek mediation.

7. Capital plan

Capital is funded by a combination of charity funds and trust funds. Charity funding assumed in this plan has been allocated tentatively pending grants committee approvals on final business cases. Funding from the Trust capital is based on not exceeding free cash flow available in each year.

The Capital Plan for 2018/19 will be finalised in February.

2018/19 Bridge – 2017/18 Plan to 2018/19 Plan

	2017/18 Plan	2017/18 Outturn	CQUIN / STF / RTT	Normalised Outturn 2017/18	CQUIN / STF / RTT	Demographic Growth	Tariff Efficiency and Inflation	IPP	E&T	R&I	Business Cases	Better Value	Cost Pressures	Other	Control Total Plan 2018/19
NHS & Other Clinical Revenue	**276.6**	**278.5**	(6.5)	**272.0**	6.5	3.5	0.4				2.1				284.5
Pass Through	**63.5**	**65.7**		**65.7**		3.0									68.7
Private Patient Revenue	**60.7**	**63.4**		**63.4**				1.0							64.4
Non-Clinical Revenue	**53.3**	**56.4**	(5.4)	**51.0**	5.4				(0.2)	0.2					56.4
Total Operating Revenue	**454.1**	**464.0**	(11.9)	**452.1**	11.9	6.5	0.4	1.0	(0.2)	0.2	2.1	0.0	0.0	0.0	474.0
Permanent Staff	**(225.5)**	**(229.7)**		**(229.7)**		(2.0)	(6.3)	(0.5)		(0.1)	(1.0)		(3.0)		(242.6)
Agency Staff^	**(6.4)**	**(4.4)**		**(4.4)**									(0.6)		(5.0)
Bank Staff^	**(17.0)**	**(16.7)**		**(16.7)**								6.7			(10.0)
Total Employee Expenses	**(248.8)**	**(250.8)**	0.0	**(250.8)**	0.0	(2.0)	(6.3)	(0.5)	0.0	(0.1)	(1.0)	6.7	(3.6)	0.0	(257.6)
Drugs and Blood	**(13.1)**	**(11.6)**		**(11.6)**			(0.9)								(12.5)
Other Clinical Supplies	**(46.4)**	**(43.7)**		**(43.7)**			(1.0)	(0.2)		(0.1)		5.3	(1.0)		(40.7)
Other Expenses	**(54.1)**	**(64.9)**		**(64.9)**		(0.7)							(2.0)		(67.6)
Pass Through	**(63.5)**	**(65.7)**		**(65.7)**		(3.0)									(68.7)
Total Non-Pay Expenses	**(177.1)**	**(185.9)**	0.0	**(185.9)**	0.0	(3.7)	(1.9)	(0.2)	0.0	(0.1)	0.0	5.3	(3.0)	0.0	(189.5)
Total Expenses	**(425.9)**	**(436.7)**	0.0	**(436.7)**	0.0	(5.7)	(8.2)	(0.7)	0.0	(0.2)	(1.0)	12.0	(6.6)	0.0	(447.1)
EBITDA	**28.2**	**27.3**	**(11.9)**	**15.4**	**11.9**	**0.8**	**(7.8)**	**0.3**	**(0.2)**	**0.0**	**1.1**	**12.0**	**(6.6)**	**0.0**	**26.9**
Depreciation on Trust-funded assets	**(11.2)**	**(8.5)**		**(8.5)**											(8.5)
Interest	**0.2**	**0.1**		**0.1**											0.1
PDC	**(7.5)**	**(7.5)**		**(7.5)**											(7.5)
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	**9.7**	**11.4**	**(11.9)**	**(0.5)**	**11.9**	**0.8**	**(7.8)**	**0.3**	**(0.2)**	**0.0**	**1.1**	**12.0**	**(6.6)**	**0.0**	**11.0**
Depreciation on Donated Assets	**(9.5)**	**(9.6)**		**(9.6)**										(2.0)	(11.6)
Impairments	**(8.0)**	**(8.0)**		**(8.0)**										8.0	0.0
Net (Deficit)/Surplus after adj for dep on donated assets)	**(7.8)**	**(6.2)**	**(11.9)**	**(18.1)**	**11.9**	**0.8**	**(7.8)**	**0.3**	**(0.2)**	**0.0**	**1.1**	**12.0**	**(6.6)**	**6.0**	**(0.6)**
Capital Donations^^^	**72.1**	**32.7**		**32.7**										24.9	57.6
Net Result	**64.3**	**26.5**	**(11.9)**	**14.6**	**11.9**	**0.8**	**(7.8)**	**0.3**	**(0.2)**	**0.0**	**1.1**	**12.0**	**(6.6)**	**42.5**	**57.0**

Great Ormond Street Hospital for Children NHS Foundation Trust Operational Plan 2017-2019 – 2018/19 refresh

Introduction

Strategic context

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an acute paediatric provider of specialised and highly specialised treatment and care for children presenting with rare and complex diseases and conditions. This is why our vision, which sets our direction, is 'helping children with complex health needs fulfil their potential'. Our mission is to put 'the child first and always', which is supported by our 'always values' - to be always welcoming, always helpful, always expert and always one team.

Since the Operational Plan 2017-19 was set in December 2016, the Trust has been undertaking a programme of work to update and embed its strategy, with this mission and vision as its starting point. The revised strategy is formed around the framework set out in the diagram below.

We have worked with our staff and partners to understand what GOSH needs to focus on in order to achieve our vision. In 2017 more than 260,000 patients from all over the country attended GOSH, around half from outside London – so our population is not local. We provide over 50 different specialist and sub-specialist paediatric services – the widest range on any one site in the UK. 90% of our funding is from NHS England specialised commissioning. These factors do set us apart from other providers, but they do not hide us from the very challenging environment across the NHS. GOSH continues to experience pressures such as increasing operating costs; rising demand across core services like

cardiac, neuroscience, and cancer; staff shortages; and a requirement to find a place in the new structures and reforms and wider-NHS strategies.

However, the environment also presents exciting opportunities. We are committed to becoming a hospital where research is integral and drives treatment and outcomes. We have seen some exceptional research outcomes this year, many of which have immediately improved children's lives. During treatment patients and their families might be going through the toughest times of their lives, so great importance is put on creating nurturing environments, and high-quality facilities for providing specialised and highly-specialised care, so our estates and facilities are critical. The opening of the new Premier Inn Clinical Building, for example, brings a number of services into one brand new facility from across the current estate. We will use technology to move towards a digital future, to access information and share information, make decisions, engage patients and partners and drive safety. In the context of decreasing real-term funding for specialised and highly specialised services as well as the high costs associated with providing specialised and highly specialised services, funding and financial stability remains critical. It helps us to continue to grow our portfolio of research grants and research posts, fund infrastructure funding for our Somers Clinical Research Facility, while the GOSH charity helps to fund buildings and equipment. Private patient work is also key to providing financial support for our NHS paediatric services.

Our strategic objectives are aligned to eight areas of focus that reflect these challenges and opportunities – care, people, research, technology, voice, space, funding, and information.

Key achievements in 2017/18 and plans for 2018/19

Teams across the Trust have made significant progress and achievements in the first year of the operational plan 2017-2019, in line with these key areas of focus. These achievements include:

- Opening of the new Premier Inn Clinical building
- Improved performance against RTT and diagnostic targets and ongoing improvements in related data quality
- Forecast delivery of £10.9m 'Better value' schemes (as at M9)
- Establishing of the work programme to design and build the new EPIC Electronic Patient Record (EPR) system
- Ongoing progress in developing the business case for construction of 'Phase 4' in line with the trust's master plan

In 2018/19, these key areas will continue to be developed – with a plan to:

- Deliver the national RTT target
- Aim for a £15m 'Better Value' Programme, with required delivery of £12m
- Complete work on EPR for 'go live' in April 2019
- Continue progress on 'Phase 4' development
- We will also continue work with the Cognitive Institute to deliver a Safety & Reliability Improvement Programme that will improve the culture of safety and accountability within the Trust

The following sections of this operational plan refresh set out further details relating to these and other areas, following the format and prescribed content areas required by NHS Improvement

Great Ormond Street Hospital for Children NHS Foundation Trust

Operational Plan 2017-19

2018-19 Refresh

1 Approach to activity planning

1.1 Activity plan

The Operational plan 2017-19 was set in December 2016. The 2018/19 activity plan within this has now been reviewed and updated, taking into account key changes including new developments identified (for example, growth in inherited cardiovascular disease activity) and a delay in opening additional capacity planned for 2017/18 (in the Premier Inn Clinical Building).

The table below sets out the revised assumptions for the trust's activity plan – subject to negotiation with commissioners:

	2017/18 FOT	2018/19 Plan	2018/19 growth assumption	Original assumption
First Outpatient attendances	45,571	47,222	2.7%	
Follow up outpatient attendances	189,243	192,891	2.1%	
Telephone outpatients	19,690	20,935	6.3%	
Total outpatients attendences	**254,504**	**261,048**	**2.6%**	**1.4%**
Elective	27,000	27,555	2.1%	
Day case and regular attenders	14,396	15,119	5.0%	
Total non-elective admissions	2,976	3,016	1.4%	
Total admitted spells	**44,372**	**45,691**	**3.0%**	**2.6%**

Key assumptions:

- Demographic growth has been included at 1.4% (per ONS).
- First and follow up outpatient growth above this is due to two factors: additional activity required to deliver national access targets (see section 1.2 below) and the impact of an agreed business case relating to growth in Inherited cardiovascular disease (ICVD). Telephone outpatient growth relates to the impact of improved recording of telephone appointments in some particular services.
- Elective growth above demographics is due to additional activity required to deliver national access targets (see section 1.2)
- Day case growth above demographics mainly relates to the ICVD business case, but there is also some additional growth to meet national access targets.

The increase in these assumptions compared to those in the original operational plan is due to a) the inclusion of the ICVD case (not agreed at the time of setting the original plan) and delay in opening additional capacity to deliver national access targets, which has moved some activity from 2017/18 into 2018/19.

The following sections set out further detail in relation to these changes, in terms of activity and physical capacity.

1.2 Access targets

Delivering the activity changes required for sustainable delivery of access targets has continued to be a focus throughout 2017/18, and the Trust has worked closely with its specialist commissioner, NHS England, the CQC and NHSI, to address the associated challenges and requirements. The 2018/19 plan has been updated to reflect the most recent expectations around this – particularly the impact of the delay of opening additional capacity.

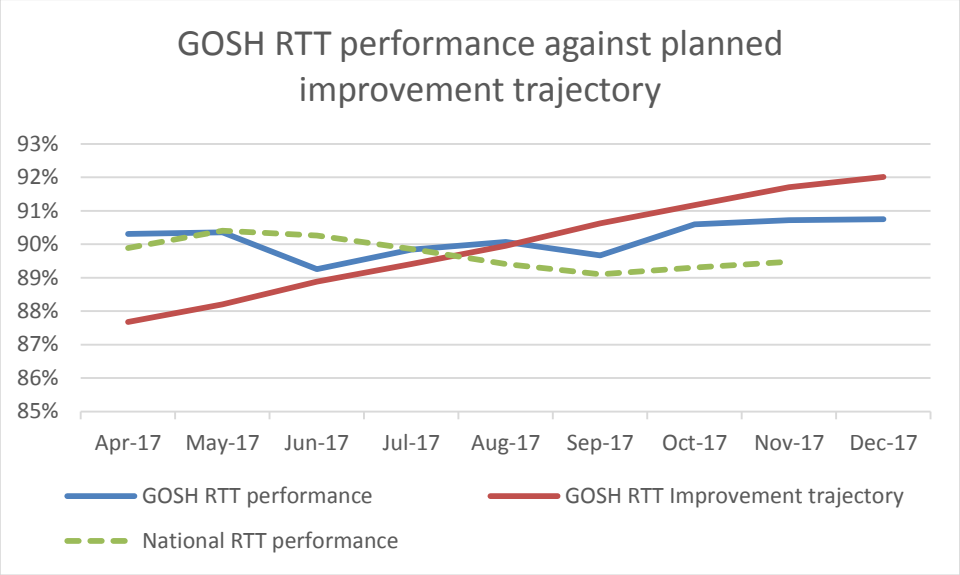
Referral to Treatment target (RTT)

Following support from the NHS Improvement Intensive Support Team (IST) in 2015/16, the Trust has used IST tools to model demand and capacity, particularly focusing on key challenged specialties for RTT compliance including:

- Orthopaedics
- Spinal
- Urology
- Specialist neonatal and paediatric surgery (SNAPS)
- Plastic Surgery
- Neurology

For each speciality, these models have been used to determine the level of activity and the associated capacity needed to support delivery.

During 2017/18, the Trust has not quite succeeded in achieving the improvement trajectory planned as part of the original 2017-19 operational plan. This was due to the delayed opening of additional capacity, a number of staffing issues in highly specialised areas, and also partly due to the resolution of some additional data quality issues. Despite this, performance in the last three months has been consistently above national performance and within 1.5% of the target – as set out in the following graph:



The additional capacity was opened in November/December 2017 (delayed from August 2017) – this will enable the sustainable delivery of increased levels of activity in challenged specialties, and thereby support the achievement of the RTT target in 2018/19.

Diagnostics target

Significant work has taken place to improve performance against the diagnostics target during 2017/18, with the Trust achieving the target in November and missing by 1 breach in December. However, this continues to be a challenge, partly due to the very small margin allowed in terms of number of patients breaching (the target will be failed if there are c. 5 breaches in a month). The plan is to achieve this target throughout 2018/19 – however, this will continue to be at risk on a monthly basis, due to the small numbers involved.

Cancer target

The Trust has delivered against the applicable cancer targets throughout 2017/18 and this is expected to continue throughout 2018/19.

1.3 Expansion of PICU and NICU

The operational plan 2017-19 set out the intention to open two additional NHS PICU/NICU beds (and one further bed relating to private patient activity) in 2017/18, following on from the an increase of two beds at the end of 2016/17. This would bring the total number of staffed beds to 29. The aim was to support the delivery of additional activity required to meet the RTT target, and to meet demand for emergency referrals (in 15/16 190 referrals were refused).

During 2017/18 there have been a number of challenges in implementing this plan, both in terms of lower than expected demand (replicated across other London paediatric centres) and in our ability to staff the beds. Further work is being undertaken for 2018/19 to reassess demand and the appropriate level of resource required in this area to deliver the plans.

1.4 Premier Inn Clinical Building

The Premier Inn Clinical Building (PICB) opened in November 2017 (delayed from the original planned date of August 2017). Further detailed work continued to take place after the setting of the 2017-19 operational plan which led to a number of changes regarding plans for relocating beds and opening new beds.

Under the final plans, this allowed 86 beds to be relocated to the brand new facilities, and the opening of an additional 10 inpatient and 6 day case beds, principally focused in RTT challenged specialties.

PICB also provides additional physical capacity for the opening of a further 29 inpatient beds, and 12 day case beds. This provides space for areas of additional demand currently under review, most significantly relating to cardiac activity (see following section).

The impact of PICB on the trust's overall capacity is set out below:

Inpatient and day case available bed spaces			Staffed inpatient and day case beds		
16/17	Impact of PICB	18/19	16/17	Impact of growth assumptions	18/19
436	57	493	427	16	443

1.5 Other significant assumptions – transfer of congenital heart disease patients

At the time of setting the Operational Plan 2017-19, the Trust was in ongoing discussion with NHS England regarding the transfer of an estimated 150 congenital heart disease patients to GOSH, as a consequence of a national review of congenital heart disease services. The transfer had not yet been agreed, and therefore was excluded from the plan at that stage.

On 30 November 2017, NHS England published initial conclusions from its review, which did not recommend that the transfer take place at that stage. However, it set challenging requirements on those trusts from which activity would have been transferred. It remains uncertain whether the trusts will be able to meet these requirements in the set timeframe, and therefore the transfer of this activity continues to remain uncertain. Given this ongoing uncertainty, no assumption regarding this transfer has been assumed in the plan at this stage.

2 Quality planning

2.1 Approach to Quality Governance

Under the Executive directorship of the Medical Director, Quality Improvement at the Trust is part of the broad remit of the Quality and Safety team which incorporates Clinical Audit, Patient Safety, Clinical Outcomes and Complaints in addition to a team of Quality Improvement specialists working together to ensure an organisational approach to maintaining and improving our quality governance processes.

Executive oversight of Patient Experience and Engagement is through the Chief Nurse who, with the Medical Director, ensures an organisation wide approach to integrated delivery of the Quality Governance agenda. They are supported in this work by a number of senior roles including the Assistant Chief Nurse for Quality, Safety and Patient Experience, the Head of Quality and Safety and the Associate Medical Director for Quality, Safety and Patient Experience. (

Working with the divisional management teams the aim is to continue to develop a culture of continual identification of learning from events and making changes that are effective, sustainable and improve the quality of the service and experience of our children, young people and their families.

The Quality and Safety team work collaboratively with the Trust's Project Management Office (PMO) to ensure the right resources are available to the right work streams at the right time. This will reduce the risk of duplication of efforts and support the transition of projects to 'business as usual' whilst providing effective support to sustain changes and monitor outcomes.

Each of the priority quality improvement projects have an allocated Executive Director, operational lead and allocated specialist from the quality and safety team, who, along with other key specialists, form a steering group to oversee and support delivery.

Each improvement project has a steering group that reports to relevant Trust committees such as the Quality Improvement Committee (QIC), the Patient Safety and Outcomes Committee (PSOC) or the Patient Family Experience and Engagement Committee (PFEEC). These committees, alongside a newly-established Education and Workforce Committee, provide assurance to the Trust Board on the quality and safety programme.

Using the Institute for Health Improvement (IHI) model for improvement, the Quality and Safety team use data to encourage improvement activity and to demonstrate and evidence the impact of the improvement programme.

2.2 Summary of Quality Improvement plan

The Quality Improvement specialists work to support, enable and empower teams to continuously improve the quality of care provided to patients across GOSH. In the past year the teams have successfully completed the Neonatal Card project which had two stands: one was improving the care of neonatal jaundice the other being a reduction in repeated newborn screening tests. Both of these projects have seen a sustained improvement in the care that is provided to our patients.

This year also saw the roll out of the Sepsis 6 campaign and the Improving Tracheostomy care and education. These projects have been closed following sustained improvement and handed over to operational 'business as usual

The team continue to focus on the following projects:

- Improvement activities requested as part of Commissioning for Quality and Innovation (CQUIN)
- Transition
- Intensive Care Unit flow (focussing on Respiratory and Spinal Pathways)
- Safety Huddles and Electronic Patient Status at a Glance (EPSAG)
- Extravasation project
- Early Warning Scores project

In addition there are a number of locally led quality improvement projects which may receive mentorship and guidance from the Quality Improvement specialists.

Participation in national clinical audits is monitored by the Clinical Audit Manager within the Quality and Safety Team. There is a central clinical audit plan where work is prioritised to provide assurance and to review implementation of learning from serious incidents, risk, patient complaints, and to identify areas for improvement.

2.2.1 Extending collection of clinical outcomes and safety measures and ensuring they are appropriately benchmarked

The Trust has historically defined a range of clinical outcome measures for each specialty and published them on our website. In order to ensure continuing improvement with outcome measurement and reporting we will:

- refocus outcome development on value and patient reported outcome measures as well as clinical outcomes;
- bring outcome data sources into the reporting infrastructure to facilitate timely reporting;
- develop resources for validation and benchmarking of outcomes; and
- publish outcome measures in a way that incentivises quality and allows choice.

2.2.3 Recognition of the deteriorating child

Through the process of reviewing respiratory and cardiac arrests across the Trust it was identified that some children were having unplanned admissions to Intensive Care Units (ICU) yet this was not predicted or reflected in the patient's Early Warning Score. A systematic review of different scores was conducted and found the predictive performance of PEWS to be greater than the current CEWS score in this respect. Plans are now underway to roll this change out across the Trust for completion during 2017. The Trust continues to emphasise the importance of clinical observations, nurses "global professional judgement" and parental observations for identifying the deteriorating child.

The Trust is progressing a number of work streams to review its other processes and ensure they are effective. In particular we have completed the role out of ePSAG (electronic Patient Status at a Glance) boards into every inpatient ward and bespoke ambulatory areas and will complete the roll-out of the use of clinical safety huddles across all inpatient ward areas to increase situational awareness by 31 December 2016.

2.2.4 Cognitive Institute

The Trust is committed to and signed up to the Cognitive Institute's safety and reliability improvement partner programme which include:

- Emerging leaders' development
- Leaders' collaborative
- Safety Champions

The Trust is about to embark on this new partnership and will be investigating in a robust training package to ensure success.

2.2.5 Quality Improvement

The priorities of our Quality Improvement Programme are as follows:

- **Enable delivery of our strategic objectives**
    - Enable change that will help us to achieve our strategic aims whilst also supporting innovation and creative ideas from the front line
    - Align with other enablers of transformational change such as our redevelopment programme, electronic patient records and research and innovation

- **Facilitate continuous improvement in clinical outcomes and the experience of our children, young people and families**
    - Have a direct impact on outcomes, safety and the experience of patients and staff
    - Design and implementation of a Real Time Patient Experience system
    - Strengthen partnerships through co-leadership with patients and families
    - Transform operational management and business intelligence through the use of data

- **Transform the culture of Great Ormond Street Hospital so that everyone is looking for ways to improve patient care every day**
    - The programme is overseen by the QIC and is currently supporting various projects to improve patient flow (ICU & Outpatients), improving clinical processes through automation, e.g, e-Patient Status at a Glance.

2.2.6 Annual publication of avoidable deaths

The Trust is well placed to participate in publication of avoidable deaths. All deceased patients are discussed at a Local Case Review Meeting, with an outcomes form completed and shared with the Trust-wide Mortality Review Group (MRG) which reviews all deaths in the hospital. Every case is then independently reviewed by MRG within 8 weeks of the child's death. This provides a Trust-level overview of themes/risks which would be used to identify improvement actions where relevant. The MRG also functions to provide assurance that the patient pathway has been managed appropriately by the organisation, and coordinates information for relevant programmes e.g. national audits, Child Death Overview Panels where appropriate.

The Trust is also working with NHS England to establish a national system for peer review of in-hospital deaths of children and young people.

2.2.7 Seven day services

GOSH does not have an A&E department and the majority of its inpatient admissions are on an elective basis. Certain services such as paediatric critical care, acute transport and non-elective surgery are staffed by consultants all days of the week. We have comprehensive on call arrangements, in some cases shared with other Trusts in order to ensure the Trust can access specialised skills at all times. We will continue to participate in NHS England's national audits of emergency admission throughout this planning period.

The Trust now offers some outpatient and diagnostic appointments on Saturdays and extended a daycase ward to admit patients over six days. All new medical staff are recruited on flexible contacts. International Private Patients Division already offers a wide range of services on Saturdays and Sundays.

2.3 Summary of Quality Impact Assessment

The Trust has continued the work described in the 2016/17 business plan to enhance and embed its approach to Quality Impact Assessment (QIA). Following the input and advice from an external consultancy partner, a new Programme Management Office (PMO) has been established to oversee the Trust's CIP (and other major) plans for the next 3 years, and business partners have been recruited to support divisions with the scoping and delivery of their contributing projects.

The PMO has a well-developed integrated system to scope each plan and assess its quality impact. The PMO - working with the Medical Director, Chief Nurse and QI Team - has substantially revised the QIA process in line with Internal Audit recommendations from 2015/16. In support of the new divisional structure with its reinforcement of greater divisional responsibility, development of QIAs has been devolved to Divisional (Clinical) Chairs and Corporate Directors, subject to a related QIA scheme of delegation, with:

- Proposals likely to have more significant potential impact (including for example those of a cross-cutting nature) always requiring formal assessment and sign off by the QIA panel (co-chaired by the Medical Director and Chief Nurse);
- The QIA panel to be kept informed of the approval status of all schemes including those signed off at divisional level, and to oversee a regular audit process including those approved locally.

QIAs are required for any scheme with a potential to directly or indirectly impact quality. This includes back office and support services. The required framework considers impacts on patient safety, clinical outcomes, patient experience and staff experience.

In addition to regular meetings of the QIA panel, progress with QIAs is overseen at the monthly integrated performance meetings with divisions. QIA reports are provided to each meeting of the Quality & Safety Assurance Committee (QSAC) which reports to the Trust Board. The QSAC is provided with updates on completion of QIAs and any concerns arising, undertakes deep dives and receives post implementation reviews into individual schemes at each of its meetings, and considers reports on quality key performance indicators which could be used to provide early warning of impacts (both positive and negative) that may be attributable to the Better Value programme. A wide range of such indicators is already reported through monthly dashboards as part of the divisional performance review process. In addition, a set has now been developed for routine reporting in QIA updates to the QSAC, covering issues such as:

- patient feedback (Friends and family test feedback, 'red' complaints – with plans to include patient Real Time Patient Feedback in future);
- workforce issues (Sickness absence, turnover, vacancies and temporary staffing);
- clinical indicators (Serious incidents, outpatient DNA rates, incomplete RTT pathways over 18 weeks, cancelled operations, theatre utilisation rates and late starts).

2.4 Summary of triangulation of quality with workforce and finance

Divisional performance reviews take place on a monthly basis, attended by divisional management and Trust executives. These reviews are designed to facilitate a triangulated and risk-focused discussion across a number of key domains: Caring, Safe, Responsive, Well-led (people, management and culture), Effective, Finance, Productivity.

The review packs contain an integrated dashboard which provides a one page summary of key metrics across the domains, allowing rapid identification of linked risks and issues. The packs also contain more in-depth dashboards for each domain.

An integrated performance report is then scrutinised at each Board meeting. This provides a summary of the key issues in each domain and actions planned to resolve, as well as an integrated dashboard – this provides trust level data using the same format as the divisional integrated dashboard reviewed in the monthly performance reviews. Examples of metrics contained in the integrated dashboard are:

- **Caring:** Friends and family scores and number of complaints
- **Safe:** serious incidents and never events
- **Responsive:** performance against access targets
- **Well led:** sickness, turnover, appraisal rates
- **Effective:** DNA rate
- **Productivity:** theatre utilisation
- **Finances:** variance to plan

The Board intend to use this data:

- to identify emerging linked risks and issues across domains (and therefore provide opportunity to quickly address quality and operational issues in a balanced way)
- to identify and provide challenge over areas of potential productivity improvement (e.g. theatre utilisation)

- as part of assurance over the impact of change processes (for example, the impact of CIPs and QI programmes on quality, workforce and finances together)

3 Workforce planning

3.1 Workforce plan summary

	2016/17 Forecast WTE	2017/18 Plan WTE	2018/19 Plan WTE	% change 17/18	% change 18/19
Medical	619				0.5%
Nursing				7.0%	0.8%
Other clinical			1,640	1.4%	0.3%
Non-clinical		569	565	-12.6%	-0.6%
Total		**4,270**	**4,286**	**1.0%**	**0.4%**

Updated workforce modelling in progress

Staff numbers grew more than originally planned in 2017/18 as further business cases were approved, and the Trust continued delivery of its PICB redevelopment, with the first units opening in November 2017. Growth in 2018/19 will be lower than the previous year with the majority of PICB related staff already in post.

3.2 Workforce planning methodology and alignment to integrated plans

The Trust undertakes workforce planning throughout the organisation as part of its business planning and operational activities in order to support the Trust's strategic approach to workforce. The plan is informed by activity and finance planning to establish demand requirements at POD/specialty level for future years. Furthermore, considerations regarding national, international and local drivers are included in the drawing up of plans. A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans to meet the level of anticipated demand. New positions and business developments identified through this process are aligned with our operational plans.

Business developments, either within the activity planning cycle, or outside are subject to scrutiny by clinical and corporate professionals to ensure business plans are fit for purpose, have considered risk and mitigations, considered downside strategies and retain or improve quality and outcomes – with regards to workforce. Similarly, organisational change across the Trust is subject to similar considerations, prior to and during consultations.

The key changes to local workforce plans for the period of this operational plan are due to the implications at a service level of the opening of PICB and the reconfiguration of services as a result. A model of care document has been produced by service management for each affected service, which includes the current and planned workforce model. This has been reviewed centrally by corporate clinical and workforce staff, and the impact of each of these has then been included in the overarching trust plan.

The Trust recognises the challenging financial environment it must adapt to and, as such, stresses quality and workforce risk as an integral part to its productivity and efficiency programme. Proposed schemes, during scoping and revisited throughout the programme, have an associated Quality Impact Assessment (QIA) undertaken to address consequence and likelihood of risk occurring (described in section 2.4 above).

3.3 Workforce strategy and staff involvement

During 2017, the Trust refreshed its strategy "Fulfilling our Potential" which, working with staff at all levels of the trust and the Members Council, identified the priorities for the Trust in the coming years

The proposals were tested widely with staff who influenced the design, process and future development, including a Trustwide strategy "Open House" series of events to engage and inform staff about how we will deliver the strategy.

Our workforce will be key to delivering all of the priorities identified and in particular the **People** priority *(We will attract and retain the right people and through creating a culture that enables us to learn and thrive)*

In 2018-19, our emphasis will be on:

- Standardisation of processes and roles where possible (including roll out of Standard Operating Procedures associated with patient flow);
- Roll out of development programmes for leaders;
- Ensuring we can respond to national challenges, via recruitment, retention and education of staff;
- Continuation of the programme to embed Our Always Values, which underpins both patient and staff safety, experience and satisfaction.
- Work with the Cognitive Institute to deliver a Safety & Reliability Improvement Programme that will improve the culture of safety and accountability within the Trust.

3.4 Workforce governance

The Trust Board regularly receives workforce analysis and key performance indicators, benchmarkable metrics including staffing profile, voluntary and non-voluntary turnover, sickness, agency usage (as percentage of paybill) and vacancies. Monthly divisional performance reviews are Executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data to identify themes or impact on service delivery. Nurse recruitment and retention workstreams are overseen by the Nursing Workforce Programme Board which reports to the Executive team.

The Education and Workforce Development Board ensures the alignment of clinical and non-clinical education and development with our workforce requirements. This Board additionally has oversight of identified workforce risks in the organisation.

As part of its workforce planning processes and safe staffing assessments, the Trust also uses PANDA (the paediatric acuity and nurse dependency assessment tool), which the Trust co-designed, as an acuity tool for inpatient paediatric services.

Services, specialties and divisions hold risk registers that are reviewed and updated to provide a feedback mechanism to Trust risk registers. Trust-wide strategies to mitigate workforce risks are formulated which include nurse recruitment strategies, an integrated Nursing Workforce Programme Board, overseas fellowship programme (for medical staff) and other actions which all form part of the Trust's developing workforce plans.

3.5 Workforce efficiencies

In 2017/18, the Trust rolled out a new e-rostering system for medical staff, and established plans to replace its current nursing rostering system, and roll out a single integrated rostering system during 2018. The new system will improve the quality of rota management across individual specialties and the Trust more generally, as well as facilitating much greater multi-professional working and supporting integrated clinical care. In addition, we will launch a new e-job planning module which will enable staff such as Clinical Nurse Specialists to record their job plans in a single system, facilitating demand and capacity planning. Nurse rosters are based upon agreed establishments with the Assistant Chief Nurse (Workforce) and finance representatives and reviewed on a regular six-month basis. The Trust also complies with the publication of the safe staffing monthly report which includes:

- fill rate assessments by ward, shift time and staff type;
- divisional reporting of unsafe shifts (including assessment of vacancies and recruitment pipeline, temporary staffing usage and staffing flexibility across services);
- recruitment and retention issues and recommendations;
- linkage to infection control, safety incidents, family concerns and Friends and Family Test (FFT) data.

Recommendations and actions are taken to Board to address workforce issues and in turn update the workforce plans for the organisation (http://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/safe-nursing-staffing-reports).

In relation to temporary staffing, the Trust has undergone a dramatic profile change over the previous six years. The Trust continues to have low agency spend on clinical staff. The Trust has made good progress on reducing its usage of non-clinical Agency workers during 2017, and is currently spending significantly below its NHS I mandated cap. Further work will be undertaken in 2018/19 to reduce this spend further and support Divisions to move Agency staff to bank or terminate arrangements with the Trust where appropriate.

The Trust implemented the changes to the Junior Doctors contract in 2017/18 without the need for additional staff to achieve compliance.

The Trust is implementing a comprehensive state of the art Electronic Patient Record (EPR) system in 2018/19, which will deliver improvements to the patient experience, which in turn may lead to changes in how we deliver care, with potential changes to the workforce.

3.6 Workforce initiatives and staff development

The Trust has developed an ambitious multi-year Leadership programme focussed on the delivery of a Safety culture with the organisation. This programme will involve working together to develop our leadership capability, deliver improvement projects and improve our accountability practices across the Trust. This will ensure that we are in line with the ambitions articulated in our strategy – we always deliver the safest, most reliable treatment and care for our patients, from the moment they come into contact with GOSH and throughout their patient journey.

The development of new roles and our education strategy are integral to delivering our workforce requirements. We will continue the development of Talent for Care to build our band 2-4 clinical support workforce, and scope the role of Physicians Assistant to allow our registered clinical workforce to focus on direct patient care and deliver greater productivity and quality. We are the host Trust for a North Central London pilot of the new Nursing Associate and we will also review the role, education requirements and frameworks for development of Advanced Nurse Practitioners with the aim of developing nurse-led services where clinically appropriate.

Our Education and Workforce Development Plan reflects the Trust's increased emphasis on multi-professional education and recognises the criticality of education in meeting the Trust's current and future workforce needs. It also responds to the challenges of changes to funding, including maximising our income-generating capability as a leader in paediatric education. Work is underway to ensure that the Trust has suitable space available for delivery of its education plans.

Following the removal of the student bursary from 2017, the Trust refreshed it's attraction strategy for newly qualified nurse (NQN) recruits, concentrating upon providing an excellent, high-quality interactive learning environment including simulation training and welcomed it's largest ever cohort of NQNs in September 2017. Through earlier student recruitment, we are able to offer regular contact and education opportunities giving them a GOSH identity prior to starting their academic education. Our aim is to recruit our student nurses for their career here at GOSH from the day they first apply online to study. In addition we will continue to explore the opportunities around clinical apprenticeships, ensuring full use of our Trust Levy, to support both undergraduate training and post graduate Clinical Professional development for our workforce. We have been successful in our bid to become a pilot site for the Child and Young Person Nursing Associate role in response to the Shape of caring review. The Trust has developed and implemented targeted development plans for Band 5 (NQN) and Band 6 Nursing staff to improve their experience and improve retention rates at the Trust.

Once again in 2016/17 we exceeded our apprenticeship target and we are currently on plan to achieve our Government set 2017/18 public sector apprenticeship starts target. GOSH is working in partnership with other trusts in the STP footprint to implement a new joint policy for apprenticeships. We have now achieved the status of a supporting provider – this has allowed us to introduce and start the delivery of our first clinical apprenticeships. We continue to be involved in a number of trailblazer employer groups to develop new apprenticeship standards including nursing, nursing associate, advanced clinical practitioner and clinical coding, as well as the new national pilot for a paediatric Nursing Associate role.

3.7 Workforce resourcing

We continue to deliver structured fixed term International Fellowship roles which provide outstanding clinical experience for overseas medics, allow us to recruit to service delivery roles in a planned way, and bring in income. These roles are filled from outside the European Union. We are and will continue to

review our approach to recruitment from overseas in the light of the Brexit vote. Whilst timescales and impact on EU nationals in UK employment remain unclear, we will continue to use overseas recruitment tactically, whilst minimising the impact of changes should changes in labour market regulation occur.

The ability to recruit and retain nursing staff in particular remains a critical challenge, and is recognised as a risk to our activity plans. Activity on recruitment will include: ensuring we market the Trust as a provider of outstanding employment and education; actively participating with other employers as part of Capital Nursing (for example to promote career pathways within London) and; identifying greater opportunities for safely appointing adult-trained nurses with high quality paediatric experience, which will expand our potential applicant pool. Equal emphasis will be given to retaining staff, with new leadership programmes for ward and senior managers recognising the critical role they play in shaping the employment experience of staff.

The Trust has developed a retention plan to deliver improvements to retention rates and has already registered a reduction in reported turnover at the Trust. During 2018, these plans will be developed further, ensuring progress is maintained and improved upon.

The Trust has a strong record in controlling temporary staffing costs and will continue to monitor all long term agency usage (more than 6 months) with the intention to convert these staff to bank roles or recruit substantively if there is no planned end date.

The Trust is a signatory to the London Procurement Partnership pan London Agreement, to agree bank rates lower than the NHSI Agency capped rates, and work collaboratively to further reduce agency spend.

The improvements in rostering systems outlined above will allow for increased efficiency in the management of clinical resource allocation. As part of the rostering system implementation, the Trust will implement improved patient acuity monitoring tools, and continue to use its patient dependency tool to identify appropriate nurse staffing levels based on acuity. New divisional structures, including revised Matron roles, will enable more effective resource utilisation across specialisms, with nurse staffing levels continuing to be monitored at Board level in Safe Staffing reports.

4 Financial Planning

[See separate financial planning paper (attachment ii – this will be summarised here once agreed for draft submission]

5 Efficiency savings

Approach to savings under our 'Better Value' programme

Our approach to the savings plan for 2017-19 was informed by work undertaken by external consultants in collaboration with the Trust on development of a three year savings programme. Informed by external benchmarking, this work focussed on the identification of a small number of major trust-wide schemes, concentrating on clinical productivity/flow, procurement processes and support costs. These, alongside other schemes identified internally, form major themes of the 2017-19 Better Value programme, supplemented by a range of local savings schemes developed by the clinical divisions and corporate directorates.

The Trust is also working up schemes beyond the immediate planning period, including detailed consideration of the transformation and benefits enabled by the implementation of its new Electronic Patient Record system.

We are fully-committed to learning from and implementing the recommendations where appropriate from the Lord Carter's report on productivity and efficiency. Benchmarking has commenced through NHSI and GOSH are also working with NCL STP and benchmarking organisations to identify other opportunities. For example, benchmarking across specialised children's hospitals by Civil Eyes, and the Trust has also participated in large national studies of pharmacy/medicines management and corporate service undertaken by the NHS Benchmarking Network. These studies are expected to be published imminently and the Trust will be using them to identify further local productivity/efficiency opportunities.

Delivery in 2017/18

The Operational Plan 2017-19 set a target for efficiency savings (under our 'Better Value' programme) of £15.0m in 2017/18 and £12.0m in 2018/19. At M9, the Trust was forecasting £10.9m achievement against the target for 2017/18 (£4.6m adverse variance) – although this is mitigated by other positive variances (for example, relating to income) in the overall Trust financial position. The following tables shows how this is broken down:

17/18 Better value delivery	Target (£m)	Forecast (£m)	Variance (£m)
Cross-cutting schemes	9.1	5.8	(3.3)
Local divisional schemes	3.1	2.8	(0.3)
PYE of 16/17 schemes	2.7	2.3	(0.4)
Total	**15.0**	**10.9**	**(4.1)**

Plans for 2018/19

The Trust is aiming to develop £15m of savings schemes for 2018/19, with the financial plan assuming delivery of £12m.

The planned split between cross-cutting and local schemes is set out below:

18/19 plan	Target %	Target (£m)
Cross-cutting schemes	2%	6.0
Local divisional schemes	2%	6.0
Part year effect of prior year schemes	1%	3.0
Total	**5%**	**15.0**

This revised split between local and cross-cutting schemes takes into account performance in 17/18 and review of local opportunities by clinical divisions.

The targeted areas for cross-cutting schemes will continue from 2017/18, and include:

- Flow (theatres, patient placement, outpatients)
- Procurement
- Medicines Management
- Workforce schemes
- Commercial and IPP
- ICT enabled schemes.

The majority of the schemes relate to ongoing projects established in 2017/18. In many cases, work delivered in 2017/18 forms the basis of further delivery in 2018/19 – for example, the development of a business case and benefits realisation plan for further roll out of e-rostering, the establishment of a new outpatients improvement programme, and significant engagement trust-wide on the flow projects, to identify key barriers and required changes to ways of working.

Schemes identified are subject to the Quality Impact Assessment (QIA) process overseen by the Medical Director and Chief Nurse, as described elsewhere in this narrative, and will only be accepted into the final operational plan if they are agreed through that process. Development of detailed project scopes and documentation including milestones to enable proactive tracking of delivery is being led by the newly-established Programme Management Office and its divisional business partners. Delivery is overseen at monthly meetings of the Executive Management Team who function as the Better Value Programme Board, with regular reports also being provided to the Trust Board and its sub-committees (QIA to the Quality and Safety Assurance Committee, financial delivery to the Finance and Investment Committee, and risk to the Audit Committee).

6 Membership and Elections

6.1 Members' Council elections in previous years and plans for the coming 12 months

There are 27 elected and appointed councillors on the GOSH Members' Council.

Members' Council representation by constituency

Patient and Carer	**Councillors**
Patients from London	2
Patients from outside London	2
Parents and Carers from London	3
Parents and Carers from outside London	3
Public	
North London and surrounding areas	4
South London and surrounding areas	1
Rest of England and Wales	2
Appointed	5
Staff	5

The Trust has held five Members' Council elections to date:

- November 2011 (in readiness for FT authorisation on 1 March 2012) - 22 seats in Patient and Carer, Public and Staff constituencies.
- November 2013 - Staff By-election for 1 seat.
- February 2015 - 20 seats in Patient and carer, Public and Staff constituencies. (2 uncontested seats in Patients from outside London constituency).
- December 2016 – Public By-election for 1 seat: North London and surrounding areas class
- February 2018 - 22 seats in Patient and Carer, Public and Staff constituencies.

6.2 Councillor recruitment, training and development, and activities to facilitate engagement between councillors, members and the public

Councillor Recruitment: Pre election information sessions are held for councillor recruitment alongside a dedicated election page on the Trust website, including podcasts etc. Membership communication tools such as the Membership Newsletter (Member Matters) and monthly membership emails are used to keep members informed of upcoming elections.

Training and development: On appointment, councillors receive mandatory Trust training and continued development by attending tailored information sessions delivered by key Trust staff. Councillors are also encouraged to attend NHS Providers events and Deloitte Governor Workshops. Councillors access GOLD on-line training during their appointment.

Membership and public engagement: The monthly Members' Council eBulletin offers a variety of opportunities for councillors to engage with their members including:

- regular "meet your councillor" engagement sessions in the hospital
- visits to schools and universities including the Hospital School and Activity Centre
- hosting membership stalls at community events, GOSH Children's charity events, and key Trust events
- attending Trust committees and Patient forums
- writing personalised letters and articles in *Member Matters* Membership Newsletter, *Roundabout* Staff Newsletter and Welcome Pack for new members
- online link to contact a councillor is included in all eCommunications on the Trust website and in all printed membership publications and on the Annual Plan surveys to membership

- councillors also have the opportunity to send personalised emails to their constituent members to engage with them around elections and for key trust events such as the AGM.

The Trust held a Listening Event in November 2016 to which patients, carers and councillors were invited.

Some of the world's leading architects took part in a competition to design a new clinical building for the fourth phase of our ongoing redevelopment programme. Staff, patients, families, carers, councillors and neighbours were invited to an exhibition showcasing their design ideas

6.3 Membership Strategy

An updated Membership Strategy 2015-18 was approved at the September 2015 Members' Council meeting.

It sets out the methods that will be used to continue to develop and grow, engage and involve our membership, taking into account our geographical spread.

The Trust has moved to a new specialist provider of membership databases. This has enabled a more detailed reporting system to analyse membership data and map under representation in constituencies so we will be able to target our future recruitment and engagement activities.

7 Link to the local sustainability and transformation plan

The Trust is located within the footprint for North Central London. Although the Trust is fully supportive of a joined up local planning process to deliver transformational change, the STP model is not directly meaningful for the Trust's tertiary and quaternary services which extend both across London but also throughout England. However, the Trust continues to engage with local plans to improve processes and deliver efficiencies – for example, taking part in an STP-wide benchmarking exercise of back office services and are working in partnership with other trusts in the STP footprint to develop a joint status as an Apprenticeship Provider.

The Trust believes that over the next five years, further collaborative service models should be developed to include tertiary paediatric services and that GOSH has a pivotal role to play in developing and in many cases leading such networks. In a number of services there are already informal shared care and network arrangements being developed. Exemplars already exist for Epilepsy Surgery and Cystic Fibrosis by which the Trust provides leadership for the system in a particular region. The models of operation will depend on the service and the types of collaborative partners and may range across a spectrum from basic outreach models, through to integrated networks with services commissioned from the network lead provider.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 7 February 2018	
Update on Board Assurance Framework **Submitted by:** Dr Anna Ferrant, Company Secretary	**Paper No: Attachment L**
Aims / summary The purpose of this paper is to provide an update for the Board on the Board Assurance Framework (BAF). A detailed BAF update is provided at Attachment 1. The key updates made since the January Audit Committee meeting are outlined in the separate report below.	
Action required from the meeting To **note** the BAF update and changes to the risks approved by the assurance committees.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Effective management of risk, particularly BAF risks, is critical to the achievement of all of the Trust's strategic objectives.	
Financial implications There are no direct financial implications.	
Who needs to be told about any decision? Anna Ferrant, Company Secretary will liaise with staff affected by any decisions related to this paper.	
Who is responsible for implementing the proposals / project and anticipated timescales? The risk owners are identified alongside each BAF risk.	
Who is accountable for the implementation of the proposal / project? The Chief Executive Officer is accountable for the implementation of the Risk Management Strategy.	

Board Assurance Framework Update

Throughout January 2018, BAF risk owners reviewed the controls, assurances and actions for each risk. The BAF was considered by the Risk Assurance and Compliance Group in January and recommendations made for updates to risks which were presented at the Audit Committee on 23 January 2018. The Audit Committee agreed the following:

- **Risk 1: Failure to continue to be financially sustainable**

Discussion took place around the definitions of major and catastrophic in terms of financial impact and it was agreed that the Trust would use the definition that if a risk had the potential to lead to a negative variance of £4.5million or more, this would be deemed catastrophic. It was agreed that the net risk would be reduced to 12 (4 Consequence x 3 Likelihood) due to significant improvement in meeting NHSE contractual targets and capacity available from PICB providing additional activity to meet access targets.

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

The Committee agreed that there were two key areas of risk 2, one being financial and the other quality. It was noted that although the risk had materialised, the consequence to the Trust had not been as severe as anticipated and it was still projected that the Trust would reach the control total. It was agreed that the quality aspect of the risk would not be moved into the delivery of excellent outcomes risk as it was noted that quality was central to all GOSH's activities and could not be separated from each risk. It was agreed that the consequence score would be reduced to 2 (2 Consequence x 4 Likelihood).

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

It was suggested that the consequence score was reduced to 3 as a result of the reduction in contribution against plan being within this financial bracket. The Committee noted the suggestion but expressed some concern about the level of IPP debt and as a result, it was agreed that the score would not be amended and remain as 4 Consequence x 4 Likelihood.

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

Discussion took place around potentially reducing the net risk as a result of the Executive Team taking all possible mitigating action. It was agreed that further discussion would take place outside the meeting amongst the executive team and report back to Board.

The Board is asked to note the controls and assurances documented for each risk on the Board Assurance Framework.

2017/18 Board Assurance Framework (as at 02 February 2018)

No.	Short Title	Risk type and description		Gross Risk		Net Risk		Risk Appetite	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
				L x C	T	L x C	T						
1	Financial Sustainability	Strategic & Operational	Failure to continue to be financially sustainable due to: • Reductions in tariff; • Challenges in completing contracts with NHS Commissioners • Lack of capacity to deliver growth in activity /income targets for NHS and non NHS activities (including IPP); • Challenges is obtaining appropriate growth funding in Contract; • Inadequate local pricing in NHS contract; • Delivery of financial efficiency targets; • Failure to collect IPP debt; • Shortfall in capital funding available from the Charity to support major capital projects • Robust financial management across all operational and corporate teams	4 x 5 =	20	3 x 4 =	12	Low	Chief Finance Officer	Loretta Seamer, Chief Finance Officer	18/01/2018	Audit Committee	April 2017 January 2018
2	Productivity	Operational	The risk that the organisation will not deliver productivity and efficiency targets and that targets indirectly impact on patient care	4 x 4 =	16	4 x 2 =	8	Low	Deputy Chief Executive Officer	Jon Schick, Programme Director, PMO	08/01/2018	Audit Committee	April 2017 Jan 2018
3	IPP Contribution	Strategic & Operational	The risk that the organisation will not deliver IPP contribution targets	4 x 5 =	20	4 x 4 =	16	Low	Deputy Chief Executive Officer	Chris Rockenbach, General Manager, IPP	12/01/2018	Audit Committee	May-16 April 2017 Jan 2018
4	Recruitment and Retention	Operational	The risk that the organisation will be unable to recruit and retain sufficient highly skilled staff (especially nursing) with specific experience to meet its objectives	4 x 5 =	20	3 x 5 =	15	Med	Director, Human Resources/ Chief Nurse	Lynn Shields, Ass Dir of Education, Nursing & Polly Hodgson, Interim Chief Nurse	12/01/2018	Audit Committee/ Quality & Safety Assurance Committee	July 2016 April 2017 Oct 2017
5	Operational Performance	Operational	The trust is unable to demonstrate compliance with Performance Management Framework/ Monitor's licence	5 x 4 =	20	2x4 =	8	Low	Deputy Chief Executive Officer	Peter Hyland, Director, Planning & Information/ Anna Ferrant, Company Secretary	15/01/2018	Audit Committee/ Quality & Safety Assurance Committee	Oct-16 Oct 2017 (AC)
6	Delivery of excellent clinical outcomes	Operational	The risk that the Trust is unable to sustainably provide and deliver specialist clinical services to the required level.	4 x 5 =	20	2 x 5 =	10	Low	Medical Director/ Chief Nurse	Dr Andrew Long, Interim, Medical Director & Polly Hodgson, Interim Chief Nurse	24/01/2018	Quality & Safety Assurance Committee	Jan 2017 Oct 2017

No.	Short Title	Risk type and description		Gross Risk L x C = T		Net Risk L x C = T		Risk Appetite	Executive Lead	Reviewed By	Last Updated by Risk Owner	Assurance Committee	Last Reviewed by Assurance Committee
7	GOSH Strategic Position	Strategic	Lack of priority given to specialist paediatrics in the NHS wide strategies leading to lack of progress in developing appropriate system wide services and support for GOSH's role	3 x 3 =	9	3 x 3 =	9	Med	Deputy Chief Executive Officer	Peter Hyland	15/01/2018	Audit Committee	Jan 2017 Jan 2018
8	Unreliable Data	Operational	Failure to manage data recording and data management processes in a way which supports timely, relevant, accurate, consistent and appropriate reporting, billing and decision making across all segments of the Trust.	4 x 4 =	16	3 x 3 =	9	Low	Deputy Chief Executive Officer	Pippa Mullan, Head of Information, & Peter Hyland, Director, Planning & Information	15/01/2018	Audit Committee	Oct-16 May 2017
9	Research Income	Strategic	The Trust may not be able to provide the required level of research infrastructure or leverage additional research income if core research funding streams are reduced	3 x 3 =	9	2 x 3 =	6	Med	Director, Research & Innovation	Emma Pendleton, Dep Dir, R&I	08/01/2018	Audit Committee	July 2017
10	Research Hospital Status	Strategic	The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered	3 x 3 =	9	2 x 3 =	6	Med	Director, Research & Innovation	Emma Pendleton, Dep Dir, R&I	08/01/2018	Quality & Safety Assurance Committee	Oct-16 July 2017
11	Electronic Patient Records	Operational	<u>Short – Term – Project Implementation and Go-Live-2 years)</u> The risk that the EPR programme will not be delivered on time or within budget. Key risks being monitored by programme board: • Programme budget • Procurement risks • Capability/ resource risks • Clinician, Executive and other staff engagement • Risks associated with multiple clinical systems • The risk that at go live the system is not available for a period of time, data migration issues or operation of system causes data quality issues post go live impacting on reporting. • Change management is effective to ensure adoption of best practice. <u>Long – Term – Optimisation and Benefits Realisation</u> The risk that the 18 month period following EPR system implementation is not maximised to ensure optimisation of the system and the benefits are not maximised for the organisation as outlined in the Business Case.	4 x 4 =	16	3 x 4 =	12	Low	Chief Finance Officer	Loretta Seamer, Chief Finance Officer	24/01/2018	Audit Committee	Oct-16 Oct 2017
12	Business Continuity	Operational	The trust is unable to deliver normal services and critical functions during periods of significant disruption.	3 x 4 =	12	3 x 3 =	9	Low	Deputy Chief Executive Officer	Emergency Planning Officer/ Nicola Grinstead, DCEO	12/01/2018	Audit Committee	May-16 May 2017
13	Redevelopment	Operational	Inadequate planning or management of infrastructure redevelopment may result in poor VFM or failure to deliver expected business benefit.	3 x 4 =	12	2 x 4 =	8	Med	Dir, Development & Property Services	Stephanie Williamson, Dep Dir of Development & Property Services	12/01/2018	Audit Committee	May-17 Jan 2017 Oct 2017

GOSH BAF Risks – Gross Scores February 2018

		Consequences				
Likelihood		**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
	5 Almost Certain				5. Operational Performance	
	4 Likely				8. Unreliable data 11. EPR 2. Productivity	3. IPP Contribution 6. Clinical Outcomes 4. Recruitment & Retention 1.Financial Sustainability
	3. Possible			10. Research Hospital 9. Research Income 7. GOSH Strategic Position	12. Business Continuity 13. Redevelopment	
	2. Unlikely					
	1.Rare					

GOSH BAF Risks – Net Scores February 2018

		Consequences				
Likelihood		**1 Negligible**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
	5 Almost Certain					
	4 Likely		2. Productivity		3. IPP Contribution	
	3. Possible			7. GOSH Strategic Position 8. Unreliable data 12. Business Continuity	1.Financial Sustainability 11. EPR	4. Recruitment & Retention
	2. Unlikely			10. Research Hospital 9. Research Income	5. Operational Performance 13. Redevelopment	6. Clinical Outcomes
	1.Rare					

QSAC & Audit Committee

QSAC

Audit Committee

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7th February 2018

Learning from Deaths. Mortality Review Group - Report of deaths in Q2 2017/2018 **Submitted by:** Dr Andrew Long, Interim Medical Director. Andrew Pearson , Clinical Audit Manager; Dr Isabeau Walker – Dr Isabeau Walker, Consultant Anaesthesia and co-chair of the MRG	**Paper No: Attachment U**

Aims / summary

In March 2017, the National Quality Board published national standards for the reviewing of inpatient deaths and learning from the care provided to patients
The guidance requires that Trusts share information on deaths to be received at a public board meeting.
"*From April 2017, Trusts will be required to collect and publish on a quarterly basis specified information on deaths. This should be through a paper and an agenda item to a public Board meeting in each quarter to set out the Trust's policy and approach (by the end of Q2) and publication of the data and learning points (from Q3 onwards). This data should include the total number of the Trust's in-patient deaths (including Emergency Department deaths for acute Trusts) and those deaths that the Trust has subjected to case record review. Of these deaths subjected to review, Trusts will need to provide estimates of how many deaths were judged more likely than not to have been due to problems in care."*[1]

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

This report meets the requirements of the National Quality Board by

- Outlining the Trusts approach to undertaking case reviews
- Including data and learning points from case reviews.

The NHS process as to how the child deaths should be reviewed is being determined through a national consultation of 'Working Together to Safeguard Children', which included new 'child death review' guidance. This guidance ended on 31st December 2017. GOSH provided feedback on that consultation.
Once the child death review guidance is published, the Trust will be able to review the guidance requirement and produce a policy to meet the requirements.

A version of this report was reviewed at the Patient Safety and Outcomes Committee in December 2017.

Action required from the meeting

The board is asked to note the content of the paper.

Contribution to the delivery of NHS Foundation Trust strategies and plans

This report meets the requirements of the National Quality Board to report learning from deaths to a public board meeting.

[1] National Guidance on Learning from Deaths, National Quality Board, published March 2017

Attachment U

Financial implications None**.**
Who needs to be told about any decision? n/a
Who is responsible for implementing the proposals / project and anticipated timescales? The Interim Medical Director is the executive lead with responsibility for the learning from deaths agenda
Who is accountable for the implementation of the proposal / project? Interim Medical Director

Great Ormond Street Hospital for Children NHS Foundation Trust

Mortality Review Group. Report of deaths in Q2 2017/2018

Background

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 themes and risks, and take action as appropriate to address those risks. This process is linked with case reviews undertaken by specialty teams, and provides an additional oversight of deaths in the Trust.

Aim of report

The purpose of the report is to highlight modifiable factors and learning from the reviews undertaken by the MRG. This report looks at reviews of deaths at GOSH between 1st July and 30th September 2017.

Key findings

- The MRG reviews continue to highlight the excellent care provided by the multidisciplinary teams at GOSH for children, young people and their families, including at the end of life.

- 24 patients died at GOSH between 1st July and 30th September 2017. All 24 cases have been reviewed by the MRG.

- The Q1 report to PSOC noted that there was a backlog of cases to be reviewed by the MRG, with 67 cases outstanding on the 27th July 2017. The MRG has undertaken weekly or fortnightly meetings over the summer to resolve this issue, and additional members have been recruited to the group. There are now four cases that have not been reviewed within the eight-week timeframe stated in the MRG terms of reference. One case cannot be reviewed until the Coroner's findings are completed; three are due to reviewed by January 2018. The commitment of the members of the MRG should be noted, and means that the group can now report on learning outcomes from deaths in a timely way.

- Internal monitoring of Variable Life Adjusted Plots[1] (VLAD) from January – June 2017 showed an increase in the number of deaths on PICU compared to expected. A review of cases does not suggest any obvious patterns or concerns about the quality of care in PICU, and no single cause that could explain the trend. A report has been submitted to the Interim Medical Director and the PICU/NICU teams, and the key points shared with Patient Safety and Outcomes Committee.

- The MRG identifies modifiable factors and learning points are after review of cases. Modifiable factors are defined as those which, by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths.
  Of the 24 deaths that occurred at GOSH between 1st July and 30th September 2017
  - 3 cases identified modifiable factors at GOSH
  - 1 case identified modifiable factors outside GOSH.
  - 1/24 (4.1%) deaths had a modifiable factor at GOSH with an influence score[2] of 2+, which is lower than the 7.75% average for the last three calendar years.

[1] VLAD is a statistical monitoring tool that provides a visual method for monitoring clinical outcomes continuously over time, based on the standardised mortality ratio. The VLAD plot provides a mechanism for rapidly identifying outcomes that deviate from the norm, either favourably or unfavourably.

[2] An influence score offers an interpretation of the extent to which the factor may have contributed to the death of the patient. The influence score is on a 1-3 scale and is outlined below :
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

Learning points from cases reviewed

The learning points identified through the MRG for deaths in Q2:

Clinical case management:
•Recognition and management of the deteriorating patient on the ward is important.
•Infants with hypoplastic left heart syndrome and shunt dependent circulation are very high risk and require close monitoring during interventional procedures, even if the procedure is carried out unsedated.
•Metabolic disorders, sepsis and cardiac disease are important causes of collapse in neonates, and may co-exist. Early review of neonates on the ward after discharge from ICU is important.

***Communication*:**
•Clear handover of information between teams is essential so that families do not receive mixed messages; multidisciplinary discussions with families are very helpful.
•It is important for clinical teams to write a complete death discharge summary when a child dies as the ICU rapid death discharge summary only relates to the final admission to ICU.

***Training*:**
•Support is important for the nursing staff on the ward around end of life of care.
•Intensive care teams and bereavement services have seen an effect of a GOSH case with high media interest on end of life discussions with families.

Recommendations

The following recommendations were made to the Patient Safety and Outcomes Committee in December 2017.

What	Who
Develop a process to share MRG learning points with clinical staff.	Isabeau Walker + Andrew Pearson to liaise with PGME department to look at sharing of learning.
Review the Trust mortality measure that is provided in the Integrated Quality Report with a view to identifying a more sensitive measure.	Isabeau Walker + Andrew Pearson to liaise with Jez Philips , Lead Quality Improvement Information Manager, Quality and Safety Team

25th November 2017
Dr Isabeau Walker, Consultant Anaesthesia and co-chair of the MRG
Andrew Pearson, Clinical Audit Manager

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 February 2018

Integrated Quality Report **Submitted by:** Dr Andrew Long, Interim Medical Director Polly Hodgson, Interim Chief Nurse	**Paper No: Attachment M**

Aims / summary

The Integrated Quality Report will provide information on:

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

Action required from the meeting

To note the style of the report, providing any feedback or requested changes to the Medical Director and Chief Nurse to note the on-going work supporting any suggested changes to work streams.

Contribution to the delivery of NHS Foundation Trust strategies and plans

The work presented in this report contributes to the Trust's objectives.

Financial implications

No additional resource requirements identified

Who needs to be told about any decision?

Quality and Safety team, Patient Experience team, Divisional Management teams

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

Divisional Management teams with support where needed, Quality and Safety team, Patient Experience team

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

Medical Director and Chief Nurse

Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

Integrated Quality Report

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

January 2018
(covering November- December 2017)

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Great Ormond Street Hospital for Children NHS Foundation Trust

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Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

This slide contains an overview of some of the key measures monitored within the Trust; these will be considered by exception. Where there are measures/trends of concern, a slide containing a deep dive of that information will be included in the report.

Measures for self reporting systems do not always have a direct correlation between the data and safety; e.g. an increase in reporting may not always be a result of an unsafe environment but instead as a result of a good reporting culture which in turn can improve safety via learning.

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

Data Quality Kite-mark	Measure	Comment
	**Non-2222 patients transferred to ICU by CSPs**** ** patients should be transferred to ICU before they have an arrest where possible which would indicate the early identification of a deterioration prior to an arrest.	This measure is currently being reviewed by the Resuscitation Lead Nurse and the ICU Information Manager. Issues have been identified with the data in this measure; work is underway to review the data collection measures and to re-present the data following resolution of the issues.
	**Cardiac arrests****	Overall, the data remains stable for this measure at 2 cardiac arrests per month; this has remained stable since 2015 with the exception of one outlier in January 2017. The process is currently in normal variation at GOSH; there have been no runs, trends or recent outliers identified.
	**Respiratory arrests**** **The figures within the Integrated Quality Report includes arrests within all areas outside of ICUs (including day case Wards, day units, outpatient areas and non-clinical areas e.g. main reception) whilst the Safe Staffing Report arrest data only refers to arrests on in-patient Wards . The data will therefore differ between the two reports as the Integrated Quality Report includes additional areas.	The data remains stable for this measure at 3 respiratory arrests per month; this has remained stable since June 2015 (when there was a decrease) with the exception of an outlier in November 2015 and August 2017 (both high) The most recent 3 months indicate no change.
	Cardiac arrests outside of ICU	**Respiratory Arrests outside of ICU**
November 2017	3 (IR, Level 9 Nurses Home, Eagle Acute)	1 (Pelican)
December 2017	3 (Theatres, Caterpillar, Eagle Acute)	3 (Leopard, Bear, Koala)

Has patient care been safe in the past?

Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Data Quality Kite-Mark	Measure	Comment
	**Never Events**	The last Never Event was on 20th October 2017. The process remains in normal variation at one event every 220 days on average. The baseline for this data is from 2010 until 2014. The Never Event declared in October 2017 is for wrong site surgery while the previous Never Event was due to a retained object.
	**Serious Incidents**** ****by date of incident not declaration of SI**	The data remains stable at 1.2 SIs per month. There were no SIs reported in November. There was just 1 SI reported in December If we look at a more sensitive measure (days since previous SI) then we see that SIs have become less frequent. Before August 2016 we would expect an SI to be reported every 13 days, since then we have had an SI reported every 33 days
	**Mortality**	The data remains stable at 6.3 deaths per 1000 discharges; the process is in normal variation and has been since 2014. There have been no runs, trends or outliers identified. Over 80% of GOSH inpatient deaths are on ICU, and ICU deaths must be risk adjusted to properly determine a trend. The limitations of comparing crude mortality rates between different organisations in specialist paediatric care are well described. Raw survival/mortality rates do not take account of severity of illness and case mix so outcome data needs to be adjusted to take these factors into account. All ICU data is submitted, after risk adjustment, to the national Paediatric Intensive Care Audit Network (PICANET). This process will allow any trends or outlier performance to be determined. Internal monitoring of Variable Life Adjusted Plots (VLAD) from January – June 2017 showed an increase in the number of deaths on PICU compared to expected. A review of cases does not suggest any obvious patterns or concerns about the quality of care in PICU, and no single cause that could explain the trend.

Has patient care been safe in the past?

Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

This slide contains an overview of some of the key measures monitored within the Trust; these will be considered by exception. Where there are measures/trends of concern, a slide containing a deep dive of that information will be included in the report.

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

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

Has patient care been safe in the past?

Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

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

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

STEIS Ref	Incident Date	Date Report Due	Description of Incident	Divisions Involved	Senior Responsible Officer (SRO)	Patient Safety Manager	Executive Sign Off	Divisional Contact
2017/ 31611	26/12/17	**23/03/18**	Fault with Mortuary fridge temperature and issue with alerting system	Charles West	Associate Medical Director	Patient Safety Manager	Interim Medical Director	Divisional Operational Manager, Charles West

Has patient care been safe in the past?

Learning from closed Serious Incidents and Never Events

Great Ormond Street Hospital for Children NHS Foundation Trust

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

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

Are we responding and Improving?

Patient and Family Feedback: Red Complaints

Great Ormond Street Hospital for Children NHS Foundation Trust

Red Complaints in November- December2017

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

Are we responding and improving?

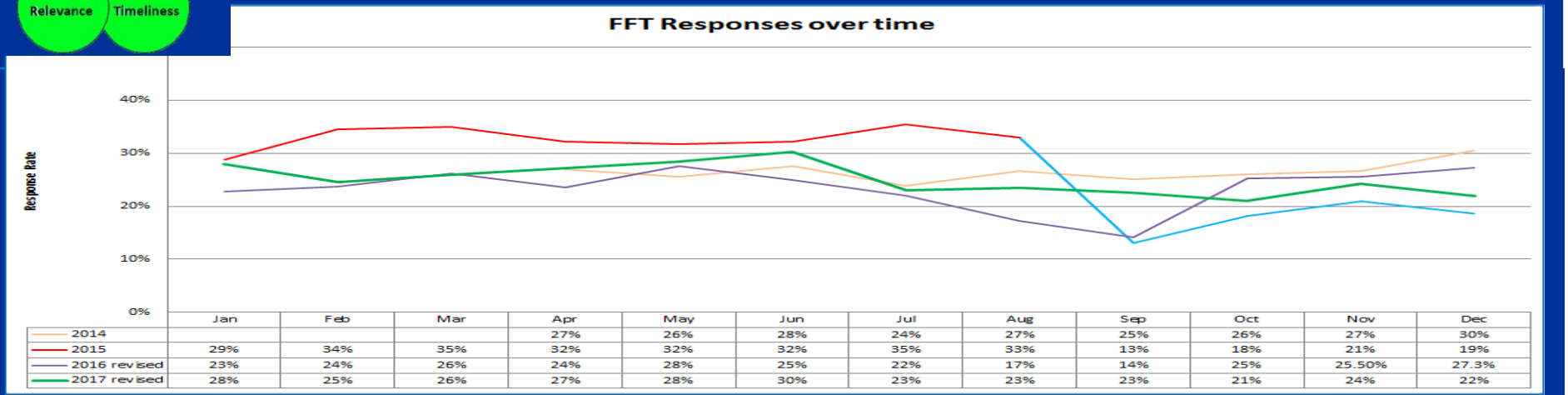
Learning from Friends and Family Test- Inpatient Data

Great Ormond Street Hospital for Children NHS Foundation Trust

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

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

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



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

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

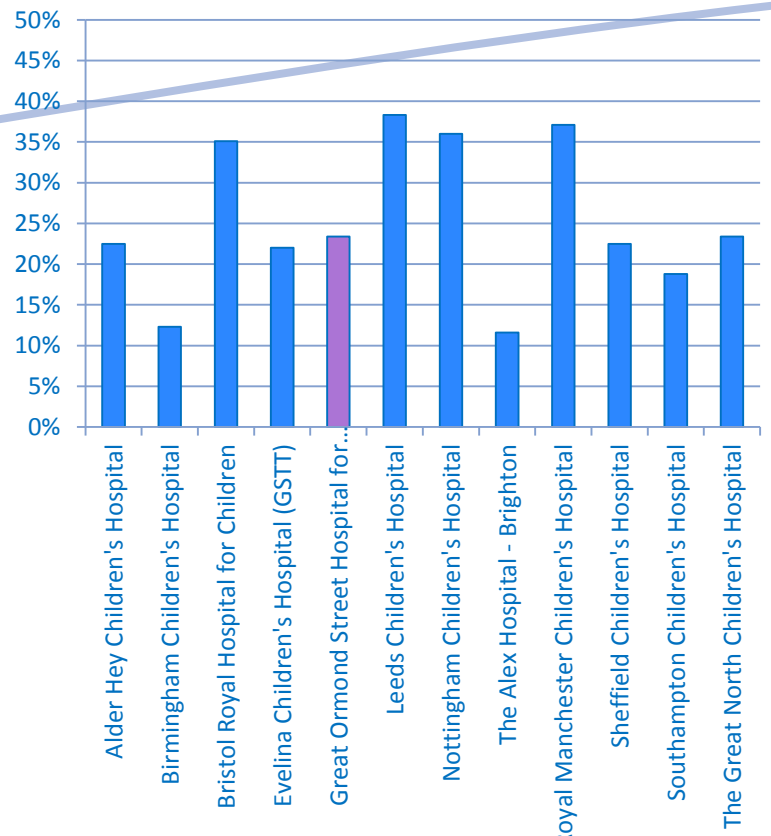
Are we responding and improving?

Benchmarking

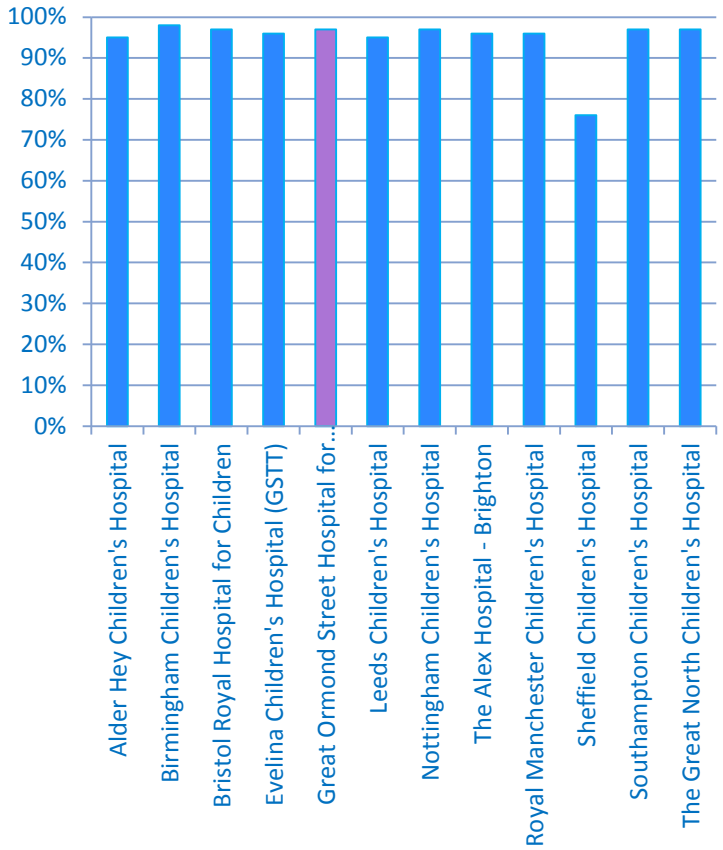
Great Ormond Street Hospital for Children NHS Foundation Trust

Data from NHS Choices – November 2017

Response Rates



Percentage to Recommend



Are we responding and improving?

Learning from Friends and Family Test- Positive Feedback

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Patient Feedback

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

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

Staff are kind and understanding!

Caring Staff – Great Service!

Glad to be helping with research!

Parent/Carer Feedback

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

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

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

Are we responding and improving?

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

Great Ormond Street Hospital for Children NHS Foundation Trust

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

'You Said'

We did

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

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

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

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

Are we responding and improving?

Featured Project: Extravasation project

Great Ormond Street Hospital for Children NHS Foundation Trust

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

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

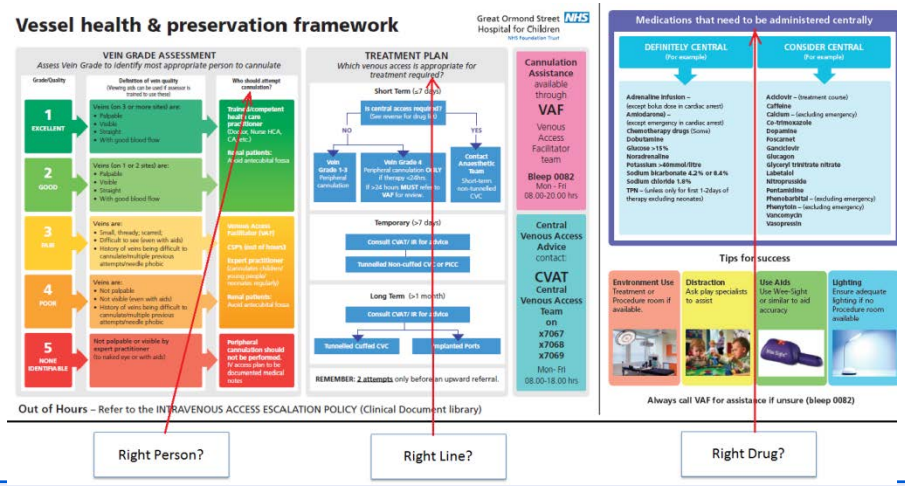
Background:

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

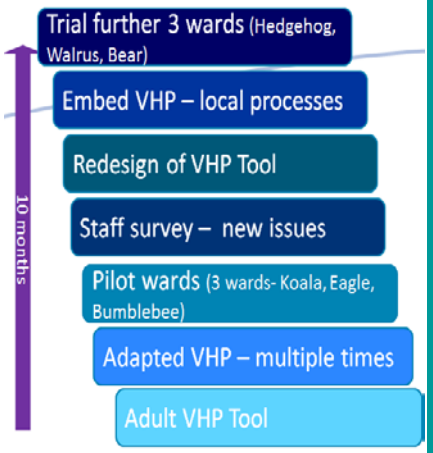
Primary Drivers:

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

The Venous Health & Preservation Framework is central to the project



VHP Tool Development



Measurements (outcome):

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

Measurements (process):

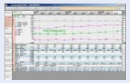
- No. of patients referred to Venous Access Facilitator (VAF)team
- No. of patients with vein grade
- % patients with more than 2 unsuccessful attempts before referral to VAFs
- Missed medication administration occasions due to 'No IV access available'

Milestones and next steps:

Production of cannulation training video complete & available

Increased training opportunities for medical teams

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



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

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

Development of strong links with the Plastic Surgery team

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)

Great Ormond Street Hospital for Children NHS Foundation Trust

Project	Project Aims	Project Leads	Project Timescales and Progress
Neonates	To improve the quality and safety of care within inpatient neonates/ small infants* at GOSH by January 2018[*<28 days or 4kg] The three areas of focus are to: • Reduce the number of avoidable bloodspot test repeats • Increase the recognition and management of neonatal jaundice • Improve documentation and delivery of IV fluid management	Executive Sponsor- **Chief Nurse** Nursing Lead- **Neonatal Nurse Advisor** Medical Lead- **Head of Clinical Service**	Progress to date: • Neonatal Intranet page and ward folders live • Automated email prompts for bloodspots rolled out across trust • Jaundice e-learning ready for launch • Neonatal pathway and fields on the discharge summary system now rolled out across the trust; CareVue fields undergoing final configuration • Development of in house 'billi-app' being explored to help plot bilirubin • Review of audit against new fluid management guideline carried out, with recommendations identified. • Working with ACNs and Matrons to develop sustainability plans for monitoring data • Project closure and sustainability recommendations due to be presented at February QIC
PEWS	To replace the Children's Early Warning System (CEWS) with the Paediatric Early Warning System (PEWS) for wards across GOSH by January 2018	Executive Sponsor- **Chief Nurse** Medical Lead- **Consultant Intensivist** Nursing Lead- **Clinical Site Practitioner**	Progress to date: • PEWS is set go live on 7th March 2018 • Nervecentre have completed the configuration of PEWS into the test system – currently with GOSH for software testing. • Clinical testing on Nervecentre will commence on 28th January 2018 • CareVue have completed the changes required to enable PEWS sccores to be calculated and flagged as per the algorithm. • Sepsis alerts have been added to both systems, but there will be no automatic alert from the calculations – clinicians will need to observe for amber and red flags and escalate accordingly. • The PEWS education package complete and led by Amy Leonard • 6 week training period commencing 29th January 2018, with an relaunch of the importance of a full set observations • The PEWS communication strategy complete (attached) • GOLD Training & Sim Training updated • Final review of number of devices to be completed by 29th January

Are we responding and improving?

Quality Improvement Project Status Update (with Executive sponsorship)

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Appendix 1

Methodology for key Trust measures

Measure	Methodology	
Never Events	Never events are defined here - https://www.england.nhs.uk/ourwork/patientsafety/never-events/	
Non-2222 patients transferred to ICU by CSPs	Unplanned non-2222 patient transfers to ICU, admitted as deteriorating patients from ward areas by the CSP team.	
Cardiac and respiratory arrests	**Cardiac arrests outside of ICU:** The monthly number of cardiac arrests outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team). Cardiac arrests are defined by any patient requiring cardiac compressions and/or defibrillation. Cardiorespiratory arrests count towards the cardiac arrests total, not the respiratory arrests total.	**Respiratory arrests outside of ICU:** The monthly number of respiratory arrests outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team). Respiratory arrest is defined by any patient requiring bag mask ventilation. (Previous to May 2013 this was defined as any patient requiring T-piece and/or Bag Valve Mask.) Cardiorespiratory arrests count towards the cardiac arrests total, not the respiratory arrests total.
Mortality	The inpatient mortality rate per 1000 discharges. The numerator is the number of patients who die whilst inpatients at GOSH. The denominator is the number of inpatients who are discharged each month. Day case admissions (as specified by a patient classification of 2 or 3) are excluded from the denominator. CATS patients who are not admitted to GOSH are excluded from this measure.	
Serious Incidents	This is the monthly count of serious incidents (SIs), by date of incident (as opposed to date incident was reported). A serious incident is defined as an incident that occurred in relation to care resulting in one of the following: • Unexpected or avoidable death of one or more patients, staff visitors or members of the public. • Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm • Allegations of abuse • One of the core sets of 'Never Events' http://www.england.nhs.uk/ourwork/patientsafety/serious-incident/	
GOSH-acquired CVL infections per 1000 line days	The definition for this measure is complex and can be found here: http://goshweb.pangosh.nhs.uk/clinical_and_research/qi/Infection%20Prevention%20and%20Control/CVL%20Infection/Pages/default.aspx	

Appendix 2: SPC Frequently Asked Questions

Contents

What is a Dashboard?

A dashboard is a way of organising and presenting data in an easy to understand way. In the same way that a car dashboard lets you check your speed, revs, temperature and petrol with one quick glance, an improvement dashboard lets you check quickly whether your area is improving. Unlike a car dashboard, our dashboards let you see what is happening over a period of time, in the form of a graph. At GOSH, most dashboards are a collection of graphs, mainly in the form of statistical process control (SPC) charts.

Where are the Quality Improvement dashboards?

You can find the Quality Improvement improvement dashboards by following the links in the Quality Improvement intranet homepage. (double click the Quality Improvement logo, or find via GOS Web under 'Commonly Used Links'. Alternatively, click here to take you to the Quality Improvement Dashboards and Data Collection contents page.

What is SPC?

Statistical Process Control (SPC) charts were first developed by an industrial engineer called Walter Shewhart while he was working for Bell Telephones in the 1920s. He was concerned with eliminating the two most common problems in manufacturing:

- Type 1 error – "false positive" – Over-reacting to natural variation
- Type 2 error – "false negative" – Under-reacting to an actual problem

Shewhart wanted a way of distinguishing *natural cause* variation from *special cause* variation. Nearly all processes exhibit some level of natural variability - for example your commute to work will take a different length of time each day, in fact you would consider it strange if it didn't. Special causes occur because of a significant change in the in the underlying process - in the case of your commute, this might be a tube strike, or because the bus has started taking a longer route.

Process control charts were developed to allow easy differentiation between common and special cause variation. In the case of Bell Telephones, this would be to prevent engineers being called out to look at some equipment that was actually just varying as normal, and on the other hand to know when something was genuinely malfunctioning and required attention. In the case of a hospital it might be to tell if your theatre utilisation had improved, or if DNA rates had dropped.

SPC charts:

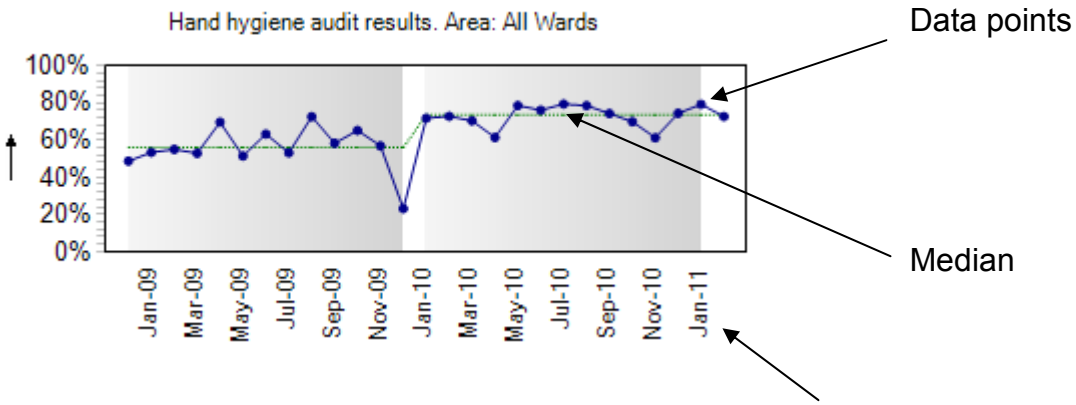
- are an excellent way of **measuring for improvement**
- Use the pattern of events in the past to predict with some degree of certainty where future events should fall.
- distinguish between the natural/common cause variation and special cause variation
- enable you to look for problems when they are there, not when they are not
- can motivate staff to improve practice thereby reducing adverse events and minimising variation

There are two types of SPC charts: run charts and control charts.

What is a Run Chart?

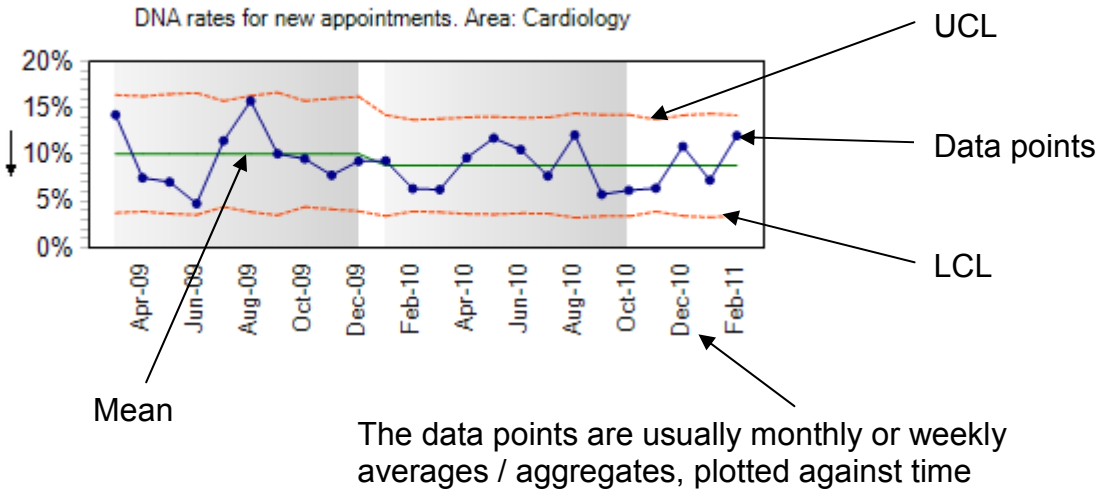
A run chart is used when analysing more than one process, when the data is summed (or aggregated). For instance, if we want to analyse medication errors Trust wide, we would use a run chart - there is more than one process because there are multiple wards in a the Trust with each ward having its own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

Run charts consist of your data points plotted against time, plus the median of your data points within a specified time period (within a single process). The mean can sometimes be used instead of the median, but at GOSH we usually plot the median, as it will be less affected by system-wide outliers.



What is a Control Chart?

A control chart is used when analysing a single process. They consist of your data points plotted against time, alongside the mean (or average) of your data, plus the upper control limit (UCL) and lower control limit (LCL).



The purpose of control charts is to allow simple detection of events that are indicative of actual process change. This simple decision can be difficult where the process characteristic is continuously varying; the control chart provides statistically objective criteria of change. When change is detected and considered positive its cause should be identified and possibly become the new way of working, where the change is negative then its cause should be identified and eliminated.

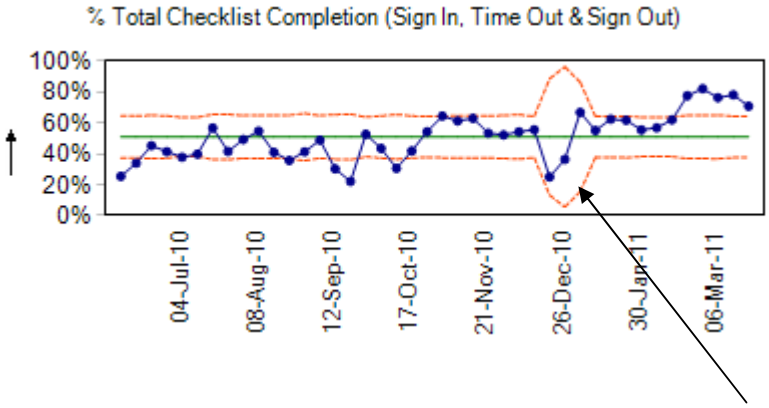
What are the Upper and Lower Control Limits?

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

The control limits are set three standard deviations away from the mean (although this is often an approximation, depending on the type of control chart used) so that at least 99% of the data should fall within the limits.

Why are the control limits sometimes wiggly?

Wiggly control limits are used on U-charts and P-charts only. They wiggle because they are calculated using the sample size which can vary from period to period. For example, the number of patients seen in a clinic will change from week to week.



The control limits are wider here which tells us that there was a smaller sample size for this period

What are the 9 different types of control charts?

1. **XMR chart.** Used for individual measurements with only 1 subgroup. (Example of a subgroup is a theatres, clinic or ward.) Example: How many medication orders do we process each week?

2. **X-bar and R chart.** This monitors the average value over time where your variables dataset is made of multiple subgroups of less than 10 observations per subgroup. Example: For a daily sample of five medication orders, what is the turnaround time?

3. **X-bar and S chart.** Similar to an 'X-bar and R' chart but its used when you have lots of measurements in each sample (over 10) Example: For a daily sample of 25 medication orders, what is the turnaround time?

4. **C-chart.** This is used when you count the number of incidents when there is an equal opportunity for the incident to occur. Example: For a sample of 100 medication orders each week, how many errors were observed?

5. **U-chart.** Similar to a C-chart but where your sample size is not the same. This makes the control limits wiggly! Example: For all medication orders each week, how many errors were observed?

6. **P-chart:** Used to represent the fraction or percentage of the samples that are unacceptable where the sample size varies from period to period (making the control limits wiggly) Example: For all medication orders each week, what percentage have one or more errors?

7. **nP-chart:** Like a P-chart but the sample size is always the same. So rather than the percentage of units, you measure the number of units. Example: For a sample of 100 medication errors each week, how many have one or more errors?

8. **G-chart:** Is used when the occurrences are rare. Example: To measure the number of surgeries between SSI infections.

9. **T-Chart:** Is used when your measure is time between rare occurrences. Example: The time between serious incidents.

XMR and P charts are the most commonly used SPC charts for improvement at GOSH.

What is Common Cause Variation?

Common (or natural) cause variation is where the data points are between the upper and lower control limits, evenly spaced around the mean. Common cause variation does not mean either “bad variation” or “good variation”. Common cause variation merely means that the process is stable and predictable.

What is Special Cause Variation?

Special cause variation can be spotted using three simple rules:

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

b. **Trends**. A trend is defined as seven consecutive points all increasing or decreasing.

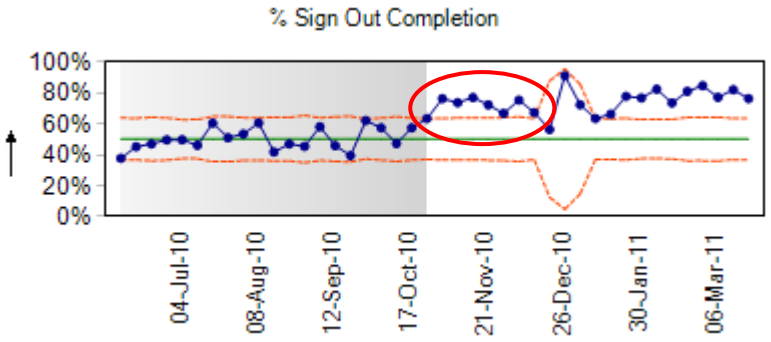
c. **Outliers**. An outlier is a data point which is outside of the control limits.

Special cause variation should not be viewed as either “bad variation” or “good variation”. You could have a special cause that represents a very good result which you would want to emulate, or a very bad result which you would want to avoid.

All special causes should be investigated to see whether they are an indication of process change and / or improvement.

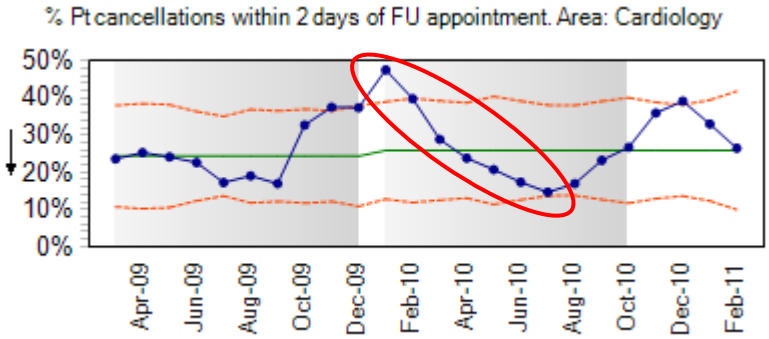
What is a Run?

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



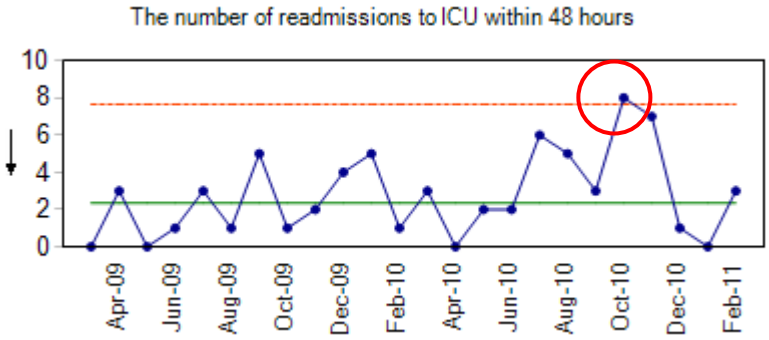
What is a Trend?

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



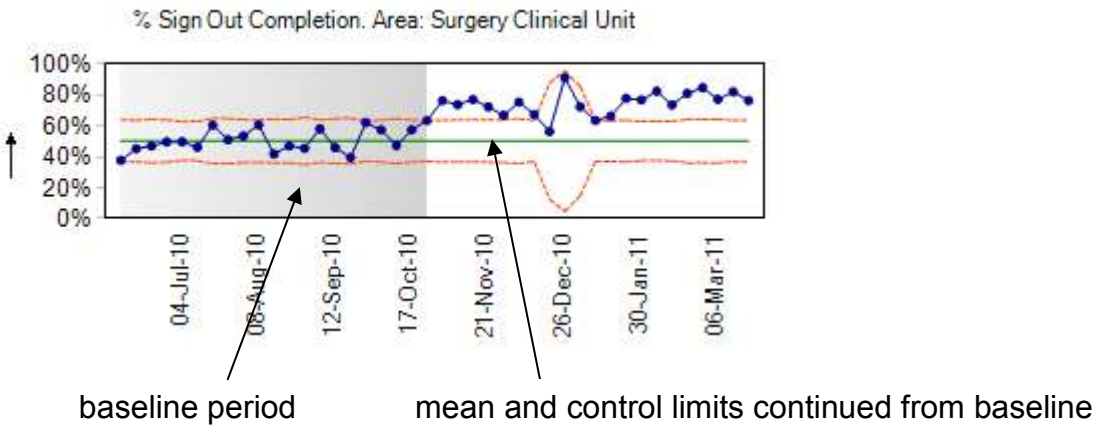
What is an Outlier?

An outlier is a data point which is outside of the control limits. Here's an example:



What is a Baseline?

When measuring for improvement on an SPC chart, you should aim to collect at least 21 points worth of data as a baseline (although this is not always possible – e.g. for monthly data this might take too long). Calculate the mean and control limits for this baseline data, and use this baseline mean and control limit lines to measure future data against:

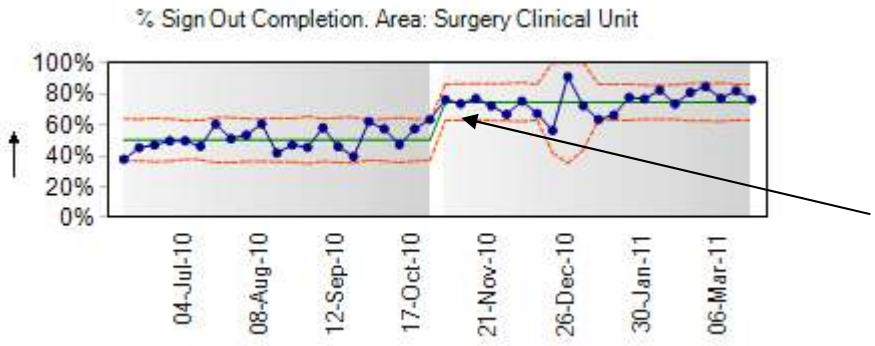


What happens when you have a Special Cause?

Step / Process Changes: When you have spotted a run or a trend for a measure, you can be statistically sure that the process has changed.

The control limits can be re-calculated from the date the run or trend started (or from when a process change was implemented, after further investigation of the measure).

For example, with the Sign Out Completion measure above (where there has actually been a run of 16 consecutive points above the mean after the baseline, we can recalculate the mean and limits as below, so we have an improved process with common cause variation about the mean again:



mean and control limits recalculated

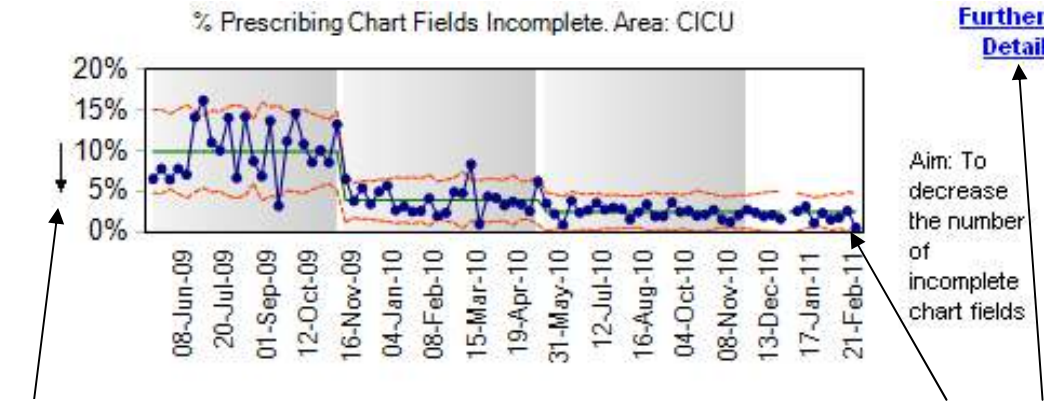
Outliers: If you spot an outlier, it must be investigated. It indicates that something either very good or very bad has happened and action needs to be taken either to correct the problem so that it doesn't happen again, or to learn from the good practice so that it can be applied in future.

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

Any other tips for interpreting SPC at GOSH?

The **arrow** to the left of each chart represents the desired direction of change.

To access **Further Detail and Definitions** for a particular measure on one of the improvement dashboards, either click on a data point or the 'Further Detail' link next to the dashboard charts



desired direction of change

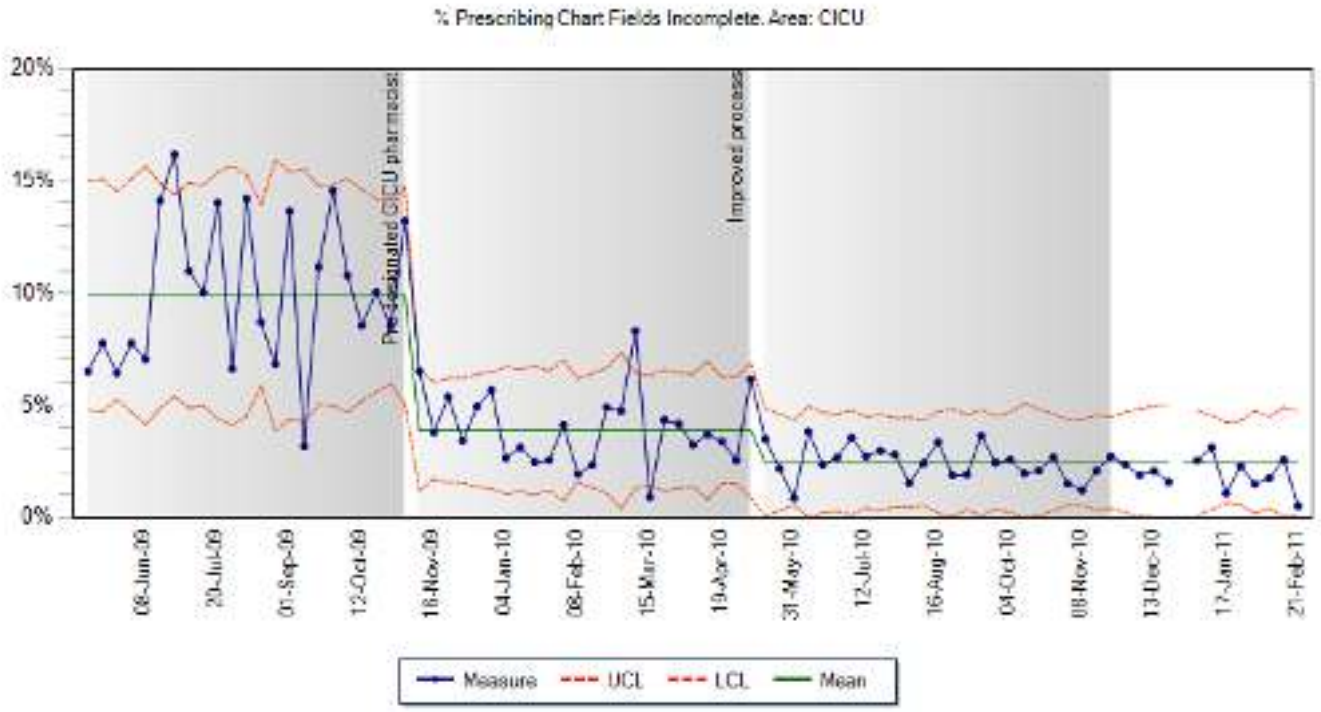
click for further detail

Here you can view a page with a larger version of the SPC chart (see below), plus the following:

- Measure definition, definition source and data source
- Labelled baselines / processes and annotations
- A table containing the figures that make up the measure; including date, data, UCL, LCL, mean (or median if it's a run chart), numerator and denominator (where applicable)

Back to dashboard <<

Desired Direction of Change ↓



Definition: The percentage of front of prescribing chart (5s and 6s) fields not completed. There are 11 fields on each prescribing chart. Data is collected Monday to Friday, excluding weekends and bank holidays.

Definition Source: CICU team

Data Source: CICU Prescribing

Week Start Date	% Prescribing Chart Fields Incomplete	Upper Control Limit	Lower Control Limit	Mean	Incomplete 5s and 6s fields	Total chart fields
21-Feb-11	0%	5%	0%	2%	2	407
14-Feb-11	3%	5%	0%	2%	9	352
07-Feb-11	2%	4%	0%	2%	9	517

Why is it so important that we measure things?

Improvement is not about measurement, but without measurement, how do we know if a change has led to an improvement? SPC is an excellent method of showing that a process change has led to a statistically significant improvement, and that you should therefore carry on working in this new improved way.

How can you find out more?

For more further (and more in-depth information), here are two useful guides to SPC charts and how we measure for improvement:

- Measuring for Improvement (NHS Institute for Innovation and Improvement)
- Basics of Statistical Process Control (David Howard, Management-NewStyle)

Alternatively, contact the Quality Improvement analysts or your clinical unit's improvement coordinator/manager.

Attachment N

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **7th February 2018**	
Integrated Performance Report: February 2018 **(Reporting Month 8 & 9 2017/18)** **Submitted by:** Nicola Grinstead, Deputy Chief Executive / Peter Hyland, Director of Operational Performance and Information	**Paper No: Attachment N**
Aims / summary The Integrated Performance Report (IPR) is focused on the key areas/ domains in line with the CQC, in order to be assured that the Trust's services are delivering to the level our patients & families, Trust Board and our commissioners & regulators expect. The indicators included are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. It is expected that these will evolve and iterate overtime. The narrative provides provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention. In addition, this report included a deep dive related to improve the Trust theatre utilisation, as well as a report detailing the Kite Marking scores for the Trust Performance Report.	
Action required from the meeting Board members to note and agree on actions where necessary	
Contribution to the delivery of NHS Foundation Trust strategies and plans All the indicators within the IPR contribute to the delivery of either regulatory or commissioner requirements, and as such are aligned to the objectives and strategy of the Trust	
Financial implications For indicators that have a contractual consequence there could be financial implications for under-delivery	
Who needs to be told about any decision? Where appropriate and applicable: Internal stakeholders, NHS Improvement and NHS England Special Services Commissioners	
Who is responsible for implementing the proposals / project and anticipated timescales? Each Domain / Section has a nominated Executive Lead	
Who is accountable for the implementation of the proposal / project? As above	

Great Ormond Street Hospital for Children NHS Foundation Trust

Integrated Performance Report

Nicola Grinstead, Deputy CEO

February 2018

(Month 8 & 9 2017/18)

The child first and always

Index

Great Ormond Street Hospital for Children NHS Foundation Trust

Executive Summary

Great Ormond Street Hospital for Children NHS Foundation Trust

December 2017 (Month 9 2017/18)

The Trust Integrated Performance Report (IPR) is designed to focus on the key areas/ domains below, in order to be assured that our services are delivering to the level our patients & families, Trust Board and our commissioners & regulators expect.

The domains are consistent with the Care Quality Commission and cover:

- Caring
- Safe
- Responsive
- Well-led
- Effective

The IPR additionally includes further indicators and metrics with regard to Our Money (Finance) and Productivity. These indicators are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. The IPR is attached as an appendix to this supporting narrative. As per previously for other elements his report and narrative should continue to be looked at in conjunction with the Quality and Safety Report and Finance Report.

At the time of writing the Trust Board report, not all Month 9 (December 2017) data is available, as this falls prior to a number of key national submissions or the data has not been reviewed in time for inclusion.

Caring

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

Great Ormond Street Hospital for Children NHS Foundation Trust

Friends & Family Test (FFT)

Headlines via the Performance Report for these measures are:

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

- The rate (%) of those responding (for Inpatients) having seen signs of significant improvement (i.e. 30% plus for May and June) has tailed off over the last couple of months, to circa 20% (being 21.95% in December Trust wide). There remains variability across the three Divisions and the wards. The IPP division was compliant in November, but was just below the internal standard in December at 37.4%. The West division saw an improvement in October (33.45%), but failed to maintain this in November and December achieving 27.80% and 19.60% respectively. Barrie division has improved its position since October (12.76%), achieving 23.73% and 24.02% in November and December respectively. An action plan is in place in both divisions to improve the response rate. Work has been undertaken assessing the variability and those typically more challenging areas that have frequent attenders during the reporting period. Additionally the target response rate will be reviewed to assess if it can be more in line with other Trusts and Peers.

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

Access to Healthcare for people with Learning Disabilities

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

Safe

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

Great Ormond Street Hospital for Children NHS Foundation Trust

Serious Incidents and Never Events

As confirmed in the Performance Dashboard and in the Quality & Safety Report, there was one serious incident reported in November and December. The YTD positions are:

- Serious Incidents = 11
- Never Events = 2

Further detail is provided in the Quality and Safety report.

Healthcare Associated Infections (HCAIs)

Incidents of C. Difficile

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

Incidents of MRSA

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

CV Line Infections

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

WHO Surgical Checklist Completion (> 98%)

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

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

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

Responsive

Great Ormond Street Hospital for Children NHS Foundation Trust

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

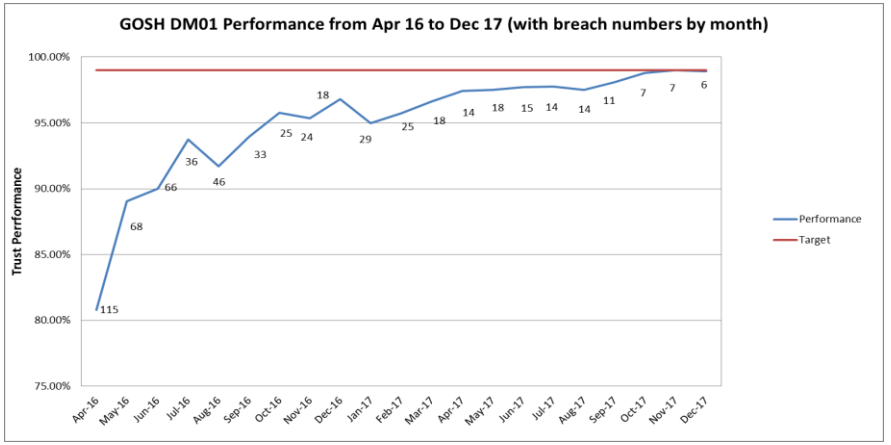
In November, the Trust achieved the standard of 99% for patients accessing the 15 diagnostic modalities within 6 weeks of referral / request (99.02%, for the first time since re-reporting concerned. Unfortunately, the Trust was unable to sustain this in December, and achieved just under 99% (98.93%),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

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

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

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

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



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

Cancer Wait Times

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

Responsive

Great Ormond Street Hospital for Children NHS Foundation Trust

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

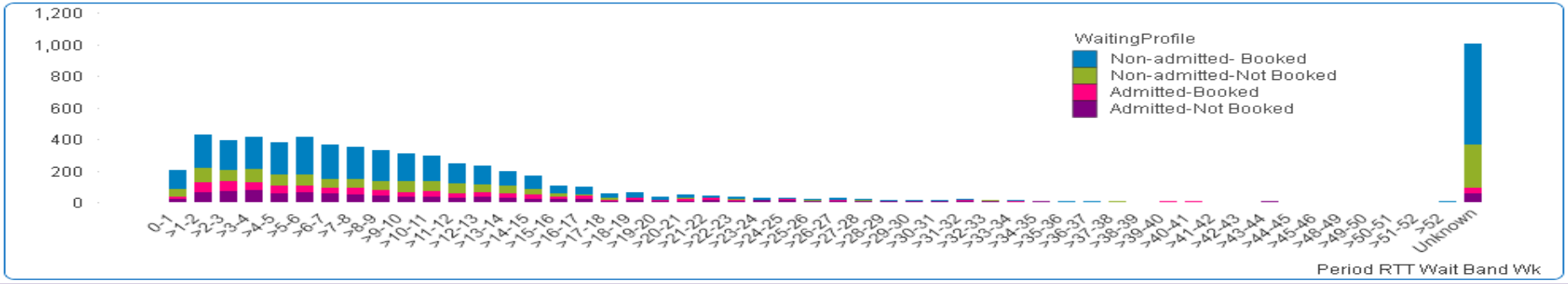
Whilst the Trust remains below the RTT incomplete standard of > 92% (of pathways waiting no longer than 18 weeks), the Trust has also not met its improvement trajectory for the past four months. At the time of writing the most up to date submitted position for December was 90.75%, against the 92.00%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

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

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

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

The graph below provides an overview of the distribution of the Trust's RTT wait times (for those with known clock start pathways). As is evident the number of long waiters >52 weeks continues to improve.



52 week waits:

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

Unknown clocks starts:

The number of pathways with an unknown clock start (i.e. referred to the Trust without confirming the start date of the pathway) has increased in November and December, in comparison to what we reported in October. Divisions have been asked to further push in engaging with referring Trusts and escalate where necessary.

Responsive

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

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

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

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

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

Well-Led

Great Ormond Street Hospital for Children NHS Foundation Trust

Workforce Headlines

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

Well-Led

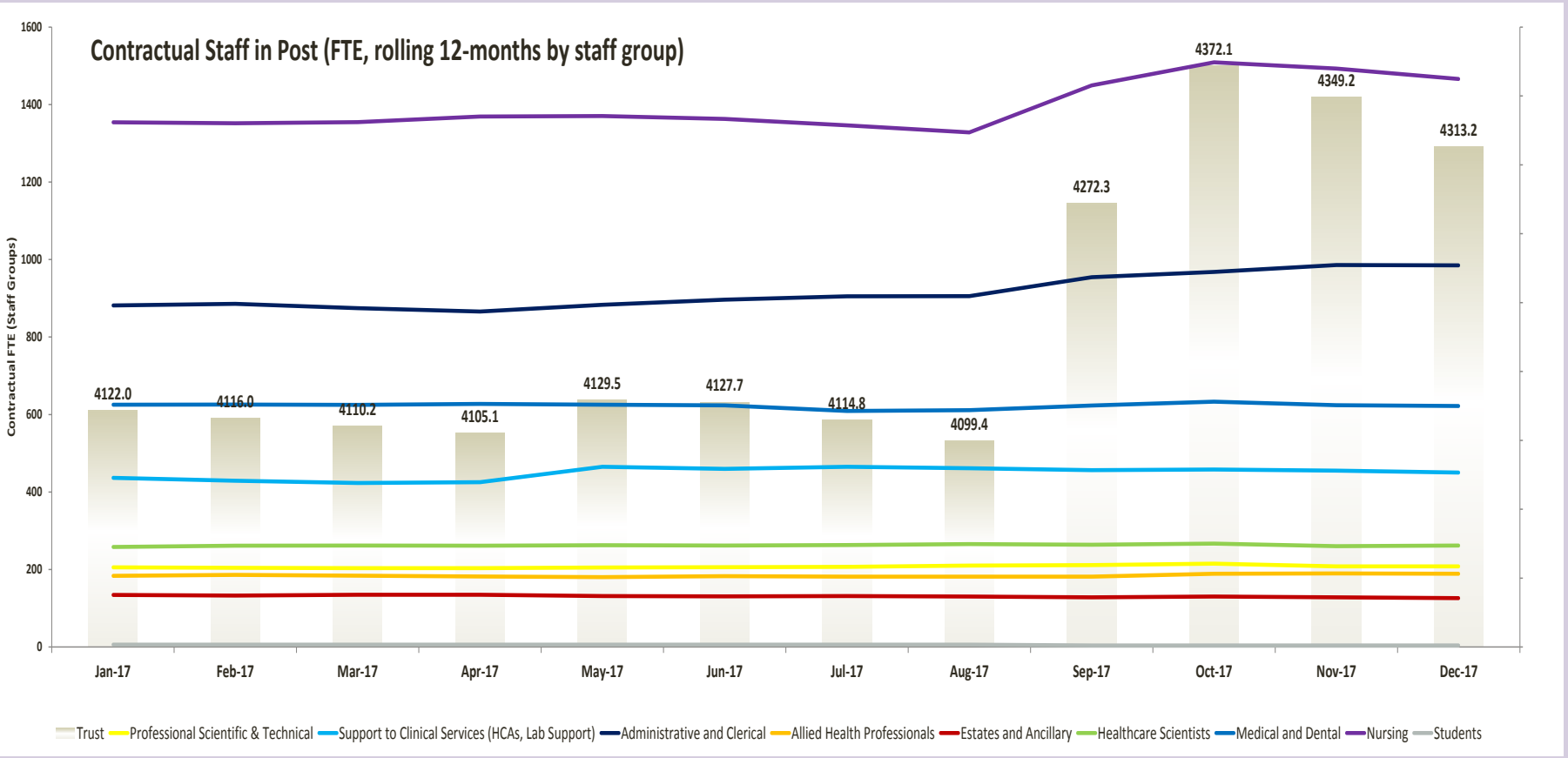
Great Ormond Street Hospital for Children NHS Foundation Trust

Trust KPI performance December 2017

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

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

Substantive staff in post by staff group



Workforce: Highlights & Actions

Sickness %

- On a monthly basis the ER team continue to report on the Bradford triggers for those staff that have reached the trigger.
- Regular meetings are held with Ward Sisters and departmental managers to discuss sickness management.
- Health and wellbeing; a number of initiatives have been launched in order to support employees at work such as mental health awareness and healthy activities.
- Health and Wellbeing week at GOSH is taking place between 22nd – 26th January 2018;
- IPP - HRBP presented sickness absence data and in-depth analysis at IPP Performance Board and working alongside IPP Management to agree workstreams to help improve sickness absence levels.
- Regular meetings held with managers in IPP to discuss employees with sickness concerns which has improved over recent months.
- Regular meetings set up with service leads to provide additional support in managing sickness cases.
- Monthly sickness absence trigger reports sent out to managers from the HR Advisors to ensure proactively approach to managing sickness absence
- HRBP working with management teams in DPS to ensure sickness absence is being logged using the correct system so reporting can be accurate.

Agency Spend

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

Voluntary Turnover Rate

- There has been a significant amount of work undertaken over the past few months to better understand the broader turnover position - with specific focus on areas of low stability and high turnover. Whilst this is work in progress, there have been developments in also understanding the reasons why people leave and where they go. In addition, the work around nurse recruitment and retention is now a focused project under the Nursing Workforce Programme Board.
- Developing B5s into vacant B6 roles helps to decrease turnover of B5s
- Focus groups have been held and feedback is being reviewed from Band 6 nurses to support retention
- HRBP for IPP completing a deep dive into turnover and presenting data and information at Performance Review
- HRBP for R&I completing a deep dive into turnover and sharing with Deputy Director of R&I to discuss further
- All Nurses within R&I on fixed term contracts have been transitioned over to permanent contracts to support retention of Nurses
- Nursing posts within R&I have been made permanent from fixed term to help towards retention of the nursing team and turnover

Workforce: Highlights & Actions

PDR Completion

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

Statutory & Mandatory Training Compliance

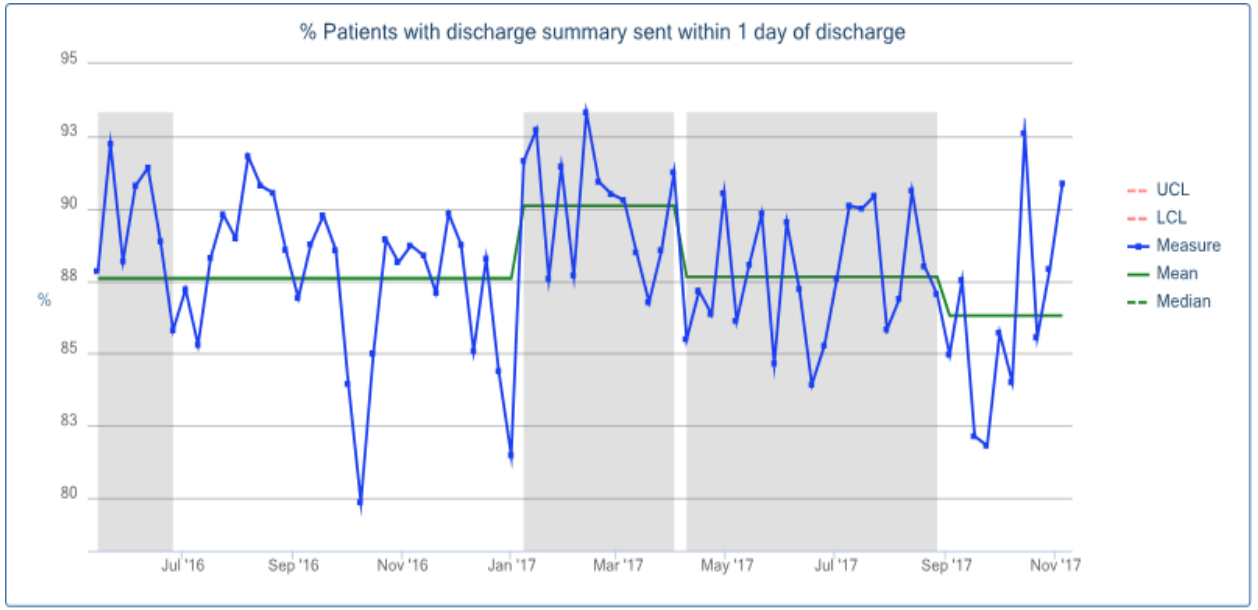
- Improved visibility through LMS - staff encouraged to check their own records on GOLD
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Additional face to face sessions have been run for DPS staff. Information sheets sent out for online courses.
- Simplicity in reporting process to improve compliance
- StatMan rates are a rolling agenda item for Performance Meetings within the Divisions / Directorates.
- HR BP and HR Advisor for DPS working with the DPS Performance Management team to create some more effective ways of StatMan training (outside of online learning) to help support staff who do not regularly use computers and are not in desk based roles.

Discharge Summaries

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

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

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



Clinic Letter Turnaround times

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

Productivity

Great Ormond Street Hospital for Children NHS Foundation Trust

Theatres

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

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

Beds

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

Occupancy: For the reporting period of December 2017 occupancy has decreased slightly on previous levels to 80.3%, but this could be due to the Christmas and New Year period. In comparison, bed occupancy in December 2016 was lower than previous levels too. For the same period, the average number of beds closed has increased in comparison to the previous month (13.8 in comparison to 10.6 in November).
This indicator and methodology is currently under-review as part of the statutory returns review, and as such the metrics should be used as a guide at this time, pending completion of this exercise

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

Activity

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

Long stay patients: This looks at any patient discharged that month with a length of stay (LOS) greater than 100 days, and the combined number of days in the hospital. For December, the Trust had two patients discharged that had amassed a combined LOS of 267 days. The West division looked at a sample of patients who had an excess stay of > 100 days, and found the reasons for their stay were clinically appropriate due to many having complex conditions and comorbidities warranting that LOS.

Our Money

Great Ormond Street Hospital for Children NHS Foundation Trust

Summary

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

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

Appendices

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix I – Integrated Performance Dashboard

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

Appendix II – Definitions

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

Appendix III – Data Quality Kite-Marking

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

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

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

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

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

Trust Board Dashboard - December 2017

Great Ormond Street Hospital for Children NHS Foundation Trust

Caring

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

Safe

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

Responsive

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

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

↑ Improvement — On / above target

People, Management & Culture: Well-Led

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

Effective

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

Productivity

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

Activity

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

Our Money

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

TRUST BOARD PERFORMANCE DASHBOARD: KPI DEFINITIONS

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

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

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

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

KITE MARKING SUMMARY SEPTEMBER 2017*

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

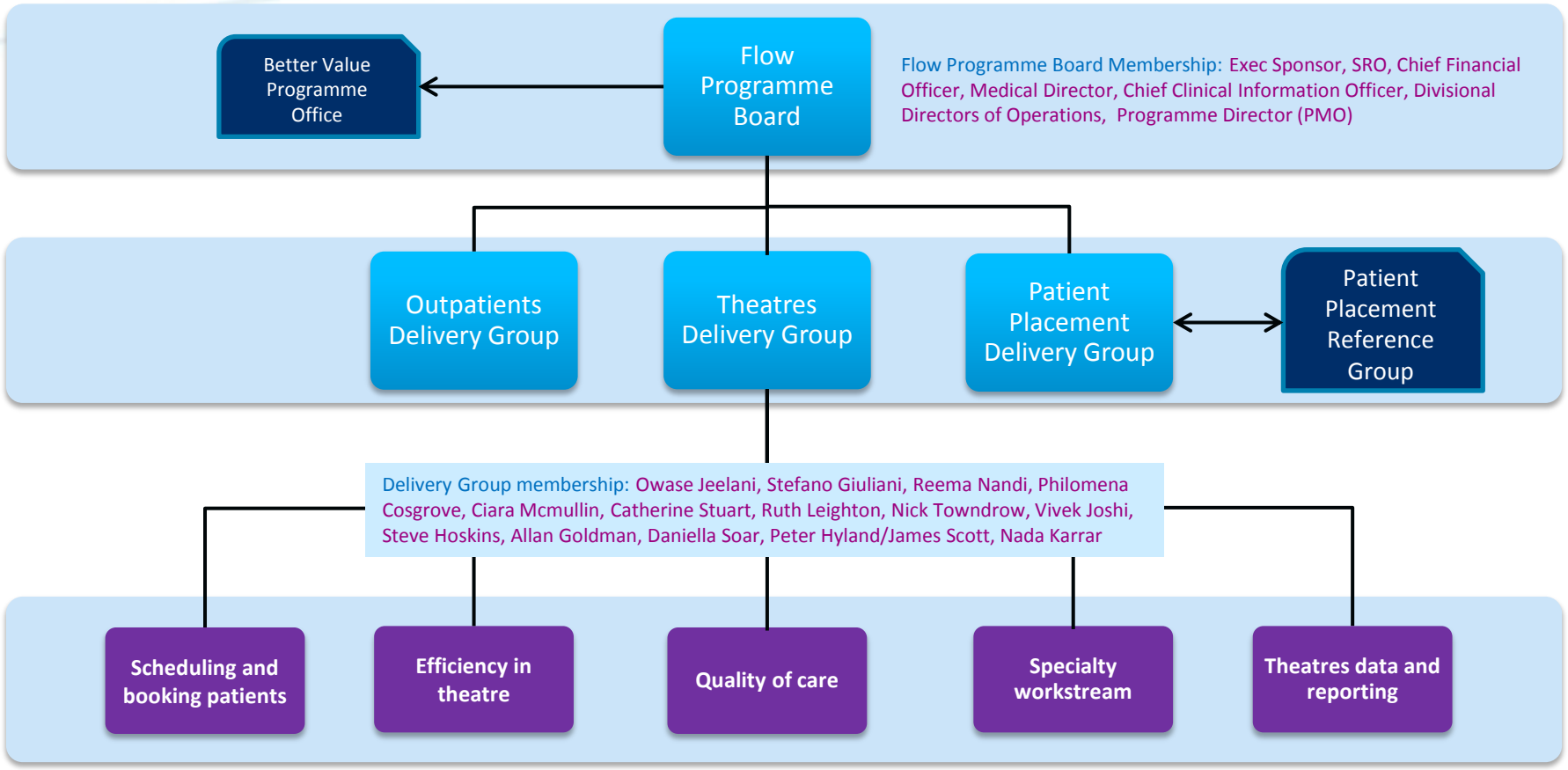
*To be reviewed December 2017

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

Flow programme structure

Great Ormond Street Hospital for Children NHS Foundation Trust

Committee: Patient Access Board **Exec Sponsor: Nicola Grinstead**



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Theatres utilisation programme workstreams, projects and leads

Great Ormond Street Hospital for Children NHS Foundation Trust

Scheduling and booking patients	Efficiency in theatre	Quality of care	Specialty workstream	Theatres data and reporting
Speciality based mapping [tbc]	Early start theatre sessions [Owase Jeelani]	Managing patient anxiety [Ciara McMullin]	Dental [Rob Evans]	Theatres dashboard [Vivek Joshi]
Local scheduler guides and the waiting list SOP [tbc]	Pre-med patients on Nightingale & Woodpecker [tbc]	'The Perfect Day' [Steve Hoskins]	SNAPs [Stefano Giuliani]	Data quality [Vivek Joshi]
The 'First Case Patient' [tbc]	The 'First Case Patient' [tbc]		Ophthalmology [tbc]	Performance reporting [Steve Hoskins / Nada Karrar]
Clerking and Consenting patients [tbc]	Portering [tbc]		Spinal surgery [Kelly Thompson]	
TCI (to come in) checklist [Beki Moult]	Data capture and theatre timing rules [tbc]		Interventional Radiology [Sarah Osho]	
Labs procedure scheduling [Toby Hunt (?)]	Safety debrief [Christopher Jephson]		Emergency lists [Reema Nandi]	
APOA [Richard Martin]	Overruns and the impact on discharge [tbc]			

Immediate

High priority

Complete

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Welcoming Helpful Expert One Team

Theatres project summary

Great Ormond Street Hospital for Children NHS Foundation Trust

A - Scheduling and booking patients

A1: Speciality based mapping	Timeline
The elective admission flow process was initially mapped in November 2016. The was a generic flow created to give an overview of the referral to procedure process. It has been identified that many specialities deviate from the generic flow due to nuances within the service and the flow of patients from some services works better than others. The aim is to test the generic flow with each individual speciality to identify where there is deviation, which elements of the deviation are necessary and which can be changed to bring the process in line with the trust standard.	March 2018

A2: Local scheduler guides & waiting list SOP	Timeline
All teams should be following the Trust Standard Operating Procedure (SOP) for manging waiting lists, scheduling TCIs (to come ins) and making theatre bookings on PIMS. The aim of this project is to ensure the SOP is being adhered to and to develop local "schedulers guides". Local schedules guides describe how the scheduling for a specific speciality works, for example, the specialty has lists on these days of the week, when waiting list meetings are schedules, pre-op requirements etc. Additionally, it has been identified that there may be a link between when a consultant provides their input in to the scheduling of a theatre list and the impact this has on overall theatre utilisation and cancellations within that specialty. Some specialities use a nursing role to provide clinical support to the scheduler, however the impact of this role has not yet been defined. The aim of this project is to review the difference between specialities where clinical input in to scheduling differs (for example, some prescribe clinical input tales place six weeks prior to the theatre date, and other areas prescribe two weeks prior).	April 2018

A3 and B3: 'First Case Patient'	Timeline
The 'First Case Patient' is a term that relates to the first patient on a theatre list. In general, the first case patient would be someone who is having a non-complex procedure, is unlikely to require a pre-med and is able to walk to theatre unaided. The aim of selecting a suitable first case patient as first on the list is to ensure the theatre list starts on time as the risk of pre-theatre complications are reduced. This patient will need to be scheduled in the first tranche of patients so that they can then be changed, prepared and sent for in a timely fashion, thereby minimising knock-on delays for the rest of the day. The aim of this project is to identify a cohort of patients that would be suitable to be the first case patient and to ensure this consideration is included when scheduling a theatre list.	June 2018

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Theatres project summary

Great Ormond Street Hospital for Children NHS Foundation Trust

A4: Clerking and consenting patients	Timeline
Clerking and consenting patients on time and the right specialist being available to carry out clerking and consenting has been identified as significant issue in getting patients to theatre on time. It is unclear what the trust policy on consenting is. There is uncertainty regarding who should be consenting and when consent should take place, which is contributing to a lot of delays. Craniofacial have a 3 staged approach to consenting: Initial discussion occurs during clinic; Formal consent is taken a week before procedure; and Final signature is requested on the day. A possible solution is to have 2 separate policies: 1. Quick consenting process for the simple cases; and 2. Multi-step approach for the long complex cases. The aim of this project is to: review the current policy and update if necessary; identify the issue areas and bottlenecks; clarify the rules around when clerking and consenting can take place; who should be responsible; and investigate the potential for online consenting.	August 2018

A5: TCI (to come in) checklist	Timeline
It has been identified that although patients receive all of the necessary information they require prior to coming in for surgery, providing a simple list of key things to note / consider would reduce the risk of some of the criteria being missed and would improve the chance that there are no avoidable delays in a patient being seen for surgery (for example, a reminder to adhere to fasting times, bringing in required medication and over-night bags if required). The aim of this project is to create a simple TCI (to come in) list that would accompany the patient letter and provide the basic information all patients must follow prior to coming in for surgery. The list can be pinned up at home and will act as a reminder.	March 2018

A6: Labs procedure scheduling	Timeline
The aim of this project is to understand the impact of theatre timetabling of procedures on Histopath and the wider Camelia Botnar Laboratories and identify opportunities to change the scheduling rules to accommodate sample investigation requirements. For the labs, the simplest “rule of thumb” is to undertake any procedure that would generate a sample in the morning so that it is received with plenty of time to action any urgent procedures/protocols. For example, any sample where a delay in processing may have a deleterious effect e.g. muscle biopsy.	April 2018

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Theatres project summary

Great Ormond Street Hospital for Children NHS Foundation Trust

A7: APOA	Timeline
The Anaesthetic Pre-Operative Assessment (APOA) Team have been in place for around 18 months (CHECK). The team supports several key specialities but there is capacity to support more. The aim of this project is to increase the number of specialities using the APOA service. This will be achieved in a number of ways, including improved communication and advertisement of the service and a demonstration of the positive impact the service has had for the specialities it does support. Additionally, there are some issues around the flow of data from APOA where not all information documented during a patients assessment is provided to the consultant on the day of surgery. It is also unclear how much of the data is provided to the receiving ward , especially the day case wards Woodpecker and Nightingale. The aim of this workstream will also be to improve how the data from a patients' APOA is collated and presented to the receiving ward and the consultant on the day of surgery.	May 2018

B - Efficiency in theatre

B1: Early start theatre sessions	Timeline
All AM and all-day theatre sessions start at 08:30 and starting sessions on time is a significant issue for the trust (which is being looked at across several workstreams within this programme. The hospital goes through significant change between the hours of 07:30 and 08:30, such as day shift staff taking over from the night shift, hand-overs taking place and other areas of the hospital become more busy. The aim of this project is to investigate the potential to start some theatre sessions early (07:30) so that the first patient of the day is already in theatre whilst the hospital is going through significant change. (NOTE: this is unlikely to be suitable for all specialties and procedures.)	April 2018

B2: Pre-med patients on Nightingale & Woodpecker	Timeline
Nightingale and Woodpecker wards are the day-case wards. The wards are located near to the main theatres. At the beginning of the day, the staff on the two wards are required to ready twelve patients at the same time so that they are all ready for an 08:30 theatre session start (the requirements to ready this number of patients at the same time reduces throughout the day). Both Nightingale and Woodpecker have sufficient resource to ready this number of patients, however if more than a certain number need a pre-med this is likely to cause a delay in either a pre-med or a non-pre-med patient getting to theatre on time (pre-med patients require a nurse and an HCA to prepare / escort them to theatre which can leave another patient without a nurse to escort them to theatre). The aim of this project is to understand the 'breaking-point' of the number of pre-med patients that should be scheduled at the same time and to influence the scheduling rules to reduce the risk of too many pre-med patients being scheduled to arrive on Nightingale or Woodpecker at the same time.	April 2018

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Theatres project summary

Great Ormond Street Hospital for Children NHS Foundation Trust

B4: Portering	Timeline
To be defined.	TBC

B5: Data capture and theatre timing rules	Timeline
Theatre utilisation is predicated on timely completion of PiMS to ensure that the correct start and finish times for are entered for each of the criteria that make up theatre utilisation (when a patient is called for, when the patient arrives, anaesthetic time, knife to skin time, etc.). It is not always clear who is responsible for entering this information on the system and sometimes the system is updated after the event. The aim of this project is to clarify the process on updating PIMS - who is responsible and when each time should be captured – and develop clear guidance on how theatres utilisation is calculated – what is included in the calculation and what is excluded.	April 2018

B6: Safety debrief	Timeline
In November 2017 the trusts version of the National Safety Standard for Invasive Procedures (NatSSIPs) was signed-off. A key component of the NatSSIPs policy is that at the end of every theatre session the team must carry out a safety debrief. A recent theatre audit identified that debrief was not performed consistently. The aim of this project is to establish the safety debrief process to ensure all theatres are completing the debrief tool as standard. In addition, a database will be developed to begin capturing the output from each debrief so a quality dataset will be in place to begin identifying opportunities for improvement, especially in areas such as reasons for delays, which is currently not documented very well. Further along in this project, there is potential to look at adding a pre-plan for the next session to the debrief (his would only work if the core staff are involved in the same sessions each week).	April 2018

B7: Overruns and impact on discharge	Timeline
Significant theatre overruns for PM and all day sessions have the potential to impact on discharging patients if the overrun results in the consultant being unable to see their patients in time at the end of the day to confirm they are ready for discharge. The aim of this project is to investigate if this is an issue, and if so, what level of overrun begins to impact on the number of discharges and what can be put in place to avoid significant overruns. This project directly links to the 'First Case Patient' project and the Patient Placement Programme.	June 2018

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Theatres project summary

Great Ormond Street Hospital for Children NHS Foundation Trust

C - Quality of care

C1: Managing patient anxiety	Timeline
Some delays in theatre are due to patient anxiety which results in the ward being unable to get the patient to theatre on time. An anxiety specialist (similar to a Play Specialist) would work with the patient before their procedure to help reduce their anxiety . This could be through explaining exactly will happen before, during and after the procedure, showing the patient where the procedure will take place, what specialist equipment is used for and who will be involved. This role has been employed at other trusts within the UK and anecdotal feedback suggests the impact to be positive. This project will investigate the potential to introduce a 'Anxiety Specialist' role, define the role and aide the advertisement and recruitment in to the post.	June 2018

C2: 'The Perfect Day'	Timeline
Workshops to identify what the perfect day looks like have been run throughout the NHS for a number of years. The aim of this workshop is to bring together staff from a range of roles within the same area to talk about the systems and processes that would make up a perfect day. The workshop should also include patient representatives to provide input on the users perspective. The aim of this project will be initial and implement a perfect day workshop, and using the output from the workshop, to compare the perfect day to current processes and identify areas of improvement.	June 2018

D – Specialty workstream

D1 – D6: Individual speciality workstreams	Timeline
Working with the local speciality team, identify speciality specific barriers to improving theatre utilisation. Initial focus will be on Dental, SNAPs, Ophthalmology, Spinal Surgery, Interventional Radiology and Emergency Lists	December 2018

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Theatres project summary

Great Ormond Street Hospital for Children NHS Foundation Trust

E - Theatres data and reporting

E1: Theatres dashboard	Timeline
A theatres dashboard was developed in early 2017 and released around mid-year. The dashboard has been developed in Qlikview and pulls data directly from PiMS. Usage of the dashboard is increasing, including to develop monthly performance reports for the speciality workstreams identified in this programme. Since its release additional data requirements have been identified, for example including a log of the time spent on the team briefing / checklist and the period of time between when a patient is called and when they arrive. The aim of this project is to continue to enhance the theatres dashboard to increase its value to the organisation and increase its usage across theatre teams.	March 2018

E2: Data quality	Timeline
In December 2017 an issue was identified where theatre sessions that should have been cancelled on PIMs had been left open resulting in a large number of zero activity 'used' sessions being included in the theatres utilisation calculation. The aim of this project is to improve theatres data quality and put in place processes to ensure future data quality is maintained. Identify when the 'Patient called for' clock starts (is it when the call for the patient starts or when the call has been completed? – on many occasions this call can take 5, 10 or 15 minutes to complete.).	March 2018

E3: Performance reporting	Timeline
To develop theatres performance reports for each of the specialities identified as part of the theatres programme (widening out to all specialities over time). The aim of this project is t increase the understanding of theatres data and its usage which should result in an improvement in theatres utilisation as specialities gain a better understanding of the issues.	Complete

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Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7th February 2018

Trust Finance Position – Month 9, 2017/18 **Submitted by:** Loretta Seamer, Chief Finance Officer	**Paper No: Attachment O**

Purpose
The purpose of this paper is to report the Trust financial position as at the end of December 2017 (Month 9).

Financial Position Year to Date
For the month of December 2017 there was a net deficit (before capital donations and impairments) of £2.3 million which is £1.9 million favourable to plan. Year to date the Trust has a net surplus of £1.7 million which is £1.7 million favourable to plan.

The Trust is forecasting to meet its control total target and, year to date is favourable to the target by £1.5m.

At the end of Month 9 NHS Income is 1.0% or £3.5 million ahead of plan which is due in part to a more complex case mix and the new tariff, plus other non-clinical revenue. IPP income has demonstrated significant recovery since the start of the year. Overall Income is £3.2 million ahead of plan.

Pay expenditure is adverse to plan by £0.3 million due in principle to the increased workforce costs associated with PICB including some transitional costs associated with opening the new capacity. Non-pay expenditure is over plan by £3.7 million due to the IPP Debt provision, unachieved CIP and activity related pressures in certain areas. There are also transition non-recurrent set-up costs associated with initial stock for PICB and costs associated with advanced purchases to take account of price benefits before the new year for a number of suppliers.

Year to date income for capital donations is £28.5 million less than plan due to lower capital expenditure on donated assets associated with the redevelopment project, medical equipment programme and ICT. Depreciation, Interest and PDC is lower than plan by £2.4 million, due in part to the capital delays above. This continues to support the Trust's overall bottom line.

The better value programme remains under delivered at Month 9 due principally to slippage across a number of cross cutting schemes though is offset by the favourable variances set out above, principally income over delivery.

Financial Forecast
As at December 2017, the forecast position is a net surplus of £1.9m before capital donations. This is a £1.7 million favourable positon to the control total. This assumes full expenditure of the provision set aside for PICB in year.

The makeup of the forecast variance at a divisional level is as follows:

Division	Forecast	Notes
Charles West	£3.0m	Predominantly achieved through over delivery of income within cardiac, haematology and across IPP. Activity has remained above plan across the division throughout Month 9 though is below the peaks seen at the start of the financial year and the yearend forecast assumes a degree of prudence on this basis.
JM Barrie	(£8.6m)	The forecast remains in line with prior submissions for yearend. Activity has been increasing following the opening of PICB and JM Barrie has seen an increase in income which forms part of the overall recovery plan. The adverse position in the early part of the year surrounds the PICU Business Case and the delayed opening of PICB which are now improving.
IPP	(£1.7m)	The IPP division has improved its forecast by £1.0m from the previous forecast due to additional activity over the remainder of the year. Income is above the prior year but is down against current year plan due to reduced demand in the first half of the year.
R&I	£0.8m	This represents an improvement from the prior forecast of £0.9m; the improved position is being driven in principle by additional income from commercial trials.
Corporate and Central	£8.3m	The forecast position has been improved from the previous forecast due in principle to delivery of QIPP schemes against plan which are held centrally.

Other Key Financial Indicators at Month 9

Indicator	Comment
NHSI Financial Rating	All KPI ratings are Green.
Cash	The closing cash balance was £50.1m, £0.4m less than plan.
NHS Debtor Days	Debtor days increased from the previous month to 10 days but remains within plan.
IPP Debtor Days	IPP debtor days increased in month to 216 days from 227 days.

Risks

Risk/Assumption	Comment
£15m delivery of P&E savings	The full Better Value programme has not identified schemes for the full target and it is forecast that the original plan will not be delivered in full. A number of schemes centrally held by the SRO's responsible for delivery have now been allocated to the relevant Division, and it is becoming less likely that these will deliver by year end. While there has also been some delivery of the target via income schemes, the reliance on additional income cannot be assumed recurrently due to payment risk and it is essential that a recurrent programme is

	developed in the future.
Achievement of CQUIN Income	The agreement of CQUIN schemes is complete for 2017/18 with the commissioner. There is one scheme that GOSH has withdrawn from valued at £1m relating to CUR, which puts the total schemes agreed at £4.6 compared to £4.9m in the plan. The Trust is forecasting to achieve 84% of agreed schemes or £3.9m for the year.
IPP Income / Debt	IPP is down against plan year to date due to a drop in referrals. It is anticipated that some of this is due to external factors but maximum recovery is a key deliverable for the remainder of the year and a strategic priority for the Trust and this increased recovery is factored into the current forecasts. Overall the IPP debt remains high but to date there has not been any debt written off. The income includes a BV scheme for commercial income and several new projects have now been approved to contribute to this target.

Action required from the meeting

- To **note** the financial position as at 31 December 2017.
- To **note** the residual risks to the 2017/18 outturn.
- To **note** the forecast position for 2017/18.

Contribution to the delivery of NHS / Trust strategies and plans

This paper details the Trusts delivery against its agreed Financial Plan to M09 2017/18

Financial implications

Not delivering the Control Total would have led to the Trust losing the S&T Fund. Other affects include the NHSI ratings of the Single Oversight Framework.

Legal issues

None

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

Chief Finance Officer/Executive Management Team

Who is accountable for the implementation of the proposal / project

Chief Finance Officer

Great Ormond Street Hospital for Children NHS Foundation Trust

Board
Finance and Activity Performance Report

Month 9 - 2017/18

(December 2017)

Summary Reports

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance Scorecard

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

Key Performance Indicators

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

Key Highlights

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

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

Great Ormond Street Hospital for Children NHS Foundation Trust

2017/18											Notes	2016/17	CY vs PY	
Annual Budget	Income & Expenditure	Month 9				Year to Date				Rating		YTD Actual	Variance	
		Budget	Actual	Variance		Budget	Actual	Variance		Current Year Variance				
(£m)		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%			(£m)	(£m)	%
272.4	NHS & Other Clinical Revenue	20.89	21.28	0.39	1.87%	203.46	206.95	3.49	1.72%	G	1	190.30	16.65	8.75%
67.80	Pass Through	5.09	5.50	0.41	8.06%	50.92	49.28	(1.64)	(3.22%)			47.00	2.28	4.85%
60.67	Private Patient Revenue	3.91	5.31	1.40	35.81%	45.26	44.24	(1.02)	(2.25%)	R	2	40.90	3.34	8.17%
53.26	Non-Clinical Revenue	4.13	5.41	1.28	30.99%	39.46	41.86	2.40	6.08%	G		37.00	4.86	13.14%
454.13	**Total Operating Revenue**	**34.02**	**37.50**	**3.48**	**10.23%**	**339.10**	**342.33**	**3.23**	**0.95%**			**315.20**	**27.13**	**8.61%**
(244.42)	Permanent Staff	(20.43)	(19.56)	0.87	4.26%	(182.67)	(170.35)	12.32	6.74%			(158.80)	(11.55)	(7.27%)
(1.68)	Agency Staff^	(0.14)	(0.21)	(0.07)	(50.00%)	(1.26)	(3.52)	(2.26)	(179.37%)			(6.70)	3.18	47.46%
(2.68)	Bank Staff	(0.25)	(1.24)	(0.99)	(396.00%)	(2.22)	(12.55)	(10.33)	(465.32%)			(12.70)	0.15	1.18%
(248.78)	**Total Employee Expenses**	**(20.82)**	**(21.01)**	**(0.19)**	**(0.91%)**	**(186.15)**	**(186.42)**	**(0.27)**	**(0.15%)**	A	3	**(178.20)**	**(8.22)**	**(4.61%)**
(12.35)	Drugs and Blood	(1.03)	(0.94)	0.09	8.74%	(9.26)	(8.80)	0.46	4.97%	G		(9.60)	0.80	8.33%
(38.92)	Other Clinical Supplies	(3.24)	(3.68)	(0.44)	(13.58%)	(29.19)	(32.90)	(3.71)	(12.71%)	R		(30.40)	(2.50)	(8.22%)
(58.05)	Other Expenses	(5.51)	(6.54)	(1.03)	(18.69%)	(43.12)	(45.20)	(2.08)	(4.82%)	R		(37.30)	(7.90)	(21.18%)
(67.80)	Pass Through	(5.09)	(5.50)	(0.41)	(8.06%)	(50.92)	(49.28)	1.64	3.22%			(46.60)	(2.68)	(5.75%)
(177.12)	**Total Non-Pay Expenses**	**(14.87)**	**(16.66)**	**(1.79)**	**(12.04%)**	**(132.49)**	**(136.18)**	**(3.69)**	**(2.79%)**	R	4	**(123.90)**	**(12.28)**	**(9.91%)**
(425.90)	**Total Expenses**	**(35.69)**	**(37.67)**	**(1.98)**	**(5.55%)**	**(318.64)**	**(322.60)**	**(3.96)**	**(1.24%)**	R		**(302.10)**	**(20.50)**	**(6.79%)**
28.23	**EBITDA (exc Capital Donations)**	**(1.67)**	**(0.17)**	**1.50**	**89.82%**	**20.46**	**19.73**	**(0.73)**	**(3.57%)**	R		**13.10**	**6.63**	**50.61%**
(28.01)	Depreciation, Interest and PDC	(2.50)	(2.09)	0.41	16.40%	(20.41)	(18.00)	2.41	11.81%		6	(18.20)	0.20	1.10%
0.22	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(4.17)**	**(2.26)**	**1.91**	**45.80%**	**0.05**	**1.73**	**1.68**	**3,360.00%**	G		**(5.10)**	**6.83**	**133.92%**
6.22%	**EBITDA %**	**-4.91%**	**-0.45%**			**6.03%**	**5.76%**					**4.16%**	**1.61%**	**38.67%**
(8.00)	Impairments	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0%
72.11	Capital Donations	6.16	3.51	(2.65)	(43.02%)	46.67	18.14	(28.53)	(61.13%)		5	26.90	(8.76)	(32.57%)
64.33	**Net Result**	**1.99**	**1.25**	**(0.74)**	**(37.19%)**	**46.72**	**19.87**	**(26.85)**	**(57.47%)**			**21.80**	**(1.93)**	**(8.85%)**

Footnotes:

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

Notes

1. NHS income (excluding pass through) year to date is favourable to plan by £3.5m driven by a combination of increases in complex cases, increased tariffs and coding benefits.
2. Private Patient income year to date is £1.0m adverse to plan due to under delivery in PICU and the Trust Better Value Commercial scheme.
3. Pay is adverse to plan year to date by £0.3m with agency spend of £3.5m which is below the cumulative notified agency cost ceiling.
4. Non pay (excluding pass through) year to date is £5.3m adverse to plan. In Month 9 the non pay (excluding pass through) is £1.4m adverse to plan driven through increased spend on clinical supplies and services linked to activity, including significant purchases of lab consumables in month to obtain discounted rates linked to bulk purchases.
5. Year to date income for capital donations is £28.5m less than plan due to slippage in redevelopment projects and purchase of medical equipment.
6. Depreciation YTD is favourable to plan due to reduced capital expenditure.

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

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Summary

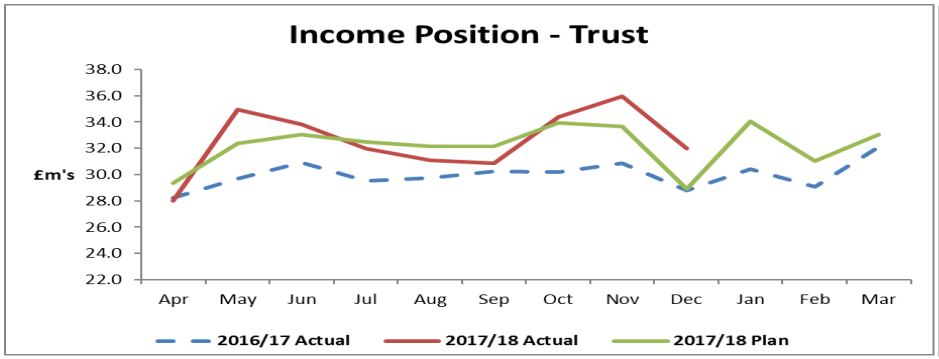
- The Trust is forecasting a full year surplus of £1.9m which is £1.7m favourable to plan.
- The Trust is forecasting a £1.7m favourable position against the control total.

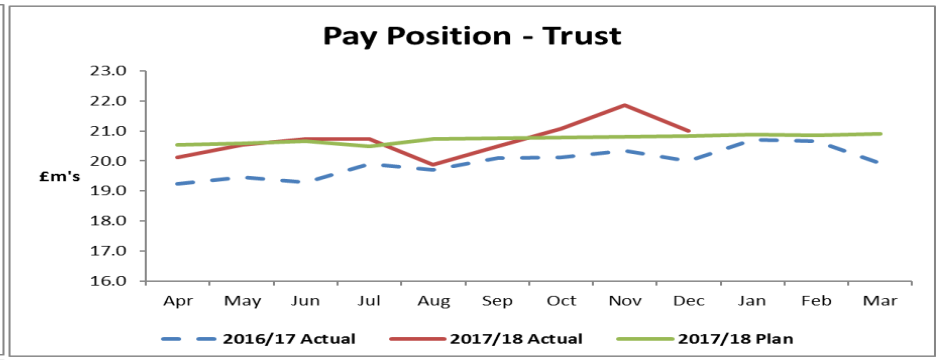
Notes

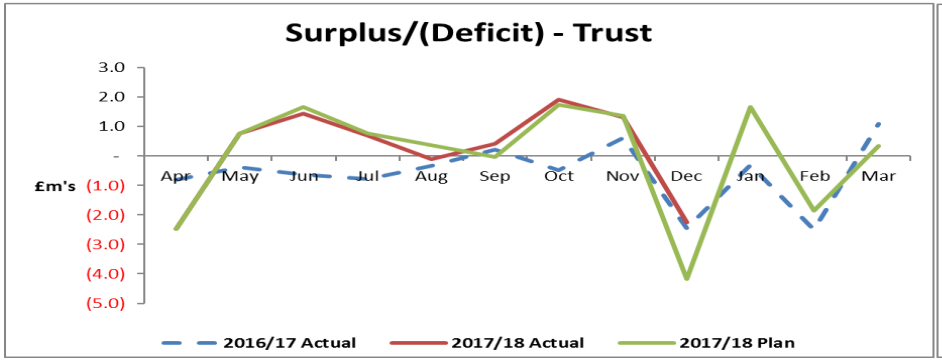
1. NHS & other clinical revenue (excluding pass through) based on forecast outturn will be £6.1m favourable to plan. The favourable variance is due to higher tariffs associated with more complex cases that have been delivered in the first six months of the year and it is expected that additional RTT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

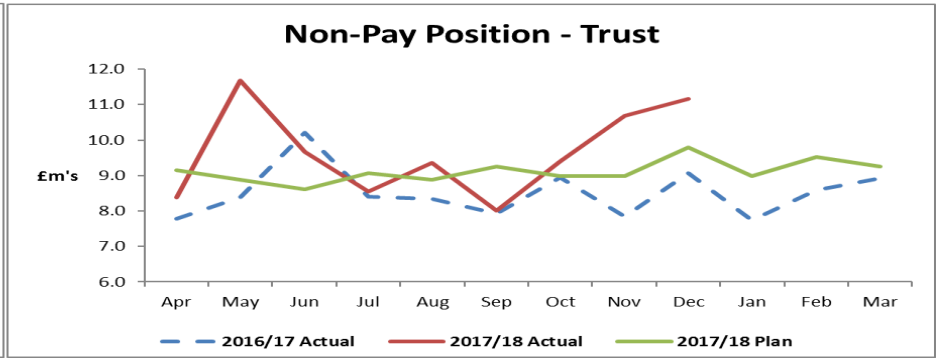
Trust Income and Expenditure Trends
Year to Date for the 9 months ending 31 December 2017

Great Ormond Street Hospital for Children NHS Foundation Trust









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

Great Ormond Street Hospital for Children NHS Foundation Trust

The following table summarises the net assets and liabilities:

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

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

Capital Expenditure Update

Redevelopment donated

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

Redevelopment trust funded

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

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

Medical Equipment – Donated

Expenditure was less than plan due to the following:

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

ICT – Donated

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

Estates and Facilities – Trust Funded

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

- Decontamination washer suite £1.6m

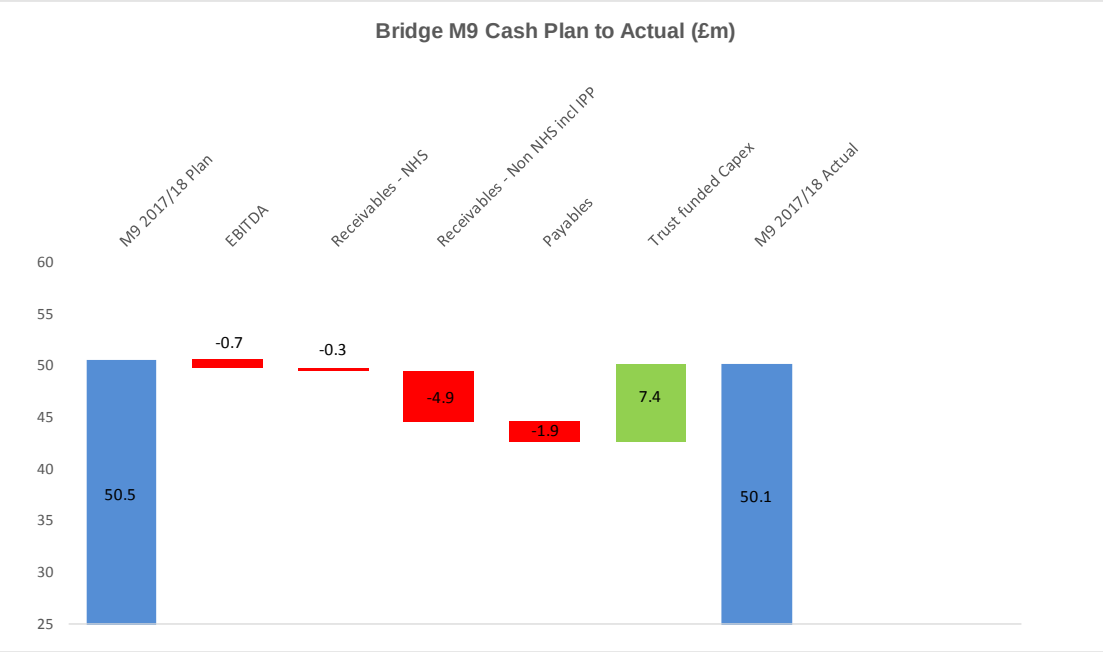
ICT – Trust Funded

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

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

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

Great Ormond Street Hospital for Children NHS Foundation Trust



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

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

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

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

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

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

Workforce Summary
For the 9 months ending 31 December 2017

Great Ormond Street Hospital for Children NHS Foundation Trust

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

2016/17 Average WTE	2017/18 Annual Plan Average WTE	WTE Including Perm, Bank and Agency Staff Group	2017/18 Month 9 Budget WTE	Month 9 Actual WTE	Month 9 Variance WTE	Month 9 Variance %	Year to Date (average WTE) Budget WTE	Year to Date (average WTE) Actual WTE	Year to Date (average WTE) Variance WTE	Year to Date (average WTE) Variance %
948.53	1,080.04	Admin (inc Director & Senior Managers)	1,081.68	1,020.11	61.57	5.69%	1,079.50	992.60	86.90	8.05%
305.38	346.39	Consultants	346.15	317.34	28.81	8.32%	346.47	313.31	33.15	9.57%
117.95	132.36	Estates & Ancillary Staff	132.56	104.64	27.92	21.06%	132.29	109.85	22.45	16.97%
295.84	314.70	Healthcare Assist & Supp	316.54	277.76	38.78	12.25%	314.08	295.76	18.33	5.84%
311.29	333.18	Junior Doctors	333.18	309.67	23.51	7.06%	333.18	318.15	15.03	4.51%
1,405.15	1,542.61	Nursing Staff	1,543.87	1,596.61	(52.74)	-3.42%	1,542.19	1,498.68	43.51	2.82%
5.46	7.60	Other Staff	7.60	5.12	2.48	32.63%	7.60	5.21	2.39	31.42%
736.59	826.96	Scientific Therap Tech	827.01	769.64	57.37	6.94%	826.94	748.42	78.53	9.50%
4,126.19	**4,583.84**	**Total substantive and bank staff**	**4,588.59**	**4,400.89**	**187.70**	**4.09%**	**4,582.25**	**4,281.96**	**300.29**	**9.50%**
105.20	33.90	Agency	67.80	53.05	14.75	21.76%	33.90	88.47	(54.57)	-160.97%
4,231.40	**4,617.74**	**Total substantive, bank and agency**	**4,656.39**	**4,453.94**	**202.45**	**4.35%**	**4,616.15**	**4,370.43**	**245.72**	**-151.48%**
0.00	(116.08)	Better Value Scheme	(112.79)	0.00	(112.79)	100.00%	(117.17)	0.00	(117.17)	100.00%
4,231.40	**4,501.66**	**Total Staff**	**4,543.60**	**4,453.94**	**89.66**	**1.97%**	**4,498.99**	**4,370.43**	**128.55**	**2.86%**

Summary

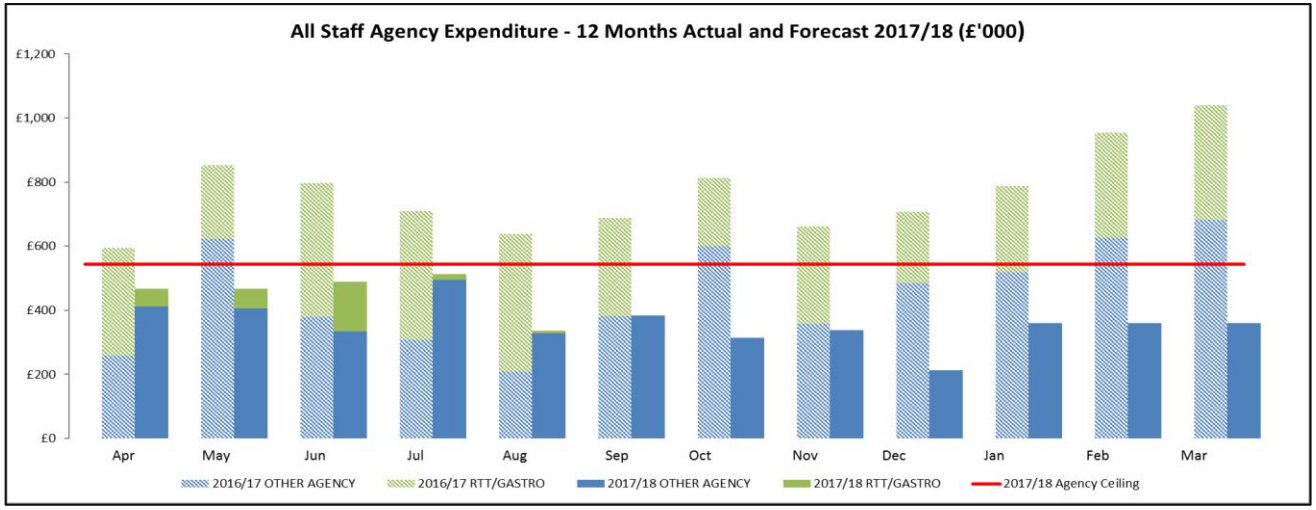
- In Month 9 pay spend is £21.0m which is £0.2m adverse to plan.
- Year to date, pay spend for substantive and bank staff is £5.7m favourable to plan due to numerous vacancies across the Trust 300 WTE YTD average.
- In Month 9, agency workers covered 53 of the in month vacancies. The agency spend in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

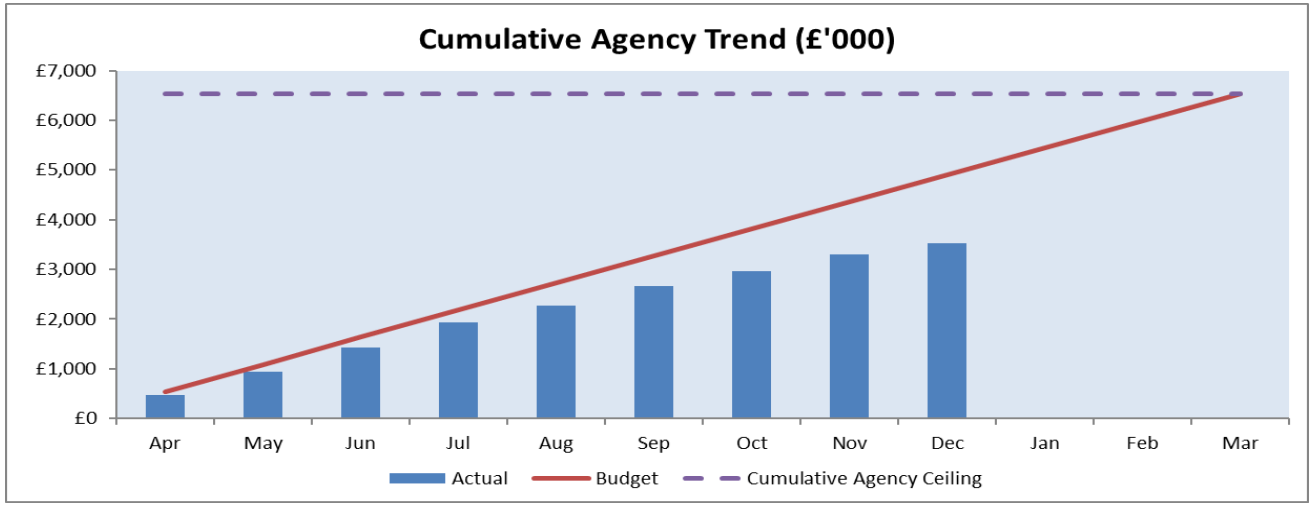
The Better Value Scheme annual plan £6.7m is made up of the following:

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

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

Great Ormond Street Hospital for Children NHS Foundation Trust





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

Trust NHS and Other Clinical Income Summary
Year to Date for the 9 months ending 31 December 2017

Great Ormond Street Hospital for Children NHS Foundation Trust

	2017/18 YTD								2016/17 YTD					
	Income				Activity				Income			Activity		
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan	Actual *	Variance	Variance %	Actual £'000	Variance 17/18 to 16/17 £'000	Variance 17/18 to 16/17 %	Actual	Variance 17/18 to 16/17	Variance 17/18 to 16/17 %
Day case	**18,724**	**18,480**	**(244)**	**-1.3%**	**15,642**	**15,481**	**(161)**	**-1.0%**	**17,328**	**1,152**	**6.6%**	**13,205**	**2,276**	**17.2%**
Elective	46,341	44,505	(1,836)	-4.0%	10,396	10,002	(394)	-3.8%	41,949	2,556	6.1%	9,736	266	2.7%
Elective Excess Bed days	2,190	2,172	(18)	-0.8%	3,891	3,855	(36)	-0.9%	2,362	(190)	-8.0%	4,770	(915)	-19.2%
Elective	**48,531**	**46,677**	**(1,854)**	**-3.8%**					**44,311**	**2,366**	**5.3%**			
Non Elective	12,812	13,643	832	6.5%	1,213	2,066	853	70.3%	10,369	3,275	31.6%	1,176	890	75.7%
Non Elective Excess Bed Days	1,525	2,152	626	41.1%	2,635	3,601	966	36.6%	1,466	685	46.7%	2,936	665	22.6%
Non Elective	**14,337**	**15,795**	**1,458**	**10.2%**					**11,835**	**3,960**	**33.5%**			
Outpatient	**29,195**	**29,329**	**134**	**0.5%**	**117,698**	**117,971**	**273**	**0.2%**	**28,989**	**340**	**1.2%**	**112,779**	**5,192**	**4.6%**
Undesignated HDU Bed days	3,771	4,080	309	8.2%	3,610	3,904	294	8.1%	3,660	420	11.5%	3,507	397	11.3%
Picu Consortium HDU	2,893	2,334	(559)	-19.3%	3,092	2,371	(721)	-23.3%	2,587	(253)	-9.8%	2,677	(306)	-11.4%
HDU Beddays	**6,663**	**6,414**	**(250)**	**-3.7%**	**6,702**	**6,275**	**(427)**	**-6.4%**	**6,247**	**167**	**2.7%**	**6,184**	**91**	**1.5%**
Picu Consortium ITU	26,405	23,589	(2,815)	-10.7%	9,155	8,188	(967)	-10.6%	20,236	3,353	16.6%	8,268	0 (80)	-1.0%
PICU ITU Beddays	**26,405**	**23,589**	**(2,815)**	**-10.7%**	**9,155**	**8,188**	**(967)**	**-10.6%**	**20,236**	**3,353**	**16.6%**	**8,268**	**(80)**	**-1.0%**
Ecmo Bedday	732	1,025	294	40.2%	134	189	55	41.4%	626	400	63.9%	115	74	64.3%
Psychological Medicine Bedday	857	717	(140)	-16.3%	2,121	1,775	(346)	-16.3%	922	(205)	-22.3%	2,286	(511)	-22.4%
Rheumatology Rehab Beddays	1,134	1,387	253	22.4%	1,993	2,300	307	15.4%	1,062	325	30.6%	1,870	430	23.0%
Transitional Care Beddays	2,182	1,785	(397)	-18.2%	1,505	1,231	(274)	-18.2%	1,986	(201)	-10.1%	1,371	(140)	-10.2%
Total Beddays	**4,904**	**4,915**	**10**	**0.2%**	**5,753**	**5,495**	**(258)**	**-4.5%**	**4,597**	**318**	**6.9%**	**5,642**	**(147)**	**-2.6%**
Packages Of Care Elective	**5,531**	**6,223**	**692**	**12.5%**					**5,490**	**733**	**13.4%**			
Highly Specialised Services (not above)	22,666	22,518	(148)	-0.7%					22,463	55	0.2%			
Other Clinical	21,136	26,809	5,673	26.8%					26,231	578	2.2%			
Outturn adjustment	0	(123)	(123)	0%					(808)	685	-85%			
STF Funding	3,500	3,500	0	0%					0	3,500	0%			
Pricing Adjustment	2,959	2,959	0	0.0%					0	2,959	0%			
Non NHS Clinical Income	2,409	3,368	959	39.8%					3,353	15	0%			
NHS and Other Clinical Income	**206,960**	**210,453**	**3,493**	**1.7%**					**190,273**	**20,180**	**10.6%**			

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

Day case

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

Elective

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

Outpatients

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

HDU beds

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

ITU Bed Days

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

Other Clinical

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

A decision was taken from Month 5 onwards to report zero priced activity within the ledger; this included some packages of care that fall within other clinical. The funding for this activity comes in through block contracts or through activity led packages.

Trust Inpatient and Outpatient Activity
Year on Year trend analysis

Great Ormond Street Hospital for Children NHS Foundation Trust

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

Comments on key changes to prior year:

Day Cases

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

Overnight discharges

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

Critical care

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

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 February 2018

Safe Nurse Staffing Report for November/December 2017 **Submitted by:** Polly Hodgson Chief Nurse	**Paper No: Attachment P**

Aims / summary
This paper provides the required assurance that GOSH has safe nurse staffing levels across all in- patient ward areas and appropriate systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes appropriate nurse quality measures and details of ward safe staffing reports.

Action required from the meeting
The Board is asked to note:

- The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
- The information on safe staffing and the impact on quality of care.
- The local arrangements undertaken by all Teams to provide safe and appropriate care during a challenging period..

Contribution to the delivery of NHS Foundation Trust strategies and plans
Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.

Compliance with *How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing and capability'* (NHS England, Nov 2013) and the *'Hard Truths Commitments Regarding the Publishing of Staffing Data'* issued by the Care Quality Commission in March 2014. In July 2016 there was further guidance – '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (National Quality Board, July 2016).* This guidance provides an updated set of NQB expectations for nurse staffing to help Trust boards make local decisions that will deliver high quality care for patients within the available staffing resource.

Financial implications
Already incorporated into 17/18 Division budgets

Who needs to be told about any decision?
Divisional Management Teams
Finance Department
Workforce Planning

Who is responsible for implementing the proposals / project and anticipated timescales?
Chief Nurse; Assistant Chief Nurses, Matrons

Who is accountable for the implementation of the proposal / project?
Chief Nurse; Divisional Management Team

GOSH Safe Nurse Staffing Report November and December 2017

Great Ormond Street Hospital for Children NHS Foundation Trust

Capacity:

- A number of beds have been closed over the last two months these have mainly due to: higher levels of patient acuity, NQNs not being IV competent especially in Haem/Onc, BMT and Immunology wards, ward moves to PICB and reduction in IPP activity over Ramadan.

Staffing:

- There were no unsafe shifts reported in November or December.
- All Newly Qualified nurses who commenced in the Trust in September have completed their supernumerary period (exc. ITU units).
- Care hours per patient day (CHPPD) increased again in both November and December. There has been a significant rise in the patient acuity with over 65% of children requiring a nurse to patient ratio of 1:1or 1:2 level of care for the period of this report.
- Turnover rate has reduced once again following the trend for the last 6 months

Temporary Staffing:

- Overall shift request numbers were lower for November and December than previously reported in October. The fill rate continues at 90% and 82% respectively with only 1 shift filled by agency in November and none in December.

Month	UNIFY * Actuals vs plan	CHPPD** Trust average	PANDA Acuity (weighted for cubicle and complexity)				Maternity leave (RN)	Sickness (RN)	Turnover FTE (RN)	Vacancies (RN)	Vacancies (un-registered)	Pipeline recruits (RN)	Pipeline recruits (un-registered)
			WIC (1:1)	HD (1:2)	Normal under 2 (1:3)	Normal over 2 (1:4)							
Sept	89.85%	13.8	40.88%	20.84%	24.79%	24.79%	4.2%	2.3%	16.2%	-35	28	4	11
Oct	90.28%	13.9	44.91%	15.63%	13.07%	26.38%	4.4%	2.9%	16.2%	-24	26	19	9
Nov	101.2%	14.5	49.50%	17.30%	11.90%	21.30%	2.06%	2.97%	15.9%	4.98	83.8	16.6	7
Dec	98.61%	14.5	46.8%	17.5%	12.7%	22.8%	1.78%	2.99%	16%	16.38	112.06	87.1	13

The child first and always

Glossary

UNIFY - Unify is an online collection system used for collating, sharing and reporting NHS and social care data.

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

Care hours per patient day =	Hours of registered nurses and midwives alongside Hours of healthcare support workers
	Total number of inpatients

CHPPD provides more granular data providing the actual number of nursing and HCA hours available for each patient for everyday for the month and is another way of displaying staffing levels.

Defining Staffing levels

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

Defining staffing levels for Children's and Young People's services (Royal College of Nursing, July 2013)

November 2017

Great Ormond Street NHS Hospital for Children

	Nursing Staffing Actual vs Planned					Patient Day			Key Indicators						
Ward	Registered Day	Care Staff Day	Registered Night	Care Staff Night	Comments	Registered	Care Staff	Total	Pressure Ulcer, grade 2	Cardiac Arrest	Respiratory Arrest	PALS	Complaints	Datix	Unsafe shift
Charles West Division															
Bear	121.5%	108.6%	98.4%	89.5%	no shifts were declared unsafe in November. Bear has been running with a higher number of HDU patients (2 x 1:1 as well as the usual 8 x HDU) for the last few weeks	9.9	1.5	11.4				0	0		0
Flamingo	121.4%	38.8%	109.4%	21.3%	Increase in acuity requiring additional staffing during the day.	29.0	0.3	29.4	2			0	0		0
NICU	116.0%	0.0%	99.8%	-	Unit safely staffed	26.2	0.0	26.2				0	0		0
PICU	104.1%	25.8%	90.0%		Unit safely staffed	27.4	0.2	27.7	1			0	0		0
Elephant	123.4%	52.6%	103.6%	26.8%	Please see Fox Ward	11.4	0.9	12.3				0	0	1	0
Fox	87.1%	84.1%	74.4%	48.0%	There was considerable deficiits in IV Givers across the ICI Division, the actuity of the patients was very high and there was consistantly busy wards throughout this period. This was mitigated by twice daily meetings to review staff and acuity, very close	11.5	1.6	13.1				0	0		0
Giraffe	132.2%	49.6%	98.0%	32.0%	Please see Fox Ward	12.8	1.5	14.3				0	0	1	0
Leopard	87.0%	106.4%	86.9%	76.8%	There continue to be a few nursing vacancies B5 & B6 due to internal promotion and resignations. NQN's in the numbers but SIP not over recruited.	9.2	1.5	10.7				0	0		0
Lion	93.8%	84.0%	94.2%	54.0%	Please see Fox Ward	10.4	1.8	12.2				0	0		0
Pelican	153.2%	214.4%	101.5%	71.9%	Please see Fox Ward	10.4	4.8	15.3			1	0	0		0
Kangaroo	144.7%	98.9%	98.1%	94.1%	Day registered nurses: over 110%, this is related to the Trust's over recruitment from October 2017, these members of staff are no longer supernumery.	11.2	11.2	22.4				0	0	1	0
Robin	87.5%	63.9%	67.2%	55.4%	Please see Fox Ward	10.2	1.5	11.7				0	0	1	0
International Private Patients Division															
Bumblebee	118.4%	200.7%	101.1%	116.0%	Ward safely staffed	9.3	2.8	12.2				0	0		0
Butterfly	78.2%	173.6%	62.7%	79.8%	The ward has a number of vacancies but the ward was safely staffed by caredful allocation of patients and use of supernumary NQNs. RNs purposefully reduced at night due to an increase in daycase activity.	7.9	2.0	9.9				0	0		0
Hedgehog	199.1%	106.6%	146.7%	112.6%	Increase in patient acuity requiring additional staff during the month with long term patients being moved from Bumblebee to allow for more short stay activity to take place on B'bee.	9.7	3.1	12.7				0	0		0
JM Barrie Division															
Eagle	99.5%	58.1%	112.4%	110.2%	Ward safely staffed	10.2	2.1	12.3	1	1	2	0	0		0
Kingfisher	82.2%	44.0%	104.8%	-	Non clinical staff used to cover shifts during the day as required. Ward safely staffed	10.2	3.1	13.3				0	0		0
Rainforest Gastro	152.1%	37.1%	103.8%	37.0%	High acuity of patients. Ward safely staffed	10.7	2.6	13.2				0	0		0
Rainforest Endo/Met	133.2%	32.4%	82.4%	95.7%		10.2	2.5	12.7				0	0		0
Mildred Creak	146.5%	69.2%	111.4%	87.2%	Unit safely staffed	9.0	3.4	12.4				0	0		0
Koala	110.3%	70.2%	92.0%	30.3%	Ward safely staffed	10.6	0.6	11.2				0	0		0
Panther	124.5%	123.4%	118.0%			6.8	1.7	8.6				0	0		0
Sky	109.1%	79.6%	102.2%	-	2 beds remain closed to ensure ward was safely staffed	8.4	1.4	9.8	1			0	0		0

December 2017

Great Ormond Street Hospital for Children NHS

Ward	Nursing Staffing Actual vs Planned					Patient Day			Key Indicators						
	Registered Day	Care Staff Day	Registered Night	Care Staff Night	Comments	Registered	Care Staff	Total	Pressure Ulcer, grade 2	Cardiac Arrest	Respiratory Arrest	PALS	Complaints	Datix	Unsafe shift
Charles West Division															
Bear	122.8%	94.0%	118.8%	55.5%	Bear are deliberately under-recruited on non-qualified staff, hence significantly under on shifts. We had 2 x 1 to 1 specials for most of December as well as being at or over our established HDU numbers, hence the increased trained staff numbers.	10.4	1.2	11.6	0	0	1	0	0	1	0
Flamingo	106.6%	39.7%	105.8%	43.1%	Unit safely staffed	26.2	0.4	26.6	1	0	0	0	0		0
NICU	114.1%	0.0%	103.6%	-	Unit safely staffed	24.9	0.0	24.9	2	0	0	0	0		0
PICU	104.3%	33.5%	91.1%	6.7%	Unit safely staffed	27.4	0.2	27.7	1	0	0	0	0		0
Elephant	106.2%	63.5%	107.6%	17.0%	Please see Fox Ward	10.7	0.9	11.7	0	0	0	0	0	1	0
Fox	107.1%	76.2%	97.2%	86.3%	There was considerable deficiits in IV Givers across the ICI Division, the actuity of the patients was very high and there was consistantly busy wards throughout this period. This was mitigated by twice daily meetings to review staff and acuity, very close working with all the medical Consultants,	13.8	1.9	15.7	0	0	0	0	0		0
Giraffe	125.1%	46.5%	88.8%	37.5%	Please see Fox Ward	11.9	1.6	13.4	0	0	0	0	0		0
Leopard	87.5%	113.9%	82.8%	80.1%	Leopard Ward continues with some vacancies especially Band 6 vacancies and a few Band 5 vacancies.	10.4	1.9	12.3	0	0	0	0	0		0
Lion	98.1%	82.7%	86.6%	43.1%	Please see Fox Ward	9.9	1.5	11.5	0	0	0	0	0		0
Pelican	116.1%	119.5%	81.0%	43.7%	Pelican Ward opened in November without any incident. Please see Fox Ward	9.5	3.3	12.8	0	0	1	0	0		0
Kangaroo	180.9%	82.3%	103.1%	100.8%	Kangaroo are over recruited following Septembers NQN intake, staff have been more on LD shifts to get competencies signed off etc. Additionally not all Kangaroo beds open as yet.	12.7	10.0	22.6	0	0	0	0	0		0
Robin	101.1%	75.3%	80.1%	85.2%	Please see Fox Ward	11.3	1.9	13.2	0	0	0	0	0		0
International Private Patients Division															
Bumblebee	110.4%	183.3%	98.9%	101.8%	Staffing numbers were in a healthy state, less bank staff was used to cover any shortfall but any issues were covered with careful allocation. The dependency remained at a high level including one to one care for four patients in cubicles. Unregistered staff managed these specials with appropriate support, especially at night. We closed beds due skill-mix and ability. This did not impact on our ability to admit planned patients we were able to admit short stay patients from other Divisions Staff were reallocated appropriately within the Division over the Christmas period	8.0	2.3	10.3	0	0	0	0	0		0
Butterfly	77.3%	129.2%	56.4%	79.7%	Staffing deficits and the associated risks were mitigated by additional use of bank and through moving staff across the Division. Staffing was reduced at night due to an increased numbers of day cases patients requiring chemotherapy and blood products. Increased numbers of unregistered staff utilised. Staff were reallocated appropriately within the Division over the Christmas period	7.0	1.5	8.5	0	0	0	0	0		0
Hedgehog	251.5%	108.7%	214.3%	113.0%	Patient dependency on Hedgehog remained elevated over the past month. No beds were closed.	12.9	3.1	16.0	0	0	0	0	0		0
JM Barrie Division															
Eagle	100.5%	78.0%	113.5%	100.9%	Eagle: below 10% tolerance for care staff on Days due to short term sick and moving staff to cover shifts on Haemodialysis.	11.6	2.7	14.3	0	1	0	0	0		0
Kingfisher	71.7%	41.8%	86.9%	-	Kingfisher Ward slightly below 10% tolerance for qualified staff on days due to short term sickness and maternity leave.	7.0	2.3	9.4	0	0	0	0	0		0
Rainforest Gastro	124.5%	44.1%	102.7%	46.5%	Ward was safely staffed	9.1	3.1	12.2	0	0	0	0	0		0
Rainforest Endo/Met	125.1%	38.1%	81.9%	54.1%	Rainforest Endo Met had staff leave, they also had a period of high acuity and work. Staff were also called to court so extra bank booked to cover short fall and they had to move ward areas during the day shift hence over 10%. Night shift activity less than 90% due to beds being closed for lack of cubicles and infectious patients.	10.8	2.3	13.1	0	0	0	0	0		0
Mildred Creak	130.1%	72.2%	134.7%	63.0%		9.2	3.2	12.4	0	0	0	0	0		0
Koala	99.9%	87.6%	85.6%	40.3%	Both sky and koala ward are a true reflection of the staffing requirements for these specialities. During the month of December there were a sufficient number of staff of sick, necessitating an increase in the number of staff required to vacant shifts. There is slightly higher fill rate for days v nights, as fewer staff are required for the night shift, potentially due to increased discharges, cancellation etc. beds were also closed during the month of December to reflect the reduction in surgical areas.	11.4	0.8	12.3	0	0	0	0	0		0
Panther	96.5%	84.6%	90.5%		Ward was safely staffed	12.1	2.3	14.3	0	0	0	0	0		0
Sky	98.6%	81.9%	86.7%	-	Please see Koala	8.2	1.5	9.6	1	0	0	0	0		0
Panther Urology	172.7%	45.5%	145.5%	28.7%	Urology was safely staffed	14.1	1.2	15.3		0	0	0	0		
Chameleon	163.1%	48.9%	195.5%	72.6%		10.0	1.1	11.1		0	0	0	0		

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7th February 2018

Trust Scheme of Delegation – 2018 Revision **Submitted by:** Loretta Seamer, Chief Finance Officer	**Paper No: Attachment Q**

Aims / summary

- The Trust Scheme of Delegation is currently due for review. The purpose of the document is to outline and consolidate the guiding principles, functions, level and restrictions or conditions of delegated authority for executives and staff within the Trust.
- The document has been enhanced to incorporate improved context, clarity and explanation of the delegations. *Changes of substance are noted below.*

Key Amendments for Consideration and Approval

- Section 5.6 - Previously EMT approved all business cases requesting revenue funding. The following revisions aim to provide more autonomy at divisional level for low value business cases whilst allowing greater scrutiny for higher value business cases:
  - *Less than £100k:* Divisional Board to approve
  - *£100k to £500k:* Operational Delivery & Performance Group to approve
  - *£500k to £2.5m:* EMT to approve
  - *£2.5m to £4.5m:* FIC to approve (with prior endorsement by EMT)
  - *Over £4.5m:* introduction of a new requirement for the preparation of an Outline Business Case (OBC) and Full Business Case (FBC); EMT to approve OBC (with approval by FIC) and Trust Board to approve FBC (with prior endorsement by FIC).
- Section 5.7 - In relation to the approval of business cases requesting capital funding, previously both FIC and the Trust Board approved all business cases over £1m. The following revisions aim to provide an appropriate level of review and scrutiny proportionate to the value of the business case:
  - *Less than £500k:* Capital Investment Group (or Information Management & Technology Board) to approve
  - *£500k to £2.5m:* EMT to approve
  - £2.5 to £4.5m: FIC to approve
  - *Over £4.5m:* Trust Board to approve both OBC and FBC (with prior endorsement by FIC)
- Section 6 - Introduction of specific procurement delegations, including who can waive formal competitive tendering, approve the selection of a preferred tenderer(s), and approve acceptance of late tenders.
- Section 7 - Introduction of specific contract signing delegations, including who can sign commercial contracts, healthcare funding contracts and service agreements, and non-legally binding administrative agreements.
- Schedule 1 - Introduction of levels linking a position level to a level of authorisation in the Trust's electronic financial system.

Action required from the meeting The committee is asked to: • **Advise** of any recommended changes to the proposed Trust Scheme of Delegations • **Approve** (including any advised amendments) the Trust Scheme of Delegations.
Contribution to the delivery of NHS / Trust strategies and plans The Scheme of Delegations provides the framework by which delegated financial authority is executed by Executives and Trust staff in order to enable operational delivery and implement the Trust's strategies and plan.
Financial implications There are no direct financial implications from this proposal. However, the Scheme of Delegations outlines and consolidates the guiding principles, functions, level and restrictions or conditions of delegated authority for executives and staff within the Trust. The types of financial delegations outlined in the document include: • Expenditure approval delegations • Invoices and credit note requests • Business case approval delegations • Procurement delegations • Contracts signing delegations • Other non-financial delegations.
Legal issues The Scheme of Delegation is required to be prepared in accordance with the *Great Ormond Street Hospital for Children NHS Foundation Trust Constitution (Constitution), Annex 9, Clause 28.2.*
Who is responsible for implementing the proposals / project and anticipated timescales Chief Finance Officer
Who is accountable for the implementation of the proposal / project Chief Executive

Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street Hospital for Children NHS Foundation Trust

Scheme of Delegation

Version 1.0 – Final Version for Approval by Trust Board

Date: 29th January 2018

Document Control Page

This Scheme of Financial Delegations Manual has been created as a subset of the Standing Financial Instructions of Great Ormond Street Hospital NHS Foundation Trust.

Sign-Offs

Version	Role	Position	Date
1.0	Accepted by	Chief Finance Officer	
1.0	Endorsed by	Chief Executive	
1.0	Approved by	Executive Management Team	
1.0	Approved by	Trust Audit Committee	

Revision History

Version	Date	Addition/Amendments	Review By
0.6	19/12/2017	New Scheme of Delegation document – Draft for consultation	Project Manager
0.9	16/1/2018	Updated following discussion at EMT	EMT, Company Secretary, CFO
1.0	29/1/2018	Updated following discussion at Audit Committee	CFO, Executive

Contents

Section 1 Introduction and Purpose

Introduction

This document constitutes the Scheme of Delegation as required to be prepared in accordance with the *Great Ormond Street Hospital for Children NHS Foundation Trust Constitution (Constitution), Annex 9, Clause 28.2*.

The Chief Executive shall prepare the Scheme of Delegation for consideration and approval by the Board.

The Constitution also outlines the definition of a significant transaction and the process for approval of any transaction that falls into this category. This should be read in addition to this *Scheme of Delegation* document. Refer to the extracts from the relevant extracts from the Constitution in Section below.

Purpose

The purpose of this Manual is to document and consolidate the guiding principles, functions, level and restrictions or conditions of delegated authority for executives and staff within the Trust.

Section 2 Hierarchy of Delegation and Sub-Delegation

Application of Delegation

Level 1 Board	***Clause 4 Powers*** *4.1 The powers of the Trust are set out in the 2006 Act.* *4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.* *4.3 Any of these powers may be delegated to a committee of directors or to an executive director.*
Level 2 Chief Executive	***Annex 9 - Clause 1.1*** *Save as otherwise permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of standing orders, the schedule of reservation and* ***delegation of powers and/or the standing financial instructions (on which he or she should be advised by the Chief Executive.)***
Level 3-19	Refer to ***Schedule 1 for Sub-Delegations to Positions*** in the organisation approved by the Chief Executive and Chairman.

Levels of Sub-Delegation

The Delegation financial limits are also linked to the position/role of the staff member, if not specifically mentioned in Section 1. If these limits apply refer to Schedule 1 to determine the level of financial delegations that applies.

The Levels outlined in Schedule 1 will be those set on the financial system.

Types of Delegation Authority

The types of financial delegation outlined in this document include:

- Expenditure approval delegations
- Invoices and credit note requests
- Business case approval delegations
- Procurement delegations
- Contracts signing delegations
- Other non-financial delegations.

Section 3 Principles

General Delegation Principles

Delegates Must:

1) Act within your authority by ensuring you hold the relevant delegation
1) Understand your authority by referring to relevant guidance, limitations and directions
2) Act with the Trusts values in mind
3) Avoid conflicts of interest
4) Consider the Trusts business needs
5) Seek expert advice when making a decision
6) Make decisions objectively, reasonably and fairly.

Delegates Must Not:

1) Exercise delegations in respect of someone outside of your immediate line of control
2) Exercise powers in respect of a position higher than your own
3) Exercise a delegation in respect of yourself (i.e. confer a personal benefit)
4) Exercise a delegation on behalf of an absent employee unless it is within the scope of your delegated authority or you are officially acting in the position.

Compliance

i. All delegates are required to comply with manuals and directives issued by the Trust, including their own unit's manuals and directives.
ii. Delegated authority is subject to internal controls and to any overriding National laws, e.g. purchase or dispensing of dangerous drugs.

Responsibility

i. Delegations are made to positions, not to persons, and are specific to the position's work unit and/or role. Ultimate responsibility for performance of the functions or exercise of the authority or power rests with the authority holder.
ii. Where an authority holder delegates an authority to an individual position, the person occupying that position becomes personally accountable for the delivery of that authority.
iii. The delegation to a position is unique and is not transferable by the delegate.
iv. Delegations extend to the officer substantively appointed to that position and any person acting in that position for a specified period unless otherwise excluded in the terms of the temporary appointment. Delegations do not extend to volunteers or councillors.
v. Where the Scheme of Delegation specifies a delegate, the position to which the delegate reports is also deemed to have the delegated authority except where otherwise determined by legislation, policy or a Chief Executive instruction.
vi. Where the permanent officer takes leave, it is their responsibility to instruct the relieving officer of the level of delegation that is attached to the position and the responsibilities associated with the delegation.

Application

i. Delegates are expected to exercise their powers, authorities, duties or functions delegated to them in a responsible, efficient, consistent and cost effective manner.

ii. Discretion is to be utilised by the delegate in determining whether to exercise a delegation or refer the matter to a higher authority.
iii. When an officer is exercising their financial delegation, they are required to clearly provide their name, position and date when signing.

Financial Delegation Principles

Delegates Must:

1) Only approve expenditure in cost centres under the delegate's authority
2) Only approve expenditure where there is sufficient budget to cover the cost
3) Only approve expenditure on goods and services related to official work and business use
4) Only approve expenditure where all relevant Trust's procedures and policies have been followed
5) Only approve expenditure to the financial limit of the delegation
6) Only approve expenditure where evidence exists that goods have been received and/or services have been performed in accordance with and at the rate/s of an agreed contract or arrangement
7) Employees are to note that an expenditure approval is to be given prior to any commitment being made, contract signed or purchase order raised.

Delegates Must Not:

1) approve a gift or settlement of any legal claim unless specifically delegated this authority
2) transfer the financial delegation granted by the Trust Chief Executive to another employee
3) break one purchase down into several smaller items to avoid breaching the financial limit of the delegation
4) approve expenditure on capital works, contracts or special payments unless specifically delegated this authority
5) exceed their delegation limits even if automated systems permit this to occur
6) Approve any expenditure incurred by the delegate on travel, meals, conferences and other similar expenditure
7) Assume the financial delegation of an absent delegate if you are not authorised to do so.

Suspension, Revocations and Reductions in Financial Delegations

- The terms of any financial delegation cannot be exceeded under any circumstances.
- Financial delegations cannot be sub-delegated once granted by the Trust Chief Executive.
- Improper performance of responsibilities may result in disciplinary action being taken against the employee concerned.
- The power to revoke, suspend or reduce financial delegations granted to positions within the Trust rests with the Chief Executive in respect of delegations made.
- If circumstances arise which warrant the suspension, revocation or reduction of a financial delegation, full details must be forwarded to the Trust's Chief Finance Officer. The Trust's Chief Finance Officer will submit an appropriate recommendation to the Chief Executive for consideration.
- If the recommendation is approved, the delegation will be amended to reflect that reduction, suspension or revocation.

- The amended Expenditure Approval Financial Delegation Register or Procurement Delegation Register or Contracts Signing Delegation Register will be published on the intranet.

Reviewing and Maintaining the Scheme of Delegations

This Scheme of Delegations Manual may be amended from time to time to reflect changes in legislation, Trust policy or operational requirements.

The Trust will coordinate annual reviews of financial, procurement and contracts signing financial delegations for positions and limits. A revised version is submitted to Trust Chief Finance Officer for endorsement before submitting it to Chief Executive and Board for approval.

Requests for changes outside the annual reviews can occur on the basis of urgency should there be a change in organisational structure or new position titles created. The requests should first be approved by the relevant Trust Executive and forwarded to the Chief Finance Officer for processing and coordination of approval by the Chief Executive.

Section 4 Relevant Legislation – GOSH Constitution

The following paragraphs from the GOSH Constitution outlines the powers of delegation and the requirement for standing orders for the Trust.

Powers of Delegation

Clause 4 Powers

4.1 The powers of the Trust are set out in the 2006 Act.

4.2 All the powers of the Trust shall be exercised by the Board of Directors on behalf of the Trust.

4.3 Any of these powers may be delegated to a committee of directors or to an executive director.

Standing Orders Practice and Procedure

ANNEX 9 Standing Orders for the Practice and Procedure of the Board of Directors

Clause 1 Interpretation and definitions

1.1 Save as otherwise permitted by law, at any meeting the Chairman of the Trust shall be the final authority on the interpretation of standing orders, the schedule of reservation and ***delegation of powers and/or the standing financial instructions (on which he or she should be advised by the Chief Executive.)***

2.4 The regulatory framework requires the Trust to adopt SOs for the regulation of its proceedings and business. ***The Trust must also adopt SFIs as an integral part of the SOs setting out the responsibilities of individuals, additional responsibilities and additional detailed provisions****.*

Clause 3 Reservation of powers

3.1 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These powers and decisions are set out in a separate document entitled the "Schedule of Reservation and Delegation of Powers" and shall have effect as if incorporated into these standing orders. This document also details those powers which it has delegated to officers and other bodies.

Clause 28 Delegation to officers

28.1 Those functions of the Trust which have not been retained as reserved by the Board or delegated to a committee or sub-committee shall be exercised on behalf of the Trust by the Chief Executive. The Chief Executive shall determine which functions he or she will perform personally and shall nominate officers to undertake the remaining functions for which he or she will still retain accountability to the Board.

28.2 The ***Chief Executive shall prepare a scheme of delegation identifying his or her proposals, which shall be considered and approved by the Board****, subject to any amendment agreed during the discussion. The* ***Chief Executive may periodically propose amendments to the scheme of delegation that shall also be considered and approved by the Board****, as it see fit.*

28.3 Nothing in the scheme of delegation shall impair the discharge of the direct accountability to the Board of the director responsible for finance to provide information and advise the Board in accordance with statutory or regulatory requirements. Outside these statutory or regulatory requirements, the role of the director responsible for finance shall be accountable to the Chief Executive for operational matters.

Significant Transaction Definition

Clause 49 - Mergers etc. and significant transactions

49.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Members' Council.

49.2 The Trust may enter into a significant transaction only if more than half of the members of the Members' Council of the Trust voting approve entering into the transaction.

49.3 In paragraph 49.3, the following words have the following meanings:

"Significant transaction" means a transaction which meets any one of the tests below:

49.3.1 the total asset test; or

49.3.2 the total income test; or

49.3.3 the capital test (relating to acquisitions or divestments).

The total asset test:

is met if the assets which are the subject of the transaction exceed 25% of the total assets of the Trust;

The total income test:

49.3.4 is met if, following the completion of the relevant transaction, the total income of the Trust will increase or decrease by more than 25%;

The capital test:

49.3.5 is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the trust following completion (where "gross capital" is the market value of the relevant company or business's shares and debt securities, plus the excess of current liabilities over current assets, and the Trust's total taxpayers' equity);

49.3.6 for the purposes of calculating the tests in this paragraph 49.3 figures used for the Trust assets, total income and taxpayers' equity must be the figures shown in the latest published audited consolidated accounts.

A transaction:

49.3.7 excludes a transaction in the ordinary course of business (including the renewal, extension or entering into an agreement in respect of healthcare services carried out by the Trust;

49.3.8 excludes any agreement or changes to healthcare services carried out by the Trust following a reconfiguration of services led by the commissioners of such services;

49.3.9 excludes any grant of public dividend capital or the entering into of a working capital facility or other loan, which does not involve the acquisition or disposal of any fixed asset of the Trust.

Section 5 Summary of Expenditure Approval Financial Delegations

This section will summarise the delegated responsibilities and the associated delegated officer, linked to the Standing Financial Instructions.

This table also refers Schedule 1 where applicable.

Key:

* *Any of those mentioned can determine the extent of further delegation, which will be recommended to the Chief Finance Officer*

** *In addition, the Chief Finance Officer or the Chief Executive Officer may authorise individuals in specific roles to authorise invoices up to £1,000,000 where the nature of the expenditure is recurring, routine for the respective cost centre and within budget.*

1. Management of budgets and approval to spend revenue funds (non-pay)

The Trust's annual Budget Plan is approved by the Trust Board at the commencement of the financial year following a review by the Finance & Investment Committee.

This delegation has application in respect of the management and approval to spend revenue funds for non-pay expenditure included within the annual approved Trust budget plan (for example, approval of purchase orders and sign-off of invoices).

Note – delegations relating to the approval of a business case, procurement or the signing of a contract are outlined separately *(refer Delegations 6.1, 7.2 and 7.3, and Sections 6 and 7).*

The detailed instructions are outlined in ***SFI 2 Business Planning, Budgets, Budgetary Control and Monitoring***.

#	Delegated Responsibilities	Delegated Officer or Group
1.1	**Authority to approve non-pay expenditure within individual budgets if included <u>within</u> the Trust's annual Budget Plan excluding:** • **Business rates and NHS Litigation Authority *(refer Delegation 1.2)*** • **Factor 8 blood and high cost drugs *(refer Delegation 1.3)*** • **Development *(refer Delegation 1.4)*** • **Situations where a business case is required *(refer Section 4)***	
1.1.1	Management of individual budgets if included within the Trust's annual Budget Plan	***Refer Schedule 1***
1.1.2	**Movements from reserves:** Less than £500,000 Over £500,000	**Chief Finance Officer** **Chief Executive Officer** *Prior endorsement required by:* Chief Finance Officer

#	Delegated Responsibilities	Delegated Officer or Group
1.1.3	**Virements:** Less than £100,000 (this relates only to expenditure virements which are not cross-divisional) Above £100,000	 **Divisional Operational Director** OR **Director of Service** (or delegations as agreed with the Chief Finance Officer) **Chief Finance Officer** OR **Deputy Chief Executive** OR **relevant Executive Director** (or delegations as agreed with the Chief Executive)
1.2	**Authority to approve business rates and NHS Litigation Authority non-pay expenditure within budget**	
1.2.1	Less than £5,000,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer**
1.2.2	Over £5,000,000	**Trust Board**
1.3	**Authority to approve home delivery of Factor 8 or high cost drugs non-pay expenditure within budget**	
1.3.1	Less than £10,000,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer**
1.3.2	Over £10,000,000	**Trust Board**
1.4	**Authority to approve non-pay expenditure within individual project budget (Development)**	
1.4.1	Less than £1,000,000	**Deputy Director of Development**
1.4.2	Over £1,000,000 up to £5,000,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer** OR **Director of Development & Property Services**
1.4.3	Over £5,000,000	Two of **Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer** OR **Director of Development & Property Services**
1.5	**Authority to approve non-pay expenditure in excess of budget excluding:** • **Development *(refer Delegation 1.6)*** • **Situations where a business case is required *(refer Section 4)*** **(note: this applies to business-as-usual overspends per Division per month)**	
1.5.1	Less than £500,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer** OR **Executive Director**
1.5.2	Over £500,000 up to £5,000,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer** *Approval noted by:* Audit Committee
1.6	**Authority to approve non-pay expenditure in excess of individual project budget (Development)**	
1.6.1	Approval of any increase to the overall capital expenditure budget as against the approved annual capital programme *(refer Section 5)*	**Finance & Investment Committee** *Prior endorsement required by:* Capital Investment Group

#	Delegated Responsibilities	Delegated Officer or Group
1.7	**Authority to approve non-pay expenditure relating to non-audit based professional services to be provided by the Trust's external auditor**	
1.7.1	Approval of any proposed non-audit based professional services to be delivered by the Trust's external auditor	**Audit Committee** *Prior endorsement required by:* Executive Management Team

2. Special Purpose Funds

This delegation has application when Special Purpose Funds ("SPF") are donated to the Trust by the GOSH Children's Charity ("GOSHCC"). SPFs arise when funds are donated for a specific usage within the GOSHCC's objects, with the restriction being placed upon use by the donor. This may be for use by a specific department/ward or for a particular type of research.

Day-to-day administration of an SPF is delegated to relevant, senior Trust employees or individuals with joint contracts of employment with the Trust and ICH (known as "Fundholders"). Fundholders are named individuals rather than linked to position levels.

The detailed instructions are outlined in the ***GOSHCC SPF Induction Pack***.

#	Delegated Responsibilities	Delegated Officer or Group
2.1	**Authority to approve expenditure relating to an SPF**	
2.1.1	Approval of expenditure relating to an SPF where the expenditure is in accordance with the charitable objectives of the GOSHCC and the restricted purpose of the SPF	**SPF Fundholder** AND co-signed by **General Manager / Operational Lead**

3. Invoice requests

This delegation has application in respect of the raising of an invoice requesting payment from an external organisation.

All invoices for NHS commissioning services must go via the Commissioning Contracts team within the Finance Division.

All invoices for International Private Patients must be approved via the IPP Accounts Receivable team and raised in accordance with the approved IPP tariff rates.

#	Delegated Responsibilities	Delegated Officer or Group
3.1	**Authority to approve the raising of an invoice request to an external organisation**	
3.1.1	Less than £100,000	**Management Accountant** OR **Senior Management Accountant**
3.1.2	Over £100,000 up to £500,000	**Finance Manager**
3.1.3	Over £500,000 up to £1,000,000	**Finance Business Partner**
3.1.4	Over £1,000,000	**Head of Contracts, Costing & Income** OR **Head of Financial Management**

#	Delegated Responsibilities	Delegated Officer or Group
3.2	**Authority to approve a credit note relating to reimbursement of income previously invoiced**	
3.2.1	Less than £25,000	**Financial Controller** OR **Deputy Financial Controller**
3.2.2	Over £25,000 up to £100,000	**Deputy Chief Finance Officer**
3.2.3	Over £100,000	**Chief Finance Officer**
3.3	**Authority to approve a credit note relating to re-raising an invoice (e.g. incorrect organisation, additional information requested on invoice)**	
3.3.1	Less than £100,000	**Financial Controller** OR **Deputy Financial Controller**
3.3.2	Over £100,000 up to £500,000	**Deputy Chief Finance Officer**
3.3.3	Over £500,000	**Chief Finance Officer**

4. Expense claims

This delegation has application in situations where an employee is claiming reimbursement for an expense they have incurred personally. The Trust's detailed policy covering expense claims is outlined in the ***Staff Expenses Policy***.

#	Delegated Responsibilities	Delegated Officer or Group
4.1	**Authority to approve expense claims**	
4.1.1	Approval of expense claim within assigned delegation limit *(refer Schedule 1)* and claim is allowable per the Staff Expenses Policy	**Employee's line manager**
4.1.2	Approval of expense claim above assigned delegation limit *(refer Schedule 1)* and claim is allowable per the Staff Expenses Policy	**General Manager / Divisional Director / Deputy Director** OR **Executive Director**

5. Management of budgets and approval to spend revenue funds (pay)

This delegation has application in respect of the management and approval to spend revenue funds for pay expenditure included within the annual approved Trust budget plan – in other words, this delegation applies to recruitment to fully funded staff posts that are included within the existing HR establishment. Note, any proposed increases to the HR establishment or new posts will require a business case to be approved *(refer Delegation 6.1)*.

The detailed process to be followed when seeking to appoint temporary or permanent staff is outlined in the ***Vacancy Approval Process***, including the role and membership of the Vacancy Review Panel, and the requirement for the relevant Recruitment Form to be signed off and approved.

#	Delegated Responsibilities	Delegated Officer or Group
5.1	**Authority to approve staff appointments if <u>within</u> budget AND within existing HR establishment (e.g. recruitment to vacancies within the establishment)**	
5.1.1	Staff appointment – up to and including Band 8d basic salary (excluding on-costs)	**Relevant Executive Director** OR **Divisional Director** OR **Relevant Director for Corporate Area** *Prior endorsement required by:* Vacancy Review Panel
5.1.2	Staff appointment – Band 9 and Very Senior Manager (VSM)	**Director Human Resources & Organisational Development** *Prior endorsement required by:* Vacancy Review Panel
5.1.3	Staff appointment – Executive Directors and other Directors referenced on the Trust Board	**Chief Executive** AND **Director Human Resources & Organisational Development**
5.2	**Authority to approve remuneration arrangements for staff**	
5.2.1	Approval of remunerations arrangements (including additional allowances above basic salary) – all staff levels excluding Executive Directors and Directors referenced on the Trust Board	**Director Human Resources & Organisational Development**
5.2.2	Approval of remuneration arrangements – Executive Directors and other Directors referenced on the Trust Board	**Remuneration Committee**
5.3	**Authority to approve pay expenditure relating to staff timesheets (including overtime)**	
5.3.1	Approval of staff time sheets for both substantive and temporary staff	**Relevant Executive Director** OR **Director** OR **General Manager** OR **Divisional Director** OR **Deputy Director** OR **Service Manager** OR equivalent

6. Approval of business cases requesting revenue funding

A business case (also known as an investment proposal) is a document that provides the rationale for why the Trust should agree to fund a particular project.

This delegation has application when a business case requesting revenue funding (i.e. excluding capital and ICT) is required to be prepared and approved. Note, delegations relating to procurement or the signing of a contract are outlined separately *(refer Sections 6 and 7)*.

A business case is required in the following situations:

- When revenue funding is requested in excess of allocated budget OR
- A change to the model of service delivery or model of care is proposed OR
- A change to the HR establishment is proposed OR
- An existing contracted service is required to be re-tendered.

The detailed instructions are outlined in ***SFI 2 Business Planning, Budgets, Budgetary Control and Monitoring***.

Determining the appropriate approval process

The appropriate approval process for a business case is determined by the value of the business case. The following principles should be applied to calculate the value of the business case:

- For non-pay expenditure business cases, the value of the business case should be calculated on the basis of the total cost over 5 years
- For pay expenditure business cases, the value of the business case should be calculated based on the yearly cost, and
- For business cases combining non-pay and pay expenditure, the value of the business case should be calculated on the basis of the total cost over 5 years.

Escalating the business case approval process

There will be situations where a business case is relatively low value but of strategic importance to the Trust. Accordingly, any Executive Director has the right to override these delegations to escalate approval up the approval process. Example situations include:

- Politically or commercially sensitive, novel or contentious
- Outsourcing of a service with implications on staffing
- Deemed of strategic importance and intrinsically linked to the Trust's strategic direction and priorities, or
- Where the Division is not meeting its budget control total.

An Executive Director cannot override these delegations to de-escalate approval down the approval process.

#	Delegated Responsibilities	Delegated Officer or Group
6.1	**Authority to approve business cases requesting revenue funding**	
6.1.1	Less than £100,000	**Divisional Board**
6.1.2	Over £100,000 up to £500,000	**Operational Delivery & Performance Group** *Approval noted by:*

#	Delegated Responsibilities	Delegated Officer or Group
		Executive Management Team
6.1.3	Over £500,000 up to £2,500,000	**Executive Management Team** *Prior endorsement required by:* Operational Delivery & Performance Group
6.1.4	Over £2,500,000 up to £4,500,000	**Finance & Investment Committee** *Prior endorsement required by:* Operational Delivery & Performance Group AND Executive Management Team
6.1.5	Over £4,500,000 Outline Business Case Full Business Case	 **Trust Board** *Prior endorsement required by:* Operational Delivery & Performance Group AND Executive Management Team AND Finance & Investment Committee **Trust Board** *Prior endorsement required by:* Operational Delivery & Performance Group AND Executive Management Team AND Finance & Investment Committee

7. Approval of business cases requesting capital funding

The annual Capital Programme is approved by the Trust Board annually following a review by the Finance & Investment Committee. All capital schemes should form part of this outline programme, but approval of the programme does not constitute approval for expenditure for an individual capital scheme within the programme. A business case is required to be prepared and approved for these individual capital schemes.

A business case (also known as an investment proposal) is a document that provides the rationale for why the Trust should agree to fund a particular project.

This delegation has application when a business case requesting capital funding is required to be prepared and approved. Note, delegations relating to procurement or the signing of a contract are outlined separately *(refer Sections 6 and 7)*. The detailed instructions are outlined in ***SFI 9 Capital Investment, Private Financing and Leasing***.

#	Delegated Responsibilities	Delegated Officer or Group
7.1	**Authority to approve the annual Capital Programme**	
7.1.1	Approval of the annual Capital Programme and the overall capital expenditure budget	**Trust Board** *Prior endorsement required by:* Finance & Investment Committee
7.1.2	Approval of any increase to the overall capital expenditure budget as against the approved annual capital programme	**Finance & Investment Committee** *Prior endorsement required by:* Capital Investment Group
7.2	**Authority to approve business cases requesting capital expenditure (excluding ICT)**	
7.2.1	Less than £500,000	**Capital Investment Group** *Approval noted by:* Executive Management Team
7.2.2	Over £500,000 up to £2,500,000	**Executive Management Team** *Prior endorsement required by:* Capital Investment Group *Approval noted by:* Finance & Investment Committee
7.2.3	Over £2,500,000 up to £4,500,000	**Finance & Investment Committee** *Prior endorsement required by:* Capital Investment Group AND Executive Management Team
7.2.4	Over £4,500,000 OR major redevelopment works Outline Business Case	**Trust Board** *Prior endorsement required by:* Capital Investment Group AND Executive Management Team AND Finance & Investment Committee

#	Delegated Responsibilities	Delegated Officer or Group
	Full Business Case	**Trust Board** *Prior endorsement required by:* Capital Investment Group AND Executive Management Team AND Finance & Investment Committee
7.3	**Authority to approve business cases requesting capital expenditure (ICT)**	
7.3.1	Less than £500,000	**Information Management & Technology Board** *Prior endorsement required by:* Operational Delivery & Performance Group *Approval noted by:* Executive Management Team AND Capital Investment Group
7.3.2	Over £500,000 up to £2,500,000	**Executive Management Team** *Prior endorsement required by:* Operational Delivery & Performance Group AND Information Management & Technology Board *Approval noted by:* Capital Investment Group Finance & Investment Committee
7.3.3	Over £2,500,000 up to £4,500,000	**Finance & Investment Committee** *Prior endorsement required by:* Operational Delivery & Performance Group AND Information Management & Technology Board AND Executive Management Team *Approval noted by:* Capital Investment Group
7.3.4	Over £4,500,000 Outline Business Case	**Trust Board** *Prior endorsement required by:* Operational Delivery & Performance Group AND Information Management & Technology Board AND Executive Management Team AND Finance & Investment Committee *Approval noted by:* Capital Investment Group
	Full Business Case	**Trust Board** *Prior endorsement required by:* Operational Delivery & Performance Group AND Information Management & Technology Board AND Executive Management Team AND Finance & Investment Committee *Approval noted by:* Capital Investment Group

8. Recording, monitoring and approval of payments under the losses and special payments regulations

This delegation has application in respect of the recording, monitoring and approval of payments under the losses and special payments regulations. The detailed instructions are outlined in ***SFI12 Disposals and Condemnations***. The Chief Finance Officer is responsible for ensuring Losses and Special Payment Register is maintained.

#	Delegated Responsibilities	Delegated Officer or Group
8.1	**Cash losses and bad debts**	
	Note: these write-offs, once agreed, will impact on individual budgets – there is no central provision. A bad debt write-off for these purposes is the writing off of any income due to the Trust, whether or not invoiced – it does not include adjustments relating to invoices raised in error.	
8.1.1	Less than £10,000	**Chief Finance Officer**
8.1.2	Over £10,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer**
8.2	**Authority to approve losses of equipment and property**	
8.2.1	Less than £100,000	**Deputy Chief Executive** OR **Chief Finance Officer**
8.2.2	Over £100,000 up to £500,000	**Chief Executive** *Approval noted by:* Audit Committee
8.2.3	Over £500,000	**Audit Committee** OR **Trust Board**
8.3	**Authority to approve claims net of recovery from NHS Litigation Authority**	
8.3.1	Up to £100,000	Two of **Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer** OR **Executive Director**
8.3.2	£100,000 to £500,000	**Executive Management Team**
8.3.3	Over £500,000	**Audit Committee** OR **Trust Board**
8.4	**Authority to approve losses of stock**	
8.4.1	All losses of stock	**Chief Finance Officer** *Approval noted by:* Audit Committee
8.5	**Authority to approve settlements relating to staff grievance and patient complaints**	
8.5.1	Staff grievance settlements other than in response to a formal process	**Chief Executive** AND **Director of Human Resources & Organisation Development**
8.5.2	Complaints	**Chief Nurse** AND **Chief Finance Officer**

9. Management of patients' property

The Trust has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

This delegation has application with respect to the management of patients' property, including the disposal of deceased patients' property. The detailed instructions are outlined in ***SFI 14 Patients' Property.***

#	Delegated Responsibilities	Delegated Officer or Group
9.1	**Authority to approve the release of property belonging to a deceased patient**	
9.1.1	Property valued up to £5,000	**Deputy Chief Finance Officer** *Indemnity form must be signed prior to release*
9.1.2	Property valued over £5,000	**Chief Finance Officer** *Probate or Letters of Administration must be provided prior to release*

Section 6 Summary of Procurement Delegations

All UK Public Sector organisations are subject to *Public Procurement Regulations 2015* which stipulate how goods and services should be purchased fairly and transparently with evidence of good value for money.

The detailed instructions for tendering and contracting by or on behalf of the Trust are outlined in ***SFI 16 Tendering and Contracting Procedure***. SFI 16 states the requirement for formal competitive tendering and the limits for quotations and tenders (summarised in the table below). It also states the exceptions and instances where formal competitive tendering is not required.

Total Contract Value[1]	Procedure
Less than £20,000	Single quotation is adequate
£20,000 to £50,000	Minimum of three (3) written quotations
£50,000 to OJEU limit[2]	Minimum of three (3) formal competitive tenders
Above OJEU limit	OJEU tender process with a minimum of three (3) formal competitive tenders

10. Waiving of formal competitive tendering

This delegation has application when:

- The total contract value is over £20,000 and up to £50,000, and a minimum of three (3) quotations have not been received, OR
- The total contract value is over £50,000 and up to the OJEU limit, and a minimum of three (3) formal competitive tenders have not been received, OR
- The total contract value is either over the OJEU limit, an OJEU tender process has not been conducted OR a minimum of three (3) formal competitive tenders have not been received.

Formal competitive tendering can be waived only in limited circumstances, and these are outlined in SFI 16. In instances where formal competitive tendering is to be waived, an 'SFI Waiver Form' must be completed and approved by those with delegated authority.

#	Delegated Responsibilities	Delegated Officer or Group
10.1	**Authority to approve waiving of formal competitive tendering**	
10.1.1	Supply of goods, services and design contracts up to OJEU limit	**Chief Finance Officer** AND one other **Executive Director**
10.1.2	Works contracts up to OJEU limit	**Chief Finance Officer** AND **Chief Executive Officer** *Approval noted by:*

[1] 'Total Contract Value' is exclusive of VAT and relates to the whole of life cost of the contract.
[2] The OJEU procurement thresholds are updated regularly so one should check the current limit to be applied online: https://www.ojec.com/thresholds.aspx. Applying from 1 January 2018, the OJEU limit for the supply of goods, services and design contracts is £181,302 and for "works" contracts is £4,551,413. Activities constituting "works" are defined in Schedule 2 of the *Public Contracts Regulations 2015* to include: construction of new buildings and works, restoring and common repairs; site preparation; building of complete constructions or parts thereof; building installation; building completion; renting of construction or demolition equipment.

#	Delegated Responsibilities	Delegated Officer or Group
		Executive Management Team AND Trust Board

11. Selection of preferred tenderer(s) for contract award

This delegation has application when a formal competitive tender process is conducted.

At the conclusion of the tender evaluation stage, the evaluation team will make a decision on the award of contracts and will prepare a recommendation report that recommends the preferred tenderer(s). The report will detail the factors (including price, quality and timing) that define the tender that provides the best overall value for money, and provide a comparison with the details of the nearest competing bids, where appropriate, with reasons for their rejection.

The Delegated Officers have authority to approve the recommendation report. Following approval award, post-tender negotiations can be initiated with the successful tenderer to improve the successful offer, where appropriate, and the formal contract should be prepared.

#	Delegated Responsibilities	Delegated Officer or Group
11.1	**Authority to approve selection of preferred tenderer(s) for contract award**	
11.1.1	Capital	**Chief Finance Officer**
11.1.2	Non-capital	
	Less than £50,000	**Executive Director** OR **Divisional Director** OR **General Manager**
	Over £50,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer**

12. Acceptance of late tenders

This delegation has application when a formal competitive tender process is conducted.

The Invitation to Tender documentation will specify the date and time by which tenderers must submit a tender response. Late tenders should not be accepted unless in exceptional and genuine circumstances – including, issues outside of the tenderer's control such as ICT difficulties uploading to the tendering portal, or where acceptance of the tender would ensure adequate competition.

#	Delegated Responsibilities	Delegated Officer or Group
12.1	**Authority to approve acceptance of late tenders**	
12.1.1	Tender received within two (2) hours after the specified tender closing time	**Executive Director** OR **Divisional Director** OR **General Manager**
12.1.2	Tender received more than two (2) hours after the specified tender closing time	**Chief Finance Officer**

Section 7 Summary of Contracts Signing Delegations

A contract is an agreement between two or more parties under which each party assumes an obligation (for example, to provide a service) which they intend will be legally binding (that is, it can be enforced by a court). A contract can be reflected in a formal document or can be formed by an exchange of correspondence or even verbal communication.

GOSH is a body corporate established under the *Health Services Act 2006* according to the laws of the United Kingdom on 1 March 2012, and may sue and be sued in its corporate name. The legal entity by which GOSH contracts with external organisations is the "Great Ormond Street Hospital for Children NHS Foundation Trust", with registered office at Great Ormond Street, London WC1N 3JH.

There are **no dollar values or limits** assigned to the Contracts Signing Delegations.

13. Signing healthcare funding contracts and service agreements

This delegation has application when the Trust is entering into a legally binding contractual agreement with a third party organisation for the provision of NHS healthcare services. The detailed instructions are outlined in ***SFI 6 Funding Contracts***.

#	Delegated Responsibilities	Delegated Officer or Group
13.1	**Authority to sign funding contracts and service agreements**	
13.1.1	All contracts and service agreements with a third party organisation for the provision of NHS healthcare services	**Chief Finance Officer** OR **Deputy Chief Executive** OR **Chief Executive**

14. Signing commercial contracts

This delegation has application when the Trust is entering into a legally binding contractual agreement with one or more other parties under which each party assumes an obligation. A commercial contract could relate to one of the following:

- the supply of goods (including equipment, consumables and consignment stock), services, maintenance or design services
- provision of "works" (as defined in the *Public Contracts Regulations 2015*)[3]
- research
- commercial intellectual property.

A commercial contract could take the form of a deed, contract, agreement, release, discharge, indemnity, guarantee, consent, instrument, and any other documents which binds the Trust legally to another party by imposing an obligation on each party.

The detailed instructions for tendering and contracting by or on behalf of the Trust are outlined in ***SFI 16 Tendering and Contracting Procedure***.

#	Delegated Responsibilities	Delegated Officer or Group

[3] Activities constituting "works" are defined in Schedule 2 of the *Public Contracts Regulations 2015* to include: construction of new buildings and works, restoring and common repairs; site preparation; building of complete constructions or parts thereof; building installation; building completion; renting of construction or demolition equipment.

#	Delegated Responsibilities	Delegated Officer or Group
14.1	**Authority to sign commercial contracts**	
14.1.1	Less than £2,500,000	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer**
14.1.2	Less than £2,500,000 (Works)	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer** OR **Director of Development & Property Services**
14.1.3	Over £2,500,000 up to £4,500,000	**Chief Executive** *Prior approval required by:* Finance & Investment Committee
14.1.4	Over £4,500,000	**Trust Board Chair** OR **Chief Executive** *Prior approval required by:* Finance & Investment Committee AND Trust Board (Delegation to the Chief Executive can occur following approval by the Trust Board; delegation to be evidenced in the minutes)

Before exercising this delegation, the Delegated Officer must ensure that the essential prerequisites have been completed – these include:

- **General Manager** OR **Head of Department** OR **Service Manager** has reviewed the contract specification to confirm it contains the correct scope, reflects any subsequent agreements or negotiations with the supplier, and that specific input has been obtained throughout the drafting process from relevant areas within the Trust (e.g. ICT, information governance and security, clinical service delivery, facilities, data protection including application of the *EU General Data Protection Regulation*)
- **Senior Finance Manager** OR **Deputy Chief Finance Officer** has reviewed the commercial and pricing schedule to confirm the pricing and budgetary aspects are appropriate.
- Where the contract relates to specific goods and/or services obtained through a tender process conducted by the Trust's external procurement partner (Partners Procurement Service (PPS)), the **PPS Business Partner** has reviewed the contract to confirm it complies with all applicable procurement rules and that the terms and conditions are appropriate.
- **GOSH Procurement & Commercial contracts team** has reviewed the terms and conditions to confirm that they are appropriate and seek further input from specific areas in the Trust and / or legal review from external legal providers, where appropriate. The commercial contracts team will also ensure that a complete and accurate record of the contract is created in the Trust's contract management register, ProContract.

This contract review and approval process is outlined in the ***Contract Approval Form***, which must be completed prior to contract signature and execution.

15. Custody of Seal

The following extract from the Trust Constitution outlines the use of the Sealing of Documents.

37 Custody of Seal

37.1 The common seal of the Trust shall be the responsibility of the Trust Secretary and kept in a secure place.

38 Sealing of Documents

38.1 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two executive directors duly authorised by the Chief Executive, and shall be attested by them.

38.2 Before any building, engineering, property or capital document is sealed it must be approved and signed by the director of finance, or an officer nominated by him or her and authorised and countersigned by the chief executive, or an officer nominated by him or her who shall not be within the originating directorate.

38.3 All deeds entered into by the Trust and all documents conveying an interest in land must be executed by the application of the Trust's seal.

39 Register of Sealing

39.1 An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorized the document and those who attested the seal. A report of all sealing shall be made to the Board at least quarterly. The report shall contain details of the seal number, the description of the document and the date of sealing.

16. Signing non-legally binding administrative arrangements

This delegation has application when the Trust is entering into non-legally binding administrative arrangement with one or more other parties. The non-legally binding administrative arrangements could relate to one of the following:

- Memoranda of Understanding (either intra-Trust, with other NHS organisations, or with a commercial third party)
- Service level agreements (intra-Trust)
- Operating level agreements (intra-Trust).

#	Delegated Responsibilities	Delegated Officer or Group
16.1	**Authority to sign non-legally binding administrative arrangements**	
16.1.1	All non-legally binding administrative arrangements	**Chief Executive** OR **Deputy Chief Executive** OR **Chief Finance Officer**

Section 8 Summary of Non-financial Delegations

17. Risk management and insurance

This delegation has application in respect of the management of risk across the Trust. The detailed instructions for risk management and insurance are outlined in ***SFI 15 Risk Management and Insurance***.

#	Delegated Responsibilities	Delegated Officer or Group
17.1	**Management of risk and insurance**	
17.1.1	Ensuing the Trust has a risk management strategy in place and a programme of risk management	**Chief Executive**
17.1.2	Ensuring the Trust has arrangements in place for the provision of adequate insurance cover for the Trust that are not indemnified through the NHS Litigation Authority	**Chief Executive** AND **Chief Finance Officer**
17.1.3	Approval of an agent to act on behalf of the Trust for providing the above cover via third party organisation	**Chief Finance Officer**

18. Management and control of stock

This delegation has application in respect of all stock held by the Trust, including medical and surgical consumables, pharmaceuticals, diesel fuel, catering supplies, and GOSH CC shop stock items. The detailed instructions for the management and control of stock are outlined in ***SFI 11 Stock Control and Receipt of Goods***.

#	Delegated Responsibilities	Delegated Officer or Group
18.1	**Management and control of stock**	
18.1.1	*Medical and surgical consumables stock* • Approving stock portfolio (including re-order levels and frequency) • Replenishing stock to approved maximum levels • Ensuring stock is held in registered stock locations • Conducting stock takes • Signing off stock takes and obsolete stock	 **Designated Area Manager** (e.g. Ward Sister, Matron, Lead Nurse, Lab Manager) **Head of Supply Chain** **Head of Supply Chain** **Head of Supply Chain** **Head of Supply Chain** AND **Designated Area Manager** (e.g. Ward Sister, Matron, Lead Nurse, Lab Manager)
18.1.2	*Pharmaceutical stock* (including approving stock portfolio, stock replenishment, ensuring stock is held in	**Chief Pharmacist**

#	Delegated Responsibilities	Delegated Officer or Group
	registered locations, conducting stock takes, and signing off stock takes and obsolete stock)	
18.1.3	*Diesel fuel, catering supplies and GOSH CC shop stock* (including approving stock portfolio, stock replenishment, ensuring stock is held in registered locations, conducting stock takes, and signing off stock takes and obsolete stock)	**Deputy Director of Estates & Facilities**

Schedule 1 – Delegated Expenditure Approval and Invoice Request Limits

The following levels are created for the purposes of linking a position level to a level of authorisation in the electronic financial system for the Trust.

Where a significant contract is approved by the Trust Board, the Chief Finance Officer will have the delegation to raise any purchase orders required related to the approved contract. Evidence of Board approval must be provided with the requisition.

e-Delegation Level	Position	Expenditure Approval (excluding Development and Business Cases)	Invoice Requests	Raise Credit Notes	Raise Credit Notes where re-raising invoice
Level 1	Trust Board	>£4,500,000	n/a	n/a	n/a
Level 2	Chief Executive ^	£4,500,000	n/a	n/a	n/a
Level 3	Deputy Chief Executive	£2,500,000	n/a	n/a	n/a
Level 4	Chief Finance Officer	£2,500,000	n/a	No limit	No limit
Level 5	Other Executive Directors[4] Other Directors referenced on the Trust Board[5]	£500,000	n/a	n/a	n/a
Level 6	Deputy Chief Finance Officer	£200,000	n/a	£100,000	£500,000
Level 7	Divisional Chairs Directors of Operations Chief Information Officer Other Directors not referenced on the Trust Board	£200,000	n/a	n/a	n/a
Level 8	Deputy Chief Nurse Divisional Directors General Managers Deputy Directors	£100,000	n/a	n/a	n/a
Level 9	Deputy General Managers Assistant Chief Nurses	£75,000	n/a	n/a	n/a
Level 10	Heads of Clinical Service Service Managers Matrons	£50,000	n/a	n/a	n/a
Level 11	Financial Controller	£25,000	n/a	£25,000	£100,000
Level 12	Head of Contracts, Costing & Income Head of Financial Management	£25,000	>£1,000,000	n/a	n/a
Level 13	Finance Business Partners	n/a	£1,000,000	n/a	n/a
Level 14	Finance Managers	n/a	£500,000	n/a	n/a
Level 15	Senior Management Accountants Management Accountants	n/a	£100,000	n/a	n/a
Level 16	Heads of Corporate Departments	£25,000	n/a	n/a	n/a
Level 18	Assistant Service Managers	£5,000	n/a	n/a	n/a
Level 19	Ward Sisters	£2,000	n/a	n/a	n/a
Level 20	Ward Administrators	£500	n/a	n/a	n/a

^ *Subject to FIC approval over £2.5million*

[4] As at January 2018 the other Executive Directors include: Medical Director, Chief Nurse, and Director of Human Resources & Organisational Development.
[5] As at January 2018 the other Directors referenced on the Trust Board include: Director of Development & Property Services, Director of Research & Development, Director of Communications, and Director International & Private Patients.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 7th February 2018	
Medical Revalidation Annual Board report and statement of compliance **Submitted by:** **Dr Andrew Long, Interim Medical Director and Responsible Officer**	**Paper No: Attachment R**
Aims / summary This brief update to the Revalidation report presented to the Board in November 2017 provides assurance that the deferrals for recommendation for medical revalidation are being appropriately discharged by the Responsible Officer meeting national statutory requirements.	
Action required from the meeting The Board is asked to note the contents of the update	
Contribution to the delivery of NHS Foundation Trust strategies and plans Revalidation is an essential part of clinical governance.	
Financial implications There are no further financial implications consequent upon this update.	
Who needs to be told about any decision? Higher Level Responsible Officer	
Who is responsible for implementing the required statutory role. Interim Medical Director/Responsible Officer	
Who is accountable for the implementation of the proposal / project? Dr Andrew Long, Interim Medical Director/ Responsible Officer	

Annual Board Report and Statement of Compliance: Revalidation of Doctors
(Based on NHS England Revalidation Team Template)

1. Purpose

This brief update to the Revalidation report presented to the Board in November 2017 provides assurance that the deferrals for recommendation for medical revalidation are being appropriately discharged by the Responsible Officer meeting national statutory requirements.

2. Background

The Board considered the Revalidation report presented in November 2017 and requested assurance that the next cycle and action plan would be completed in a timely manner. Some concerns were also expressed about the deferral rate in 2016-2017.

3. Process of Medical Appraisal and Revalidation

a. Appraisal Performance Data (reviewed at Board in November)

For 335 consultants (including honorary consultants) appraisal rates for 2016-17 were 88% and almost meets the national target (90%). This is considerably better than 2015-16 when the consultant appraisal rate was 74.3% (local and national comparators 89%) but not as good as 2014-15 (90% cf 87%) In 2013-14 the consultant appraisal rate was 86%. For the 39 consultants in 2016-17 where an appraisal was not completed there was a reported, justified reason (eg maternity leave, long term sickness) in 7 individuals, although personal contact by the current RO to the majority of consultants with 'unapproved, incomplete or missing' appraisal documentation suggests that a small additional number were due to health issues but the majority were due to IT difficulties in using the current appraisal portfolio (PReP) efficiently.

For SAS grades appraisal rates were 100%.

4. Explanation for Board

The RO has only three choices when making a recommendation to the GMC:

- A positive revalidation recommendation – where there are no concerns and the portfolio is complete
- A recommendation to defer for a period of time – where a doctor may need additional time or support / remediation to complete a full appropriate portfolio of supporting information.
- A recommendation to the GMC that the doctor has failed to engage in the medical appraisal process and so there is insufficient information to make a revalidation recommendation, but a deferral recommendation is also **not** appropriate. The GMC will have to deal with those doctors who fail to engage. This can be made at any time during the revalidation cycle.

It is the view of the GMC that an RO deferral recommendation should be viewed as a responsible and supportive rather than negative course of action. This is principally because a positive recommendation will renew a license to practice for the next 5 years. If there is inadequate data to make this recommendation then the GMC recommends deferral for 6 or 12 months to enable adequate evidence to be collected.

For the majority of deferrals during 2016-17 there was food reason for inadequate evidence. The most frequent cause was for doctors in non-consultant grades who had recently joined

the Trust (ie during the previous 12 months) and who did not have a satisfactory appraisal record. In the majority, these were doctors from overseas (both within and outside Europe) who had taken full Registration with the GMC while they were in their 'home' countries and in the majority of cases had been grated a License to Practice at that time. Although many of these doctors had some evidence of continuing professional development (CPD), there was kittle evidence of the other GMC requirements (effective teamworking; patient safety; quality improvement; 360 degree appraisal).

In the majority of cases the doctors were keen to engage with the appraisal and revalidation system however needed time to collect evidence within the UK and have a satisfactory appraisal demonstrating progress against GMC standards. Most were grateful for enough time to complete the documentation.

In a few cases doctors coming to GOSH from other UK organisations did not have a satisfactory record of appraisal and therefore needed additional time to achieve the required standards.

There were few doctors who were deferred because they were undergoing GMC Investigation under Fitness to Practice and in these cases deferral is the correct outcome.

There were very few doctors who had failed to engage with the GOSH Appraisal and Revalidation Policy however it was recognised that some of the weaknesses in the system brought to the Board's attention in November led to some doctors being poorly prepared.

2017-2018 Appraisal Cycle

Since the last meeting of the Trust Board an External Quality Assurance visit to the Trust has been carried out at the request of the Interim Medical Director/Responsible Officer. The preliminary report (received January 2018) is reassuring about much of the quality of the system within the Trust but there are some recommendations which will require attention to ensure that the appraisal cycle is comprehensive and that the infrastructure is more robust to meet the increased revalidation number for 2018-2019.

Many of the recommendations made to the Trust Board in November and detailed within the Action Plan have already been carried out and this will lead to improved uptake in appraisal during 2018-2019. All the Trust doctors have now been added to the PReP system and therefore have electronic portfolios. This will allow much easier scrutiny of appraisal documentation at an earlier stage in the revalidation cycle which will hopefully result in a significant decrease in the deferral rate for 2017-2018 and subsequently.

As part of the external quality assurance it is planned that the whole appraisal system at GOSH will be reviewed allowing greater quality assurance within the Divisions and a higher rate of appraisal across the whole organisation. It is intended that the eventual outcome will be better patient care through a more robust appraisal and revalidation system. It is intended that the 2017-2018 Revalidation Report to the Trust Board will demonstrate that GOSH' performance within the Annual Organisational Audit will have improved to equal to, or above the national average.

Report prepared by:

Dr Andrew Long

Interim Medical Director/Responsible Officer
January 2018