

Meeting of the Trust Board Thursday 6 February 2020

Dear Members

There will be a public meeting of the Trust Board on Thursday 6 February 2020 at 1:45pm in the Charles West Boardroom, Barclay House, 37 Queen Square, Great Ormond Street, London WC1N 3BH.

Company Secretary Direct Line: 020 7813 8230

AGENDA

	Agenda Item <u>STANDARD ITEMS</u>	Presented by	Attachment	Timing
1.	Apologies for absence	Chair	Verbal	1:45pm
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 27 November 2019	Chair	A	1:50pm
3.	Matters Arising/ Action Checklist	Chair	B	
4.	Chief Executive Update	Chief Executive	C	1:55pm
5.	Patient Story	Chief Nurse	D	2:10pm
6.	Directorate presentation: Operations and Imaging Directorate	Interim Chief Operating Officer/ Senior Leadership Team for Directorate	E	2:30pm
	<u>STRATEGY AND PLANNING</u>			
7.	CQC Inspection Report 2019	Chief Executive	F	2:50pm
8.	Above and beyond framework – Our five-year strategy to advance care for children and young people with complex health needs	Chief Executive	G	3:00pm
9.	Update on Business Plan and Budget 2020/2021	Chief Finance Officer/ Interim Chief Operating Officer	H	3:10pm
10.	Update on the R&I Strategy with a focus on Research Hospital	Director of Research and Innovation	I - Presentation	3:25pm
	<u>RISK</u>			
11.	Brexit Update	Interim Chief Operating Officer	J	3:45pm
	<u>PERFORMANCE</u>			
12.	Integrated Quality and Performance Report – December 2019	Medical Director/ Chief Nurse/ Interim Chief Operating Officer	K	3:50pm
13.	Finance Report - Month 9 (December) 2019	Chief Finance Officer	L	4:05pm

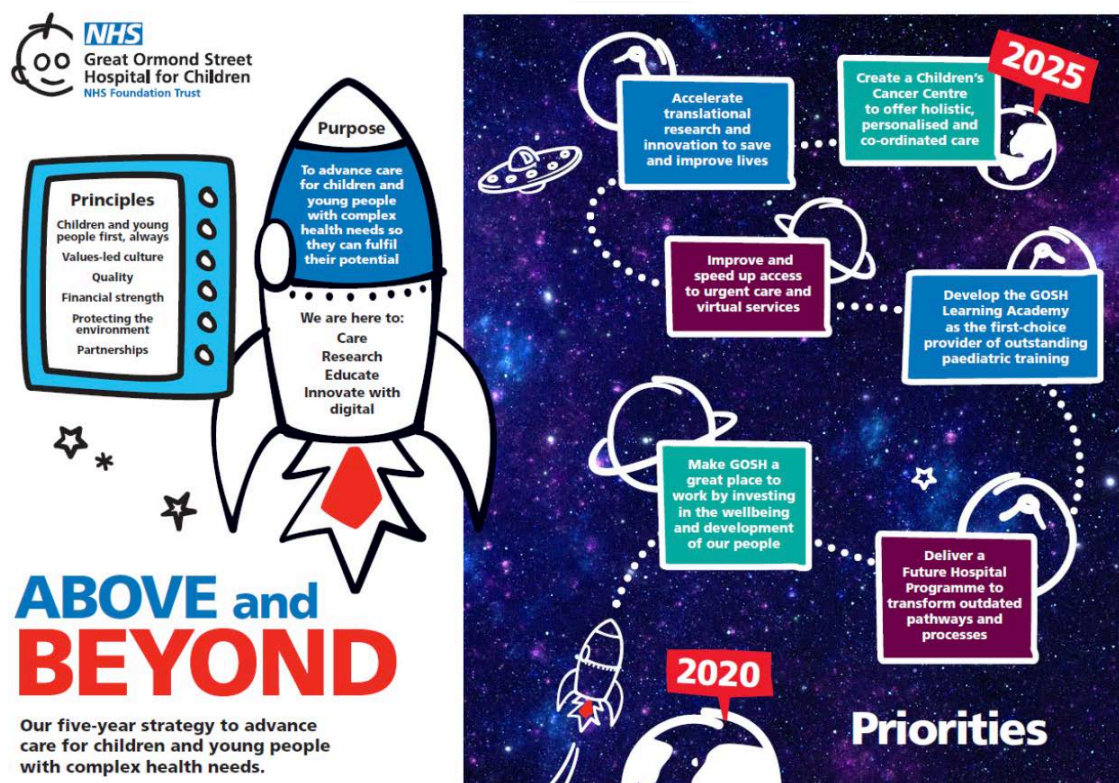
14.	Safe Nurse Staffing Report (October – December 2019)	Chief Nurse	M	4:20pm
	<u>ASSURANCE</u>			
15.	Healthcare Worker Flu Vaccination Checklist	Chief Nurse	N	4:30pm
16.	Guardian of Safe Working Report Q3 2019/20	Guardian of Safe Working – Renee McCulloch	O	4:35pm
17.	Board Assurance Committee reports <ul style="list-style-type: none"> Quality, Safety and Experience Assurance Committee update – January 2020 meeting Finance and Investment Committee Update – December 2019 Audit Committee Assurance Committee Update – January 2020 meeting People and Education Assurance Committee Update – December 2019 meeting 	Chair of the Quality, Safety and Experience Assurance Committee Chair of the Finance and Investment Committee Chair of Audit Committee Chair of the People and Education Assurance Committee	P Q Verbal Update S	4:50pm
18.	Council of Governors' Update – December 2019 meeting	Chair	T	
	<u>GOVERNANCE</u>			
19.	GOSH Arts Proposal for Board Creative Health Champion	Amanda Ellingworth, Non-Executive Director	U	5:05pm
20.	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.)			
21.	Next meeting The next public Trust Board meeting will be held on Wednesday 1 April 2020 in the Charles West Room, Barclay House, Great Ormond Street, London, WC1N 3BH.			

Trust Board 6 February 2020	
Update on the R&I Strategy with a focus on Research Hospital Submitted by: Dr Jenny Rivers on behalf of Professor David Goldblatt	Paper No: Attachment I
Aims / summary To give an update on the R&I Strategy and the implementation of the Research Hospital Strategy.	
Action required from the meeting To note progress to date and provide input into future direction, including further embedding of research into clinical practice.	
Contribution to the delivery of NHS Foundation Trust strategies and plans To continue to deliver world-leading research, improving patient outcomes.	
Financial implications Continued support for investment of research income into maintaining and building research capacity and capability.	
Who needs to be told about any decision? Professor David Goldblatt, Director of Research and Innovation.	
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Jenny Rivers, Deputy Director of Research and Innovation.	
Who is accountable for the implementation of the proposal / project? Professor David Goldblatt, Director of Research and Innovation.	

Update on the R&I Strategy with a focus on Research Hospital February 2020

The GOSH R&I Strategy is focused on delivering world-leading research for patient benefit. Over recent years the major focus has been on embedding the Research Hospital initiative within the Trust. While the Research Hospital is well socialised amongst the Board and Executive Team/senior leadership and certain initiatives are well advanced (GOSH Sample Bank, Epic workstream, research infrastructure support), ongoing challenges remain in ensuring that staff at all levels in the organisation understand the role of research and support research implementation.

The central role for research is recognised in the new “Above and Beyond” GOSH 2020-2025 strategy which has research as a core part of its mission and an important milestone as part of the 5-year journey between now and 2025 with the stated aim of accelerating translational research and innovation to save and improve children’s lives.



The major risks to the Trust relevant to research and included in the Board Assurance Framework are:

- a) **Board Assurance Framework Risk 8:** The Trust may not be able to provide the required level of research infrastructure or leverage additional research income as core research funding streams are reduced (gross risk 9, net risk 6)
- b) **Board Assurance Framework Risk 9:** The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered (gross risk 9, net risk 6)

These risks are addressed in the report below.

Definition and Vision of GOSH as a Research Hospital

The vision of GOSH as a research hospital is one where:

- Research is an integral part of the working lives of our staff and the patients and families we treat and see
- Research is fully integrated into every aspect of the hospital, to improve the treatment and outcomes for our patients
- We learn from every patient we see, using the knowledge gained to improve our patients' health and the health of future patients
- Staff, patients and families understand the opportunity and importance of research (research is seen to benefit and not compromise NHS clinical activity)
- We support, value and train all those involved in research, research is considered as a core component when recruiting to leadership positions across the organisation
- We lead the way in involving patients and families in research design, delivery and strategy and continue to develop creative ways to ensure equitable involvement
- All clinical directorates and services develop and own their research agenda and are supported to do this.

The Division of Research and Innovation supports and facilitates research and innovation across the Trust, in its mission to be a Research Hospital. To achieve this, the Division comprises the R&D office, the NIHR Biomedical Research Centre (in collaboration with UCL's GOS-Institute of Child Health) the NIHR Clinical Research Facility and the R&I Delivery Team. It also supports research driven by investigators employed by UCL or GOSH, including medics, nurses, allied health professionals and healthcare scientists in addition to supporting a number of research delivery staff posts, resources and infrastructure within clinical areas.

1. Research Hospital in action – research impact in Batten Disease

Professor Paul Gissen will present the research journey, from study initiation (October 2014) to NICE approval (September 2019) and beyond; since NICE Brineura approval, GOSH has been given a leading role by NHSE in training other UK centres in managing Batten Disease patients receiving regular intracerebroventricular enzyme replacement therapy infusions. We will examine the role of GOSH as a Research Hospital in the process, involving the Clinical Research Facility as well as other clinical areas (wards, PICU, radiology, pharmacy and others).

This example is presented to the Board to demonstrate the impact of research on our patients, families and staff, citing some of the challenges of initiating, delivering and transitioning to clinical care as an indication of the progress of our Research Hospital strategy.

2. Research activity updates

The delivery of the GOSH Research Hospital strategy is monitored against key objectives under each work stream, with time-bound actions attributed to key stakeholders. Progress is reported regularly to the GOSH Research and Innovation Board and to GOS ICH Management Team. The slides to be presented are included below.

a) Research Income

The first BAF risk states that, “The Trust may not be able to provide the required level of research infrastructure or leverage additional research income as core research funding streams are reduced (gross risk 9, net risk 6)”.

Research Income - full year (£m)

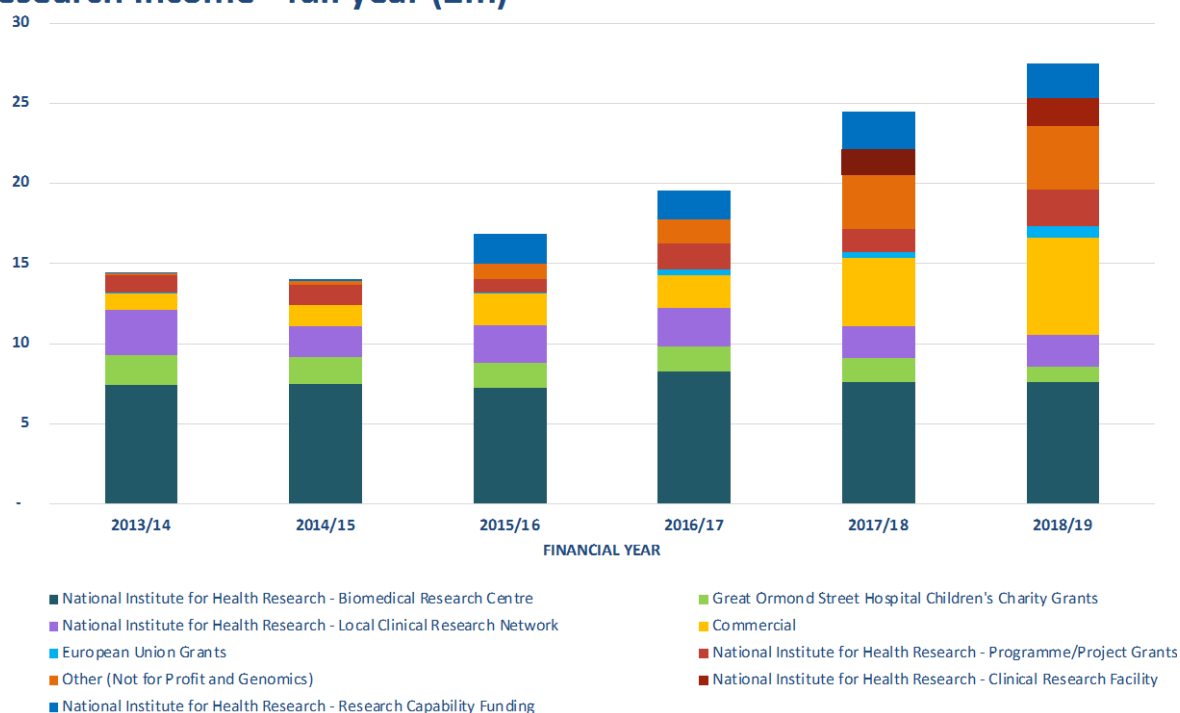


Figure 1. Sources of research income to GOSH and total income (£m) for the full year since 2013/14.

Research Income – to Q3 (£m)

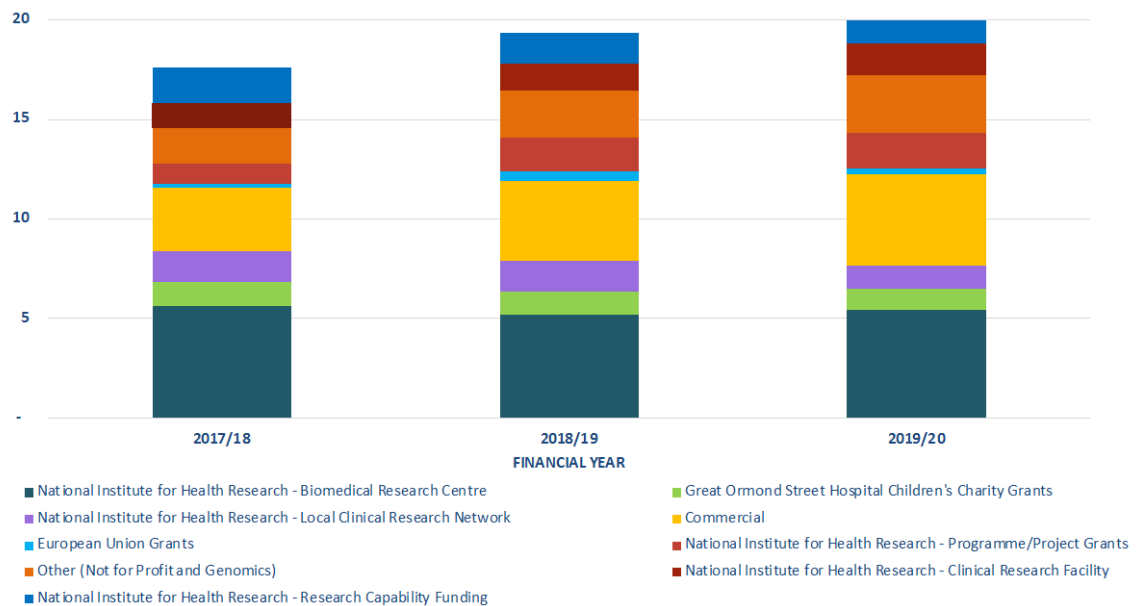


Figure 2. Year to date (Q3) research income (£m) for the last three years.

Infrastructure funding to NHS trusts is reducing, due to cuts in NIHR Local Clinical Research Network and Research Capability Funding. As such, we are now expecting the growth in research income to slow as indicated by the Q3 comparison. To mitigate this, the Research Hospital strategy supports diversifying income streams (including via exploiting commercial opportunities through DRIVE, ZCR etc.), has mechanisms in place to help with the development of collaborative grant proposals and is increasingly focusing on improving relationships with industry and maximising potential benefits of those relationships via establishing robust IP policies and fit for purpose mechanisms for exploiting that potential. We are also ensuring that we have the infrastructure to support a robust pipeline of new studies as existing trials transition into clinical care and are focusing on BRC/CRF renewal to ensure that this will continue to grow. We are monitoring the likely impact of Brexit, particularly on the pipeline of commercial studies opening in the UK as well as NHSE's initiative to harmonise costing for clinical trials on a national scale.

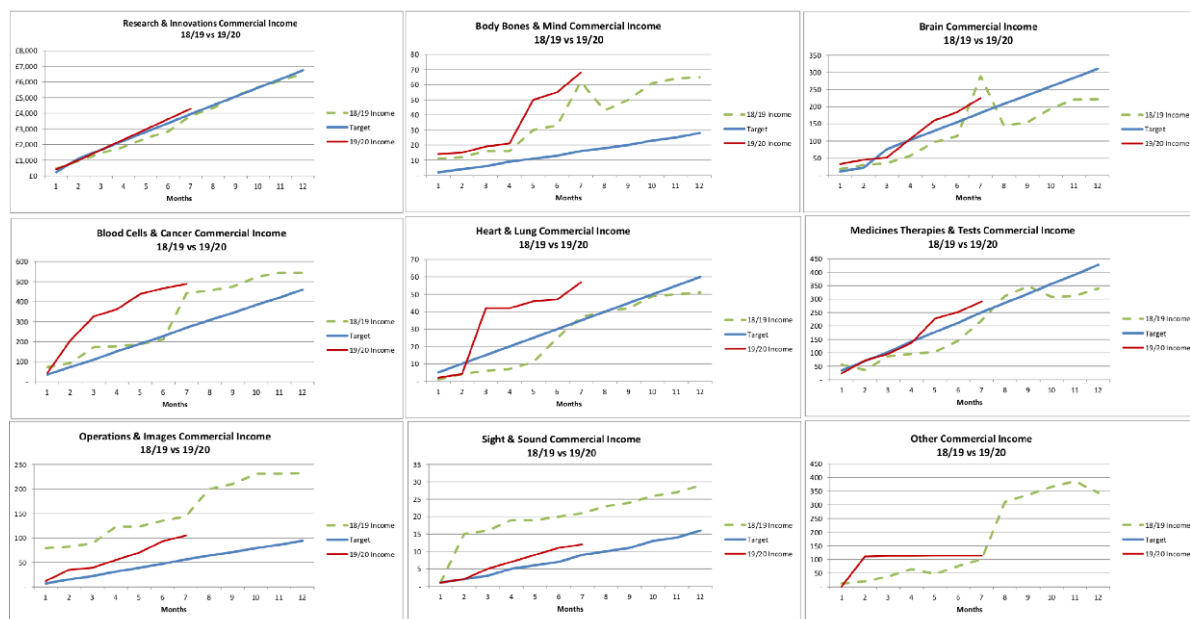


Figure 3. Commercial research income Directorate dashboard

As the Research Hospital strategy matures and becomes embedded across the Trust, we expect to increase our engagement with the Clinical Directorates even further, such that research posts and infrastructure are supported within specialty areas and research income flows back to these areas in a clear and transparent manner. This will allow for more effective re-investment of funds into building research capacity in accordance with disease-specific strategies and emerging pipelines of new research studies. Working with Finance and the Directorate Management Teams, we are now monitoring commercial income against targets set per Directorate (Figure 3) and are evolving our suite of management information ‘dashboards’ to support this process, taking forward objectives at Directorate level with the support of our Research Leads.

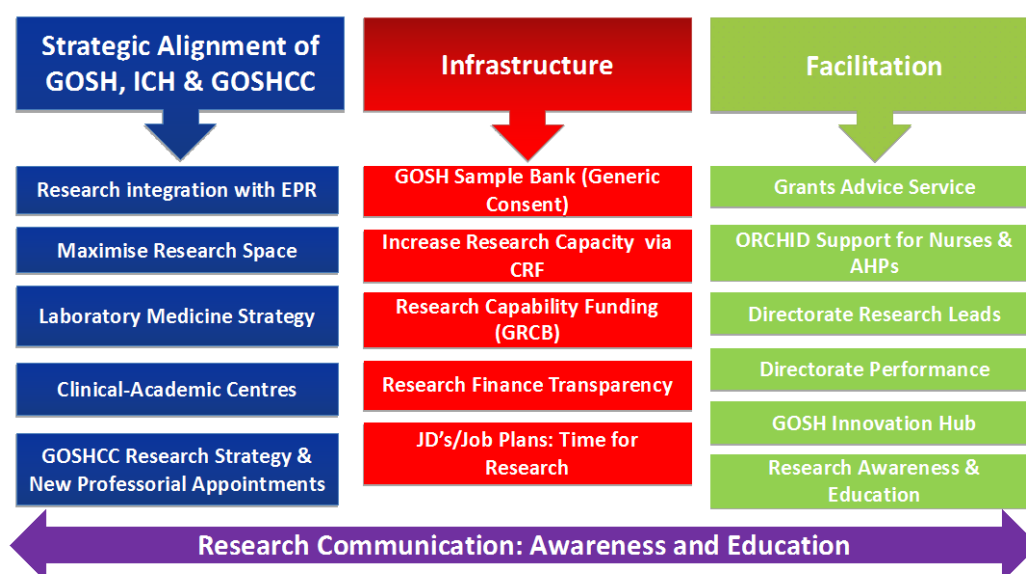
b) Research Hospital

GOSH is a Research Hospital

- Research is **fully integrated into every aspect of the hospital**, to improve the treatment and outcomes for our patients
- Research is an **integral part of the working lives of our staff** and the patients and families we treat and see
- We **learn from every patient**, using knowledge gained to improve our patients' health & health of future patients
- Staff, patients and families understand the **opportunity and importance of research** (research is seen to benefit, not compromise NHS clinical activity)
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- All **clinical directorates** and services **develop and own their research agenda** and are supported to do this



Research Hospital Work Streams (2015-2020)



i. Research activity metrics

In order to illustrate progress against BAF Risk 9 “Trust may not deliver its full Research Hospital vision if key research alliances are not fostered (gross risk 9, net risk 6)”, below are outlined key metrics that indicate research activity in the Trust. The majority of research carried out at GOSH is collaborative and between 2012-2017, 78% of all papers published at GOSH were jointly published with UCL GOSICH. The work that leads to these publications usually begins as collaborative research projects, hence research activity is a useful surrogate for ongoing collaborative research.

We report data externally to the NIHR, capturing regular patient recruitment to NIHR portfolio studies and, through annual reporting, via the Biomedical Research Centre (BRC) and Clinical Research Facility (CRF). Data are monitored by NIHR according to defined strategic objectives*. Below are the data for the CRF up to and including the full year 2018/19.

** NIHR metrics include publications, NIHR acknowledgement rate, leveraged income, commercial activity (patents, licences), industry engagements, project numbers, project types, patients recruited, recruitment to time and target, study setup times, CRF occupancy, study intensity, staffing etc.*

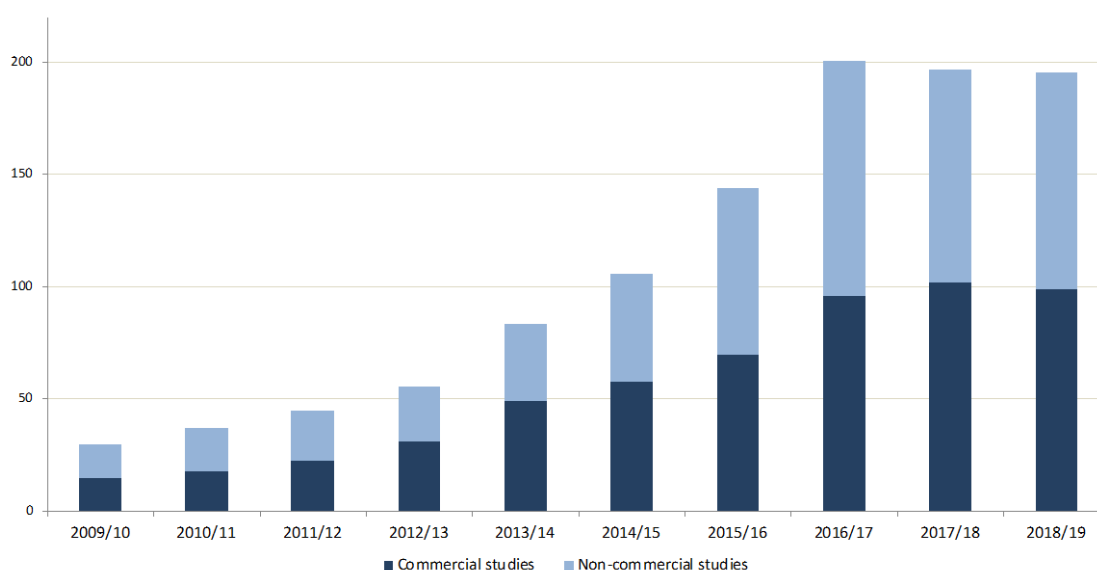


Figure 4. Studies supported by the CRF

Total studies 2018/19

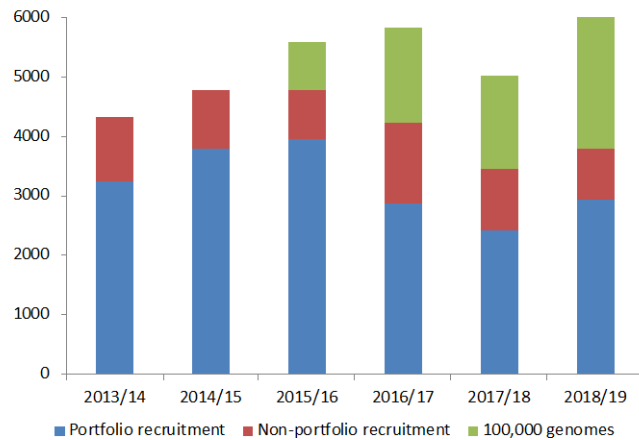
- 1334 active research projects
- 293 clinical trials
- 6894 participants

Data are currently collated and reported annually, although we are evolving our data capture/reporting systems to be able to share these on a regular basis with Directorates as part of a 'Research Dashboard'. To Q2 (end September 2019), the CRF supported a similar number of studies as for 2018/19 (110 studies). The overall trend for the CRF however is for fewer studies to be hosted but these are of higher intensity with a higher proportion being early-phase. Indicative data at Q2 continue to demonstrate that occupancy of the CRF remains high, though the number of overnight visits has decreased slightly due to studies transitioning out of the CRF and onto the wards.

Recruitment By Trust

Great Ormond Street Hospital For Children NHS Foundation Trust

Speciality	2016/17 Total	2017/18 Total	2018/19 Total
Ageing	0	0	0
Anaesthesia, Perioperative Medicine ...	0	0	0
Cancer	193	195	201
Cardiovascular Disease	45	12	20
Children	1,477	1,620	2,361
Critical Care	8	22	12
Dementias and Neurodegeneration	0	0	0
Dermatology	15	12	5
Diabetes	0	0	0
Ear, Nose and Throat	0	0	7
Gastroenterology	14	8	4
Genetics	571	2,091	2,612
Haematology	8	24	13
Health Services Research	2	2	155
Hepatology	0	0	0
Infection	19	9	1
Mental Health	1	0	2
Metabolic and Endocrine Disorders	25	5	3
Musculoskeletal Disorders	133	156	215
Neurological Disorders	25	23	1
Ophthalmology	123	16	0
Oral and Dental Health	0	0	0
Primary Care	9	0	0
Public Health	0	0	0
Renal Disorders	29	5	43
Reproductive Health and Childbirth	244	248	218
Respiratory Disorders	0	0	0
Stroke	0	0	0
Surgery	0	0	0
Trauma and Emergency Care	0	0	0
Total	2,941	4,448	5,873



Source: NIHR Local Clinical Research Network, Central Portfolio Management System

Figure 4. Recruitment by specialty to portfolio studies as measured by NIHR, with GOSH data combining portfolio and non-portfolio recruitment by full financial year

Trust	No of Studies Closed 2019/20	No of Studies Passing RTT 2019/20	% of Studies Passing RTT
Homerton University Hospital NHS Foundation Trust	1	1	100%
Royal National Orthopaedic Hospital NHS Trust	1	1	100%
West Hertfordshire Hospitals NHS Trust	1	1	100%
CCGs within North Thames	36	30	83%
Great Ormond Street Hospital for Children NHS Foundation Trust	14	10	71%
Royal Free London NHS Foundation Trust	36	24	67%
Barts Health NHS Trust	54	34	63%
University College London Hospitals NHS Foundation Trust	40	21	53%
Barking, Havering and Redbridge University Hospitals NHS Trust	2	1	50%
Basildon and Thurrock University Hospitals NHS Foundation Trust	2	1	50%
Moorfields Eye Hospital NHS Foundation Trust	4	2	50%
North Middlesex University Hospital NHS Trust	4	2	50%
The Princess Alexandra Hospital NHS Trust	6	3	50%
Mid Essex Hospital Services NHS Trust	3	1	33%
Luton and Dunstable University Hospital NHS Foundation Trust	3	0	0%
Southend University Hospital NHS Foundation Trust	1	0	0%

Table 1. Commercial studies closed during 2019/20 (to 2 December 2019)

The NIHR Local Clinical Research Network monitors our performance within the region via a number of metrics, including patient recruitment to NIHR portfolio studies. We feed these data into the Central Portfolio Management System from our Local Portfolio Management System (EDGE) which takes recruitment data from Epic (recording recruitment on Epic is still in progress, though we currently have over 25,000 patients linked to research studies). Our recruitment for 2019/20 will be substantially lower than the previous year due to end of

recruitment to the 100,000 genomes project, with current recruitment around 1,200 patients.

We are also measured by our recruitment to time and target (RTT), particularly for commercial studies where we usually perform strongly compared with other trusts in the region (Table 1). As we focus on recruiting patients with rare diseases, we often struggle to recruit patients who meet the eligibility criteria but maintain the need to open studies even where recruitment might be challenging, to offer opportunities for participation. We are in the process of accessing data to compare our performance in terms of NIHR metrics with other trusts specialising in paediatrics.

Our performance against these metrics determines the level of infrastructure funding we are allocated.

i. Key project updates

As part of the Research Hospital strategy refresh, we are keen to look beyond the traditional NIHR-type metrics to assess internal levels of engagement, awareness and opportunity and plan to do so particularly through our key projects.

GOSH Sample Bank:

Made considerable progress with **GOSH Sample Bank/Generic Consent** (obtaining consent from patients to allow us to store surplus tissue and associated clinical data for potential future research).

- Rebranding to **GOSH Sample Bank**; logo created and communication/engagement plan launched
- Completed [animation](#) for patients/families to explain project, with input from YPAG and PCAG
- Launched Sample Bank across Trust In October 2019 (SLT, Headlines, Roundabout, Trust Brief, GOSHweb)
- Put together training slides for staff, received requests for training
- Launched to patients in November (alongside Open House); feature on website, social media activity, animation playing on screen in reception
- 69 patients recruited (as of 27/01/20)



GOSH Sample Bank was launched in October 2019 as a collaboration between R&I and Laboratory Medicine. This will continue to be strengthened through training, development of the Laboratory Medicine Strategy and the associated business case for sample storage and specimen reception located in the central laboratories. We are currently working on a MoU with Laboratory Medicine to deliver sample processing for the CRF, building on the relationship developed during the CRF's temporary move to Hedgehog ward.

Integration of research with Epic:

The specific **Epic Research Work Stream** has ensured:

It is clear on the Patient Header in Epic whether the patient:

- 1) Has given GOSH Sample Bank consent; indicated by **text** in the label.
Options: **Sample Bank Unknown, Sample Bank Consent, Sample Bank Declined**

- 2) Is currently active on any research study; indicated by **background colour**:

Green background = patient currently actively participating in a study

No background = patient **not** currently participating in a study

Research: Sample Bank Unknown

Research: Sample Bank Consent

Research: Sample Bank Declined

Patients who are
active on any other
research studies

Research: Sample Bank Unknown

Research: Sample Bank Consent

Research: Sample Bank Declined

Patients who are not
active on any other
studies



Through integration with the Trust EPR Team and a partnership with Cincinnati Children's Hospital, we have ensured that we have:

- An efficient, Trust-wide method of recording recruitment to studies, to GOSH Sample Bank and uploading of signed consent forms
- Information about research and GOSH Sample Bank is included in MyGOSH
- All studies that recruit patients are on Epic; any patient, episode or test can be tagged for one or more research studies
- Greater alignment across research & clinical practice; clinical data extracted into DRE for routine secondary research use, along with support from our DRIVE team
- Possibility of providing search function in MyGOSH to find eligible studies
- Robust processes for study monitoring (internal and external), in compliance with regulatory guidance (e.g. MHRA)

Research Awareness and Communication:

Research communication strategy agreed, introducing new opportunities for internal and external engagement:

- Research presence at GOSH Open House, research awareness events (Research Awareness Week, BRC Open Day, Rare Diseases Day)
- GOSH NIHR newsletter
- Regular research stories in Roundabout and at SLT, weekly research item in Headlines, digital research presence in the main entrance of the hospital

Inclusion of Research session at **Trust-wide induction**, Junior Doctor induction and NRN induction

Research patients included in latest series of **Paul O'Grady's Little Heroes**, their stories (and research staff case studies) included on website

Trust PPI Research Lead continued to expand **YPAG** (Young Persons Advisory Group) and **Parents and Carers Advisory Group**



3. Research Hospital in action – Critical Care model



Learning, continuous improvement and innovation

The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.

The critical care research team was embedded in the service and was involved in numerous local, national, and international clinical and academic research projects. Research teams were physically located on the intensive care units to ensure there was a collaborative relationship between research and academic teams.

The research team across critical care wards was multidisciplinary and included doctors, nurses, data managers, physiotherapists, clinical academics, psychologists, dieticians and mathematicians. Trust intensive care clinical academic staff supervised numerous higher research degree studies in their field in the UK including for medical, nursing, pharmacist and physiotherapist in recent years.

Critical care research projects had been successfully awarded over £5 million from The National Institute for Health Research (NIHR) with trust staff as the chief investigators, and a further £7M with trust staff as co-applicants. The trust was also the largest recruiters of patients to all UK paediatric intensive care trials.

Research in critical care was managed through the monthly open 'research forum' meetings, which reviewed results or possible new projects, and the monthly 'research board' meetings to review outputs, allocate resources, troubleshoot projects and make collaborative plans. Any research trials provided information for participating families, and there was a research advisory group for both young people and parents. For past year the division also had a monthly newsletter of all critical care research.

Critical care staff at the trust were lead authors on four of the eight multiple centre trials published globally in paediatric intensive care in 2018 and 2019, making them the largest globally contributor from any centre. These results had been published and informed practice on: thresholds for use of Continuous Positive Airway Pressure (CPAP) in immunodeficient patients; risk and benefit of fever control, risk and benefit of a permissive approach to oxygenation, and the choice of first line respiratory support in our patients.

- Embedded – research staff located on units
- Numerous projects
- Multidisciplinary
- PhD supervision by clinical staff
- Leveraged research income (commercial/non-commercial)
- Research forum meetings
- Engagement with young people/families
- Dissemination
- High-impact published outputs
- National/international leadership
- High recruiting centre



Research Hospital has been cited in the recent CQC report as an example of how we have improved under the 'well-led framework'. Critical Care is highlighted as a particular example, demonstrating the elements we are including in our refreshed Research Hospital strategy in terms of benchmarks, indicating both quality and performance.

4. Research Hospital – the future

Alongside our Research Hospital Strategy and Implementation Plan refresh, there are new opportunities to build on the examples that we will share as part of this report. These will include the development of the Children's Cancer Centre; the physical 'Research Hospital' in action, the Children's Medicine Centre, Zayed Centre for Research in Rare Diseases and DRIVE. We will continue to explore a more effective mechanism for protecting and exploiting our commercial potential and will work in continued alignment with the Charity's refreshed Research Strategy to support the infrastructure necessary to continue to realise the Research Hospital vision.

In accordance with the Trust vision for 2025 (Above and Beyond), we anticipate that all hospital beds will be utilised for research, with multi-professional GCP trained staff and infrastructure across all clinical departments to support research alongside clinical practice. This extends the parity of research opportunity across the entire Trust staff base as part of both quality care provision and career development, in alignment with the Trust's People Strategy.

Trust Board 6 February 2020	
Update on the Trust's preparedness in response to Brexit Submitted by: Phillip Walmsley, Interim Chief Operating Officer	Paper No: Attachment J
Aims / summary This document summarises for the board the Trust's current activities in preparation for Brexit. The UK will leave the EU on 31 January 2020, this will be followed by an 11 month implementation period. In response to guidance from Professor Keith Willett, EU Exit Strategic Commander, the Trust's Brexit Steering Group has been stood down, but remains able to respond to any issues or requests as they arise. The group will be fully reinstated from October 2020, in preparation for the end of the Brexit 'implementation period' and the full Brexit implementation plan, expected at the end of the year. This current Trust plan will be reviewed in May 2020 to ensure it is still valid.	
Action required from the meeting For the Board to agree that they are assured regarding the level of preparedness for the Trust in relation to Brexit, provided through the work of the Brexit Steering Group.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Zero Harm	
Financial implications Not known at present.	
Legal issues All legal issues are currently captured under the umbrella work being done by NHS England & Improvement	
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place? N/A	
Who needs to be told about any decision? Brexit Steering Group, Chair - Phil Walmsley	
Who is responsible for implementing the proposals / project and anticipated timescales? Brexit Steering Group, Chair - Phil Walmsley	
Who is accountable for the implementation of the proposal / project? Brexit Steering Group, Chair - Phil Walmsley	



Update on the Trust's preparedness in response to Brexit **29 January 2020**

At the latest national communication by Professor Keith Willett, EU Exit Strategic Commander, on 9th January 2020, the Government's position is that there is no need to prepare for a 'No Deal' exit from the European Union: there will be a withdrawal agreement (the Brexit deal), and the UK will leave the European Union on Friday 31st January.

Following this, there will be a period of 11 months in which the Brexit deal will be implemented. Over this implementation period, the expectation is that there will not be any change to current operational systems and processes. Individual elements of the agreement may require attention, and these will be addressed as required.

We expect to receive a Brexit implementation plan towards the end of the year laying out the full implications of leaving the European Union. In the meantime, preparations for Brexit can be stood down at this time, but if required should be reinstated.

In light of the position described, the GOSH Brexit Steering Committee has been stood down until further notice. The expectation at present is that the committee will be re-established with regular meetings from October 2020. Members of the group are aware that if required, the arrangements will be set up again.

The current plan will be reviewed in May 2020 to ensure it is still valid, and appropriate updates will be made at that time.

Trust Board
6th February 2020

**Integrated Quality & Performance
Report (December 2019 data)**

Paper No: Attachment K

Submitted by:

Sanjiv Sharma, Medical Director
Alison Robertson, Chief Nurse
Phil Walmsley, Interim COO
Caroline Anderson, Director of HR&OD

Aims / summary

- To provide a 3 month snapshot of hospital performance in key metrics relating to quality including a summary assessment of whether we are safe, caring, effective responsive and well led.
- To provide a qualitative analysis of trends and themes and learning within the organisation.
- To provide assurance regarding the plans to address non-compliance specifically:

Well Led: Duty of Candour

Compliance with Stage 1 Duty of Candour remains high with 100% of stage 1 (conversation and apology) taking place in a timely way. However performance at stage 2 and 3 remains below target. Following discussion at Patient Safety and Outcomes Committee in January, it was agreed that some additional letter templates would be created to support teams. There is a meeting planned with Epic in February to consider opportunities to streamline the process. The Education teams are currently working on the online training package. The external investigation training will commence in March 2020. **(Slide 4 and 7)**

Well Led: Action Completion

Between October and November there was a very significant improvement in the number of historic serious incident actions closed on Datix (October 457, November 159). However, there has been limited movement in December with only a further 7 closed on the system. This is likely to have been affected by the Christmas period. All recent (>April 2019) serious incident actions and red complaints actions are now presented to Closing the Loop for closure. **(Slide 4 and Slide 8)**

Well Led: Policy Performance

Overall **policy performance** has deteriorated to 77% for December. There is a plan in place

to engage executive owners and clear the backlog of Chair's actions. A four month forward view will be circulated to relevant managers to support early updates. **(Slide 4 and 7)**

Safe: Investigation timescales

The number of incidents being quality checked and closed by the Patient Safety team (PST) decreased to 182 in December (compared to 720 in November). This is due to leave over the Christmas Period. However, of those incidents closed the % of incidents closed within timescale improved significantly to 78% (23% in Oct and 36% in Nov) which is attributed to a focus on closing recent incidents, rather than backlog incidents. This gives some assurance that our current investigation processes are improving, but the overall performance is masked by the backlog data. Efforts continue to reduce the backlog, with performance management strategies in place. **(Slide 2 and Slide 8)**

Safe: Training Rates

Statutory and Mandatory training rates for the Trust are at 95% for December, including compliance with safeguarding and resuscitation training. Compliance for medical and dental staff has dropped to 89% for December. **(Slide 2, 43 and 44)**

Caring: Friends and Family Test

There was a reduction in the overall **FFT response rate** which did not meet the Trust target of 25%. The response rate fell from 25.8% in November to 21.5% in December. This was the lowest rate since April 2019. The **Outpatient FFT** recommendation rate remains at (91%). The areas which scored below the Trust Target included Falcon, Hare, Rhino, Theatres and Zebra. The majority of negative comments related to waiting times. PSOC was assured that action was being taken in Outpatients including an Outpatient Transformation project and the introduction of an outpatient play therapist. **(Slide 10)**

Effective: Mortality

Our overall inpatient mortality rate per 1000 discharges remains within upper and lower control limits based on our internal monitoring. In October 2019 PICHANET advised that a number of risk-adjusted resetting probability ratio test (RSPRT) reset points had occurred which suggested a higher PICU/NICU mortality rate than expected between July 2018 and June 2019. An internal review concluded that the deaths for patients with considerable co-morbidities were not reflected sufficiently in the methodology. This has been fed back to PICHANET for consideration at the next PICHANET advisory Group in March 2020. **(Slide 6 and Slide 9)**

Effective: Appraisals and Personal Development Reviews

<p>Personal Development Reviews and Medical/Dental Staff Appraisal Rates for December 2019 are both above target at 90% and 94% respectively. (Slide 2, Slide 42 and 43)</p>
<p>Responsive: Operational Performance</p> <p>The Trust continues to underachieve against the 99% national standard for diagnostic waiting times reporting 91.02% of patients waiting within 6 weeks for the 15 diagnostic modalities. There was a significant increase in the number of breaches reported in December (104) compared to November (43).</p> <p>The Trust did not achieve the RTT 92% standard, submitting performance of 84.98%, with 875 patients waiting longer than 18 weeks and a slight deterioration of 0.73% from the previous month. The key contributory factor is Dental, but other specialities have underperformed including cardiac surgery (due to bed capacity issues); Orthopaedics (utilisation, loss of a consultant and bed capacity while managing infection control risks); Neurosurgery (relates to a significant increase for the SDR service once commissioned). A meeting is scheduled with NHS E/I at the end of January to consider a regional solution in relation to the latter. (Slide 11, 35 and 36)</p> <p>Responsive: 52 Week Breaches</p> <p>The Trust reported 27 patients waiting over 52 weeks. The specialties affected include: Dental and MaxFax (14), Neurosurgery (7), Plastic Surgery (3), ENT (2) and Endocrinology (1). A new management process is being established to ensure that the harm review process keeps pace with this increase to ensure that risks to patient safety are minimised. At the time of reporting there are 49 outstanding harm reviews. A revised process and improved executive oversight, including the inclusion of ongoing data in this report have been instigated in Jan 2020. (Slide 8, 11 and 36)</p>
<p>Action required from the meeting</p> <p>To note the report, and the actions identified to improve compliance with key quality metrics.</p>
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans</p> <p>Delivery of high quality care.</p>
<p>Financial implications</p> <p>None.</p>
<p>Who needs to be told about any decision?</p> <p>Head/Deputy Head of Quality & Safety</p> <p>Head of Patient Experience</p> <p>Head of Special Projects for Quality & Safety</p> <p>Director of Performance</p>

Attachment K

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

Head/Deputy Head of Quality & Safety

Head of Patient Experience

Director of Performance

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

Sanjiv Sharma, Medical Director

Alison Robertson, Chief Nurse

Phil Walmsley, Chief Operating Officer

Caroline Anderson, Director of HR & OD

Integrated Quality & Performance Report

Sanjiv Sharma

Alison Robertson

Phil Walmsley

Caroline Anderson

Medical Director

Chief Nurse

Chief Operating Officer

Director of HR & OD

Data correct as of 30.01.2020



Hospital Quality Performance – January 2020 (December data)

Are our patients receiving safe, harm-free care?

	Parameters	Oct 2019	Nov 2019	Dec 2019
Incidents reports (per 1000 bed days) (actual no's of incidents in brackets)	R<60 A 61-70 G>70	80 (n=588)	74 (n=552)	62 (n=478)
No of incidents closed	R - <no incidents reptd G - >no incidents reptd	408	720	182
Incident Closure Rate (% of incidents closed within policy)	R 0-64%A>65-75% G>76-100%	23%	36%	78%
Average days to close (2018 -2019 incidents)	R ->50, A - <50 G - <45	93	80	35.5
Medication Incidents (% of total PSI)	TBC	18.5%	17.7%	17.5%
WHO Checklist (overall)	R<98% G>98-100%	99.1%	98.7%	99.4%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	5.8%	5.1%	3.5%
New Serious Incidents	R >1, A -1 G – 0	2	3	1
Overdue Serious incidents	R >1, A -1, G – 0	0	0	0
Safety Alerts overdue	R- >1 G - 0	2	1	0
Serious Children's Reviews Safeguarding children learning reviews (local)	New	0	0	0
	Open and ongoing	7	7	7
Safeguarding Adults Board Reviews	New	0	0	0
	Open and ongoing	2	2	2
52 week harm reviews (number outstanding)	Volume	New metric	New metric	49
40 week harm reviews (number outstanding)	Volume	New metric	New Metric	117

Are we delivering effective, evidence based care?

	Target	Oct 2019	Nov 2019	Dec 2019
Specialty Led Clinical Audits on Track	R 0- 60%, A>60-75% G>75-100%	81%	81%	83%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	89	97	107
NICE guidance overdue for assessment of relevance	R=1+, G=0	0	0	0
Relevant NICE national guidance without a gap analysis	R=1+, G=0	0	0	0
Participation in mandatory relevant national audits	G=100%	100%	100%	100%

Are our patients having a good experience of care?

	Parameters	Oct 2019	Nov 2019	Dec 2019
Friends and Family Test Recommend rate (Inpatient)	G – 95+, A- 90-94, R<90	98%	98%	97%
Friends and Family Test Recommend rate (Outpatient)	G – 95+, A-90-94,R<90	93%	91%	91%
Friends and Family Test - response rate (Inpatient)	25%	29%	26%	22%
PALS (per 1000 combined pt episodes)	N/A	7.76	7.41	5.78
Complaints (per 1000 combined pt episodes)	N/A	0.42	0.08	0.37
Red Complaints (%total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	7%	7%	7%
Re-opened complaints (% of total complaints 12 month rolling)	R>12% A- 10-12% G- <10%	14%	15%	14%

Are our People Ready to Deliver High Quality Care?

	Parameters	Oct 2019	Nov 2019	Dec 2019
Mandatory Training Compliance	R<80%,A-80-90% G>90%	95%	95%	95%
Stat/Man training – Medical & Dental Staff	R<80%,A-80-90% G>90%	89%	90%	89%
PDR	R<80%,A-80-89% G>90%	89%	90%	90%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	88%	92%	94%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	94%	91%	91%
Safeguarding Adults L2 Training Compliance	R<80%,A-80-90% G>90%	95%	95%	96%
Resuscitation Training	R<80%,A-80-90% G>90%	93%	92%	92%
Sickness Rate	R -3+% G= <3%	2.7%	2.8%	2.8%
Turnover - Voluntary	R>14% G-<14%	15.7%	16%	15.7%
Vacancy Rate – Contractual	R- >10% G- <10%	8.3%	7.3%	7.8%
Vacancy rate - Nursing		8.3%	5.4%	6.3%
Bank Spend		5%	4.9%	4.8%
Agency Spend	R>2% G<2%	0.7%	0.7%	0.7%

Are we delivering effective and responsive care for patients to ensure they have the best possible outcomes?

Responsive Hospital Metrics		Oct-19	Nov-19	Dec-19	Effective & Productivity Hospital Metrics		Oct-19	Nov-19	Dec-19
Diagnostics: patient waiting <6 weeks	R<99% G -99-100%	95.19% ↑	96.79% ↑	91.02% ↓	Discharge summary 24 hours	R=<100% G=100%	72.36% ↑	69.37% ↓	68.02% ↓
Cancer 31 day: referral to first treatment	R<85% G 85%-100%	100% →	100% →	100% →	Clinic Letter– 7 working days	R=<100% G=100%	54.02% ↑	55.09% ↑	53.84% ↓
Cancer 31 day: Decision to treat to First Treatment	R<96% G 96-100%	100% →	100% →	100% →	Was Not Brought (DNA) rate		6.10%	6.14%	6.82%
Cancer 31 day: Decision to treat to subsequent treatment - surgery	R<94% G94-100%	100% →	100% →	100% →	Theatre Utilisation – Main Theatres	R<77% G>77%	Data under review		
Cancer 31 day: decision to treat to subsequent treatment - drugs	R<98% G 98-100%	100% →	100% →	100% →	Theatre Utilisation – Outside Theatres	R<77% G>77%			
Cancer 62 day: Consultant upgrade of urgency of a referral to first treatment	-	92% ↓	100% ↑	100% →	Trust Beds	Bed Occupancy	Data under review		
Theatre Cancellation for non-clinical reason	-	31	TBC	TBC		Beds available	396	396	396
Last minute non-clinical hospital cancelled operations - breach of 28 day standard		4 →	TBC	TBC		Avg. Ward beds closed	62	47	56 ↓
Urgent operations cancelled for a second time.	R 1+ G=0	0 →	0 →	1 ↑		ICU Beds Closed	7	5	7 ↓
Same day/day before hospital cancelled outpatients appointments	-	1.87% ↓	1.81% ↓	1.48% ↓	Refused Admissions	Cardiac	0	3	4 ↑
RTT Incomplete pathways (national reporting)	92%	84.99% ↑	85.71% ↑	84.98% ↓		PICU/NICU	12	32	58 ↑
RTT: Average Wait of All RTT Pathways		9.42 ↓	9.60 ↑	9.72% ↑	PICU Delayed Discharge	Internal 8-24 hours	0	3	3 →
RTT number of incomplete pathways <18 weeks	-	4778 ↓	4834 ↑	4949 ↑		Internal 24h +	0	0	0 →
RTT number of incomplete pathways >18 weeks	-	842 ↓	806 ↓	875 ↑		External 8-24 hr	1	2	2 →
RTT Incomplete pathways >52 weeks Validated	R - >0, G=0	16 ↑	25 ↑	27 ↑		External 24h+	0	3	3 →
RTT incomplete pathways >40 weeks validated	R - >0, G=0	84 ↑	93 ↑	101 ↑		Total 8-24h	1	5	5 →
Number of unknown RTT clock starts – Internal Ref	-	4	5	9		Total 24h +	0	3	0 ↓
Number of unknown RTT clock starts – External Ref	-	310 ↓	356 ↑	415 ↑	PICU Emergency Readmission <48h	-	0	2	0 ↓
RTT: Total number of incomplete pathways known/unknown - <18 weeks	-	5110 ↓	5201 ↑	5343 ↑	Daycase Discharges	In Month	2,399	2,451	2,040 ↓
RTT: Total number of incomplete pathways known/unknown - >18 weeks	-	857 ↓	825 ↓	893 ↑		YTD	15,088	17,539	19,579 ↓
					Overnight Discharges	In Month	1,558	1,664	1,332 ↓
						YTD	10,130	11,794	13,126 ↑
					Critical Care Beddays	In Month	1,163	999	1,575 ↓
						YTD	8,939	9,938	11,513 ↓
					Bed Days >100 days	No of Patients	8	9	5 ↓
						No of Beddays	1,479	1,874	752 ↓
					Outpatient attendances (All)	In Month	18,560	19,713	14,463 ↓
						YTD	123,565	143,278	157,741 ↑

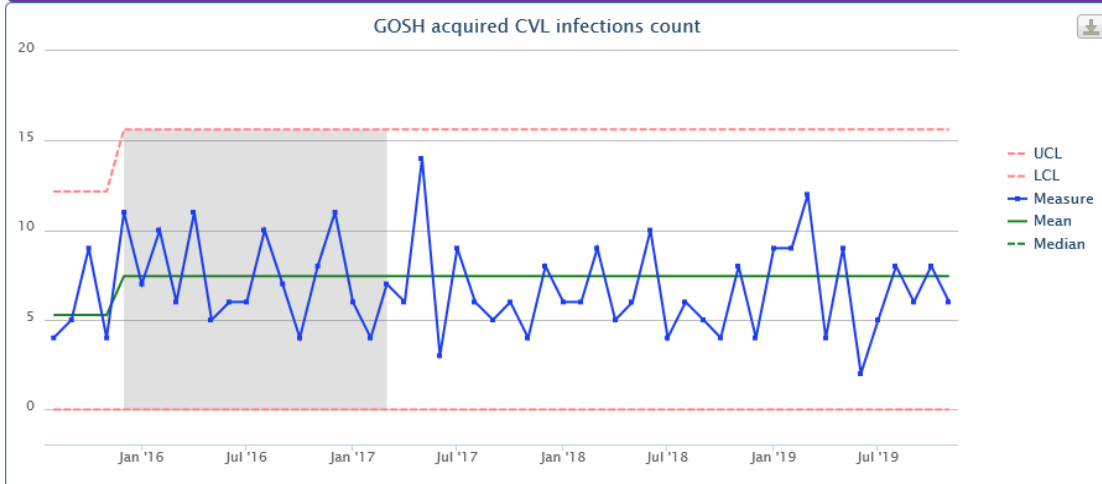
Hospital Quality Performance – January 2020 (December data)

Is our culture right for delivering high quality care?				
	Target	Oct 2019	Nov 2019	Dec 2019
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	76.1%	84.6%	67.7%
Serious Incident Actions (number of actions overdue)	R- >2 A- 1-2 G- 0	457	159	152
Red Complaints Action Plan Completion (no of actions overdue)	R- >2 A- 1-2 G- 0	8	7	4
Duty of Candour Cases	N/A	11	4	5
Duty of Candour Conversation (Stage 1)	R<75% A 75-90% G>90%	100%	100%	100%
Duty of Candour Letter (Stage 2) Has a letter been sent?	R<75% A 75-90% G>90%	50%	100%	40%
Duty of Candour – compliance with 10 days	R<75% A 75-90% G>90%	50%	100%	50%
Duty of Candour - Stage 3 Total sent out in month	Volume	5	3	4
Duty of Candour – Stage 3 Total (%) sent out in month on time	R<50%, A 50-70%, G>70%	62%	100%	75%
Duty of Candour – Stage 3 Total overdue (cumulative)	G=0 R=1+	6	8	5
Policies (% in date)	R 0- 79%, A>80% G>90%	83%	80%	77%
Safety Critical Policies (% in date)	R 0- 79%, A>80% G>90%	90%	89%	86%
Fit and Proper Person Test Compliance (self assessment)	R - <90%A 90-99% G – 100%	100%	100%	100%
Inquests currently open	Volume monitoring	5	6	7
Freedom to speak up cases	Volume monitoring	10	12	9
HR Whistleblowing - New	Volume monitoring	0	0	0
HR whistleblowing - Ongoing	12 month rolling	0	0	0
New Bullying and Harassment Cases (reported to HR)	Volume	0	0	0
	12 month rolling	2	2	2

Are we managing our data?				
	Target	Oct 2019	Nov 2019	Dec 2019
FOI requests	Volume	52	52	30
FOI Closures: % of FOIs closed within agreed timescale	R- <65% A – 65-80% G- >80%	95%	100%	100%
No. of FOI overdue (Cumulative)		N/A	-N/A	4
FOI - Number requiring internal review	R>1 A=1 G=0	0	0	0
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	13	8	9
IG incidents reported to ICO	R=1+, G=0	1	1	1
SARS (Medical Record) Requests	volume	141	132	105
SARS (Medical Record) processed within 30 days	R- <65% A – 65-80% G- >80%	99.2%	97.7%	98.4%
New e-SARS received	volume	3	1	2
No. e-SARS in progress	volume	3	4	5
E-SARS released	volume	0	0	1
E-SARS released past 90 days	volume	0	0	0

Do we deliver harm free care to our patients?

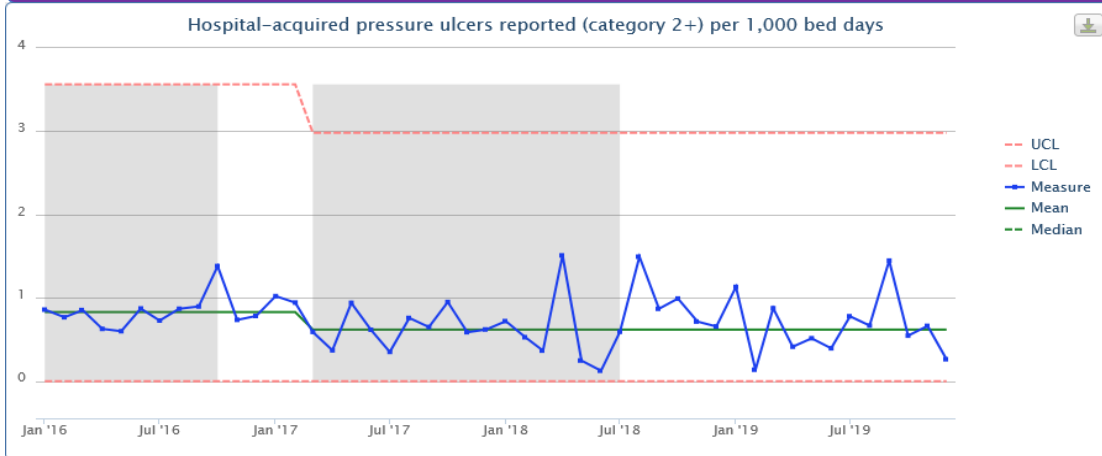
Central Venous Line Infections



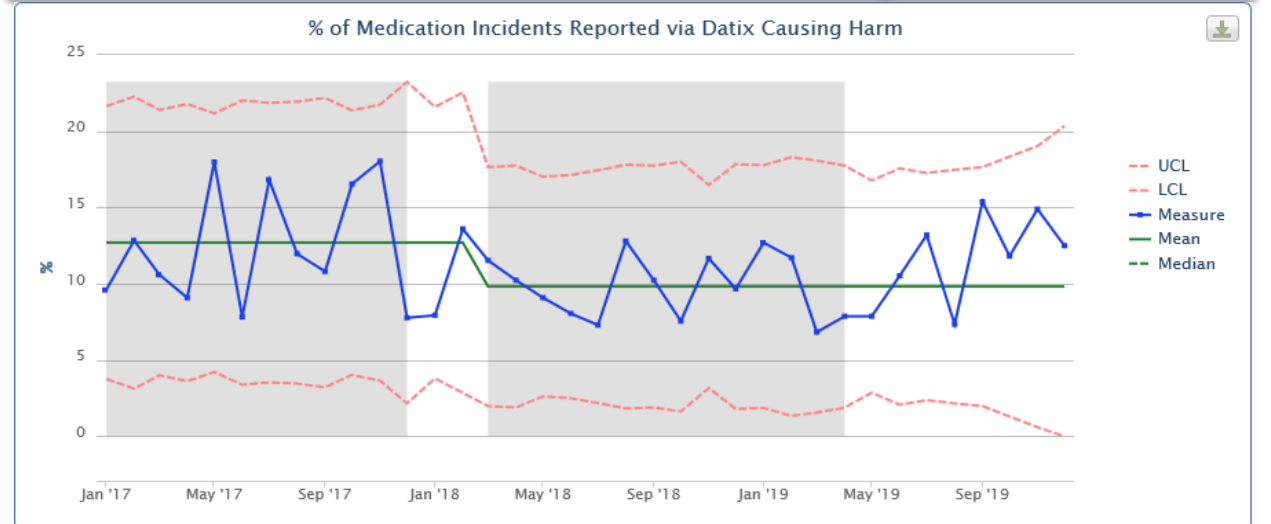
Infection Control Metrics

Care Outcome Metric	Parameters	Sept 2019	Oct 2019	Nov 2019	Dec 2019
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	8	7	7	7
	YTD	43	50	57	64
C Difficile cases - Total	In month	0	0	2	1
	YTD	4	4	6	7
C difficile due to lapses (Considered Trust Assigned but awaiting confirmation from NHS E)	In Month	0	0	1	0
	YTD	2	2	3	3

Pressure Ulcers



Medication incidents causing harm



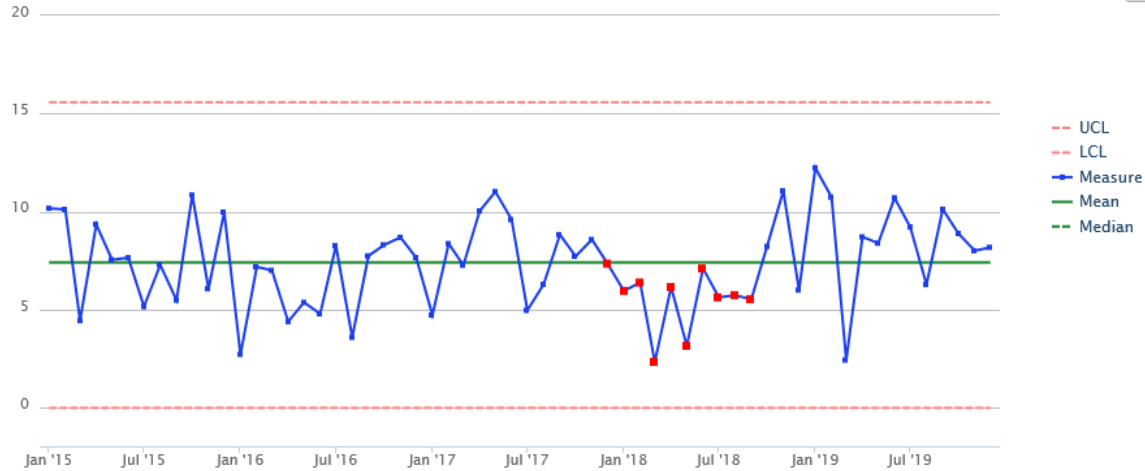
			April 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
Hospital Acquired Pressure Ulcer (2+)	Volume	R – 12+, A 6-11 G =0-5	3	4	3	6	5	11	4	5	2
	Rate	R=>3 G=<3	0.41	0.52	0.4	0.78	0.67	1.45	0.54	0.66	0.26

	Apr 19	May 19	Jun 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19
% medication incidents causing harm	8%	8%	11%	13%	7%	15%	12%	15%	13%

Does our care provide the best possible outcomes for patients?

Inpatient mortality

Inpatient mortality rate per 1000 discharges



Inquest outcomes

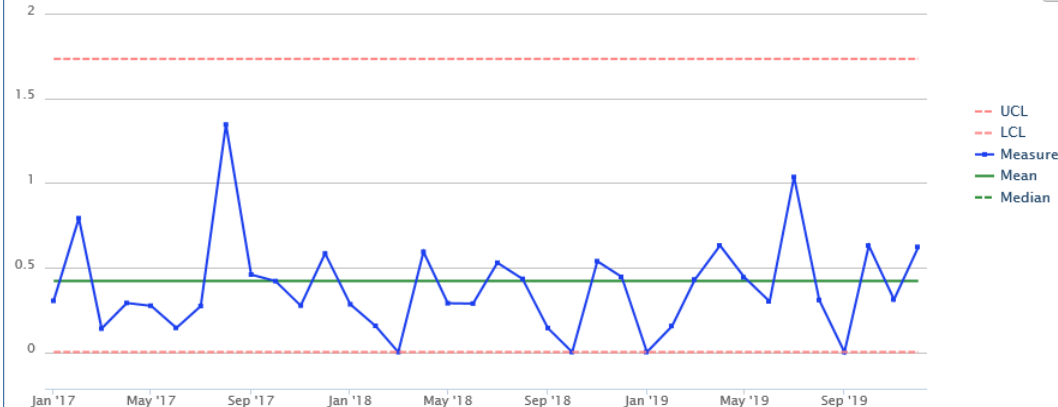
Reference	Date of Inquest	Brief Description	Outcome of Inquest
13106	02/12/19	Child born with complex cardiac issues; operated on at GOSH. Following a heart transplant at GOSH suffered neurological complications and renal dysfunction. Decision to move to palliative care.	Coroner found that the child has died at home as a result of renal failure due to transplant medication toxicity.
00168-2019	23/12/19	Child died while on clinical trial.	Coroner found that death was due to natural causes. The PM report and coroners findings will be shared with the local hospital with coroners consent to facilitate broader learning.

Mortality Rates

In October 2019 PICHNET advised that 3 risk-adjusted resetting probability ratio test (RSPRT) reset points had occurred which suggested a higher PICU/NICU mortality rate than expected between the period 01/07/2018 to 30/06/2019. A full report outlining the response and actions taken was reviewed at PSOC on the 11th December 2019. The report concluded that the reason appears to be the death of patients with considerable comorbidities which are not reflected in the methodology used to measure how sick patients are on arrival to PICU/NICU. This has been fed back to PICHNET to review and will be raised at the next PICHNET Clinical Advisory Group in March 2020.

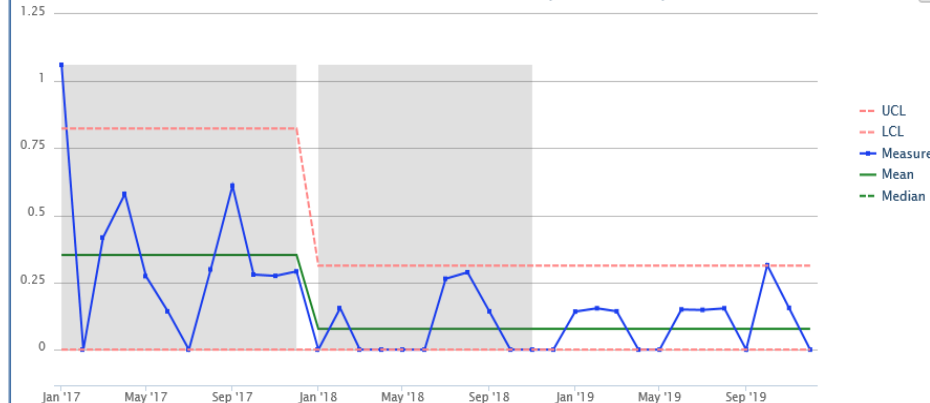
Respiratory Arrests

Respiratory Arrests outside ICU Per 1000 Inpatient Bed Days



Cardiac Arrests

Cardiac Arrests outside ICU Per 1000 Inpatient Bed Days



No concerns noted in rates of respiratory and cardiac arrest based on current data.

Are we Well Led?

There were 5 **duty of candour** incidents in December 2019. One of these incidents has additionally been reported as a Serious Incident. There was 100% compliance with Stage 1 (face to face conversations). Two of the stage 2 letters were sent within the 10 working day timescale with 2 letters in draft awaiting sign off at the time of reporting.

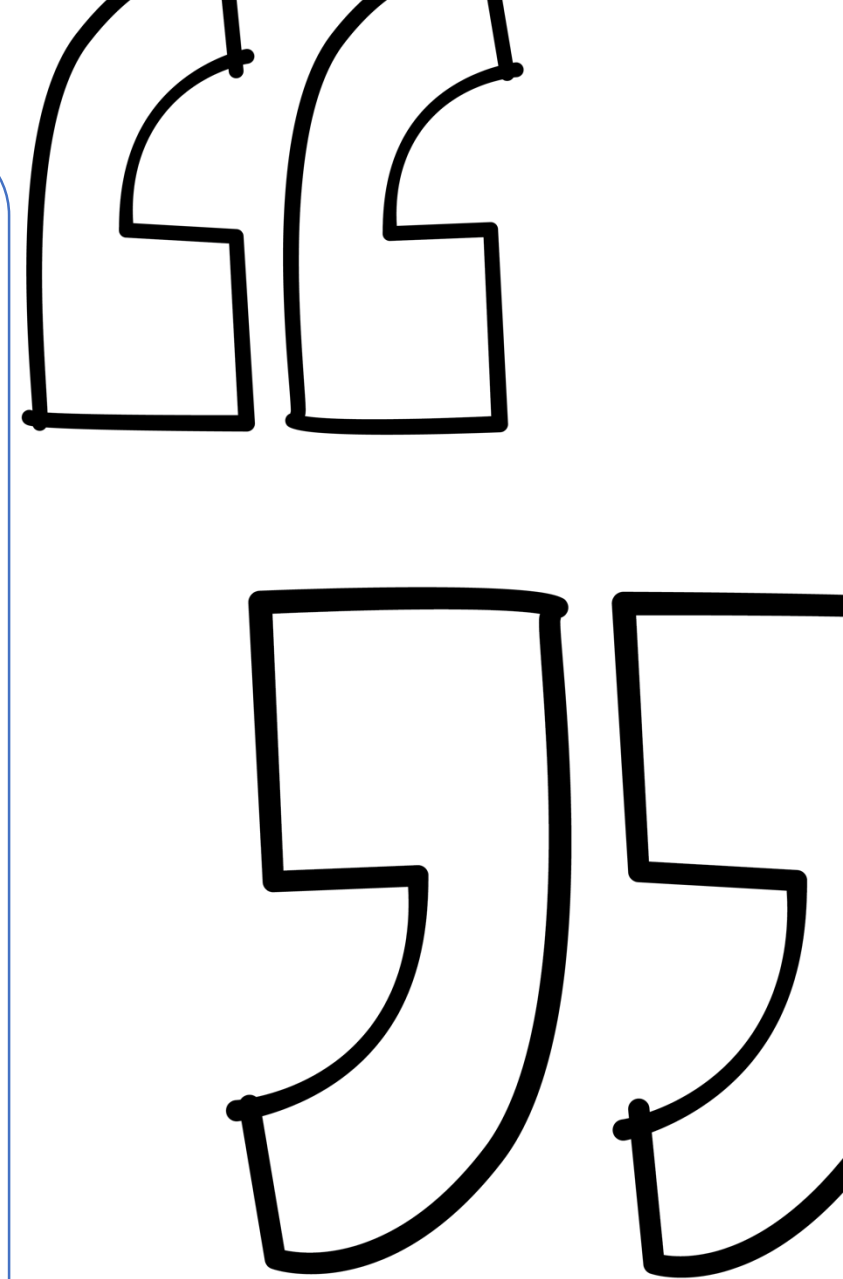
Four duty of candour investigations (stage 3) were sent out in December. 75% (3 of 4) of the final investigation reports were sent on time. There are currently 5 overdue stage 3 reports. It is recognised that additional RCA training is required to support timely investigation completion. An external company has been sourced, with a start date of March 2020.

High risk monthly review performance has decreased with compliance at 67.7% (previous month was 84.6%). Many of the overdue reviews expired within December. With the patient safety team now at full capacity, training and support of the non-clinical teams in terms of their risk upload and review compliance has commenced. During December, a number of RAG meetings were postponed as not quorate with a number of staff either on leave or covering clinical commitments. This had delayed the review of risks. All risk 'owners' /management teams have been contacted to ensure that review is completed and all risks are updated as per policy. This continues to be monitored monthly.

A reduction in **FOI** requests was observed for the month of December (n=30) when compared to the previous 2 months (n=52 and n=53). With the November FOI requests (deadlines due in December) and the December FOI cases due in December, 100% compliance was achieved. For the remaining 20, the status is as follows: 13 are currently being responded to and remain within the 20 day timeframe; 4 requests have been sent requesting clarification; and 3 requests are pending by the FOI applicant (as per section 45). As shown in the dashboard, cumulatively, there were 4 overdue their response date, 3 of which are now confirmed as completed and closed. Since early December, a weekly report is provided to the Executive team to provide overview of FOI's received and their status.

An **information governance** incident was submitted to the ICO in December which related to the discovery of several instances of staff sending patient sensitive data to their personal account over the time periods 2015-2017. This is currently under investigation internally with steps being taken to contact staff involved in the incident and to remove any patient data which may still be held on their personal devices or email accounts. While this has been reported to the ICO we have also highlighted how practice and education has changed since this time, actions we have recently taken to improve the use of email (The launch of the Acceptable Use of ICT equipment Policy) and future planned actions to improve email security (Implementation of Office365).

Overall **policy performance** has deteriorated to 77% for December. There is a plan in place to engage executive owners and clear the backlog of Chair's actions. A four month forward view will be circulated to relevant managers to support early updates.



Are we Safe?

There were 478 **incidents** reported in December 2019. The total volume, and the rate per 1000 bed days, is noted to have decreased. When compared to the same timescale in 2018 (n=672) and 2017 (n=540), a reduction is observed. This will be kept under review monthly to understand any trends. There are currently 5 open **serious incident** investigations with 1 new SI declared in December and 1 declared in early January. All investigations are on-going and are currently within timescale.

The number of **incidents being quality checked and closed** by the Patient Safety team (PST) decreased to 182 in December. This is due to leave over the Christmas Period. When January closure rates are examined, to date (1st to 13th Jan), a further 265 incidents have been closed. The percentage of incidents being closed within 45 working days has increased this month to 78% with the average days to closure at 35.5 days. The central team are continuing their aim to close a minimum of 150 incidents per week.

Stat&Man training rates for the Trust are at 95% for December, including compliance with safeguarding and resuscitation training. Compliance for medical and dental staff has dropped to 89% for December.

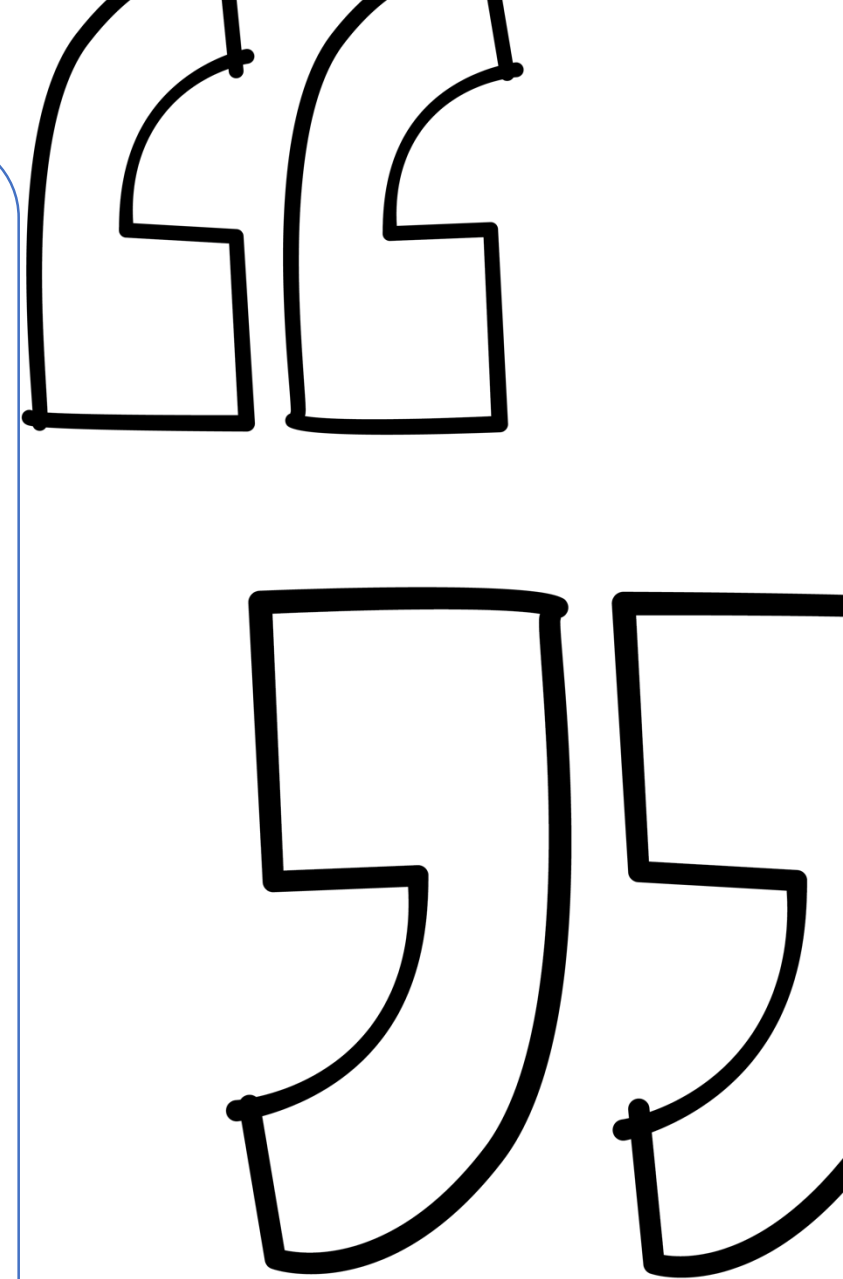
A weekly report monitoring both **investigation completion** by the directorate teams and the numbers of completed investigations that require review and closure by the PST will continue to be circulated weekly in order to monitor progress.

With regard to overdue documented **Serious Incident actions**, there are currently 160 open SI actions, of which 152 are overdue. Significant work took place to evidence the actions taken in historic incidents. The trajectory for closure has slowed over the month of December 2019. Assurance has been provided stating that the majority of remaining actions have been completed but have not yet been formally closed as collation of evidence is ongoing.. This will continue to be monitored monthly via PSOC and the MD & DCOS meetings.

There were 25 **52 week breaches** in November and 27 in December. This has contributed to a backlog of 52 week breaches harm reviews. At the time of reporting there are 49 outstanding **harm reviews**. A revised process and improved executive oversight, including the inclusion of ongoing data in this report have been instigated in Jan 2020.

There are currently 4 open CAS alerts in December 2019, and are within timescale. Details of these are provided later in the report.

Performance in **WHO checklist** was good at overall Trust level at 99.4%. However within this the performance in areas outside theatres was 97.9%. There were 5 cases in December in which not all checks were documented on Epic. Three of these were in Angiography Lab 2. This is being followed up through NatSSIPs group. Some data quality issues with the data held on Epic for the WHO checklist have been identified, and these are being followed up by the NatSSIPs group. An update will be provided in the February 2020 report.



Are we Effective?

Our overall **inpatient mortality rate** per 1000 discharges remains within upper and lower control limits based on our internal monitoring. In October 2019 PICHNET advised that a number of risk-adjusted resetting probability ratio test (RSPRT) reset points had occurred which suggested a higher PICU/NICU mortality rate than expected between the period July 2018 – June 2019. Resets may be due to data quality, a high number of particularly complex patients in a short period, or deaths of patients with a low risk of mortality. Our internal review found that the resets were due to deaths of a cohort of patients with considerable co-morbidities which were not necessarily reflected in the methodology. This has been fed back to PICHNet for consideration at the next PICHNet advisory Group in March 2020.

There have been 107 **speciality led clinical audits** completed between April and December 2019.

83% of our speciality led clinical audits are on track in December 2019. This is well within target, and represents an increase on previous months. We remain fully compliant with our participation in all relevant **mandatory national audits**.

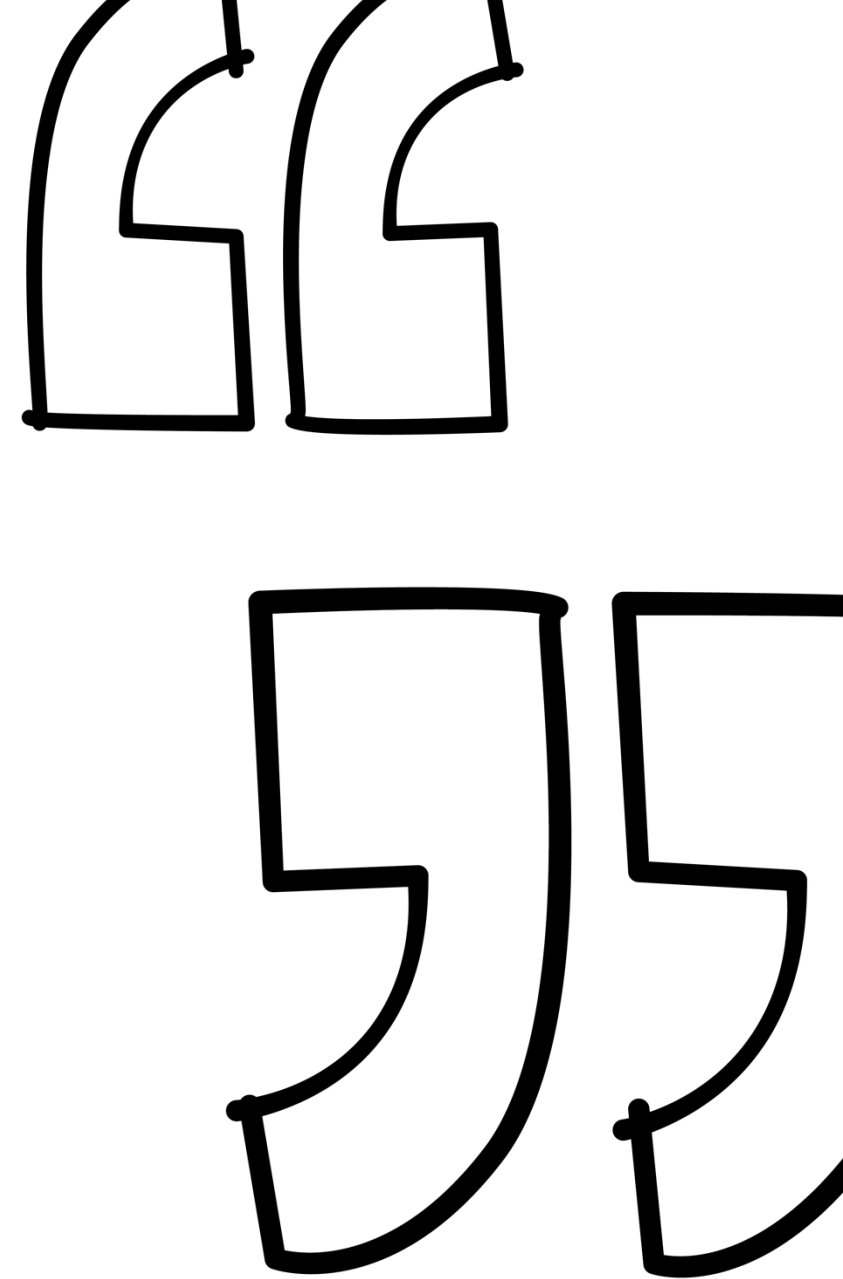
We are 100% compliance with **NICE guidelines** initial assessment and gap analysis for relevant guidance.

In addition to speciality led audits, there are priority audits underway currently to support **Closing the Loop** by checking if we have effectively embedding the learning following Never Events, serious incidents, complaints, Inquests and Serious Case Reviews. There are also a range of audits which link to our **CQC** compliance including controlled drugs, mental capacity act and fridge temperature monitoring. The details can be found at slides 17-19

There are 3 open Trust-Wide **Quality Improvement projects** currently, relating to medication safety, urethral catheterisation and reducing rejected laboratory samples. There are 7 Quality Improvement mentoring projects and 3 local QI projects. In December the QI team facilitated process mapping of the speech and language therapy referral pathways and facilitated a study day for all Practice Educators to build QI capability and further training planned for the Band 6 Development Programme via the Learning Academy.

At slide 22- 23 there are details of the impact of two **successful projects** including the introduction of Daily Debriefs on a Surgical Ward and Reduction in Lab Sample rejections.

Personal Development Reviews and Medical/Dental Staff **Appraisal Rates** for December 2019 are both above target at 90% and 94% respectively.



Are we Caring?

Following low numbers in November (n=2), **formal complaints** (n=7) were consistent with the monthly average of 6.92 (based on the last 12 months). This contrasts with Pals cases which were significantly lower (n=109) than November (n=173) but only a slight decrease from December 2018 (n=118). This is felt to be a seasonal trend.

There was a reduction in the overall **FFT response rate** which did not meet the Trust target of 25%. The response rate fell from 25.8% in November to 21.5% in December. This was the lowest rate since April 2019.

Heart and Lung received two complaints in December (0.59 complaints per 1,000 combined patient episodes and the highest rate this year). One complaint related to a referral delay caused by another hospital and the other complaint related to correspondence sent to the wrong address. Pals cases were consistent with the previous month but again highlighted communication issues (see Slide 28). FFT targets were met (response rate was 45% and recommendation rate was 95%).

Three complaints received in December related to the Body, Bones and Mind directorate (0.78 complaints per 1,000 patient episodes). The complaints related to three separate specialities and whilst no themes were identified, this is under close review. BBM Pals cases by patient activity fell to 3.9 cases per 1,000 patient episodes (the lowest number since April 2019) and the directorate exceeded the Trust recommendation rate (98%) and narrowly missed the response rate (23%).

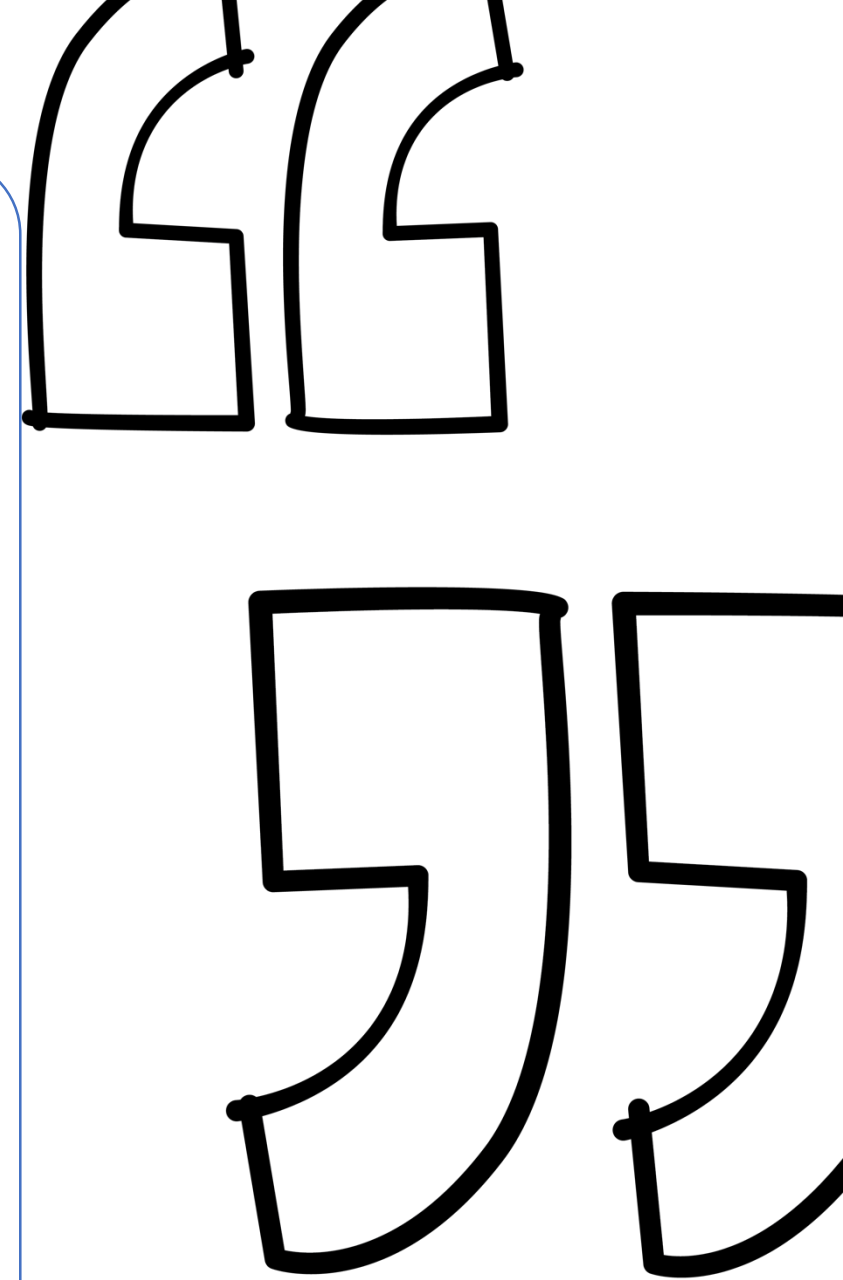
The predominant theme of Pals cases and **complaints** again related to communication particularly when trying to reach teams by telephone/ email. New materials promoting sign up to MyGOSH have been drafted and approved by the MYGOSH working group. These new materials will be trialled in February 2020. Sign up to MyGOSH to date is 8,346.

The **Outpatient FFT** recommendation rate remains at (91%). The areas which scored below the Trust Target included Falcon, Hare, Rhino, Theatres and Zebra. The majority of negative comments related to waiting times.

The IPP directorate has improved their FFT percentage to recommend score to just below the Trust target (92%). The majority of comments were positive, praising the expertise of the Nursing and Medical staff along with the Play Specialist and the Housekeeping staff. There were no predominant negative themes.

Overdue red complaint actions decreased this month to 4. While this metric remains red, in the context of close monitoring via PFEEC and Closing the Loop and the fact that some actions have remained open pending assurance and learning. This is not deemed to be an area of concern.

There was one **reopened complaint** in December 2019 but the overall percentage in a 12 month rolling period remained the same. A further clinical opinion is being obtained to try and offer further explanation and assurance to the family. A revised approach to reopened complaints will be presented at PFEEC for approval.



Are we Responsive?

The Trust continues to underachieve against the 99% national standard for **diagnostic waiting times** reporting 91.02% of patients waiting within 6 weeks for the 15 diagnostic modalities. There was a significant increase in the number of breaches reported in December (104) compared to November (43).

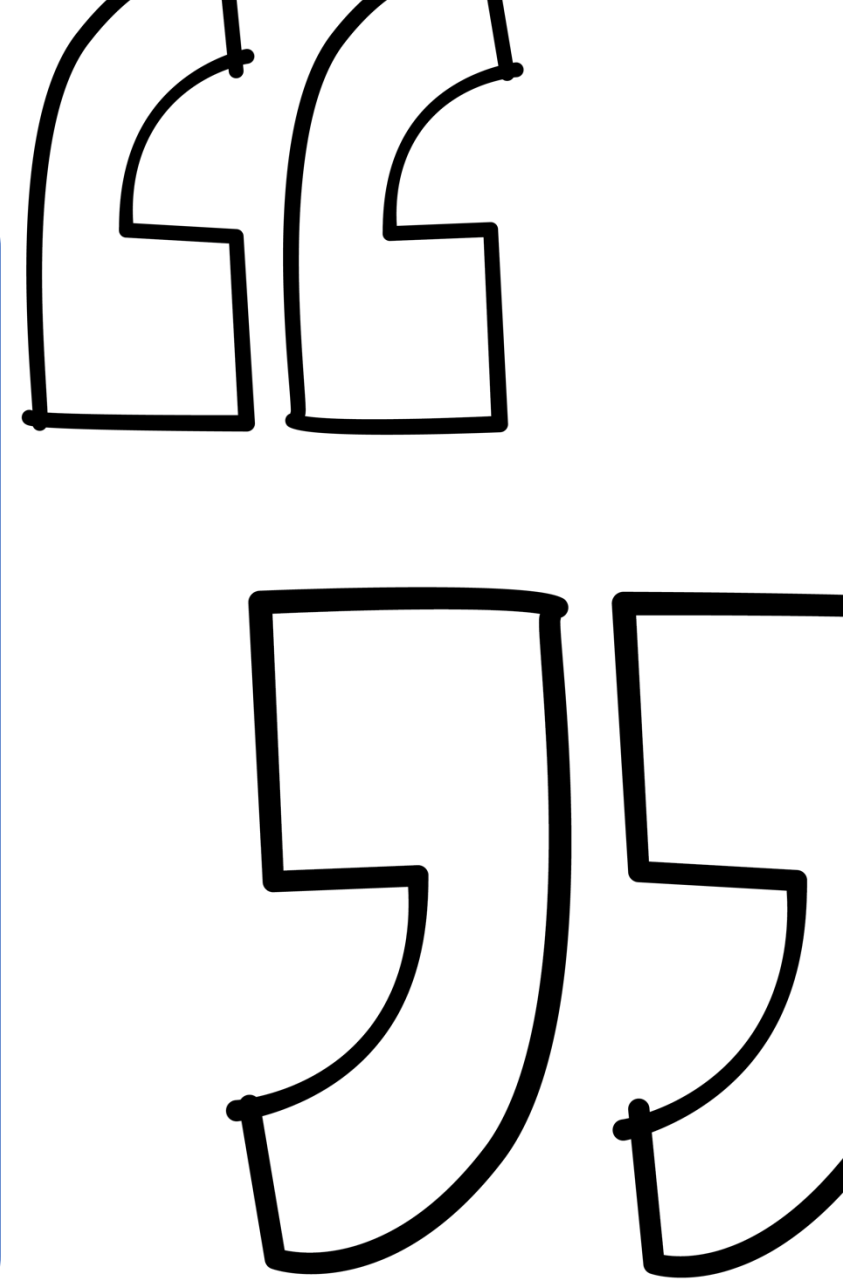
The Trust did not achieve the **RTT** 92% standard, submitting performance of 84.98%, with 875 patients waiting longer than 18 weeks and a slight deterioration of 0.73% from the previous month. The key contributory factor is Dental, but other specialities have underperformed including cardiac surgery (due to bed capacity issues); Orthopaedics (utilisation, loss of a consultant and bed capacity while managing infection control risks); Neurosurgery (relates to a significant increase for the SDR service once commissioned). A meeting is scheduled with NHS E/I at the end of January to consider a regional solution in relation to the latter.

The Trust reported 27 patients waiting over **52 weeks**. The specialties affected include: Dental and MaxFax(14), Neurosurgery(7), Plastic Surgery(3), ENT(2) and Endocrinology(1). A new management process is being established to ensure that the **harm review process** keeps pace with this increase to ensure that risks to patient safety are minimised.

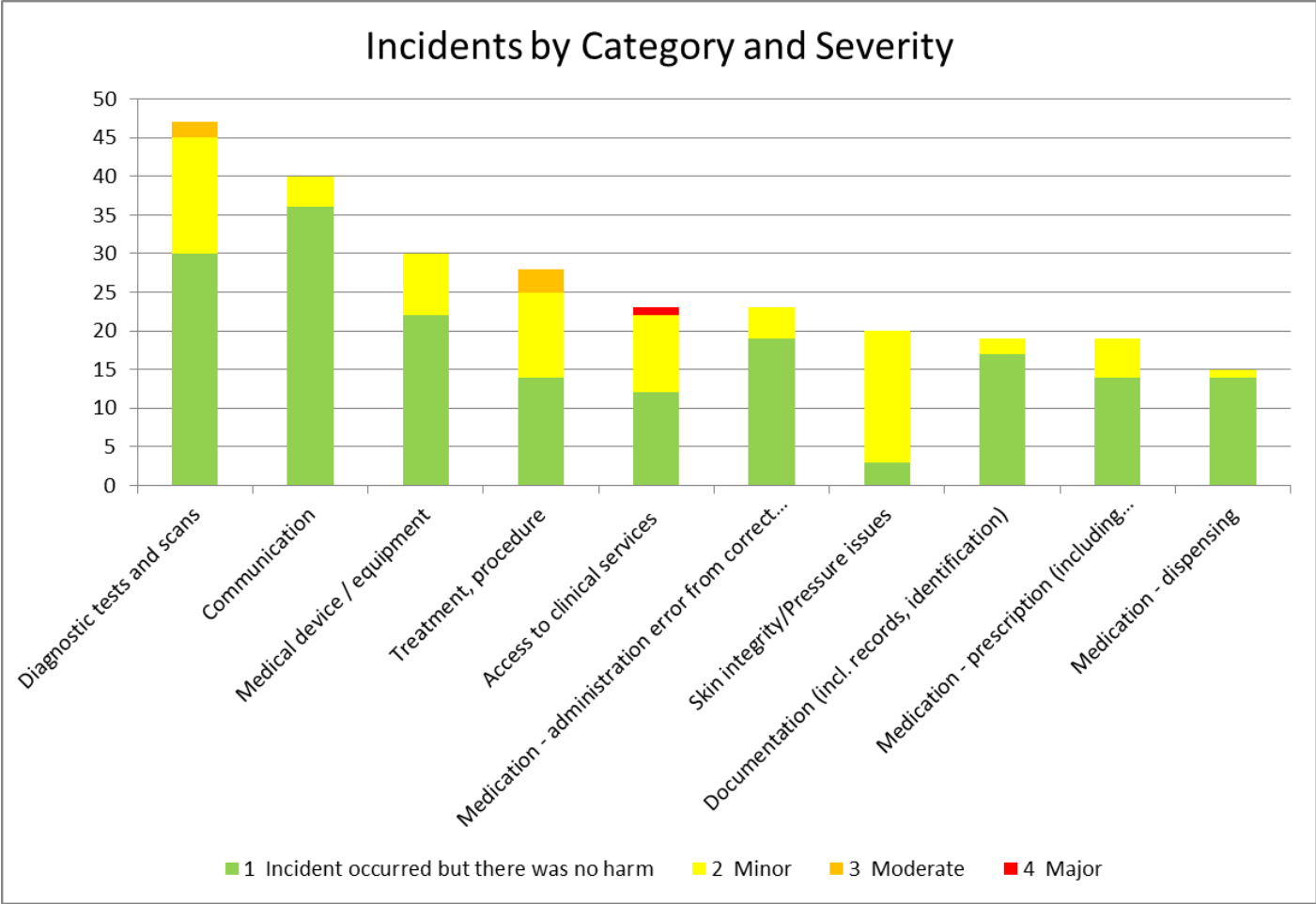
Although not at the required standard of 100% compliance, considerable focus has been placed on this **discharge summary** performance by both the operational and clinical teams to improve compliance. For the month of December, 68.20% of patients who were discharged from GOSH received a discharge summary within 24 hours, a very slight deterioration from the November position of 69.37%, but has been attributed to the Christmas period. This focus includes backlog clearance of discharge summaries and the embedding the completion of discharge summaries in real time into clinical practice. Compliance against the standard continues to be reported on a weekly basis though SLT and the weekly General Managers meeting. Significant improvement has been made in reduction of the backlog also, with no discharge summaries pre-dating September.

During December the Trust reported 1 patient that has been **cancelled for an urgent operation for the a second time**, the first cancellation was due no beds and the second due to theatre staff unavailability.

At the time of writing the report for the month of December 2019, no breaches against the **cancer standards** attributable to the Trust were reported, with performance being at 100%. However the Trust is likely to see two breaches over the next couple of months when the patients receive treatment.



Understanding our Patient Safety incidents



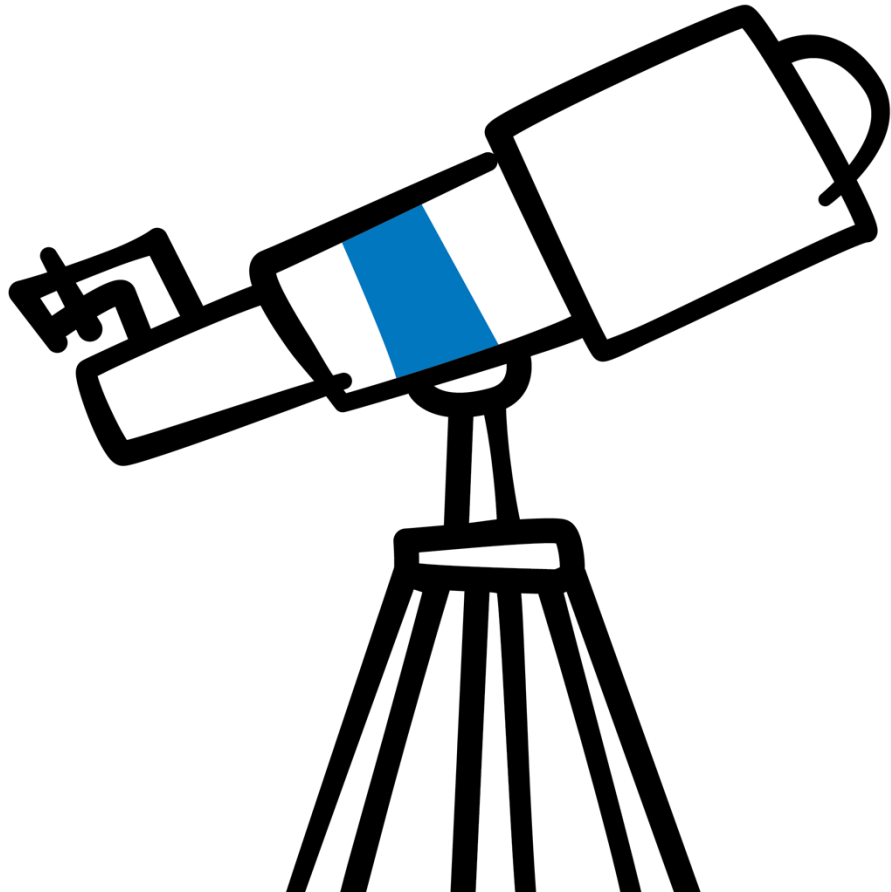
Consistent with previous months, **diagnostic tests and scans** remains the highest reported category. Of the 48 incidents in this category, 11 were due to failure/delay to undertake and 7 were to do with diagnosis failure/delay. The majority of these were lab related incidents, though there were some radiology related incidents related to problems with supply of Radiopharmaceuticals (as previously highlighted in last month's emerging patient safety trends in IQPR).

There was a reduced number of incidents reported in December. Incidents more commonly associated with long term inpatients rose in the overall ranks. One example of this is **Skin Integrity/Pressure issues** which was 7th most common incident, despite being no more frequent than in previous months. The majority of these incidents (15 out of 20) were reported on the ICU's, who have a good culture of identifying and reporting pressure issues in their patients. A deeper review of the pressure area incidents indicates that the number of incidents of hospital acquired sores are very low and a number of incidents reported under this category are related to other skin injuries/wounds (predominantly community acquired). All of the reported incidents under this category are reported as no harm or minor harm.

Bed pressures/access to beds continues to be reported as observed across the wider London area. At GOSH there were 10 staffing related/resource incidents reported in December. None are currently associated with direct patient harm. This is being monitored on an ongoing basis by the Operational teams.

There is one incident reported as major harm and this is currently being investigated as a SI. However, although reported under access to clinical services, this is only, at this stage, thought to be a potential contributory factor. This investigation is on-going and the outcome will be included within this report once completed.

Emerging trends in Patient Safety



Ultrasound bookings

- There were a small number of incidents reported in November (n=5) and December (n=4) identifying issues with ultrasound bookings that are made to coincide with outpatient appointments. This issue appears to be related to non-linking of radiological /scan requests to OPD appointments within Epic. This means when families (or staff) reschedule an outpatient appointment the scan is not automatically rebooked or flagged for rebooking at the same time. The Operations and Images directorate leadership team are working with the EPIC/EPR team to resolve the issues. In the meantime specialties are asked to check in advance if their scans have been booked for upcoming clinics and if not notify radiology so this can be done. It is unclear exactly how many patients have been affected as this is often mitigated by radiology by 'squeezing' patients into scanning lists so as not to potential delay treatment plans.

Patient Safety Alerts

MDA/2019/046: Arrow EZ-IO intraosseous vascular access needle sets – risk of needle stick injury

Issued: 19/12/2019

Date due: 28/01/2020

Update: Supply chain and resus team emailed.

EFA 2019/005: Issues Concerning Doorstops/Door Buffers

Issued 31/10/2019

Date Due: 31/10/2021

Awaiting confirmation of action underway from Estates.

MDA 2019/045: ApexPro telemetry server – risk of loss of alarms for ECG and pulse oximetry monitoring

Date Issued: 18/12/2019

Date Due: 17/01/2020

Update: currently in communication with BME with regard to this alert

NATPSA/2019/003/NHSPS: Risk of harm to babies and children from coin/button batteries in hearing aids and other hearing devices

Issued: 13/12/2019

Deadline: 11/09/2020

Update: Email sent to S&S Divisional Management (which covers audiology) to investigate.

Patient Safety – Serious Incident Summary

New & Ongoing Serious Incidents

Directorate	Ref	Due	Headline	Update
S&S H&L O&I	2019/24046	31/01/2020	Procedure without valid consent	Finalisation of report/learning
Human Resources	2019/24849	17/02/2020	IG Breach	Report drafted
Trustwide	2019/25710	21/02/2020	Infestation of bed bugs	Report being drafted
H&L	2019/26856	09/03/2020	Semi elective procedure rescheduled due to capacity issues, patient deteriorated and resus was unsuccessful	Timeline underway
Trustwide	2020/524	02/04/20	IG breach – emails sent to non-secure email addresses containing patient identifiable information.	Investigation underway.

Learning from SI's.

2019/20382 Complication of intrathecal medication administration

Description of incident: Patient attended GOSH for a routine (fortnightly) lumbar puncture and administration of intrathecal medication. The day following the procedure the patient was admitted locally, with vomiting and seizing, and transferred to ITU. MRI scans taken locally and reviewed at GOSH the following week showed a likely sub-arachnoid haemorrhage and possible haematoma.

This was confirmed after the patient was transferred to GOSH.

Recommendations:

- The Haematology/Oncology lumbar puncture SOP should be amended to include the risk of neurological injury as a consented for risk. The guideline should then be published as a Trust-wide guideline and appropriately circulated to medics via the clinical leads for each service.
- All research nursing staff should understand that a Datix form should be completed alongside the Research and Innovation mandatory reporting requirements.

The action plan will be presented/discussed at the March 2020 Closing the Loop

Learning from SI's 2019/16723 Oesophageal perforation

Description of incident: This incident relates to an initial oesophageal perforation which occurred post operatively due to unclear communication on suitable foods substances. Following emergency surgery, repair and post-operative antibiotic prophylaxis the patient developed a grade 3 acute kidney injury.

Recommendations:

- The implementation and Trust wide dissemination of agreed food substances, textures and terminology for patients who do not require input from the dietetics or SALT teams following surgical procedures.
- The development of a refeeding protocol after Heller Myotomy that benchmarks processes and protocols with other centres undertaking this rare condition.
- The implementation and Trust wide dissemination of a guideline to support risk assessment of patients who are most at risk of acquiring an Acute Kidney Injury.
- The implementation and Trust wide dissemination of a guideline to support identification and management of patients who have acquiring an Acute Kidney Injury.
- Clear guidelines on the dosages in the Trust of Vancomycin in the paediatric population.
- Post-operative plans to be clearly documented following surgical procedures on EPIC to facilitate dissemination of instructions to all staff involved in the care of patients

The action plan will be presented/discussed at the March 2020 Closing the Loop.

Clinical Effectiveness

Clinical Audit – current work plan

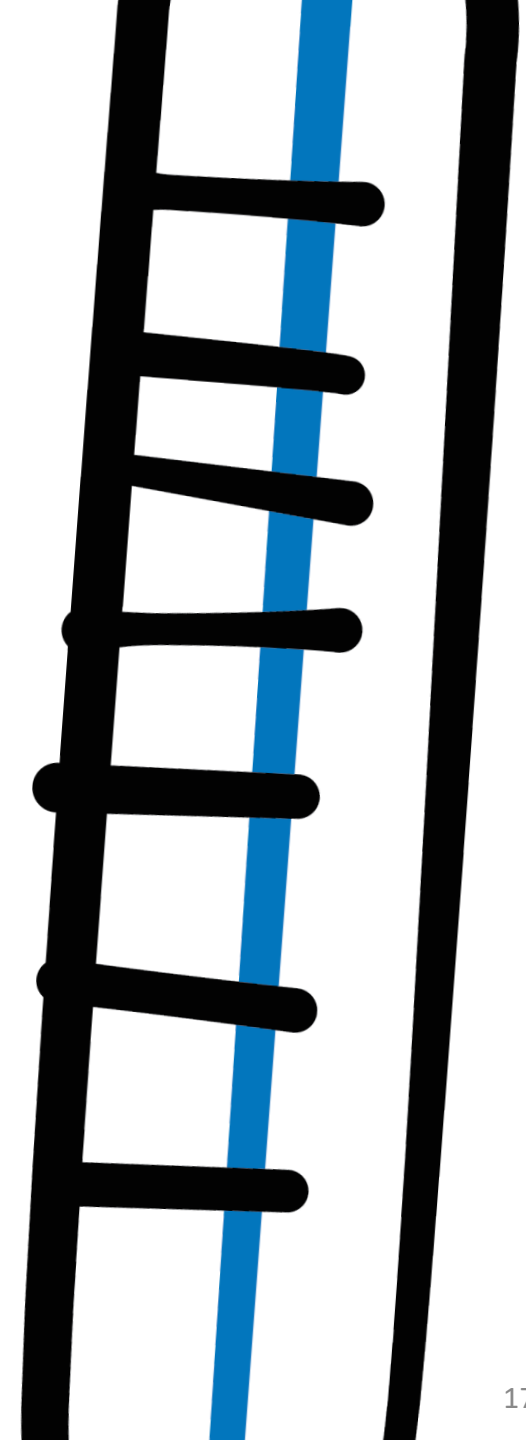
A clinical audit plan prioritises clinical audit work related to incidents, risk, complaints, and areas for improvement in quality and safety. These items are facilitated by the Clinical Audit Manager who engages with relevant staff as appropriate.



Audit	Why are we doing this audit?	Status
Controlled Drugs documentation and storage (re-audit)	Audit completed in July 2019 highlighted areas for improvement. This audit will help us assess if the actions that have been implemented have resulted in an improvement.	Data collection is due to be completed in December, and will be reported in January 2020
Review of compliance with Mental Capacity Act for procedures (re-audit)	To review our progress with ensuring that mental capacity act assessments are taken where necessary as part of our consent process.	Data collection is underway. Planned date for report is February 2020
Learning from complaint (18/093)	To determine if we have changed our practice on PICU for documenting updates given to families, as recommended following a complaint.,	Completed in December 2019. The complaint action plan committed to a specific change of practice to document the update given to the patient's family in the evening PICU ward round. This change was evident in 35% of admission days reviewed in the audit. The limiting factor to meeting this was the availability of devices to document ward round. Actions have been agreed and a re-audit will take place in February 2020 to assess progress.

Clinical Audit – current work plan

Audit	Why are we doing this audit?	Status
Safeguarding –survey on learning from Serious Case Reviews	Review our awareness of some of the key learning from recent serious case reviews that GOSH have been involved with	Data analysis and report in progress.
Learning from incidents -CVL insertion in Interventional Radiology	7 MSSA infections following CVL insertions placed in Interventional Radiology have been reviewed as root cause analyses since June 2018. It has therefore been recommended by Infection Control that an audit of best practice to minimise the risk of infection pre, during, and post CVL insertion takes place	Data collection in progress.
Learning from incidents- ECHO machines audit	The audit determines whether key processes to minimise risk of infection associated with ECHO machine are being followed. This is following learning from a MRSA outbreak within cardiac services between Feb and June 2019.	The audit has been completed and reported to the Heart and Lung Infection Prevention and Control Committee. The learning from the MRSA outbreak around the adequacy of cleaning of ECHO machines has not been implemented. An action plan to improve this is being overseen by the Assistant Chief Nurse for Heart and Lung. This will be re-audited in January 2020.
Monitoring of Fridge temperatures	Learning from quality rounds highlighted that there could be clearer processes around the monitoring of fridges and freezers in clinical areas. This audit helps assess whether a new policy to support this has been implemented.	Reported to the November 2019 PSOC It was recommended in the audit and agreed at PSOC, that the policy would be updated to clarify what the processes is for documenting fridge and freezer temperature checks at weekends.
Actions from SI 2017/13562 Retained foreign object in theatres	To check if we have implemented changes to minimise the risk of an incident. The audit applies to the surgical count process for cases where metallic reduction heads attached to screws are used.	Audit plan agreed with Spinal Team Leader .Data collection to take place when relevant cases meeting the inclusion criteria occur.



Clinical Audit – current work plan

Audit	Why are we doing this audit?	Status
Bereavement Survey	To review and act on feedback received from families whose child died at GOSH in 2018. Clinical Audit are providing support to Bereavement Services to undertake this work.	This is planned to be reported to PFEEC in February 2020
Learning from an inquest- GOSH MDT meetings	Learning from an inquest has highlighted the need to ensure appropriate attendance and documentation at GOSH multidisciplinary team (MDT) meetings. Standard terms of reference are being introduced for MDTs to support best practice and ensure that appropriate attendance and clear decision making is recorded. This audit assesses current practice and provides a baseline assessment by which future improvements will be measured	This audit has provided a baseline measure of performance against key standards outlined in the new GOSH Multidisciplinary Team (MDT) Meetings Terms of Reference. It has shown areas for improvement, particularly around confirming who is attending meetings. This in advance of work that is planned to take place to ensure that all MDTs practice in aligned to the Trust Multidisciplinary Team (MDT) Meetings Terms of Reference. The audit and recommendations are to be presented to PSOC in December 2019
Lessons Learned audit plan–Potential missed diagnosis of bowel obstruction(SI2019/442	To check if a recommendation from an SI has been implemented. The audit looked at whether body maps are being reviewed at the Motility MDT meeting.	<p>The audit has been completed and will be reported to Closing the Loop on the 11th December.</p> <p>The audit highlights that the actions required from the SI have been completed</p>

Quality Improvement

The QI Team support, enable and empower teams, to continuously improve the quality of care provided to patients across GOSH.

1. Mentoring QI Projects

The team provides a mentoring service, offering QI support to staff who are interested in starting projects. Mentorship provides 1:1 QI support and advice, with a time commitment between 1-6 hours per month.

Project Commenced	Area of work	Project lead:	Expected completion date	Project Support
Dec 2018	Improve handover quality and continuity of care for outlying patients in the cardiology service	Craig Laurence (Cardiac Fellow)	Feb 2020	Supporting PDSA analysis
Jun 2019	To reduce the number of unnecessary blood tests , when ordered in sets/ bundles, in Brain Division	Spyros Bastios (Metabolic Consultant)	April 2020	Diagnostics
Aug 2019	To improve patient satisfaction of the consenting process in cardiac anaesthesia	Marc Cohen	Aug 2020	Diagnostics
Sept 2019	To provide daily debrief sessions to staff on the renal unit to improve moral and reduce stress	Robyn Parker / Joanne Van Ree (Ward Sisters)	Dec 2019 (Project complete- post project review in Jan 20)	Post-project review
Nov 2019	To reduce unnecessary fasting of patients re-procedure on Safari Ward	Elena Stanton (Trainee- Anaesthetics)	Feb 2020	PDSA cycle support
Nov 2019	To ensure all Haem/Onc TTO medication is ready at time of planned discharge	Anupama Rao (Consultant, Haematology/Oncology)	April 2020	PDSA cycle support
Jan 2020	To improve the provision of Play for Inpatient wards	Laura Walsh (Head of Play Services)	June 2020	Diagnostics

2. Local / Directorate QI Work

The QI Team also provides QI support and expertise to local or divisional improvement work. The following graphics, maps where registered QI activity is taking place across the Trust:

<div> <div>Body, Bones and Mind</div> <div>Operations and Images</div> <div>Sight and Sound</div> <div>Blood, Cells and Cancer</div> <div>Heart and Lung</div> <div>International and Private Patients</div> <div>Medicines, Therapies and Tests</div> <div>Brain</div> </div>			
Project Commenced	Area of work	Project lead:	Expected completion date
Sept 2019	To reduce variation in the pre-op processes undertaken by Orthopaedic CNS service	Claire Waller (Matron)	Feb 2020 (project timeframe adjusted due to widened scope)
Oct 2019	To implement a nursing PGD in Haem/Onc to reduce unnecessary delays in administering Pip/Taz to patients developing sepsis	Vicki Villalobos- Lopez (Practice Educator)	Jan 2020
Oct 2019	To improve staff satisfaction through redesign of the Palliative Care on-call service	Julie Bayliss (Clinical Lead)	April 2020

Activity Commenced	QI Activity (Ad-hoc teaching/facilitation)	Project lead:	Expected completion date
Dec 2019	Facilitate process mapping of speech and language referral pathways	Chantelle Sculfor (Service Manager)	Dec 2019
Dec 2019	Facilitate study day for all Practice Educators to build QI capability	Cross- divisions: Practice Educator Team	Dec 2019
Jan 2020	Facilitate study day for Band 6 Development Programme (Learning Academy)	Shahi Fathema (Practice Educator)	Jan 2020

Quality Improvement Project Snapshot: Daily Debriefs on a Surgical Ward

Background:

- High levels of staff sickness and staff turnover
- Increased number of conflict resolutions
- A staff survey was carried out which demonstrated that 75% of staff left all or nearly all shifts stressed
- Staff comments showed that they lacked regular support and opportunities to reflect on ward challenges were infrequent

Interventions:

- Daily Debriefs- adapting an approach used on the Mildred Creak Unit to give staff an opportunity at the end of the shift to debrief and escalate any matters of concern.
- Safety Climate Survey was completed on the ward and the MCU team were invited to share their experience of the impact of debriefs.
- PDSA cycles were carried out to achieve a debrief session that is suitable and sustainable for the ward. These have been led by the Ward Sister, with support from the QI Team.

Results:

- Staff have reported the benefits of the sessions and these are now operating as business as usual on the ward
- There will be a post-project survey completed at the end of January to assess project impact.

Future opportunities:

- Opportunity to spread Daily Debriefs on other inpatient wards

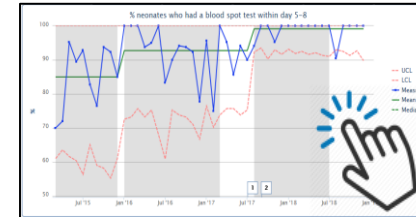


3. Trust wide QI Projects

Trust-wide projects are commissioned and governed by the Quality Improvement Committee, with an Executive Sponsor and a MDT steering group.

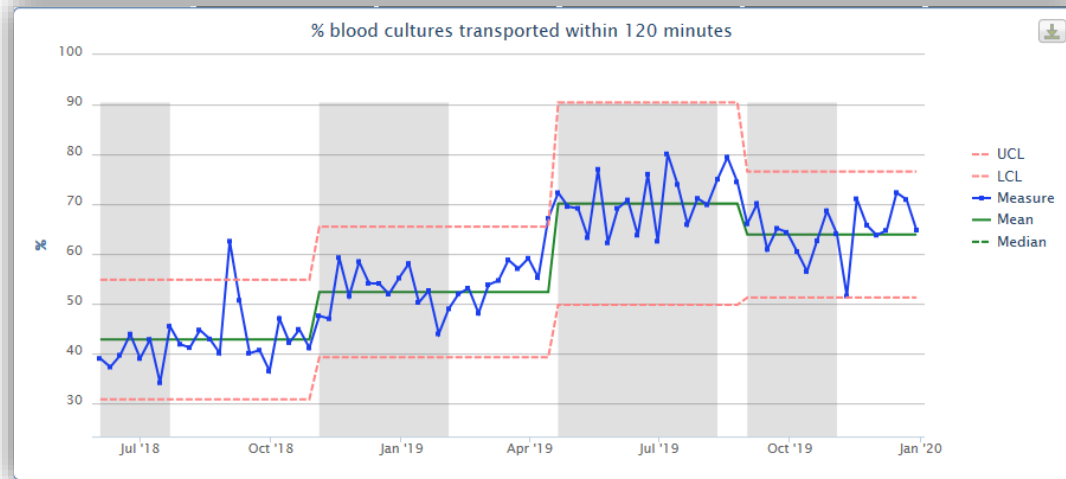
All Trust-wide project data is available on the [QI dashboard](#)

**Click links to open project dashboard*



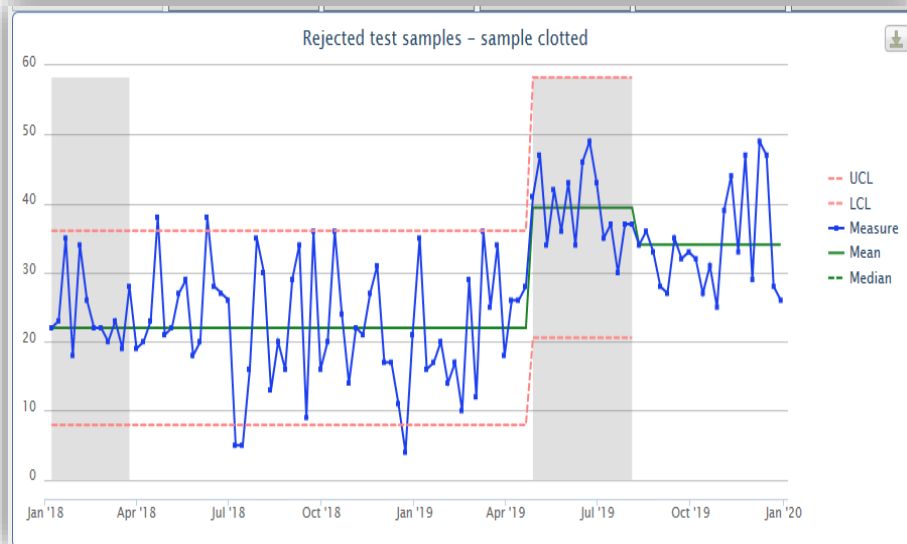
Project Commenced	Area of work	Project Lead (PL) Exec Sponsor (ES)	Expected completion date
Oct 2019	Supporting the medication safety work stream of the Hospital Pharmacy Transformation Programme Board (HPTPB): Uncollected Medications	PL: Stephen Tomlin ES: Sanjiv Sharma	June 2020
Jun 2019	Improving safety and standardisation of urethral catheterisation	PL: Nicola Wilson / Claire Waller ES: Sanjiv Sharma	March 2020 (extension agreed)
Jun 2018	Reducing rejected laboratory samples	PL: Christine Morris ES: Sanjiv Sharma	March 2020 (extension agreed)

Feature QI project: Reducing Lab Samples Rejections



The project has made significant improvement in the number of blood culture samples arriving in the labs under 120 minutes.

However, since September the numbers have reduced slightly, which has called for a review of the sustainability of the interventions/ education provided. E.g. ward induction



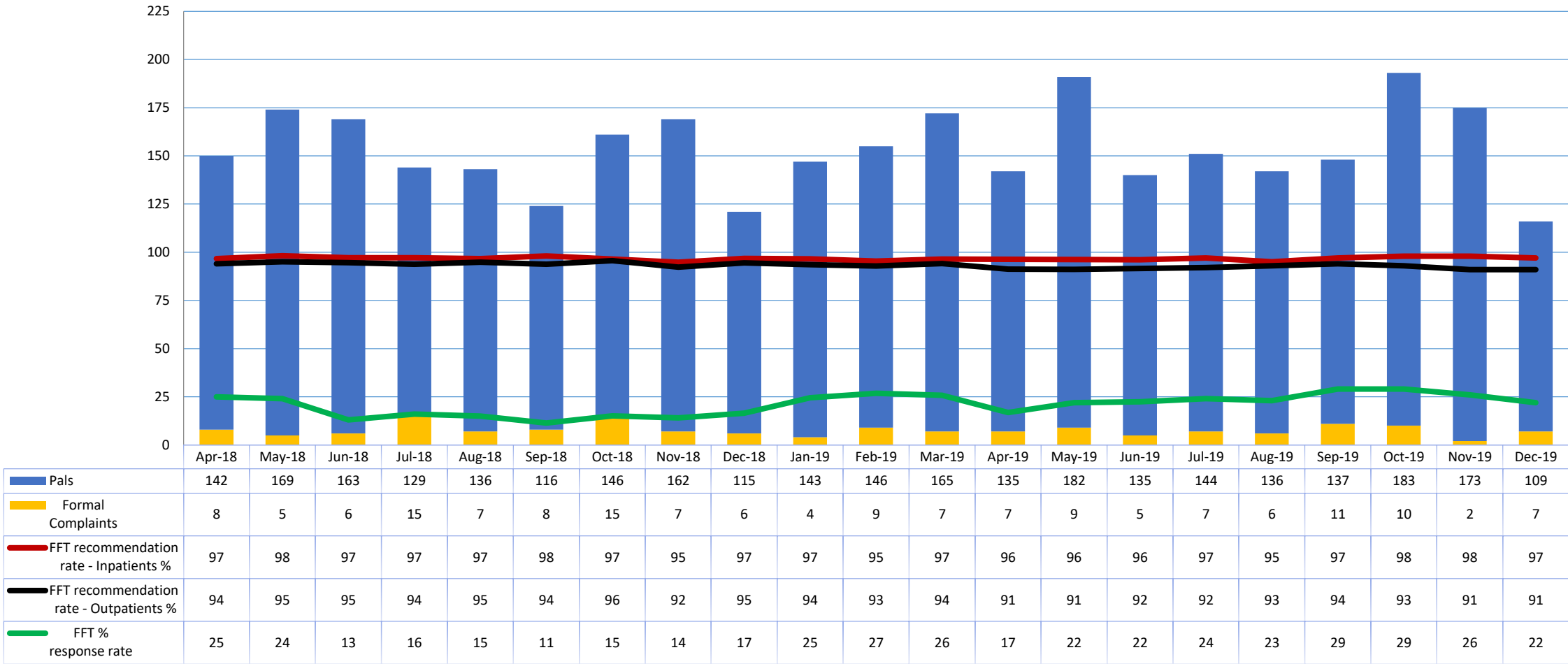
Clotted samples are the most prominent reason for rejection at GOSH.

Prior to April 2019, there was a manual system of recording and all samples have not been captured. Post EPIC implementation, a true number is available. Educational tips to avoid clotting of samples in August is thought to have contributed to the small drop in numbers of samples rejected. Staff acclimatisation to working on EPIC and therefore adhering to better practice is also a possible contributing factor.

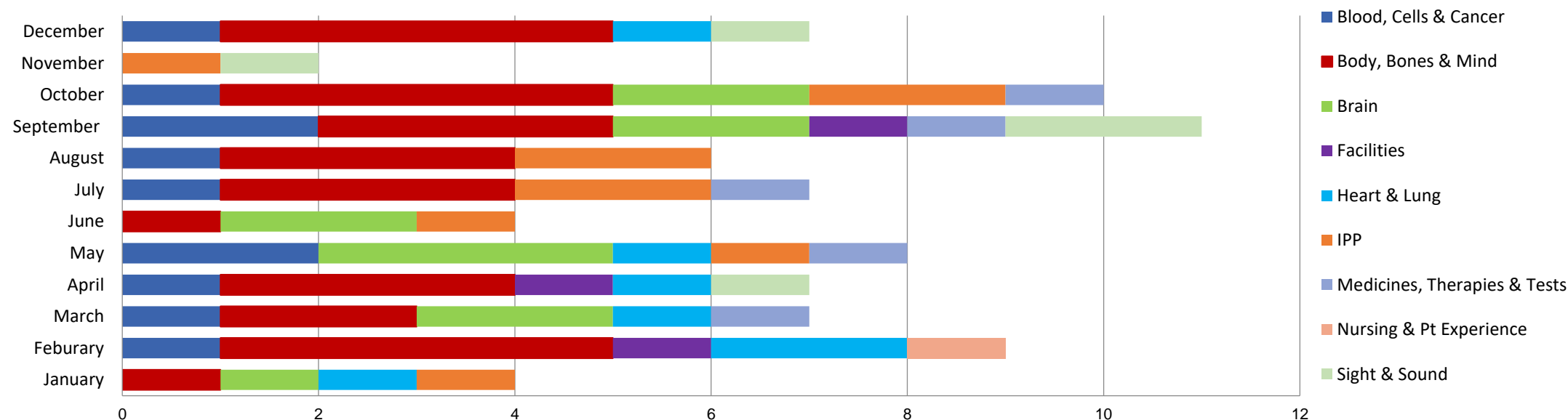
Patient Experience Overview

Are we responding and improving?

Patients, families & carers can share feedback via Pals, Complaints & the Friends and Family Test (FFT).



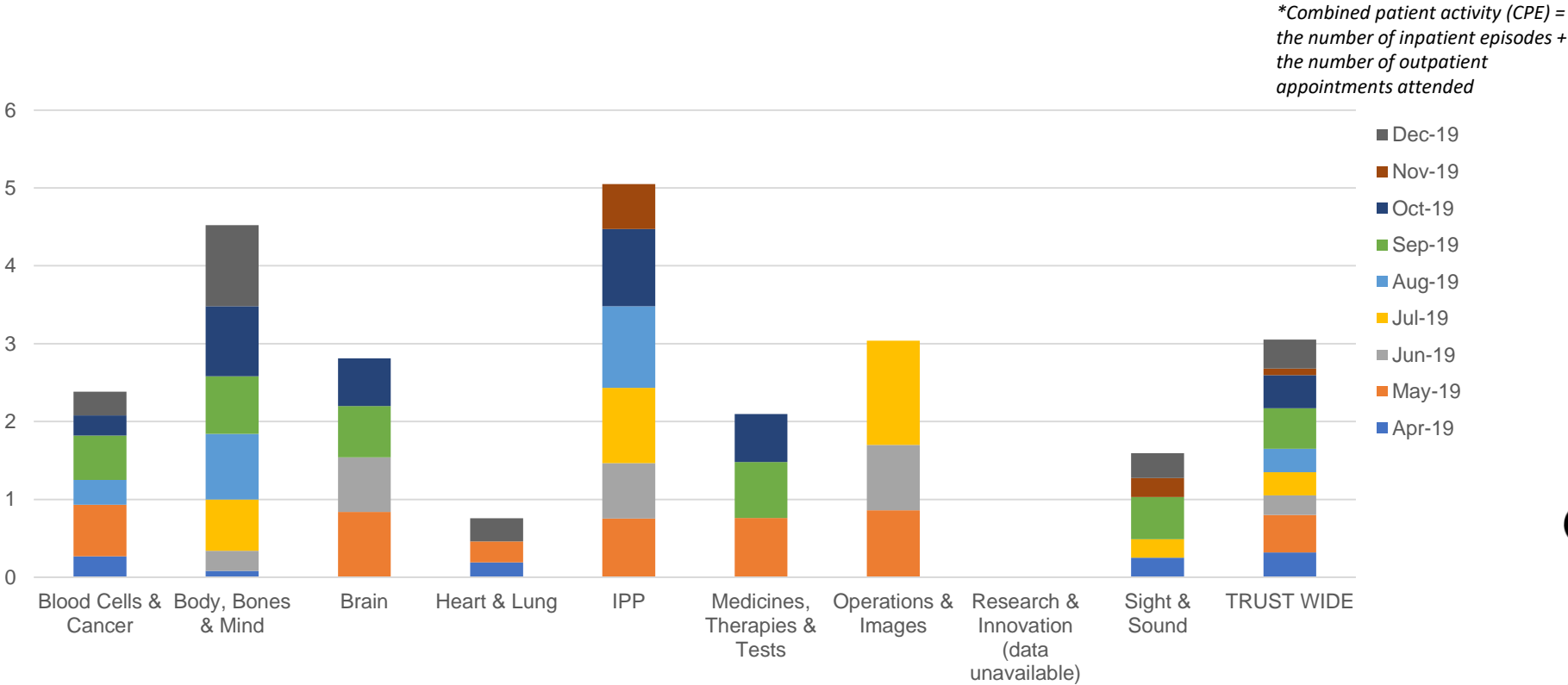
Complaints: Are we responding and improving?



There were 7 new formal complaints received in December 2019 which is a significant increase from 2 last month and a slight increase from December 2018. However, 7 is consistent with the monthly average of 6.92 (based on the last 12 months YTD). Within complaints this month families reported concerns regarding:

- an Information Governance breach
- a lack of co-ordinated care and a clear care plan
- not being involved in the decision making around treatment and provided with information to explain the rational for the recommended treatment
- an unsafe transfer from GOSH to the local hospital
- a lack of mental health support for the parent
- a volunteer who was not wearing a uniform when picking up a child
- an accusation that was made regarding parental behaviour which the parents advise is untrue.
- a lack of understanding of their child's learning disability needs, transport arriving at the wrong time and the management of bed bugs.
- referral timeframes (later established to be a delay by the local hospital)

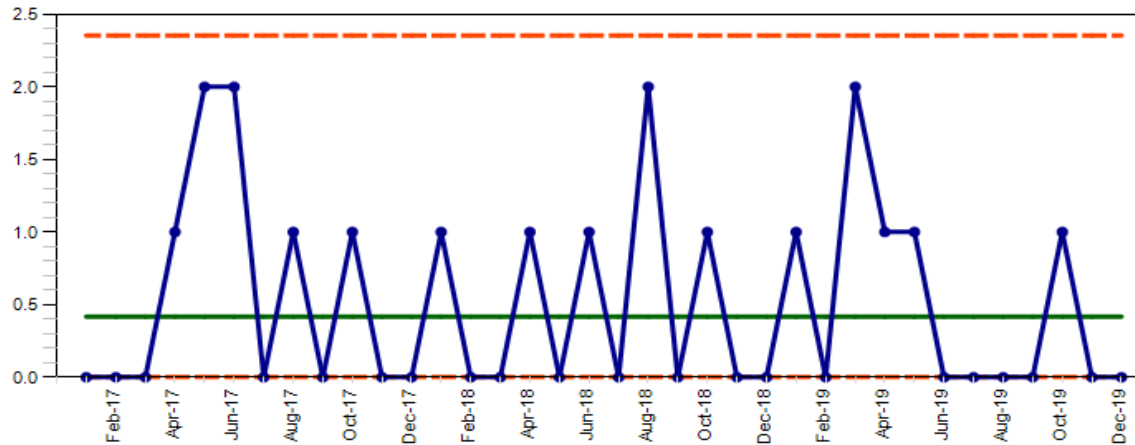
Complaints by patient activity*



Following reduced patient activity in December and an increase of complaints (from exceptionally low numbers in November and more aligned to average numbers), the overall number of complaints across the Trust rose to 0.371 per 1,000 CPE.

Heart and Lung (0.592) attained their highest number of complaint by patient activity since April 2019.

Red Complaints: Are we responding and improving?



No of new red complaints this financial year 2019/20:	3
New Red complaints opened in December 2019	0
No of re-opened red complaints this year 2019/20:	1
Open red complaints (new and reopened) as at 10/01/2020:	0

Recently closed red complaint

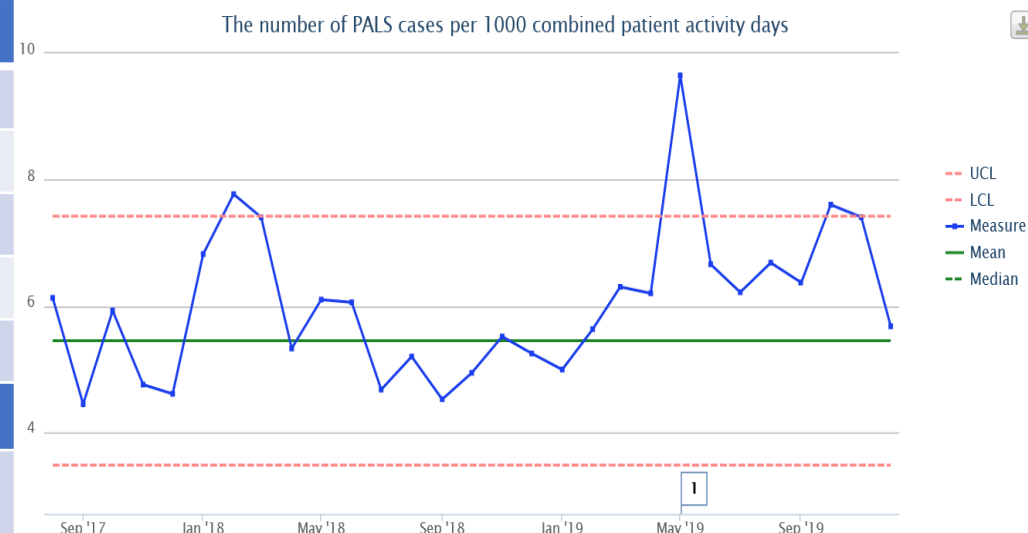
Ref	Due Date	Divisions Involved	Background	Next Steps:
			No recently closed red complaints	

There are four overdue red complaint actions.

- Complaint 19/003 is now overdue as a guideline for the use of pacifiers requires completion. A draft guideline has been produced and will go to the guideline approval group in the next 2 weeks.
- Complaint 19/010 has one outstanding action regarding the visibility of IPP patients across the Trust. An EPIC function is available and tip sheets are being compiled to support teams with outlier management on EPIC.
- Complaint 18/095 has two outstanding actions. One regarding a hand hygiene audit and the other concerning a third party provider. This is being followed up at the next Closing the Loop meeting.

Pals – Are we responding and improving?

Cases – Month	12/18	11/19	12/19
Promptly resolved (24-48 hour resolution)	108	161	98
Complex cases (multiple questions, 48 hour+ resolution)	7	10	8
Escalated to formal complaints	2	0	1
Compliments about specialities	1	2	2
Total:	118	173	109
Themes for the top six specialties			
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)	41	53	39
Admission/Discharge /Referrals (Waiting times; Advice on making a NHS referral; advice on making an IPP referral, cancellation; waiting times to hear about admissions; lack of communication with families, Accommodation)	23	9	11
Staff attitude (Rude staff, poor communication with parents, not listening to parents, care advice)	7	5	5
Outpatient (Cancellation; Failure to arrange appointment; poor communication, franking of letters)	22	47	20
Transport (Eligibility, delay in providing transport, failure to provide transport)	5	10	5
Information (GOSH information, Health information, care advice, advice NHS, access to medical records, incorrect records, missing records, support/listening)	20	45	29



There has been a significant decline in the volume of Pals cases received in December 2019. Potential contributory factors include a reduction in Trust activity over the Christmas and New Year period and reduced staff during this time. This seasonal trend can be further evidenced by a similar volume of Pals cases being received during the same period in previous years (118 in December 2018 and 102 in December 2017).

Reflecting reduced activity, concerns about Outpatients fell from 27% in November to 18% in December. Cases about communication equated to around 36% in December (an increase of 5% from November). The Pals team continue with mystery callers and further promotional leaflets for MyGOSH to encourage sign up will be produced and distributed in February.

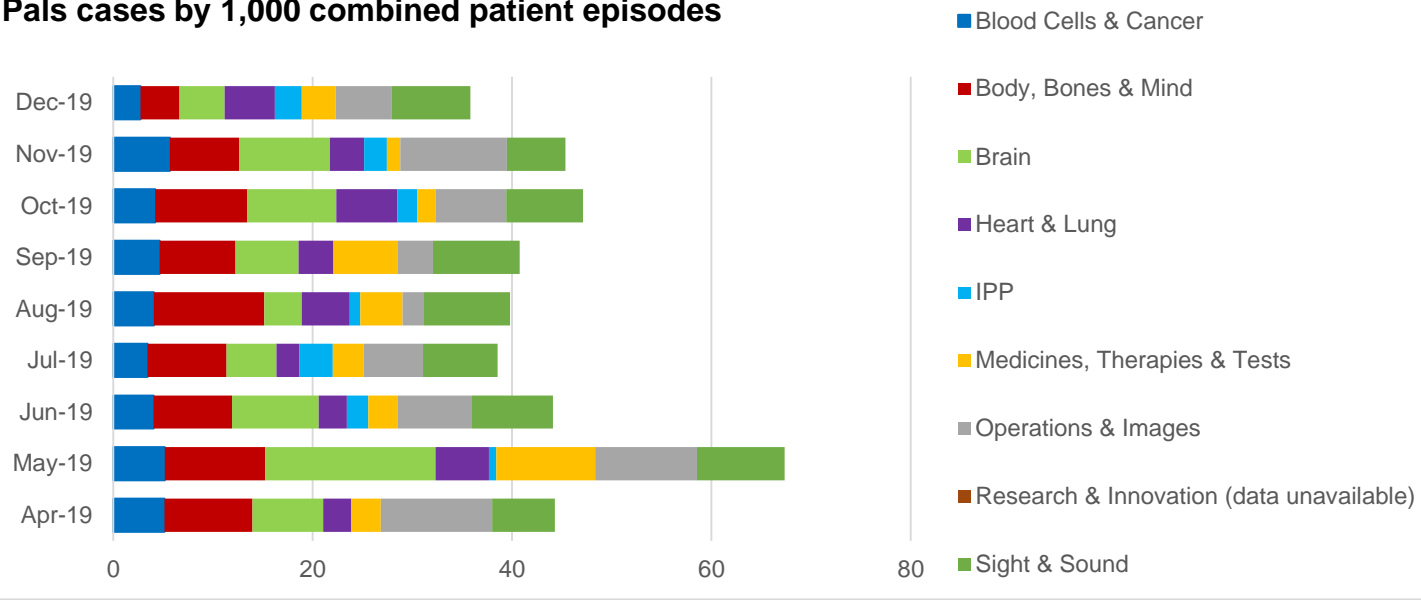
Pals cases by directorate

There were marked decreases in Pals cases by CPE in Blood Cells & Cancer, Brain, Body Bones & Mind, and Operations & Images.

Heart & Lung and Sight & Sound case numbers were consistent with the preceding month despite reduction in patient activity. This resulted in increases of Pals cases per 1,000 CPE from 3.4 to 5.0 (H&L) and 5.8 to 8 (S&S).



Pals cases by 1,000 combined patient episodes



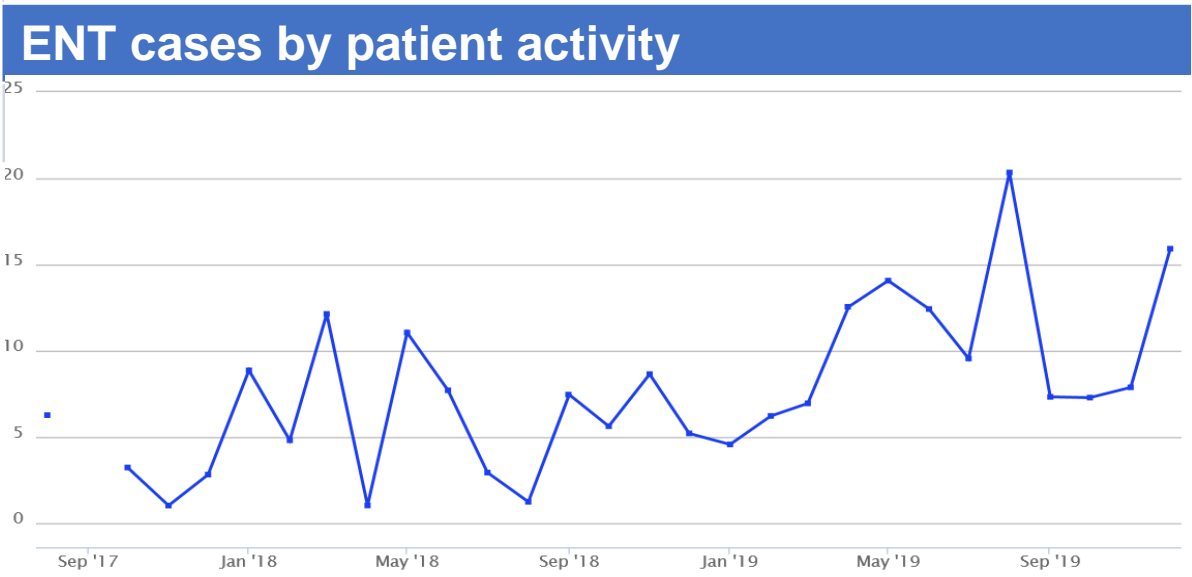
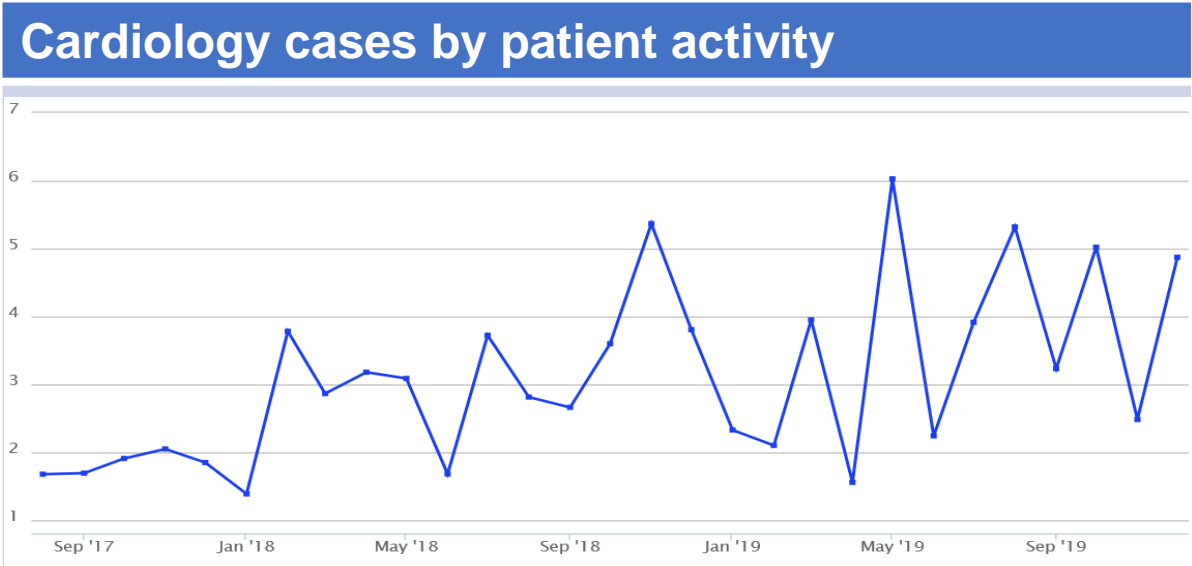
	Blood Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	IPP	Medicines, Therapies & Tests	Operation s & Images	Research & Innovation	Sight & Sound
Apr-19	19	33	20	15	0	4	8	0	25
May-19	16	36	41	20	1	13	12	1	30
Jun-19	13	30	25	11	3	4	9	0	30
Jul-19	13	36	17	10	7	5	9	0	31
Aug-19	13	34	10	18	2	6	3	0	34
Sep-19	16	31	19	15	0	9	5	0	32
Oct-19	16	41	29	25	4	3	11	2	36
Nov 19	21	32	30	15	4	2	17	0	24
Dec 19	9	15	12	17	4	4	7	0	25

Pals – Are we responding and improving?

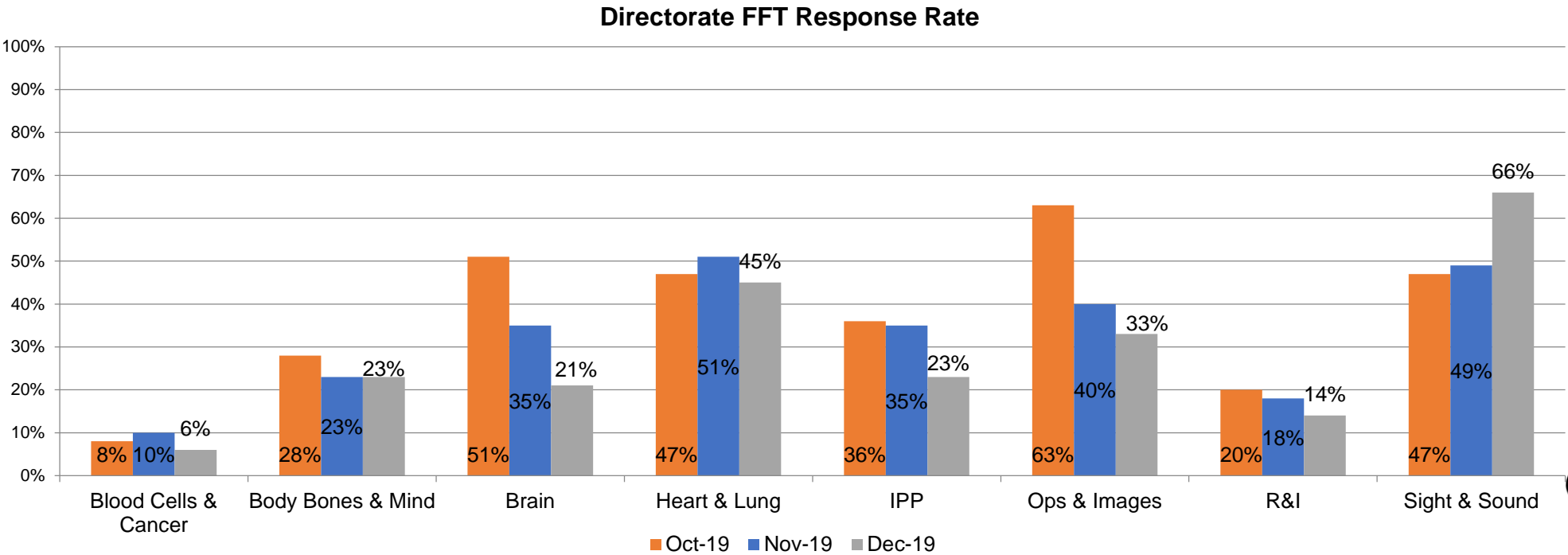
Top specialities - Month	12/18	11/19	12/19
Cardiology	14	6	9
Ear, Nose and Throat	3	5	7
Radiology	1	13	7
Gastroenterology	15	11	6
Facilities	2	7	5

Cardiology- There is an increase in the volume of Cardiology cases received in December 2019 (9) in comparison to the preceding month November (6). Common themes for Cardiology this month centre around a lack of communication between parents/patients with a particular focus on an inability to contact members of the secretarial team. All PALS cases have been raised with senior management who are presently working on addressing issues raised with relevant administrative staff. A new staff member has been recruited within the secretarial team which will aid the improvement of communication within the service. The hospital switchboard has been updated with the correct Cardiology service contact details which should better assist patients/families in being able to reach the appropriate members of the team. PALS were contacted by one parent who wished to raise their concerns in a more formal manner. This was escalated to the formal complaints team.

Ear Nose and Throat- There is an increase in the volume of Ear, Nose and Throat cases received in December 2019 (7) in comparison to the preceding month November (5) and December 2018 (3). Common Themes for ENT centre around families requesting further information regarding surgical admissions and the processes involved therein (e.g. pre-operative assessments and anaesthetic queries). Pals will continue to work alongside the ENT team but are aware that due to the Assistant Service Manager leaving his post, responses for patient queries may take longer than on previous occasions. However despite this, the Service Manager remains helpful and responsive to PALS.



FFT: Are we responding and improving?

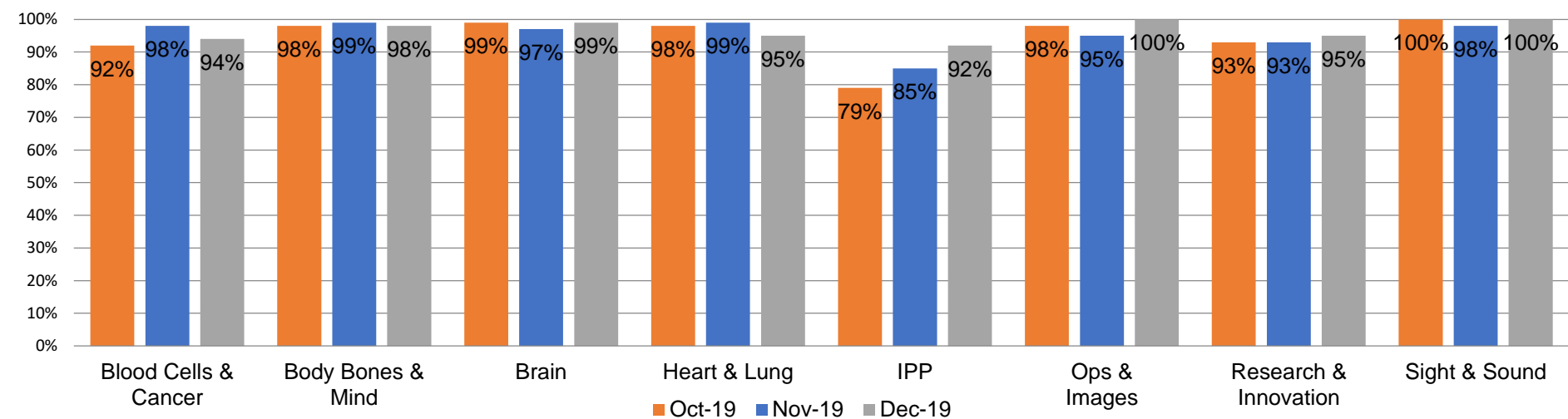


The overall FFT response rate fell to 21.5% which is below the Trust target. The amount of feedback received this month also reduced to 1084. Only three directorates met the 25% target: Heart & Lung, Ops & Images and Sight and Sound. It is recognised that in response to seasonal reduced patient activity, staff numbers were lower within the Trust and that the reduction in response rate replicates December 2018 (FFT response rate 17%). The Patient Experience team will work closely with each ward area towards ensuring that this improves in January.

The majority of comments received were positive, many praising the positive experience they had as inpatients over Christmas. The overall percentage to recommend was 97%.

The predominant theme of negative comments related to waiting times for procedures.

FFT: Are we responding and improving?

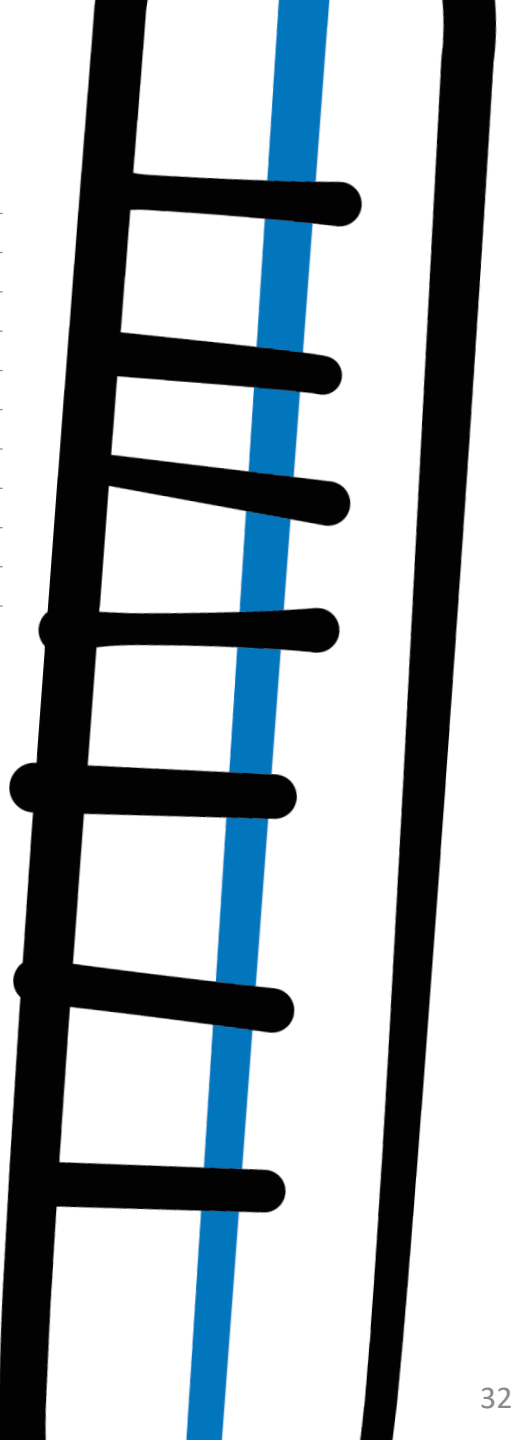


	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% with qualitative comments (All areas)
May 19	667	701	51	1419	79.4%
June 19	714	836	40	1590	80.4%
July 19	922	865	77	1864	79.1%
Aug 19	732	945	42	1719	81.4%
Sep 19	874	761	30	1665	84.1%
Oct 19	1008	1116	67	2191	81.7%
Nov 19	897	659	55	1611	83.5%
Dec 19	642	404	38	1084	83.9%

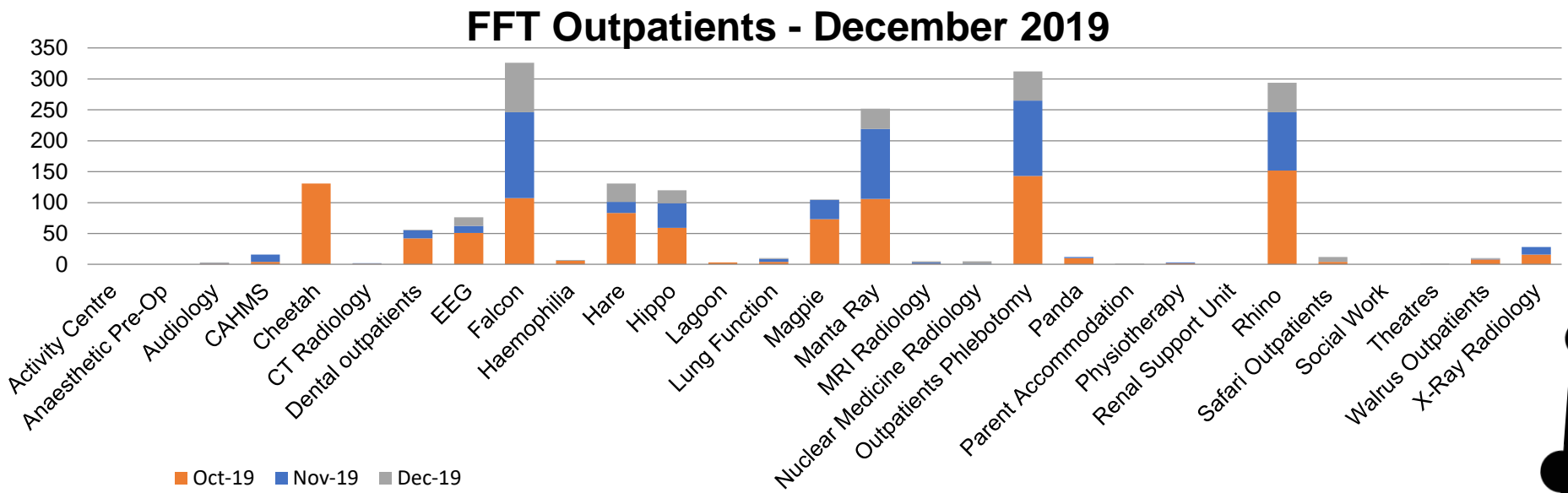
The volume of feedback received fell to its lowest since April 2019 (n=955). All directorates except Blood Cells & Cancer and International Private Patients met the 95% recommendation rate.

Although IPP did not achieve the Trust target, they have significantly increased their recommendation rate over the last three months. Negative comments related to housekeeping, poor administrative support, waiting times for procedures and communication. However, the comments received were predominantly positive and related to the expertise and kindness of the nursing and medical staff, the play specialist and the housekeeper.

Blood Cells and Cancer scored just below the Trust target, 94%. The comments received were predominantly positive. The only negative theme related to poor communication about procedures.



FFT: Are we responding and improving?



The above chart outlines the number of the FFT responses within Outpatients. The amount of feedback received in Outpatients has decreased significantly from 1116 in October to 659 in November and **404** in December. Whilst this reduction can be attributed to the reduced clinic activity over the Christmas period, this is a significant drop of more than 33% since October. The Patient Experience team will liaise closely with these areas to improve FFT rates within outpatients.

Positively, three directorates scored 100% to recommend for their outpatient areas- Blood Cells & Cancer, Brain, Heart & Lung. Zebra achieved the highest number of responses this month (109). The overall outpatient recommendation rate is 91%

There were many positive comments about the friendliness and kindness of staff and the expertise within the Phlebotomy team. The predominant negative themes related to waiting times and confusing letters which direct patients to the wrong building. There were also some negative comments about the layout of Falcon outpatients, particularly for patients with additional needs.

FFT: Are we responding and improving?

Qualitative Comments

"We were really upset to hear that we would be spending our daughter's first Christmas in hospital but we had the most incredible time. Every member of staff from cleaners to consultants have been amazing and provided the best care possible for her and us. The best ward and nurses in the country. Thank you and thank you to our wonderful NHS. You have saved our lives while you do everything to save our daughters. Thank you!"

Elephant Ward

"Great Ormond Street have always taken so much care of me. I cannot thank them enough for giving me such great treatment. I really appreciate it because everyone here has made me feel comfortable and welcome. I definitely recommend this ward to anyone out there as staff are so friendly and will always be there for you to check that you are in the best of health". **Walrus Ward.**

"I can't thank the ward staff enough not only for their care for our son, but also myself and husband. We have never had to worry about anything and its been lovely coming back and people remembering him. (Staff name) was amazing helping us and helped with accommodation. We cant thank you enough. Being away from Friends and Family has been hard but the nurses, doctors, cleaner and catering staff have been amazing". **Bear Ward**

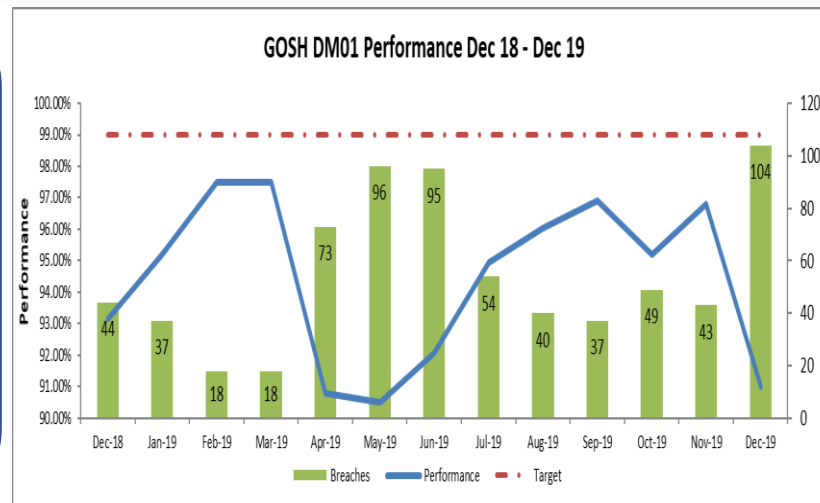




Responsive – Diagnostic Waiting Times

December 2019 Summary

- The Trust continues to underachieve against the 99% national standard, reporting 91.02% of patients waiting within 6 weeks for the 15 diagnostic modalities
- There was a significant increase in the number of breaches reported in December (104) compared to the number of breaches reported in November (43).
- Of the 104 breaches, 89 are attributable to modalities within Imaging (68 of which are MRI), 11 in Gastroscopy, 2 in Audiology, 1 in Cystoscopy and 1 in ECHO.



Breaches fall in four distinct themes: 58 due to booking process issues (Booked past breach date with no reasonable offers, issues and delays in contacting patient, patient DNAd appointment which wasn't confirmed), 32 due to lack of capacity (MR5, Complex list capacity, Manometry capacity, GA capacity, General MR capacity, consultant leave), 11 due to tolerance (Failed scan, Patient unwell) and 3 due to Trust process issue (Delay in protocolling, Broken Endoflip machine).

The Trust continues to monitor the diagnostic recovery plan which has been shared with NHSI, but is also currently working up a new recovery plan which will detail compliance against the standard towards the end of the financial year.

Cancer Wait Times

At the time of writing the report for the month of December 2019, no breaches against the cancer standards attributable to the Trust were reported, with performance being at 100%. However the Trust is likely to see two breaches over the next couple of months when the patients receive treatment.

Responsive – Referral to Treatment

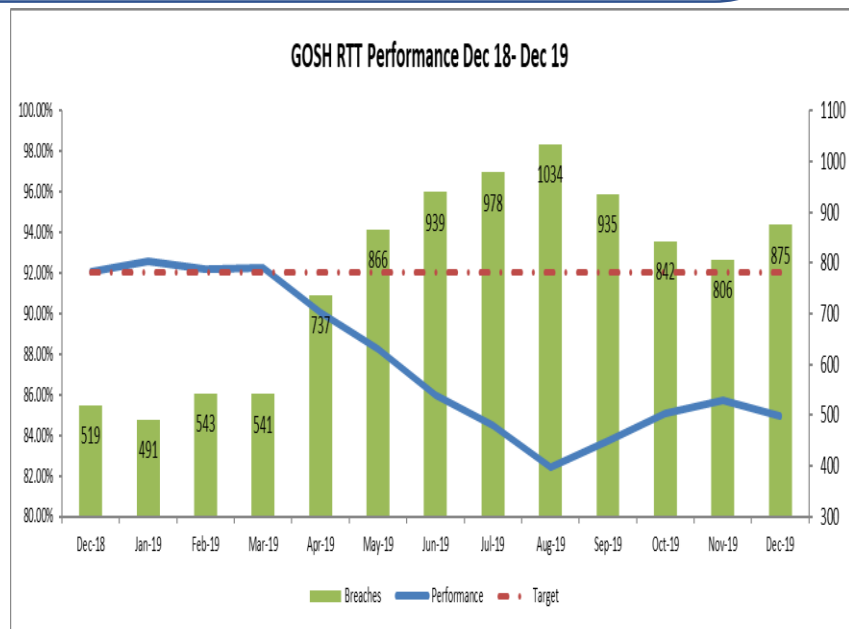
December 2019 Summary

- The Trust did not achieve the RTT 92% standard, submitting performance of 84.98%, with 875 patients waiting longer than 18 weeks and a slight deterioration of 0.73% from the previous month.
- Dental/Maxfax relates to the loss of two consultants (retirement and maternity leave) leaving only one consultant within the service who can complete GA work. Plastic Surgery has also experienced a loss of consultant within a highly specialised service. Cardiac Surgery has experienced bed capacity issues due to the increase in volume of complex non-elective patients requiring 2:1 nursing. Orthopaedics is linked to utilisation, future loss of a consultant and limited bed capacity on Sky ward due to infection control. In addition, the SDR service within Neurosurgery became NHS commissioned in July 2018 and as a result has seen a significant increase in demand which has impacted on our RTT position. We are meeting with NHSI/E at the end of January to discuss these issues in an attempt to come to a regional solution.
- The Trust is currently reviewing all under achieving specialties and working with services to produce recovery plans and trajectories, commencing with those most challenged areas. The number of patients waiting 40 weeks+ has again increased to 101 patients in December (from 93 patients in November), primarily driven by the 52 week position.
- GOSH is participating in the national pilot for RTT reporting which is proposing a shift to an average based standard. Testing is going to continue into 20/21.
- In terms of this standard for the month of December, the Trust has an average wait for an incomplete pathway of 9.71 weeks against a GOSH average standard of 8.1 weeks.

52+ Week Waits: Incomplete pathways

The Trust reported 27 patients waiting over 52 weeks in the following specialties:

- **Dental & MaxFax(14)**- 2 patients have been treated resulting in a clock stop, 5 patients have a pre-op date in late January and early Feb, 4 patients have a TCI at the end of Jan and early Feb, 4 patients (including one to be treated by ENT at the same time) are awaiting a TCI and one patient's procedure has been postponed due to respiratory issues.
- **Neurosurgery (7)**- SDR patients – Provisional pre-op dates between Jan and March 2020
- **Plastic surgery (3)** – 2 patients to be seen In Jan and Feb, one patient is awaiting a TCI after patient cancelled in Jan
- **ENT (2)**- One patient is also a Maxfax patient and is now awaiting a TCI following his pre-op assessment late January, and the second patient has DNA'd multiple times and is still awaiting a TCI.
- **Endocrinology (1)**- Patient was seen in early January 2020.

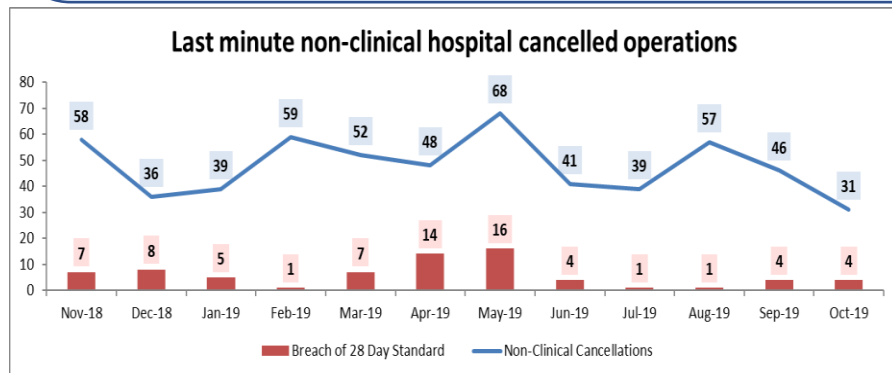


Responsive – Last minute non-clinical hospital cancelled operations (and associated 28 day breaches)

Last minute non-clinical hospital cancelled operation.

Reported in the dashboard are the monthly breakdowns for this quarterly reportable indicator, with the latest available position is for October 2019, and we are currently working on the submission of the return for Q3.

For October, there were 31 patients cancelled compared to 46 in September. The areas contributing most to the monthly position are Cardiac Surgery (7), Orthopaedics (7), Dermatology (6), Spinal Surgery, ENT (3), Plastic Surgery (2), BMT (1) and Cardiology (1). The top three reasons recorded for the month are Clinician unavailability (7) and ICU bed unavailability (7).



Last minute non-clinical hospital cancelled operations: Breach of 28 day standard

The Trust reported 4 last minute cancelled operations not readmitted within 28 days in October, a similar position to the position in September. The areas contributing to the breaches are Orthopaedics (1), Spinal Surgery (1), Neurology (1) and Neurosurgery (1).

Urgent operations cancelled for a second time

- This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract.
- During December the Trust reported 1 patient that has been cancelled for an urgent operation for the a second time, the first cancellation was due no beds and the second due to theatre staff unavailability.



Data Completeness – Mental Health Identifiers

Mental Health Identifiers: Data Completeness

The Trust is nationally required to monitor the proportion of patient accessing Mental Health Services that have a valid NHS number, date of birth, postcode, gender, GP practice and Commissioner code. Within this area the Trust met the 97% standard with 97.91% of patients having valid data in December. This was a slight decrease from December when the trust reported 98.19%.

Mental Health: Ethnicity Completion - %

This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract.

The Trust has seen a significant improvement in collating ethnicity for patients accessing mental health services, with 69.18% in December having a valid ethnic code, although a slight deterioration from November's position (70.88%). This continues to be addressed with operational teams via weekly monitoring, refreshed training and focused Data Assurance work. Capture of this data is now completed within the EPIC system.

Patients with a valid NHS Number

% of patients with a valid NHS Number Inpatients and Outpatients

This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract.

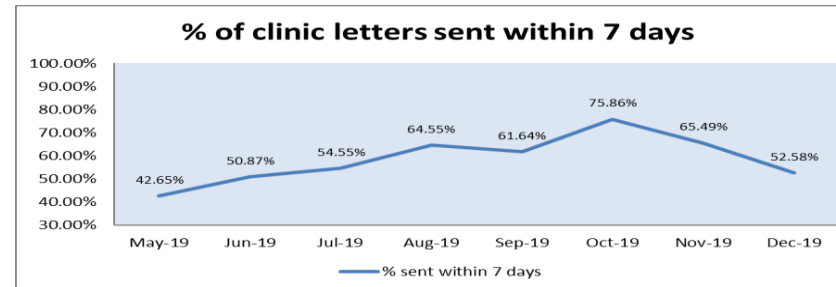
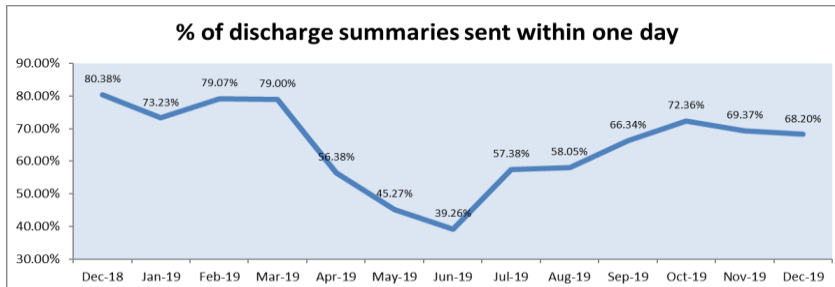
Nationally the Trust is monitored against achieving 99% of patients having a valid NHS Number across all services being accessed. As the report depicts for both Inpatients and Outpatients this is below the standard. Work is continues to improve collating our patient's NHS number.



Effective – Discharge Summaries

December 2019 Summary

- Although not at the required standard of 100% compliance, considerable focus has been placed on this indicator by both the operational and clinical teams to improve compliance. For the month of December, 68.20% of patients who were discharged from GOSH received a discharge summary within 24 hours, a very slight deterioration from the November position of 69.37%, but has been attributed to the Christmas period.
- This focus includes backlog clearance of discharge summaries and the embedding the completion of discharge summaries in real time into clinical practice. Compliance against the standard continues to be reported on a weekly basis though SLT and the weekly General Managers meeting. Significant improvement has been made in reduction of the backlog also, with no discharge summaries pre-dating September.
- Working groups have been initiated to focus on specific challenges experienced by services and ensure resolutions are agreed and transacted. Training materials and courses have been reviewed and the workflow has been clearly communicated. Targeted support will be offered to individuals/services with poor metrics. The EPR team in conjunction with Service Managers will approach clinicians with additional training and guidance.



Clinic Letter Turnaround Times

For December 2019, performance has deteriorated in relation to 7 day turnaround; 53.84% compared to 55.09% in November.

The EPR team have now rolled out the 'clinic letter not required' button within Epic, to specific services at a clinic level which can be used for specific patient appointments where a clinic letter will not be required for clinical reasons. In addition, additional training is being provided for Clinicians and Operational Managers around the process to ensure that everyone is aware of the process, presentation of the performance and backlog figures at the weekly at the Senior Leadership Team (SLT) meeting and targets set for improvement week on week and to be managed and flagged through the weekly PTL meetings, targeted support will be offered to individuals/services with poor metrics

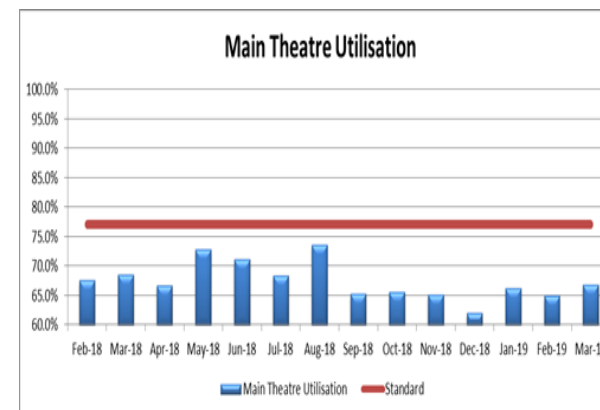
Focused work is also looking at those areas by speciality where patients have multiple letters within the same service which have not been sent, to understand if some of the earlier letters can be closed off. This has the potential to reduce the backlog by up to 25%.

Productivity – Theatre Utilisation

The first cut of the theatre utilisation data has now been provided to the Directorate team and the outputs of this are currently in the process of being validated. Work continues on the development of a theatres dashboard which will allow the teams to track performance against a range of appropriate theatre indicators.

Work continues on targeting fully utilising lists and addressing delays with clerking and consenting of patients.

A working group has been established to review theatre utilisation reports and % utilisation of main theatres should be available by end of January. A verbal update on the position will be provided at Trust Board.



Bed Occupancy and Closures

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: Q2 occupancy was reported as 78.4%, a slight improvement from Q1 occupancy which was reported as 74.8%. Work is underway to produce the monthly breakdown for occupancy.

Bed closures: The average number of beds closed in December (56) was higher than the number reported in November (47). This was mainly due to Hedgehog having an average of 10 beds closed over the month and Butterfly and Kingfisher having an average of 6 beds closed over the month mainly due to staffing. NICU/PICU/CICU have experienced an average of 7 beds closed. Although Sky ward was closed due to infection control, the patients were decanted to other areas of the hospital.

Trust Activity

Trust activity: December activity for day case remains below plan, while the level of activity for over night stays continues to track above the plan, although the level of activity across spells was more than last month. For outpatients the volume of attendances continues to track below plan, emphasising the focus needed across teams to return outpatient activity to pre-Epic levels. Critical care bed days are above plan and higher than last month's activity.

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 the month of December, there were five patients whose stay in hospital at point of discharge was over 100 days, accumulating 752 bed days in total.

Productivity – PICU Metrics

The KPIs have been agreed collaboratively with the Trusts PICU consultants and are designed to provide a triangulated picture of the service. Further analysis and intelligence will be added in future reports.

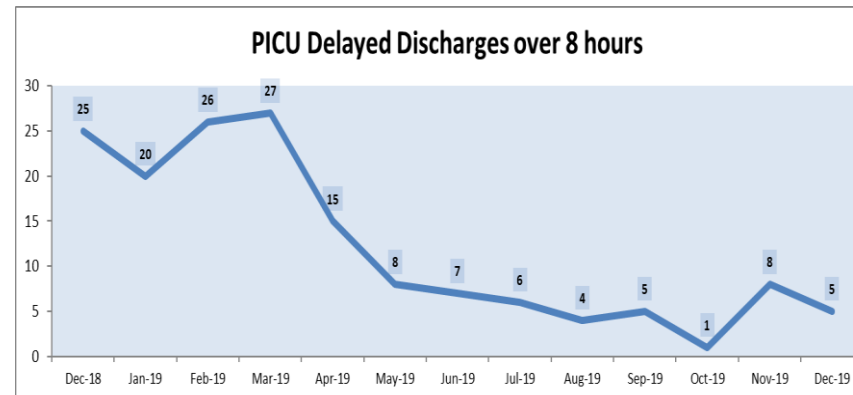
CATS referral refusals to PICU/NICU: The number of CATS referral refusals into PICU/NICU from other providers during December has increased to 58 from a November position of 31.

As part of the specialised services Quality Dashboard, a KPI is monitored on emergency admission refusals. It clearly shows the Trust refuses a higher percentage of patients than the national average, as demonstrated in the table below

Quarter	GOSH PICU/NICU/ CICU refusals	GOSH admission requests	GOSH % refused	National % refused
Q1 19/20	27	228	11.8	10.5
Q4 18/19	63	271	23.2	10.0
Q3 18/19	79	234	33.8	16.9
Q2 18/19	45	127	35.4	8.09
Q1 18/19	27	112	24.1	6.27

PICU Delayed Discharges:

Delayed discharges over 8 hours from PICU can demonstrate the challenges being faced internally and externally with regards to capacity issues on accessing beds. December has seen five patients delayed over 8 hours compared to eight in November.

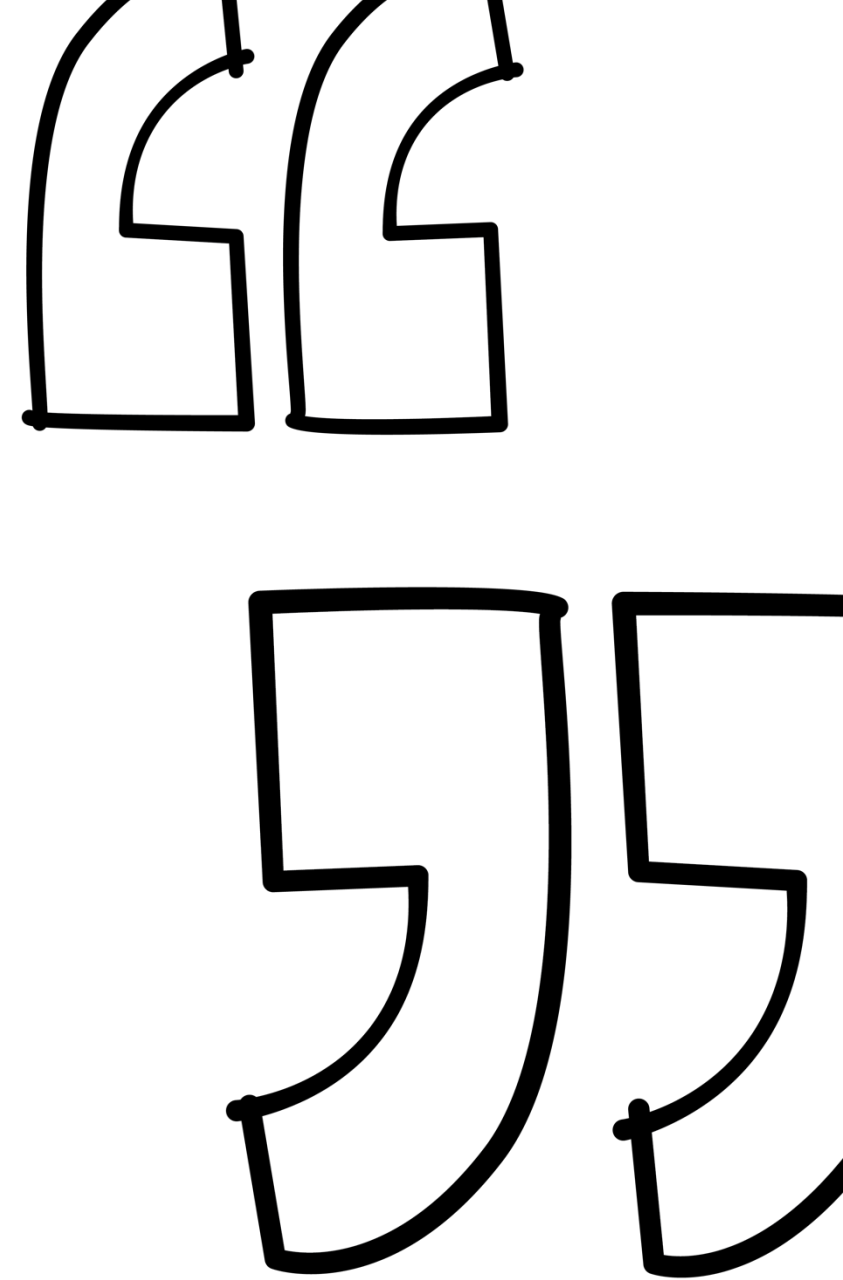


PICU Emergency Readmissions:

There were zero readmissions back into PICU within 48 hours for the month of December, compared to two in November.

Workforce headlines

- **Contractual staff in post:** Substantive staff in post numbers in December were 4634.9 FTE which is a decrease from November (-28.57 FTE), this is also lower than the same month last year. This reduction reflects a seasonal trend whereby joiners delay on-boarding until after the new year.
- **Unfilled vacancy rate:** The Trust vacancy rate for December increased slightly to 7.8% from 7.3% in November, however this is lower than the August peak of 9.3%. Trust vacancy rates have been below target since July 2017.
- **Turnover** is reported as voluntary turnover. Voluntary turnover reduced to 15.7%, which is above target (14%) and the same month last year. HR has established a Recruitment & Retention group, linking in with colleagues across the Trust to develop a retention plan, aligned to the existing Nursing retention collaborative work. The most common leaving reasons are Relocation and promotion. Total turnover (including Fixed Term Contracts) increased to 18.7% which is slightly above target and the highest since December 2017.
- **Agency usage** for December 2019 was 0.7% of total paybill, which is below the local stretch target, and is also well below the same month last year (1.1%). Human Resources Business Partners continue to work with the Directorates and corporate areas to address local pockets of agency usage. The target for 2019/20 remains 2% of total paybill. Bank % of paybill was 4.8%
- **Statutory & Mandatory training compliance:** In December the compliance rate across the Trust was 95%, which is well above the target with all directorates achieving target. Across the Trust there are 6 topics below target including Information Governance where the target is 95%. These non-compliant topics continue to be a focus of improvement.
- **Sickness absence** remains at 2.8% (12 month rolling) and remains below target, and below the London average figure of 2.8%. The 2019/20 target remains 3%. The in-month sickness rate for December was 3.1%
- **Appraisal/PDR completion** The non-medical appraisal rate for December was on target at 90%. 7 of the 17 Directorates have achieved target. Consultant appraisal rates have increased to 94%.



Trust HR KPI performance December 2019



Metric	Plan	December 2019	3m average	12m average
Voluntary Turnover	14%	15.7%	15.8%□	15.2%□
Sickness (12m)	3%	2.8%	2.8%	2.5%
Vacancy	10%	7.8%	7.7%	6.1%
Agency spend	2%	0.7%	0.7%	0.8%
PDR %	90%	90%	89%	86%
Consultant Appraisal %	90%	94%	91%	87%
Statutory & Mandatory training	90%	95%	95%	94%

Key:

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

Clinical Directorate HR KPIs December 2019



Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Ops & Images	Sight & Sound	IPP
Voluntary Turnover	14%	15.7%	11.9%	15.5%	14.7%	16.2%	16.9%	12.6%	14.9%	18.9%
Sickness (12m)	3%	2.8%	2.4%	2.3%	2.1%	3.0%	2.2%	3.4%	3.9%	5.5%
Vacancy	10%	7.8%	1.2%	5.5%	2.9%	3.7%	-1.9%	-3.4%	5.6%	20.3%
Agency spend	2%	0.7%	0.0%	0.1%	0.0%	0.1%	1.9%	-0.2%	0.7%	1.7%
PDR %	90%	90%	92%	87%	94%	90%	88%	88%	99%	91%
Stat/Mand Training	90%	95%	93%	94%	94%	93%	94%	95%	99%	94%

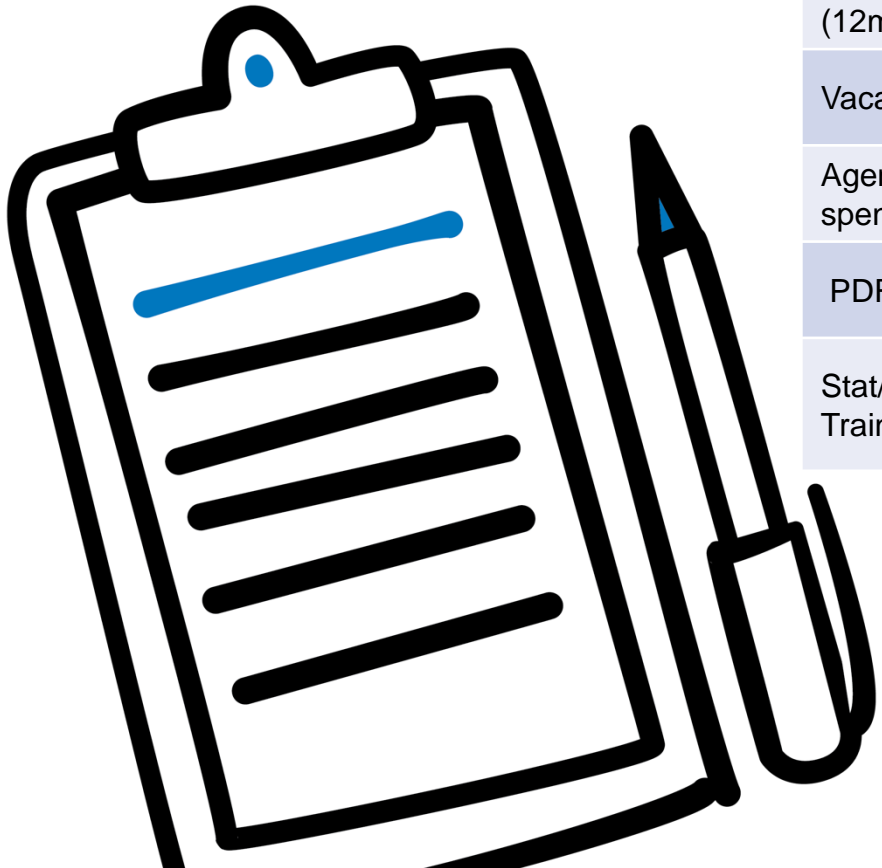
Key:
■ Achieving Plan ■ Within 10% of Plan ■ Not achieving Plan

Corporate Directorate HR KPIs December 2019

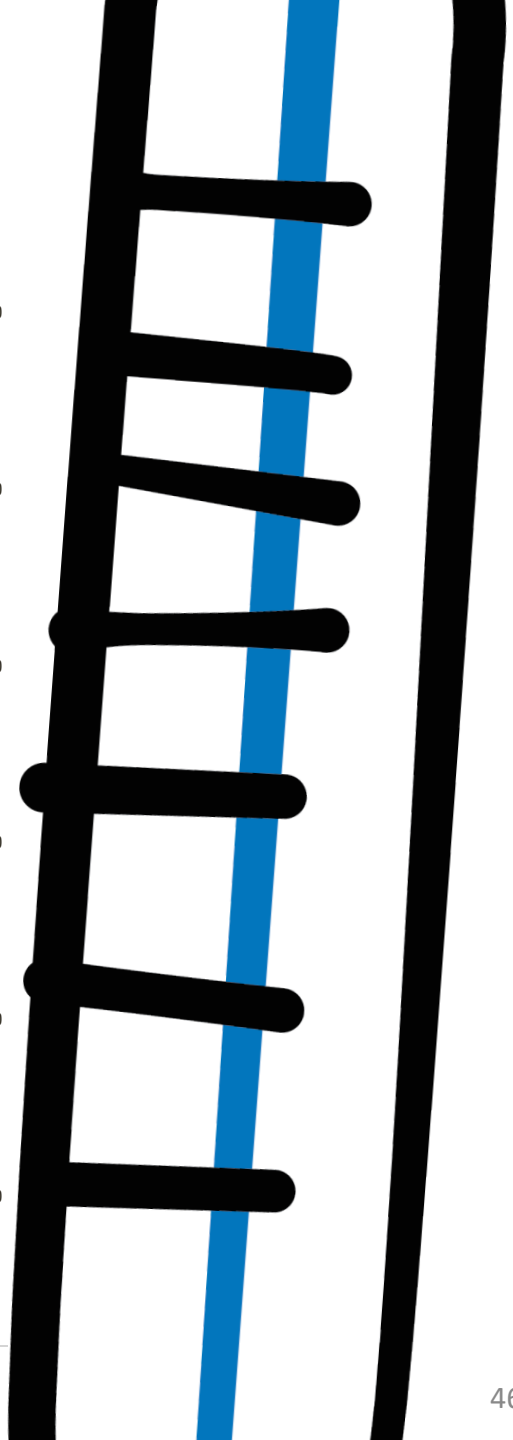
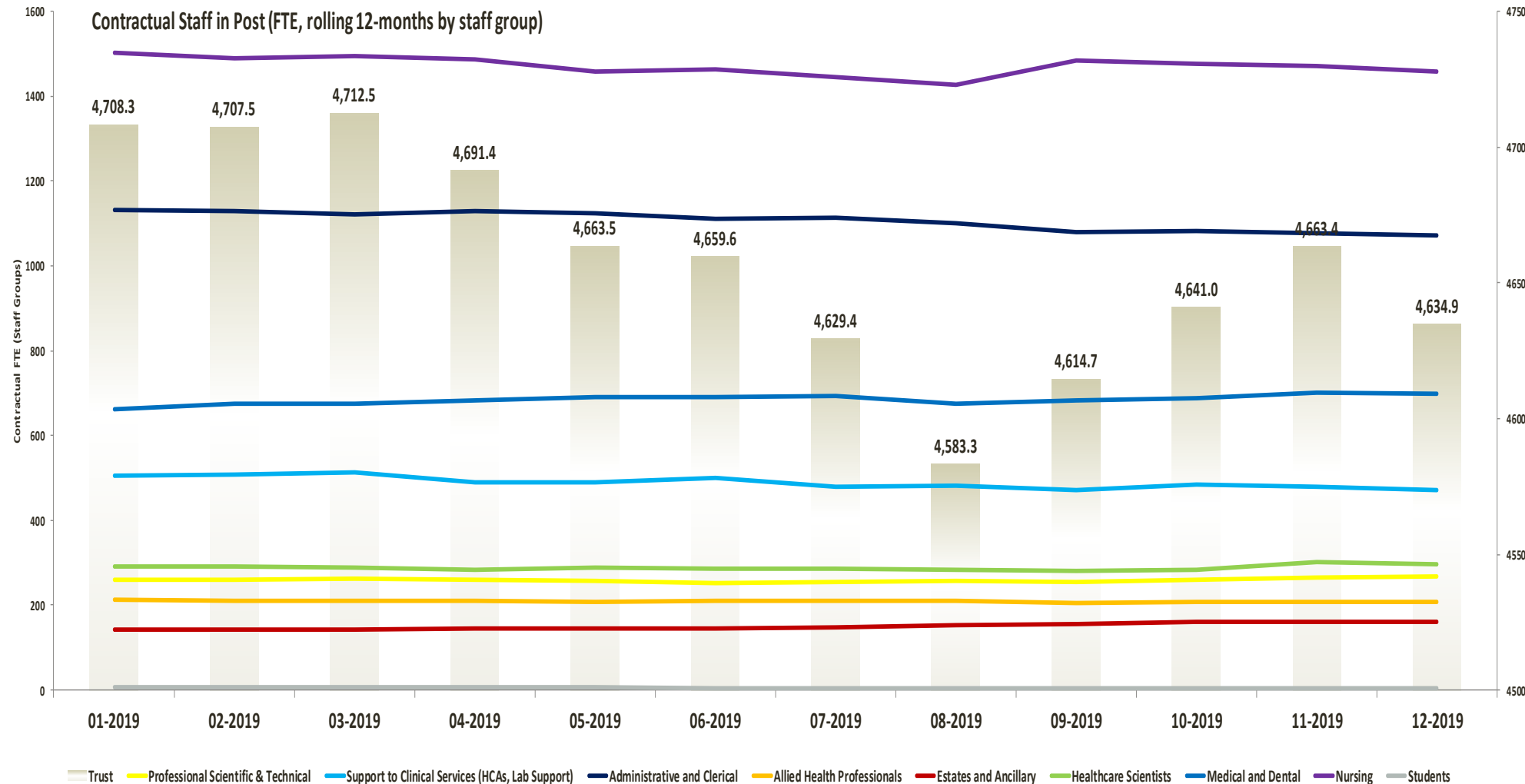
Metric	Plan	Trust	Clinical Operations	Corporate Affairs	DPS	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation
Voluntary Turnover	14%	15.7%	16.6%	31.6%	13.5%	20.5%	15.4%	30.2%	16.6%	27.8%
Sickness (12m)	3%	2.8%	1.4%	0.0%	3.2%	1.2%	5.6%	0.8%	2.8%	2.0%
Vacancy	10%	7.8%	19.5%	3.3%	3.2%	29.1%	-0.8%	22.3%	8.7%	63.0%
Agency spend	2%	0.7%	1.6%	0.0%	3.1%	11.3%	2.9%	0.0%	0.0%	0.5%
PDR %	90%	90%	86%	73%	94%	85%	83%	68%	89%	86%
Stat/Mand Training	90%	95%	98%	99%	95%	98%	98%	95%	98%	97%

Key:

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



Substantive staff in post by staff group





**Trust Board
6th February 2020**

Month 9 2019/20 Finance Report

Paper No: Attachment L

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

Attachment Finance Report M09

Key Points to take away

1. The Trust is required to achieve an overall control total that is agreed with NHSI annually. The Trust is £0.6m favourable to the control total YTD at Month 9; this is principally due to a high in-month performance relating to private patient income and continued vacancies across the organisation.
2. The Trust is behind its income target by £2.8m (excluding pass through) at Month 9. Private patient income has improved since the start of the year and the YTD deficit has reduced to £2.9m. NHS Clinical Income that is not on block contract is behind plan by £0.5m.
3. Pay is underspent YTD by £6.1m due to the high number of vacancies across the Trust that are not being covered by equivalent Bank or Agency and reduced research costs (offset by income)
4. Non pay is £3.2m above plan YTD (excluding pass through). This is due to increased computer software costs and premise costs associated with the new buildings and impairment to receivables relating to non-NHS activity.
5. Cash held by the Trust is higher than plan by £23.6m which included £8.2m received earlier in the year related to PSF for 2018/19.

Introduction

This paper reports the Trust's Financial Position as at the end of December 2019 (Month 9). The Trust is required to achieve an overall control total breakeven (excluding PSF) for the year which is a decrease from 2018/19. Due to reductions in income tariffs and additional costs associated with new buildings the Trust must deliver a Better Value program of £20m.

The Trust is currently £0.6m ahead of its YTD control total. In Month 9 the Trust delivered a financial position that was £0.1m ahead of the in-month control total. The Trust is forecasting that the control total will be met and therefore the PSF of 3.8m will be achieved.

The Trust delivered £7.7m (£6.5m recurrently) YTD of the Better Value programme target of £12.8m with the remainder being covered by non-recurrent pay vacancies. Work is being undertaken to review how these non-recurrent savings can be maintained throughout the year.

Financial Position – Summary Points

NHS & other clinical revenue (excluding pass through) is favourable to plan by £0.3m YTD. The majority of services are under a block contract arrangement so the over performance relates to those services remaining on a cost and volume contract and due to additional income recognised as a result of Nursinersen, Battens and CAR-T activity.

Private patient income is behind plan by £2.9m due to reduced activity from reduced levels of demand across Q1. Private patient income in month is significantly favourable to plan (£0.8m) due to higher activity, with both CAR-T and Nursinersen patients. The Trust agreed to an increase to the PICU/NICU activity in the IPP plan for 2019/20. While this is being implemented, demand has not emerged in line with plan YTD.

Non-clinical income is £0.3m behind plan YTD relating to the timing of spend on approved charity funded projects and research grants. The improvement in month has been due to increased income from research grants which is offset by expenditure.

Pay is underspent by £6.1m YTD. The key contributors to this underspend are the number of vacancies across the organisation that not currently being backfilled by agency and bank. The Trust is currently below the NHSI agency cost ceiling that it agrees as part of its annual plan and is forecasting to be below this by year end. Some of the pay underspends relate to the delays in charitable funded projects and reduced research costs YTD; both of these are offset by reduced income. In month pay is on plan having incurred additional bank holiday pay spend over the Christmas period.

Non-Pay expenditure (excluding pass through) is £3.2m adverse to plan YTD. The increased expenditure in month is driven by increased lab and reagent consumables given high levels of lab activity and research costs relating to commercial studies. YTD overspend is largely driven by IT costs associated with EPIC implementation and continued impairment of receivables relating to Non-NHS activity.

Financial Forecast – Summary Points

The Trust is currently forecasting to deliver plan. Private patient income is forecast to be £4.4m below plan and non-pay (excluding passthrough) is forecast to be above plan by £2.6m being. These are being offset by forecast underspends of £5.1m on pay. These numbers are driven by reduced levels of activity across the organisation partly continuing into the second half of the year. The achievement of the Trust forecast is dependent on an increase in private patient income in the final months of the year and the achievement of additional better value schemes; without these the forecast breakeven position would be at risk.

Statement of Financial Position – Summary Points

Indicator	Comment	
NHSI Financial Rating	The Trust overall metric score is a two which is in line with plan. One metric is now rated a three and is forecasted to improve throughout the year as the Trust moves from a deficit to a surplus position. The annual plan is for an overall score of one.	
Cash	Variance/movement	Cash variance vs plan YTD (£m)
	EBITDA higher than plan	0.7
	Interest Receivable – higher than plan	0.2
	Inventories – higher than plan	(0.8)
	Trade and Other Receivables – lower than plan	(6.9)
	Trade and Other Payables - higher than plan	21.1
	Other liabilities – lower than plan	(1.0)
	Capital expenditure – lower than original plan	10.3
	Cash variance to plan	23.6
NHS Debtor Days	NHS Debtor days in month are 17 days which is in line with the plan. This is because the majority of the Trust's NHS invoices by value relate to contractual monthly SLA payments which are settled on the 15th of each month.	
IPP Debtor Days	IPP debtor days increased from 215 to 225 days due to lower than average receipts from embassies.	

Attachment L

Creditor Days	Creditor days decreased from 36 days to 29 days.
Inventory Days	Non-Drug inventory days decreased to 79 days from 81 days. This is largely as a result of the decrease in stock levels in Theatres following the sterilisation of Ocean Theatres for bed bugs. Inventory days (drugs) cannot be calculated due to ongoing data quality issues with pharmacy reports; the EPR and pharmacy teams are working to resolve these issues.
Action required from the meeting	
<ul style="list-style-type: none"> To note the Month 9 Financial Position 	
Contribution to the delivery of NHS Foundation Trust strategies and plans	
The delivery of the financial plan is a key strategic objective to ensure we have sufficient funding to meet the needs of our delivery of care.	
Financial implications	
The Trust has achieved its control total in month by £0.1m and is £0.6m favourable to the YTD control Total. The Trust is forecasting to breakeven at control total level at year end. The PSF is back ended with increased amounts owing each quarter. The Trust has released £0.4m of the £1.0m contingency.	
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.	

Finance and Workforce Performance Report Month 9 2019/20

Contents

Summary Reports	Page
Trust Dashboard	2
Income & Expenditure Financial Performance Summary	3
Income & Expenditure Forecast Outturn	4
NHS Income	5
Other Income	6
Workforce Summary	7
Non-Pay Summary	8
Better Value Summary	9
Cash, Capital and Statement of Financial Position Summary	10

ACTUAL FINANCIAL PERFORMANCE

	In month			Year to date		
	Plan	Actual	RAG	Plan	Actual	RAG
INCOME incl. pass-through	£38.2m	£40.6m	●	£364.3m	£369.2m	●
PAY	(£24.1m)	(£24.1m)	●	(£217.5m)	(£211.3m)	●
NON-PAY incl. pass-through, owned depreciation and PDC	(£15.6m)	(£17.9m)	●	(£150.3m)	(£160.7m)	●
CONTROL TOTAL excl. PSF	(£1.5m)	(£1.4m)	●	(£3.5m)	(£2.9m)	●

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

AREAS OF NOTE:

In month (Month 9) the Trust position is favourable to the control total (£0.1m). NHS and other clinical income is favourable (£0.1m) in month with pass through activity also above plan (£0.8m). These are driven by additional activity not covered by the block and new drugs approved in year for which the Trust is now seeing patients (CAR-T, Nusinersen and Battens). Pay is below plan YTD (£6.1m) due to vacancies across the organisation and is on plan in month due to additional payments relating to bank holiday working over the Christmas holidays and additional research costs associated with commercial studies (offset by income). Non-pay (excl. passthrough) is adverse to plan YTD (£3.2m) due to above plan IT spend, impairment of receivables relating to non-NHS activity and costs associated with research commercial studies. Private patient income is higher than plan in month (£0.8m) which is due to CAR-T and Nusinersen patients alongside additional activity more widely. The Trust has received £0.4m of PSF monies relating to a 2018/19 PSF reallocation post accounts. This was not included in the annual plan and does not contribute to the control total.

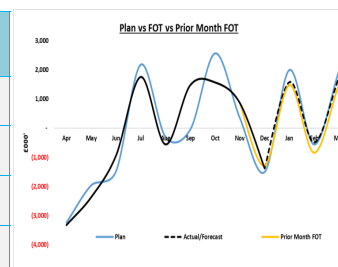
FORECAST FINANCIAL PERFORMANCE

	Plan (£m)	Forecast (£m)	Var (£m)	RAG
INCOME incl. pass-through	£488.4m	£499.6m	£11.2m	●
PAY	(£289.2m)	(£284.1m)	£5.1m	●
NON-PAY incl. pass-through, owned depreciation and PDC	(£199.2m)	(£215.5m)	(£16.3m)	●
CONTROL TOTAL excl. PSF	£0.0m	£0.0m	£0.0m	●

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

AREAS OF NOTE:

The Trust is forecasting a year end position that breaks even with the Trust control total. The forecast is compiled from each individual directorate forecast from across the organisation. The forecast incorporates an improvement in the private patient income for the later part of the year to a total respective outturn of £65.3m, and passthrough income performance significantly above plan (£13.8m) due to additional drugs agreed in year (offset by additional expenditure). Pay is forecast to continue to underspend throughout the rest of the year ending the year £5.1m underspent. This is due to continued vacancies across the organisation and vacancy control processes that ensures posts are recruited to as appropriate. Non pay is above plan due to increased passthrough drugs and devices (£13.5m) and increased costs associated with ICT systems and contracts. The forecast is being updated on a monthly basis and a review is undertaken each month to look at how the forecast has moved each month.



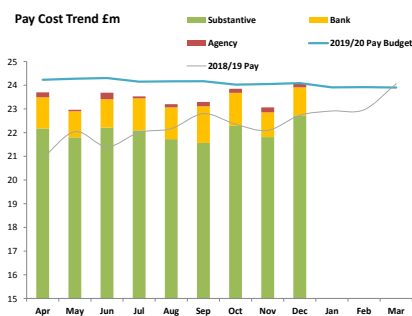
PEOPLE

	M9 Plan Av. WTE	M9 Actual Av. WTE	Variance
PERMANENT	4,630.1	4,450.7	179.4
BANK	292.8	244.3	48.5
AGENCY	56.5	31.2	25.3
TOTAL	4,979.4	4,726.2	253.2

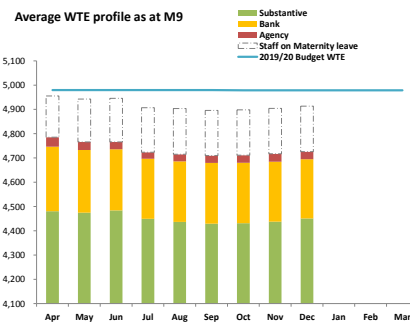
AREAS OF NOTE:

WTE remain in line with November. The Pay bill YTD is below plan due to the vacancies across the organisation. The WTE excludes 187.4 average contractual WTE's on maternity leave within the Trust. The actual bank and agency usage is currently below plan (and below the agency ceiling set by NHSI).

In month staffing costs have increased due to the increased bank holiday costs in December combined with the increased research commercial study costs. Trust vacancies are contributing to the non-recurrent delivery of the better value programme across the organisation.



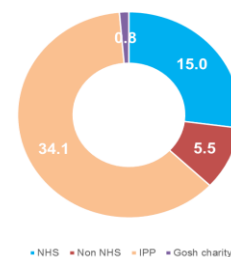
Average WTE profile as at M9



CASH, CAPITAL AND OTHER KPIS

Key metrics	Plan	Actual
Cash	£43.2m	£66.8m
IPP Debtor days	120	225
Creditor days	30	29
NHS Debtor days	30	17

Net receivables breakdown (£m)



Capital Programme	YTD Plan M9	YTD Actual M9	Full year plan	Full Year Fcst
Total Trust-funded	£11.5m	£13.0m	£17.5m	£21.2m
Total Donated	£37.5m	£25.9m	£44.8m	£32.7m
Grand Total	£49.0m	£38.9m	£62.3m	£53.9m

NHSI metrics	Plan M9	Actual M9
CAPITAL SERVICE COVER	2	2
LIQUIDITY	1	1
I&E MARGIN	3	3
VAR. FROM CONTROL TOTAL		1
AGENCY	1	1
TOTAL	2	2

AREAS OF NOTE:

- Cash held by the Trust continues to be higher than plan. At M09 the closing cash balance was £66.8m (£23.6m higher than plan). This includes £8.2m received earlier in the year which related to PSF for 2018/19 as well as £2.8m relating to over-performance invoices for 2019/20.
- The capital programme is behind the plan by £10.2m at M09; of this Trust-funded is £1.5m ahead of plan and donated £11.7m behind. Trust-funded is ahead due to recognition of EPR licence charges payable in future periods. There is slippage on the Trust-funded Estates and IT programmes, and on the donated Redevelopment and Medical Equipment programmes.
- IPP debtors days increased in month from 215 days to 225 days. Total IPP debt increased in month to £38.7m (£36.0m in M08), overdue debt increased in month to £29.5m (£26.2m in M08).
- Creditor days decreased in month from 36 days to 29 days.
- NHS debtor days decreased from 20 days to 17 days.
- NHSI metrics are overall rated at a 2 which is on plan.

Trust Income and Expenditure Performance Summary for the 9 months ending 31 Dec 2019

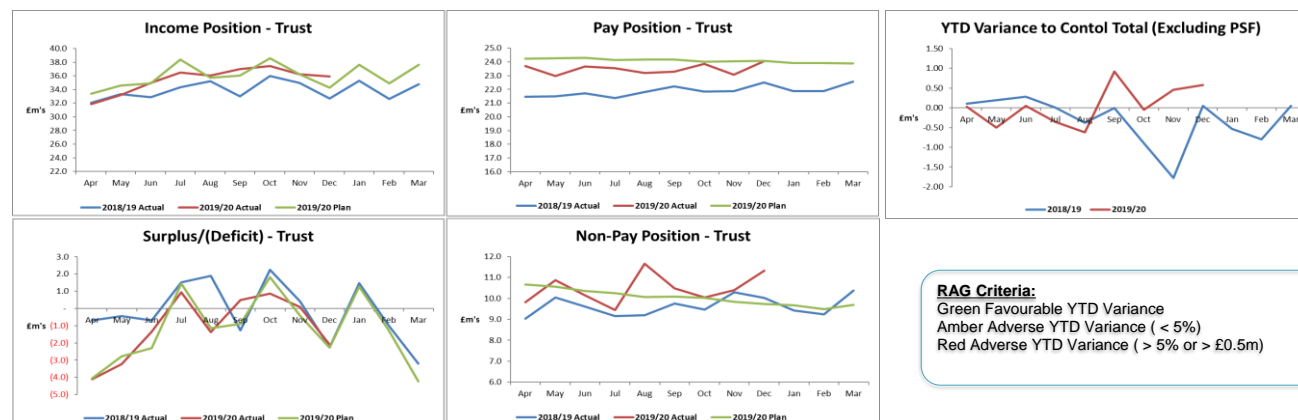
2019/20											Notes	2018/19		CY vs PY	
Annual Budget	Income & Expenditure	Month 9				Year to Date				Rating		YTD Actual	Variance		
		Budget	Actual	Variance		Budget	Actual	Variance		YTD Variance					
		(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%						
296.47	NHS & Other Clinical Revenue	23.36	23.48	0.12	0.51%	220.96	221.28	0.32	0.14%	G	1	211.40	9.88	4.67%	
59.94	Pass Through	4.30	5.07	0.77	17.91%	44.66	52.35	7.69	17.22%			47.00	5.35	11.38%	
69.76	Private Patient Revenue	5.52	6.28	0.76	13.77%	52.09	49.24	(2.85)	(5.47%)	R	2	46.80	2.44	5.21%	
62.25	Non-Clinical Revenue	5.04	5.79	0.75	14.87%	46.60	46.29	(0.31)	(0.66%)	A	3	49.90	(3.61)	(7.24%)	
488.42	Total Operating Revenue	38.22	40.62	2.40	6.28%	364.31	369.16	4.85	1.33%	G		355.10	14.06	3.96%	
(269.30)	Permanent Staff	(22.52)	(22.72)	(0.20)	(0.89%)	(201.73)	(198.37)	3.36	1.67%			(184.70)	(13.67)	(7.40%)	
(3.48)	Agency Staff	(0.29)	(0.15)	0.14	48.28%	(2.61)	(1.49)	1.12	42.91%			(2.10)	0.61	29.05%	
(16.39)	Bank Staff	(1.28)	(1.18)	0.10	7.81%	(13.11)	(11.47)	1.64	12.51%			(11.80)		0%	
(289.17)	Total Employee Expenses	(24.09)	(24.05)	0.04	0.17%	(217.45)	(211.33)	6.12	2.81%	G		(198.60)	(12.73)	(6.41%)	
(13.80)	Drugs and Blood	(1.10)	(1.30)	(0.20)	(18.18%)	(10.33)	(10.02)	0.31	3.00%	G	4	(9.10)	(0.92)	(10.11%)	
(44.13)	Other Clinical Supplies	(3.60)	(4.07)	(0.47)	(13.06%)	(33.45)	(33.42)	0.03	0.09%	G		(31.80)	(1.62)	(5.09%)	
(62.50)	Other Expenses	(5.04)	(6.01)	(0.97)	(19.25%)	(47.81)	(51.30)	(3.49)	(7.30%)	R		(47.60)	(3.70)	(7.77%)	
(59.94)	Pass Through	(4.30)	(5.01)	(0.71)	(16.51%)	(44.66)	(52.11)	(7.45)	(16.68%)			(46.40)	(5.71)	(12.31%)	
(180.37)	Total Non-Pay Expenses	(14.04)	(16.39)	(2.35)	(16.74%)	(136.25)	(146.85)	(10.60)	(7.78%)	R	5	(134.90)	(11.95)	(8.86%)	
(469.54)	Total Expenses	(38.13)	(40.44)	(2.31)	(6.06%)	(353.70)	(358.18)	(4.48)	(1.27%)	R		(333.50)	(24.68)	(7.40%)	
18.88	EBITDA (exc Capital Donations)	0.09	0.18	0.09	96%	10.61	10.98	0.37	3.52%	G		21.60	(10.62)	(49.17%)	
(18.88)	Owened depreciation, Interest and PDC	(1.60)	(1.55)	0.05	2.82%	(14.04)	(13.84)	0.20	1.45%		7	(12.29)	(1.55)	(12.59%)	
0.00	Control Total (exc. PSF)	(1.50)	(1.37)	0.13	8.99%	(3.43)	(2.86)	0.58	16.77%						
3.76	PSF	0.38	0.38	0.00	(200.00%)	2.44	2.44	0.00	(100.00%)						
3.77	Control total	(1.13)	(0.99)	0.13	12.00%	(0.99)	(0.41)	0.58	58.18%	G		9.31	(9.72)	(104.45%)	
0.00	PY PSF post accounts reallocation	0.00	0.00	0.00		0.00	0.35	0.35							
(13.07)	Donated depreciation	(1.15)	(1.12)	0.02	2.18%	(9.61)	(9.73)	(0.12)	(1.23%)			(8.41)	(1.32)	(15.67%)	
(9.30)	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(2.27)	(2.11)	0.16	7.05%	(10.60)	(9.80)	0.80	7.59%			0.90	(11.04)	(1,226.89%)	
(5.50)	Impairments	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%			0.00	0.00	0%	
46.72	Capital Donations	2.10	2.97	0.87	41.43%	40.06	25.87	(14.19)	(35.42%)		6	26.00	(0.13)	(0.50%)	
31.92	Adjusted Net Result	(0.17)	0.86	1.03	605.88%	29.46	16.07	(13.39)	(45.43%)			26.90	(11.17)	(41.53%)	

Summary

- The Trust in month position is favourable to plan (£0.1m) with a YTD favourable position to the control total (£0.6m). Private patient income is above plan in month (£0.8m). Pay is underspent (£6.1m) YTD.
- The Trust position includes PSF funding for months 1-9 (£2.4m) and an additional bonus payment relating to 2018/19 of £0.3m (excluded from the control total).

Notes

- NHS & other clinical revenue (excluding pass through) is favourable to plan YTD (£0.3m). Additional income has been recognised as a result of Nusinersen, Batusen and CAR-T activity YTD, which has been a key driver of over performance.
- Private Patient income in month is favourable to plan (£0.8m) due to increased activity inclusive of CAR-T and Nusinersen patients. However this is partially offset by increased drug costs in non-pay. The YTD position is behind plan (£2.9m) which is due to lower demand across a number of specialities.
- Non-clinical income is favourable in month (£0.8m) due to increased lab income and research income (which is offset by expenditure). This is being offset YTD by lower recognition of outreach clinic income in line with IFRS 15 and additional provision relating to risk of non-payment of income from other organisations.
- Pay is favourable to plan (£6.1m) due to vacancies across the Trust. The Trust use of agency is forecast to be £2.3m which is below plan and the agency ceiling set by NHSI. In month pay is on plan having incurred additional bank holiday pay spend over the Christmas period.
- Non pay (excluding pass through) is adverse to plan YTD (£3.2m) due to IT spend relating to the EPIC implementation, impairment of receivables relating to non-NHS activity.
- Income from capital donations is lower than plan YTD due to slippage in capital projects (£14.2m).



Trust Income and Expenditure Forecast Outturn Summary for the 9 months ending 31 Dec 2019

Full Year Actual 2018/19 (£m)	31 Dec 2019	Annual Budget (£m)	Internal Forecast			Rating Forecast Variance to plan
	Income & Expenditure		Full-Yr (£m)	Variance to Plan		
				(£m)	%	
288.61	NHS & Other Clinical Revenue	296.47	297.67	1.20	0.40%	G
62.40	Pass Through	59.94	73.77	13.83	18.74%	
62.19	Private Patient Revenue	69.76	65.33	(4.43)	(6.78%)	R
74.43	Non-Clinical Revenue	62.25	62.84	0.59	0.94%	G
487.63	Total Operating Revenue	488.42	499.60	11.18	2.24%	
(250.05)	Permanent Staff	(272.88)	(266.45)	6.43	(2.41%)	
(2.74)	Agency Staff	(3.48)	(2.27)	1.21	(53.24%)	
(15.84)	Bank Staff	(12.81)	(15.37)	(2.56)	16.63%	
(268.63)	Total Employee Expenses	(289.17)	(284.09)	5.09	(1.79%)	G
(11.88)	Drugs and Blood	(13.80)	(13.33)	0.47	(3.52%)	G
(43.37)	Other Clinical Supplies	(44.13)	(43.07)	1.06	(2.46%)	G
(66.77)	Other Expenses	(62.50)	(66.64)	(4.14)	6.21%	R
(62.92)	Pass Through	(59.94)	(73.44)	(13.50)	18.39%	
(184.94)	Total Non-Pay Expenses	(180.37)	(196.48)	(16.11)	8.20%	R
(453.57)	Total Expenses	(469.54)	(480.57)	(11.03)	2.29%	R
34.06	EBITDA (exc Capital Donations)	18.88	19.04	0.16	0.82%	G
(16.69)	Owned Depreciation, Interest and PDC	(18.88)	(19.02)	(0.14)	0.74%	
17.37	Control Total (exc. PSF)	0.00	0.02	0.02	94.44%	
0.00	PSF	3.76	3.76	0.00		
17.37	Control total	3.76	3.78	0.02	0.45%	G
0.00	PY PSF post accounts reallocation	0.00	0.35	0.35	100.00%	
(11.39)	Donated depreciation	(13.07)	(13.08)	(0.01)	0.11%	
5.98	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(9.30)	(8.95)	0.35	(633.33%)	
(7.90)	Impairments	(5.50)	(5.50)	0.00	0.00%	
32.78	Capital Donations	46.72	32.69	(14.03)	(42.92%)	
30.86	Adjusted Net Result	31.92	18.24	(13.68)	(75.02%)	

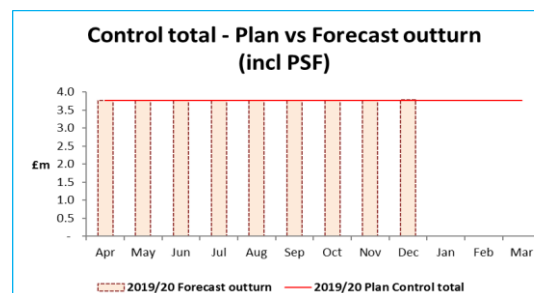
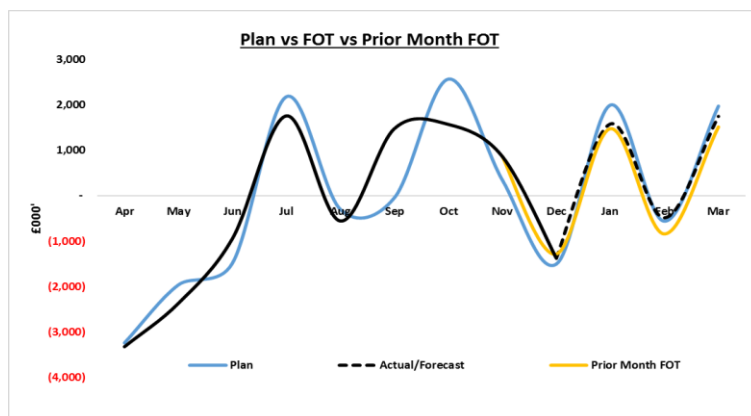
Notes

Summary

- The Trust is forecasting a year end position that breaks even with the Trust control total. This forecast is based on Better Value programme delivery including additional payment of non-NHS debt releasing impairment of receivables. If these do not come online there would be a risk in achieving the forecast.
- A block contract has been agreed with NHSE for 2019/20 and is included in the NHS Clinical income and non clinical income numbers of the forecast.

Notes

- NHS Clinical income is forecast to be £1.2m favourable to plan which is driven by the additional activity agreed in year and additional CCG activity. This is an improvement on the YTD position as newly commissioned services have come on line in the second half of the year.
- Pass through income is forecast to be above plan (£13.8m) due to additional drugs agreed in year. This is offset by expenditure but is a significant increase and would be a risk to delivering the year end position if the commissioners can't afford to reimburse the Trust.
- Private patient income is forecast to be £4.4m adverse to the plan; however this is forecast to be 5.0% higher than 2018/19 full year actual performance.
- Pay is forecast to be £5.1m favourable to plan due to a number of vacancies across the organisation that are not currently being covered by temporary staffing. Vacancy control process is in place to ensure posts are recruited to as appropriate.
- Non-pay (excluding pass through) is forecast to be £2.6m adverse at the year end. This is related to additional ICT costs offset by additional better value and the release of impairment to receivables.
- Capital Donations are forecast to be £14.0m below plan at the year end linked to the Trust Capital program.



Organisation	Contract type	Annual plan (£m)	Income plan (£m)	Income actual (£m)	Income variance (£m)	RAG YTD Variance
NHS England	Block	274.25	204.48	204.48	0.00	G
	Pass through drugs	51.75	38.55	45.47	6.92	G
	Cost & volume	0.80	0.59	1.27	0.68	G
Total NHS England		326.79	243.62	251.22	7.60	G
CCG contracts	Block	13.01	9.64	9.97	0.33	G
CCG non contract activity	Cost & volume	6.26	4.65	3.47	(1.18)	R
All CCG	Pass through	5.05	3.76	4.67	0.91	G
Total CCGs		24.31	18.05	18.11	0.06	G
NHS Trusts	Cost & volume	0.13	0.10	0.17	0.07	G
Total NHS Clinical Income		351.23	261.77	269.50	7.73	G
Non NHS	Cost & volume	4.45	3.31	3.44	0.13	G
	Pass through	0.29	0.21	0.45	0.24	G
Overseas	Cost & volume	0.43	0.32	0.24	(0.08)	A
	Pass through	0.00	0.00	0.00	0.00	G
TOTAL CLINICAL INCOME		356.41	265.61	273.63	8.02	G

RAG Criteria:

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

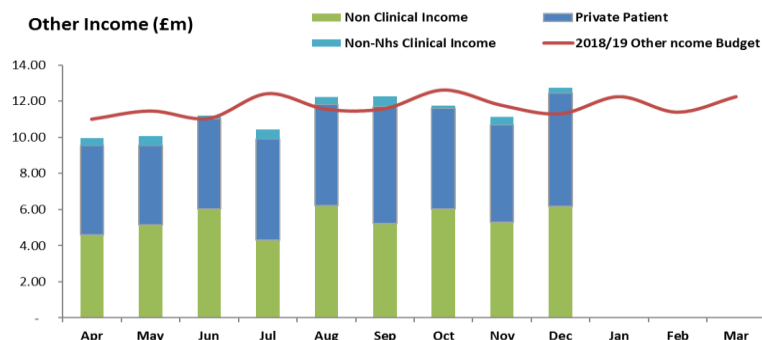
Summary

- Block contracts for activity have been agreed with NHS England for specialised commissioning and are in the process of being agreed with contracted CCGs. 91% of the CCGs have agreed their contracts which equates to £17.2m. This approach was adopted to mitigate the risk from the implementation of the new patient administration system, EPIC.
- Pass through income is being charged on a cost and volume basis for all commissioners except NHS England where drugs are on a cost and volume basis whilst PbR excluded devices form part of the block contract.
- Income is favourable to plan by £8.02m; largely due to increased pass through income (£6.92m for NHSE). The in-month drugs value for December is based on an estimate (whilst the new reporting system is optimised) and may be subject to change when refreshed in January.
- The increased drugs costs for NHSE, particularly from newly approved drugs, increases the risk of non-payment owing to financial pressures in the system.
- There is a £1.1m YTD adverse variance for non-contract activity; however this is the same as the position to the end of November. Uncoded activity has returned to a comparable level to that in 2018/2019, however the value for non contract and non-NHS activity may still increase or decrease when refreshed in January.

2019/20 Other Income for the 9 months ending 31 Dec 2019

Other Income Summary

	Annual plan (£m)	Current month			Year to date			RAG	YTD Variance
		Plan (£m)	Actual (£m)	Variance (£m)	Plan (£m)	Actual (£m)	Variance (£m)		
Private Patient	69.76	5.52	6.28	0.76	52.09	49.24	(2.86)	R	
Non NHS Clinical Income	4.89	0.37	0.30	(0.08)	3.63	3.44	(0.19)	A	
Non-NHS Clinical Income	74.65	5.89	6.57	0.69	55.72	52.68	(3.05)	R	
Education & Training	8.01	0.64	0.91	0.27	5.96	6.57	0.61	G	
Research & Development	26.28	2.17	2.46	0.29	19.74	19.99	0.25	G	
Non-Patient Services	1.00	0.08	0.12	0.04	0.75	0.87	0.12	G	
Commercial	1.61	0.13	0.10	(0.03)	1.20	1.03	(0.17)	A	
Charitable Contributions	10.72	0.87	0.86	(0.01)	8.00	7.59	(0.41)	A	
Other Non-Clinical	18.40	1.53	1.73	0.20	13.39	13.03	(0.37)	A	
Non Clinical Income	66.01	5.42	6.17	0.76	49.04	49.09	0.04	G	



RAG Criteria:

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

Summary

- Private patient income in-month is above plan by £0.8m due to higher activity levels and additional Nusinersen and CAR-T patients. YTD performance is below plan by £2.9m due to lower than expected bed occupancy in earlier months of the year, caused by referral rates into the Trust.
- Other Non-Clinical income is £0.2m above plan in-month, largely driven by additional activity within Genetics (£0.4m above plan in-month). YTD performance is £0.4m behind plan; driven by lower than plan commercial income relating to Project DRIVE and lower than expected clinical excellence awards.
- Non-Clinical income is £0.8m above plan in-month and is on plan YTD. This is largely driven by Other Non-Clinical movements described above, higher than plan Education & Training income (£0.3m) relating to Post Graduate Medical Education students and additional Research and Development income relating to the commencement of further commercial studies.

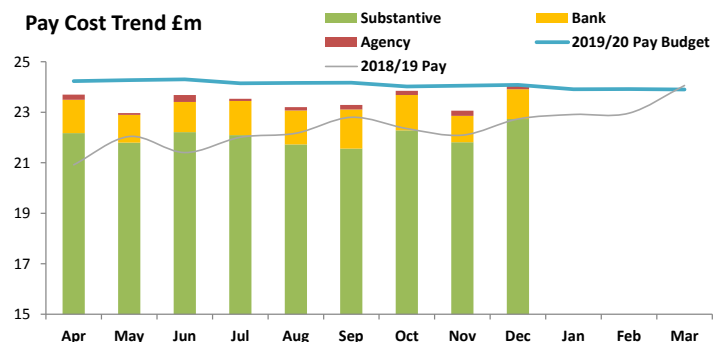
Workforce Summary for the 9 months ending 31 Dec 2019

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

£m including Perm, Bank and Agency	2019/20 plan			2019/20 actual			Variance				RAG
Staff Group	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Average WTE Vacancies	Volume Var (£m)	Price Var (£m)	£ Variance
Admin (inc Director & Senior Managers)	43.7	1,213.8	48.0	37.7	1,109.6	45.3	6.0	104.3	3.8	2.2	G
Consultants	40.7	368.0	147.4	40.7	353.6	153.3	0.0	14.4	1.6	(1.6)	G
Estates & Ancillary Staff	3.7	146.8	33.5	3.5	139.2	33.3	0.2	7.5	0.2	0.0	G
Healthcare Assist & Supp	7.4	305.9	32.3	6.7	280.1	32.1	0.7	25.9	0.6	0.1	G
Junior Doctors	20.9	381.9	72.8	21.1	344.4	81.6	(0.2)	37.5	2.0	(2.3)	A
Nursing Staff	62.0	1,623.6	50.9	59.9	1,524.3	52.4	2.0	99.2	3.8	(1.8)	G
Other Staff	0.4	10.0	55.6	0.3	8.9	51.1	0.1	1.1	0.0	0.0	G
Scientific Therap Tech	38.3	948.4	53.8	38.9	934.6	55.5	(0.6)	13.7	0.6	(1.2)	R
Total substantive and bank staff costs	217.0	4,998.4	57.9	208.9	4,694.8	59.3	8.1	303.7	13.2	(5.1)	G
Agency	2.6	56.5	61.6	1.5	31.5	62.8	1.1	24.9	1.1	0.0	G
Total substantive, bank and agency cost	219.6	5,054.9	57.9	210.4	4,726.3	59.3	9.2	328.6	14.3	(5.0)	G
Reserve*	(2.2)	(75.5)	0.0	1.0	0.0	0.0	(3.1)	(75.5)	(3.2)	0.1	R
Total pay cost	217.4	4,979.4	58.2	211.3	4,726.3	59.6	6.1	253.1	11.1	(4.9)	G
Remove Maternity leave cost				(2.7)			2.7			2.7	G
Total excluding Maternity Costs	217.4	4,979.4	58.2	208.9	4,726.3	58.9	8.6	253.1	11.1	(2.5)	G

*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m

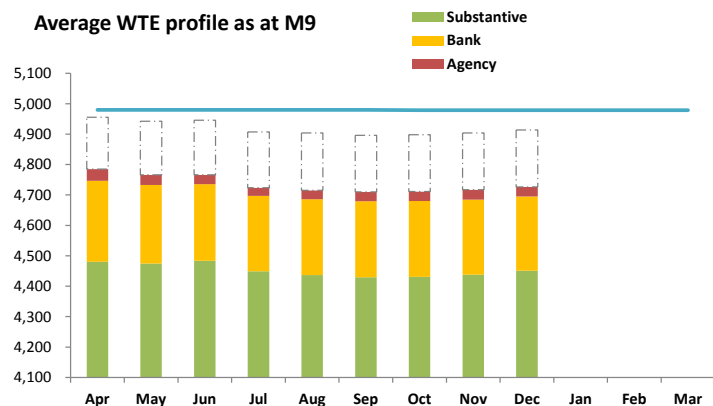


RAG Criteria:
Green
Favourable
Variance to plan
Amber Adverse
Variance to plan
(< 5%)
Red Adverse
Variance to plan
(> 5% or >
£0.5m)

Summary

- YTD pay spend is £211.3m which is £6.1m favourable to plan. The key contributor to the underspend is the number of vacancies across the organisation that are currently not being backfilled by bank or agency; this can be seen by the volume variance (£11.1m).
- The in month increase in staffing costs are due to increased staffing costs associated with additional commercial research and the increased costs of bank holidays in December.
- Average cost per WTE has remained very similar to M8 (from £59.0k to £58.9k).
- The Trust has a bank and agency budget alongside the permanent workforce budget in line with the NHSI reporting requirements. The agency budget has been set below the agency ceiling and is currently underspent (£1.1m).
- The table above does not include 187.4 average contractual WTE for staff on maternity leave which have cost £2.7m YTD. If this cost is excluded then the average cost per WTE is higher than plan by £0.7k per WTE.
- The increased price variance is mainly being caused by the higher than planned cost of consultants and junior doctors. This is being offset by reduced numbers of staff.
- We are not expecting to breach the agency ceiling set by NHSI and the Trust is currently below the agency ceiling.
- Staff costs are forecast to end the year £5.1m below plan due to continued vacancies across the organisation not being filled by temporary staffing.

Average WTE profile as at M9

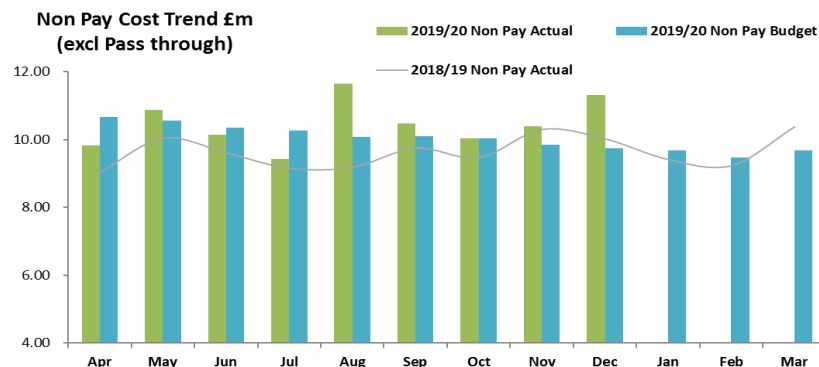


Non-Pay Summary for the 9 months ending 31 Dec 2019

Non-Pay Costs (excl Pass through) YTD				
	Budget (£m)	Actual (£m)	Variance	RAG YTD Actual variance
Drugs Costs	8.8	8.6	0.2	G
Blood Costs	1.5	1.4	0.1	G
Business Rates	3.1	3.4	(0.2)	A
Clinical Negligence	5.1	5.1	0.0	G
Supplies & Services - Clinical	33.5	33.4	0.0	G
Supplies & Services - General	4.0	3.4	0.6	G
Premises Costs	24.2	25.7	(1.5)	R
Other Non Pay	11.3	13.7	(2.4)	R
Total Non-Pay costs	91.6	94.7	(3.2)	R
Depreciation	17.9	17.9	(0.1)	A
PDC Dividend Payable	6.0	6.0	(0.0)	G
Total	115.4	118.7	(3.2)	R

Top 5 YTD Clinical* Non Pay overspends by Speciality (£m)				
	YTD 2019/20 Budget (£k)	YTD 2019/20 Actual (£k)	Variance (£k)	Trend
Haematology/Oncology	2,355	2,797	(441)	↑
Ent	52	373	(321)	↑
Medical Endocrinology	767	1,065	(298)	→
Bone Marrow Transplant	2,100	2,275	(175)	↓
Wards (Exc. Haem/Onc)	751	913	(162)	→

Top 5 YTD Clinical* Non Pay underspends by Speciality (£m)				
	YTD 2019/20 Budget (£k)	YTD 2019/20 Actual (£k)	Variance (£k)	Trend
Cardiac Serv & H&L Central Bud	4,014	3,049	965	↑
Cardiac Critical Care	1,676	1,179	497	↑
Nephrology	2,457	2,025	433	↑
Picu Nicu	3,222	2,850	372	↑
Theatre	6,236	6,011	225	→



Summary

- YTD non-pay excluding pass through is £3.2m adverse to plan.
- The key drivers behind this variance are overspends in IT within premises costs relating to the EPIC implementation and increased impairment to receivables relating to non-NHS activity.
- Non-pay costs in M9 are higher than trend driven by high research costs in the month (offset by income) relating to commercial studies and high spend within reagents and lab consumables linked to higher activity within GOSH labs.

Top 5 clinical over/under spends

The key areas with Non-pay overspends are:

- Haematology/Oncology** – Non Pay budget is overspent due to activity related costs across the service.
- Medical Endocrinology** - Mainly due to the overspend on chemical pathology for recharges and drugs.
- ENT** - Non Pay spend is due to higher level of cochlear implants than plan.
- Bone Marrow Transplant** - Driven by higher blood costs related to additional CAR-T patients.
- Wards (Exc. Haem/Onc)** - overspends due to additional clinical trials which are offset by income.

The key areas of Non-pay underspends are:

- Cardiac Serv & H&L Central bud** - Driven by reduction in spends across Drugs and Internal Recharges linked to activity.
- Nephrology** - Outpatient drugs underspent due to lower than expected activity.
- PICU NICU** - Driven by low clinical supplies expenditure owing to lower than expected private activity.
- Cardiac Critical Care** - driven by internally recharged costs lower than plan.
- Theatre** - Driven by supplies and services favourable variances linked to lower activity

RAG Criteria:

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

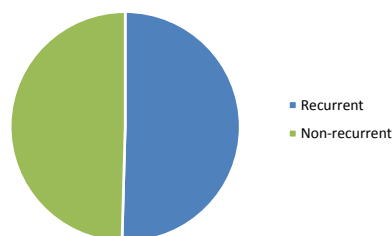
*Clinical non-pay excludes pass through

Better Value summary for the 9 months ending 31 Dec 2019

Better Value Summary						
DIRECTORATE	YTD performance £000's			Better Value Total £000's		
	Better Value target YTD	YTD delivery	YTD variance	Better Value target	Unidentified target	Schemes identified
Blood Cells & Cancer	1,363	211	(1,152)	1,817	(1,515)	297
Body Bones & Mind	1,430	291	(1,139)	1,906	(1,456)	428
Brain	1,032	300	(732)	1,376	(915)	474
Clinical & Medical Operations	221	147	(74)	295		292
Corporate Affairs	95	84	(11)	127	29	155
Finance	217	282	65	289		441
Genetics Laboratory Hub	330	330	0	440		440
Heart & Lung	2,856	1,585	(1,271)	3,808	538	4,347
HR	218	186	(32)	290		298
ICT	503	0	(503)	671	(38)	632
IPP	708	287	(422)	944	84	1,029
Medical Director	130	0	(130)	173	(168)	0
Medicines Therapies & Tests	1,883	219	(1,664)	2,511	(2,117)	382
Nursing and Patient Experience	113	74	(38)	150	(14)	152
Operations & Images	1,706	144	(1,562)	2,275	(1,763)	524
Estates and Facilities	1,054	414	(640)	1,405	(546)	707
Built Environment	37	0	(37)	50		50
Sight & Sound	769	300	(468)	1,025	(583)	443
Central	335	2,856	2,520	447	2,441	2,888
Better Value phasing	(2,197)	0	2,197	0		0
Total	12,803	7,710	(5,093)	20,000	(6,023)	13,978
Vacancies		5,093	5,093	0	0	0
Total Better Value	12,803	12,803	(0)	20,000	(6,023)	13,978

Recurrent / Non-recurrent	
	YTD 2019/20 Actual (£k)
Recurrent	6,458
Non-recurrent	6,345
Total Better Value	12,803

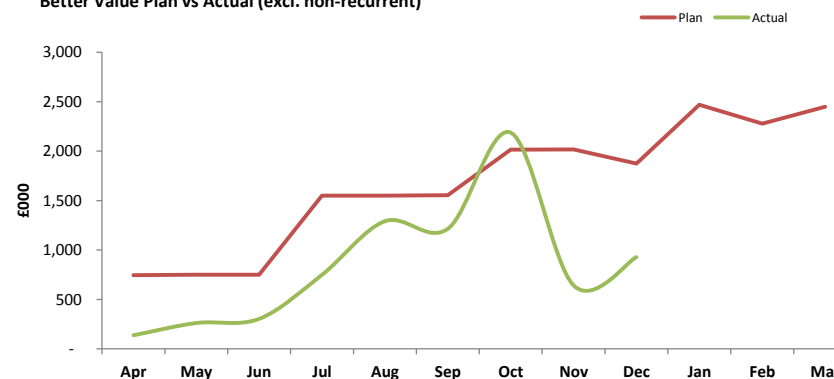
Recurrent / Non-recurrent split



Summary

- The Better Value program is currently delivering £7.7m of the £12.8m YTD target at month 9. The rest of the delivery is being covered by Pay vacancies across the organisation.
- In Month 7 the Trust saw a significant rise of the in-month savings number which was related to a one-off release of the private patient impairment of receivables. In Month 6, the Trust also saw a significant one-off benefit relating to running costs of ZCR.
- Without the Trust vacancies supporting the Trust better value program the program would be £5.1m behind target. As part of the 2020/21 business planning process the Trust is reviewing which vacancies can be converted into recurrent savings to facilitate the delivery of the 2020/21 plan, some of these have been identified but the work is ongoing. In order to meet the Better Value program these vacancy levels will need to be maintained throughout the rest of the year.
- The Better Value program phasing can be seen in the graph below. This shows that the Better Value target has increased significantly each quarter and the final quarter continues to pose a challenge for the Trust. However the organisation continue to look for savings opportunities to cover these higher targets.

Better Value Plan vs Actual (excl. non-recurrent)



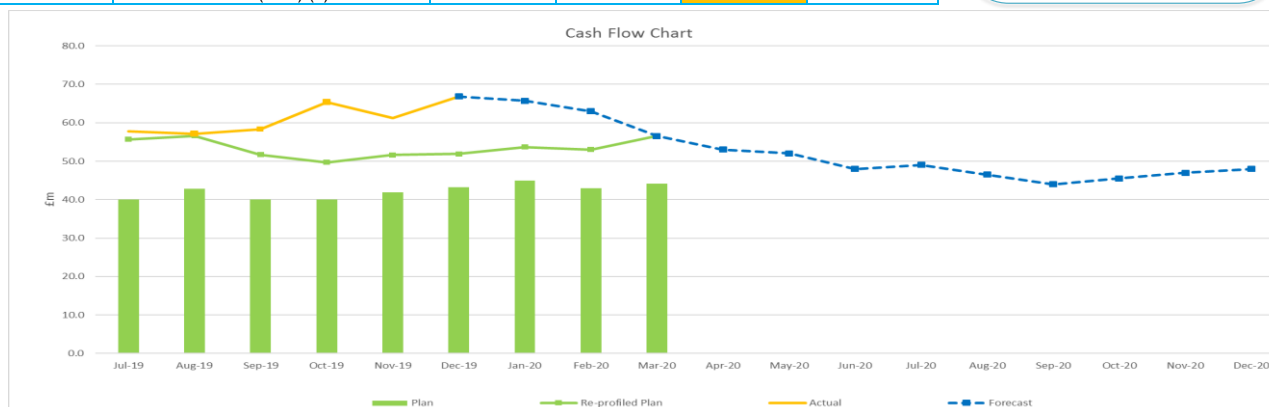
31 Mar 2019 Audited Accounts £m	Statement of Financial Position	Plan 31 Dec 2019 £m	YTD Actual 31 Dec 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2020 £m	YTD Actual 30 Nov 2019 £m	In month Movement £m
499.04	Non-Current Assets	538.27	520.34	(17.93)	523.56	517.50	2.84
103.55	Current Assets (exc Cash)	86.30	105.78	19.48	94.81	106.14	(0.36)
48.61	Cash & Cash Equivalents	43.23	66.83	23.60	56.49	61.18	5.65
(74.89)	Current Liabilities	(65.54)	(101.12)	(35.58)	(79.64)	(93.81)	(7.31)
(5.01)	Non-Current Liabilities	(4.40)	(4.44)	(0.04)	(4.65)	(4.48)	0.04
571.30	Total Assets Employed	597.86	587.39	(10.47)	590.57	586.53	0.86

31 Mar 2019 Audited Accounts £m	Capital Expenditure	Plan 31 Dec 2019 £m	YTD Actual 31 Dec 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2020 £m	RAG YTD variance
5.81	Redevelopment - Donated	26.98	16.58	10.40	21.20	A
9.06	Medical Equipment - Donated	8.39	7.13	1.26	9.34	A
9.78	ICT - Donated	2.17	2.15	0.02	2.15	G
24.65	Total Donated	37.54	25.86	11.68	32.69	A
6.99	Redevelopment & equipment - Trust Funded	3.02	3.82	(0.80)	6.67	A
1.61	Estates & Facilities - Trust Funded	1.59	0.75	0.84	2.66	R
4.73	ICT - Trust Funded	6.85	8.42	(1.57)	11.88	A
0.00	Contingency	0.00	0.00	0.00	0.00	G
13.33	Total Trust Funded	11.46	12.99	(1.53)	21.21	A
37.98	Total Expenditure	49.00	38.85	10.15	53.90	A

31-Mar-19	Working Capital	30-Nov-19	31-Dec-19	RAG	KPI
20.00	NHS Debtor Days (YTD)	20.0	17.0	G	< 30.0
253.00	IPP Debtor Days	215.0	225.0	R	< 120.0
36.70	IPP Overdue Debt (£m)	26.2	29.5	R	0.0
5.00	Inventory Days - Drugs	N/A	N/A		7.0
94.00	Inventory Days - Non Drugs	81.0	79.0	R	30.0
34.00	Creditor Days	36.0	29.0	G	< 30.0
43.6%	BPPC - NHS (YTD) (number)	41.5%	42.1%	R	> 90.0%
80.3%	BPPC - NHS (YTD) (£)	65.9%	68.5%	R	> 90.0%
85.5%	BPPC - Non-NHS (YTD) (number)	85.4%	85.2%	A	> 90.0%
91.1%	BPPC - Non-NHS (YTD) (£)	90.6%	89.9%	A	> 90.0%

RAG Criteria:

NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)
 BPPC Number and £: Green (over 95%); Amber (95-90%); Red (under 90%)
 IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)
 Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)

**Comments:**

- Capital expenditure is behind plan by £10.2m at M9; of this, Trust-funded is ahead of plan by £1.5m, and donated £10.2m behind. The Trust-funded position is due to slippage on the Estates programme (£0.8m) and IT (£1.2m) offset by the accrual of future year licence payments on EPR on EPR (£2.4m). Donated projects which have slipped include Sight and Sound Hospital (£6.0m), Cath Lab (£1.6m), Pharmacy (£1.6m) and equipment purchases (£1.3m)
- This report continues to compare actual capital expenditure against the plan as amended/rephased in June/July as this provides a better indicator of performance than the original plan timings since the Trust could return to the original timing.
- Cash held by the Trust is higher than plan by £23.6m. This includes £8.2m relating to Provider Sustainability Funding for 2018/19 which was received in Q1; £2.8m relating to over-performance invoices for 2019/20. The cashflow forecast was reprofiled in Quarter 1 and at M09 the cash held by the Trust was £14.9m higher than the revised plan profile, this is shown in the Cash Flow chart above.
- Total Assets employed at M09 was £10.5m lower than plan as a result of the following:
 - Non current assets totalled £520.3m (£17.9m lower than plan)
 - Current assets excluding cash less Current liabilities totalled £4.7m (£16.1m lower than plan).
 - Cash held by the Trust totalled £66.8m (£23.6m higher than plan which includes £8.2m of PSF bonus and incentive relating to 2018/19 as well as £2.8m relating to over-performance invoices for 2019/20.
- Overdue IPP debt increased in month to £29.5m (£26.2m in M08).
- IPP debtor days increased from 215 days to 225 days in month. This is largely as a result of the increase in IPP debt (£38.7m in M09; £36.0m in M08).
- The cumulative BPPC for NHS invoices (by value) increased in month to 68.5% (65.9% in M08). This represented 42.1% of the number of invoices settled within 30 days (41.5% in M08)
- The cumulative BPPC for Non NHS invoices (by value) decreased in month to 89.9% (90.6% in M08). This represented 85.2% of the number of invoices settled within 30 days (85.4% in M08).
- Creditor days decreased in month to 29 days (36 days in M08).
- Non-drug inventory days decreased in month to 79 days (81 in M08). This is largely as a result of the decrease in stock levels in Theatres following the sterilisation of Ocean Theatres for bed bugs. Inventory days (drugs) cannot be calculated at M09 due to ongoing data quality issues with the pharmacy reports. The EPR and Pharmacy teams will be working towards resolving these issues over the next few weeks.

Trust Board 6 February 2020	
Safe Nurse Staffing Report for October/November 2019 Presented by: Alison Robertson, Chief Nurse.	Paper No: Attachment M
Aims / summary <p>This report provides the Board with an overview of the Nursing workforce during the month of October and November 2019 and is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016 and further supplemented in 2018.</p> <p>It provides assurance that arrangements are in place to safely staff the inpatient wards with the right number of nurses with the right skills and at the right time.</p>	
Action required from the meeting To note the information in this report on safe staffing including: <ol style="list-style-type: none"> 1. That the Trust operated within recommended parameters for staffing levels in both October and November 2019. 2. The adoption of rostering metrics included in this report to ensure maximum benefit is derived from the implementation of HealthRoster & SafeCare. 3. The ongoing work to address retention issues as part of the NHSI Retention Collaborative. 4. In October there were seven reported Datix incidents and in November there were five Datix incidents 5. The next Nurse Recruitment Open Day will be held in February 2020 6. 11 newly registered nurses commenced in January 2020. 7. An international recruitment campaign GOSH50 will commence in January 2020 to the Philippines. 8. The inaugural meeting of the Nursing Workforce Assurance Group is scheduled for the 22nd of January, TORs have been approved. 	
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.	
Financial implications Already incorporated into 19/20 Directorate budgets.	
Who needs to be told about any decision? Directorate Management Teams Finance Department Workforce Intelligence	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse, Director of Nursing (Corporate) and Heads of Nursing	
Who is accountable for the implementation of the proposal / project? Chief Nurse; Directorate Management Teams	

1. Summary

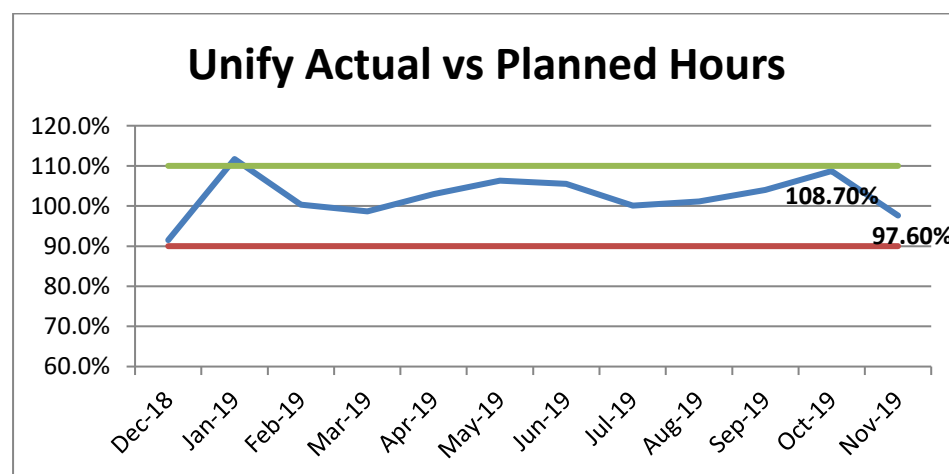
This report on GOSH Safe Staffing contains information from the months of October & November 2019. This paper provides the required assurance that GOSH had safe nurse staffing levels across all in-patient ward areas and appropriate systems in place to manage the demand for nursing staff. The report also includes measures taken to ensure safe staffing throughout the Trust.

2. Safer Staffing.

2.1 Actual vs Planned

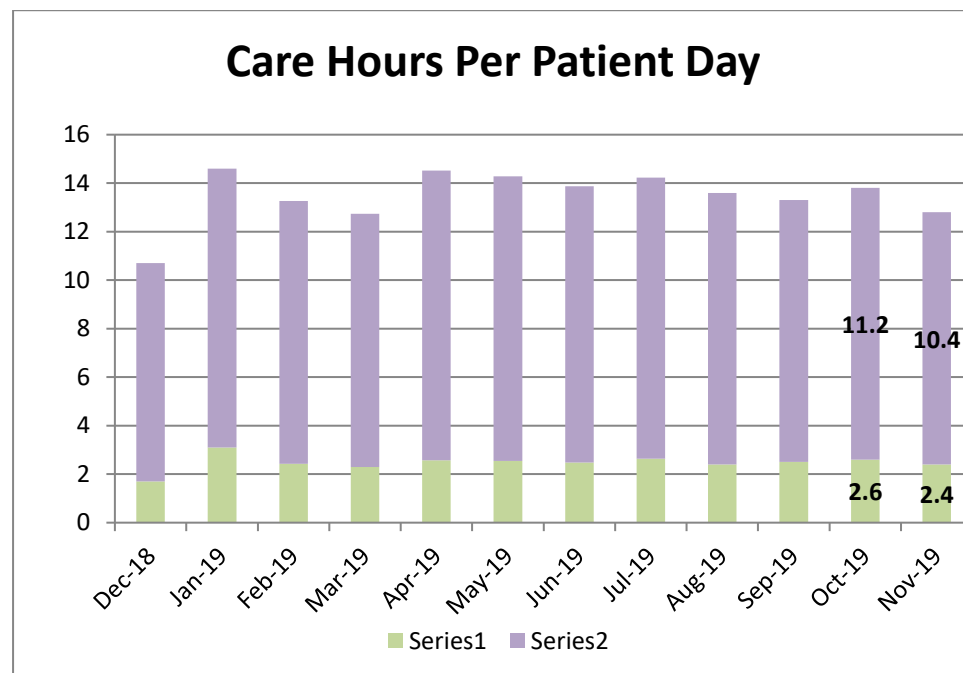
Actual vs Planned (AvP) Hours shows the percentage of Nursing & Healthcare Assistant (HCA) staff who worked (including Bank) as a percentage of planned care hours in month. The National Quality Board recommendations are the parameters should be between 90-110%.

In October 2019 the overall fill rate of AvP was 108.7% which is within the recommended range and an improvement on the same month last year. In November the rate was 97.6% which while lower than the previous month, is within the recommended range and higher than the same month last year. In both months HCA fill rates at night were lower than the recommended minimum %, however Heads of Nursing have verified that despite these lower rates no shifts were unsafe, and local management of available staff resolved any staffing issues. At a Directorate level, the International & Private Patients, Heart & Lung and Body, Bones & Mind Directorates exceeded the upper range in October 2019. We will be exploring the causes for this through the newly established Nursing Workforce Assurance Group (NWAG). All Directorates were within the 90-110% range in November.



2.2 Care Hours Per Patient Day (CHPPD)

CHPPD is calculated by adding the hours of registered nurses and healthcare assistants 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. When we report CHPPD we exclude the 3 ICUs to give a more representative picture across the Trust. The reported CHPPD for October 2019 was 13.8 hours, made up of 11.2 registered nursing hours and 2.6 HCA hours. In November, the figure was slightly lower at 12.8 hours (10.4 RN and 2.4 HCA). CHPPD is a metric we will be monitoring through the newly established NWAG.



2.3 SafeCare

SafeCare champions have been appointed in all clinical areas to help ensure that the data is accurate and a true reflection. Average compliance of PANDA being complete on EPR remains above 90%. All outpatient areas will be live on SafeCare by the end of January 2020. This will allow for patients with a higher acuity which may not be identified through PANDA , due to the weighting & complexity (clinical need for cubicle or infection risks) to be adjusted in the feature 'professional judgements'. The senior nurses on the ward may raise this and are able to mitigate or escalate their risk prior to trust bed meetings to ensure their clinical decision is considered when making patient flow and safe staffing decisions and wards will be RAG rated. Working Groups will be organised with the clinical ops team to ensure it is being used

in trust bed meetings by the end of March 2020. This will provide an additional level of assurance and confidence in maintaining and monitoring safe staffing activity.

3. Workforce Utilisation.

3.1 Rostering

The Rostering Scorecard measures are shown below. Publication of Rosters in advance was a major focus for Rostering managers in recent months, however further work is required to achieve the 42 day target. The reduction in variances between Demand templates (amount of nurses to be scheduled to a shift) and the budgeted establishment continues to be addressed with the Heads of Nursing and this metric continues to show improvements. There are 8/40 units that still have a demand template over their established budget. These are:

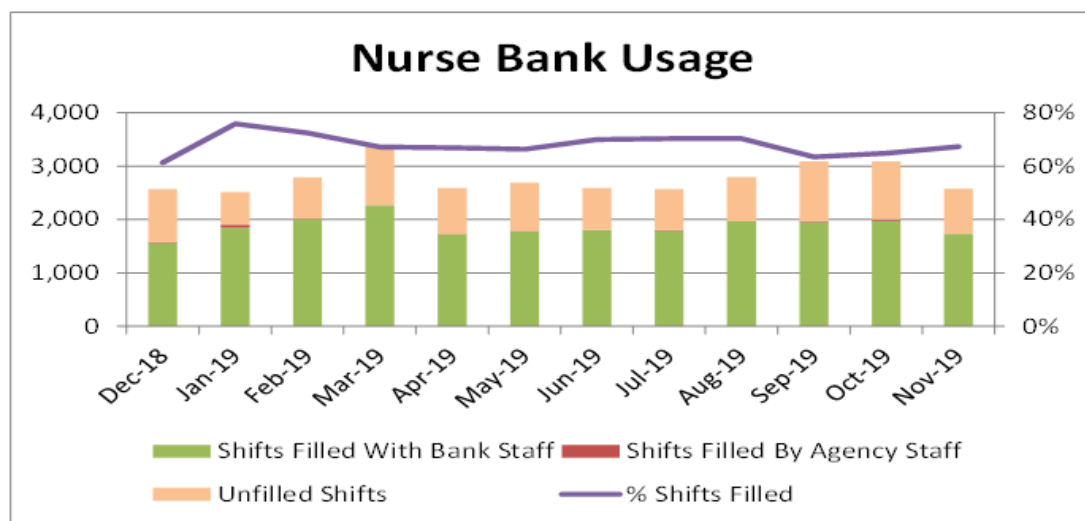
- Otter
- Recovery Theatres
- Scrub Staff Theatre
- Woodpecker/Nightingale Ward
- Anaesthetic Pre Op Assessment (APOA)
- Neonatal Intensive Care Unit (NICU)
- CATS Retrieval Unit
- Lion Ward

The measure for unsocial working (% of staff working at least the minimum number of unsocial shifts) showed improvement in November, however a further review of the fairness of rostering will be undertaken in 2020. Compliance with rostering rules and will be addressed through NWAG.

Metric	Target	April roster	May roster	June roster	July roster	Aug roster	Sept roster	Oct roster	Nov roster
Advance roster Publication.	42 days +	27	28	32	30	42	38	39	40
Time Balances.(Hrs per WTE)	+/- 12 hrs	7.5	8.7	8.1	8.1	9.9	6.4	6.3	5.9
% Annual Leave Unavailability	15-20%	11.2%	12.2%	11.7%	12.4%	11.7%	12.7%	10.8%	9.5%
Demand vs Budget. (WTE)	0	116	171	235	109	76.7	31.8	32.2	16.8
Additional shifts created	0	991	892	773	843	454	704	707	688
% Staff working fair proportion of night and weekend duties	50%+	46%	43%	43%	N/A	N/A	N/A	34.1%	49.7%
Safecare Acuity & Staffing Utilisation.	tbc	tbc	tbc	99%	100%	96%	96%	95%	95%

3.2 Temporary Staffing

Requested shifts for October remained above 3000; however saw a reduction to 2,577 in November as new joiners completed their supernumerary period. Fill rates were broadly similar to the 12 month average at 65% and 67% respectively. ICU requests reduced to below 700 in November for the first time since January. Agency nursing usage in the Trust remains well controlled. There were 28 agency shifts in October and none in November. The majority of those in October were in IPP was granted permission to use Agency lines in light of continuing high vacancies.



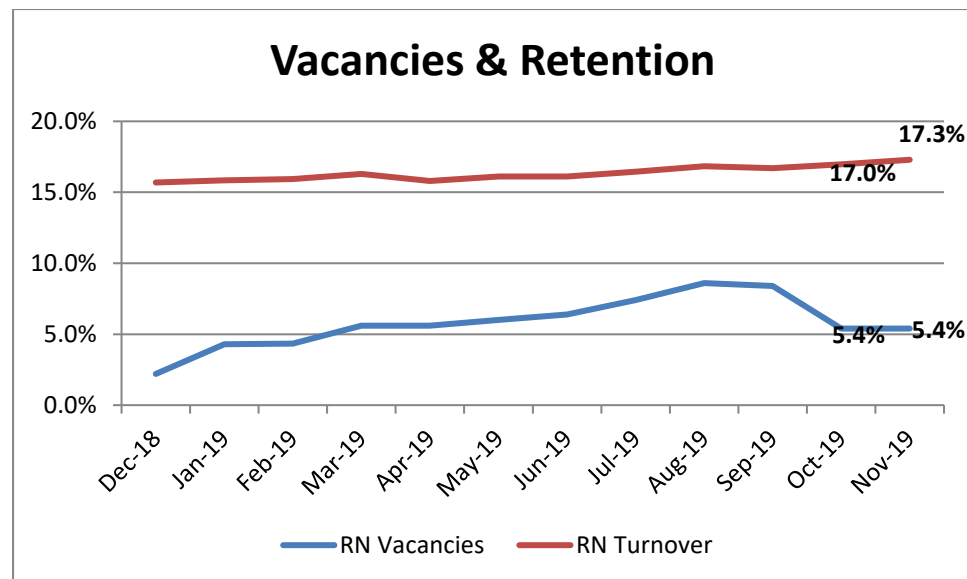
3.3 Vacancies & Recruitment

The Trust Registered Nurse vacancy rate for both months was 5.4% (88.5 WTE). The IPP directorate saw an improvement in October reducing to 21.1% (23.4 WTE) before increasing again to 28.7% in November (29.2 WTE). Body, Bones & Mind nursing vacancies remained high at 10% (25.1 WTE)

Band 6 vacancies remains above the Trust target, particularly in the ICUs and IPP and average at 74.3 (13.4%). One of the drivers of the Nursing Retention plan is a refresh of strategies around career development which aim to support Band 5 Nurses to progress in their career at GOSH, and the longer term stability which will be supported through international recruitment.

Healthcare Assistants vacancies remain above target (28.0 WTE 9.2% in November)

The Nursing Workforce team will be reviewing the approach to recruiting HCAs to address the longstanding high levels of vacancies in this cadre of staff, with a focus on local recruitment and creating a clear career development pathway.



3.3 Retention

In March 2019 the Trust joined the NHSI Retention Collaborative which provides focussed support to trusts aiming to improve retention of their nursing workforce. As part of this work, a nursing retention plan has been developed which will look at practical ways to improve nursing experience. The high level plan was presented to the board in March and work streams supporting the 4 pillars have been established with nursing participation across all levels of the organisation.

The retention project has a target to reduce Band 5 and 6 combined turnover rates by 1% by March 2020. Performance against this metric continues to be challenging with November performance of 21.4% against a target of 18.5%. This is mainly driven by Band 5 turnover rates of over 25%. It should be noted the reduction of turnover is a long term. Of the known reasons for leaving, relocation and promotion remain the most common given.

4. International & Private Patients

Vacancies and turnover in this area continue to be amongst the highest in the Trust. A range of measures to support the Directorate have been agreed, and the Trust is preparing an international recruitment campaign in January 2020 to create a pipeline of nurses joining the trust. The first recruits are not expected to join the Trust until the second half of 2020, so other measures to support the Directorate are being developed in the interim.

5. Incident Reporting

In October there were seven reported Datix incidents (2 IPP, 3 BCC, 1 Brain, 1 BBM) and in November there were five Datix incidents (1 IPP, 1 BBM, 1 Brain and 2 H&L) all of which identified concerns around nurse staffing levels.

The Heads of Nursing and Patient Experience have reviewed these incidents and have confirmed that there was appropriate escalation with remedial actions put in place to manage the situation. No harm came to any patients in relation to the reported incidents.

6. Bed Closures

GOSH monitors the number of beds that are closed on a daily basis due to poor staffing levels. This may be attributed to a number of reasons; high vacancy factor, short term sickness, increases in acuity/dependency.

In October there were between 44 – 68 beds and in November there were between 33 – 68 beds, closed on a temporary basis.

In both months between 0 – 12 beds were temporarily closed in critical care (CICU, PICU, NICU).

7. Nursing Establishment

The Children's & Young People's Safer Nursing Care Tool (C&YP SNCT) is an adaptation of the Safer Nursing Care Tool for adult inpatient wards developed in 2006 and updated in 2013 which has been used successfully in many organisations. The tool is used to determine nursing establishments based on the acuity of patients. As an organisation we piloted the use of the tool on Koala Ward week commencing 18th November 2019. This allowed us to test and evaluate the implementation process and assist with informing our approach to training. Throughout December 2019, four training sessions were delivered to over sixty nurses including sisters/charge nurses, matrons and practice educators. They have been identified as scorers in preparation for the full testing exercise which will take place daily at 3pm, Monday through to Friday from 6th January till the 31st January. This will be repeated in March and June 2020 to analyse and validate results prior to full implementation.

8. Recruitment

8.1 Newly Qualified Nurses (NQN)

Following a successful Recruitment Open Day in October 2019, we had a large number of applications for our NQN positions in 2020. The Nursing Workforce Team led on the coordination, interviewing and recruitment of nursing students due to

qualify next year over a number of selection days throughout November and December. In total 58 offers were made with intakes planned for April and September 2020. This does not include an additional 11 NQNs due to commence in post in January 2020.

8.2 GOSH Recruitment Open Day Feb 2020

The next recruitment Open Day is scheduled for the 27th February 2020. Following feedback from attendees and staff we have implemented some changes to include avoiding school half term, relocation of the event to the Lagoon Staff Side rather than UCL Institute for Child Health and earlier promotion of event.

9. Future Governance Arrangements

The Terms of Reference for the new Nursing Workforce Assurance Group Meeting have been agreed and circulated to members, with the inaugural meeting scheduled for the 22nd January 2020 and monthly thereafter.

Appendix 1: October & November Workforce metrics by Directorate

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover*	Sickness %	Maternity %
Blood, Cells & Cancer	93.7%	17.7	16.4	7.1%	12.9%	2.8%	3.4%
Body, Bones & Mind	111.8%	13.6	22.0	8.8%	14.7%	3.1%	6.6%
Brain	105.6%	13.7	1.3	1.1%	14.1%	2.8%	6.8%
Heart & Lung	112.3%	13.5	17.0	3.2%	20.9%	3.9%	5.2%
International & PP	140.4%	11.4	23.4	21.1%	21.8%	5.1%	4.5%
Operations & Images	-	-	15.7	7.8%	14.6%	4.9%	5.0%
Sight & Sound	102.5%	11.4	5.5	9.4%	18.3%	3.1%	4.7%
Trust	108.7%	13.8	88.3	5.4%	17.0%	3.5%	5.0%

October Nursing Workforce Performance

**Relates to all RN grades*

Directorate	Actual vs Planned %	CHPPD (exc ICUs)	RN Vacancies (FTE)	RN Vacancies (%)	Voluntary Turnover*	Sickness %	Maternity %
Blood, Cells & Cancer	93.1%	14.7	16.1	6.9%	14.8%	2.9%	3.9%
Body, Bones & Mind	95.8%	12.4	25.1	10.0%	17.3%	2.2%	6.7%
Brain	101.7%	11.4	2.1	1.6%	14.9%	2.5%	7.3%
Heart & Lung	98.4%	13.1	16.5	3.1%	22.2%	4.3%	5.6%
International & PP	103.6%	13.0	29.2	26.3%	23.9%	5.1%	6.6%
Operations & Images	-	-	10.8	5.4%	15.4%	3.9%	4.5%
Sight & Sound	101.7%	9.8	2.5	4.3%	18.7%	3.0%	6.6%
Trust	97.6%	12.8	88.3	5.4%	17.3%	3.4%	5.1%

November Nursing Workforce Performance

**Relates to all RN grades*



Trust Board 6 February 2020	
Healthcare worker flu vaccination best practice management Submitted by: Alison Robertson, Chief Nurse	Paper No: Attachment N
Aims / summary In March 2019, the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to 64, the egg and cell-base Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s, the adjuvanted trivalent influenza vaccine (aTIV) as well as QIVc. As a part of this the Trust is required to report how we plan to ensure that all of our frontline staff are offered the recommended flu vaccine and how we will achieve the highest possible level of vaccine coverage this winter. The attached completed checklist was submitted to NHSE as requested on 25 th October 2019.	
Action required from the meeting NHSE require the Trust to complete the best practice management checklist for healthcare worker vaccination and publish the completed self-assessment against these measures in the Trust Board papers. The attached completed checklist is submitted to Board for information and noting.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Part of People Strategy	
Financial implications N/A	
Who needs to be told about any decision?	
Who is responsible for implementing the proposals / project and anticipated timescales? Darren Darby, Director of Nursing, Corporate Lisa Liversidge, Head of Staff Health & Wellbeing	
Who is accountable for the implementation of the proposal / project? Alison Robertson, Chief Nurse	

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

Committed leadership Trust Self- Assessment		Trust Self-Assessment
A Leadership		
A1	Board worker record commitment to achieving the ambition of 100% of frontline healthcare workers being vaccinated, and for any healthcare who decides on the balance of evidence and personal circumstances against the vaccine should anonymously mark their reason for doing so.	Commitment to vaccinate all staff who would like the vaccine. Reasons for and numbers of declined being collected.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Yes
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	Data and successes included in the Infection Control annual report
A4	Agree on a board champion for flu campaign	Yes – Chief Nurse
A5	All board members receive flu vaccination and publicise this	Yes, booked for Board Meeting Oct 30th
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu Group formed, not fully represented as described.
A7	Flu team to meet regularly from September 2019	Yes
B Communications plan		
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Rationale and facts communicated, no direct sponsors
B2	Drop in clinics and mobile vaccination schedule to be published and electronically, on social media and on paper	Yes
B3	Board and senior managers having their vaccinations to be publicised	Yes part of Flu plan
B4	Flu vaccination programme and access to vaccination on induction programme	Yes
B5	Programme to be publicised on screensavers, posters and social media	Yes
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Yes at SLT

C Flexible accessibility		
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	Yes
C2	Schedule for easy access drop in clinics agreed	Yes
C3	Schedule for 24 hour mobile vaccinations to be agreed	Yes via peer vaccinators
D Incentives		
D1	Board to agree on incentives and how to publicise this	No incentives agreed
D2	Success to be celebrated weekly	Via SLT and Jabometer



Trust Board 6 February 2020	
Guardian of Safe Working report Submitted by: Dr Renée McCulloch, Guardian of Safe Working	Paper No: Attachment O
Aims / summary This report is the third quarter report of 2019/20 to the Board regarding Junior Doctor working practice at GOSH. This report covers the period 1 st October to 31 st December 2019 inclusive.	
Action required from the meeting The Board is asked to note the report and the issues influencing junior doctor's working, the challenges in monitoring compliance with the TCS 2016 and the achievements to date.	
Contribution to the delivery of NHS Foundation Trust strategies and plans The Guardian of Safe Working (GOSW) supports and enables a safe and positive working and learning environment for junior doctors. This contributes to the Trusts strategic objective relating to providing safe patient care and an excellent place to work and learn.	
Financial implications Continuing payment for overtime hours documented through the exception reporting practice Publication of Amendments to the 2016 TCS which requires: <ul style="list-style-type: none"> • Likely to result in additional clinical workforce requirements and increased costings • GOSW administrative support 	
Who needs to be told about any decision? n/a	
Who is responsible for implementing the proposals / project and anticipated timescales? Dr Renee McCulloch, Guardian of Safe Working Mr Simon Blackman Deputy Medical Director for Medical & Dental Education	
Who is accountable for the implementation of the proposal / project? Dr Sanjiv Sharma, Medical Director	

Guardian of Safe Working Second Quarter: 1st October – 31st December 2019

1 Purpose

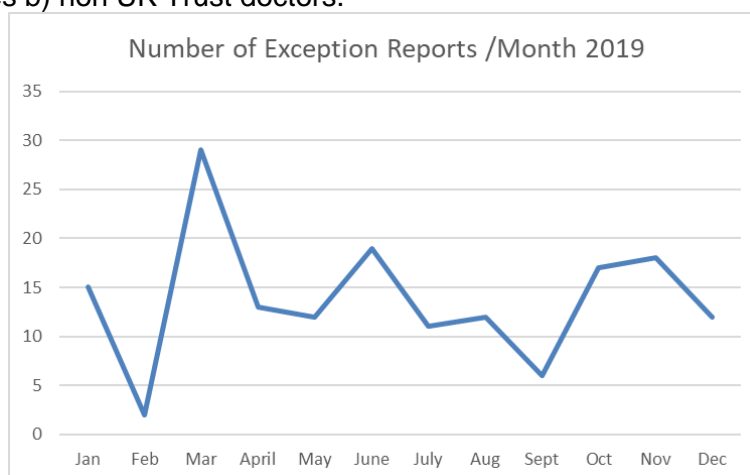
To inform the board on issues arising relating to the junior doctors working at GOSH and the work of the Guardian of Safe Working (GOSW). The GOSW is directly accountable to the trust board.

2 Background

See Appendix 1

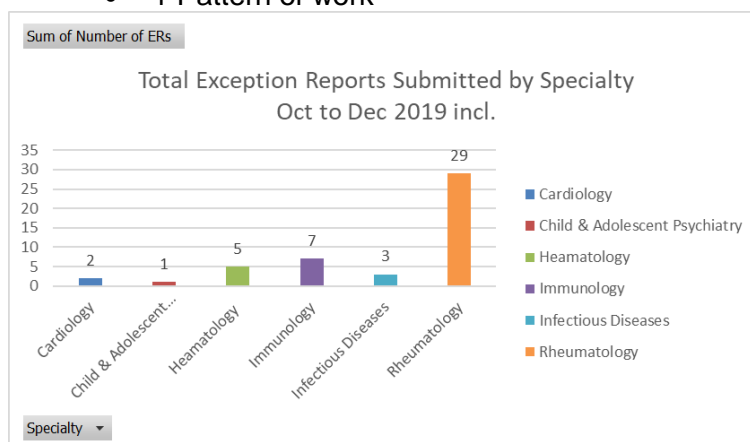
3 High Level Data

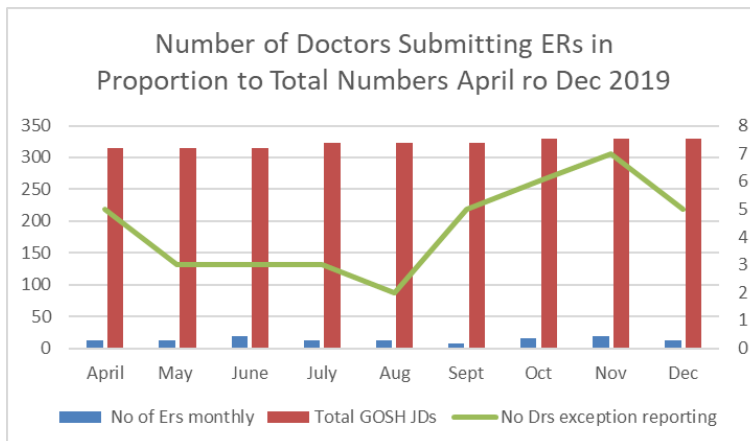
Number of exception reports (ER) at GOSH remain relatively low but reflect cohort a) senior trainees b) non UK Trust doctors.



4 Numbers of doctors submitting reports slightly up this quarter due to rheumatology reporting regularly.

- 47 ERs submitted in this quarter
- 44 ERs are for extra hours worked.
- 2 Service support
- 1 Pattern of work

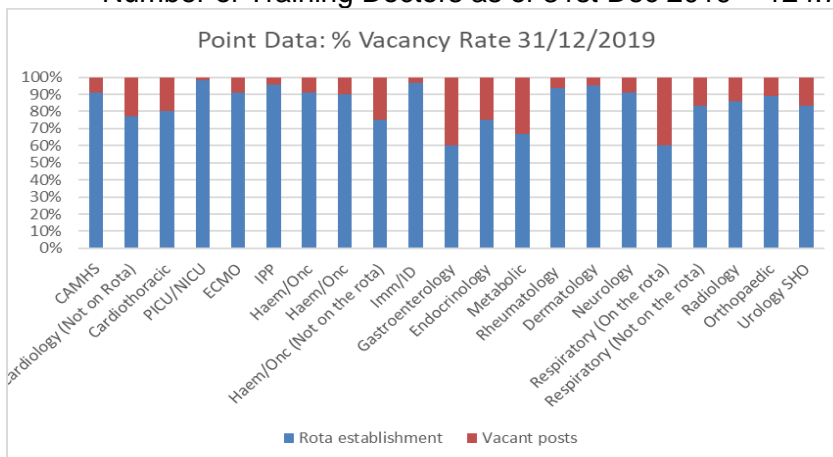




ER survey (Jan 2018) has been repeated in Jan 2020. Results to follow

Vacancy rates: overall vacancy rate across junior doctor rotas as of 31/12/2019 is 7.4% with 22 FTE vacant out of a total of 299 rota slots.

- Number of Trust Doctors as of 31st Dec 2019 = 205
- Number of Training Doctors as of 31st Dec 2019 = 124.7

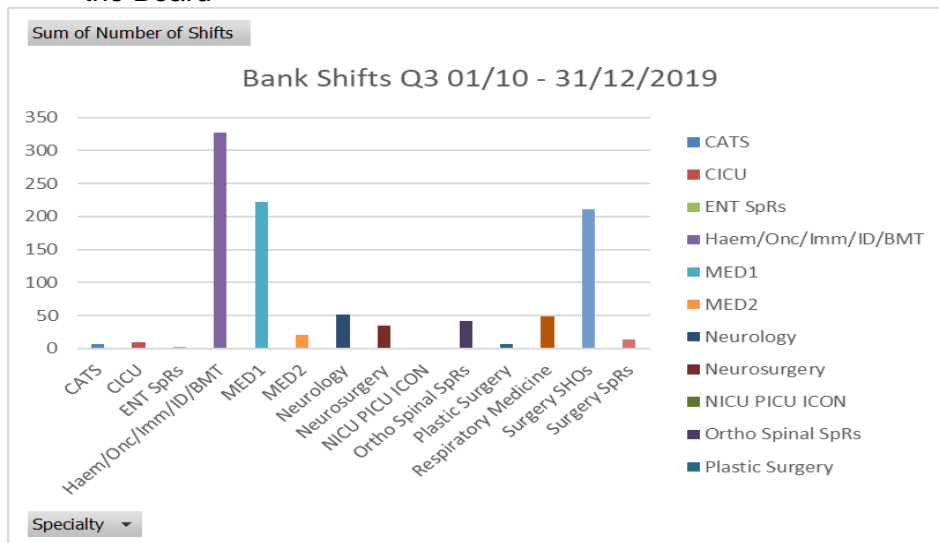


- GOSH vacancy rates fluctuate but in general remains less than the national average (approx.15%)
 - Gaps in Respiratory and HaemOnc resulted from delays in the Medical Training Initiative (MTI) scheme via the Academy of Medical Colleges (improved numbers expected in March 2020). HaemOnc gaps have had a direct result on access to training and education opportunities and a significant bank spend.
 - Pulmonary hypertension (cardiology) remains a persistent gap
 - Endo/ Met/ Gastro SHO reduced numbers result from MTI flow and lack of Health Education England placements.

8 Vacancy Spend –with reference to rota

8.1 Total Bank Spend Q3 = £372,142.76

8.2 HaemOnc/ Imm /ID rota cost (£120,712.29) directly related to MTI delays. We are investigating the impact of these delays on the department and will present findings to the Board



9 Junior Doctors Forum

9.1 JDF has been very well attended. The representation of junior doctor's in each divisional management team has resulted in excellent engagement.

9.2 Sir Rake attendance at JDF In December was welcomed. The doctors were open about issues they faced on the ground. Communication systems, access to mobile IT support and covering rota gaps were raised as particular challenges.

10 Compliance with 2016 TCS: Implementation of the New Amendments October 2019 – August 2020:

10.1 All GOSH rotas have now been line checked and updated for compliance with new amendments,

10.2 PICU/NICU/CATS rotas are now non-compliant following the 2016 TCS refresh. This is due to the change in weekend frequency allowance (now a maximum of 1:3 PICU/NICU/ CATS are 1:2.5- 1:2.7). GOSW and JDF have approved the rotas on the basis that rota compliance is achieved in one year.

10.3 The implementation of the '5th nodal salary point' will result in a cost pressure at GOSH due to the seniority of many of our junior doctors.

10.4 It is likely that changes to safety and rest limits will attract GOSW fines if they are reported in the future

10.5 No fines have been levied with current ERs to date. Fines would only apply for the doctors on the 2016 TCS on formal training programs

10.6 GOSW is restructuring the current ER process with the amendments from 2019 refresh. These will be rolled out shortly following survey feedback. Areas for improvement are: educational supervisor response time; time to payment.

10.7 Accommodation for non-resident on call and 'too tired to drive home' is now mandated. GOSH has increased bed availability on Penguin ward from 12 to 21 beds.

10.8 Rest facilities: since the move to the Penguin ward the rest facilities (previously temporary, now planning for 10 year stay) have become 'self-service' with the requirement to 'make and strip' beds. Doctors are deeply unhappy with this arrangement. This is the result of a £30K cost pressure that has emerged following the move to Penguin ward with the charity previously absorbing this cost. The facilities will

receive some upgrading by the JDF facilities fund (£60k) which is to be spent on some soft furnishings and a serviced coffee machine.

11 Summary

- 11.1 Implementation of the 2019 amendments to the 2016 rota is underway:
- 11.2 NICU/PICU/CATs are now non-compliant rotas; one year's grace has been approved by GOSW and the JDF to enable managed change
- 11.3 Cost pressures will result from salary rises and restrictions placed on rotas resulting in establishment increases
- 11.4 ER process requires much more regulation relating to response, completion and payment time scales.
- 11.5 Exception reporting is currently highlighting issues relating to working hours in Rheumatology.
- 11.6 Rota gaps continue to impact on working conditions for junior doctors.
- 11.7 Vacancy rates are directly impacted by the MTI and overseas medical recruitment challenges.
- 11.8 Current rest facilities provide 'minimum standard' accommodation; costings for linen change need to be addressed.
- 11.9 Junior doctors are well engaged and the JDF invites the Board members to continue to attend its meetings.

12 Appendix 1 Background Information

In 2nd October 2017 all junior doctors in training transferred to the new contract with 2016 Terms & Conditions (TCS).

The 2016 TCS clearly indicate the importance of appropriate working hours and attendance at training and education for junior doctors. Both issues have a direct effect on the quality and safety of patient care.

The statutory role of 'Guardian of Safe Working' (GOSW) was introduced in the 2016 and includes;

- overseeing the safeguards outlined in the 2016 contract
- ensuring that issues of compliance with safe working hours are addressed by the doctors and/or the employer
- facilitating the reporting structures
- overseeing the wellbeing of the junior doctors
- a requirement to provide quarterly reports to Trust board.

Exception reporting is the contractually mandated mechanism used by doctors to inform the Trust when their day-to-day work varies significantly and/or regularly from the agreed work schedule of their post. The purpose of exception reports is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained.

Exception reports are submitted electronically by doctors to their educational supervisor. Upon receipt of an exception report, the educational supervisor will discuss with the doctor what action is necessary to address the reported variation or concern. The outcome of an exception report may be compensation, in the form of time off in lieu or payment for additional hours worked, or an adjustment to the work schedule of the post.

Whilst exception reporting is a mechanism of the 2016 contract for doctors in training, GOSH has elected to extend the use of the system to doctors employed under local (non-training) TCS, in order to encourage safe working practices for all doctors, provide equity and obtain a more comprehensive view of junior doctors working hours across the Trust.

The 2016 contract requires that a Junior Doctors Forum (JDF) is established in every Trust. The JDF primarily represent trainees and offers a forum for addressing concerns pertaining to working hours and conditions and education and training. This is in place and meets every month.

There are 45 different rota patterns currently in place within the Trust.

The Trust uses 'Allocate' software for rota design and exception reporting. There have been issues with navigation of software and consistency of use (wide range of inputs for the same exception reports). There are no automated ways to identifying breaches. This must be done manually. Allocate have improvement updates due in 2019 to include:

- Ability to close exception when trainee fails to respond (Jan 2020)
- Guardian quarterly board report (not yet available)
- Simplify the adding of overtime hours
- Process for tracking time of in lieu and overtime payments
- Allow supervisor and Guardian role for the same user
- Standardised themes for breach types.

Publication of Amendments 2016 TCS September 2019: Context for 2018 contract review

The new junior doctor contract was introduced in England without the BMA's agreement in 2016. The intention of the negotiations on this new contract was to introduce for doctors in training new, improved safe working arrangements, more support for their education and a new modernised pay system. The BMA and NHS Employers agreed during negotiations on this contract to jointly commission in August 2018 a review of its efficacy, to identify any areas for improvement to the contract terms. In 2019 a new referendum of the BMA Junior Doctor membership accepted the 2016 contract, including the amendments that have been negotiated.

TCS contract includes but is not limited the following amendments:

Weekend frequency allowance maximum 1:3

Too tired to drive home provision

Accommodation for non-resident on call

Changes to safety and rest limits that will attract GoSW fines.

Breaches attracting a financial penalty broadened to include:

- 1) Minimum Non Resident On Call overnight continuous rest of 5 hours between 2200-0700
- 2) Minimum total rest of 8 hours per 24 hour NROC shift
- 3) Maximum 13 hour shift length
- 4) Minimum 11 hours rest between shifts

Exception Reporting

- 1) Response time for Educational Supervisors - must respond within 7 days. GoSW will also have the authority to action any ER not responded to
- 2) Payment must be made within 1 month of agreement or on next available payroll. No extra admin burden should occur
- 3) Conversion to pay - 4 week window from outcome agreed to identify a shift before the end of the placement for TOIL to be taken. If this doesn't happen, payment should automatically be given. At the end of a placement, any untaken TOIL should be paid

Time commitment and administrative support for GOSW.

Implementation of New Amendments 2016 TCS

The 'refresh' requirements for the 2016 contract is in progress at GOSH –a staggered timeline is in place for implementation to be completed between October 2019 and August 2020.

ATTACHMENT P

**Summary of the Quality, Safety and Experience Assurance Committee (QSEAC)
held on 23 January 2020**

Integrated Quality and Performance Report (November 2019)

The number of incidents closed had increased substantially however the incident closure rate remained low as a result of the large number of historic incidents which were skewing data. Medication incidents causing harm had increased and this was being monitored. Discussion took place around breaches for 52 week waits and it was noted that harm reviews had been carried out for only approximately a third of breaches. The Committee expressed concern and emphasised the importance of carrying out these reviews as soon as possible and ensuring that Trust wide learning took place even when issues had occurred in specific areas. Discussions had taken place with other centres about relocating the treatment of the most urgent patients however this was often challenging due to the complex nature of cases.

The infestation of bed bugs has been resolved and it had resulted in ward closures and significant cost to remediate. A review of the incident has led to the introduction of new processes to trigger major incident procedures.

The committee welcomed the work to improve patient experience and the focus on the areas of most concern to patients and families for example improved wifi, food cost and quality and timing of meals on wards.

Freedom to Speak Up Guardian Update

Cases received were increasing reflecting the focus that had been placed on speaking up in the Trust. Examples had been noted of staff raising concerns and this leading to change. The freedom to speak up guardian role is a time limited one, and work was currently taking place to identify a new post holder and to ensure that there was continuity of service. Luke was thanked for his excellent contribution to establish the FTSU Guardian role.

There had been no new whistleblowing cases reported.

Update on issues arising from past patient stories at Board & Progress against actions arising from patient surveys

Epic was proving helpful to ensure that queries were forwarded to the relevant clinical teams. Issues had been raised around activities for older patients and the play team had been restructured with the new head of play focusing on engagement for older patients.

Clinical audit update (including update on management of confidential enquiries and NICE guidance)

Work was taking place to review the quality of the way in which the WHO checklist was being undertaken following incidents over two years. Following the publication of 'prevention of future deaths' guidance an audit would take place to review the documentation of conversations with families on CICU.

Internal Audit Progress Report (October 2019 – January 2020)

The Committee noted two reports: Incident reporting which had provided a rating of *partial assurance with improvements required* and better value which had provided a rating of *significant assurance with minor improvement potential*. They noted the improvements that have already begun in closing incident reports in a timely way. These reports and their recommendations will also be followed up at the Audit Committee.

Internal and external audit recommendations update

There had been an increase in overdue recommendations driven by actions arising from the review of GDPR. The committee emphasised the importance of ensuring realistic deadlines which could be adhered to were agreed at the outset.

Health and Safety Update

Work to move safer sharps into business as usual had been delayed as appropriate products were not in place in clinical areas as required. Four RIDDORS had taken place however there were no common themes or areas involved.

Emerging Significant Risks

- Update on Genetic testing - There had been a substantial reduction in the backlog of overdue reports and it was anticipated that this would be clear by the end of the financial year. When moving to a new system it had been found that there was a large number of old records which required validation. This had been done and following review two cases had been scored as minor harm and the correct processes are being followed.
- Urology - Significant progress had been made by the team, and in supporting the team. It is important to be transparent and to raise matters such as this in the public domain, despite media reporting, and the Trust will continue to do so.
- Cardiac reviews - Work was taking place with the team to develop an action plan arising from the review.
- MHRA action plan - Key members of the pharmacy team had been appointed and work was taking place with the team to develop an action plan. Team engagement had been positive but further leadership support was still required.
- CQC report - The Trust had been awarded a rating of 'good' overall and all services were now rated either good or outstanding. Work remains to be done to strengthen the 'safe' domain, which will be the focus of future work. A Safety Strategy will be aligned to the Quality Strategy. The CQC report would be presented at the Trust Board in February 2020.
- Standard Operating Procedure – A process had been written for commissioning external reviews.

Annual Research Governance Update

An inspection was anticipated from the Health Research Authority, for which the trust is prepared, and research had been mentioned positively in the CQC report.

BAF Deep Dive - Risk 14: Medicines management

Storage had been challenging in pharmacy and an additional walk in fridge was being planned, both for dispensing and trials. A key issue being addressed was around staffing in terms of gaps and turnover and this was impacting business planning. Understanding of stock levels was challenging and adjustments had been significant in December 201, but systems for stock counting are now tightened.

Update on clinical outcomes

The Committee received a demonstration of the specialist services quality dashboard, a significant new platform supported by NHSE, allowing a group of paediatric hospitals to compare their outcomes data.

- Quality Report 2019/20 – Options for improvement project reporting

The Committee agreed three improvement projects from 2019/2020 for reporting in the Quality Report and three projects for reporting in the 2020/21. They also requested that the trust identified where gaps exist in data collection for quality and outcome indicators and to bring plans for closing the gaps

Horizon Scanning – quality and safety issues

The Committee received a report on poor CQC inspection reports elsewhere in other Trusts, and noted the evidence provided that the weaknesses found in those trusts do not exist at GOSH

Paediatric Intensive Care Audit Network (PICANET) Quarterly RSPRT plot - Cause for concern requiring further internal investigation

The Trust had been advised by PICANET that specific data which had been reviewed suggested a higher PICU/NICU mortality rate between 1 July 2018 and 30 June 2019. A report had outlined the response and actions and had concluded that the patients had significant co-morbidities which were not reflected in the methodology used by PICANET. The Committee requested that data from an organisations with similarly complex patients was reviewed for benchmarking purposes and an update provided to the committee.

Update on quality and safety impact of the Better Value programme

Post implementation reviews of quality in two schemes had not shown a deterioration in any KPIs and consideration will be given to the triggers or thresholds for reporting which should be built into KPIs.

Compliance Update

An inspection by the environment agency was anticipated and the Trust had engaged an external auditor in preparation which had provided some recommendations.

Safeguarding Update Q2 2019/20

The Trust was achieving its safeguarding training target for both paediatric and adult safeguarding. Work was taking place to review honorary contracts and removing those which did not comply with training requirements. Progress was in line with plan. The Named Doctor would be retiring in March 2020 and the Named Nurse had expressed an intention to retire. This was a key risk to the organisation but also provided an opportunity to review the social work and safeguarding teams and the management thereof. Assurance was given that any gaps in would be adequately managed.

QSEAC evaluation survey – draft questions

The Committee approved the questions for the QSEAC evaluation survey.

Update from the Bioethics Committee

A review was taking place of the membership of the committee, their tenures, roles and gap with a view to making recommendations for strengthening the governance. Consideration was also being given to drafting minimum standards for the governance of an NHS Bioethics Committee. A training session had taken place with a retired high court judge around high profile cases and a future session would be run with another Trust which had been recently affected by ethical dilemmas. Work was taking place to review whether the committee should work with other relevant areas of the Trust such as the Drugs and Therapeutics Committee.

Matters to be raised at Trust Board

The Committee agreed to raise the following items to the Trust Board:

- 52 week waits and harm reviews
- The impact of bed bugs on the Trust
- Reflections on the CQC report and the steps taken in the Quality Strategy to address the issues raised in the report
- Urology – good progress. It is important for transparency to raise matters such as this in the public domain and the Trust will continue to do so
- A new standard operating procedure for external reviews
- Safeguarding – the risks and opportunity of the Named Nurse and Named Doctor for safeguarding retiring.

ATTACHMENT Q

Finance Investment Committee

12th December 2019

Key issues

The Committee:

- approved the annual business planning and budget setting process.
- Noted the changes between the draft and final GOSH long term plan submission made to the Sustainability And Transformation Partnership.
- Undertook directorate reviews of Heart and Lung and Medicines, Therapies and Tests.

Summary of key issues and developments

Since the July 2019 meeting, the Finance and Investment Committee starts each meeting with a discussion on the key issues and developments. The Chair noted that the key items were on the agenda for the December 2019 meeting.

Approach to annual business planning and budget setting process

The Chief Finance Officer and Director of Operational Performance and Information presented an overview of the Business Planning process for 2020/21.

The process allowed individual teams to create detailed plans that could be built into directorate plans and culminate into an overarching Trust Operational Plan. This approach had been well received by teams across the Trust.

Although final guidance on annual business planning from NHS England was soon expected, the plan could easily be adapted to comply with any requirements.

The Finance and Investment Committee would receive regular updates on progress once finalised.

The approach to annual business planning and budget setting process was approved by the Finance and Investment Committee.

November 2019 STP plan submission update

The Chief Finance Officer presented a paper that provided an update to the committee on the final submission made to the STP for the GOSH long term plan. It was reported that the control total remained the same between the two submissions, with only minor changes made between versions.

Performance & finance standing updates

Finance and Better Value Month 7

- The Trust was £0.1m adverse to the control total year to date at Month 7.
- The Trust was behind its income target by £4.5m (excluding pass through) at Month 7.
- Pay was underspent year to date by £5.1m.
- Non pay was £0.8m above plan year to date (excluding pass through).
- Cash held by the Trust was higher than plan by £25.3m.

- The Chair noted that as the Trust was on a block contract and therefore would not be paid for over performance, assurance was required that patient care or activity levels had not been compromised.
- Month 7 had been good for retrieval of debt. At present, embassies were paying for older historical treatments, but in smaller instalments.
- The operating plan anticipated Better Value schemes of £8.9m would be required in order to achieve the planned trajectory towards the £20m target by year-end.
- At Month 7, £6.1m had been achieved through Better Value, the remaining £2.8m had been covered by pay vacancies across the organisation.
- Of the £8.9m, £3.7m was from recurrent schemes and £5.2m non-recurrent (comprising holding of vacancies, savings from the delayed opening of ZCR and a reduced provision following improved repayment of older IPP debt).
- The Director of Transformation informed the Committee there were other benefits yet to be realised within GOSH such as new buildings, DRIVE, EPR and the safe monetization of patient information.

Integrated Performance report Month 7

The Trust did not achieve the RTT 92% standard in Month 10 and submitted a performance of 85.05% with 842 patients waiting longer than 18 weeks. A key contributing factor to this was the loss of two consultants (retirement and maternity leave) in Dental and Maxillofacial, leaving one consultant within the service.

The Trust had developed a draft dashboard for measuring theatre flow which was being tested by the directorate. Data would be available by the end of January. Once the data is available, benchmarking and comparison to inform further efficiencies can take place.

Activity monitoring April-November 2019/20

The majority of Outpatient areas returned to pre-EPIC activity levels, but some areas have not returned fully to the level of overbookings that we were previously recorded. For those areas that are below plan, focused work is being completed to understand what is driving it to try and return them to plan.

The elective plan had over-performed by a position of 5% due to a combination of activity shift from the day case position and the level of work in a number of areas. The level of over performance had reduced over past weeks due to the reduction in activity due to bed closures related to staffing and infection control issues.

Directorate reviews

Heart and Lung

The following points were covered in discussion:

- The split of CICU and PICU had worked well and the directorate reorganisation had been a good idea.
- A Sleep Unit for children had been established and was performing well. There were plans to improve the facilities.
- There was a slightly higher sickness absence and turnover in the Directorate.
- Although the Directorate had a Recruitment Strategy, it was not delivering the desired outcomes. The Directorate Leadership team felt that there may be underlying cultural issues affecting recruitment. Additional work was underway to improve recruitment and retention.

Medicines, Therapies and Tests

- The Directorate had undertaken a lot of work on agency spend and was able to reduce it to target.
- The Human Resources metrics were good within the Directorate.

Finance structure

The Chief Finance Officer presented the annual review of the Finance Directorate's skills, capabilities and structure.

Major projects and post implementation reviews

The Committee received updates on EPR, ZCR, Sight and Sound Centre and Children's Cancer Centre and a post implementation review of Premier Inn Clinical Building.

The Non-Executive Directors informed the Interim Director of Development that they would like an open and transparent a report covering: what went well and what could have been done differently. The Committee was informed that the redevelopment team would review the report structure to ensure that the questions asked by the Committee are answered robustly in future.

Evaluation of papers

The Committee reported that the papers had become more concise, allowing more time to review contemplate the key messages.

End of report

ATTACHMENT S

Summary of the People and Education Assurance Committee held on 2nd December 2019

Minutes of Meeting held on 11th September 2019:

Actions from the last meeting were noted and updated.

Revised Terms of Reference and Workplan:

It was agreed the following items will be included in the TOR: Confidential agenda, attendance of HR Associate Directors, Deputy Medical Director and Deputy Director of Nursing. Items to be included in the six monthly workplan will include a summary of exit interviews. Staff recognition will be part of the first year's programme of work. It was noted some items will move to being half yearly. It was confirmed the agenda will be drafted four to five weeks prior to the next meeting.

Update on Board Assurance Framework and HR Specific Risks:

Deep Dive into Risk 17 – Service Innovation:

Mr Richard Collins, Director of Transformation the deep dive on BAF Risk 17. It was noted the wording of risk 17 is being considered to ensure it will cover commercial and workforce matters. The Interim Chief Operating Officer is working closely with Transformation to build a five step journey. It was confirmed the strategy will evolve over the next three to five years.

Staff Stories:

A Healthcare Scientist within the Department of Immunology was the first volunteer to talk about her story at GOSH. Her story was largely positive about her experiences of development and progression at GOSH although she did outline some of the difficulties she has had. She was congratulated and thanked on the amount of work and studying she has completed since joining the organisation and for her hard work.

People Strategy Delivery Plan:

The People Strategy was formally approved by the Board on 27th November 2019. Ms Caroline Anderson, Director of HR & OD presented and summarised the delivery plan to the committee. Over year one, there will be a focus on diversity and inclusion while ensuring core processes are properly structured. The ten work streams will form the basis of the first 18 month programme of work and will be focused around recruitment, retention and resourcing, capability of line management and leadership, HR function, culture and engagement and reward and recognition. It was noted there will be a mandatory training programme aimed at managers with all managers receiving some form of further leadership and line management development.

Nursing Workforce Update:

Ms Alison Robertson, Chief Nurse advised the retention week was successful and received good feedback. It was noted the role of Clinical Nurse Specialist will be reviewed and recommendations will follow. The committee were notified the Nursing Workforce Assurance Group has been set up. It was agreed Ms Robertson will give regular reports to PEAC on nursing staff turnover data.

Update on Learning Academy:

Ms Lynn Shields, Director of Education presented PEAC with the aim and progress of the programme. The delivery plan and TOR was due to be presented at the Programme Board in December 2019 and regular updates will come to PEAC. Recruitment to posts for the Learning Academy is continuing.

Honorary Contracts:

Mrs Alison Hall, Deputy Director of HR and OD, presented an update and clarification on Honorary Contracts process and the project. Over 500 contracts have been terminated over the last 12 months, and the importance of maintaining tight processes and seeking assurance was highlighted.

Summary Produced by Bella Summers, Personal Assistant to Mrs Caroline Anderson Director of HR and OD

ATTACHMENT T

Summary of the meeting of the Council of Governors held on 26th November 2019

Chief Executive Report

Updates were received on the following matters:

- Positive feedback had been received following the CQC inspection and the Trust was awaiting the formal report.
- Work continued to improve the RTT position following EPR go live and focus was being placed on 52 week waits.
- An article had been published in the press about the Trust's Gastroenterology service following the publication of the draft external report. The Trust strongly disputed parts of the article and the Chair had written to the publication. The Council of Governors emphasised the importance of being open and transparent with patients and families and it was confirmed that this was a priority.
- The People Strategy had been launched on 19th November 2019.
- The Children's Cancer Centre Outline Business Case had been approved by the Trust Board.

Discussion took place around nurse staffing levels and nursing bank rates and the Trust's ability to staff ECMO beds and it was confirmed that the number of ECMO trained nurses was sufficient to staff the Trust's two permanent ECMO beds. Nurse vacancies at GOSH were also substantially lower than the national paediatric nursing vacancy rate. It was noted that only one Trust paid a higher nursing bank rate than GOSH and the Council emphasised the importance of continuing to develop skilled nurses to encourage them to remain at the Trust.

GOSH Strategy

Due to the current period of purdah it was not possible for the Board to approve and publish the Trust's refreshed strategy. It was confirmed that the Always Values continued to be an integral part of the strategy.

Finance report (highlights)

At the end of October 2019 the Trust was £100,000 adverse to control total (year to date) primarily driven by underperformance in International Private Patients (IPP) which was partially offset by staff vacancies. Cash remained strong. Discussion took place around the action that was being taken to reduce IPP debtors which were above plan and it was reported that a change in the Trust's payment model had led to improvements.

Annual Business Planning at GOSH

It was anticipated that business planning guidance would be focused on efficiency and financial sustainability in line with previous years. A business planning discussion would take place at the January 2020 Council meeting.

Reports from Board Assurance Committees

The Council received updates from the Quality, Safety and Experience Assurance Committee, Audit Committee and the People and Education Assurance Committee.

Update from the Young People's Forum (YPF)

A new Chair and Vice Chair of the YPF had been elected and the CQC had visited the forum. Members had taken part in stakeholder panels and interview panels.

GOSH People Strategy

The Council received a presentation on the People Strategy. Discussion took place around the high turnover of administrative staff and it was confirmed that this would be a key workstream. Governors highlighted the importance of career development and taking a holistic view of health and wellbeing of staff.

Update from the Council Nominations and Remuneration Committee

- Chair and Non-Executive Director Appraisals

The Council approved the outcome of the appraisals of the Chair and three Non-Executive Directors as recommended by the Council of Governors Nominations and Remuneration Committee.

- Chair and NED Objectives 2020

Guidance had been published by NHS England and Improvement around implementing an appraisal framework for Chairs. As recommended by the Council of Governors' Nominations and Remuneration Committee, the Council agreed that the framework was appropriate and should also be implemented for Non-Executive Directors where appropriate to the role. The Council approved the revised competency framework for appraising both the Chair and Non-Executive Directors. It was agreed that a paper would be presented on changes to the appraisal process at the February 2020 meeting.

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

In 2018 it had been agreed that the Non-Executive Director appointed by UCL would be reappointed to the Board for a period of one additional year over and above the usual two three-year terms due to a period of churn on the Board. The Council of Governors' Nomination and Remuneration Committee had felt that as the Board was now in a period of stability it was important to revert to the usual process. It was noted that UCL would undertake a process to identify a preferred individual to sit as a NED on the GOSH Board who would be subject to approval by the Council.

- Chair and NED remuneration

Guidance had been published by NHS England and Improvement which recommended remuneration limits for Chairs and Non-Executive Directors. It was proposed that changes would be implemented as new Board members joined the Trust or reappointed for second terms as well as for the newly appointed UCL nominated NED. The Council approved the proposals.

Update from the Membership Engagement Recruitment and Representation Committee (MERRC)

Discussion took place about engagement with members and it was noted that engagement would be required due to the upcoming constituency changes as well as the election in 2020. Work was taking place with the Young People's Forum to discuss the use of social media in engagement. It was highlighted that it was important to be clear about the benefits of membership for potential members.

Update from the Constitution Working Group

- Council of Governors' Effectiveness Review Survey Results

It was agreed that discussion would take place at the next meeting about the possibility of holding an additional Governor meeting each year in response to feedback received from the survey.

- Review of Buddying System

It has been agreed that the buddying programme would continue with some changes. The first buddying group meetings would take place in early 2020.

Governance Update

One Governor provided feedback from an event he had attended on the subject on member and public engagement.

<p align="center">Trust Board 6 February 2020</p>	
<p>Creative Health Champion</p> <p>Submitted by: Susie Hall, Joint Head of Arts</p>	<p>Paper No: Attachment U</p>
<p>Aims / summary To propose Amanda Ellingworth as GOSH Creative Health Champion, following the All Party Parliamentary Group on Arts, Health and Wellbeing recommendation.</p>	
<p>Action required from the meeting Agreement for Amanda Ellingworth to be put forward as GOSH Creative Health Champion</p>	
<p>Contribution to the delivery of NHS Foundation Trust strategies and plans Please see paper for impact detail, but in summary; GOSH Arts makes a measureable difference to the patient experience and hospital environment. By leading the sector we support strategic aims to be expert and professional, and raise the positive profile of GOSH in these areas. We also make a significant contribution to staff wellbeing and retention.</p>	
<p>Financial implications None</p>	
<p>Who needs to be told about any decision? GOSH Arts</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales? GOSH Arts. Immediate response to APPG.</p>	
<p>Who is accountable for the implementation of the proposal / project? Stephanie Williamson, Acting Director of Development</p>	

GOSH Arts proposal for Board Creative Health Champion

In 2017 The All Party Parliamentary Group on Arts, Health and Wellbeing published its final report. One of the recommendations was for every Trust to have a Board-level Creative Health Champion:

“We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing.

(See <https://www.culturehealthandwellbeing.org.uk/appg-inquiry/>)

GOSH Arts contributed to the report as an expert witness, and has been involved in setting up a National Arts Managers Network (another of the recommendations) that is now a NHS National Policy Advisory Group, and sits on the steering group. We have also given evidence to the DCMS select committee on the benefits of arts participation on health.

In 2018 APPG Chair Lord Howard wrote to every Trust Chief Executive asking them to recognise the benefits of arts in health and nominate a Board champion. He acknowledged that GOSH was already leading in the field by having its own highly respected arts programme, congratulated us on our work, and hoped it would continue to be supported by the Trust.

The role involves advocating for the benefits of arts in health internally and externally, supporting the work of GOSH Arts and attending APPG Champion events at The House of Lords and elsewhere. A toolkit from the APPG outlining the role in more detail is attached as optional reading for further information. This also includes useful information on the benefits, impact and context of arts in health generally.

Arts in Health has grown in profile significantly in recent years, and will continue to do so with commitments by Health Secretary Matt Hancock to social prescribing, and more holistic creative hospital buildings. This is therefore an important time for GOSH to be represented in strategic national conversations, highlight the award-winning work we are doing in this area, and make sure the profile of GOSH Arts remains high.

GOSH Arts would like to propose Amanda Ellingworth as the GOSH Board Creative Health Champion.

GOSH Arts

GOSH Arts is the arts programme at Great Ormond Street Hospital. Its award-winning participatory programme, art commissions and temporary exhibitions inspire creativity, create welcoming environments, and offer meaningful cultural opportunities across a variety of art forms for patients, families and staff. See summary of Impact 2017 – 2020 below.

GOSH Arts' core funding comes from GOSHCC. Although we have significant support across the Trust and Charity, we are currently reduced from 3 FTE to a team of 2 x FTE staff, and have to bid yearly for the programme grant and salaries. This presents a significant challenge in terms of ongoing delivery and our ability to grow the programme to cover new areas.

Summary of GOSH Arts Impact 2017 – 2020

- Over 36 000 people have been directly involved in creative activities at GOSH
- We reached on average 150 000 a year through our art collection, installations and touring projectsⁱ
- We have worked with over 200 different artists and cultural organisations – with the number of partners growing year on year
- We met our target of over 90% of respondents rating our activities as 'Excellent' and 95% saying it 'Improved' their experience of the hospital.
- We undertook over 300 observations using the Arts Observational Scaleⁱⁱ to evaluate impact on patients and families – showing up to 70% mood increase when arts activities are taking place
- We have leveraged additional project specific funding from The Wellcome Trust, Heritage Lottery Fund, Unlimited and Arts Council England.
- We consistently receive highly positive feedback from patients, families and staffⁱⁱⁱ
- Our work has featured in The Lancet, The Guardian, Time Out, BBC Radio and a number of other journals and press publications
- We have created a programme that is recognised as best practice by both the health and arts sector
- GOSH Arts makes up a large percentage of GOSH Trust and Charity social media output. In an average month between 8 – 15% of tweets by these two accounts use assets from the arts programme
- We gave evidence in parliament to the Digital, Culture, Media and Sport Committee and as expert witnesses to the All Party Parliamentary Group on

Arts, Health and Wellbeing

- We won the prestigious Action for Children's Arts Award, were Highly Commended in the Building Belter Healthcare Awards and shortlisted for a Children and Young People Now, Family Arts and Tech4Good awards
- We were involved in setting up the first NHS National Policy Advisory Group of hospital arts programmes

ⁱ *GOSH Arts, Evaluation of the visual arts and music in public spaces*, BOP Consulting, March 2018

ⁱⁱ *ArtsObs*, Fancourt and Poon, CW+, 2014

ⁱⁱⁱ For a selection of qualitative feedback 2017 – 20 see yearly annual reviews