

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST
MEETING OF THE COUNCIL OF GOVERNORS
Wednesday 17 April 2019
3:00pm – 5:30pm
Charles West Room, Paul O’Gorman Building

NO.	ITEM	ATTACHMENT	PRESENTER	TIME
1.	Welcome and introductions		Michael Rake, Chair	3:00pm
2.	Apologies for absence		Michael Rake, Chair	
3.	Declarations of interest Register for Governors 2019	A	Michael Rake, Chair	
4.	Minutes of the meeting held on 6 February 2010	B	Michael Rake, Chair	
5.	Matters Arising and action log	C	Anna Ferrant, Company Secretary	
6.	GOSH Strategy – Our vision and objectives for 2025	D	Matthew Shaw, Chief Executive	3:15pm
	GOVERNANCE			
7.	Lead Governor and Deputy Lead Governor Appointment	E	Anna Ferrant, Company Secretary	4:10pm
8.	Update from Council of Governors’ Nominations and Remuneration Committee <ul style="list-style-type: none"> Appraisal of two GOSH NEDs Remuneration of NEDs Revised terms of reference for Committee Nominations for members of the Committee 	F	Anna Ferrant, Company Secretary Paul Balson, Deputy Company Secretary	4:20pm
9.	Compliance with the NHS provider licence – self assessment	G	Anna Ferrant, Company Secretary	4:30pm
10.	Draft Council of Governors’ section in GOSH Annual Report 2018/19	H	Paul Balson, Deputy Company Secretary	
	PERFORMANCE and ASSURANCE			
10.	Chief Executive Report including: <ul style="list-style-type: none"> Integrated Quality and Performance Report February 2019 (highlights) Finance report February 2019 (highlights) 	I	Matthew Shaw, Chief Executive	4:45pm

11.	Update from the Young People's Forum (YPF)	M	Emma Beeden and Josh Hardy, YPF Governors	4:55pm
12.	Reports from Board Assurance Committees <ul style="list-style-type: none"> • Quality, Safety and Experience Assurance Committee (April 2019) • Audit Committee (January 2019 summary and agenda and April 2019 agenda – summary will be verbal) 	J K and verbal update	Amanda Ellingworth, Chair of the QSEAC Akhter Mateen, Chair of the Audit Committee	5:05pm
13.	Governance update	L	Paul Balson, Deputy Company Secretary	5:20pm
14.	Any Other Business	Verbal	Chair	5:30pm

Attachment A

Council of Governors

17 April 2018

Council of Governors' Declarations of interest 2019

Summary & reason for item

The purpose of this paper is to

- present the Council of Governors' Register of Interests 2019 and remind Governors of their responsibilities to declare interests.
- Inform Governors about the new GOSH Declaration of Interest Policy being launched across the Trust.

Governor action required

- To note the content of the Governors' register of interests and ensure that all interests have been declared with Victoria Goddard, Trust Board Administrator, Victoria.Goddard@gosh.nhs.uk.
- To declare any additional interests that may arise or change in circumstance affecting the Council of Governors' register of interests.
- Note the new policy and that further information will be circulated to Governors.

Report prepared by

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

Report presented by

Anna Ferrant, Company Secretary

Attachment A

Declarations of interest - Council of Governors 2019

All Governors are required to inform the Company Secretary whether they have any personal or family interests as soon as they are elected or appointed. Governors should also declare whether their spouse or partner has any interests.

The Constitution also requires Governors to declare any pecuniary, personal or family interest in any proposed contract or matter that is to be considered by the Council of Governors at a meeting.

If there is a conflict of interest then the Governor may not be able to receive the pertinent papers, participate in the discussion, or vote on that particular issue. The conflicted Governor should also withdraw from meeting whilst the item is discussed.

Any declared interests are entered onto a Register of Governors' Interests and made publicly available in order to avoid Governors being influenced or appearing to be influenced by their private interests in the exercise of their duties as a Governor. Failure to declare an interest could lead to a Governor breaching the code of conduct and being excluded from their position.

The 2019 Governor Register of Interests is attached at **Appendix 1**.

New Trust Declarations of Interest Policy

Background

Guidance has been released by NHS England, bringing consistency and transparency to the way in which NHS staff (including Governors) declarations of interests are managed across the NHS. As a result of this guidance, the Trust is revising its Declaration of Interest policy to fall in line with the NHS England model policy. The model policy is broadly similar to the previous GOSH policy.

The NHS England guidance states that some staff and others are more likely than others to have a decision making influence on the use of taxpayers' money because of the requirements of their role. These individuals are defined as 'Decision making staff' and NHS Trusts are required to define who their own decision making staff are within their own policies.

The Executive Team at GOSH have agreed the following staff will be defined as **decision making staff**:

- Executive and non-executive directors and **governors** on the GOSH Council of Governors
- Senior Leadership Team at GOSH
- All consultants and honorary consultants

Governors have been included due to the requirement for them to declare any interests under the Trust Constitution and ALSO due to their role, for example in appointing non-executive directors and approving significant transactions for the Trust. It is therefore important that any interests are declared and appropriately managed.

Under the new policy, decision making staff are expected to make an annual mandatory declaration of interest, gifts and hospitality. The following section of the report is a summary of what constitutes an interest under this policy:

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What is an interest?

A 'conflict of interest' is:

"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

A conflict of interest may be:

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future

Governors may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived conflict.

There are four types of interest (further information is available from the Corporate Affairs Team):

- **Financial interest** - Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial professional interest** - Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career
- **Non-financial personal interest** - Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career
- **Indirect interest** - Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

Managing future declarations of interest

The Corporate Affairs Team has purchased an online solution for the management of declarations of interest, gifts, hospitality and sponsorships. The software will be rolled out in the next few months across the Trust.

For now, the Corporate Affairs Team will upload the current Governor Register of interest, gifts, hospitality and sponsorship and in future, Governors will be asked to update their information online. Email prompts for when this is required will be provided.

Appendix 1


Great Ormond Street
Hospital for Children
 NHS Foundation Trust

Great Ormond Street Hospital for Children NHS Foundation Trust

Council of Governors' Register of Interests 2019

Constituency	Name	Declared Interests
Patient and Carer Governors		
Patients from outside London	Faiza Yasin	None
	Alice Rath	None
Patient from London	Elena-May Reading	None
	Zoe Bacon	None
Parents and carers from London	Mariam Ali	None
	Stephanie Nash	None
	Emily Shaw	None
Parents and carers from outside London	Lisa Allera	GOSH Patient Experience Committee GOSH (PALS) Volunteer GOSH Research Parent Advisory Group Steering Committee – Cardiac Post-Surgical Morbidity Study Husband – member of Corporate Partnerships Board for GOSH Charity
	VACANT	
	Claire Cooper-Jones	None
Public Governors		
North London and surrounding area	Simon Hawtrey-Woore	None
	Theo Kayode-Osiyemi	None
	Simon Tan	Governor at Guys and St. Thomas' NHS Foundation Trust
	Teskeen Gilani	None
South London and surrounding area	Fran Stewart	None
The rest of England and Wales	Colin Sincock	None
	Julian Evans	None
Staff Governors		

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Constituency	Name	Declared Interests
	Sarah Aylett	Visiting Consultant Paediatric Neurologist to the Children's Trust, Tadworth. Medical Advisor to the Children's Trust, Tadworth, Surrey
	Vacant	
	Nigel Mills	None
	Paul Gough	None
	Quen Mok	Appointed as Trustee for Tushinskaya Trust. This is a UK registered charity set up in 1988 by the previous Medical Advisor to the British Embassy in Moscow. The aim of the charity is to improve the health and welfare of sick Russian children in hospitals. Young Russian doctors or nurses are selected for The Diana, Princess of Wales memorial scholarships to spend 12 weeks in Great Ormond Street Hospital as clinical observers. I have been on the selection panel since 2005 and was appointed as Trustee in 2011.
Appointed Governors		
London Borough of Camden	Lazarro Pietragnoli	Declaration not received
University College London, Institute of Child Health	Jugnoo Rahi	Roles within a number of committees of Royal College of Ophthalmologists (not remunerated).
Young People's Forum	Josh Hardy	None
Young People's Forum	Emma Beeden	Member of the NHS Youth Forum Lay member on the NICE Babies, Children and Young People's Experience of Healthcare Guidelines I attend workshops and volunteer for the MRCPCH exams with RCPCH

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DRAFT MINUTES OF THE COUNCIL OF GOVERNORS MEETING
6th February 2019
Charles West Boardroom

Sir Michael Rake	Chairman
Miss Faiza Yasin	Patient and Carer Governor: Patients outside London
Miss Zoe Bacon	Patient and Carer Governor: Patient from London
Mrs Stephanie Nash	Patient and Carer Governor: Parents and Carers from London
Dr Emily Shaw	
Mrs Mariam Ali	
Mrs Lisa Allera	Patient and Carer Governor: Parents and Carers from outside London
Dr Claire Cooper-Jones	
Mr Simon Hawtrey-Woore	Public Governor: North London and surrounding area
Mr Theo Kayode-Osiyemi	
Mr Colin Sincock	Public Governors: The rest of England and Wales
Mr Julian Evans	
Dr Sarah Aylett	Staff Governor
Mr Nigel Mills	
Mr Paul Gough	
Dr Quen Mok	

In attendance:

Mr James Hatchley	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Lady Amanda Ellingworth	Non-Executive Director
Ms Kathryn Ludlow	Non-Executive Director
Mr Matthew Shaw	Chief Executive
Ms Helen Jameson	Chief Finance Officer
Dr Anna Ferrant	Company Secretary
Mr Paul Balson	Deputy Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Amy Sutton*	Children and Young People's Participation Officer
Miss Emma Beeden	Young People's Forum
Mr Josh Hardy	Young People's Forum
Dr Sara Warraich	Darzi Fellow
Professor Darren Hargrave*	Consultant in Oncology
Mr Stephen Tomlin*	Chief Pharmacist
Ms Jayne Franklin*	Head Teacher, Hospital School
Ms Stephanie Williamson*	Deputy Director of Development

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Mr Matthew Tulley*	Director of Development
Mr Peter Hyland*	Director of Operational Performance and Information

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

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

39	Apologies for absence
39.1	Apologies for absence were received from: Ms Alice Rath, Patient and Carer Governor; Ms Elena-May Reading, Patient and Carer Governor; Mr Simon Tan, Patient and Carer Governor; Public Governor; Teskeen Gilani, Public Governor; Mr Julian Evans, Public Governor; Professor Jugnoo Rahi, Appointed Governor, Mr Lazzaro Pietragnoli, Appointed Governor.
40	Declarations of Interest
40.1	No declarations of interest were received.
41	Minutes of the meeting held on 7 November 2018
41.1	The Council of Governors approved the minutes of the previous meeting.
42	Matters Arising and action log
42.1	Minute 42.6: Mr Matthew Shaw, Chief Executive gave an update on the work that was taking place to prepare for Britain’s exit from the EU. He said that a weekly steering group had been implemented and it was likely that weekly reporting on progress would be required to NHS Improvement. Current concerns were around potential shortages of drugs, isotopes and reagents and the Trust had agreed to write to suppliers to understand any potential issues in their supply chain.
42.2	Action: Mrs Lisa Allera, Patient and Carer said that some parents would have concerns around availability of medications for their children and would welcome assurance from the Trust that planning for business as usual was taking place. Ms Helen Jameson, Chief Finance Officer said that the guidance that had been provided to Trusts was that drugs must not be stockpiled and that the Trust should provide the same guidance to families. Mr Shaw said that if it was found that there were issues with critical suppliers, the Trust should write to families to explain alternatives. It was agreed that communication with patients and families would be discussed at the Brexit Steering Group.
43	GOSH - The research hospital. How the Children’s Cancer Centre supports our long term vision
43.1	Mr Matthew Shaw, Chief Executive said that in December 2018 the Board had approved the proposal to move forward with plans to develop a GOSH Children’s Cancer Centre and along with the GOSH Children’s Charity had recognised that the cancer, school and pharmacy provision was not fit for purpose and required modernisation.
43.2	Professor Darren Hargrave, Consultant Oncologist said that the vision for a paediatric cancer centre was to deliver excellence through research. The Trust was actively engaged with research and in order to continue to facilitate this better

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	<p>infrastructure was required along with an improved environment which would support the aim for all patients to have the opportunity to join a research project. Professor Hargrave said that the GOSH service was currently the biggest in the UK however it was no longer the largest in Europe as a centre in the Netherlands had developed a large national unit in recognition of the importance of critical mass in providing excellence in treatment and research. He said that the service was currently challenged by capacity and an inflexible estate.</p>
43.3	<p>Outpatients and day care was provided in the Southwood Building which was no longer fit for purpose and led to staff being siloed by their location. It was possible to provide ambulatory chemotherapy for patients using a portable pump in the community however ambulatory care capacity was required for this. Professor Hargrave said that it was anticipated that there would be a change in the provision of cancer care and a critical mass of patients and clinicians would be crucial.</p>
43.4	<p>Mr Stephen Tomlin, Chief Pharmacist said that currently the pharmacy was unknown outside the Trust however it was the largest dedicated paediatric pharmacy in the country and was currently operating approximately 240 clinical trials. The pharmacy was currently split across six areas and a number of floors and was extremely lacking in space. Currently it was necessary to delay the start of trials due to lack of capacity to install equipment such as fridges and freezers. Waiting times were also poor. Mr Tomlin said that the Trust should be at the forefront of formulating medicines suitable for children however currently the space had been deemed unfit for purpose by the Medicines and Healthcare products Regulatory Agency (MHRA).</p>
43.5	<p>Action: Ms Jayne Franklin, Headteacher of the GOSH Hospital School said that the school was currently rated outstanding by Ofsted however the increasing number of beds in the hospital led to an increasing number of students in the school. Additional facilities were required such as private space for students to be able to take GCSEs and A levels. It was agreed that consideration would be given to providing a presentation about the hospital school to the Council of Governors.</p>
43.6	<p>Ms Stephanie Williamson, Deputy Director of Development said that cancer care was currently delivered from a mix of 1930s and 1990s estate. Southwood building and the Variety Club Building would require significant remedial works. Since these buildings had been completed, healthcare design had changed substantially and there was a growing understanding of the importance of access to daylight and space to enable patients to be more active in the day and rest better at night. She said that planning a building which would open in 2026/27 required flexibility in the design.</p>
43.7	<p>Mr Matthew Tulley, Director of Development said that although there was a clear clinical case for the development, it was also a significant investment in an uncertain environment. Discussion had taken place at Trust Board to review potential options for the development of the centre. Following discussions with the GOSH Children’s Charity around different funding structures they had agreed in principle to commit £250million. A Board to Board meeting would be taking place in May 2019 to discuss the project.</p>
43.8	<p>Mr Tulley said that planning for the development would be challenging due to GOSH’s location in a residential area of central London and a number of decant works would be required.</p>

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43.9	Sir Michael Rake, Chairman thanked the teams for the presentation. He agreed that there was a clear clinical need but emphasised the importance of ensuring that appropriate financing was in place. He added that the centre would also support the wider paediatric population.
43.10	Dr Quen Mok, Staff Governor queried if staffing levels would be sufficient to manage the increased capacity as it had been challenging to open the new beds in PICU and CICU. Professor Hargrave said that there was sufficient time to address this but added that it was important that staff development was in place to ensure that GOSH staff could be sufficiently skilled.
43.11	Dr Emily Shaw, Patient and Carer Governor asked if the UK's access to new drugs would be impacted by Brexit and Professor Hargrave said that on a temporary basis this could be challenging but said that GOSH aspired to lead international clinical trials. Partnership working was increasing with the US which was unaffected and sponsorship relationships were being reviewed.
43.12	Mr Julian Evans, Public Governor asked for background information about the contract award. Mr Tulley said that a design competition had taken place with a contractor in order to ensure that the design could be realised and the competition process had been OJEU compliant and supported by the Royal Institute of British Architects. A budget had been set through working with quantity surveyors and as part of the competition process bidders were asked to test the cost limit to provide the Trust with some confidence that the project could be built within budget subject to inflation. Sir Michael said that it was vital that there was sufficient discipline around the project and added that the project was a medium sized one as there was limited appetite to take on debt.
43.13	Dr Sarah Aylett, Staff Governor noted that other teams in the Trust would require access to some of the equipment in the centre and added that some patients currently went to other Trusts for this. Professor Hargrave said that the team was aware that although the project was a cancer centre the business case included items that would be used by other areas of the Trust.
43.14	Mr Josh Hardy, Young People's Forum asked if it would be possible to adapt the space to other research if there was not sufficient demand for cancer services. Professor Hargrave said that the purpose of the space would be to support as many children and young people as possible and it would be beneficial if the flexibility of the space was around different specialties as well as different uses within the same specialty.
43.15	Action: It was agreed that a seminar session on the development programme would be provided and the masterplan would be presented in full at a future meeting.
44	Chief Executive Report
44.1	Mr Matthew Shaw, Chief Executive said that he was hoping to set a more personal tone in communications and his first all staff email had focused on kindness. He said that although the Trust had extremely high calibre teams, kindness was not always a priority.
44.2	Mr Shaw said that his key priorities were to ensure that the Executive

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	<p>Management Team were working well together and were able to challenge one another, and to improve the Trust's culture as the staff survey results had not improved in terms of staff reporting that they had experienced bullying and harassment.</p>
44.3	<p>Action: Focus would be placed on developing the Trust's strategy to ensure that it was a plan for what would be achieved and how this would be done. Mr Shaw said that although the house set out the key areas for the Trust it did not set out where the Trust should be in five years. It was agreed that an update would be provided to the Council of Governors following a consultation on GOSH's trajectory and the way this would achieved.</p>
44.4	<p>Mr Shaw outlined the changes that had taken place in the Executive Team since the last meeting and said that the CQC had written to the Trust saying that an inspection would be taking place in the first half of 2019. After speaking to the CQC and given the pressures on the Trust around the Epic implementation it had been agreed that the inspection would be deferred to the second half of the year. Preparations for the inspection were increasing with the aim of brining the work into business as usual.</p>
44.5	<p>Dr Quen Mok, Staff Governor noted that theatre utilisation had reduced in December and asked to what extent this was related to the reduction in the bank rate for some nurses. Mr Shaw confirmed that November 2018 had been the highest fill rate for bank shifts of any month in the year. He acknowledged that there initially been a reduction in the fill rate for bank shifts in CICU and theatres however this had recovered. There had been low theatre utilisation in December as a result of insufficient planning and shutdown over the Christmas period rather than insufficient staff. Mr Shaw said that one of the key issues around bank rates was the unequable rates for nurses and the structure for this was being reviewed to develop a consistent system that was available to all nurses and AHPs.</p>
44.6	<p>Mr Theo Kayodi-Osiyemi, Public Governor noted that there had been a trend around information governance incidents and requested additional information. Mr Shaw said that information governance was an important area of work taking place at GOSH and agreed that these incidents were a theme but said that within the theme there were a wide variety of types of incident. The Trusts future move to Microsoft Office 365 would support this work however Mr Shaw said that work was still to do before the Trust could be confident that all mitigations were in place. Mr Akhter Mateen, Chair of the Audit Committee said that this was a regular item on the Committee's agenda and members were keen to scrutinise this area. Mr Kayodi-Osiyemi asked what had been learnt as a result of the incidents and Mr Mateen said that raising awareness of staff responsibilities and standards around IG was key. He added that with the implementation of Epic information governance and cyber security became increasingly central to the Trust's work.</p>
44.7	<p><u>Finance report December 2018 (highlights)</u></p>
44.8	<p>Ms Helen Jameson, Chief Finance Officer said that at month 9 the Trust was showing a breakeven position for the year to date taking into account a settlement that had been reached with NHS England around level of activity at a particular tariff. It would be challenging to ensure that the Better Value programme was delivered and IPP activity maintained to ensure the Control Total would be</p>

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	reached. Ms Jameson said that cash remained strong and work was taking place to review debtors and creditors to ensure readiness for the implementation for new accounting standards IFRS 9 and 15 from April 2019.
45	Reports from Board Assurance Committees
45.1	<u>Quality and Safety Assurance Committee (January 2019)</u>
45.2	Lady Amanda Ellingworth, Chair of the QSAC said that culture had been a key part of discussions and it had been recognised as part of the QSAC effectiveness survey that there was insufficient time to address this. Discussion had taken place around developing a workforce and education group either as an additional assurance committee or a task and finish group. Discussion would take place on this at Trust Board on 7 th February as well as discussion to agree whether to rename the Committee Quality, Safety and Experience Assurance Committee.
45.3	Lady Ellingworth said that the Trust was about to go live with a 24/7 rota for safeguarding cover which was very positive.
45.4	Sir Michael Rake, Chairman said that at the last Council meeting Governors had discussed the importance of ensuring that the Executive Team was visible in the hospital. Mr Matthew Shaw, Chief Executive agreed that visibility was vital and said that the Executive Team had developed a plan for visiting the hospital more. He added that the new Director of HR and OD agreed that this was important.
45.5	Mr Theo Kayodi-Osiyemi, Public Governor said that engagement with young people was also important and had been something that Nicola Grinstead, former Deputy Chief Executive had been involved in. He asked how continuity in this area would be achieved now that she had left GOSH. Lady Ellingworth said that it was important to engage with groups such as the Young People's Forum to understand what was important to them.
45.6	<u>Finance and Investment Committee (November, December 2018 and January 2019)</u>
45.7	Mr James Hatchley, Chair of the Finance and Investment Committee said that committee had focused on the outturn for the end of the financial year. He said that there had been some underperformance in areas across the Trust and the committee had looked at individual areas to determine the reasons for underperformance and whether a recovery plan was in place.
45.8	The Committee had reviewed plans for the Children's Cancer Centre which was a multiyear project with many different issues arising since phase 4 had been first been considered. It was vital to be clear on what was affordable for the Trust recognising that impact on patients must be maximised. It had been agreed that the project would move forward without GOSH taking on debt.
45.9	Consideration had been given to the financial risks around the EPR implementation and it was reviewed at each meeting to ensure all aspects of the project were analysed and challenged.
45.10	Mr Paul Gough, Staff Governor asked how much time was dedicated to discussing RTT and how this fitted in with the Committee's remit. Mr Hatchley said

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	<p>that although each aspect of performance had a financial element the committees did work to ensure that there was minimal overlap. Theatre utilisation had been reviewed as this was at the core of the Better Value programme.</p>
45.11	<p>Mr Colin Sincock, Public Governor asked for a steer on the implications if EPR could not go live on 19th April 2019 as planned. Ms Shaw said that this would lead to a delay of a number of months which would incur significant costs, however the systems in the hospital would continue to operate in the same way they had pre-go live. He said that the Charity had been clear that it could not fund any overrun of the project. He said that the new go live date would be dependent on the cause of the delay.</p>
45.12	<p>Mr Hatchley said that there was triangulation of assurance at each committee between now and go live which was in addition to the governance of the project itself however he emphasised that it was a substantial project and the risks were likely to increase prior to go live. He said that the Board had been given assurance and would continue to scrutinise this. Sir Michael said that for Governors it was important to be assured that a robust process was in place.</p>
45.13	<p>Action: It was agreed that a paper would be presented to the Council post go live on the successes and learnings of the go live process.</p>
45.14	<p>Sir Michael said that it vital to ensure that the project delivered its business case and the associated benefits including ensuring that clinicians had additional time for clinical work rather than administration.</p>
45.15	<p>Mr Julian Evans, Public Governor asked if any modelling had taken place around the way that agency usage would be affected by the Children’s Cancer Centre. Mr Hatchley said that GOSH had extremely low agency usage due to an excellent staff bank which was GOSH staff working additional hours in place of agency staff. He said that the Board continued to review bed closures to ensure that the Trust had the ability to open the maximum number of beds.</p>
46	<p>Update from the Young People’s Forum (YPF)</p>
46.1	<p>Ms Amy Sutton, Children and Young People Participation Officer said that the YPF was supporting work to develop guidelines around transition and practical steps to support patients to transition to adult care. The YPF had provided feedback that it was often an emotionally challenging time for young people and this was missing from the guidance. The group had been working with GOSH Arts and a number of workshops had taken place to explore experiences of transition which would be developed into a book or diary to support other young people in the Trust.</p>
46.2	<p>The Centre for Outcomes and Experience Research in Children’s Health Illness and Disability (ORCHID) was undertaking research on the impact of the implementation of an EPR and the YPF had given their view on the implementation.</p>
46.3	<p>Mr Matthew Shaw, Chief Executive said that the NHS 10 year plan included information around transition and suggested that the age of transition for patients with rare diseases could be raised to 25 as it was often difficult for patients to find clinicians who could support their condition at a single centre.</p>

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47	Appointment of a Lead Governor and Deputy Lead Governor
47.1	Dr Anna Ferrant, Company Secretary said that it had been agreed at the first meeting of the new Council of Governors that Ms Mariam Ali, former Deputy Lead Governor would take on the Lead Governor role for one year following which an appointment process would take place. Dr Ferrant said that the role was primarily as a conduit between the Council and the Chair and was an annual appointment. All elected Governors were eligible to be appointed and those who were interested were asked to provide a short statement about why they would like to take on the role.
47.2	Ms Mariam Ali, Lead Governor said that it had been helpful to have regular telephone calls with the Chair and said that Governors who were interested in taking on the role were welcome to contact her.
47.3	Governors who were interesting in nominating themselves for the role of Lead or Deputy Lead Governor were asked to email or post their nomination form to Dr Ferrant between 18 th February and 11 th March 2019.
48	Update on Well Led Assessment at GOSH
48.1	Dr Anna Ferrant, Company Secretary said that the CQC inspection which was taking place in the second half of 2019 would involve an inspection of well led which was undertaken partly through an interview with Board members and Governors. Dr Ferrant said that there were actions which remained open from the previous CQC inspection in 2018 and the independent Well Led governance review in 2016 and these had been compiled into a single action plan.
48.2	The independent report in 2016 had included criticism about the way in which the Board worked with Governors and there had been significant changes made driven by both the Board and Governors.
48.3	The Trust had received 'requires improvement' for well led in the CQC inspection in 2018. No recommendations had been received however areas of negative commentary had been developed into an action plan. Substantial work had taken place but there were more to do to close the actions.
48.4	The action plan was monitored at the Executive Management Team meeting on a monthly basis and was being tested by asking staff whether members of the Executive Team were visible and if they knew GOSH's vision and strategy.
48.5	Ms Mariam Ali, Patient and Carer Governor asked what the key priority was amongst the actions. Mr Matthew Shaw, Chief Executive said that this was culture and an annual workplan was required to link into the strategy.
48.6	Mr Paul Gough, Staff Governor asked about the Trust's plans to appoint the Chief Information Officer to the Board as noted in the action plan and Mr Shaw said that this was in response to the Secretary of State for Health's view of the importance of information technology. He said that it would be discussed at Trust Board on 7 th February including whether this should be a voting or non-voting position.

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49	Governance Update
49.1	<u>Update from the Constitution Working Group</u>
49.2	Dr Anna Ferrant, Company Secretary said that the Council asked the Constitution Working Group to consider how appointments should be made to the two vacant Governor positions. It had been recommended by the working group that the next highest polling candidate would be invited to join the Council for the remaining term for the seat. Dr Ferrant said that the candidates would be contacted to ensure that they remained in the same constituency and that wanted to take on the role.
49.3	The Council approved the recommendation to contact the next highest polling candidates to fill the two Governor vacancies.
49.4	<u>Membership Strategy (for approval)</u>
49.5	Mr Paul Balson, Deputy Company Secretary said that the previous membership strategy had been a large document and this had been simplified whilst continuing to revolve around the three pillars of recruit, communicate and engage. Ms Zoe Bacon, Chair of the MERRC said that this was intended to ensure that focus could be placed on key areas such as recruiting more young people.
49.6	The Council approved the revised Membership Strategy.
49.7	Professor Rosalind Smyth, Non-Executive Director said asked how the Trust communicated with potential young members and Ms Faiza Yasin, MERRC member said that discussions were taking place about working with the GOSH facebook and twitter pages.
49.8	<u>Managing Declarations of Interest at GOSH</u>
49.9	Mr Balson said that the Trust was changing the way that it managed declarations of interest including those from Governors. This would enable Governors to update their declarations online.
49.10	<u>Governors' online library</u>
49.11	Ms Bacon said that MERRC would be trialling the use of regibox in order to develop a library of information for Governors. This included the ability to edit documents.
49.12	Action: Mr Balson said that it was a key priority for Governors to complete their online statutory and mandatory training. He asked Governors to contact him if they needed access to their GOSH email or any other support.
49.13	<u>NED appraisal process</u>
49.14	Dr Ferrant said that Mr Chris Kennedy and Lady Amanda Ellingworth were scheduled for their first appraisal in 2019. Soundings would be requested from Governors and Executive Directors about the Non-Executive Directors and the Lead Governor would discuss these soundings with the Chair. The appraisals would be reported back to Governors at the April meeting. Dr Ferrant said that

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	work would take place to formalise the way that soundings were taking to ensure there was a consistent approach for each appraisal.
50	Operational Plan 2019/20 Update
50.1	Mr Peter Hyland, Director of Operational Performance and Information gave a presentation on the approach that was being taken to develop the operational plan for 2019/20. He said that guidance had been issued in January 2019 and an internal process had been developed to ensure there was a robust business planning process encompassing all relevant areas for the next financial year. The final submission was due to be sent to NHS Improvement on 4 th April 2019 and would be approved by the Board on 3 rd April 2019.
50.2	Mr Paul Gough, Staff Governor noted the tight timeframe between Board signoff and submission and asked how the Board was involved in advance of this. Mr Hyland said that the draft plan had been discussed in depth at the February meeting of the Finance and Investment Committee and would be discussed by the Board on 7 th February. Mr Hyland said that the Trust was committing to deliver RTT at a specialty level as well as a Trust wide level.
50.3	Mr Colin Sincock, Public Governor asked for a steer on the level of confidence that the Better Value programme for 2018/19 would be achieved and which key areas had been identified. Mr Hyland said that it would be challenging as currently the programme was slightly behind plan however the Trust had achieved more than in previous years. GOSH was focusing on ensuring that coding and billing were correct along with patient flow and ensuring the value for money was achieved through procurement. Some of these schemes would be rolled into 2019/20 and work was taking place on a 3-5 year transformation programme.
50.4	Mr Hatchley said that Better Value was reviewed at each Finance and Investment Committee meeting and it was challenging to continue to achieve increasing savings targets year on year. Work was taking place to look externally to be assured that GOSH was taking the correct approach. Mr Chris Kennedy, Non-Executive Director said that 2019/20 would be a particularly challenging year as the costs of the EPR programme would be realised but the benefits would primarily be seen in later years.
50.5	Discussion took place around the savings that could be made in procurement. Ms Helen Jameson, Chief Finance Officer said that there was more to do however it was necessary for contracts to be nearing expiration before negotiations could take place. Products which were being used across the Trusts in the procurement group were being reviewed to ensure that variation could be minimised to maximise buying power. Professor Rosalind Smyth, Non-Executive Director said that staff must be prepared to change the way things were done in order to make efficiencies.
51	Selection by Councillors of a Local Quality Indicator for external data testing and inclusion in the Quality Report 18/19
51.1	Mr Peter Hyland, Director of Operational Performance and Information said that three indicators were reviewed for data quality by the external auditors in the Quality Report. Two indicators were nationally prescribed and it was the responsibility of Governors to choose the local indicator for review. He said that

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51.2	<p>three indicators had been suggested, one from each domain of the performance report.</p> <p>He asked Governors to email a first and second preference to Alissa Angelova by midday on 15th February 2019.</p>
52	Any Other Business
52.1	There were no items of other business.

COUNCIL OF GOVERNORS ACTION CHECKLIST
April 2019

Checklist of outstanding actions from previous meetings

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
42.2	06/02/19	Mrs Lisa Allera, Patient and Carer said that some parents would have concerns around availability of medications for their children and would welcome assurance from the Trust that planning for business as usual was taking place. Ms Helen Jameson, Chief Finance Officer said that the guidance that had been provided to Trusts was that drugs must not be stockpiled and that the Trust should provide the same guidance to families. Mr Shaw said that if it was found that there were issues with critical suppliers, the Trust should write to families to explain alternatives. It was agreed that communication with patients and families would be discussed at the Brexit Steering Group.	AT	April 2019	Various actions taken to assure patients: <ul style="list-style-type: none"> • Medical Director has written to all consultant staff advising them to reassure patients of business as usual and to send back any concerns expressed by patients to the team • Posters are up in outpatients stating that clinics continue as normal • FAQs on the GOSH intranet for staff to help answer any questions they may receive from patients and families (for example covering staffing, clinical trials etc)
43.5	06/02/19	It was agreed that consideration would be given to providing a presentation about the hospital school to the Council of Governors.	AF	April 2019	This will be built into the Governor Development Programme
43.15	06/02/19	It was agreed that a seminar session on the development programme would be provided and the masterplan would be presented in full at a future meeting.	Paul Balson, MT	TBC	This will be built into the Governor Development Programme and a future Council meeting
44.3	06/02/19	Focus would be placed on developing the Trust's strategy to ensure that it was a plan for what would be achieved and how this would be done. Ms Shaw said that although the house set out the key areas for the Trust it did not set out where the Trust should be in five years. It was agreed that an update	MS	TBC	On April 2019 Agenda

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Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		would be provided to the Council of Governors following a consultation on GOSH’s trajectory and the way this would achieved			
45.13	06/02/19	It was agreed that a paper would be presented to the Council post EPR go live on the successes and learnings of the go live process.	MS	July 2019	Not yet due – Go-Live is 19 April 2019. Update on the Go-Live implementation to be provided at July 2019 Council meeting.
49.12	06/02/19	Mr Balson said that it was a key priority for Governors to complete their online statutory and mandatory training. He asked Governors to contact him if they needed access to their GOSH email or any other support.	All Governors	April 2019	Governors are asked as a priority to complete the mandatory training by Friday 17 May 2019.

Council of Governors

GOSH Strategy – Our vision and objectives for 2025

Summary & reason for item:

Over the next six months GOSH is running a consultation with staff, patients, families and external partners to further develop our Trust strategy – *Fulfilling Our Potential*.

We want to create a shared vision of the future for GOSH, responding to the needs of our patients and families, shaping our role within the wider health care system and responding to the NHS Long Term Plan and other opportunities – regionally, nationally and internationally. We also need to develop a set of key principles that guide our decision-making. There is huge potential at GOSH but our resources are limited so it's essential that we have a discussion on our key priorities.

We would like to involve the Council in this consultation process. The attached presentation provides an overview which explains the current status of our strategy and some of the key internal and external factors that affect our strategic decisions. It also provides an overview of the consultation objectives and key activities, including staff workshops taking place next month which are open to Governors.

Governor action required:

In advance: The presentation is quite content-heavy and our timeslot is fairly short. To ensure we have plenty of time for the discussion elements, Mat Shaw may not cover all of the content in the session. Governors may find it helpful to have read the slides in advance, but if you are short of time please don't worry as it this is by no means essential.

At the meeting: The presentation outline appears below and we would like your input on the highlighted items. These will be discussed at the meeting in teams and then shared verbally with the whole group.

1. An update on the GOSH Strategy

- How we developed the strategy
- Implementation progress
- What we need to do next

2. The strategy consultation

- Timeline and process
- **Discussion: Your feedback on our consultation plan?**

3. Developing our long term strategy – some factors to consider

- National policy: the NHS Long Term plan and financing for specialised services
- Our place in the system
- Important developments at GOSH

4. Team discussions and feedback

- **Where are we now? What is special about GOSH? What do we want to change?**
- **Our vision for 2025 – if we fulfil our potential what will this look like?**
- **Making hard choices – which of these changes are non-negotiable priorities?**

After the meeting: If you would like to book onto a workshop please contact the strategy team by 19th April at fulfillingpotential@gosh.nhs.uk. The team will be happy to answer any questions you have.

Report prepared by: Louisa Desborough, Strategic Partnerships Adviser

Item presented by: Mat Shaw, Chief Executive

Fulfilling Our Potential: What next?



A co-design approach to developing the GOSH Strategy

Mat Shaw, Chief Executive

Council of Governors presentation, 17 April 2019

Today's session

1. An update on the GOSH Strategy

- How we developed the strategy
- Implementation progress
- What we need to do next

2. The strategy consultation

- Timeline and process
- *Discussion:* Your feedback on our consultation plan?

3. Developing our long term strategy – some factors to consider

- National policy: the NHS Long Term plan and financing for specialised services
- Our place in the system
- Important developments at GOSH

4. Team discussions and feedback

- Where are we now? What is special about GOSH? What do we want to change?
- Our vision for 2025 – if we fulfil our potential what will this look like?
- Making hard choices – which of these changes are non-negotiable priorities?

Our strategic framework

- Developed in consultation with staff, patients and families and launched at our first 'Open House' event in 2017.
- The **mission** describes our guiding principle – to make sure we put the child first and always.
- Our **vision** describes our purpose and aspiration – to help children with complex health needs to fulfil their potential.
- To achieve the vision we defined four core **priorities** to focus our efforts as an organisation around outcomes, people, research, and technology.
- To deliver on these aspirational priorities GOSH needs to have the right capabilities and resources. The four **enablers** describe what we need to deliver to achieve these aspirations – a voice, state-of-the-art equipment, information and evidence, and stable and diverse funding.
- Our **values** – always welcoming, always helpful, always expert, and always one team – describe the behaviours we must demonstrate in all that we do.



What the strategy framework provides:

- ✓ A simple, easily recognisable graphic articulating shared priorities and aspirations
- ✓ A solid framework for business planning, operational management and the exec team work plan
- ✓ Consistency with our clinical priorities for complex tertiary and quaternary care with a broad base of supporting and inter-related services.



To develop the GOSH strategy we need to:

- Develop a shared vision describing in detail what the ideal future for GOSH looks like – helping to elevate our *operational* strategy into a *transformational* strategy
- Consult our partners to define the role that GOSH should play within the wider healthcare system – helping to achieve alignment with them locally, nationally and internationally
- Articulate the non-negotiable priorities on behalf of the GOSH community – and in particular, our patients and families – recognizing that we can't (and shouldn't) do everything
- Revisit and refine our objectives and deliverables on the basis of this input
- Create a plan to deliver the strategy.

The GOSH strategy consultation April – September 2019

Consultation objectives:

1. An **enquiry** process to consolidate and fill in gaps in our knowledge and understanding, providing ideas and actionable insights that inform the strategy.
2. An **engagement** process to ensure our thinking is informed by what matters to patients and families, FT membership, staff and partner organisations.
3. Seeking a **consensus** or recurring theme on priorities and aspirations to inform the development of guidelines for senior-level decision-making.

Timeline of activities

April: Launch consultation – staff meetings and internal communication updates, visit Young Peoples Forum and Council of Governors, engage with external partners.

May: Staff workshops involving people in a wide range of professions and at various stages of their careers.

June & July: Patient and family engagement activities designed by our patient experience team with researchers from the GOSH Centre for Outcomes and Experience Research in Children's Health Illness and Disability (ORCHID).

13th July: YPF strategy vision workshop.

16th – 20th September: Exhibitions, presentations and workshops in the Lagoon to share and develop ideas.

October: Trust board road tests the strategy at an away day.

November: Launch and celebrate the strategy at Open House week.

Engagement with the membership

1: Council of Governors are invited to join the staff workshops in May 2019:

- [10 May – 9am – 12.30pm](#) at King's Place, 90 York Way, London N1 9AG
- [10 May – 1.30pm – 5pm](#) at King's Place
- [15 May – 9am – 12.30pm](#) at Coram Campus, 41 Brunswick Square, London WC1N 1AZ
- [15 May – 1.30pm – 5pm](#) at Coram Campus
- [16 May – 9am – 12.30pm](#) at Coram Campus
- [16 May – 1.30pm – 5pm](#) at Coram Campus
- [17 May – 9am – 12:30pm](#) at Coram Campus

2: A video message outlining the strategy and asking for input will be signposted via the Get Involved newsletter in June 2019. A simple online questionnaire will ask patients, families and members to describe their perfect GOSH of the future and ask them to describe what is most special to them about GOSH.

3: Exhibitions, presentations and workshops will take place in the Lagoon in September 2019 to share and develop key elements of the strategy. A private viewing and presentation could be arranged for the membership if the council feel this would be of interest.

Discussion:

Your feedback on our consultation plans

If you have any questions or ideas after the session please contact the strategy consultation team:

fulfillingpotential@gosh.nhs.uk

Developing our long term strategy – some factors to consider

The **NHS Long Term Plan**, published in January 2019, set out an ambitious ten-year vision for the health system in England. Aspirational pledges include:

- A greater focus on out-of-hospital care and services to be designed around patient need rather than institutional boundaries.
- Developing service models for 0-25 year-olds – moving towards mental and physical health service models that are person-centred, rather than an arbitrary transition to adult services based on age.
- Accelerating action to reduce stillbirth, maternal mortality, neonatal mortality and serious brain injury by 50 per cent by 2025.
- Investment in expanding access to community-based mental health services for children and young people and improving support for patients with learning disabilities and autism.
- Developing networked care to improve outcomes for children and young people with cancer, offering all children with cancer whole genome sequencing from this year and ensuring UK access to CAR-T cancer therapies and proton beam therapy.
- Improving the consent processes for children and young people taking part in clinical trials to increase participation among teenagers and young adults by 2025.
- Developing the local partnerships of NHS organisations and councils known as Sustainability and Transformation Partnerships (STPs) into Integrated Care Systems (ICSs) and giving them more control over funds and decision-making.

Our place in the system

In the context of the increasing drive towards integration of care and local devolution, our **strategic partnerships** and **clinical networks** become more and more important. Only by working in partnership will NHS organisations be able to deliver the system-wide changes that are required to support the ambitions laid out in the NHS Long Term Plan.

- The North Central London Sustainability and Transformation Partnership will evolve into an Integrated Care System, so is an essential partner for GOSH in spite of the fact that just 4 per cent of our patients hail from this geographical area.
- GOSH has led on the development of the North Thames Paediatric Network for specialist paediatric services – an important new network bringing together specialist providers and district general hospitals to improve access and outcomes for children across North London. The group connects with its South Thames equivalent on specialised services that must be planned for a larger population.
- The UK Children’s Hospitals Alliance is a partnership involving ten UK children’s hospitals. The group has joined forces to advocate for a fairer system of funding for specialised services to protect the financial sustainability of children’s hospitals and has established workstreams on clinical outcomes and a national paediatric pathology service.
- The Federation of Specialist Hospitals (FSH) is a coalition of hospitals which provide specialist services to patients in the UK. Established in 2009, the FSH strives to ensure that the voice of specialist providers is heard.

NB: Many of our strategic partners have a patient and public engagement remit, or are looking to establish a group to represent the patient voice.

Some of the important long-term developments here at GOSH

- Financial sustainability – in spite of the ambitions in the NHS Long Term Plan there are significant ongoing issues with NHS payments, which don't cover the costs of complex care. These contribute to longstanding pressures on our resources and we are looking carefully at how to minimise the impact. In the short term this includes reviewing our model for beds so that we *only* open beds that are funded by NHS payments and increasing our International Private Patient work to help cover costs. In the longer term we need to become a significantly more efficient organisation and win the argument for sustainable funding. This is the only way to avoid reducing the scope of our activities and ensure the organisation fulfils its potential.
- Digital transformation – our EPR, DRE and DRIVE programmes represent significant organisational change but also huge potential benefits in terms of our patient and family experience, personalised care, clinical advances and scientific discovery.
- Brexit – the UK's departure from the European Union presents significant short-term risks and GOSH staff are working hard to minimise the impact on our workforce and the supply of medicines and other essential items. The longer term effects on our research and clinical partnerships and funding streams are less certain.
- The GOSH Learning Academy – this proposal to scale up our learning and development offer represents enormous potential to address the skills gaps within our own workforce and support healthcare professionals caring for children with complex needs across the wider system.
- Cultural change – the pressures of working in a demanding environment take their toll on our staff, and sadly we don't always treat each other as well as we should. Our recent staff survey highlighted that we have some significant cultural challenges to tackle and we'll need a sustained and long term effort to make GOSH a better place to work.

Video clip: Some of our patients' ideas on the GOSH of the Future

Team discussions and feedback

Over to you... take a few minutes to discuss each theme in turn, then share your thoughts with the group:

1: Where are we now?

What is really special about GOSH?

What do we need to protect in the face of change?

What are the things we really *want* to change?

Team discussions and feedback

Take a few minutes to discuss each theme in turn, then share your thoughts with the group:

2: Our vision for 2025

Imagine that we have fulfilled our potential and describe what that would look like.

To give you some ideas you could look again at the four priorities and enablers in our strategy house and imagine how we have:

- improved **care** outcomes and experience
- developed our culture to attract and retain the best **people**
- improved children's lives through **research** and discovery
- implemented new **technologies**.

You could also think about how we might be working beyond the hospital walls to support integrated care, designed around what the patient needs.

Team discussions and feedback

Take a few minutes to discuss each theme in turn, then share your thoughts with the group:

3: Making hard choices

- Which of the ideas for change represent your team's top three?
- How would you describe GOSH's 'non-negotiable' priorities?

Thank you!

fulfillingpotential@gosh.nhs.uk



Council of Governors
17April 2019

Appointment of a Lead Governor and Deputy Lead Governor at GOSH

Summary & reason for item:

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

Information about the appointment process is included at **Annex 1**. The role description is attached at **Appendix 1**.

Following a call for nominations by email to all elected governors for both positions (governors could apply for one or both positions at the same time), two nominations were received for Lead Governor and three for Deputy Lead Governor. Prior to the Council meeting, one of the nominees retracted their joint nomination for Deputy Lead Governor and Lead Governor, leaving one nomination for Lead Governor. In addition, the Lead Governor had also applied for Deputy Lead Governor and retracted that nomination, leaving one nomination for the Deputy Lead Governor position.

The nomination statements for both positions are provided at **Appendix 2**.

Nominated candidates will each be given the opportunity to address those governors attending 17 April 2019 Council Meeting for up to two minutes to outline why they think they are best suited for the role. This process will be chaired by the Trust Chair.

Training and support

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

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

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

Governor action required:

Governors are asked to:

- Note the appointment process conducted;
- Consider the nomination statements (in writing and at the meeting) from Claire Cooper Jones, Parents and Carers from Outside London Constituency (for Lead Governor) and Paul Gough, Staff Governor (for Deputy Lead Governor).
- Approve the appointment of Claire Cooper Jones, Parents and Carers from Outside London Constituency as Lead Governor) and Paul Gough, Staff Governor as Deputy Lead Governor.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Attachment E

Annex 1

Background

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

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

3. Lead Governor and Deputy Lead Governor

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

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

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

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

Role of the Lead Governor and Deputy Lead Governor

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

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

The role of the Deputy Lead Governor is to support the Lead Governor and deputise for him or her when necessary. A copy of the role description is attached at **Appendix 1**.

The appointment process

The approved role description includes details about how the appointment process for both positions will be conducted. It states:

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

Attachment E

Conditions of appointment and Term of Office

- *A Governor will nominate themselves for the position of Lead Governor and/or Deputy Lead Governor (including providing an outline of the relevant experience). Separate elections will be conducted for both positions and the elections conducted by the CoG by a 'show of hands' or a secret ballot (as determined by the Chair).*
- *The Lead Governor (and the Deputy Lead Governor) must be elected governors and will be appointed to via separate elections at a Council meeting. A staff governor may only be appointed as Lead or Deputy in a situation where he/ she will serve with a publicly appointed governor. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor.² In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, he/she will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.*
- *The tenure is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation).*
- *The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above. It is anticipated, where terms of office accord, that the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant. Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.*
- *Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution.*

Training and support

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

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

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

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

FINAL LEAD GOVERNOR ROLE DESCRIPTION

Principal responsibilities

- To support the Chair in facilitating a continuing good relationship between the Council of Governors (CoG) and the Board of Directors (the Board).¹
- To bring to the Chair's attention any material issues from the Governors.
- To work towards the effectiveness of the CoG and its subcommittees, including supporting the Chair and Company Secretary in organising any evaluation of the CoG.
- Contribute to the induction process for newly appointed or elected Governors.
- To act as the point of contact between the Governors and NHS Improvement².

Specific Lead Governor tasks

- To chair the CoG pre-meeting³ as required and to ensure that any material matters discussed there are brought to the attention of the CoG and the Chair.
- To chair meetings of the COG that cannot be chaired by the Chair, Deputy Chairman or Non-Executives due to a conflict of interest or any other absence.
- To be a member of the Nominations & Remunerations Committee and any other committees established by the CoG.⁴
- In accordance with the process approved by the CoG, to collate the input of Governors for the senior independent director of chairman for the Non-Executive Directors' and Chair's annual appraisals.
- To liaise with the Company Secretary/ Deputy Company Secretary as and when concerns are raised by Governors.
- Be involved with setting the agendas for the Council of Governors.
- Support the Chair in acting to remove a Governor due to unconstitutional behaviour.

The Person Specification

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

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

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

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

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

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

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

- Enjoy the confidence of the CoG and the Chair.
- Have an understanding of the statutory duties of Governors, the Trust's Constitution and how the Trust is influenced or regulated by other organisations including the role of and basis that NHS Improvement may take action.
- Have the ability to chair meetings in a manner that works in the best interests of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors.
- Have a willingness to challenge constructively and the ability to influence, negotiate and present a well-reasoned argument.
- Be able to commit the time necessary to represent the position and wishes of Governors in a manner that has their confidence.
- Maintain the confidentiality of information.

Conditions of appointment and Term of Office

- A Governor will nominate themselves for the position of Lead Governor and/or Deputy Lead Governor (including providing an outline of the relevant experience). Separate elections will be conducted for both positions and the elections conducted by the CoG by a 'show of hands' or a secret ballot (as determined by the Chair).
- The Lead Governor (and the Deputy Lead Governor) must be elected governors and will be appointed to via separate elections at a Council meeting. A staff governor may only be appointed as Lead or Deputy in a situation where he/ she will serve with a publicly appointed governor. Thus a staff governor may stand for election as Deputy only if the Lead is a publicly elected governor.⁵ In circumstances where two staff governors each stand for both positions, should the highest voted governor be a staff governor, he/she will be elected as Lead Governor. In this circumstance, the highest voted publicly elected governor will be elected as Deputy Lead Governor.
- The tenure is for 12 months with the option for re-election annually in accordance with due process, for up to the full tenure period of the elected Governor's 'appointment' (subject to removal from office, removal as a Governor or member or any resignation)
- The Lead Governor will be supported and deputised for by a Deputy Lead Governor whose appointment will follow the same procedure above. It is anticipated, where terms of office accord, that the Deputy Lead Governor will put themselves forward for Lead Governor position when that position becomes vacant. Should a vacancy for the Lead Governor role arise mid-term, the Deputy Lead Governor will be required to step up as Lead Governor until the next election for the Lead Governor and Deputy Lead Governor positions.
- Individuals elected to the Lead Governor and Deputy Lead Governor roles are required to fulfil all relevant requirements as outlined in the Constitution.

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

Approval and review of this document

This document will be reviewed not less than annually.

Deputy Lead Governor

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

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

Final

Approved July 2018 Council of Governors' Meeting

Nomination for appointment as Lead Governor

Claire Cooper Jones - Statement

I have extensive experience and a broad range of skills which I am confident would be relevant to these roles. As a psychologist a substantial part of my role involves acting as a 'critical friend' to large organisations including schools, education trusts, and Local Authorities. I regularly participate in and chair meetings where different viewpoints are aired, and as Chair I endeavour to give all opinions a fair chance to be heard.

I am a member of the International Organisation 'Ladies Circle', a friendship and fundraising group and I am currently Chair of the Yorkshire region. This role involves Chairing area meetings, and attending National Council meetings where I represent the views of members in my area in reporting back to the national committee. Conversely, I take news and information from the National or International committees and disseminate this back to local members.

As part of my Psychologist's role I am regularly requested to evaluate ideas and interventions and therefore evaluation of the CoG would be something I could bring some experience to.

I have inducted new employees in the workplace previously and am confident that my skills in this area would be generalisable to new governors, especially as a large part of our mandatory training (eg information governance, safeguarding) are similar.

Regarding to commitment to the role, I have attended every meeting and induction session for Governors thus far, and I anticipate this continuing in the role of Lead or Deputy if I am fortunate enough to be elected

Nomination for appointment as Deputy Lead Governor

Paul Gough - Statement

I hope that I will be considered a good candidate for the post, with a passion for ensuring the service GOSH provides is as high quality as possible. I know the Trust reasonably well and, despite being new, am an active member of the Council.

Close working between the Council and NEDs is essential in order to provide appropriate oversight of the Trust's activity and I feel I have the skills and characteristics to assist in this by supporting the Lead Governor.

Thank you,

Paul

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Council of Governors

17 April 2019

Update from the Council of Governors' Nominations and Remuneration Committee

Summary & reason for item:

This purpose of this paper is to provide an update on the work of the Council's Nominations and Remuneration Committee covering:

- Appraisal of two GOSH Non-Executive Directors (For decision)
- Remuneration of GOSH Chair and Non-Executive Directors (For decision)
- Revised Committee Terms of Reference (For decision)
- Membership of the Committee (For decision)

Councillor action required:

- To review the items listed above and consider the actions requested.

Presented by: Anna Ferrant, Company Secretary and Paul Balson, Deputy Company Secretary

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Council of Governors 17 April 2019

1. Appraisal of two GOSH Non-Executive Directors

- 1.1. The outcome of the appraisal process for two NEDs (Amanda Ellingworth and Chris Kennedy) is presented below and includes information about membership of committees, NEDs' attendance during the year as well as other activities that they undertake on behalf of the Trust.
- 1.2. The Chair conducted the non-executive directors' appraisals in March 2019 and a summary is presented in this paper.
- 1.3. The Lead Governors asked fellow governors to provide informal, anonymous and confidential feedback on the performance of Amanda Ellingworth and Chris Kennedy.
- 1.4. The executive directors also provided informal, anonymous and confidential feedback via the Chief Executive directly to the Chair.
- 1.5. All feedback was used to inform the outcome of the appraisals.
- 1.6. The framework and objectives agreed at the February 2019 Council of Governors' meeting against which the NEDs have been appraised is attached at **Appendix 1**. The framework will be reviewed by the committee in time for the next round of appraisals (approximately June 2019).
- 1.7. The following information is provided for each non-executive director (both **Appendix 2**):
 - a summary of work conducted during the year by each individual assessed against the NED appraisal objectives.
 - a summary of the performance appraisals conducted for each individual NED.
- 1.8. The Council of Governors' Nominations and Remuneration Committee reviewed the summary of appraisals and recommended them for approval by the Council of Governors.

ACTION REQUIRED: To approve the recommendation from the Council of Governors' Nominations and Remuneration Committee to approve the appraisal results.

2. Remuneration of NEDs

Chair and Non-Executive Director Remuneration 2019/20

In March 2017, following analysis of benchmarking information, the Council of Governors' Nominations and Remuneration Committee recommended that the remuneration levels for both the Chair and the NEDs were set at an appropriate level. The Council agreed and approved the policy for benchmarking salaries for the Chair and NEDs on a three yearly basis (i.e. the next review will be conducted by the Council Nominations and Remuneration Committee in March 2020) and reviewing

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the cost of living award in line with senior managers' cost of living awards at GOSH on an annual basis.

The Chair and NEDs have agreed that in light of the current financial position of the Trust, they do not wish to receive a cost of living award in 2019/20.

On this basis, Chair and NED remuneration for 2019/20 will be as follows:

- Chair's remuneration: 1 April 2019 – 31 March 2020, £55,000pa
- Non-executive directors' remuneration: 1 April 2019 – 31 March 2020, £14,000pa
- Deputy chair/chair of Audit Committee and SID's remuneration: 1 April 2019 – 31 March 2020, £19,000pa for each of the two posts.

The Committee considered the above report and:

- Noted that the next benchmarking exercise would be conducted in March 2020.
- Endorsed the decision by the Chair and NEDs to not receive a cost of living award for 2019/20.

ACTION REQUIRED: To note and approve the recommendation by the Committee to accept the Chair and NEDs request to not receive a cost of living award in 2019/20.

3. Revised Committee Terms of Reference (see Appendix 3)

- 3.1. The Committee's Terms of Reference were reviewed at the meeting in April 2019. The Committee were advised that the amendment to the ToR was necessary to ensure there was reference to reporting on the Fit and Proper Person's Test (FPPT) for Non- Executive Directors at GOSH.
- 3.2. The FPPT is enshrined in regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 5 of the Act recognises that individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care. For the purpose of this regulation, these individuals are board directors, board members and individuals who perform the functions equivalent to the functions of a board director and member. This regulation is about ensuring that registered providers have individuals who are fit and proper to carry out the important role of director to make sure that providers meet the existing requirements of the Act.
- 3.3. The regulations require providers to ensure that directors (and other senior managers but not relevant to this committee) are of good character; have the necessary qualifications; are recruited via fair and transparent procedures including all necessary checks (DBS, disqualified director check and bankruptcy check); are registered with the necessary professional body where required by the role; and, have processes in place to take action where the status of an individual changes during employment/ appointment and/or providers have concerns about individuals meeting these requirements.

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- 3.4. The Committee noted that it will receive a regular report on compliance with the Regulations for all new and existing NEDs and will update the Council accordingly.
- 3.5. Following the meeting, the Committee was advised that work was underway to review the process for managing concerns raised and conducting investigations, where required. The Committee would be updated on progress with this in the next few months and this information would be shared with the Council.
- 3.6. The Committee agreed that the revised Terms of Reference should be recommended for approval by the Council noting that further work was underway.

ACTION REQUIRED: To approve the amendment to the Terms of Reference of the Council of Governors' Nominations and Remuneration Committee.

4. Nominations for members of the Committee

4.1. Background

The NHS Foundation Trust Code of Governance (the Code) is guidance that helps NHS foundation trusts to deliver effective corporate governance.

One statutory duty within this document is for: *the council of governors to hold the non-executive directors individually and collectively to account.*

One way the Council of Governors is able to accomplish this through approving Non-Executive Director appointments and remuneration. *Great Ormond Street Hospital for Children NHS Foundation Trust has established one Committee to determine both Non-Executive Director nominations and remuneration.*

4.2. Remit of the Council of Governors' Nominations and Remuneration Committee (the Committee)

For full details of the remit, responsibilities, membership, and frequency of meetings please refer to the draft terms of reference for the committee, which are included within the papers for the Council of Governors' papers for 17 April 2019.

This section of the report provides a top level summary. As noted above, the remit of the Committee is split between: a nominations role and a remuneration role.

4.3. Nominations role

The committee reviews the balance of skills, knowledge, experience and diversity of the non-executive directors on the board; both in terms of its ability to address immediate and future challenges and opportunities. It makes recommendations as appropriate, following these periodical reviews.

The committee agrees and carries out a process for the interviewing, nomination and selection of a chair and non-executive director when required.

4.4. Remuneration role

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The committee decides and reviews the terms and conditions of office of the foundation trust's non-executive directors in accordance with all relevant foundation trust policies (including remuneration).

4.5. Support

The Committee receives full support from the Corporate Affairs Team to deliver its functions. Additionally, it is authorised to request internal advice or attendance of professional advisors from outside the foundation trust with relevant experience and expertise, if it considers this necessary.

4.6. Membership

Membership and voting rights are as follows:

- Chair of the Trust (Chair of Committee)
- Deputy Chair
- Lead Governor (to be appointed at the April 2019 Council of Governors' meeting)
- Two Governors from the public constituency and/or the patient and carer constituency,
- One staff Governor
- One Governor from any constituency (patient and carer, public, staff or appointed).

Each member of the committee has one vote.

Each Governor member nominates themselves to be a member of the Committee for one year, up to a total of three years.

4.7. Meeting frequency

The Committee meets mostly as and when a nomination or remuneration decision is required. However, the Committee will meet not less than once a year.

4.8. Summary

In summary, the Committee works to consider the skills and experience required in our non-executive directors, nominate, interview and appoint our Non-Executives, monitor the output from the appraisal process and then determine their remuneration while in post. Being a member of this Committee is an important, interesting and varied role.

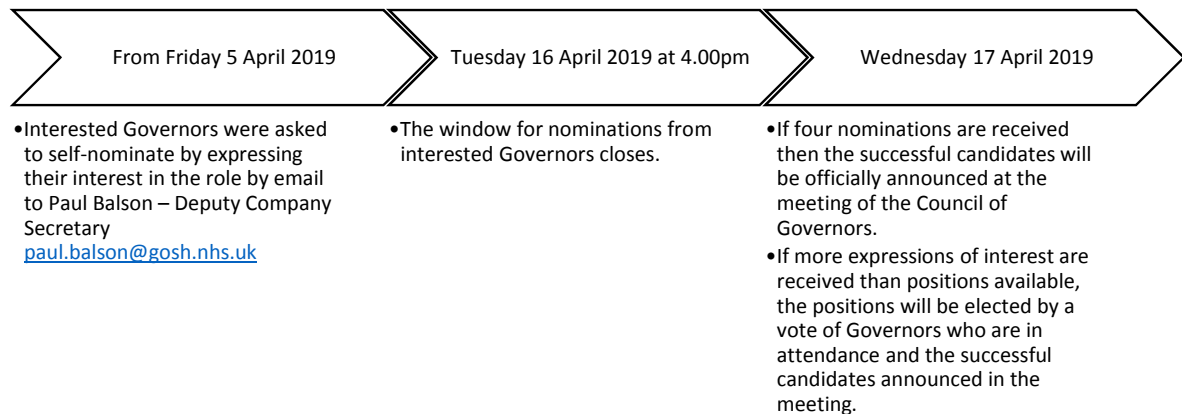
4.9. Nomination / appointment process

As the purpose of this paper stated, the Committee requires four Governors to nominate themselves to become members. Wherever possible, a mix of nominations will be sought from Governors within their first and second term on the Council. In addition to the Chair, Deputy Chair and the Lead Governor, the Committee requires:

- two Governors from the public constituency and/or the patient and carer constituency
- one staff Governor and
- one Governor from any constituency (patient and carer, public, staff or appointed).

The process for nominations will be as follows:

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ACTION REQUIRED: Four Governors to nominate themselves to become members of the Council of Governors' Nominations and Remuneration Committee

4.10. Voting process

If more expressions of interest are received than positions available, a vote will be required. The vote will be overseen by the Trust Chair. The principles of the voting process will be:

- Nominated candidates will each be given the opportunity to address those governors attending 17 April 2019 Council of Governors' Meeting for up to 1.5 minutes to outline why they think they are best suited for the role.
- Nominated candidates not in attendance in person can use webex or dial in facilities to address the Council;
- A ballot will be conducted at this meeting (show of hands or secret ballot as determined by the Chair). Only those present at the meeting or using dial in or webex will have the opportunity to vote;
- Voting will be conducted using the Alternative Voting System:
 - The Alternative Vote (AV) is a preferential system where the voter has the chance to rank the candidates in order of preference.
 - The voter puts a '1' by their first choice a '2' by their second choice, and so on, until they no longer wish to express any further preferences or run out of candidates.
 - Candidates are elected outright if they gain more than half of the first preference votes. If not, the candidate who lost (the one with least first preferences) is eliminated and their votes are redistributed according to the second (or next available) preference marked on the ballot paper. This process continues until one candidate has half of the votes and is elected.

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Appendix 2

Appraisal of the Chair and Non-Executive Directors at GOSH

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

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

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

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

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

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

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

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

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

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

Chair and Non-Executive Directors personal style/leadership competencies

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

Attachment B

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

Draft Council of Governors' Nominations and Remuneration Committee

Terms of Reference

The Council of Governors' Nominations and Remuneration Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are requested to co-operate with any reasonable request made by the Council of Governors' Nominations and Remuneration Committee.

1. Nominations role

1.1 The Council of Governors' Nominations and Remuneration Committee will:

- Periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors on the board and make recommendations to the board of directors with regard to the outcome of the review.
- Give consideration to succession planning for the chair and non-executive directors in the course of its work, taking into account the challenges and opportunities facing the NHS foundation trust and the skills and expertise needed on the board of directors in the future.
- Keep the leadership needs of the foundation trust under review at non-executive level to ensure the continued ability of the NHS foundation trust to operate and compete effectively in the health economy.
- Keep up to date and fully informed about strategic issues and commercial changes affecting the NHS foundation trust and the environment in which it operates, having regard to any relevant legislation and requirements of the independent regulator.
- Agree with the Council of Governors a clear process for the nomination of a chair and non-executive directors.
- Take into account the views of the board of directors on the qualifications, skills and experience required for each position.
- Prepare a description of the role and capabilities required for an appointment of non-executive directors, including the chair.
- Interview and nominate candidates as non-executive directors for approval by the Council of Governors respectively, ensuring that candidates are eligible for appointment under the Constitution.
- Ensure that a proposed chair's or non-executive director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.

- Receive a regular report from the Chair on compliance with the Fit and Proper Persons Regulations for new and existing post-holders.

- Ensure that on appointment non-executive directors including the chair receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside board of directors meetings.
- Review the results of the performance evaluation process for the chairman and non-executive directors.
- Review annually the time requirement for non-executive directors.
- Advise the Council of Governors in respect of re-appointment of any non-executive directors in relation to a term beyond six years (in accordance with paragraph 7, Annex 9 of the Constitution and Monitor's Code of Governance).
- Advise the Council of Governors in regard to any matters relating to the removal of office of a non-executive director including the chair (in accordance with Annex 7 of the Constitution).

2. Remuneration role

- 2.1 To decide and review the terms and conditions of office of the Foundation Trust's non-executive directors in accordance with all relevant foundation trust policies, including:
- Salary, including any performance-related pay or bonus;
 - Provisions for other benefits, and allowances.
- 2.2 To adhere to all relevant laws, regulations and policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate non-executive directors whilst remaining cost effective.
- 2.3 To advise upon and oversee contractual arrangements for non-executive directors, including but not limited to termination payments.

3. Request for advice

- 3.1 The Council of Governors' Nominations and Remuneration Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 3.2 The committee is authorised, subject to funding approval by the company secretary, to request professional advisors and the attendance of individuals and authorities from outside the foundation trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

4. Membership

- 4.1 The Council of Governors' Nominations and Remuneration Committee will comprise the chairman of the trust, the deputy chairman, the lead governor, two governors from the public constituency and/or the patient and carer constituency, one staff governor and one governor from any constituency (patient and carer, public, staff or appointed). Each member of the Committee shall have one vote.
- 4.2 The Committee will normally be chaired by the NHS foundation trust chairman. Where the chairman has a conflict of interest, for example when the Committee is considering

the chairman's re-appointment or salary, the Committee will be chaired by the deputy chairman.

- 4.3 When the chairman is being appointed or reappointed, the deputy chairman shall take his or her place, unless he or she is standing for appointment, in which case another non-executive director shall be identified and agreed prior to the meeting to take his or her place.
- 4.4 Council of Governors will nominate themselves on an annual basis to sit on the Committee. The total length of tenure on the Committee for a governor will normally be 3 years.
- 4.5 Where the number of governors prepared to serve on the Committee is greater than the number of places available, then Committee members will be selected by election by their governor peers. Wherever possible, a mix of nominations will be sought from governors within their first and second term on the Council of Governors.
- 4.6 A quorum shall be five members, including the chairman or deputy chairman and at least one governor from the public constituency or the patient and carer constituency.

5. Attendance

- 5.1 Meetings of the Committee may be attended at the invitation of the chairman by the chief executive; head of human resources (operations); the company secretary; and any other person who has been invited to attend a meeting by the Committee so as to assist in deliberations.

6. Frequency of meetings

- 6.1 Meetings shall be held as required, but not less than once a year.

7. Minutes and reporting

- 7.1 The minutes of all meetings of the Committee shall be formally recorded.
- 7.2 The Council of Governors' Nominations and Remuneration Committee will report to the Council of Governors after each meeting. The chair of the Committee will be required to brief the board of directors.
- 7.3 The Council of Governors' Nominations and Remuneration Committee shall ensure that board of directors benefits are accurately reported in the required format in the Foundation Trust's annual report.
- 7.4 Members of the Committee will be required to attend the annual general meeting to answer questions from the Foundation Trust members and the wider public.

8. Review

- 8.1 The terms of reference of the Committee shall be reviewed by the Council of Governors and the board of directors at least annually.

April 2018**Draft April 2019**

Attachment G

Council of Governors

17 April 2019

Compliance with the NHS provider licence – request for governor views on the Trust self-assessment

Summary & reason for item: To request governors' views on the annual Trust self-assessment of compliance with NHS Improvement ("NHSI") license conditions for providers of NHS services

Governor action required: To review the attached self-assessment, request clarification and provide comments on the Trust stated position against the relevant Licence conditions.

Report prepared by: Anna Ferrant, Company Secretary

Item presented by: Anna Ferrant, Company Secretary

Attachment G

Compliance with the NHS provider licence – request for governor views on the Trust self-assessment

The NHS provider licence is NHS Improvement’s (NHSI) main tool for regulating providers of NHS services. The licence sets out important conditions that providers must meet to help ensure that the health system works for the benefit of NHS patients. These conditions give NHSI (the regulator) the power to:

- set prices for NHS funded care in partnership with the NHS England and require information from providers to help them in this process;
- enable integrated care across the NHS system;
- safeguard choice and prevent anti-competitive behaviour which is against the interests of patients;
- support commissioners to protect essential health services for patients if a provider gets into financial difficulties; and
- oversee the way that NHS foundation trusts are governed.

A Foundation Trust (FT) Board is required by NHS Improvement to annually declare compliance or otherwise with a small number of FT licence conditions plus a requirement under the Health and Social Care Act. The declaration is published on the GIOSH website. These are as follows:

Licence condition	Deadline and comment
Condition G6(3): Providers must certify that their board has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution.	The deadline for this declaration is 31 May 2019 . The G6 self-certification also needs to be published within one month of sign off by the Board.
Condition CoS7(3): Providers providing commissioner requested services (CRS) must certify that they have a reasonable expectation that the required resources will be available to deliver the designated service.	The deadline for this declaration is 31 May 2019 .
Condition FT4(8): Providers must certify compliance with required governance standards and objectives	The deadline for this declaration is 30 June 2019 . Board is required to identify risks to achieving the governance standards and any mitigating actions taken to avoid those risks.
NHS Improvement require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, as required in s.151(5) of the Health and Social Care Act to ensure that they are equipped with the skills and knowledge they need to undertake their role.	The deadline for this declaration is 30 June 2019 .

NHSI require that an FT Board must take into account the views of governors when considering whether the Trust confirms compliance with the above declarations.

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Action required

Appendix 1 documents self-assessed evidence against the four conditions. The Executive Team at GOSH has reviewed the evidence and recommends 'Confirm' for Conditions G6(3), CoS7(3) and FT4(8). The Council of Governors is asked for their views on the attached conditions and evidence cited. Governor and Executive comments will be reported to the Board in May 2019.

Appendix 1: FT Licence self-certification – four requirements that must be signed off by the Board

The board must sign off on self-certification for the following licence conditions and H&SCA requirement, taking into account the views of governors.

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
<p>G6 – Systems for compliance with licence conditions and related obligations (scope = past financial year 2018/19)</p>	<p>The Licensee shall take all reasonable precautions against the risk of failure to comply with the Conditions of this Licence, any requirements imposed on it under the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.</p> <p>The steps that the Licensee must takeshall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.</p> <p>A statement shall be provided for Monitor to certify compliance with this condition no later than 2 months from the end of the financial year.</p>	<p>The Executive Team have considered the evidence cited and recommend 'Confirmed'.</p> <p>Response to be considered by the board in light of assurance provided here and taking into account the views of the governors</p>	<p>The Trust has systems and processes to monitor risks of failure through lack of compliance or adverse variances in performance:</p> <ul style="list-style-type: none"> • There is clear accountability at Board level for safety and clinical quality objectives and structured reporting of performance against these objectives. (see Annual Governance Statement in annual report) • The Trust's Assurance and Escalation framework sets out how the organisation identifies, monitors, escalates and manages concerns and risks in a timely fashion and at an appropriate level (under review for completion by June 2019). This covers the following areas: <ul style="list-style-type: none"> ○ Performance Management framework ○ Risk Management framework ○ Policy framework ○ Compliance framework ○ Accountability framework ○ Escalation framework ○ Assurance framework • Other key frameworks and policies in place include: <ul style="list-style-type: none"> ○ Information Governance framework ○ Safeguarding policy ○ Health and Safety Policy ○ Infection Control Assurance Framework • The Trust's risk management strategy, which sets out how risk is systematically managed, extends across the organisation from the front-line service through to the Board, to promote the reduction of clinical and non-clinical risks associated with healthcare and research,

Attachment G

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>and to ensure the business continuity of the Trust. The strategy identifies the organisational risk management structure, the roles and responsibilities of committees and groups that have some responsibility for risk, and the duties and authority of key individuals and managers with regard to risk management activities. It describes the process to provide assurance for the Trust Board review of the strategic organisational risks, and the local structures to manage risk in support of this policy. The strategy has recently been refreshed in light changes to the clinical operations structure and will be presented at the April Trust Board.</p> <ul style="list-style-type: none"> • The Trust’s Board Assurance Framework is used to provide the Board with assurance that there is a sound system of internal control in place to manage the key risks to the Trust of not achieving its strategic objectives. The BAF records the controls in place to manage the key risks, and highlights how the control is operating. The BAF includes cross-references to assurance obtained from internal and external audits, and self-assessments of compliance with other regulatory standards. It has been monitored by the assurance committees and updated throughout the year. In February 2019 a revised BAF was approved by the Trust Board incorporating 6 new strategic risks. The Risk Assurance and Compliance Group monitors progress with the BAF. This includes a ‘stress test’ of an individual BAF risk at every meeting to check (using key performance indicators and external assurance information) whether the controls and assurances cited are working and appropriate. The internal auditors conducted a Risk Management audit looking at the processes in place for the recording and management of operational risks.. The report allocated a rating of ‘Significant assurance with four minor improvement opportunities (AMBER-GREEN)’. • Directorate performance reviews take place on a monthly basis,

Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>attended by directorate management and Trust executives. These reviews are designed to facilitate a triangulated and risk-focused discussion across a number of key domains: Caring, Safe, Responsive, Well-led (people, management and culture), Effective, Finance, Productivity. The review packs contain an integrated dashboard which provides a one page summary of key metrics across the domains, allowing rapid identification of linked risks and issues. The packs also contain more in-depth dashboards for each domain. An integrated performance report is then scrutinised at each Board meeting. This provides a summary of the key issues in each domain and actions planned to resolve, as well as an integrated dashboard – this provides trust level data using the same format as the divisional integrated dashboard reviewed in the monthly performance reviews.</p> <ul style="list-style-type: none"> • The Trust has identified an executive director and a manager who are respectively accountable and responsible for ensuring compliance with each element of the CQC registration standards and for monitoring compliance against other requirements across the Trust. The Trust has developed an action plan in response to the recent CQC inspection and actively monitors progress with this at operational level and provides assurance to the Board. All remaining outstanding actions from the Well led Review in October 2016 and any negative commentary from the CQC inspection I 2018 have been closed or consolidated with the Well Led action plan 2019 (reported at Board and Council in February 2019). • The Trust has commenced a programme of work in order to ensure CQC readiness and to maintain compliance for the Trust. This work has been rolled out with a view to ensuring that compliance and governance are interlinked with quality, safety and experience and embedded in day to day working within the Trust. The work being undertaken includes:

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<ul style="list-style-type: none"> • Weekly Steering Groups with Deputy Chiefs of Service <ul style="list-style-type: none"> ○ Mock inspection framework (CQC Quality Rounds) in clinical directorates ○ Gap analysis of information for RPIR undertaken ○ Reviews of potential areas/sources of learning e.g. review of themes from other CQC reports, evaluation of insight reports • The Trust has systems and processes in place to support staff and patients in escalating concerns in provision of care or management of systems. These include the complaints process, PALS, Freedom to Speak Up Guardian, Guardian of Safe Working, Raising Concerns Policy, Counterfraud service etc. The Trust is one of the first UK hospitals to partner with the Cognitive Institute in their Safety and Reliability Improvement Programme. Signing up to this partnership recognises our commitment to achieving zero preventable harm and delivering the best possible outcomes through providing the safest, most effective and efficient care. Safety Champions from across the hospital have been appointed and a pilot is in the process of being run in one of the directorates. • The Trust assesses compliance with the FT licence annually.
<p>CoS7 – Availability of resources (scope = next financial year 2019/20)</p>	<p>The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.</p> <p>The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available</p>	<p>The Executive Team have considered the evidence cited and recommend ‘Confirmed’.</p> <p>Response to be considered by the</p>	<p>The Trust sets its budget on an annual basis and actively manages and monitors its financial position and resource levels on a regular basis throughout the year through routine performance reporting to the Board and its Committees. The Executive Team actively monitors the finance position at every meeting to ensure that the mitigations in place are effective and appropriate. Both External and Internal Audit services provide assurance that reporting is accurate and there is no material mis-statement.</p> <p>No material agreements which might create a material risk have been entered</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	<p>to the Licensee.</p> <p>The Licensee, not later than two months from the end of each Financial Year, shall submit to Monitor a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:</p> <p>(a) “After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.”</p> <p>OR</p> <p>(b) “After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any</p>	<p>board in light of assurance provided here and taking into account the views of the governors</p>	<p>into.</p> <p>The Trust Audit Committee and Board will review for approval the 2018/19 annual report and accounts (22 May 2012), on a going concern basis, confirming that the Directors have a reasonable expectation that the organisation has the required resources available for the next 12 month licence (a).</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	<p>distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services”.</p> <p>OR</p> <p>(c) “In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate”.</p>		
<p>FT4- NHS foundation trust governance arrangements (scope = next financial year 2019/20)</p> <p>PLEASE NOTE – all four parts need to be confirmed for an overall ‘confirmation’</p>	<p>The Licensee shall apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>The Executive Team have considered the evidence cited and recommend ‘Confirmed’.</p> <p>Response to be considered by the board in light of assurance provided here and taking into account the views of the governors</p>	<p>The Trust has a range of governance and assurance structures and systems in place including a Trust wide strategy, scheme of delegation, risk management framework, accountability framework, compliance framework, escalation framework, policy framework and assurance framework and a financial management framework.</p> <p>Directors and governors are asked to sign a code of conduct (both documents were refreshed in 2018) and declare any interest for publication on a Register of Interests.</p> <p>Directors complete a self-assessment for the Fit and Proper Person Test (and are reviewed against the criteria annually) and are required to declare any interests annually.</p> <p>Governors sign an eligibility form which includes reference to the Fit and</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>Proper Person’s Process.</p> <p>A self-assessment is prepared annually against the Monitor code of Governance and will be reported to the Board in May 2019. The Trust Board considers that from 1 April 2018 to 31 March 2019 it was compliant with the provisions of The NHS foundation trust Code of Governance and proposes to explain its compliance (on a comply or explain basis) for the following criteria in the annual report – to be approved by the Board in May 2019:</p> <ul style="list-style-type: none"> To be determined following review <p>Further information about corporate governance systems and standards at GOSH is detailed below.</p>
	<p>The Licensee shall:</p> <p>(a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time;</p> <p>(b) comply with the following paragraphs of this Condition.</p>	<p>Same as above</p>	<p>The Trust has regard to guidance on good corporate governance as issued by NHS Improvement.</p>
	<p>The Licensee shall establish and implement:</p> <p>(a) effective board and committee structures;</p> <p>(b) clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) clear reporting lines and accountabilities throughout its organisation.</p>	<p>Same as above</p>	<p>The Board has a formal schedule of matters reserved for its decision, and delegates certain matters to committees.</p> <p>The Board has a work programme, which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust’s operations, and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda.</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>There are two Board assurance committees - the Audit Committee and the Quality, Safety and Experience Assurance Committee. These committees assess the assurance available to the Board in relation to risk management, review the Trust’s non-clinical and clinical and quality risk management processes and raise issues that require the attention of the Board.</p> <p>In addition to the two assurance committees, the Finance and Investment Committee considers financial performance, productivity and use of resources. The chairs of these committees report to the Board following every committee meeting. Each committee is charged with reviewing its effectiveness annually.</p> <p>In February 2019 the Board agreed to establish (for one year in the first instance from June 2019), a new assurance subcommittee of the Board – the People and Education Assurance Committee. The remit of the committee is to provide assurance to the Board and that the necessary structures and processes are in place to deliver the Trust’s vision for a supported and innovative workforce, an excellent learning environment for clinical and non-clinical staff and a culture that aligns with the Trust’s strategy and always values. The committee was established to scrutinise the new strategic risks on the Board Assurance Framework on culture, service innovation and provide additional scrutiny to the risk around recruitment and retention of staff.</p> <p>The Trust has terms of reference and work plans in place for the Board, Council and relevant committees. The Board committees conduct annual effectiveness reviews (surveys) on the delivery of their terms of reference and running of the committees. Findings are reviewed and where appropriate, changes to the terms of reference and workplans of the committees are made.</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>The assurance committees receive minutes from other assurance committees to prevent matters from falling between the governance framework. Summaries of assurance committee meetings are reported at the Board and the Council. At the Council, the chairs of the assurance committees present the summary reports and are held directly to account by the governors at the Council meeting. Governors are also invited to attend assurance committees and Board meetings throughout the year.</p> <p>The Board and Council receive regular updates on findings from CQC Well led reviews and progress with the Well Led action plan.</p> <p>The Trust’s Assurance and Escalation Framework presents a single, comprehensive picture of the governance and assurance structures and systems through which the Trust Board and other stakeholders receive assurance. The Trust routinely reviews and reports this assurance through the following key governance processes and frameworks including:</p> <ul style="list-style-type: none"> • Performance Management: The Trust has a range of frameworks and policies in place that outline how the Trust’s performance objectives and standards will be met, reviewed and managed; most significantly, the Performance Management Framework. • The Trust’s Risk Management Strategy (see above) sets out how the organisation identifies, monitors, escalates and manages risks in a timely fashion and at an appropriate level. Further detail on the identification and evaluation of strategic and local risks is provided below. • The Trust has in place a comprehensive and integrated Compliance Framework that seeks to ensure on-going compliance with statutory and regulatory requirements through integrated, rigorous and proactive structures, policies and practices. It ensures appropriate controls are in place to maintain compliance with statutory and

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>regulatory requirements and that external guidance and alerts are considered in a fulsome and responsive way.</p> <ul style="list-style-type: none"> • Policy Framework: This provides for clear and accessible policies, procedures and guidelines which support staff in undertaking their duties in a safe and effective way that takes account of all relevant legislation, regulation and guidance. The Trust’s policy framework, which is administered by the Policy Approval Group (PAG) • Committee structure: The Trust’s committee structure, developed from the Trust Board down, is currently under review to ensure each committee or group has a clear purpose, scope and authority. Some committees have statutory functions, others have authority to make decisions and direct actions, and others provide advice, support and oversee specific functions. <p>The clinical operations structure was consulted on in 2018, reviewed and revised. There are no eight directorates, each with a Chief of Service, Deputy Chief of Service, Head of Nursing and General Manager. The Senior Leadership Team meets weekly (around 100 senior managers from across the clinical and corporate areas of the Trust). An Operations Board has been established which meets fortnightly. The purpose of the Board is to bring together clinical and corporate senior leadership members to ensure the robust, effective and efficient operational management of the Trust.</p> <p>The Trust’s risk management strategy sets out how risk is systematically managed. This extends across the organisation, from the front-line service through to the Board, to promote the reduction of clinical and non-clinical risks associated with healthcare and research, and to ensure the business continuity of the Trust.</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
	<p>The Licensee shall establish and effectively implement systems and/or processes:</p> <p>(a) to ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;</p> <p>(b) for timely and effective scrutiny and oversight by the Board of the Licensee’s operations;</p> <p>(c) to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p>	<p>Same as above</p>	<p>The Board has agreed standing orders and standing financial instructions, which provide the framework for ensuring appropriate authorisation of expenditure commitments in the Trust. The Board’s processes for managing its resources include approval of annual budgets for both revenue and capital, reviewing financial performance against these budgets, and assessing the results of the Trust’s cost improvement programme on a monthly basis. In addition, the Trust has a prescribed process for the development of business cases for both capital and revenue expenditure and, where significant, these are reviewed by the Trust Board.</p> <p>The Trust’s performance management framework is aligned to the revised directorate management structure. Each specialty and clinical directorate has an internal monitoring structure so teams regularly review their progress and identify areas where improvements may be required. Each directorate’s performance is considered at monthly performance review meetings.</p> <p>The Finance and Investment committee reviews the operational, productivity and financial performance and use of resources both at Trust and divisional level.</p> <p>The Board has a work programme (aligned with the Well Led Assessment Key Lines of Enquiry), which includes all matters the Board is required to consider by statutory, regulatory and other forms of guidance. It also has a range of strategic and operational performance information, which enables it to scrutinise the effectiveness of the Trust’s operations, and deliver focused strategic leadership through its decisions and actions. The Board maintains its commitment that discussion of patient safety will always be high on its agenda.</p> <p>The Board assurance committees scrutinise the strategic risks facing the trust</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>on a rotational basis every year, with committee members reviewing the effectiveness of controls and seeking assurances that any gaps in controls will be closed in a timely manner.</p> <p>Key performance indicators are presented on a monthly basis to the Trust Board. The report, which has recently been refreshed and integrates quality and performance data includes progress against external targets, internal safety measures, operational efficiency/process measures, well-led and other clinical quality measures such as complaints, incidents and reports from specific quality functions within the Trust such as the Patient Advice and Liaison Service (PALS). It also includes the external indicators assessed and reported monthly by the CQC. The report is aligned to the CQC key lines of enquiry: Safe, Effective, Caring, Responsive and Well Led. It asks the question: are our patients receiving high quality care?</p> <p>The external auditors envisage issuing an XXXXX audit opinion for 2018/19 TBC</p> <p>In January 2018, the Trust was inspected by the CQC and achieved an overall rating of GOOD. An action plan was developed and rolled out across the Trust. The Trust has developed an action plan in response to the recent CQC inspection and actively monitors progress with this at operational level and provides assurance to the Board. All remaining outstanding actions from the Well led Review in October 2016 and any negative commentary from the CQC inspection in 2018 have been either closed or consolidated with the Well Led action plan 2019 (progress reported at Board and Council in February 2019). The Trust has commenced a programme of work in order to ensure CQC readiness and to maintain compliance for the Trust. This work will be rolled out with a view to ensuring that compliance and governance are interlinked with quality, safety and experience and embedded in day to</p>

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>day working within the Trust. The initial work being undertaken will include:</p> <ul style="list-style-type: none"> • Weekly Steering Groups with Deputy Chiefs of Service • Mock inspection framework (CQC Quality Rounds) being drafted and implemented • Service line meetings with Directorates and Medical Director established and on-going • Communication plan being drafted • CQC action plan routinely monitored and scrutinised • Work to review potential areas/sources of learning being undertaken e.g. review of themes from other CQC reports, evaluation of insight reports. <p>Whilst the CQC made no formal recommendations to the Trust in relation to the findings in its Well Led Assessment published in April 2018, the Trust took it upon itself to review any negative commentary in the report and ensure that relevant actions were taken to mitigate the issues raised. The executive team have reviewed evidence against the Well Led Key Lines of Enquires and developed an action plan in preparation for the next CQC Well Led assessment.</p> <p>Themes arising from an assessment of the evidence and identified gaps mapped to the KLOEs include:</p> <ul style="list-style-type: none"> • Ensuring that strategies and associated plans are developed, consulted on, communicated across the Trust, monitored and implemented. • Ensuring that governance frameworks, procedures and policies are in place and up to date. • Ensuring staff (all groups) and director appraisals and mandatory training targets are met. • Reviewing how strategy, decisions, changes to practice, learning

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Licence condition	Description	Confirmation: Confirmed or Not Confirmed	Assurance
			<p>from risks are communicated across the Trust to all staff groups.</p> <ul style="list-style-type: none"> • Ensuring that directors and senior managers are visible to staff. • Being deliberate about documenting: • Progress with strategic and local partnerships. • Responding to external benchmarked data such as the staff survey results etc. • Progress with actions against internal and external reviews of GOSH services.

<p>s.151(5) of the Health and Social Care Act (not a licence condition) (scope = past financial year 2018/19)</p>	<p>NHS Improvement require the Board to state whether it is satisfied that during the financial year most recently ended the Trust has provided the necessary training to Governors, to ensure that they are equipped with the skills and knowledge they need to undertake their role.</p>	<p>Response to be considered by the board in light of assurance provided here and taking into account the views of the governors</p>	<p>Governor Induction and training and development: During 2018/19, governors received mandatory Trust training and were provided with access to the Trust’s internal on line training portal (GOLD) to update their training during their tenure. This is actively monitored by the Deputy Company Secretary and governors reminded and supported to complete the training during the year.</p> <p>Governors attended three induction sessions between April and August 2018. The sessions prepared and supported Governors to discharge their duties and complete the mandatory training.</p> <p>Prior to each Council of Governors’ meeting, the Chair meets with all governors in a private session. This gives the Governors an opportunity to discuss any issues directly with the Chair and to gather information about the Trust and its activities and processes.</p> <p>The Trust established a buddying programme between Non-Executive Directors (NEDs) and governors from September 2018. The buddying programme provides governors with direct contact with a NED to support their role and share information on matters of interest or concern. The programme will be evaluated after 12 months.</p> <p>The Governor Induction programme concluded in August 2018 and transitioned into a series of Governor Development sessions. These sessions were developed in partnership with Governors to provide them with the skills and knowledge needed to deliver their key duties over their tenure.</p> <p>Representative Governors attended NHS Providers events.</p> <p>Information was provided to governors appointed to the Constitution Working Group from an external legal/governance provider.</p> <p>In April 2019 Governors will have access to an online library of resources. This will provide governors with 24/7 access to key documents and information.</p> <p>Since February 2019, governors receive a monthly newsletter from the Corporate Affairs team containing key dates, developments and training and development opportunities.</p>
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Council of Governors

17 April 2019

Draft Council of Governors' section in GOSH Annual Report 2018/19

Summary & reason for item:

- The main objective of the GOSH annual report is to report on what the Foundation Trust has done and is doing in order to meet its objectives and to demonstrate that it is adding value to its members, patients, public and other stakeholders. It provides context for the financial statements and information on corporate governance arrangements.
- The NHS foundation trust annual reporting manual 2018/19 requires the Foundation Trusts to report on the role and work of the Council of Governors within the Annual Report. Areas to be covered include:
 - Identification of the governors and the constituencies / organisations they represent.
 - Number of meetings and attendance
- Attached is the draft Council of Governors' section of the 2018/19 Annual Report.

Governor action required:

- To review the draft Council of Governors' section in GOSH Annual Report 2018/19 and provide comments.

Report prepared by:

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

Report presented by:

Paul Balson, Deputy Company Secretary

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Council of Governor section in 2018/19 Annual Report

Council of Governors

As a foundation trust we are accountable to our members through our Council of Governors.

The Council of Governors is made up of 27 elected and appointed governors. They support and influence the strategic direction of the Trust by representing the views and interests of our members.

The Council of Governors acts as a link to the hospital's patients, their families, staff and the wider community, ensuring that their views are heard and reflected in the strategy for the hospital. Although the Council of Governors is not involved in the operational management of the Trust, it is responsible for holding the non-executive directors individually and collectively to account for the performance of the Trust Board in delivering the Trust's strategic objectives. More about the responsibilities of the Council of Governors can be found at gosh.nhs.uk/XXX.

Constituencies of the Council of Governors

Governors represent specific constituencies and are elected or appointed to do so for a period of three years, with the option to stand for re-election for a further three years. As a specialist Trust with a UK-wide and international catchment area, we do not have a defined 'local community'. Therefore, it is important that our geographically diverse patient and carer population is represented in our membership and in the composition of our Council of Governors.

In July 2018, the Council of Governors updated its Constitution. As part of this, it approved a number of recommendations with the aim of strengthening its governance arrangements. The key recommendations were:

- Change the name of the Council from Member's Council to Council of Governors and the name Councillors to Governors.
- The appointment of two appointed young Governors from the Young People's Forum, replacing the SelfManagement UK and GOSH School Governors.
- Keeping the minimum age of members at 10 years of age.
- Setting a lifetime maximum tenure for Governors of six years total.

Following these agreed changes, the GOSH Council of Governors continues to be made up of 27 elected and appointed Governors as below:

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Patient and Carer members elect 10 patient/parent/carer governors

- 2 Patients from London
- 2 Patients from Outside London
- 3 Parents and carers from London
- 3 Parents and carers from outside London

Public members elect 7 public governors

- 4 North London and surrounding area
- 1 South London and surrounding area
- 2 Rest of England and Wales

Staff members elect 5 staff governors

Four appointed organisations / bodies appoint 5 appointed governors

- 2 Young Person's Forum Governors
- 1 Camden Council Governor
- 1 GOSH/ICH/UCL Governor

There were no elections in 2018/19 and there are no planned elections for 2019/20.

Governors' attendance at meetings

The Council of Governors met five times in 2018/19 (four regular meetings and one extraordinary meeting). Governors attended these meetings as follows:

Name	Constituency	Date role began	Council of Governors' meeting (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 2 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 3 unless otherwise stated)
Mariam Ali1	Parents and Carers: London Lead Governor	February 2015	4	2	Not a member
Stephanie Nash	Parents and Carers: London	February 2018	5	Not a member	Not a member
Emily Shaw	Parents and Carers: London	February 2018	3	Not a member	Not a member
Lisa Allera	Parents and Carers: Outside London	February 2018	5	2	Not a member
Claire Cooper-Jones	Parents and Carers: Outside London	February 2018	4	2	Not a member
Faiza Yasin	Patients: Outside London	February 2018	5	Not a member	3
Alice Rath	Patients: Outside London	February 2018	2	Not a member	Not a member
Elena - May Reading	Patients: London	February 2018	2	Not a member	0
Zoe Bacon	Patients: London	February 2018	4	Not a member	2
Fran Stewart1	Public: South London and surrounding area**	October 2016	4	Not a member	Not a member
Simon Hawtrey-Woore1	Public: North London and surrounding area*	February 2015	4	Not a member	3

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Name	Constituency	Date role began	Council of Governors' meeting (out of 5 unless otherwise stated)	Nominations and Remuneration Committee (out of 2 unless otherwise stated)	Membership Engagement Recruitment and Representation Committee (out of 3 unless otherwise stated)
Teskeen Gilani ¹	Public: North London and surrounding area*	December 2016	1	Not a member	Not a member
Theo Kayode-Osiyemi	Public: North London and surrounding area*	February 2018	5	Not a member	1
Yu Tan	Public: North London and surrounding area*	February 2018	3 (4)	Not a member	Not a member
Colin Sincock	Public: Rest of England and Wales	February 2018	5	Not a member	2 (2)
Julian Evans	Public: Rest of England and Wales	February 2018	3	Not a member	Not a member
Sarah Aylett	Staff	February 2018	4	Not a member	1
Michael Glynn ²	Staff	February 2018	2 (2)	Not a member	Not a member
Nigel Mills	Staff	February 2018	5	Not a member	Not a member
Paul Gough	Staff	February 2018	5	Not a member	Not a member
Quen Mok	Staff	February 2018	5	1 (1)	Not a member
Lazzaro Pietragnoli	London Borough of Camden	February 2018	2	Not a member	Not a member
Lucy Moore ^{1 3}	self management UK	October 2016	0 (4)	Not a member	Not a member
Jugnoo Rahi	GOS UCL Institute of Child Health	February 2018	3	1	Not a member

¹ Re-elected or re-appointed for a second three year term on 1st February 2018

² Stood down during 2018-19

³ Constituency removed during update of the Constitution July 2018

() Number of meetings it was possible to attend

*The public constituency of North London and surrounding area incorporates the electoral areas of:

- North London: Barking and Dagenham, Barnet, Brent, Camden, City of London, Hackney, Ealing, Enfield, Hammersmith and Fulham, Haringey, Harrow, Havering, Hillingdon, Hounslow, Islington, Kensington and Chelsea, Newham, Redbridge, Tower Hamlets, Waltham Forest, Westminster.
- Bedfordshire: Bedford, Central Bedfordshire, Luton.
- Hertfordshire: Broxbourne, Dacorum, East Hertfordshire, Hertfordshire, Hertsmere, North Hertfordshire, St Albans, Stevenage, Three Rivers, Watford, Welwyn Hatfield.
- Buckinghamshire: Aylesbury Vale, Buckinghamshire, Chiltern, Milton Keynes, South Bucks, Wycombe.

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- Essex: Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Colchester, Epping Forest, Essex, Harlow, Maldon, Rochford, Southend on Sea, Tendring, Thurrock, Uttlesford.

**The public constituency of South London and surrounding area incorporates the electoral areas of:

- South London: Bexley, Bromley, Croydon, Greenwich, Royal Borough of Kingston upon Thames, Lambeth, Lewisham, Merton, Richmond upon Thames, Southwark, Sutton, Wandsworth.
- Surrey: Elmbridge, Epsom and Ewell, Guildford, Mole Valley, Reigate and Banstead, Runnymede, Spelthorne, Surrey Heath, Tandridge, Waverley, Woking.
- Kent: Ashford, Canterbury, Dartford, Dover, Gravesham, Maidstone, Medway, Sevenoaks, Shepway, Swale, Thanet, Tonbridge and Malling, Tunbridge Wells.
- Sussex: Brighton and Hove, East Sussex, Eastbourne, Hastings, Lewes, Rother, Wealden, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex, West Sussex, Worthing.

Elected Governor Vacancies

Following elections between 14 November 2017 and 31 January 2018, one elected Governor from the Parents and Carers outside London constituency resigned in February 2018 (before taking office) and a Staff Governor resigned in August 2018. During the year, the Council of Governors agreed to keep the seats vacant in lieu of a review of the Trust Membership Constituencies (see below).

In February 2019 the Council of Governors agreed to invite the next highest polling candidate in each constituency to serve a term of office expiring 31 March 2021. Both candidates accepted and will join the Council from May 2019.

Membership at GOSH

Anyone living in England and Wales over the age of 10 can become a GOSH member, and we strive for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers and staff. Automatic membership applies to all employees who hold a GOSH permanent contract or fixed-term contract of 12 months or more. There is more on becoming a member at gosh.nhs.uk/about-us/foundation-trust/foundation-trust-membership.

Future changes to constituencies

As part of the work on the Constitution in July 2018, the Council:

- Reviewed the membership constituencies and agreed changes to ensure that they adequately represent the membership of the Trust.
- Reviewed and agreed phasing of Governor elections so as to appropriately manage consistent Governor turnover.

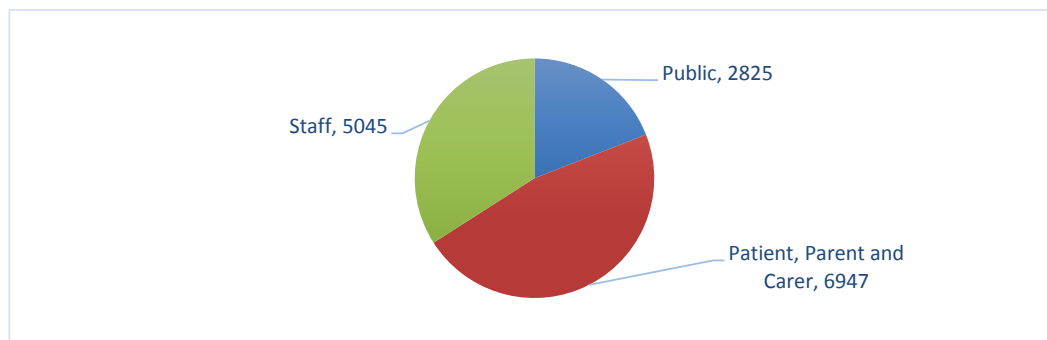
The Council agreed that these changes will be implemented from March 2021. Further information will be made available in 2020 when planning for the Governor elections will begin.

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Membership constituencies and membership numbers 2019

On 31 March 2019, our membership totalled 14,817.

We managed to increase our public membership by 73 (from 2,752 to 2,825) this was ten members short of our estimated public membership target of 2,835. Although we increased our patient, parent and carer constituency by 30 (from 6,917 to 6,947) this was 178 short of our target of 7,125. Overall, we increased our membership by 104.



Membership Engagement Services (MES) is our membership database provider and holds and manages our public and patient and carer data. The Trust is reviewing how we manage this data in line with the General Data Protection Regulations.

Council of Governors' expenses

Governors can claim reasonable expenses for carrying out their duties. For the year 2018/19, the total amount claimed by X Governors was £PENDING FROM FINANCE.

Register of interests

Governors are asked to sign a code of conduct and declare any interests that are relevant and material. The register of interests for the Council of Governors is published annually and can be found at <https://www.gosh.nhs.uk/about-us/foundation-trust/council-governors/meet-our-governors> and may also be obtained from the Company Secretary, Executive Offices, Paul O'Gorman Building, Great Ormond Street, London WC1N 3JH.

Contacting a governor

Anyone wanting to get in touch with a governor and/or directors can email foundation@gosh.nhs.uk and the message is forwarded on to the relevant person. These details are included within the foundation trust 'contact us' section of the Great Ormond Street Hospital for Children NHS Foundation Trust website, gosh.nhs.uk.

Trust Board and Council of Governors working together

The Trust's Chair is responsible for the leadership of both the Council of Governors and the Trust Board. The Chair is also responsible for effective relationship building between the Trust Board and governors to ensure that governors effectively perform their statutory duties and contribute to the

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forward planning of the organisation. There has been a continued focus on developing relationships between the Council of Governors and non-executive directors in this reporting period, with the delivery of several programmes of work to facilitate engagement. The key programmes are covered below, additional examples of how the Council of Governors and Board worked together in 2018/19 included:

- Governors have an open invitation to attend all Trust Board meetings.
- Governors observe at Trust Board assurance committee meetings.
- Governors and Board members worked together on the Constitution Working Group.
- Executive and non-executive directors attend each Council of Governors' meeting.
- Summaries of the Board assurance committees (Audit Committee, Quality and Safety Assurance Committee and Finance and Investment Committee) are presented by the relevant non-executive director chairs of the committees at each meeting of the Council of Governors.
- Summaries of Council of Governors' meetings are reported to the Trust Board.

In 2018/19 the Council of Governors has:

- Contributed to the GOSH Strategy and its delivery.
- Approved the appointment process and appointed a non-executive director.
- Been involved in stakeholder meetings and approved the appointment of the Chief Executive.
- Contributed to the actions in response to CQC report and recommendations.
- Received regular updates from the Young People's Forum (YPF).
- Approved role descriptions for the Lead Governor and approved the establishment of a Deputy Lead Governor role.
- Approved the phasing of governor elections.
- Commented on our redevelopment plans including the plans for the Children's Cancer Centre.
- Worked with Board members to review and update the Trust's Constitution.

Governor induction and development

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

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

Governors' and Chair meeting

Prior to each Council of Governors' meeting, the Chair meets with all Governors in a private session. This gives the Governors an opportunity to discuss any issues directly with the Chair.

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'Buddying' with Non-Executive Directors

The Trust established a buddying programme between Non-Executive Directors (NEDs) and Governors from September 2018. The buddying programme provides Governors with direct contact with a NED to support their role and share information on matters of interest or concern. A review of the programme will take place in July 2019.

Governors' online library

In February 2019 a small number of Governors trialled access to an online library of resources designed by the Trust's Corporate Affairs Team. The trial was successful and will be made available to all Governors in 2019/20. The library will provide Governors with 24/7 access to key documents and information.

Governors' newsletter

From March 2019 Governors have received a monthly newsletter from the Corporate Affairs team containing actions required, key meeting dates, Trust developments and training and development opportunities.

Membership engagement

Members receive updates on hospital news and are invited to get involved throughout the year. Members also have the opportunity to vote in elections and stand for election to the Council of Governors.

The Membership and Engagement Representation and Representation Committee, a subcommittee of the Council of Governors, oversees the recruitment and retention of members and seeks to maximise engagement opportunities with members for the benefit of the Trust. In 2018/19, the committee was chaired by a Patient and Carer Governor. Last year's achievements included a revision of the Membership Strategy and planning and delivery of a successful annual general meeting and annual members' meeting.

The bi annual magazine *Member Matters* and monthly *Get Involved* newsletters offer a variety of opportunities for members to engage with the Trust and its Governors, including:

- The Young People's Forum - a group of current and ex-patients who guide and support the hospital on a range of topics and issues.
- Other forums and committees such as the Young people's Advisory Group.
- Events such as the opening of the new Disney Reef, the Big Youth Forum Meet Up and the Annual General Meeting and Annual Members' Meeting.
- An open invitation to attend Council of Governors' meetings in public throughout the year.
- Governors write personalised articles in *Member Matters* and *Roundabout*, the staff newsletter; a letter from the Lead Governor is also included in our updated Welcome Pack for new members.
- An online link to contact a Governor is included on the website and in all membership Communications; members can also contact a Governor via the Trust's new Twitter profile.

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The Membership Strategy 2019 – 2022

The Trust's Membership Strategy was revised for 2018-2021, with the objectives of recruiting, communicating and engaging with our members using a refreshed approach. It aims to strengthen the link between the hospital and its members by maximising involvement and engagement opportunities and focusing on better representing our younger membership community.

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Council of Governors
17 April 2019

Chief Executive Report

The purpose of this paper is to provide a summary of key work priorities and achievements since the 6 February 2019 Chief Executive report to the Council of Governors. The report includes:

- An update from the April 2019 and February 2019 Trust Board meetings
- News stories
 - Electronic Patient Record (EPIC) update
 - GOSH and the withdrawal of the United Kingdom from the European Union
 - Global Action Plan launch the first ever Clean Air Hospital Framework
 - GOSH in Virtual Reality

Governor action required:

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

Report prepared by:

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

Report presented by:

Matthew Shaw, Chief Executive Officer

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Trust Board updates

The Trust Board met twice since the last Council of Governors' meeting on 27 February 2019 and 3 April 2019. Highlights for Governors that are not reported elsewhere within the Council of Governors' papers are summarised below:

3 April 2019 Trust Board meeting

Patient Story – Sophie and Verity

The Board received a patient story in person from Sophie who shared her experiences of admission to GOSH when her daughter Verity was four weeks old. Sophie found the care at GOSH excellent, but that the facilities for parents lacking. Specifically:

- As a breastfeeding mother it was not feasible for her to leave the ward for food and meals were not provided for her.
- There was insufficient support for breastfeeding mothers who are alone and a long way from home.
- No accommodation was available for her husband and he had to sleep on a chair in the room she was in.

Claire Williams - Interim Head of Patient Experience informed the Board that a number of remedial actions were in place or planned, including:

- Improve the content of ward orientation and improve the means of communication e.g. providing information on the bed side televisions.
- Review and revise the Trust accommodation policies.

The Chair and the Board thanked Sophie for presenting their story.

Final GOSH Operational Plan 2019/20

The Trust Board reviewed the final version of the GOSH Operational Plan due for submission to NHS Improvement (NHSI) on 4th April 2019. The submission required the Trust to submit:

- An operational plan narrative
- Annual financial plan
- Annual workforce plan
- Annual activity plan
- Triangulation return, to demonstrate alignment across the plan

The Board approved the Operational Plan for submission to NHSI and noted that the Trust had to deliver a very challenging £20m Better Value programme in order to achieve its breakeven control total for the year.

GOSH Draft Leadership Strategy

The Trust Board approved the GOSH Leadership Strategy which was developed to ensure that the organisation has *leaders at all levels of the trust who are effective, visible, supportive and respected*. (*Fulfilling Our Potential*, 2017).

The GOSH Leadership Strategy sets out the direction by which GOSH intends to develop and support its leaders. Investing in our leadership potential will drive higher performance and translate to higher-quality care and outcomes for our patients whilst ensuring our leaders understand the system that they work in. It focuses on helping GOSH staff to develop four critical leadership capabilities:

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- **Inclusive and compassionate leadership**, so that all staff are listened to, understood and supported, and that leaders of every level truly reflect our Values and the talents and diversity of staff working within GOSH. This includes ensuring staff engagement and creating a culture that gives our staff a strong voice.
- **Talent management** to support GOSH, ensuring we are able to attract, identify and develop people, matching them to opportunities as they arise, allowing us to have the right talent to meet our operational needs.
- **Systems leadership** to ensure our staff are equipped to develop high quality partnerships and networks with leaders across organisational, professional and geographical boundaries, informing service design and delivery to achieve high quality care for our patients.
- **Change leadership**, ensuring the core leadership capabilities necessary to deliver organisational change, in both its culture and ways of working.

GOSH Draft Clinical Strategy

The Trust Board approved the GOSH Draft Clinical Strategy which is a transitional plan for the next 12 months. The strategy consolidates the following aims into one document:

- Strengthening our specialist and highly-specialist services
- Leading in future fields
 - Cancer
 - Cardiac Surgery
 - Neuro
 - Rare Diseases

The Strategy will be reviewed in a year's time.

Integrated Quality and Performance Update Report - March 2019 (Reporting on February 2019 data)

Launched in February 2019, the Integrated Quality and Performance Report (IQPR) is a new report combining and replacing:

- the Integrated Quality Report (IQR) and,
- the Integrated Performance Report (IPR)

The report includes all metrics previously reported alongside additional quality metrics. Combining these reports enables the organisation to take a more holistic view of hospital performance, identify areas of good practice and areas for improvement. The report has been delivered in consultation with the Quality and Safety Team, Patient Experience Team, Human Resources, Safeguarding and the Company Secretary's office.

Quality of Care

- The Central Venous Lines (CVL) infections per 1000 bed days rate was higher than expected in January (2.1) and February (2.5). However 5 of the 18 reported CVC related bacteraemias were attributable to one patient and is believed to have been unavoidable given clinical context (2 in Jan, 3 in Feb). With this data removed, the February rate would be 1.7.
- World Health Organisation (WHO) checklist completion was recorded at 93% for February 2019. It is anticipated that EPIC will enhance compliance with this

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documentation metric and observational audits will supply more comprehensive data on team engagement with the safety process.

- It has been over a year since the hospital's last never event on 23rd March 2018.
- There was 1 serious incident (SI) reported in February 2019. This was an aggregated root cause analysis review relating to ongoing problems with the delivery of sterilised sets for theatres. There was one overdue SI at the time of reporting.
- Incident closure rates (i.e. whether incidents have been investigated and closed within 45 days) improved in February 2019 to 60% but were underperforming overall. Significant work took place in January 2019 to close overdue incidents (1497 closed). This will continue, with the patient safety team supporting directorates to target overdue incidents.
- The Friends and Family Test (FFT) response rate rose to 26.8% in February which was a significant improvement on 16.5% in December 2018. This was due to hard work and collaboration between the Patient Experience team and Ward teams. The FFT inpatient recommend rate for February was 95.4% and 92.8% for outpatient services.

Operational Performance

- At the time of reporting, there have been no breaches in cancer performance attributable to the Trust in 2019. There has been a significant reduction in breaches for diagnostic waiting times in month (2.3% improvement from Jan 2019) although overall the Trust continued to underachieve against the 99% national target (97.5%).
- The Trust achieved the RTT 92% standard with a performance of 92.18%.
- Performance in discharge summary completion within 24 and 48 hours continued to fluctuate and fall short of expected levels.

Workforce

- Overall, statutory and mandatory training compliance for the organisation was 92%. Only one directorate had an overall performance of less than 90%.
- The appraisal rate for all staff increased in February, 83% for Consultants and 85% for all other staff.
- There were no new bullying and harassment cases reported to HR, and no whistleblowing cases reported. There were 8 recorded Freedom to Speak Up cases.

Finance Report February 2019 (Month 11)

The Trust is required to achieve an overall control total that is agreed with NHSI annually. In Month 11 the Trust was behind with its control total by £0.8m, but continued to forecast a breakeven position at the year end.

The Trust was ahead of its income target by £8.4m (excluding pass through) at Month 11. NHS clinical income remained ahead of plan by £4.7m. This was offset by reduced International and Private Patient's activity which was £1.0m behind plan year to date.

Pay was overspent by £4.3m year to date largely due to £2.9m that related to the implementation of the national Agenda for Change pay award.

The Trust will need to maintain a tight grip on activity and expenditure to ensure delivery of the financial position.

Cash was higher than plan by £6.2m (£47.0m against a plan of £40.8m) which was mainly due to underspends against Trust funded capital projects.

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Electronic Patient Record (EPIC) update

The Board received an update from the Chief Executive on readiness plans for implementation of an Electronic Patient Record. The programme is on track to go live on 19 April 2019, replacing almost all of our major clinical systems.

The overall programme status is good based on continued progress in many areas of the programme, including testing, system configuration, training, and readiness preparations for go-live.

The Chief Executive will provide a verbal update to the Council on the implementation at the meeting.

7 February 2019 Trust Board meeting

The approved minutes of the 7 February 2019 meeting are attached as an appendix to this report. The key items of interest to Governors are summarised below:

Patient Story: Alfie

The Board received a patient story in person from Alfie, an 11 year old patient who received a bone graft treatment for his cleft lip and palate. Alfie provided the voiceover for an animated film designed to help patients and families understand more about cleft lip and palate and how it is treated.

With regards to his treatment, Alfie spoke positively about the excellent compassion he had received from doctors and nurse and was particularly happy that suitable food was provided given the treatment that a patient had received. He had only been able to eat soft food following his operation and this was provided.

Alfie said that although toys and activities were available for younger children, there were not many activities available for older children or teenagers. He added that it would be beneficial if the toys and activities provided encouraged children and young people to socialise with one another. Ms. Alison Robertson, Chief Nurse said she would take this recommendation on board. The Chair and the Board thanked Alfie for attending the meeting with his father and presenting his views.

Delivery of the Research Hospital (with a focus on the Zayed Centre for Research)

The Board received a presentation about the innovative work being undertaken at GOSH and how the Zayed Centre for Research would improve patient care, particularly for patients receiving transplanted tracheas which had been seeded with stem cells from the recipient patient. The opening of the Zayed Centre for Research would reduce the Trusts' reliance on the availability of other centres and materials not needing to be moved offsite.

Corporate Governance Update: Quality and Safety Assurance Committee (QSAC)

In order to acknowledge the inclusion of patient and family experience data reported the Committee renamed the Quality, Safety and Experience Assurance Committee (QSEAC).

Corporate Governance Update: People and Education Assurance Committee

The Board agreed that a separate assurance committee should be established in order to focus on matters related to workforce, culture and service innovation. The committee would be known as the People and Education Assurance Committee (PEAC) and evaluated after a year.

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CQC Readiness Update

Dr Sanjiv Sharma, Acting Medical Director provided an updated on CQC readiness. Given that the Trust was rolling out an Electronic Patient Record, the CQC agreed to defer the inspection to the second half of the year. The inspection would focus on at least one core service and well-led.

The Trust's readiness programme would ensure that CQC readiness was part of business as usual. This included mock inspections, peer reviews and sharing of good practice.

Board papers

The full sets of papers, including those for the Trust Board meeting on 3 April 2019 and 7 February 2019 are uploaded here: <https://www.gosh.nhs.uk/about-us/who-we-are/our-organisational-structure/trust-board/trust-board-meetings>. If you would like to attend the Trust Board or have any queries please contact: Victoria Goddard, Trust Board Administrator Victoria.Goddard@gosh.nhs.uk

Great Ormond Street Hospital news

GOSH and the withdrawal of the United Kingdom (UK) from the European Union (EU)

The Trust's weekly Brexit steering group has been meeting for a number of months. Given the information available it is as prepared as it can be for any eventualities.

The Trust is very fortunate to have a multi-cultural workforce and wants to ensure that all staff feel valued and supported. To enable this, the Trust set up a dedicated email address for staff to send any questions on the EU exit that they have.

GOSH and Global Action Plan launch the first ever Clean Air Hospital Framework (CHAF)



GOSH is proud to partner with Global Action Plan and develop the first ever Clean Air Hospital Framework. The Trust sees a number of patients in the hospital who are impacted by air quality, and as an NHS trust we are delighted to be pioneering a strategy aimed at creating a healthy environment for patients, staff and the surrounding community. We hope other hospitals will be inspired to do

the same so that patients and communities across the UK may benefit.

Experience GOSH in Virtual Reality

To help the Trust celebrate its 167th birthday, The Trust shared a look at the hospital through a 360° video. The video allows viewers to see the hospital and the impact Great Ormond Street Hospital (GOSH) has on the young people we treat.



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The experience allows new patients, or their families, to explore spaces in the hospital before they are admitted. The areas of the hospital that are featured are:

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- Main entrance and reception
- The hospital's urology centre – Eagle Ward bay area and a patient bedroom on cardiac ward Bear Ward
- The chapel
- Two surgical theatres
- Research labs
- The Turtle Imaging Suite and control room
- A play room (Eagle Ward) and sensory room (Panther Ward)

GOSH hosts first Children's Hospital Education Specialists Symposium



Great Ormond Street Hospital (GOSH) hosted the first ever Children's Hospital Education Specialist Symposium (CHESSE), a national, one-day forum championing paediatric education, backed by the Children's Hospital Alliance.

Education and training for healthcare professionals has remained a vital cornerstone of the NHS over its 70-year history, recognised as integral to providing excellent and safe services for patients. Through CHESSE, education colleagues at GOSH invited children's hospitals around the UK to come together to discuss and collaborate

around the opportunities and challenges often faced in specialist paediatric education.

GOSH Charity and Sparks funding for child health research at ICH

Four UCL Great Ormond Street Institute of Child Health researchers have been awarded research grants from Great Ormond Street Hospital Children's Charity and Sparks, the children's medical research charity as part of their annual National Call.

The awards will support new research into advanced treatments for childhood cancers such as leukaemia and brain tumours, and into a cutting-edge new stem cell therapy for Krabbe disease – a rare lysosomal storage disorder helping to meet the charities united aim of aiming to improving diagnosis and treatment for children with rare and complex conditions.

Appendices

- Integrated Quality and Performance Report
- Finance Report February 2019 (Month11)
- Approved February Trust Board minutes

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**Minutes of the meeting of Trust Board on
7th February 2019**

Present

Sir Michael Rake	Chairman
Mr Matthew Shaw	Chief Executive
Lady Amanda Ellingworth	Non-Executive Director
Mr James Hatchley	Non-Executive Director
Mr Chris Kennedy	Non-Executive Director
Ms Kathryn Ludlow	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Professor Rosalind Smyth*	Non-Executive Director
Dr Sanjiv Sharma	Acting Medical Director
Ms Alison Robertson	Chief Nurse
Ms Helen Jameson	Chief Finance Officer

In attendance

Mr Matthew Tulley	Director of Development
Ms Cymbeline Moore	Director of Communications
Mr Peter Hyland	Director of Operational Performance and Information
Professor Paolo De Coppi*	Head of Stem Cells and Regenerative Medicine and Professor of Paediatric Surgery
Alfie*	GOSH patient
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mr Paul Gough	Staff Governor
Mr Colin Sincock	Public Governor
Ms Jenny Rivers*	Deputy Director of Research and Innovation

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

** Denotes a person who was present by telephone

156	Apologies for absence
156.1	Apologies for absence were received from Ms Alison Hall, Acting Director of HR and OD and Professor Andrew Taylor, Acting Chief Operating Officer. It was noted that Mr Peter Hyland, Director of Operational Performance and Information was in attendance in Professor Taylor's stead.
157	Declarations of Interest
157.1	No declarations of interest were received.
158	Delivery of the Research Hospital (with a focus on the Zayed Centre for Research)
158.1	Professor Paolo De Coppi, Head of Stem Cells and Regenerative Medicine and Professor of Paediatric Surgery gave a presentation about the innovative work being undertaken at GOSH including the transplantation of tracheas which had been seeded with stem cells from the recipient patient. The treatment of the

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	tracheas had taken place at a laboratory at another centre as there was insufficient capacity in the GOSH laboratories. Professor De Coppi said that with the opening of the Zayed Centre for Research and the Good Manufacturing Practice (GMP) facility researchers would not be reliant on the availability of other centres and materials would not need to be moved offsite. Professor De Coppi said that this research included two patents which would be valuable in the new centre.
158.2	Sir Michael Rake, Chairman highlighted that this work required close engagement with patients and families and asked about their reaction to the interventions taking place. He said that the Clinical Ethics Committee was instrumental particularly when working with patients who may not survive and it was vital to be very open and publish data even when outcomes were not positive.
158.3	Professor De Coppi said that foetal surgery such as for spina bifida currently took place at UCLH with a GOSH team however other sites in North America had developed specialist foetal surgery units within children's hospitals. He said he felt that a similar approach should be taken at GOSH and added this this would provide considerable benefit to the Trust in terms of providing both pre and post-natal care.
158.4	Ms Alison Robertson, Chief Nurse said that although she understood the potentially positive impact, GOSH did not have a maternity service which could support a foetal surgery team if required.
158.5	Professor David Goldblatt, Director of Research and Innovation said that it was important to ensure that research governance structures were such that whatever innovative treatment was being pursued, the relevant structures were in place. He suggested that consideration should be given to the opportunity cost of GOSH Children's Charity funding being primarily used for development projects to ensure that research was being optimally supported.
159	Patient Story
159.1	The Board received a patient story in person from Alfie, an 11 year old patient who received a bone graft treatment for his cleft lip and palate. Alfie provided the voiceover for an animated film designed to help patients and families understand more about cleft lip and palate and how it is treated.
159.2	Alfie said that he had been an inpatient on two wards and had found that doctors and nurses had shown excellent compassion. He said that he didn't feel scared during his stay because he knew that the team would help him. Alfie said that he enjoyed the food and was particularly happy that suitable food was provided given the treatment that a patient had received. He had only been able to eat soft food following his operation and this was provided.
159.3	Alfie said that although toys and activities were available for younger children, there were not many activities available for older children or teenagers. He added that it would be beneficial if the toys and activities provided encouraged children and young people to socialise with one another.
159.4	Mr Alison Robertson, Chief Nurse asked whether Alfie felt that a video or booklet would more appropriate for children and young people to gain an understanding about their treatment and Alfie suggested that it was important to have a range of materials as younger children would find a video easier to understand whilst

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159.5	teenagers may prefer to read. The Chair and the Board thanked Alfie for attending the meeting with his father and presenting his views.
160	Minutes of Meeting held on
160.1	The minutes were approved by the Board.
161	Matters Arising/ Action Checklist
161.1	The actions taken since the last meeting were noted.
162	Chief Executive Update
162.1	Mr Matthew Shaw, Chief Executive said that the Executive Team was establishing a development programme which would begin in March 2019 supported by The King's Fund. Discussion would take place around masterclasses for the Board supported by both the Advisory Board and King's Fund.
162.3	A Brexit Steering Group had been established and a number of Executive Directors were involved. It was possible that weekly returns to the centre would be required on progress being made. Current concerns were the availability of isotopes, reagents and drugs following Brexit and the Trust would be writing to suppliers to understand their supply chain and seek assurance.
162.4	Mr Shaw said that GOSH continued to host the North Thames Paediatric Network and this was likely to continue for the next three years.
162.5	Action: Mr James Hatchley, Non-Executive Director highlighted that mental health was a key feature of the NHS Long Term Plan and said it would be helpful for the Board to receive an update on the vision for mental health provision at the Trust. Mr Shaw said that he had spoken at a meeting for the mental health services across the Trust to discuss their strategy going forward and agreed that the Chief of Mental Health Services should be invited to the Board to discuss the strategy. He added that there was a clear need for an increase in inpatient beds for patients with both physical and mental ill health as there were currently very few nationally.
162.6	Action: Mr Shaw said that the Executive Team would be developing a position statement in the context of the NHS Long Term Plan and this would be presented to the Board.
162.7	Mr James Hatchley, Non-Executive Director noted that ULCH were developing a proton beam therapy centre and asked about the access that GOSH would have to this resource. Mr Shaw said that there would be two national proton beam centres and access would be prioritised through a national multidisciplinary team meeting. He said that GOSH had excellent links with UCLH and many of the Trust's patients transitioned to the centre at an early age.
163	GOSH Operational Plan 2019/20
163.1	Mr Peter Hyland, Director of Operational Performance and Information presented a paper which set out the initial approach which had been taken to developing the

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163.2	<p>Trust's financial and operational plans for 2019/20. The plans had been discussed at the Finance and Investment Committee on 1st February and the deadline for the first submission was 12th February 2019 before final submission on 4th April 2019.</p> <p>Mr Hyland highlighted to the Board that as the Trust was planning for a reduction in activity in the four weeks post EPR go-live, it was expected that RTT performance would be reduced by 0.7% and therefore it was likely that the target would not be achieved in April 2019. He added that it was anticipated that GOSH would return to compliance with the target during the financial year. Mr Akhter Mateen, Non-Executive Director queried the likely response from the regulators who had the ability to impose fines for non-compliance and Mr Hyland said that the matter had been highlighted to NHS England who had requested the Trust's recovery plan once it was available.</p>
163.3	<p>Mr Mateen queried the scale of the reduction in activity and how long this would be for and Mr Hyland said that there would be an initial reduction in outpatients of 40% in week one which would improve over the subsequent three weeks. Ms Helen Jameson, Chief Finance Officer confirmed that overall activity would remain the same but would be re-profiled over the year.</p>
163.4	<p>Ms Jameson said that the Control Total for 2019/20 was a £3.7surplus and assumptions for meeting this included a £20million better value programme which was very challenging.</p>
163.5	<p>The Board agreed to work towards trying to meet the control total and to delegate authority to the Chief Executive and Chief Finance Officer to approve the draft for submission on 12th February. The Board confirmed it was satisfied that adequate governance measures were in place to ensure the accuracy of information included within the plans.</p>
164	Integrated Quality Update Report – 31 December 2018
164.1	<p>Dr Sanjiv Sharma, Acting Medical Director presented the report and requested feedback on its new format. He said that there had been an increase in unplanned admissions to ICU and a decrease in arrests outside ICU which showed improving recognition of deteriorating patients. There had been one new Serious Incident in the period which was related to information governance and two serious incident reports were overdue and would be finalised by 15th February 2019.</p>
164.2	<p>Ms Alison Robertson, Chief Nurse said that complaints data had been moved into the patient experience section so that it could align with the FFT and PALs data to support the triangulation of themes. She also commented that Heads of Nursing and Patient Experience would be asked to report their actions arising from FFT/Complaints/PALs feedback to the Patient and Family Experience and Engagement Committee. In future reports specialties would be asked to provide updates on actions arising from PALS and FFT feedback.</p>
164.3	<p>There had been an increase in complaints in October however half of the eight complaints in the heart and lung directorate were as a result of one specific service and a known issue.</p>
164.4	<p>Ms Robertson said that it had been challenging to reach the Trust agreed 25% response rate for FFT and heads of nursing had been asked to present an action plan for meeting t their directorate target. Once improvement is evident focus will shift to understanding the information and acting on feedback.</p>

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164.5	A concerning number of complaints had been related to core aspects of nursing care and therefore a 'core care' programme had been introduced and practice educators had undertaken audits on 18 wards to establish compliance with fundamental aspects of care. A four week programme was developed focusing on improving nursing practice and a post programme audit showed improvements in the majority of areas.
164.6	Mr Matthew Shaw, Chief Executive said that GOSH was in the top quartile nationally for being a high incident reporting organisation which was positive. He said that it was challenging to complete serious incident reports within deadlines and additional resources had been provided. Mr Shaw emphasised the importance of ensuring these deadlines were met as it was part of a family's expectation of the Trust.
164.7	Mr James Hatchley, Non-Executive Director expressed some concern about whether the process for disseminating learning from serious incidents reached all appropriate staff given issues such as shift patterns and access to computers during a busy clinical shift. He said that it was important to be leading in terms of learning. Dr Sharma said that there were opportunities to maximise learning from datix, serious incidents and mortality and a group was being established to work on this. He added that learning should be a section in the integrated quality report.
164.8	Mr Hatchley highlighted the excellent reduction in cardiac arrests outside of ICU. He queried whether this was as a result of action taken by the Trust or other factors. Dr Sharma agreed that this was multifactorial but action taken by the Trust had contributed to the improvement.
164.9	Mr Akhter Mateen, Non-Executive Director highlighted the FFT comment about a parent who was not able to contact the Trust for a number of months. Ms Robertson said that work was taking place in outpatients around the system for ensuring that patients and families were able to get through on the telephone or have their call returned. She added that this was a recurrent theme and work was taking place with Heads of Nursing who had responsibility for patient experience to discuss how best to support them to lead in this area. Ms Robertson confirmed that all feedback was provided to the relevant teams for a response.
164.10	Mr Chris Kennedy, Non-Executive Director asked how far the patient portal within the electronic patient record would support patient experience work. Ms Robertson said it had potential to support this work but it was vital to ensure it was carefully managed and consistently used across specialties with some general principles developed.
165	Learning from Deaths Mortality Review Group - Report of deaths in Q2 2018/2019
165.1	Dr Sanjiv Sharma, Acting Medical Director said that the Mortality Review Group have been developed in 2012 and comprised clinicians from different specialties review all deaths in the Trust for potentially modifiable factors and learning points.
165.2	During Q2 (2018/19), 18 deaths had been reviewed and no modifiable factors were identified. A statutory child death review process had been introduced and the Trust was required to be compliant by September 2019. Dr Sharma said that due to the complexity and national profile of GOSH patients and the requirement to receive correspondence from external parties, the timeframes for reporting would be extremely challenging. Work was taking place with NHS England and

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	NHS Improvement to support the Trust to achieve the standards set.
166	Finance Update – 31 December 2018
166.1	Ms Helen Jameson, Chief Finance Officer said that the Trust was in line with plan at month 9 and continued to report that the Control Total would be met. GOSH was ahead of its income target by £3.6million and NHS clinical income remained ahead of plan offset by reduced IPP activity which was behind plan by £0.6million year to date. Ms Jameson said the debt was being closely monitored and one overseas territory had agreed to pay. Cash remains strong.
167	Integrated Performance Report - 31 December 2018
167.1	Mr Peter Hyland, Director of Operational Performance and Information presented the report and said that it continued to be challenging to meet the diagnostic waits target. He said that patients who had waited longer than 6 weeks would be seen by the end of February 2019. Sir Michael Rake, Chair asked how far a shortage of radiologists and issues in radiology contributed to the challenge of meeting targets. Mr Hyland said that although high staff turnover was unhelpful, and an excellent assistant service manager had left the team, there were a number of administration issues which continued to be managed.
167.2	Mr Hyland said that the Trust had achieved the 92% RTT target for a 12 th consecutive month compared to a national position of approximately 88% however there had been one breach of the 52 week wait in month. The patient had been referred from another Trust at over 60 weeks however from 2019/20 a fine would be levied against the Trust for these breaches. The Board emphasised the importance of challenging any fines to GOSH when breaches had been outside the Trust's control.
167.3	There had been an increase in cancelled operations in the last quarter however good work had taken place on flow which had led to an overall decrease in cancellations.
168	CQC Readiness Update
168.1	Dr Sanjiv Sharma, Acting Medical Director said that the CQC had given notification that they would be inspecting the Trust in 2019 however given the challenge of the EPR roll-out they had agreed to defer the inspection to the second half of the year. The inspection would focus on at least one core service and well led however the readiness programme which had been developed would ensure that CQC readiness was part of business as usual.
168.2	A mock inspection programme was being implemented which would be based on the CQC Key Lines Of Enquiry (KLOEs) and directorates would be paired up to inspect each other with information then being shared within team. This method would facilitate peer review and sharing of good practice as well as ensuring that staff understood the KLOEs.
168.3	Sir Michael Rake welcomed the approach to embed CQC as business as usual and Mr Matthew Shaw, Chief Executive said that it was vital that teams ensured that basic practices were in hand such as the completion of mandatory training and PDRs.

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169	Well Led Assessment Action Plan
169.1	Mr Matthew Shaw, Chief Executive said that action plans arising from previous inspections had been reviewed and any gaps added to an overall action plan. The executive team had begun collating evidence against each of the 8 KLOEs along with narrative and explanation of any gaps.
170	Safe Nurse Staffing Report (November and December 2018)
170.1	Ms Alison Robertson, Chief Nurse said that actual versus planned nursing hours had reduced since August 2018. In November six wards recorded having lower actual hours than the recommended 90% parameter however in all cases there had been an appropriate level of care hours per patient per day indicating that this was likely to be caused by an increased level of acuity leading to reduced levels of activity.
170.2	Sir Michael Rake asked for a steer on the success of the induction process for new nurses and the morale amongst the large groups of newly qualified nurses who had joined the Trust in the last two years. Ms Robertson said that nurses receive a good introduction to the Trust with a two week period during which they receive the corporate and local inductions. Work was taking place to look at the attrition rate per cohort and identify if there were any particular points within the two year professional development programme at which nurses chose to leave. Approximately 62% of the first large cohort of nurses introduced to the Trust were still in post and they would be individually invited to a career clinic to discuss how the Trust could continue to support their career development in order to retain this group of experienced nurses.
170.3	A retention plan would be presented to the Board in April and NHS Improvement would be visiting the Trust to run a challenge session to help GOSH ensure that appropriate areas for focus had been identified. Ms Robertson said that the highest area of vacancy and turnover was IPP and the team were keen for the Trust to explore international recruitment, which would require considerable planning.
170.4	Professor Rosalind Smyth, Non-Executive Director asked if the team had sufficient insight into the reasons for nurses leaving the Trust. Ms Robertson said that work had taken place to substantially change the leavers' survey for all staff. Feedback from these surveys had been triangulated with areas of high turnover to support work around teamwork and leadership however feedback was not always as granular as it could be. It was anticipated that the new survey coupled with exit interviews would provide better insight.
170.5	Lady Amanda Ellingworth, Non-Executive Director asked if there was sufficient capacity to give IPP the nursing workforce focus that was required and Ms Robertson said that the substantive Deputy Chief Nurse had now been appointed which meant that the Assistant Chief Nurse for Workforce would have additional capacity to do this as we can now proceed to substantively recruiting to this post.
170.6	Mr James Hatchley, Non-Executive Director asked if work was taking place to highlight the proportion of nurses from non-UK EU countries in different bands and directorates. It was greatest acknowledged that the greatest proportion of EU staff at GOSH were in the Estates and Facilities and that work was underway to consider any deficits in nursing.

Attachment A

171	Corporate Governance Update
171.1	<u>Review of the Quality and Safety Assurance Committee (QSAC)</u>
171.2	Dr Anna Ferrant, Company Secretary said that following feedback received in the Quality and Safety Assurance Committee effectiveness discussion had taken place around ensuring that the views and experiences of patients were considered in reporting. Respondents to the effectiveness review had also requested more benchmarking information and reference to external reviews both of GOSH and other Trusts. In order to acknowledge the inclusion of patient and family experience the Committee recommended that the committee be renamed the Quality, Safety and Experience Assurance Committee (QSEAC). Dr Ferrant said that the Terms of Reference and workplan had been updated to reflect the feedback from the survey. It was agreed that reference to staff experience would be removed from paragraph 2.7 of the Terms of Reference.
171.3	The Board approved the Terms of Reference, workplan and revised committee name.
171.4	Dr Ferrant said that the Committee had only been able to spend a small proportion of its time considering matters related to workforce, culture and service innovation. It was proposed that a separate committee was established in order to focus on these issues. It had not been agreed whether this would be a working group or an assurance committee.
171.5	Sir Michael Rake said that although he was reluctant for there to be a large number of committees this was a key area for the Trust. He suggested that the group was in place for a year and then reviewed.
171.6	Professor Rosalind Smyth, Non-Executive Director expressed concern around the cross working between the committees. She said that the impact of decisions made at one committee would often require consideration by other committees from a different perspective. She said it would be challenging to separate workforce and cultural considerations from quality discussions. Mr Matthew Shaw, Chief Executive agreed that co-ordination between committees was an important factor but said that he was extremely supportive of introducing a workforce group. He said that given the results of the staff survey and the importance of the cultural change programme taking place at the Trust the time available as part of the QSAC agenda was inadequate. Mr Akhter Mateen, Non-Executive Director added that the only actions arising from internal audit recommendations which remained outstanding were those related to workforce and agreed that additional work was required in this area.
171.7	Sir Michael said that there would inevitable be some overlap as part of any governance structure and added that he felt this was a key area for GOSH.
171.8	Action: The Board agreed to establish the committee which would be known as the People and Education Assurance Committee. The decision would be reviewed after a year.
171.9	Professor Smyth said that the Board had received a number of draft versions of an education strategy in the past and one issue had been around the need to draw together the required training for the GOSH workforce and the ability to commercialise external training opportunities. Professor Smyth recommended that

Attachment A

	these matters were considered separately.
171.10	<u>Final Board Assurance Framework (BAF) Risk Statements for 2019-20</u>
171.11	The Board had requested that the Audit Committee chair review the proposed new BAF risks which had been developed by the Risk Assurance and Compliance Group. Mr Mateen said that he felt the key issue was that the assurance committees had sufficient capacity to review the risks as required but noted that some risks were likely to be on BAF for a limited time. Discussion had taken place at the Audit Committee about increase in risks on the Board Assurance Framework from 12 to 18 however KPMG had confirmed that this remained low compared to other Trusts.
171.12	The Board approved the final BAF risk statements for 2019/20.
171.13	<u>Appointment of a Chief Information Officer/ Chief Clinical Information Officer (CCIO)/ or Chief Research Information Officer (CRIO) to the Board (non-voting)</u>
171.14	Mr Shaw said that the Secretary of State for Health had recently emphasised the importance of Trusts making good use of their data and had recommended that Board should consider including the Chief Information Officer on the Board. Mr Shaw said that the position would be on a non-voting basis but would give the CIO, CCIO or CRIO the authority to attend all Board meetings and relevant assurance committee meetings in the same way as other non-voting Directors.
171.15	Sir Michael Rake said that although it was important to hear from individuals who were close to issues, the Board was already large and it was vital that effective discussions and decision making could taking place. He suggested that the CIO, CCIO or CRIO was invited to all or part of the meeting.
171.16	Mr Chris Kennedy, Non-Executive Director said that if taking part in Board discussions would encourage the individual to take different action in the organisation then it would be a beneficial use of time.
171.17	Professor Smyth said that given the impact of technology she felt it was important that someone attended the Board and that careful consideration should be given as to who this should be.
171.18	Action: The Board agreed that the CIO, CCIO, CNIO or CRIO would be invited to attend the Board meeting (on a non-voting basis) and discussion would take place outside the meeting to determine who this would be.
171.19	<u>Consideration of appointment of an Associate Non-Executive Director on the Board</u>
171.20	Mr Shaw asked the Board to consider whether an Associate Non-Executive Director with experience in workforce was required on the Board in order to drive through the cultural change programme.
171.21	Mr Mateen said that in the context of succession planning he felt this would be beneficial however if the individual was only involved in the People and Workforce Assurance Committee it would be a considerable challenge to become sufficiently familiar with the organisation.
171.22	Sir Michael reiterated that a larger Board meant that it was challenging to have

Attachment A

	appropriately involved discussions and Professor Smyth said that the majority of Non-Executive Directors who had experience working in large organisations had worked on workforce and culture issues.
171.23	The Board agreed that the proposal would not be taken forward.
171.24	<u>External Well Led Effectiveness Review at GOSH</u>
171.25	Dr Ferrant said that NHS Improvement guidance on 'Developmental reviews of leadership and governance using the well-led framework' encouraged providers to carry out externally facilitated reviews using the well-led framework every three years in addition to the CQC regulatory assessments of well led which should be used to inform the external inspection.
171.26	Dr Ferrant proposed that a review was undertaken in the first quarter of 2020/21 and although this was a longer time frame than suggested in the guidance the CQC inspection would be taking place in autumn 2019 and the additional time would provide newly appointed substantive Board members sufficient time to develop an understanding of the remit of their role and the Trust.
171.27	Sir Michael Rake said that it was vital that the Trust had time to focus on business as usual and suggested that the outcome of the CQC inspection should be received before a further review was scheduled. The Board noted the importance of undertaking an externally facilitated well led review and agreed to revisit this following the CQC inspection in 2019.
172	Board Assurance Committee reports
172.1	<u>Quality and Safety Assurance Committee update – January 2019 meeting</u>
172.2	Lady Amanda Ellingworth, Chair of the QSAC highlighted that a full update had been provided to the Council of Governors' meeting. She thanked Mr James Hatchley who had stepped down from the committee for his work and support over the past few years.
172.3	<u>Audit Committee – January 2019</u>
172.4	Mr Akhter Mateen, Chair of the Audit Committee said that prior to the committee meeting he had undertaken a walkround of the EPR training centre with Mr Hatchley which had been impressive. He added that EPR would continue to be reviewed at each Audit Committee and Board meeting. Mr Hatchley said that there had been a mix of a number of different roles at the EPR training centre and clinicians were embedded in various areas of the team. The Epic team was also embedded with the GOSH team.
172.5	Three internal audit reports were received all with a rating of significant assurance with minor improvement potential and a report on data quality and GDPR had been received which highlighted the large number of email search requests that were being received by the Trust. Mr Chris Kennedy, Non-Executive Director said that although the email searches involved substantial resources, agreement had not been reached on the process for the very large requests. Sir Michael Rake, Chairman said that Ms Kathryn Ludlow, Non-Executive Director was providing support in this area to consider when it was necessary to receive external direction.

Attachment A

172.6	<u>Finance and Investment Committee Update – December 2018</u>
172.7	Mr Hatchley said that a full update had been provided at the Council of Governors' meeting the day before and that all information was included in the written report to the Board.
173	Code of Conduct for Board Directors
173.1	Dr Anna Ferrant, Company Secretary said that the Trust Board was required to have a Code of Conduct under Monitor's Code of Governance and the document had been revised in light of the changes to the Constitution.
173.2	Action: The Board approved the revised Code of Conduct and Dr Ferrant confirmed that she would circulate it to the Board for signing.
174	Any other business
174.1	There were no items of other business.

Integrated Quality & Performance Report March 2019 (Reporting on Dec 2018 - Feb 2019 data)

Sanjiv Sharma
Acting Medical
Director

Alison Robertson
Chief Nurse

Andrew Taylor
Acting Chief
Operating Officer

Data correct as of: 22nd March 2019

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Performing well



Room for improvement



Significant improvement required



Direction of trend from previous month



Data not previously requested/available



Parameter not needed/not agreed

Always



Welcoming Helpful Expert One Team

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Hospital Quality Performance – March 2019 (February Data)

Are our patients receiving safe, harm-free care?

	Parameters	Dec 18	Jan 19	Feb 19
Incident Reporting Rate (per 1000 bed days)	R<60 A 61-70 G>70	76.8	79.1	73.4
Incident Closure Rate (% of incidents closed within 45 working days)	R 0-64% A>65-75% G>76-100%	54.9%	38.2%	60%
Number of incidents closed	Trending performance	664	1497	612
Average days to close (2018 -2019 incidents)	R ->50, A - <50 G - <45	59.9	61.7	46.1
Medication Incidents (% of total PSI)	TBC	25%	21%	20%
Near Miss reports (% of incidents reported)	R <8%, A 8-9%, G>10%	8%	6%	5%
Serious Incidents (Severe Harm, Death)	R >1, A -1 G - 0	1	3	1
Overdue SI	R >1, A -1, G - 0	N/A	N/A	1
Safety Alerts overdue	R ->1 G - 0	1	3	1
Safeguarding Children's Reviews	New	1	0	0
	Open and ongoing	6	6	6
Safeguarding Adults Board Reviews	New	0	0	1
	Open and ongoing	0	0	1

Are we delivering effective, evidence based care?

	Target	Dec 18	Jan 19	Feb 19
Specialty Led Clinical Audits on Track	R 0- 69%, A>60-75% G>75-100%	76%	73%	76%
Number of completed specialty led clinical audits per year	Aim =100 p.a G= YTD total at month end is on target	N/A	N/A	119
NICE guidance overdue for assessment of relevance	R=1+, G=0	N/A	N/A	0
Relevant NICE national guidance without a gap analysis	R=1+, G=0	0	0	0
Participation in mandatory relevant national audits	G=100%	N/A	N/A	100%

Are our patients having a good experience of care?

	Parameters	Dec 18	Jan 19	Feb 19
Friends and Family Test Recommend rate Inpatient	G – 95+, A- 90-94, R<90	96.8%	96.6%	95.4%
Friends and Family Test Recommend rate (Outpatient)	G – 95+, A- 90-94,R<90		93.5%	92.8%
Friends and Family Test - response rate (Inpatient)	25%	16.54 %	24.45%	26.8%
PALS - Volume	N/A	115	143	146
Complaints rate (per 1000 bed days)	N/A	0.79	0.51	1.25
Red Complaints (%total complaints YTD)	R>12% A- 10-12% G- <10%	5%	5%	5%
Re-opened complaints (% of total complaints YTD)	R>12% A- 10-12% G- <10%	9%	10%	12%

Are our People Ready to Deliver High Quality Care?

	Parameters	Dec 18	Jan 19	Feb 19
Mandatory Training Compliance	R<80%,A-80-90% G>90%	91%	91%	91%
PDR	R<80%,A-80-90% G>90%	83%	84%	85%
Appraisal Compliance (Consultant)	R<80%,A-80-90% G>90%	79%	79%	83%
Safeguarding Children Level 3 Training compliance	R<80%,A-80-90% G>90%	79%	83%	83%
Safeguarding Adults Training Compliance	R<80%,A-80-90% G>90%	86%	89%	91%
Sickness Rate	R -3+% G= <3%	2.4%	2.4%	2.4%
Turnover - Total	R>18% G<18%	17.5%	17.5%	17.6%
Turnover - Voluntary	R>14% G<14%	14.8%	14.7%	14.7%
Vacancy Rate – Contractual	R- >10% G- <10%	0.4%	0.1%	0.4%
Vacancy rate - Nursing		3.6%	3.7%	4.2%
Bank Spend		6%	5.8%	5.8%
Agency Spend	R>2% G<2%	1.05%	1.04%	1.01%

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

Responsive Hospital Metrics		Dec 2018	Jan 2019	Feb 2019	Effective & Productive Hospital Metrics		Dec 2018	Jan 2019	Feb 2019
Diagnostics: patient waiting <6 weeks	R<99% G -99-100%	93.14%	95.19%	97.54%	Discharge summary 24 hours	R=<100% G=100%	80.38%	73.23%	79.07%
Cancer 31 day: referral to first treatment	R<85% G 85%-100%	100%	No Pts	100%	Clinic Letter– 7 working days		38.34%	41.54%	TBC
Cancer 31 day: Decision to treat to First Treatment	R<96% G 96-100%	100%	100%	100%	Clinic Letter– 14 working days		66.33%	73.90%	TBC
Cancer 31 day: Decision to treat to subsequent treatment - surgery	R<94% G94-100%	100%	100%	100%	Was Not Brought (DNA) rate		9.10%	8.55%	7.94%
Cancer 31 day: decision to treat to subsequent treatment - drugs	R<98% G 98-100%	100%	100%	100%	Theatre Utilisation – Main Theatres	R<77% G>77%	62.0%	66.3%	65.0%
Cancer 62 day: Consultant upgrade of urgency of a referral to first treatment	-	100%	100%	100%	Theatre Utilisation – Outside Theatres	R<77% G>77%	54.4%	54.0%	56.1%
Theatre Cancellation for non-clinical reason	-	36	40	TBC	Trust Beds				
Last minute non-clinical hospital cancelled operations - breach of 28 day standard	R 1+ G=0	8	5	TBC	Bed Occupancy		78.5%	81.9%	82.4%
Urgent operations cancelled for a second time.	R 1+ G=0	0	0	0	Beds available		406	406	406
Same day/day before hospital cancelled outpatients appointments	-	1.41%	1.37%	1.55%	Avg. Ward beds closed		32	37	27
RTT Incomplete pathways (national reporting)	92%	92.09%	92.59%	92.18%	ICU Beds Closed		6	5	6
RTT number of incomplete pathways <18 weeks	-	6040	6137	6397	Refused Admissions				
RTT number of incomplete pathways <18 weeks	-	519	491	543	Cardiac		0	1	1
RTT Incomplete pathways >52 weeks Validated	R - >0, G=0	1	3	2	P/NICU		22	17	25
RTT incomplete pathways >40 weeks validated	R - >0, G=0	24	29	28	PICU Delayed Discharge				
Number of unknown RTT clock starts – Internal Ref	-	3	0	0	Internal 8-24 hours		7	2	1
Number of unknown RTT clock starts – External Ref	-	225	268	194	Internal 24h +		17	10	6
RTT: Total number of incomplete pathways known/unknown - <18 weeks	-	6263	6399	6587	External 8-24 hr		7	1	3
RTT: Total number of incomplete pathways known/unknown - >18 weeks	-	524	500	547	External 24h+		6	6	4
					Total 8-24h		14	3	4
					Total 24h +		23	16	10
					PICU Emergency Readmission <48h		0	1	1
					Daycase Discharges				
					In Month		1,992	2,498	2,285
					YTD		21,562	24,060	26,345
					Overnight Discharges				
					In Month		1,194	1,394	1,339
					YTD		12,534	13,928	15,267
					Critical Care Beddays				
					In Month		862	894	777
					YTD		9,078	9,972	107,49
					Bed Days >100 days				
					No of Patients		12	7	11
					No of Beddays		1,968	1,569	1,953
					Outpatient attendances (All)				
					In Month		18,099	23,745	21,579
					YTD		199,185	222,930	244,509

Well Led Dashboard

Is our culture right for delivering high quality care?

	Target	Dec 2018	Jan 2019	Feb 2019
High Risk Review (% reviewed within date)	R<80, A 81-90% G>90%	N/A	87%	71%
Serious Incident Action Plan Completion (number of actions overdue)	R- >2 A- 1-2 G- 0	Data collection will start for March data		
Red Complaints Action Plan Completion (number of actions overdue)	R- >2 A- 1-2 G- 0	N/A	N/A	2
Duty of Candour compliance	TBC	Data collection will start for March data		
Policies (% in date)	R 0- 79%, A>80% G>90%	N/A	59%	56%
Fit and Proper Person Test Compliance (self assessment)	R - <90% A 90-99% G – 100%	100%	100%	100%
Actions for Staff survey within timescale	TBC	N/A	N/A	N/A
Diversity % BAME staff	TBC	29.9%	29.8%	29.7%
Quality Improvement Projects – Trust Wide	Volume monitoring	3	3	3
Quality Improvement Projects – Local Level	Volume monitoring	7	7	7
Freedom to speak up cases	Volume monitoring	5	3	8
HR Whistleblowing cases	Volume monitoring	0	0	0
New Bullying and Harassment Cases (reported to HR)	Volume monitoring	0	0	0







Are we managing our data?

	Target	Dec 18	Jan 19	Feb 19
FOI requests	Volume	29	72	68
FOI % responded to within timescale	R- <65% A – 65-80% G- >80%	69.5%	87.7%	Still in reporting cycle
FOI - Number requiring internal review	R>1 A=1 G=0	1	0	0
FOI Number referred to ICO	G=0 R=1+	0	0	0
Information Governance Incidents	volume	8	13	17
IG incidents reported to ICO	volume	0	0	0
Mental Health Identifier: data completeness	R<97% G 97-100%	99.5%	99.5%	99.6%
Mental Health Ethnicity Completion %	R<90% G 90-100%	63.6%	62%	66.2%
% of patients with a valid NHS number - inpatients	R<99% G99-100%	92.5%	92.7%	TBC
% of patients with a valid NHS number - outpatients	R<99% G99-100%	93.7%	93.8%	TBC

Are we managing our money?

	YTD	Variance	Dec 18	Jan 19	Feb 19
Control Total	11.7	(0.8)	0.6	1.9	(0.2)
Forecast Outturn Control Total	12.1	0.0	12.1	12.1	12.1
Debtor days (IPP)	120	123	207	232	243
Quick Ratio (liquidity)	1.6	0.2	1.9	1.9	1.8
NHS KPI Metrics	1	0.0	1	1	1

Does our care help to ensure the best possible outcomes for our patients?

Care Outcome Metric	Parameters	Dec 2018	Jan 2019	Feb 2019	TREND
Bacteraemias (mandatory reporting – MRSA, MSSA, Ecoli, Pseudomas Klebsiella)	In Month	9	4	7	
	YTD	71	75	82	
C Difficile	In month	0	1	1	
	YTD	4	5	6	
C difficile due to lapses in care (Trust Assigned)	In Month	0	1	1	
	YTD	4	5	6	
Central Venous Line infections (per 1000 bed days)	R>1.6	1	2.1	2.5	
	G<1.6				
Hospital Acquired Pressure Ulcer (2+)	R – 12+, A 6-11	6	11	2	
	G =0-5				
Arrests outside ICU	Cardiac	0	1	1	
	Respiratory	3	0	1	
WHO Checklist completion	R- <98% G 98-100%	92%	94%	93%	
Mortality Rate (deaths per 1000 discharges)	TBC	5.36	10.61	9.51	
% of reported medication incidents causing harm	TBC	11%	13%	14%	

Emerging trends in Patient Safety

Refused admissions and delayed discharges from PICU and NICU

- Towards the end of 2018 and through early 2019 a higher than normal amount of patients have been refused admission to the paediatric and neonatal intensive care units.
- These have been flagged through the DATIX system for audit purposes to understand the impact this will have on patient flow as well as the potential financial impact it could have on the Trust.
- The main cause of this issue is short staffing across the intensive care resulting in bed closures reducing capacity combined with delays discharging patients internally due to appropriate specialty bed availability and externally to local units. A Trust-wide flow project is identifying the key challenges to be addressed.

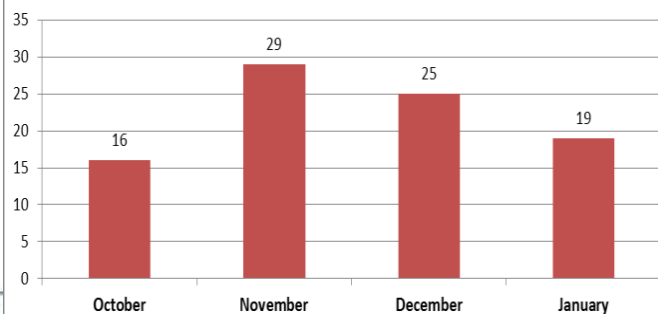
Violence and Aggression towards front line staff

- There has been an increased reporting of violent and/or aggressive behaviour towards frontline staff.
- This includes clinical staff, administrative staff and security staff.
- Staff and teams have been supported by their immediate managers, their senior management teams and the patient safety teams in implementing the conflict resolution policy where appropriate and also liaising with security, social work and other key teams to ensure staff and patients are kept safe from harm.

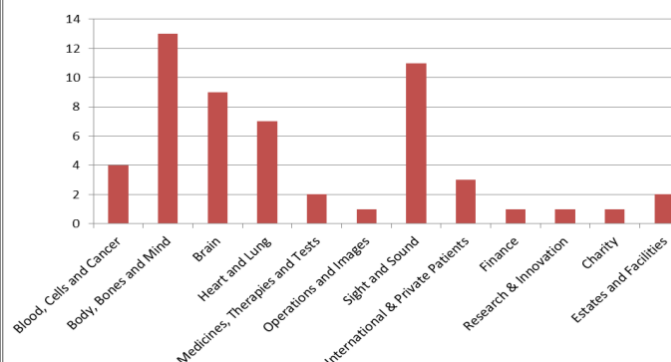
Carefusion BD pumps

- There have been a large number of incidents reported regarding BD pumps experiencing flow issues and occlusion when administering TPN or chemotherapy. This has impacted on patient safety where patients have not received appropriate nutrition or necessary medication.
- BD (manufacturer) are now on site rolling out a series of software upgrades and replacing pump flow sensors which will hopefully address these issues.
- Staff have been advised on appropriate processes for retaining faulty equipment for investigation.

Number of delayed discharges and refused admissions October 2018-January 2019 (PICU-NICU)



Reports of violent and aggressive behaviour on DATIX since 1 December 2018

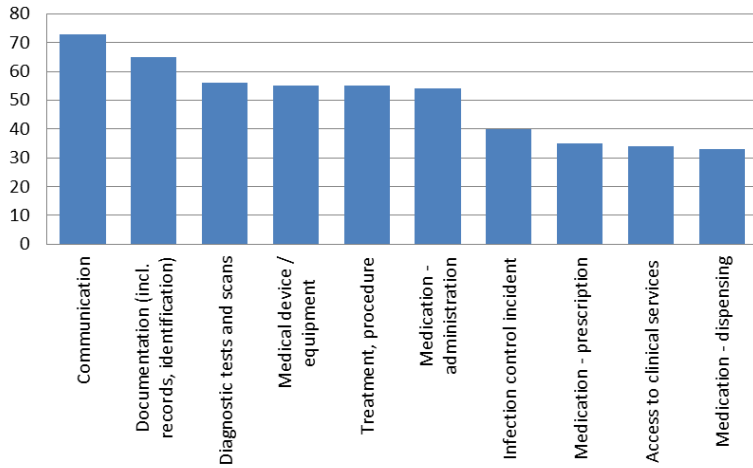


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Understanding incidents

Incidents by category: 1 February to 15 March 2019



Managing Incidents – Learning in practice

There are currently over a thousand incidents trust-wide which are overdue and require investigation. Some of these date back more than 2 years.

The main causes of this are managers leaving and not being replaced, staff not logging into DATIX to check their outstanding incidents and staff allocating the wrong specialty or manager when reporting the incident.

We try to mitigate against these factors by discussing the issues at Risk Action Groups (RAGs), with staff during DATIX training, and by updating managers when staff leave.

Notable Practice: Brain and IPP have worked hard to review and clear their outstanding incidents and usually have less than ten each.

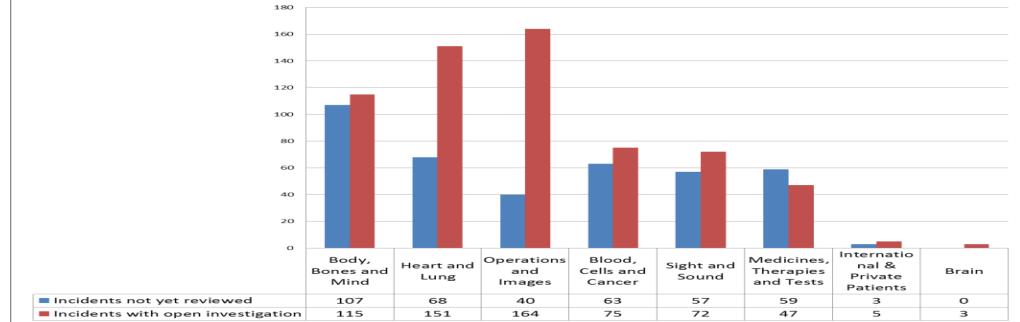
This is important as there is a limited amount of time when an effective investigation can take place.

Communication remains the most reported category across the Trust. Communication is often a ‘no harm’ incident but the impact it has on the patient experience, as well as flow of patients, can mean the actual impact is greater than it originally seems. One example of this is delays with patients attending theatres, which can result in cancellations of other patients scheduled later on the surgical list. The ZAPPP project, implemented in February 2019 to improve IR utilisation, has shown a decrease in cancellations for patients attending IR for procedures.

Documentation is another key issue at present. Although good documentation is always a hot topic for staff, reported incidents have shown that there are risks of patient records being misfiled, images being uploaded to the wrong record on PACS and incorrect information being sent to families. This is an issue which EPIC is expected to help with.

Medication: Incidents regarding medication errors have flagged in three areas; administration, prescribing and dispensing. Medication errors are reviewed and discussed at Risk Action Groups across the trust. Some clinical areas have set up specific training and teaching sessions tailored to incidents reported in their areas. A medication safety committee is also now in place to review medicines management across the organisation.

Incidents by Division and Approval status



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Patient Safety Alerts

New and ongoing Patient Safety Alerts

NHS/PSA/RE/2018/006: **Resources to support safe and timely management of hyperkalaemia** (Aug 2018)

Update: Meeting to be scheduled to discuss progression and action plan requirements. **Due:** May 2019

NHS/PSA/D/2019/001: **Wrong selection of orthopaedic fracture fixation plates.** (Feb 2019)

Update: Clinical Lead for alert still to be assigned, but alert has been shared with orthopaedic consultants. **Due:** May 2019

NHS/PSA/W/2018/009: **Risk of harm from inappropriate placement of pulse oximeter probes** (December 2018)

Update: Alert shared with Senior Nursing Lead for Education. Action Plan development required. **Due:** June 2019

NHS/PSA/RE/2018/004: **Resources to support safer modification of food and drink** (April 2019)

Update: Action plan in place lead by dietetics **Due:** April 2019

Recently Closed Patient Safety Alerts

NHS/PSA/RE/2018/007: **Management of life threatening bleeds from arteriovenous fistulae and grafts**

Update – Closed on time - Training started using pre-needling assessment tool. Training incorporated into ward vascular access teaching, renal course, foundation course and doctors teaching programme. AVF care plan is updated

NHS/PSA/D/2016/008 - **Restricted use of open systems for injectable medication**

Update: Closed late (due June 2017) following presentation to CQRG

NHS/PSA/RE/2018/005: **Resources To Support Safer Care For Patients At Risk Of Autonomic Dysreflexia**

Update: Closed late (due Jan 2019) with all actions complete

Overdue Patient Safety Alerts

NHS/PSA/RE/2017/004: Resources to support safe transition from the Luer connector to NRfit for intrathecal and epidural procedures, and delivery of regional blocks. **DUE: December 2017**

Latest update: Members of the Patient Safety and Outcomes Committee (PSOC) made aware of status for all current open safety alerts

National Learning:

Healthcare Safety Investigation Branch

Piped supply of medical air and oxygen [report](#)

This report was in response to a near miss incident with an 85 year old woman being administered piped air rather than piped oxygen in response to sats of 85%.

The HSIB report highlights the inconsistency of implementation of national safety alerts noting that an NHSI Patient Safety Alert relating to management of risks with piped air and oxygen was issued in 2016 which did not prevent this error.

The HSIB calls on the National Committee for Safety Alerts to introduce a robust assessment process for alerts which includes advice on implementation and ongoing monitoring.

Wrong Site Nerve Block – RCoA [response](#)

Update: Following publication of a HSIB [report](#) in September 2018, the Royal College of Anaesthetists and Safe Anaesthesia Liaison Group will form a working group to examine the practice, and evaluate any human factors changes that can be made to improve the safety of this procedure.

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Patient Safety – Serious Incident Summary

New & Ongoing Serious Incidents				
Directorate	Ref	Due	Headline	Update
Heart & Lung	2018/24654	09/01/2019	Major Haemorrhage	Final report being drafted
Estates & Facilities	2019/346	1/4/2019	Serious harm to staff member	Report v.3 circulated. Due 01/04/2019
Body, Bones & Mind	2019/442	2/04/2019	Bowel obstruction	Awaiting notes from local hospital. Plan to apply for an extension.
Blood, Cells & Cancer	2019/2382	26/04/2019	MST dose	Panel meeting held and final report being drafted
Operations & Images <i>*new*</i>	2019/3789	14/06/2019	Set Sterilisation issues (aggregated)	Timeline in progress

Serious Incident Performance 2018/7559:
 This investigation was on a stop clock as we awaited clarification on NHSE regarding scope. This has now been signed off by the medical director and is ready for sharing with NHSE.

- **2018/21816:** There was a delay whilst we compiled the report however this has now been sent to the medical director for approval.
- **2018/24654:** This event was reviewed at several different forums and was also subject to external scrutiny and a coroners inquest. The delay has been amalgamating the outcomes into one comprehensive report. This is now being finalised and is expected to be with the exec for sign-off within the week.

Sharing Lessons Learned: SI 2018/22439

Situation: Patient harm (3 x moderate harm) and poor experience for neuro-disability patients due to delays in communication with the MDT

Background - The Neurodisability service are required to produce a multidisciplinary clinic report within 21 days of seeing a patient. These multidisciplinary reports advise local care teams of recommended treatments (incl. medication dosages and therapy) to be continued in the community.

Analysis - The reasons for this are multifactorial but largely due to variations in consultant practice of the multiple processes required to produce and send the report.

Recommendations – Local: Develop realistic guidelines on communication pathways between the MDS staff and patients and other colleagues, and review team and individual development and support mechanisms.

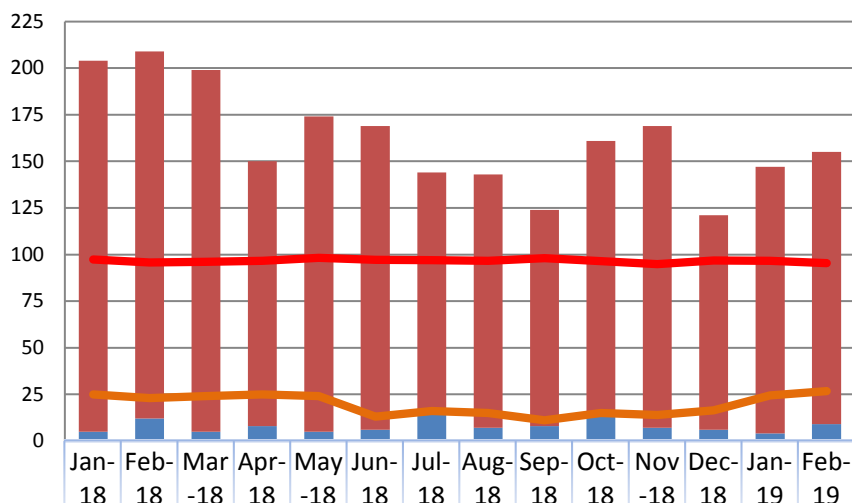
Trust Wide: Need for a hospital standard identifying how clinical harm reviews are triggered due to delayed letters



Patient Experience Overview

Are we responding and improving?

Patients, families and carers are able to share their experiences via numerous routes including PALS, Complaints and the Friends and Family Test (FFT).



■ PALS	199	197	194	142	169	163	129	136	116	146	162	115	143	146
■ Formal Complaints	5	12	5	8	5	6	15	7	8	15	7	6	4	9
— FFT recommendation rate %	97.4	95.7	96.1	96.7	98.2	97.1	97	96.7	98.1	96.5	94.8	96.8	96.6	95.4
— FFT % response rate	25	23	24	25	24	13	16	15	11	15	14	16.5	24.5	26.8

Integrated Patient Experience Commentary

There was an increase in feedback received across the Trust in February. Of note, the FFT response rate (26.8%) exceeded the Trust target for the first time since April 2018. While there was a drop in the FFT recommendation rate overall (95.4%), there was no marked reduction with any specific directorate.

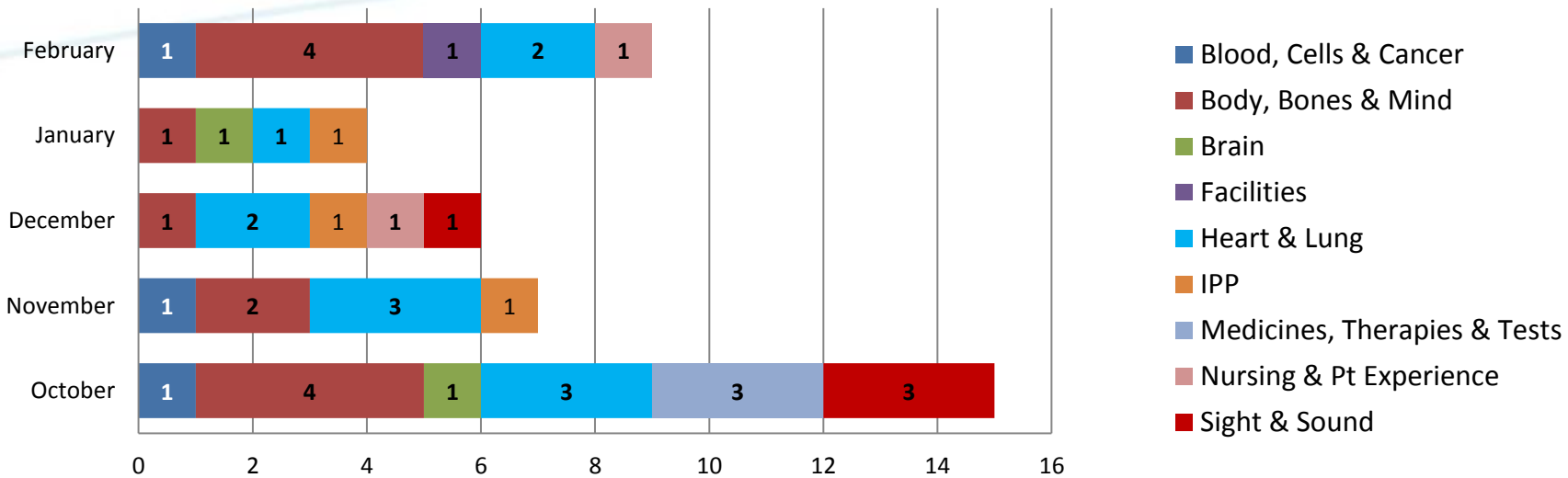
In the context of relatively low complaint numbers, it can be challenging to identify themes. However, in February two complainants raised concerns about the security of their personal data (one through the disclosure of their secure home address and another through a letter sent to an unknown clinician). Although these complaint investigations are ongoing, a further complaint closed in February also highlighted Trust learning regarding how we manage personal information. This complaint related specifically to the Trust's handling of a subject access request (SAR) for personal data and unsatisfactory redaction processes. In response to this, the Trust's SAR policy and procedures are being looked at through an external review which will inform a new policy (expected in May 2019). Additional quality checks are in place before any information is released to prevent disclosure of third party data. There is also sustained focus on ensuring trust wide compliance with mandatory Information Governance training. Learning from incidents and complaints relating to information governance is also shared across the Trust through team briefs, meetings and learning events to emphasise the importance of taking time whenever releasing information outside of the trust to ensure that all details are always correct.

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Complaints: Are we responding and improving?



There was an increase in formal complaints (n=9) in February. However, this is consistent with increased numbers of complaints received in February 2018 and 2017. Complaints about the Body, Bones & Mind directorate this month related to Orthopaedics (1), Nephrology (2) and Specialist Neonatal and Paediatric Surgery- SNAPS (1) specialities. These complaints highlighted concerns about delayed diagnosis and treatment, standards of care, accommodation and facilities, and management of patient information.

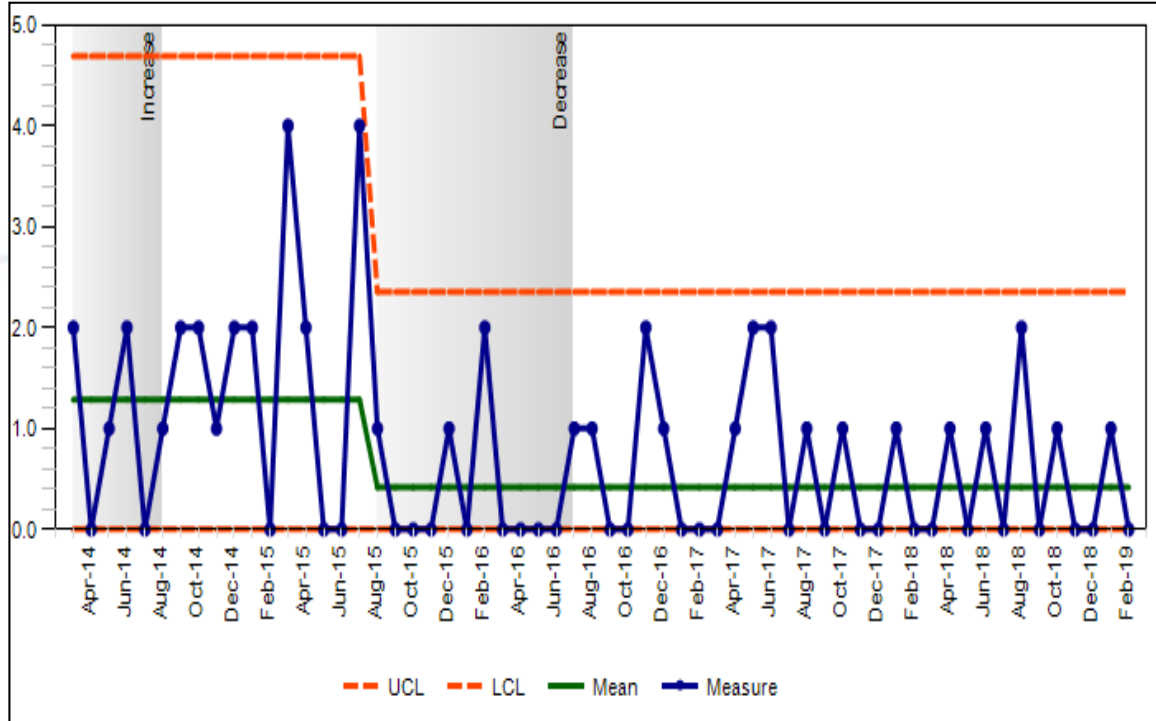
Other complaints in February related to concerns about/ that:

- Decision to discharge a patient from GOSH and communication regarding this
- Cleanliness of toilets
- Information provided to a local authority
- Delays and standards of care provided by several specialities at GOSH between 2006 and 2012
- Communication regarding the rationale of treatment decisions and referrals for further clinical opinions

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Red Complaints: Are we responding and improving?



No of new red complaints YTD 2018/19: <i>*one complaint was later withdrawn</i>	7*
New Red complaints opened in January/ February 2019	1
No of re-opened red complaints YTD 2018/19:	1
Open red complaints (new and reopened) as at 28/02/2019	1

Red complaints in 2018/ 19 look set to exceed 2017/18 (n=8). Red complaints this year related to serious concerns about care and treatment across the Blood, Cells & Cancer, Body, Bones & Mind, Heart & Lung and IPP divisions. Review is underway to identify any clear themes/ trends in red complaints.

New red complaint

Ref	Opened Date	Date Report Due	Description of Complaint	Divisions Involved	Next Steps:
18/081	29/01/19	26/03/19	Parent is concerned that there was a delay in providing treatment for sepsis which caused multiple complications.	IPP (Urology)	Review of draft report highlighted the need for further information from those involved in patient's care. Awaiting further clarification.

PALS – Are we responding and improving?

Cases – Month	02/18	01/19	02/19
Promptly resolved (24-48 hour resolution)	155	136	136
Complex cases (multiple questions, 48 hour+ resolution)	32	2	9
Escalated to formal complaints	0	0	0
Compliments about specialities	7	2	1
*Special cases (e.g large volume of contact following media interest)	3	0	0
Total	197	140	146

There has been a decrease in Pals cases in February 2019 compared to February 2018.

Over the last year Pals have been working to improve timeframes for actions and ensure prompt replies to families. We believe this early intervention and resolution is driving the reduction in complex cases.

Themes for the top five specialities	02/18	01/19	02/19
Lack of communication (lack of communication with family, telephone calls not returned; incorrect information sent to families, transport)	65	49	63
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	14	22
Staff attitude (Rude staff, poor communication with parents, not listening to parents, care advise)	37	15	14
Outpatient (Cancellation; Failure to arrange appointment; poor communication, franking of letters)	26	29	9
Transport (Eligibility, delay in providing transport, failure to provide transport)	3	5	3

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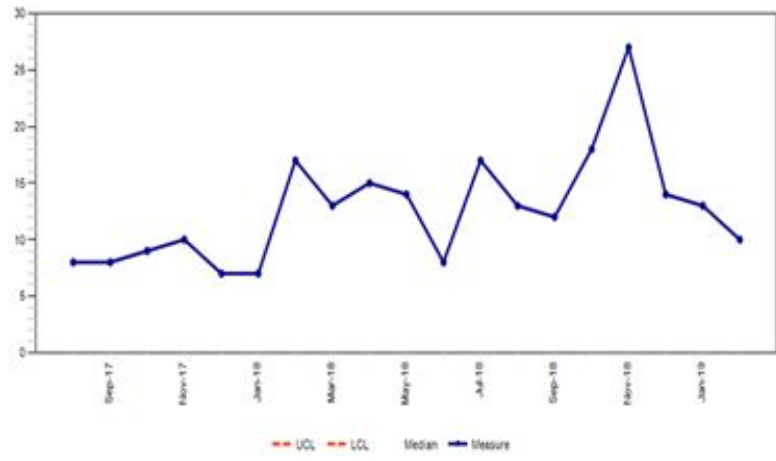
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PALS – Are we responding and improving?

Gastroenterology cases

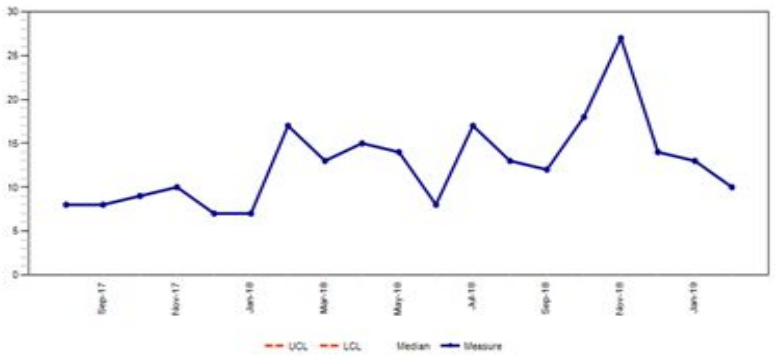
Specialities - Month	02/18	01/19	02/19
Gastroenterology	16	12	14
Cardiology	16	12	10
General Surgery	11	8	8
*Dental	10	7	7
Endocrinology	7	6	6

*Dental and Maxillofacial discovered contact numbers that were not directing to the correct extensions and had incorrect voicemails. They have now rectified this problem so hope to see a decrease in Pals cases with regards to communication. GOSH website is up to date and they have informed switchboard of the new telephone numbers.



Theme Feb 2019	total
Lack of Communication	9
Delays/Waiting	3
Facilities	1
Care Advise	1

Cardiology cases



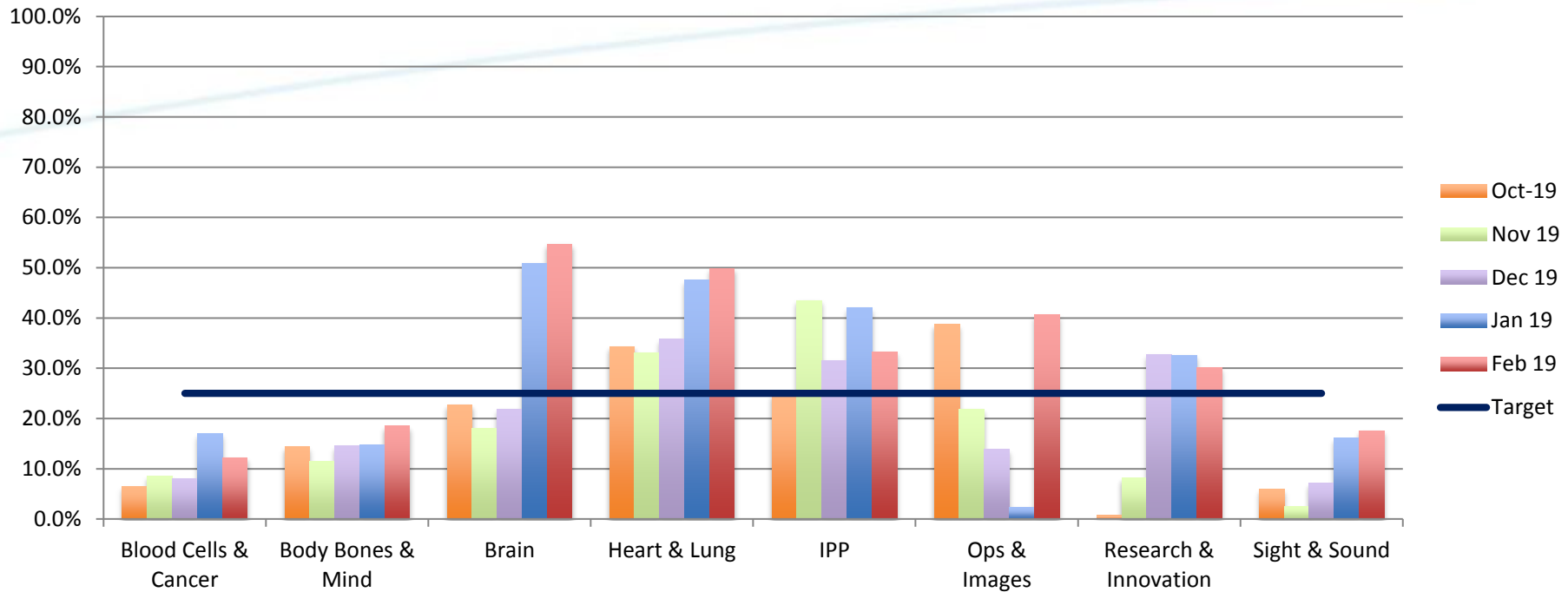
Theme Feb 2019	total
Care Advise	3
Lack of Communication	3
Delays/Waiting	2
Facilities	2

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FFT: Are we responding and improving?

FFT Response Rate by Directorate - February 2019



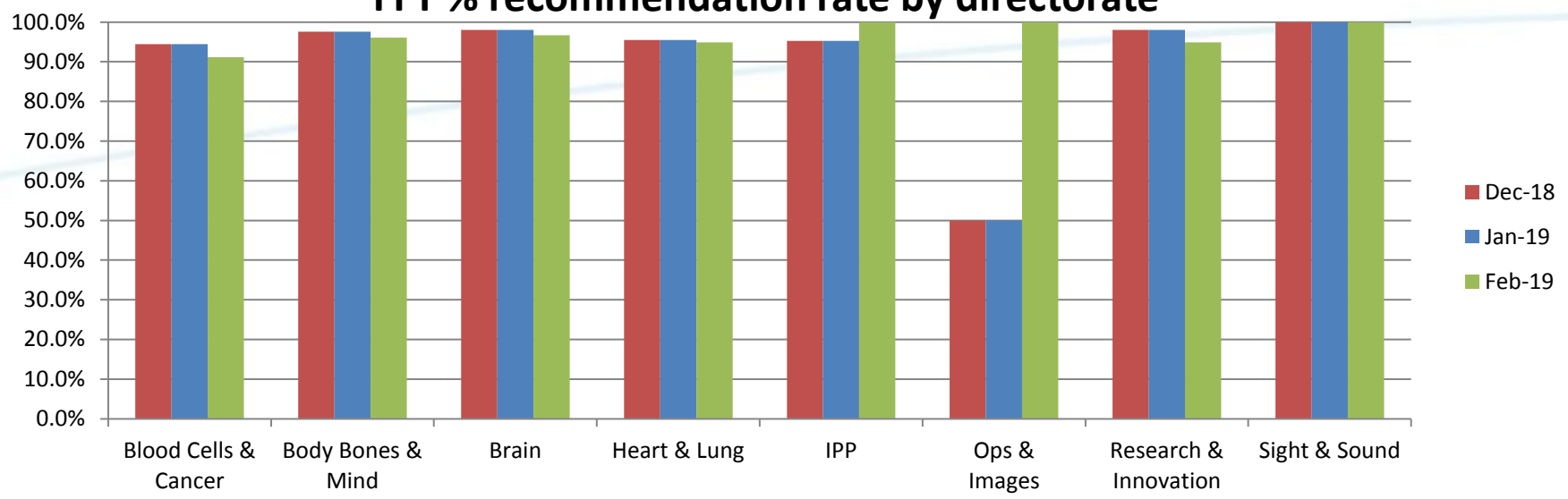
The overall FFT response rates in February exceeded the Trust target of 25%.

Five directorates achieved above the 25% target. Two of those who did not achieve the target, did show an improvement in their responses.

Benchmarking against 11 paediatric other hospitals (January 19 data) FFT response rates varied between 12% and 91%. The January rate of 24.5% places the Trust at the upper end of the scale.

FFT: Are we responding and improving?

FFT % recommendation rate by directorate



	Inpatient Comments	Outpatient Comments	IPP Comments	Total Feedback	% with qualitative comments (All areas)
Dec 18	471	832	47	1350	78.6%
Jan 19	860	1099	63	2022	63.9%
Feb 19	877	780	48	1705	82.2%

FFT feedback at GOSH includes a high proportion of qualitative feedback (82.2%) indicating that families are willing to share their experiences.

The recommendation rate in February was 95.4%. This is one of the lowest scores in the last year. Despite this, feedback was positive with families particularly commenting on the welcoming and caring attitude of staff and their professionalism and expertise.

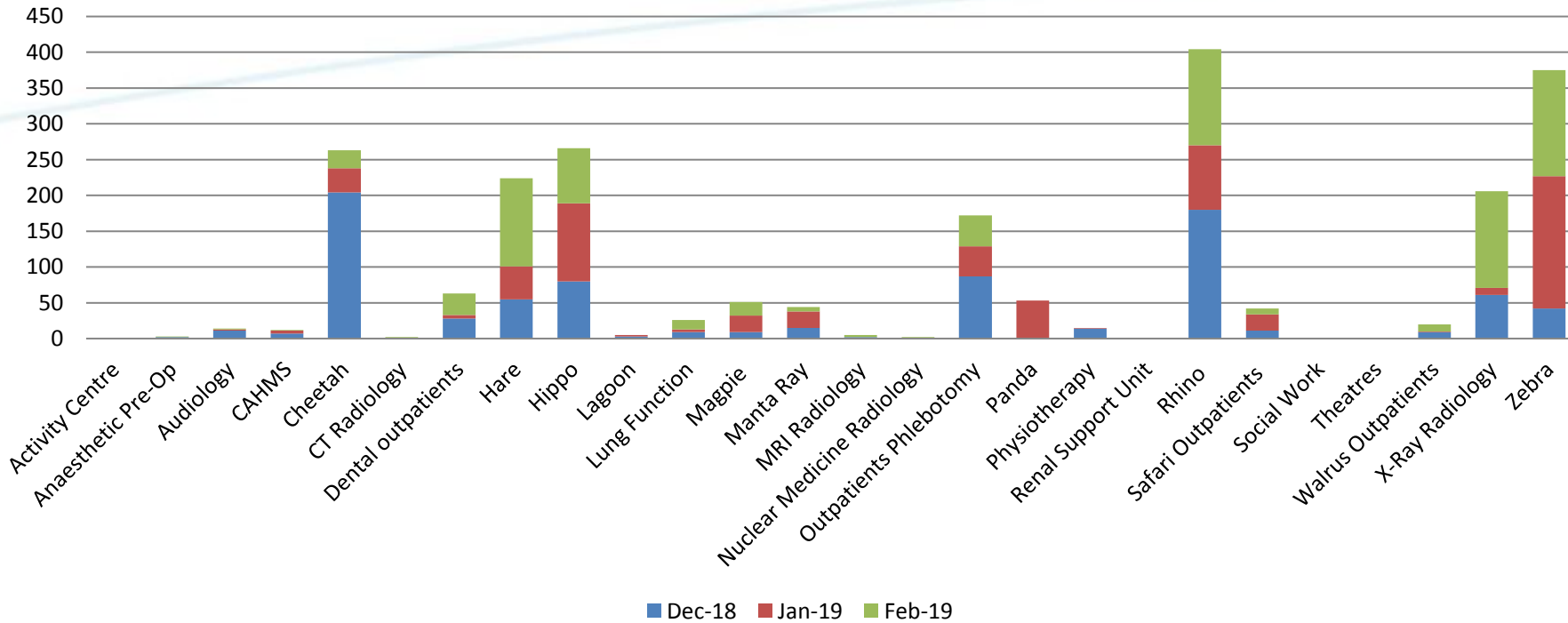
The Trust was at midpoint (97%) when benchmarked against other paediatric hospitals (range 76% to 99%) in January 2019.

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FFT: Are we responding and improving?

FFT Outpatient responses



The above chart outlines the number of the FFT responses within Outpatients. There is no Trust or NHS target around outpatient feedback. There has been a large decrease in outpatient numbers in February which has been followed up with the Outpatient team. Despite this, outpatient feedback increased from 657 in January to 781 in February.

All negative comments are followed up with the relevant service and with families (where contact details are provided).

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FFT: Are we responding and improving?

Qualitative Comments

Positive

“The nurses, students nurses and doctors have been fantastic, very attentive and listened to concerns and answered all our questions. We felt safe in a calm environment in what as parents felt like was a stressful time so thank you all so much!”

Panther Ward

“Staff are amazingly helpful, attentive and reassuring. GOSH really is an exemplary hospital. I always feel my son is in very safe hands here and will be given the very best care. Thank you”

Otter Imaging Suite

“Staff are world class. The hospital is clean and welcoming. The wards are fresh and well laid out”

Nightingale Ward

“Staff are extremely professional, from reception through to consultants. Our experience is always made less stressful by everyone’s cheeriness!”

Zebra Outpatients

Negative

“The appointment letter we got said appointment 8.30 but turn up 20 mins earlier for other tests. So we rushed from South London to be there for 8 only to find department not open. Apparently Audiology do not work that way. Also, we were promised the result for the following Friday. 2 weeks later we are still waiting. We did email to chase, but no reply ... (we are still waiting) However, the people we saw and the testing was very good, just the organisation has let them down” – **Audiology**

“We got onto the ward at 07.30 by 12.00 we still had not had her procedure. No one could tell us why we were in isolation we weren't isolated last time and there's been no change to the medical status. She was Nil By Mouth for more that 12 hours no one suggested checking her blood sugar or iv fluids she's on steroids. She's only 2 years old. We found this whole experience totally unfair and confusing, total lack of communication. When the nurse specialist went to find out why we were last ,no one knew.” **Safari Ward**

Both negative comments were followed up with the families. Learning around good communication both between staff and importantly with families is being shared with the relevant teams.

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Welcoming Helpful Expert One Team

Clinical Audit

Specialty Led Clinical Audits on Track

What are overdue Clinical Audits?

These are clinical audits where no update has been given to the clinical audit dept as to whether the audit is on progress, requires support or more time, or has been completed. Reminders are sent each month by the Clinical Audit team.

Why does it matter?

It is important to have timely oversight of the outcomes of specialty led clinical audit in order to be assured that teams are engaging in reviews of the quality of care provided, and that the outcomes of those can be monitored. The Trust is expected to provide evidence to regulators, including the CQC, that specialty led clinical audit activity takes place.

Actions taken

1. Have been highlighted in monthly reports to Directorates and the Patient Safety and Outcomes Committees
2. Reminder and escalation email sent to all audit owners
3. Clinical Audit Prize to promote sharing of clinical audit
4. Added as a metric on the IQR

Relevant NICE national guidance overdue a completed gap analysis. A gap analysis of Mental Capacity Act (MCA) guidance was overdue at the end of February. The gap analysis has now been completed.

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Specialty led audit Clinical Audit prize winners

Clinical Audit Prize Why? To promote, value, and incentivise sharing of clinical audit in the Trust. In addition this will support our mandatory reporting of clinical audit activity for regulatory purposes (CQC, Quality Report)

Three teams have been reviewed as winners, from entries submitted at the end of 2018.

Dental and Maxillofacial

Alveolar Bone Grafting in patients with a Cleft Lip and Palate

"this audit has demonstrated excellent treatment outcomes as well as effective and efficient patient care. As a department we have learnt greatly from the audit results and will continue to persevere with maintaining and improving our current standards"

"This idea of acknowledging audit works throughout the Trust is brilliant and am sure will encourage more good work."

Urology SPR

Kangaroo and Leopard Ward

Ventilator prescriptions

Why we liked this audit actions were taken to learn from harm and to reduce risk. This is a nurse led audit that resulted in clear improvements

"This has led to there being no clinical incidents surrounding ventilator prescriptions with inpatients. Nurses feel more empowered to be able to ask for a ventilator prescription if it is not present due to it being on the safety checklist. It is acknowledged amongst the medical team that every child on a ventilator must have a ventilator prescription and they have been more engaging in completing these as needed."

Urology

Referral pathway for Urodynamic Requests

Why we liked this audit clear improvements made to benefit patient experience and safety, this audit 'closed the loop'

"We have achieved better resource utilisation and added multiple check-points; thus improving patient service and safety."



Clinical Audit 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. This outlines some of the highlights of items in the priority plan

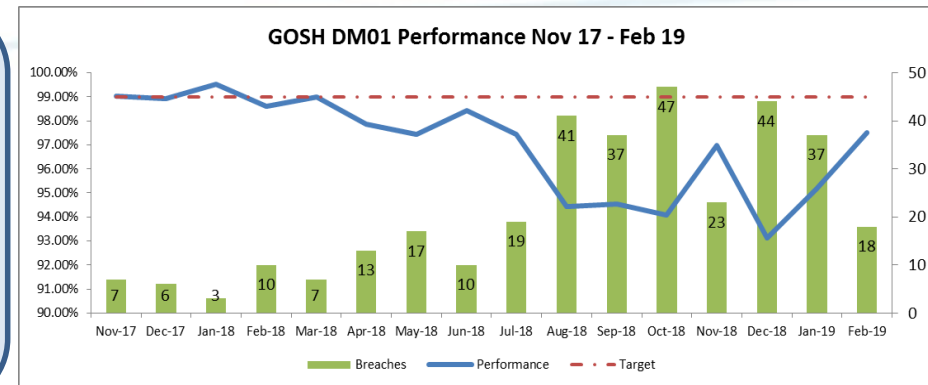
Source	Context	Progress
Surgical Safety Checklist audit	We do audits to assess and support improvement, therefore it was agreed by the Natsipps steering group and Medical Director that the quarterly observations should support improvement by focusing on areas outside of main theatres. Compliance with documentation of completion of the checklist continues to be monitored as a Trust Performance Measure	Excellent completion of checks and engagement noted in Laser which should be highlighted We are not seeing significant improvements in completion in all stages of the checklist in areas outside of main theatres Next steps to be agreed by Natssips steering group
Implementation of patient safety alert (NG Tubes)	An best practice of naso-gastric tube management was reported to PSOC in April 2018 and showed: <ul style="list-style-type: none"> positive practice of testing the position of Nasogastric tube testing , and awareness of the techniques that should be avoided . non-compliance with standards for documentation of process. 	Re-audit of cases in December 2018 has not shown that there have not been any significant improvements in documentation standards since the first audit . The limiting factor as to full compliance with core standards is around the absence of standardised processes to support documentation. Reviewed at PSOC A further audit will take place three months post EPIC implementation, to help assess whether the system facilitates an improvement in the documentation of practice.
Documentation of post-operative infection in the consent process Spinal Surgery	Audit found that the documented risk of infection as part of the consent process for neuromuscular patients having spinal surgery was not in line with the infection rates noted at GOSH. In many cases a 1% risk was being documented as being discussed, when the infection rate can be between 3-8%. RE-audit of change in practice	Data collection in progress
Implementation of learning from an incident - Consent in Cardiac Surgery	Re-audit requested by Heart and Lung Chief of Service, and Cardiothoracic Surgery Lead to assess progress with avoidance of on the day consents for elective cardiac surgery	Data collection in progress



Responsive – Diagnostic Waiting Times

February 2019 Summary

- The Trust continues to underachieve against the 99% national standard, reporting 97.5% of patients waiting within 6 weeks for the 15 diagnostic modalities
- This is a 2.3% improvement from January 2019
- The number of reported breaches has significantly decreased to 18, a reduction of 19 breaches



Of the 18 breaches, 15 are attributable to modalities within Imaging and the remaining 3 relate to Urological diagnostic tests.

The breaches fall into four distinct themes, 7 were tolerance breaches (complex patient, equipment failure MR5 breakdown, failed feed and wrap), 5 were due to Trust process issues (late requests), 4 were due to Trust booking processes (no reasonable offers made) and 2 were due to capacity issues (MR5 and no available bed)

The Trust continues to monitor the diagnostic recovery plan, with the reported number of breaches for February being ahead of trajectory.

Cancer Wait Times

At the time of writing the report for the month of January 2019 no breaches against the cancer standards attributable to the Trust were reported, with performance being at 100%. Indicative performance for February projects compliance against all standards.

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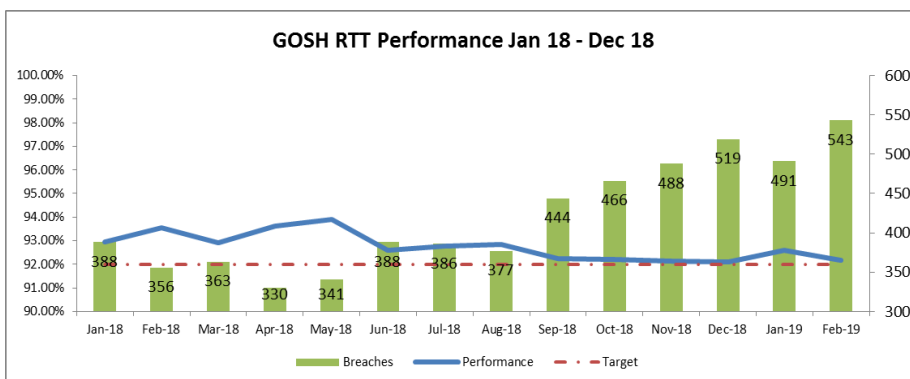
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Responsive – Referral to Treatment

February 2019 Summary

- The Trust achieved the RTT 92% standard, submitting performance of 92.18%, with 543 patients waiting longer than 18 weeks.
- Specialties which continue not to meet the standard are Plastic Surgery (sub-specialisation within the service), SNAPS (bed capacity), Dental and Maxillofacial Surgery (theatre capacity and consultant absence), ENT (inherited breach waits from other providers) and Urology (complex patients and capacity).
- Five of the seven NHS directorates have met the 92% standard, with all specialties in Blood, Cells and Cancer achieving the national standard
- The number of patients waiting 40 weeks+ has decreased to 28 patients in February



National Benchmarking:

For the month of January half of the patients on the Trusts incomplete PTL were waiting less than 7 weeks (nationally 8 weeks), and 92 out of every 100 patients were waiting less than 18 weeks (nationally 23 weeks) on a PTL size of 6,628 patients.

Contextually when comparing GOSH with other Children’s Trusts or other London tertiary / specialist providers, the Trust is not an outlier with differential levels of performance. Nationally out of 184 providers reporting against the standard (NHS Trusts only) 78 in January were delivering 92% or better. 18 providers reported 90-92%, 70 at 80-90% and 18 reported <80%. 3 providers did not report.

Nationally, GOSH is ranked as the 64th best performing Trust out of 184 providers. In London, GOSH is the 13th best performing Trust out of 28 Providers reporting RTT performance.

52 Week Waits:

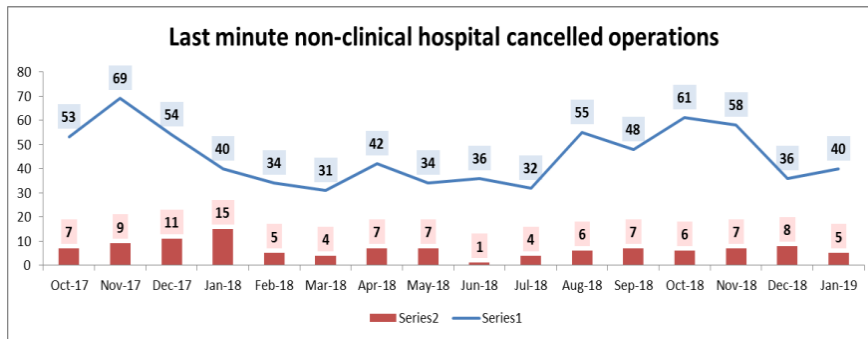
The Trust reported 2 patients waiting over 52 weeks in February. One in Urology which is a complex patient with multiple cancellations due to illness, the patient requested Easter for treatment with a TCI 18th April 2019. One in ENT received at the Trust at week 55 from London North West, the patient has a TCI 22nd March 2019.

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

Last minute non-clinical hospital cancelled operations:

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

For month of January 2019, the Trust reported an increase in the number of patients cancelled, with 40 patient cancelled compared to 36 in December. The areas contributing most to the monthly position are Cardiology/Cardiac Surgery (10), Radiology (7), Plastic Surgery (4), Orthopaedics (3), Urology (3) and ENT (3). The top three reasons recorded for the month are emergency/trauma patients taking priority (10), theatre list over run (8) & ward bed unavailable (9).



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

The Trust reported 5 last minute cancelled operations within 28 days of the cancellation in January (compared to 8 in December). This included two Dental/Maxfax patients, one Haematology patient, one Cardiac Surgery patient and one Radiology patient.

Urgent operations cancelled for a second time

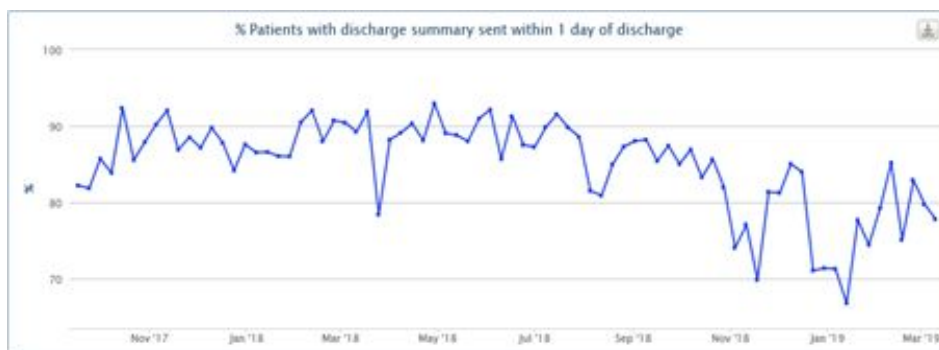
- This indicator has been added the Dashboard for 2018/19 following agreement with NHSE the content of Schedule 4 of the NHS Contract.
- Since the start of the new financial year the Trust has reported no patient being cancelled for an urgent operation for the last eleven consecutive months.



Effective – Discharge Summaries

February 2019 Summary

- Performance within this metric continues to fluctuate and be challenging to directorates with February 2019 seeing 79.09% of discharge summaries being sent within 24 hours, which is an improvement from January performance (73.23%).
- 82.18% of discharge summaries were sent within 2 days, rising to 89.27% within 3 days. Average performance for 18/19 is 84.42%
- Actions in place include daily reminders to HoCS/SM/fellows to complete the DS within 24 hours, weekly reports generated and sent to the Service and Ward Clerks, ensure discharges flagged as exclude are clinically validated and documented. There is also a lack of adequate junior doctor clinical cover between all specialties which is impacting this measure. In some instances recruitment to posts has been unsuccessful on a number of occasions, work with HR and senior clinical leads is ongoing.



Clinic Letter Turnaround Times

For January 2019 (as this indicator is reported a month in arrears), there has been an improvement in relation to 14 day turnaround 73.9% from 66.3% in December. Some of the actions in place to improve performance are operational teams focusing on identifying where delays in the process reside within each specialty and implementing actions e.g. targeting sign off where weekly reminders for clinical teams to sign off letters are circulated, providing remote access to clinicians so they can sign off letters electronically, create and administer a robust monitoring system for administrators to be used on a weekly basis to check the upload and downloading of letters, clinic letter turnaround being part of service reviews, and extra admin time to work through the backlog of letters in specific areas. It should be noted that as part of investigating the deterioration a data discrepancy has been identified, the size of the impact is yet to be fully understood but is in the process of being resolved.



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 at the Trust that have a valid NHS number, date of birth, postcode, gender, GP practice and commissioner code. Within this area the Trust consistently meets the 97% standard with 99.56% of patients having valid data in February.

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 an increase in collating ethnicity for patients accessing mental health services, with 66.26% (+4.19%) in February having a valid ethnic code. This is continues to be addressed with operational teams via weekly monitoring, refreshed training and focused Data Assurance work.

Patients with a valid NHS Number

% of patients with a valid NHS Number Inpatients and Outpatients

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

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

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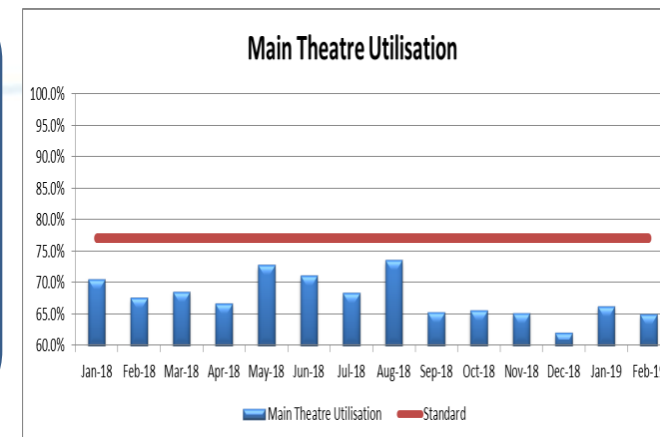


Productivity – Theatre Utilisation

Utilisation of main theatres has decreased in February to 65.0% from 66.3% (January). Specialties with utilisation above 70% are Craniofacial (90%), ENT (75%) Ophthalmology (71%) and Surgery (71%). Areas of concern Spinal Surgery (57%) and Orthopaedics (60%).

Short notice cancellations (on the day and the day before) for both clinical and non-clinical reasons were the highest for this financial year at 353 for the month. 152 (43%) cancellations were attributable to the patient being unfit, not following pre-op instructions or the patient cancelling. 37 patients were cancelled due to beds being unavailable and 23 due to an emergency patient.

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



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: For the reporting period of February, occupancy has increase to 82.4%. This indicator and methodology is currently under-review as part of the statutory returns work being completed to support EPR implementation.

Bed closures: There has been a decrease in the average number of beds closed in February (26) compared to 36 in January, the reasons recorded are linked to staffing. This was mainly due to Sky having an average of 8 beds closed and Bumblebee 10 beds closed. NICU/PICU have experienced an average of 6 beds closed

Trust Activity

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

Long stay patients: This looks at any patient discharged that month with a length of stay (LOS) greater than 100 days, and the combined number of days in the hospital. For February, the Trust reported 11 patient discharges that had amassed a combined LOS of 1,9653 days of which 804 are attributable to critical care. 4 of the 11 patients discharged in February had 200 days plus LOS. The clinical coding of the admissions relate to the patients having many having complex conditions and comorbidities warranting that LOS.



Productivity – PICU Metrics

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

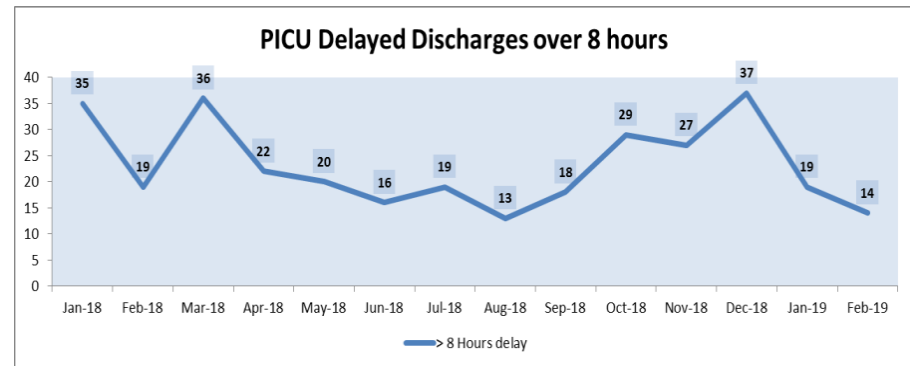
CATS PICU/NICU Refusals: The number of CATS referral refusals into PICU/NICU from other providers during February has increased to 25 from a January position of 17. Compared to the first eleven months of 17/18 (172 refusals) the number of refusals in 18/19 is 175 (+3). During April – February 2018 the Trust received 339 patients via the CATS retrieval service into PICU/NICU.

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

Quarter	GOSH PICU/NICU/C ICU refusals	GOSH admission requests	GOSH % refused	National % refused
Q2 18/19	45	127	35.4	8.09
Q1 18/19	27	112	24.1	6.27
Q4 17/18	No Data	No Data	No Data	No Data
Q3 17/18	99	226	43.8	19.8

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. February has seen 14 patients delayed over 8 hours compared to 19 in January.



PICU Emergency Readmissions:

Readmissions back into PICU within 48 hours is one patient for the month of February. During April to February 2018 twelve patients have been re-admitted to the department.

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Well Led: Are our people ready to deliver high quality care?

Workforce Headlines

- Contractual staff in post: Substantive staff in post numbers in February were 4700 FTE which is a slight decrease from January (4711.3). However this is 242.7FTE (5.4%) higher than the same month last year.
- Unfilled vacancy rate: The Trust vacancy rate for February increased to 0.4% (-19FTE), but remains well below the Trust target of 10%. Trust vacancy rates have been below target since July 2017.
- Turnover is reported as voluntary turnover. Voluntary turnover has reduced since December and stabilised at 14.7% since January. While this remains above target, turnover is expected to continue reducing over the next few months. Relocation and promotion were the most common reported leaving reason. Total turnover (including Fixed Term Contracts) increased to 17.6% which is below target.
- Agency usage for 2018/19 (year to date) stands at 1.0% of total pay bill, which is below the local stretch target, and is also well below the same month last year (1.8%). Human Resources Business Partners continue to work with the divisions and corporate areas to address local pockets of agency usage. The target for 2018/19 remains 2% of total pay bill.
- Statutory & Mandatory training compliance: In February the compliance rate across the Trust was 92%. All but 1 Directorate reported above target (90%) compliance, however 8 of the 30 topics were below target. Directorates with below target compliance are being offered support. The target for 2018/19 remains 90%.
- Sickness absence remains below target at 2.4% and below the London average figure of 2.8%. The Trust is implementing an integrated rostering system. The system will support improvements in the accuracy of absence reporting, which may lead to fluctuations in reported rates. The 2018/19 target remains 3%
- Appraisal/PDR completion The non-medical appraisal rate has increased to 85% but remains below the Trust target, however the Trust continues to benchmark well. Consultant appraisals have also increased to 83%

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Trust KPI Performance February 2019

Metric	Plan	February 2019	3m average	12m average
Voluntary Turnover	14%	14.7%	14.7%	14.4%
Sickness (12m)	3%	2.4%	2.4%	2.4%
Vacancy	10%	-0.4%	-0.1%	2.2%
Agency spend	2%	1.0%	1.0%	1.1%
PDR %	90%	85%	84%	84%
Consultant Appraisal %	90%	83%	80%	84%
Statutory & Mandatory training	90%	92%	92%	91%

Key:

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

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Directorate (Clinical) KPI Performance February 2019

Metric	Plan	Trust	Blood, Cells & Cancer	Body, Bones & Mind	Brain	Heart & Lung	Medicine, Therapies & Tests	Operations & Images	Sight & Sound	IPP
Voluntary Turnover	14%	14.7%	15.7%	14.9%	13.2%	16.3%	11.1%	11.1%	17.5%	25.5%
Sickness (12m)	3%	2.4%	2.2%	1.9%	2.3%	2.9%	1.9%	2.5%	3.4%	4.2%
Vacancy	10%	-0.4%	-15.4%	-4.0%	-1.2%	4.5%	-18.0%	0.9%	2.6%	15.3%
Agency spend	2%	1.0%	0.1%	0.2%	0.0%	0.2%	2.8%	1.1%	1.5%	0.0%
PDR %	90%	85%	93%	88%	99%	85%	89%	76%	92%	95%
Stat/Mand Training	90%	92%	92%	91%	94%	88%	93%	92%	91%	96%

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

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Directorate (Corporate) KPI Performance February 2019

Metric	Plan	Trust	Clinical Operations	Corporate Affairs	DPS	Finance	HR&OD	Medical Director	Nursing & Patient Experience	Research & Innovation
Voluntary Turnover	14%	14.7%	15.5%	25.3%	11.2%	15.0%	17.1%	16.8%	13.4%	28.1%
Sickness (12m)	3%	2.4%	1.4%	0.0%	2.9%	0.9%	4.4%	1.1%	1.3%	1.8%
Vacancy	10%	-0.4%	17.4%	13.0%	14.7%	23.9%	10.9%	0.7%	-0.8%	-76.6%
Agency spend	2%	1.0%	0.5%	-0.2%	3.4%	5.3%	7.2%	0.0%	0.5%	0.0%
PDR %	90%	85%	75%	86%	86%	91%	93%	54%	79%	73%
Stat/Mand Training	90%	92%	93%	86%	96%	99%	97%	92%	97%	97%

Key:

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

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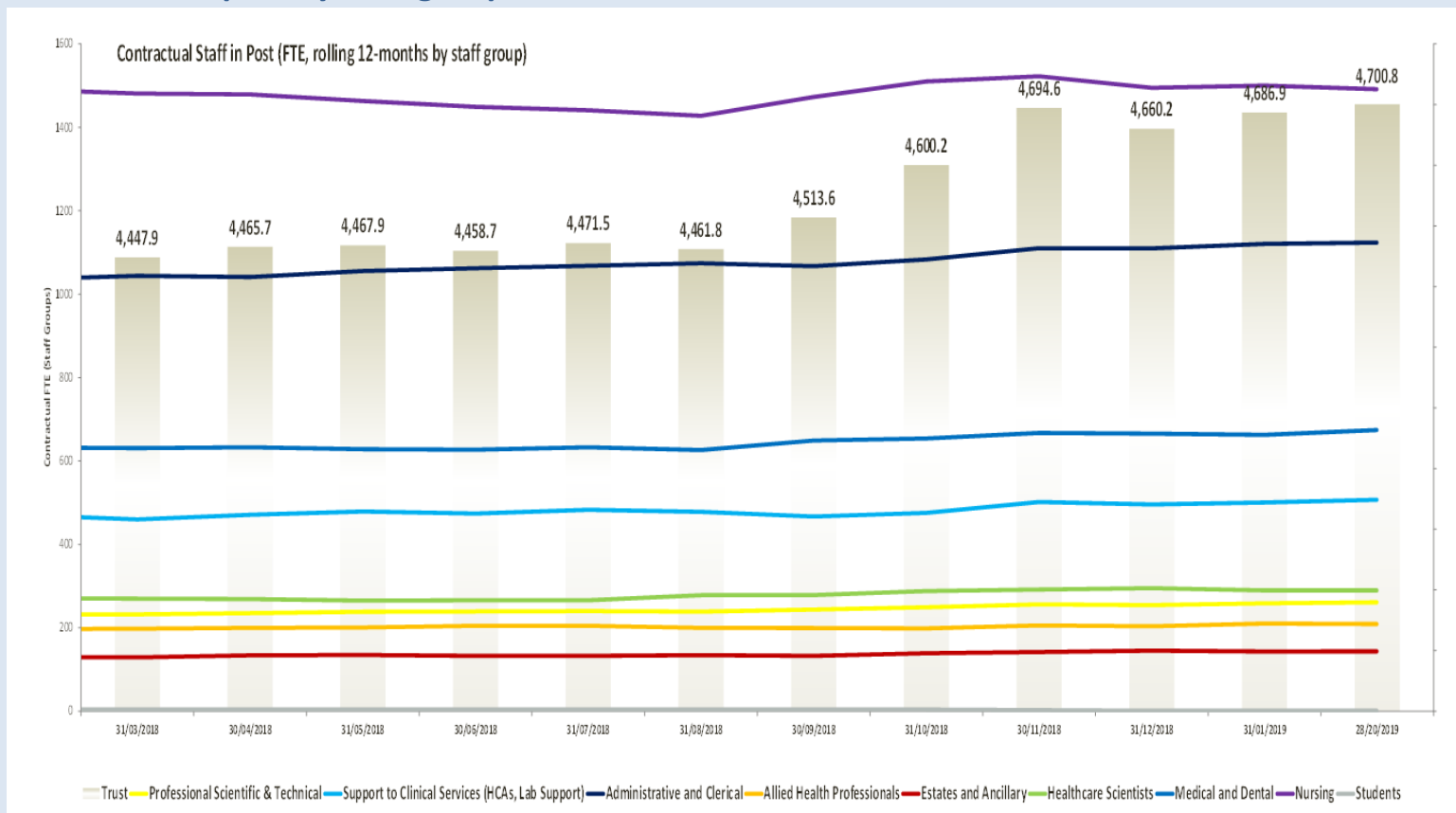
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Well Led: Are our people ready to deliver high quality care?

Substantive staff in post by staff group





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Non Compliant Statutory & Mandatory Training by Staff Group

Topic	Non Compliant	Allied Health Professional	Admin & Clerical	Additional Clinical Services	Add Prof Scientific & Technical	Estates & Ancillary	Healthcare Scientist	Medical & Dental	Nursing & Midwifery Registered	All Staff
Blood Transfusion - Level 2 - 2 years	146				20%			72%		70%
Resuscitation - Level 3 - Medical Staff – 1yr	141	100%			100%			79%	100%	79%
Resuscitation - Level 3 - Nursing Staff – 1yr	262		0%	50%	75%				84%	83%
Safeguarding Children (V2) - Level 3 - 1 yr	449	89%	73%	90%	82%		85%	75%	87%	83%
Resuscitation - Level 2 - BLS New Staff (HCAs & AHPs) – 1yr	111	90%	60%	85%	78%	100%	89%	0%	69%	85%
Blood Transfusion - Paediatric - Lvl 1 – 2yr	218		0%	33%	87%		67%		85%	85%
Compliance		95%	95%	93%	93%	93%	94%	83%	93%	92%

Key:

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

This is the first monthly report which includes a detailed staff group breakdown of non-compliant statutory & mandatory training. Some data quality issues, based on the recorded training needs analysis for some members within certain staff groups. These are being worked through by the team.

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Workforce: Highlights and Actions

Sickness %

- Monthly sickness absence reports distributed to managers from the HR Advisors to encourage a proactive approach to managing sickness absence.
- Regular meetings are held with Ward Sisters, service leads and departmental managers to discuss and provide support for sickness absence management.
- Health and wellbeing; a number of initiatives have been launched in order to support employees at work such as mental health awareness and healthy activities.
- HRBP undertook a refreshed deep dive into sickness for IPP with the General Manager in September, to be reviewed against one undertaken the previous year. Sickness in month of September was just over target, and the deep dive gave assurances that sickness was being reported accurately and managed appropriately.
- HRBP working with management teams to ensure sickness absence is being logged using the correct system so reporting can be accurate.
- Allocate HealthRoster is being rolled out across the Trust during 2018/19. The new system will enable more accurate reporting.

Voluntary Turnover Rate

- There has been a significant amount of work undertaken to better understand the broader turnover position - with specific focus on areas of low stability and high turnover. There have been developments in also understanding the reasons why people leave and where they go. In addition, the work around nurse recruitment and retention is now a focused project under the Nursing Workforce Advisory Board.
- Developing B5s into vacant B6 roles helps to decrease turnover of B5s
- Analysis of exit surveys received and recommendations for improvements to the process have been presented to the Trust Operational Board and Education and Workforce Development Committee.
- HRBPs actively involved in undertaking exit interviews with leavers for their areas to get underneath the reasons for leaving, then working with the specific areas with lessons learned
- HR&OD are actively engaging with EU colleagues to advise them of support available with applications for the governments Settled Status scheme after Brexit.

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Workforce: Highlights and Actions

Agency Spend

- HRBPs continue to work within the Directorates to reduce agency usage. This includes converting individuals from agency to permanent or bank contracts.
- This work is inline with NHSI requirements to reduce agency and breaches of pay rates and duration.

PDR Completion

- PDR reminders are now sent to managers on a monthly basis, flagging expired and upcoming PDRs.
- Simplifying the reporting process of PDRs has supported managers in working towards their PDR targets.
- HRBPs are continuing to support managers in identifying the PDRs that are required for completion, this includes consultant appraisals.
- PDR rates are a rolling agenda item for Performance Meetings within the Directorates.
- A Working group has been established to ensure changes to Agenda for Change are incorporated in to the PDR process from April 2019.

Statutory & Mandatory Training Compliance

- GOLD sends automatic reminders to staff and managers when they are due and overdue the training.
- L&D sends reminders to staff who are not compliant on the subjects that are currently below 90% overall Trust wide (excluding Resus) on a monthly basis.
- Improved visibility through LMS - staff encouraged to check their own records on GOLD
- Learning and Development & ER team work with managers to identify those who are non-compliant including further developments to the Trust GOLD LMS
- StatMan rates are a rolling agenda item for Performance Meetings within the Directorates.

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Well Led: Are we managing our money well?

This section of the IQPR includes a year to date position up to and including February 2019 (Month 11). In line with the figures presented at slide 5, the Trust has a YTD Control Total Surplus of £11.0m which is £0.7m below plan. The Trust is generating a YTD net surplus of £0.6m which is £0.5m below plan.

- Clinical Income (exc. International Private Patients and Pass through Income) is £4.7m higher than plan
- Non Clinical revenue is £4.7m higher than plan
- Private Patients income is £1.0m lower than plan
- Staff costs are £4.3m higher than plan
- Non-pay costs (excluding pass-through costs) are £5.0m higher than plan

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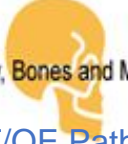






Quality improvement at GOSH

The QI Team works to support, enable and empower teams to continuously improve the quality of care provided to patients across GOSH. The following maps where QI activity is taking place across the Trust:

By Quality Improvement (QI), we mean a systematic approach to “making changes that will lead to better patient outcomes, better system performance, and better professional development”
(Batalden and Davidoff, 2007)

At GOSH, we use [the Model for Improvement](#) as a framework for developing, testing, implementing and measuring change
(Associates for Process Improvement)

**Click links to open project dashboard*

 Brain	 Body, Bones and Mind	 Operations and Images	 Sight and Sound
<ul style="list-style-type: none"> To reduce walk-ins during metabolic outpatient clinics 	<ul style="list-style-type: none"> TOF/OE Pathway Gastro/SNAPS debriefs Reduce unnecessary coagulation testing in SNAPS 		
 Blood, Cells and Cancer	 Heart and Lung	 International and Private Patients	 Medicines, Therapies and Tests
<ul style="list-style-type: none"> Optimising Antimicrobial Stewardship programme Reducing IR delays & cancellations 	<ul style="list-style-type: none"> Reducing blocked lumens in CVLs Improving handover quality and continuity of care for outliers in cardiology 	<ul style="list-style-type: none"> IPP flow Discharge Summaries 	

Trust-wide projects*
<u>Reducing incidences of extravasation harm and repeated cannulation</u>
<u>Reducing rejected laboratory samples</u>
<u>Improving Transition</u>

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Local QI projects

The QI team provides a service offering QI mentoring and support to staff delivering local projects.

The team also offers a process to register any QI work going on across the Trust. This helps capture and share learning and improvement, prevent duplication, and provides a platform to raise the profile of quality improvement.

Area of work	Project lead:
1 To streamline the management of patients with oesophageal atresia (OE) and tracheoesophageal fistula (TOF)	Caroline Gainsbury, SNAPS CNS
2 Implementing daily debriefs in Rainforest Gastro and Chameleon Wards	Carly Vassar, Matron SNAPS, Gastro and CAMHS
3 Optimising the Antimicrobial Stewardship Programme at GOSH	Alasdair Bamford, Infectious Diseases Consultant
4 Improving the maintenance of central venous lines and reducing blocked lumens on CICU	Alfredo Javier Alvarez Gavela, Cardiac Fellow
5 Decrease IR delays or cancellations in Blood, Cells and Cancer Directorate caused by patients not being ready / in IR on time	Anupama Rao, Haem/onc Consultant & Beth Corley, Haem/onc Fellow
6 Improve handover quality and continuity of care for outlying patients in the cardiology service	Craig Laurence, Cardiology Fellow
7 To reduce the number of unnecessary clotting samples on SNAPS	Sonia Basson, SNAPS SpR

If you have any improvement work going on in your area that you wish to share or would like to seek QI support, contact the team to discuss further or complete the [Quality Improvement Project Notification Form](#) and submit this to Gosh.QI@gosh.nhs.uk.

For more information, visit the [QI intranet page](#) (search 'quality improvement')

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Finance and Workforce Performance Report Month 11 2018/19

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FINANCIAL PERFORMANCE

	In month			Year to date			Full Year Forecast	
	Plan	Actual	RAG	Plan	Actual	RAG	Fcst	RAG
INCOME <small>incl. passthrough</small>	£37.7m	£40.1m	●	£430.5m	£437.8m	●	£477.8m	●
PAY	£21.9m	£23.0m	●	£240.1m	£244.4m	●	£266.4m	●
NON-PAY <small>incl. passthrough</small>	£14.3m	£15.9m	●	£163.4m	£167.3m	●	£182.5m	●
CONTROL TOTAL	£0.0m	(£0.2m)	●	£11.7m	£11.0m	●	£12.1m	●

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

AREAS OF NOTE:

As at the end of Month 11, the Trust position is £0.7m adverse to the planned control total; this includes the release of £3.1m of contingency. The Trust has entered into a block agreement with NHSE for 2018/19 and the YTD position reflects this settlement as well as the CCG income which remains above plan. YTD Pay costs are £4.3m adverse to plan due to the £2.9m A/C pay award and research costs driven by greater activity within R&I. Non-pay is £3.8m adverse to plan which reflects the increased impairment of receivables in year and the above plan costs of delivering higher levels of Research activity. Contingency release of £3.1m offsets under delivery of the better value programme.

INCOME BREAKDOWN RELATED TO ACTIVITY

Income breakdown Year to Date	Plan (£m)	Actual (£m)	Var (£m)	RAG
NHS & Other Clinical Revenue	£256.3m	£261.0m	£4.7m	●
Pass Through	£58.2m	£57.1m	(£1.1m)	
Private Patient Revenue	£58.0m	£56.9m	(£1.0m)	●
Non-Clinical Revenue	£58.1m	£62.8m	£4.7m	●
Total Operating Revenue	£430.5m	£437.8m	£7.3m	●

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

AREAS OF NOTE:

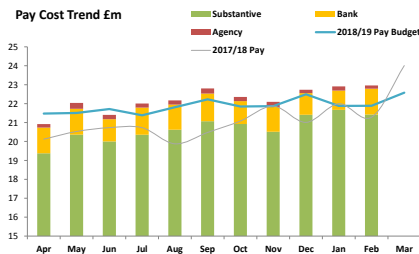
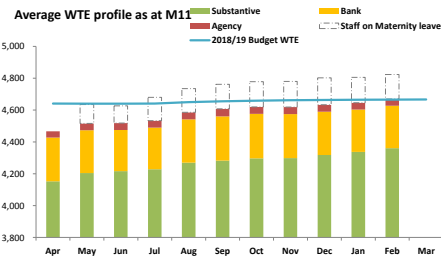
Operating revenue remains favourable to plan YTD (£7.3m). The Trust has entered into a block contract with NHSE for 2018/19, this is represented in the YTD NHS & Other Clinical Income. YTD non-clinical income is £4.7m ahead of plan which is driven by the £2.5m A/C pay review income and over performance of research income YTD of £4.7m. These are offset by the Better Value target that is being partially achieved through clinical income. IPP income is on plan in month which is an improvement on the prior months, this has resulted in a YTD adverse position to plan (£1.0m).

PEOPLE

	M11 Plan Av. WTE	M11 Actual Av. WTE	Variance
PERMANENT	4,616.5	4,356.0	260.5
BANK	42.4	266.8	(224.4)
AGENCY	8.1	41.9	(33.8)
TOTAL	4,667.0	4,664.7	2.3

AREAS OF NOTE:

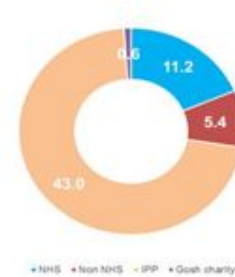
The pay costs have risen throughout the year due to the increased A/C award and incremental progression of staff combined with increased service provision linked to the Cardiac business case, Genetics service transfer and increased Research activity. Vacancies in the permanent workforce are being covered by a combination of bank and agency staff. The calculation excludes 154.1 contractual WTE's on maternity leave within the Trust. The Trust agency spend is £3.1m below the agency ceiling.



CASH, CAPITAL AND OTHER KPIs

Key metrics	Plan	Actual
Cash	£40.8m	£47.0m
IPP Debtor days	120	243
Creditor days	30	30
NHS Debtor days	30	11

Net receivables breakdown (£m)



Capital Programme	YTD Plan M11	YTD Actual M11	Full Year Fcst
Total Trust-funded	£25.3m	£17.5m	£20.2m
Total Donated	£42.3m	£31.0m	£33.0m
Grand Total	£67.6m	£48.5m	£53.2m

NHSI metrics	Plan M11	Actual M11
CAPITAL SERVICE COVER	1	1
LIQUIDITY	1	1
I&E MARGIN	1	1
VAR. FROM CONTROL TOTAL		2
AGENCY		1
TOTAL		1

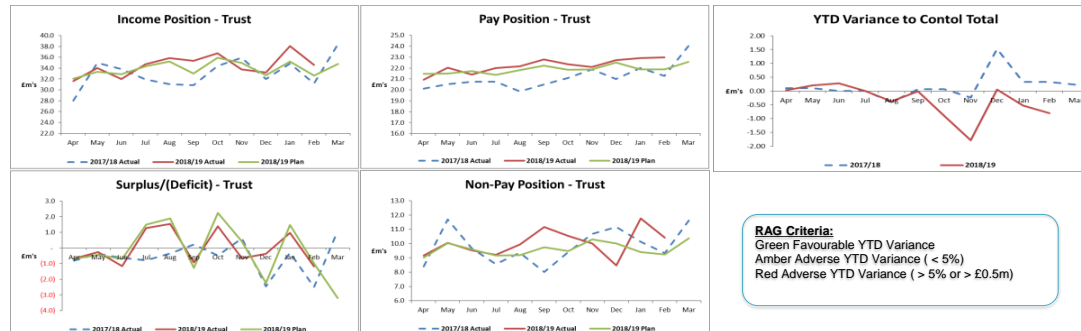
AREAS OF NOTE:

- Cash held by the Trust is higher than plan by £6.2m.
- The capital programme is £19.1m behind plan (£7.8m Trust funded and £11.3m donated) due to slippage on a number of IT and Estates projects.
- The forecast capital expenditure outturn is reviewed and updated monthly on a scheme by scheme basis. The forecast outturn for trust-funded capital expenditure is £7.8m lower than plan. The two most significant projects contributing to this are the Medical Equipment Decontamination Unit (MEDU) and Children's Cancer Centre. Charity-funded expenditure outturn is forecast at £12.0m lower than plan. The two most significant projects contributing to this are the Sight and Sound Hospital and Southwood Courtyard developments.
- NHSI metrics are on plan.

Trust Income and Expenditure Performance Summary for the 11 months ending 28 Feb 2019

Annual Budget	Income & Expenditure	2018/19								Notes	2017/18			CY vs PY		
		Month 11				Year to Date					YTD Variance	YTD Actual	Variance			
		Budget	Actual	Variance	Rating	Budget	Actual	Variance	Rating				(£m)	(£m)	%	
(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%	(£m)	(£m)	(£m)	%					
279.92	NHS & Other Clinical Revenue	22.01	22.31	0.30	1.36%	256.29	260.98	4.69	1.83%	G	1	253.20	7.78	3.07%		
63.49	Pass Through	5.02	5.47	0.45	8.96%	58.22	57.11	(1.11)	(1.91%)	R	2	60.20	(3.09)	(5.13%)		
63.55	Private Patient Revenue	5.27	5.25	(0.02)	(0.38%)	57.96	56.94	(1.02)	(1.76%)	R	3	52.00	4.94	9.50%		
63.60	Non-Clinical Revenue	5.35	7.06	1.71	31.96%	58.06	62.79	4.73	8.15%	G	3	53.90	8.89	16.49%		
470.56	Total Operating Revenue	37.65	40.09	2.44	6.48%	430.53	437.82	7.29	1.69%	G		419.30	18.52	4.42%		
(260.28)	Permanent Staff	(21.69)	(21.42)	0.27	1.24%	(237.90)	(227.76)	10.14	4.26%	G		(210.30)	(17.46)	(8.30%)		
(0.50)	Agency Staff	(0.04)	(0.17)	(0.13)	(325.00%)	(0.46)	(2.48)	(2.02)	(439.13%)	R		(4.10)	1.62	39.51%		
(1.87)	Bank Staff	(0.16)	(1.37)	(1.21)	(756.25%)	(1.71)	(14.17)	(12.46)	(728.65%)	R		(15.30)		0%		
(262.65)	Total Employee Expenses	(21.89)	(22.96)	(1.07)	(4.89%)	(240.07)	(244.41)	(4.34)	(1.81%)	R	4	(229.70)	(14.71)	(6.40%)		
(13.48)	Drugs and Blood	(1.09)	(0.97)	0.12	11.01%	(12.35)	(11.27)	1.08	8.74%	G		(12.10)	0.83	6.86%		
(41.45)	Other Clinical Supplies	(3.26)	(3.60)	(0.34)	(10.43%)	(38.16)	(39.29)	(1.13)	(2.96%)	R		(39.60)	0.31	0.78%		
(60.62)	Other Expenses	(4.88)	(5.87)	(0.99)	(20.29%)	(54.68)	(59.58)	(4.90)	(8.96%)	R		(55.40)	(4.18)	(7.55%)		
(63.49)	Pass Through	(5.02)	(5.47)	(0.45)	(8.96%)	(58.22)	(57.11)	1.11	1.91%	G		(59.50)	2.39	4.02%		
(179.04)	Total Non-Pay Expenses	(14.25)	(15.91)	(1.66)	(11.65%)	(163.41)	(167.25)	(3.84)	(2.35%)	R	5	(166.60)	(0.65)	(0.39%)		
(441.69)	Total Expenses	(36.14)	(38.87)	(2.73)	(7.55%)	(403.48)	(411.66)	(8.18)	(2.03%)	R		(396.30)	(15.36)	(3.88%)		
28.87	EBITDA (exc Capital Donations)	1.51	1.22	(0.29)	(19.21%)	27.05	26.16	(0.89)	(3.29%)	R		23.00	3.16	13.74%		
(16.79)	Owned depreciation, Interest and PDC	(1.47)	(1.44)	0.02	1.50%	(15.33)	(15.18)	0.14	0.93%	G	7	(18.40)	3.22	17.48%		
12.08	Control total	0.04	(0.22)	(0.27)	(595.56%)	11.72	10.98	(0.75)	(6.37%)	R		4.60	6.38	138.63%		
(11.60)	Donated depreciation	(1.04)	(0.98)	0.06	5.60%	(10.56)	(10.34)	0.2	2.15%	G		(4.40)	(5.94)	(134.93%)		
0.48	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	(0.99)	(1.20)	(0.21)	(21.21%)	1.16	0.64	(0.52)	(44.83%)			0.20	0.44	220.00%		
(2.52)	Impairments	0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0.00%	G		0.00	0.00	0%		
44.97	Capital Donations	2.32	0.87	(1.45)	(62.50%)	42.28	31.00	(11.28)	(26.68%)	R	6	22.20	8.80	39.64%		
42.93	Adjusted Net Result	1.33	(0.33)	(1.66)	(124.81%)	43.44	31.64	(11.80)	(27.16%)			22.40	9.24	41.25%		

Plan Annual	Directorates	2018/19								Rating
		Month				Year to Date				
		Budget (£m)	Actual (£m)	Var (£m)	Var %	Budget (£m)	Actual (£m)	Var (£m)	Var %	
15.04	Blood Cells & Cancer	1.04	0.90	(0.14)	(13.46%)	13.77	13.38	(0.39)	(2.83%)	A
22.41	Body Bones & Mind	1.67	0.67	(1.00)	(59.88%)	20.50	15.42	(5.08)	(24.78%)	R
19.86	Brain	1.45	1.90	0.45	31.03%	18.19	19.81	1.62	8.91%	G
54.38	Heart & Lung	3.96	3.49	(0.47)	(11.87%)	49.70	46.64	(3.06)	(6.16%)	R
(18.71)	Medicines Therapies & Tests	(1.64)	(1.37)	0.27	16.46%	(17.18)	(16.36)	0.82	4.77%	G
(30.12)	Operations & Images	(2.49)	(2.21)	0.28	11.24%	(27.63)	(27.13)	0.50	1.81%	G
10.23	Sight & Sound	0.73	1.08	0.35	47.95%	9.35	10.30	0.95	10.16%	G
24.88	International Private Patients	1.99	1.41	(0.58)	(29.15%)	22.70	19.08	(3.62)	(15.95%)	R
1.87	Research And Innovation	0.13	0.24	0.11	84.62%	1.65	3.03	1.38	83.64%	G
(87.76)	Corporate/Other	(6.80)	(6.33)	0.47	6.91%	(79.33)	(73.19)	6.14	7.74%	G
12.08	Control total	0.04	(0.22)	(0.26)	(650.00%)	11.72	10.98	(0.74)	(6.31%)	



Summary

- In month the Trust is reporting an adverse position to the control total (£0.3m). Private patient income in month was on plan but the YTD position remains adverse (£1.0m). Income remains ahead of plan due to agenda for change funding, Research income and the Settlement of the NHSE contract on a block. YTD income and the release of the contingency (£3.1m) is partially offsetting under delivery within the Better Value Program.

Notes

- NHS & other clinical revenue (excluding pass through) is favourable to plan by £4.7m YTD. This is driven by overperformance on CCG activity and additional income for the provision Genomics and CAR-T that was not budgeted for in 2018/19.
- Private Patient income remains £1.0m adverse to plan YTD; closure of beds over the last few months due to nursing vacancies availability of ICU beds reducing referral acceptance leading to further reductions in activity.
- Non-clinical income is £4.7m favourable YTD which includes £2.5m of income for the AfC pay award, increased research and development grants and achievement of R&D milestones above plan.
- YTD pay is adverse to plan by £4.3m due to the additional cost of the AfC pay award of £2.9m, staffing costs of delivering increased Research activity and spend associated with increased bank cover in M11.
- Non pay (excluding pass through) is £5.0m adverse to plan YTD largely due to increased impairments of receivables for IPP income and the costs associated with increased Research grant income.
- Income from capital donations is £11.3m less than plan due to slippage on a number of donated projects. These include in particular the Cardiac Cath Lab as the project start date has been delayed to coincide with the replacement of MRI number 4.

Trust Income and Expenditure Forecast Outturn Summary for the 11 months ending 28 Feb 2019

Full Year Actual 2017/18 (£m)	28 Feb 2019		Internal Forecast				Rating Forecast Variance to plan
	Income & Expenditure	Annual Budget	Full-Yr	Variance to Plan			
				(£m)	(£m)	(£m)	
280.64	NHS & Other Clinical Revenue	279.92	285.75	5.83	2.04%	G	
64.33	Pass Through	63.49	61.67	(1.82)	(2.95%)		
57.26	Private Patient Revenue	63.55	63.24	(0.31)	(0.49%)	A	
59.65	Non-Clinical Revenue	63.60	67.13	3.53	5.26%	G	
461.88	Total Operating Revenue	470.56	477.79	7.23	1.51%		
(231.99)	Permanent Staff	(260.28)	(248.11)	12.17	(4.91%)		
(4.38)	Agency Staff	(0.50)	(2.84)	(2.34)	82.39%		
(17.34)	Bank Staff	(1.87)	(15.40)	(13.53)	87.86%		
(253.71)	Total Employee Expenses	(262.65)	(266.35)	(3.70)	1.39%	R	
(12.37)	Drugs and Blood	(13.48)	(13.08)	0.40	(3.03%)	G	
(43.66)	Other Clinical Supplies	(41.45)	(43.30)	(1.85)	4.28%	R	
(61.97)	Other Expenses	(60.62)	(64.48)	(3.86)	5.98%	R	
(64.33)	Pass Through	(63.49)	(61.67)	1.82	(2.95%)		
(182.33)	Total Non-Pay Expenses	(179.04)	(182.53)	(3.49)	1.91%	R	
(436.04)	Total Expenses	(441.69)	(448.88)	(7.19)	1.60%	R	
25.84	EBITDA (exc Capital Donations)	28.87	28.91	0.04	0.13%	G	
(15.93)	Owned Depreciation, Interest and PDC	(16.79)	(16.83)	(0.04)	0.21%		
9.91	Control total	12.08	12.08	0.00	0.01%	G	
(9.30)	Donated depreciation	(11.60)	(11.60)	0.00	(0.02%)		
0.61	Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	0.48	0.48	0.00	(633.33%)		
(2.81)	Impairments	(2.52)	(5.43)	(2.91)	53.63%		
24.65	Capital Donations	44.97	32.97	(12.00)	(36.40%)		
22.45	Adjusted Net Result	42.93	28.02	(14.91)	(53.22%)		

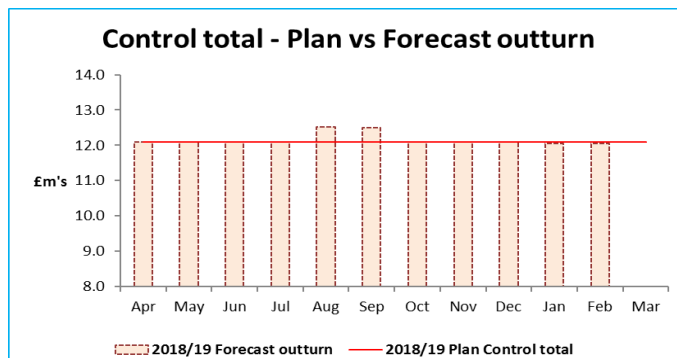
Notes

Summary

- The Trust is forecasting a year end position that breaks even with the Trust control total of a £12.1m surplus.
- A block contract has been agreed with NHSE for 2018/19 and is included in the NHS Clinical income and non clinical income numbers of the forecast.

Notes

- NHS Clinical income is forecast to be £5.8m favourable to plan which is driven by the increased income associated with genomics and other services (e.g. CAR-T) since the start of the year along with over-performance on CCG activity
- Private patient income is forecast to be £0.3m adverse to the plan. Work to ensure Private Patients can access services in line with plans is essential in the final quarter of the year as delivery of the private patient forecast is key to delivering the control total.
- Pay is forecast to be £3.7m adverse to plan by the year end. The adverse variance is due to the additional AfC pay review payments to staff which is offset by income. The increased spend within the final months of the year is related to new starters and additional research income.
- Non-pay is forecast to be £5.3m adverse at the year end excluding pass through. The higher than planned spend reflects increases in the level of impairments for IPP debt and increased costs associated with increased research. A key focus for the Trust will be to ensure the aged debt is paid and thus reduce the provision, reducing non pay costs for the remainder of the year.
- The forecast assumes full achievement of the Provider Sustainability Fund (£7.6m) and the full release of the contingency. The Trust has fully achieved its control total in Q1, Q2 and Q3 and is planning to breakeven at the year end. In order to deliver the control total and achieve the PSF it is important that the Private patient forecast is achieved. If this does not occur then the control total will be missed and PSF will not be achieved further deteriorating the position.



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

2018/19 NHS Income & Activity for the 11 months ending 28 Feb 2019

Summary by Point of Delivery excluding pass through & CQUIN

Point of Delivery	Activity plan	Activity actual	Activity variance	Income plan £000's	Income actual £000's	Income variance £000's	RAG YTD Variance	Ave price per plan	Ave price received	Ave price var %	Price variance £000's	Activity variance £000's
Day Case	19,633	19,523	(110)	£23,131	£24,546	£1,415	G	£1,178	£1,257	6.7%	£1,545	(£130)
Elective	12,893	12,500	(393)	£59,648	£56,455	(£3,193)	R	£4,626	£4,516	(2.4%)	(£1,375)	(£1,818)
Hdu Bed Days	3,170	3,192	22	£2,335	£3,111	£776	G	£737	£975	32.3%	£760	£16
Highly Specialised Services	17,098	15,734	(1,364)	£27,803	£26,974	(£829)	R	£1,626	£1,714	5.4%	£1,389	(£2,218)
Inpatient excess bed days	7,845	5,669	(2,176)	£4,502	£3,236	(£1,266)	R	£574	£571	(0.5%)	(£17)	(£1,249)
ITU Bed Days	10,434	9,229	(1,205)	£30,340	£28,914	(£1,426)	R	£2,908	£3,133	7.7%	£2,078	(£3,504)
Non Nhs Clinical Income	1,543	2,012	469	£4,027	£3,706	(£321)	A	£2,610	£1,842	(29.4%)	(£1,545)	£1,224
Non-Elective	1,495	1,616	121	£16,486	£19,169	£2,683	G	£11,027	£11,862	7.6%	£1,349	£1,334
Other Nhs Clinical	58,324	58,846	522	£46,618	£52,202	£5,584	G	£799	£887	11.0%	£5,167	£417
Outpatients	148,487	152,327	3,840	£37,329	£38,561	£1,232	G	£251	£253	0.8%	£268	£964
Total	280,922	280,648	(274)	£252,219	£256,874	£4,655	G				£4,901	(£246)

Summary

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

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

Elective is 393 adverse to plan excluding excess bed days and this is due to the under-performance within paediatric surgery, urology and paediatric trauma & orthopaedics where additional assumed planned activity for business cases is not being delivered along with an under-performance for nephrology inpatient admissions.

ITU bed days (PICU, CICU & NICU) has an adverse variance of 1,205 year to date. This is due to reduced levels for PICU & CICU as some beds remain unoccupied across the Trust.

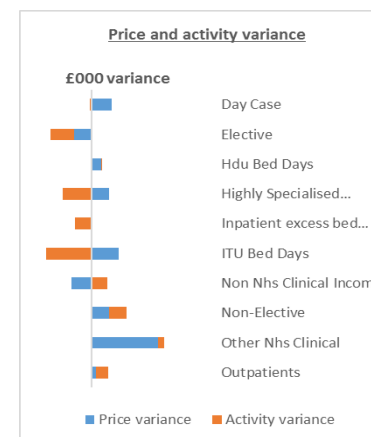
Highly specialised services contain a mix of low volume, high cost and high volume, low cost services and this can cause volatility in the activity variances from month to month. The year to date activity variance is largely the result of ECMO being below plan.

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

Other NHS clinical income Includes:-

- Additional funding for delivery cystic fibrosis second line screening £73k
- Genetics funding driving the price variance
- Prior year benefit of £184k between year end and final activity values

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

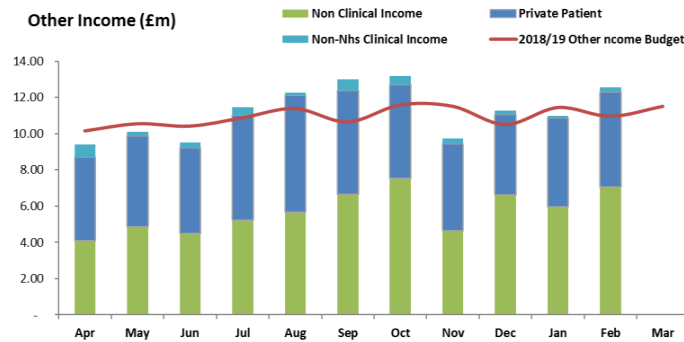
**RAG Criteria:**

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

2018/19 Other Income for the 11 months ending 28 Feb 2019

Other Income Summary

	Annual plan £000's	Current month			Year to date			RAG	YTD Variance
		Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's		
Private Patient	£63,545	£5,265	£5,252	(£13)	£57,955	£56,936	(£1,019)	R	
Non NHS Clinical Income	£4,396	£346	£242	(£104)	£4,028	£3,777	(£251)	A	
Non-NHS Clinical Income	£67,941	£5,611	£5,494	(£117)	£61,983	£60,713	(£1,270)	R	
Education & Training	£8,676	£723	£1,510	£787	£7,953	£8,373	£420	G	
Research & Development	£22,530	£1,781	£2,585	£804	£20,660	£25,319	£4,659	G	
Non-Patient Services	£771	£61	£56	(£5)	£707	£703	(£4)	G	
Commercial	£1,603	£127	£118	(£9)	£1,470	£1,374	(£96)	A	
Charitable Contributions	£6,248	£494	£600	£106	£5,729	£6,982	£1,253	G	
Other Non-Clinical	£23,769	£2,163	£2,191	£28	£21,539	£20,035	(£1,504)	R	
Non Clinical Income	£63,597	£5,349	£7,060	£1,711	£58,058	£62,786	£4,728	G	



RAG Criteria:

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

Summary

- Private patient income is breakeven in month but remains £1.0m adverse to plan YTD. Revenue within Cardiac Surgery, Neurology, ENT and PICU is above plan offset by lower activity within Gastroenterology, Cancer, Cardiac and Respiratory.
- Research income is above plan in-month (£0.8m) and YTD (£4.7m). The in month position is due to the release of Capacity Building income and additional BRC allocations. The YTD position is being driven by increased grants and additional income linked to the achievement of milestones above plan.
- Education & Training income is £0.5m favourable to plan YTD driven by the recognition of the Q5 LDA financials.
- Other Non-Clinical income is broadly on plan in month. Within the YTD position is the income to fund the AfC pay award, of which £2.5m has been received YTD; this is not budgeted for (in line with NHSI guidance). However this has been offset by the Trust wide income better value targets being included here within the Trust annual plan.

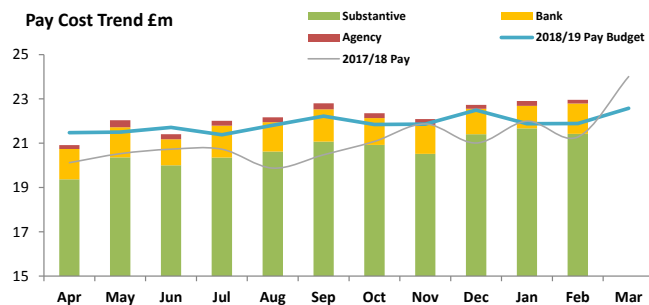
Workforce Summary for the 11 months ending 28 Feb 2019

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

Staff Group	2018/19 plan			2018/19 actual			Variance				RAG
	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	YTD Average WTE	£000 / WTE	YTD (£m)	Average WTE Vacancies	Volume Var (£m)	Price Var (£m)	
Admin (inc Director & Senior Managers)	45.1	1,135.6	43.3	42.8	1,081.6	43.2	2.3	54.1	2.1	0.2	G
Consultants	48.0	355.9	147.1	46.6	343.1	148.1	1.4	12.8	1.7	(0.3)	G
Estates & Ancillary Staff	3.7	130.5	30.8	3.7	124.6	32.0	0.0	5.9	0.2	(0.1)	G
Healthcare Assist & Supp	8.9	315.3	30.8	8.1	282.9	31.1	0.8	32.4	0.9	(0.1)	G
Junior Doctors	23.4	355.8	71.8	24.4	338.5	78.5	(0.9)	17.4	1.1	(2.1)	R
Nursing Staff	72.8	1,622.2	48.9	71.6	1,557.0	50.2	1.2	65.2	2.9	(1.8)	G
Other Staff	0.4	8.7	54.1	0.3	5.3	59.9	0.1	3.4	0.2	(0.0)	G
Scientific Therap Tech	44.2	919.0	52.4	43.6	889.9	53.4	0.6	29.1	1.4	(0.8)	G
Total substantive and bank staff costs	246.5	4,843.1	55.5	241.0	4,622.8	56.9	5.5	220.3	11.2	(5.7)	G
Agency	0.5	8.1	61.3	2.5	41.9	64.5	(2.0)	(33.8)	(1.7)	(0.3)	R
Total substantive, bank and agency cost	246.9	4,851.2	55.5	243.4	4,664.7	56.9	3.5	186.5	9.5	(6.0)	G
Reserve*	(6.8)	(184.2)	0.0	1.0	0.0	0.0	(7.8)	(184.2)	(9.4)	1.6	R
Total pay cost	240.1	4,667.0	56.1	244.4	4,664.7	57.2	(4.3)	2.3	0.1	(4.4)	R
Remove Maternity leave cost				(2.9)			2.9			2.9	G
Total excluding Maternity Costs	240.1	4,667.0	56.1	241.5	4,664.7	56.5	(1.4)	2.3	0.1	(1.5)	R

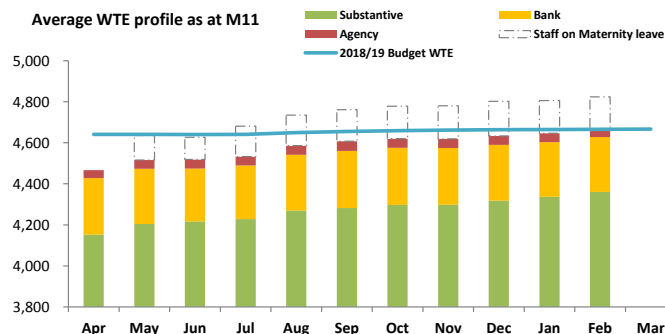
*Plan reserve includes WTEs relating to the better value programme

Pay Cost Trend £m



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

Average WTE profile as at M11



Summary

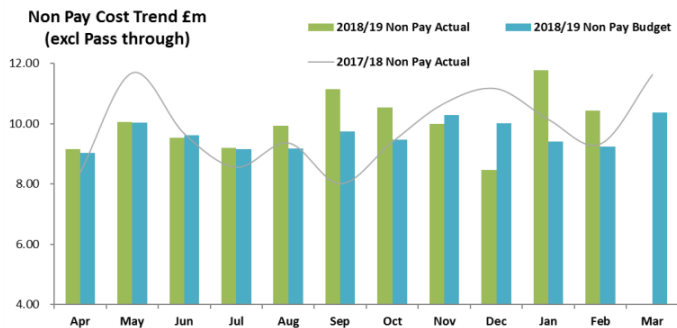
- YTD actual pay spend is £244.4m which is £4.3m adverse to plan. A key contributor to this overspend is the additional pay in relation to the AfC Pay Award (£2.9m); funding of £2.5m has been provided for but is captured within Non-Clinical Revenue. The value of funding to GOSH has been reduced following an increase in the clawback value by the DoH for staff working on Private Patients (£0.4m).
- The table above does not include 154.1 contractual WTE for staff on maternity leave which cost £2.9m YTD. If this cost is excluded then the average cost per WTE is higher than plan by £0.4k per WTE.
- Substantive and bank staff YTD costs are £5.5m below plan, due to vacancies which can be seen by the £11.0m volume variance. These vacancies are being partially offset by the increased cost of staff (partially offset by AfC funding) and the £2.5m agency spend predominantly within PICU & Pharmacy.
- The reserve line contains the unallocated pay better value target which is offsetting the underspend within pay.
- We are not expecting to breach the agency ceiling set by NHSI and the Trust is currently below the YTD agency ceiling.

Non-Pay Summary for the 11 months ending 28 Feb 2019

Non-Pay Costs (excl Pass through) YTD				RAG YTD Actual variance
	Budget (£m)	Actual (£m)	Variance	
Drugs Costs	10.43	9.38	1.05	G
Blood Costs	1.92	1.89	0.02	G
Business Rates	3.63	3.58	0.05	G
Clinical Negligence	6.49	6.49	0.00	G
Supplies & Services - Clinical	38.16	39.29	(1.14)	R
Supplies & Services - General	3.43	4.70	(1.26)	R
Premises Costs	30.39	30.08	0.31	G
Other Non Pay	10.73	14.72	(3.99)	R
Total Non-Pay costs	105.18	110.14	(4.96)	R
Depreciation	19.08	18.76	0.32	G
PDC Dividend Payable	6.89	7.13	(0.24)	A
Total	131.15	136.03	(4.89)	R

Top 5 YTD Clinical* Non Pay overspends by Speciality (£m)				Trend
	YTD 2018/19 Budget (£k)	YTD 2018/19 Actual (£k)	Variance (£k)	
Genetics	2,721	3,491	(770)	↕
Nephrology	2,595	3,350	(756)	↕
Cardiac Critical Care	1,593	2,227	(634)	↕
Bone Marrow Transplant	2,408	2,791	(383)	↕
Wards (Exc. Haem/Onc)	947	1,113	(167)	↕

Top 5 YTD Clinical* Non Pay underspends by Speciality (£m)				Trend
	YTD 2018/19 Budget (£k)	YTD 2018/19 Actual (£k)	Variance (£k)	
Cardiac Serv	4,669	3,659	1,010	↕
Theatre	8,151	7,643	508	↕
Neuromuscular	896	448	448	↕
Snaps	775	489	287	↕
Critical Care Barrie	3,344	3,116	227	↕



*Clinical non-pay excludes passthrough

Summary

- YTD non-pay excluding pass through is adverse to plan by £4.9m. A key driver is the YTD increase in the impairment of receivables of £3.2m. This is driven by the delayed payment of private patient income and this drives the Other Non Pay variance.
- The increase in the impairment of receivables was partially offset by the continued underspend in premises associated with reductions in software maintenance contracts and below plan drugs costs linked to activity. Supplies & Services General continues to be overspent due to increased catering costs (£0.4m) and unachieved better value.

Top 5 clinical over/under spends

The key areas with Non-pay overspends are:

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

The key areas of Non-pay underspends are:

- **Cardiac Service** - underspent due to delays in opening of Alligator Ward.
- **Theatre** - underspend due to lower activity against plan.
- **Neuromuscular** - continues to underspend on splints, braces and drugs.
- **SNAPS** - consumables underspend due to lower activity.
- **Critical Care (PICU/NICU)** - underspends due to NHS activity volume shortfall against plan driven by low referrals.

RAG Criteria:

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

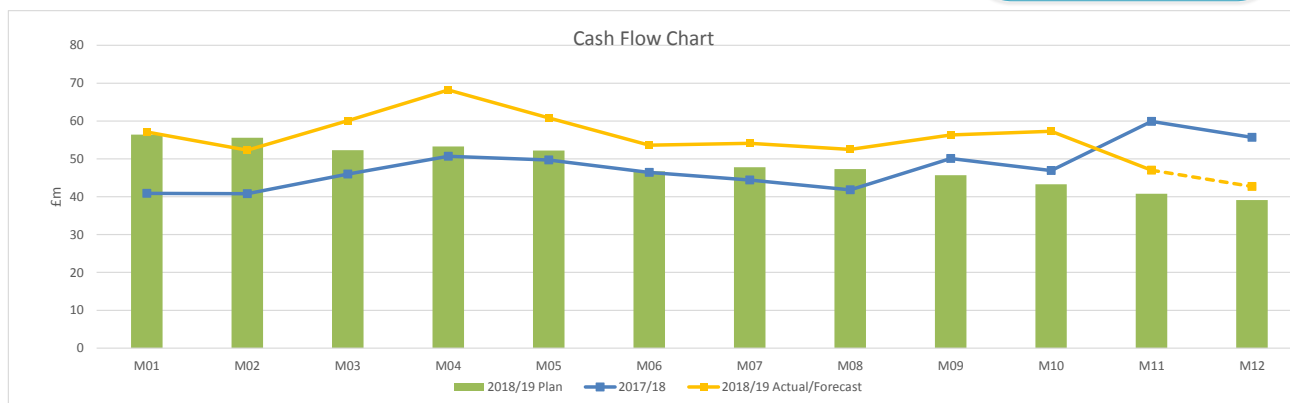
Cash, Capital and Statement of Financial Position Summary for the 11 months ending 28 Feb 2019

31 Mar 2018 Audited Accounts £m	Statement of Financial Position	28 Feb 2019 Plan £m	YTD Actual 28 Feb 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2019 £m	YTD Actual 31 Jan 2019 £m	In month Movement £m
463.29	Non-Current Assets	511.39	492.81	(18.58)	499.52	487.32	5.49
85.92	Current Assets (exc Cash)	88.90	106.04	17.14	84.18	102.94	3.10
55.69	Cash & Cash Equivalents	40.76	47.00	6.24	55.76	57.29	(10.29)
(69.95)	Current Liabilities	(63.24)	(78.73)	(15.49)	(66.20)	(80.08)	1.35
(5.51)	Non-Current Liabilities	(4.93)	(5.04)	(0.11)	(4.88)	(5.08)	0.04
529.44	Total Assets Employed	572.88	562.08	(10.80)	568.38	562.39	(0.31)

31 Mar 2018 Audited Accounts £m	Capital Expenditure	28 Feb 2019 Plan £m	YTD Actual 28 Feb 2019 £m	YTD Variance £m	Forecast Outturn 31 Mar 2019 £m	RAG YTD variance
5.81	Redevelopment - Donated	21.12	9.65	11.47	10.88	R
9.06	Medical Equipment - Donated	5.04	7.07	(2.03)	8.40	R
9.78	ICT - Donated	16.00	14.28	1.72	14.28	A
24.65	Total Donated	42.16	31.00	11.16	33.56	A
6.99	Redevelopment & equipment - Trust Funded	8.81	3.92	4.89	4.49	R
1.61	Estates & Facilities - Trust Funded	3.04	1.81	1.23	2.02	R
4.73	ICT - Trust Funded	11.97	11.74	0.23	13.72	G
13.33	Total Trust Funded	23.82	17.47	6.35	20.23	A
37.98	Total Expenditure	65.98	48.47	17.51	53.79	A

31-Mar-18	Working Capital	31-Jan-19	28-Feb-19	RAG	KPI
19.00	NHS Debtor Days (YTD)	8.0	11.0	G	< 30.0
189.00	IPP Debtor Days	232.0	243.0	R	< 120.0
27.70	IPP Overdue Debt (£m)	30.8	34.8	R	0.0
5.00	Inventory Days - Drugs	7.0	6.0	G	7.0
70.00	Inventory Days - Non Drugs	71.0	79.0	R	30.0
35.00	Creditor Days	28.0	30.0	A	< 30.0
43.3%	BPPC - NHS (YTD) (number)	43.4%	43.5%	R	> 95.0%
70.3%	BPPC - NHS (YTD) (£)	82.0%	82.4%	R	> 95.0%
85.0%	BPPC - Non-NHS (YTD) (number)	85.1%	85.1%	A	> 95.0%
89.3%	BPPC - Non-NHS (YTD) (£)	90.3%	90.8%	A	> 95.0%

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



Comments:

- The capital programme is £19.1m behind plan (£7.8m Trust funded and £11.3m donated). The following Trust funded programmes have slipped against plan); MEDU (£2.4m); various estates projects (£1.2m); Children's Cancer Centre (£1.3m); Camelia Botnar Lift (£0.6m).
- Cash held by the Trust is higher than plan by £6.2m. The variance was largely as a result of lower than planned expenditure on Trust funded capital projects (£4.2m).
- Total Assets employed at M11 was £10.8m lower than plan as a result of the following:
 - Non current assets totalled £492.8m (£18.6m less than plan largely as a result of the slippage on Redevelopment and Estates);
 - Current assets excluding cash less Current liabilities totalled £27.3m (£1.6m higher than plan).
 - Cash held by the Trust totalled £47.0m (£6.2m higher than plan)
 - Non current liabilities totalled £5.0m (£0.1m higher than plan)
- Overdue IPP debt increased in month to £34.8m (£30.8m in M10). This increase is as a result of lower than average receipts in month (£2.0m).
- IPP debtor days increased from 232 days to 243 days.
- The cumulative BPPC for NHS invoices (by value) slightly improved by in month to 82.4% (82.0% in M10). This represented 43.5% of the number of invoices settled within 30 days (43.4% in M10)
- The cumulative BPPC for Non NHS invoices (by value) slightly improved in month to 90.8% (90.3% in M10). This represented 85.1% of the number of invoices settled within 30 days (85.1% in M10).
- Creditor days increased in month to 30 days.

Council of Governors
Wednesday 17 April 2019

Young People's Forum Update

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

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

Three key messages to take away from this report are:

- 1) The YPF contributed to the Clean Air Hospital Framework by considering ways GOSH could improve air quality and how we could promote these ideas to different audiences around GOSH. A video created by a YPF member on why clean air is important to health was shown at the launch. YPF will continue this collaboration.
- 2) The YPF influenced the GOSH Teens Careers Festival by suggesting industries and companies to attend. YPF members also hosted Q&A sessions at the event. YPF members hosted a stall showcasing YPF activity and recruiting young people to the forum and Takeover Challenge. Through their efforts membership rose by 10%.
- 3) As part of a study day, YPF members were invited to teach apprentice health assistants (HCAs) about teenage experience at GOSH. The session was interactive and feedback from the HCAs showed that this was the highest scoring session of the day and that the HCAs found hearing directly from patients was invaluable to their learning.

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

Item presented by: Emma Beeden and/or Josh Hardy, Young People's Forum Governors.

Attachment M



YPF activity – January 2019 to March 2019

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

The current total of membership: 57

Since the last report to the Council three monthly YPF newsletters have been circulated.

Examples of YPF member activities since the last report are:

- Five YPF members, taking part in a focus group about the development of an app that monitors clinical trials.
- YPF member Emma becoming a lay member of a NICE committee.
- YPF members taking part in work experience with a corporate partner.

25 involvement opportunities were advertised during this period including involvement in a quality improvement project and taking part in the launch of the Clean Air Hospital Framework.

Meetings

A YPF meeting took place in January with 26 young people in attendance. At the meeting:

- 10 YPF members went on a tour of the new Zayed Centre for Research.
- YPF considered whether *MeeTwo*, a moderated, peer support app currently used in schools could be integrated into the NHS.
- YPF tried out and evaluated new physio technology to assess whether this would encourage patients to complete physio programmes.
- GOSH Arts and art company Studio Hato returned to YPF to continue work on the transition art project – creating a resource to help young people with the emotional side of growing up and moving to adult healthcare.



Fig 1. YPF members visiting Zayed Centre for Research



Fig 2. YPF January meeting

Attachment M

GOSH Teens Careers Festival

In February the second GOSH Teens Careers Festival took place; YPF were instrumental in the planning of this. YPF members were asked about the careers they wish to pursue and the industries they would like to meet at the careers festival – tech and medical careers were popular so there was a focus on these companies at the careers festival. YPF members hosted Q&A sessions with ex-patients Ollie Hynds, gold-medal winning Paralympian and Ant Bennett, motivational speaker. YPF members also ran a stall to recruit patients to YPF and Takeover Challenge.



Fig 3. YPF member Shelby learning about nursing at GOSH Teens Careers Festival

Apprentice Healthcare Assistants

Following the success of YPF members teaching newly-registered nurses about the teenage experience at GOSH, YPF was invited to run a similar session with apprentice healthcare assistants. Sessions took place in January and March, with apprentices not only from GOSH but also from Barts Health NHS Trust. YPF members attended these sessions to talk about their own experiences and what they feel can be improved. The YPF members led discussions and tasks about:

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

Feedback from the apprentice healthcare assistants showed that this was the highest scoring session of the study day, that the opportunity to hear from patients directly was invaluable and that it gave them confidence to talk to patients more effectively.

Attachment J

Council of Governors

17th April 2019

**Quality, Safety and Experience Assurance Committee Summary Report
April 2019**

Summary & reason for item: To provide an update on the April meeting of the Quality, Safety and Experience Assurance Committee. The agenda for this meeting is also attached.

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

Report prepared by: Victoria Goddard, Trust Board Administrator.

Item presented by: Amanda Ellingworth, Chairman of the Quality, Safety and Experience Assurance Committee

Attachment J

**Summary of the meeting of the Quality, Safety and Experience Assurance Committee
Held on 4th April 2019**

Overview and Emerging clinical and risk issues – to focus the committee’s attention on the areas under its remit of most concern

The Committee received an update on Epic Go-live, Brexit preparedness and activity planning as well as working taking place to ensure that all Better Value schemes for 2019/20 had been quality assessed.

Integrated Quality and Performance Report

All red rated areas of performance had action plans for improvement in place and in many cases these were related to the capabilities of Epic. It was noted that due to the reduction in activity over the Epic go-live period, there was a strong possibility that the Trust would become non-compliant with the Referral to Treatment Target of 92% and it had been agreed that GOSH would return to compliance by the end of 2019/20.

Benchmarking in Infection Prevention and Control

It was reported that national benchmarking was conducted using metrics such as those which were mandated for reporting for all bloodstream infections and that these could be compared in real time. The national data for paediatric benchmarking were not felt to be appropriate and a meeting was scheduled with other paediatric Trusts in May to consider how benchmarking could be improved. The committee asked to revisit this in 6-12 months’ time.

Update on transition

A framework of ‘growing up and gaining independence’ had been developed and work was taking place to embed this across the Trust. The NHS Long Term Plan indicated that the age for transition for some services would be raised to 25 by 2028.

Internal Audit Progress Report (January 2019 – March 2019)

The Draft Head of Internal Audit Opinion provided a rating of ‘significant assurance with minor improvement potential’. The Committee received an audit report on theatres which provided a rating of significant assurance with minor improvement potential.

Internal Audit Strategic Operational Plan 2019-20

The Committee noted the draft internal audit plan for 2019-20.

Internal and external audit recommendations update

Progress had been made with completing outstanding recommendations related to workforce planning. Recommendations were also being monitored by the Risk Assurance and Compliance Group.

Update on issues arising from patient stories at Board

Epic would be positive in terms of ensuring that reasonable adjustments required for parents were highlighted to staff. A lot of information was available for families but it was vital that this was

Attachment J

accessible. Work was taking place to review the accommodation policy and a working group had been formed to consider some issues related to accommodation.

Draft Trust Quality Priorities 2019/20

The Trust's Quality Priorities were presented with a focus on culture. Areas for improvement were based on the 2018 CQC report and staff survey.

Draft Quality, Safety and Experience Assurance Committee Annual Report 2018/19

The draft Quality, Safety and Experience Assurance Committee annual report for 2018/19 was presented and the committee was asked to provide comments to the Company Secretary.

Board Assurance Framework Update

The Committee considered the following high level risks:

- Risk 14: Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.

There are likely to be national workforce difficulties around pharmacists and it was vital that GOSH was an attractive organisation to undertaken training and work in. The Committee discussed medication errors and the support that EPR would provide around standardised doses. Pharmacy space and workflow was a risk and was being kept under regular review.

- Risk 15: All services are not appropriately managed or governed or are not of the appropriate standing to deliver quality services within a complex, specialist health environment

The Committee noted the responses which had been provided to the Non-Executive Directors' questions.

Whistle blowing update - Quality related cases

There was one on-going open case and no new cases within the reporting period.

Freedom to Speak Up Guardian Update

The Committee discussed the open cases and the ways in which they had been escalated and the committee emphasised the importance of ensuring that staff felt confident in speaking up, particularly with the introduction of Cognitive.

Health and Safety Update

Two RIDDORS (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) had been reported in the period, both of which had been investigated. Discussion took place around one of the incidents and it was agreed that the Chief Executive would visit the workspace to review the safety arrangements. It was noted that two key health and safety roles were proving challenging to recruit and it was agreed that the Director of HR and OD would provide support.

Getting It Right First Time (GIRFT) Update

It was agreed that action plans would be provided to the committee in the future and the importance of a sense of ownership of the work was emphasised.

Attachment J

QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE
Thursday 4th April 2019 at 2:00pm – 5:00pm in the Charles West
(Board) Room, Great Ormond Street Hospital for Children NHS
Foundation Trust
AGENDA

	Agenda Item	Presented by	Attachment	Time
1.	Apologies for absence	Chair		2:00pm
2.	Minutes of the meeting held on 17 th January 2019	Chair	A	
3.	Matters arising/ Action point checklist	Chair	B	2:05pm
<u>QUALITY AND SAFETY</u>				
4.	Overview and Emerging clinical and risk issues – to focus the committee’s attention on the areas under its remit of most concern	All	Verbal	2:10pm
5.	Integrated Quality and Performance Report	Acting Medical Director and Chief Nurse	C	2:30pm
	Benchmarking in Infection Prevention and Control	Director of Infection Prevention and Control	D	
6.	Update on transition	Chief Nurse/ Nigel Mills Transition Improvement Manager	E	2:45pm
7.	Update on issues arising from patient stories at Board	Head of Patient Experience	F	2:55pm
8.	Draft Quality Report 2018/19	Acting Medical Director	G	3:05pm
9.	Draft Trust Quality Priorities 2019/20	Acting Medical Director	T	3:10pm
<u>RISK AND GOVERNANCE</u>				
10.	Draft QSAC Annual Report 2018/19	Company Secretary	H	3:20pm
11.	Board Assurance Framework Update	Company Secretary	I	3:30pm
	Deep dives			
	Risk 14: Medicines are not managed in line with statutory and regulatory guidance (procuring, storing, prescribing, manufacturing and giving of medicines (including self-administration)) and that processes are not appropriately documented or monitored.	Chief Pharmacist	J	
Risk 15: All services are not appropriately managed or governed or are not of the appropriate standing to deliver quality services	Acting Medical Director	J		

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	within a complex, specialist health environment.			
12.	Health and Safety Update	Director of HR and OD	L	3:50pm
13.	Whistle blowing update - Quality related cases	Director of HR and OD	M	4:00pm
14.	Freedom to Speak Up Guardian Update	Freedom to Speak up Guardian	N	4:10pm
<u>AUDIT AND ASSURANCE</u>				
15.	Internal Audit Progress Report (January 2019 – March 2019)	KPMG	O	4:20pm
16.	Internal Audit Strategic Operational Plan 2019-20	KPMG	R	
17.	Internal and external audit recommendations update	KPMG	P	
18.	Update from the GOSH Ethics Committee	Chair of the Ethics Committee	Q	4:45pm
19.	Matters to be raised at Trust Board	Chair	Verbal	4:55pm
<u>FOR INFORMATION</u>				
20.	Getting It Right First Time (GIRFT) Update	Head of Quality and Safety	V	
21.	Compliance Update	Head of Quality and Safety	U	5:00pm
22.	Update from Audit Committee (January 2019)	Company Secretary	S	
23.	Any Other Business	Chair	Verbal	
24.	Next meeting	Thursday 11th July 2019 2:00pm – 5:00pm		
25.	Terms of Reference and Acronyms	1		

Attachment K

Council of Governors

17th April 2019

**Audit Committee Summary Report
January 2019 and April 2019**

Summary & reason for item: To provide an update on the January meeting of the Audit Committee. The agenda for the January and April meetings are also attached.

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

Report prepared by: Victoria Goddard, Trust Board Administrator

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

Attachment K

**Summary of the meeting of the Audit Committee
 Held on 24th January 2019**

The Committee noted the minutes of the October 2018 Quality and Safety and Assurance Committee and Finance and Investment Committee.

Board Assurance Framework Update: Risk Assurance and Compliance Group review of the BAF

Six new risks had been added to the BAF and the Committee emphasised the importance of ensuring that the assurance committees had sufficient capacity to review these risks. It was noted that the Audit Committee was providing oversight to only one additional risk.

The Committee reviewed the following high level risks:

- Risk 8: The Trust may not be able to provide the required level of research infrastructure or leverage additional research income if core research funding streams are reduced

The Committee requested assurance on the short and mid/long term risk given the risk score was the lowest on the BAF. There was confidence around the ability to sustain the level of research income and a steady number of publications were being produced, many of which were high impact. Discussion was taking place about how job plans could be changed to include research time as this was the limiting factor for many clinicians.

- Risk 10: The risk that the EPR programme will not be delivered on time or within budget

The most recent independent review had given an amber assurance rating with one critical recommendation and weekly operational readiness forums were taking place. Discussion took place about staff awareness and it was confirmed that some directorates had over 85% of staff booked onto EPR training and large majority of staff were aware of the project. An issue had arisen with the installation of a dedicated connection to the Epic data centre and the Trust had challenged Epic's escalation process. Assurance had been provided that this was now in hand. The NEDs agreed that they would use their walkrounds as an opportunity to ask staff about their knowledge of and views on the implementation of the EPR.

Data Quality and GDPR Update

Discussion took place around the number of subject access requests including requests for email searches and it was noted that GOSH received a large number of requests compared to its size.

Focus was being placed on data readiness for Epic. A kitemarking review was underway, and a programme of weekly audits had begun for RTT random samples.

Cyber security breach and systems down time update

Discussion took place around the toll fraud which had taken place and noted that learning had been around the engagement with the supplier and the requirement for engineers to be on site rather than sending changes from offsite. The Committee requested data around the number of breaches and attempted breaches in future reports.

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Preparedness: Update on emergency planning; LSMS; fire and business continuity (tests, incidents and plans)

The NHS England assurance process had been conducted and the Trust had received a rating of substantial assurance with some recommendations made. Approximately 70% of business continuity plans had been submitted. Discussion took place about undertaking a large scale table top exercise.

IPP debt provisioning

A large payment had been received in January 2019 which covered a small amount of aged debt. Discussions were taking place with one territory to increase the monthly payments which were being received in order to reduce the aged debt. The Committee requested benchmarking information about GOSH's approach to provisioning from the auditors.

IFRS 9 and 15

The Committee confirmed that it was comfortable with the approach being taken towards IFRS 9 and 15.

Sector Developments

Guidance on the Quality Report had been issued and it was confirmed that the indicators which would be audited were 62 week cancer waits and RTT. Discussion took place around the methodology for reviewing RTT.

Internal Audit Progress Report (November 2018 – January 2019) and Technical Update including annual IA plan process

Three reports were received on: safeguarding, risk management and theatres. All had received a rating of significant assurance with minor improvement opportunities. The Committee emphasised the importance of ensuring the risks on the Trust Wide Risk Register had been reviewed within the target timescales. Discussion took place about the way in which the remaining days in the audit programme could be used most effectively.

Internal and external audit recommendations – update on progress

It was noted that the Trust continued to reduce the number of outstanding recommendations which now stood at five, however other Trusts had reduced them further and more work was to be done.

Counterfraud Update

Information around cybercrime would be circulated to the Trust as a whole in the week beginning 28th January and a training survey would be sent to relevant groups.

Planning for 2018/19 year-end including review of Accounting Policies

Discussion took place around the valuation of land and buildings and it was noted that the valuer would be undertaking their work in January 2019.

Raising Concerns in the Workplace Update

Discussion took place around one open case which had previously been raised to the Trust Board.

Attachment K

Write offs

Discussion took place around losses in pharmacy and the likelihood that this was due to one expensive drug rather than a large number of items. Improvement was required in stock rotation.

Update on Procurement Waivers

There had been an increase in waivers due to the progress being made with the Zayed Centre for Research and it was noted efficiencies were being made in procurement by the Trust's new procurement partners.

Attachment K

AUDIT COMMITTEE
Tuesday 9th April 2019 at 2:30pm, Charles West Boardroom,
Paul O’Gorman Building

AGENDA

	Agenda Item	Presenter	Attachment	Time
1.	Apologies for absence	Chair		2:30pm
2.	Minutes of the meeting held on 24 th January 2019	Chair	A	
3.	Matters arising and action point checklist	Chair	B	
4.	Finance and Investment Committee: -February 2019 Final minutes -March 2019 Verbal update	James Hatchley, NED and Chair of F & I	C	
5.	Quality and Safety Assurance Committee –January 2019 Draft Minutes	James Hatchley, NED	D	
	RISK			
6.	Board Assurance Framework Update including update from the Risk Assurance and Compliance Group	Company Secretary	E	2:45pm
7.	Presentation of high level risks Risk 11: The trust is unable to deliver normal services and critical functions during periods of significant disruption. (to reference plans for Brexit) Risk 12: Inadequate planning or management of infrastructure redevelopment may result in poor VFM or failure to deliver expected business benefit. Risk 13: Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements. Data Quality Update	Acting Chief Operating Officer Director of Development Director of Planning and Information/ Company Secretary	F1 F2 F3 F4	2:50pm
8.	Electronic Patient Record Update	Chief Executive/ EPR Programme Director	G	3:20pm
9.	Better Value Programme Update	Acting Chief Operating Officer	H	3:30pm
10.	Legal Claims Report	Trust Solicitor	I	3:40pm
11.	Year End Update 2018/19	Chief Finance Officer	J	3:50pm
	EXTERNAL AUDIT			
12.	External Audit: Interim update report to the Audit Committee for the year ended 31 March 2019	Deloitte LLP	Verbal	4:00pm

Attachment K

INTERNAL AUDIT AND COUNTER FRAUD				
13.	Internal Audit Progress Report, Technical Update and Draft Head of Internal Audit Opinion for 2018-19	KPMG	K	4:10pm
14.	Internal audit recommendations – update on progress	KPMG	L	4:20pm
15.	Internal Audit Strategic and Operational Plan: 2019-20	KPMG	M	4:30pm
16.	Counter Fraud Annual Report March 2019, annual self review toolkit (SRT) and Counter Fraud Workplan 2019/20	Counter Fraud Manager, Grant Thornton (2019/20)	N	4:40pm
17.	Whistle blowing Update	Director of HR and OD	O	4:50pm
GOVERNANCE				
18.	Draft Annual Governance Statement 2018/19	Company Secretary	P	5:00pm
19.	Draft Audit Committee Survey Questions 2019	Chief Finance Officer	Q	5:10pm
ITEMS FOR INFORMATION				
20.	Update on Procurement Waivers	Chief Finance Officer	R	5:20pm
21.	Write Offs	Chief Finance Officer	S	
22.	Any Other Business	Chair	Verbal	
23.	Next meeting	Wednesday 22nd May 2019, 9:00am – 12:00pm in the Charles West Room.		

Attachment K



AUDIT COMMITTEE

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

GREAT ORMOND STREET LONDON WC1N 3JH

A G E N D A

**Tuesday 9th April 2019
2:30pm – 5:30pm**

AUDIT COMMITTEE
Tuesday 9th April 2019 at 2:30pm, Charles West Boardroom,
Paul O’Gorman Building
AGENDA

	Agenda Item	Presenter	Attachment	Time
1.	Apologies for absence	Chair		2:30pm
2.	Minutes of the meeting held on 24 th January 2019	Chair	A	
3.	Matters arising and action point checklist	Chair	B	
4.	Finance and Investment Committee: -February 2019 Final minutes -March 2019 Verbal update	James Hatchley, NED and Chair of F & I	C	
5.	Quality and Safety Assurance Committee –January 2019 Draft Minutes	James Hatchley, NED	D	
	<u>RISK</u>			
6.	Board Assurance Framework Update including update from the Risk Assurance and Compliance Group	Company Secretary	E	2:45pm
7.	Presentation of high level risks Risk 11: The trust is unable to deliver normal services and critical functions during periods of significant disruption. (to reference plans for Brexit) Risk 12: Inadequate planning or management of infrastructure redevelopment may result in poor VFM or failure to deliver expected business benefit. Risk 13: Personal and sensitive personal data is not effectively collected, stored, appropriately shared or made accessible in line with statutory and regulatory requirements. Data Quality Update	Acting Chief Operating Officer Director of Development Director of Planning and Information/ Company Secretary	F1 F2 F3 F4	2:50pm
8.	Electronic Patient Record Update	Chief Executive/ EPR Programme Director	G	3:20pm
9.	Better Value Programme Update	Acting Chief Operating Officer	H	3:30pm
10.	Legal Claims Report	Trust Solicitor	I	3:40pm
11.	Year End Update 2018/19	Chief Finance Officer	J	3:50pm
	<u>EXTERNAL AUDIT</u>			
12.	External Audit: Interim update report to the Audit Committee for the year ended 31 March 2019	Deloitte LLP	Verbal	4:00pm

<u>INTERNAL AUDIT AND COUNTER FRAUD</u>				
13.	Internal Audit Progress Report, Technical Update and Draft Head of Internal Audit Opinion for 2018-19	KPMG	K	4:10pm
14.	Internal audit recommendations – update on progress	KPMG	L	4:20pm
15.	Internal Audit Strategic and Operational Plan: 2019-20	KPMG	M	4:30pm
16.	Counter Fraud Annual Report March 2019, annual self review toolkit (SRT) and Counter Fraud Workplan 2019/20	Counter Fraud Manager, Grant Thornton (2019/20)	N	4:40pm
17.	Whistle blowing Update	Director of HR and OD	O	4:50pm
<u>GOVERNANCE</u>				
18.	Draft Annual Governance Statement 2018/19	Company Secretary	P	5:00pm
19.	Draft Audit Committee Survey Questions 2019	Chief Finance Officer	Q	5:10pm
<u>ITEMS FOR INFORMATION</u>				
20.	Update on Procurement Waivers	Chief Finance Officer	R	5:20pm
21.	Write Offs	Chief Finance Officer	S	
22.	Any Other Business	Chair	Verbal	
23.	Next meeting	Wednesday 22nd May 2019, 9:00am – 12:00pm in the Charles West Room.		

Attachment L

Council of Governors

17 April 2019

Governance update

Summary & reason for item:

The purpose of this paper is to provide a summary of governance and engagement work undertaken related to the Council of Governors since the 6 February 2019 Council of Governors' meeting. The report includes updates on:

- Two elected Governor Vacancies
- Membership Relationship Manager
- Governors' Corporate Affairs newsletter
- Progress report on Governors' online library
- Engagement event in the Lagoon
- Engagement event with the Young Person's Forum
- NED and Governor buddying
- Membership Engagement, Recruitment and Representation Committee (MERRC)
- Membership statistics and report

Governor action required:

- Volunteer to lead a Member recruitment session in the Lagoon.

Report prepared by:

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

Report presented by:

Paul Balson, Deputy Company Secretary

Attachment L

Two elected Governor Vacancies

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

During the year the Council agreed to keep the seats vacant in lieu of the review of the Trust Membership Constituencies.

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

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

At the February 2019 meeting of the Council of Governors, the Council agreed with the Constitution Working Group's recommendation to invite the next highest polling candidate in each constituency to serve a term of office expiring on 1st March 2021.

Since the meeting, the Company Secretary has made contact with both candidates who have accepted the appointments (subject to checks). It is envisioned that both candidates will be in post and inducted in time for Wednesday 17th July Council of Governors' meeting.

Membership Relationship Manager Vacancy

Zoe Bacon – Patient from London Governor and Chair of the MERRC, the Company Secretary and the Deputy Company Secretary interviewed candidates for the vacant Membership Relationship Manager on 26 February 2019. Unfortunately the role was not appointed to.

The job description will be reviewed over summer 2019 and re-advertised later this year. In the interim, the Corporate Affairs Team will share and deliver the Membership Relationship's Manager's objectives.

Governors' Corporate Affairs newsletter

At the February Council of Governors' meeting, Governors were informed that the monthly Governors' Corporate Affairs Newsletter would be circulated. The Corporate Affairs team has now sent out two editions of the newsletter. The newsletter aims to provide a one-stop-shop for the following:

- News items about GOSH
- Actions required by Governors
- Internal and external meetings coming up
- Information for Governors, and
- Development opportunities for Governors

This will reduce the number of emails that Governors receive from the Corporate Affairs Team and focus Governor attention on any actions required and important information.

Feedback from Governors has been positive.

Attachment L

Progress report on Governors' online library

Following a pilot of the Governors' online library with members of MERRC, the Corporate Affairs Team has decided to roll it out to all Governors.

The Governors' Corporate Affairs Team circulated joining instructions through Governors' Corporate Affairs newsletter 002.

The library will enable governors to access key documents such as GOSH meeting papers, the Constitution and other useful Trust information, as well as quick reference guides from Monitor and the Department of Health and Social Care.

Engagement event in the Lagoon



On 27 February 2019 11.00am to 1.00pm, Paul Gough – Staff Governor, Simon Hawtrey-Woore – Public Governor and Paul Balson – Deputy Company Secretary held a Member recruitment session in the Lagoon (opposite the Charity desk).

The event was a success with many members of the public interested in the benefits of membership and the role of the Council of Governors. 25 membership forms were received.

This was an effective recruitment measure and the Corporate Affairs Team plans to schedule one per month with a range of Governors and support. The Team can support Governors in many ways, however Governors' own personal reasons for standing as a Governors will be the most useful tool.

Governors interested in assisting with a future engagement event are asked to contact the Corporate Affairs Team and provide details of availability.

Engagement event with the Young Person's Forum

On Saturday 6th April 2019, YPF Governors Emma Beeden and Josh Hardy with support from Paul Balson – Deputy Company Secretary, met with the YPF to seek advice and guidance on engaging with and recruiting young members.

The session generated lots of innovative ideas that will be taken forward by the Corporate Affairs Team and MERRC. The most popular ideas included:

- Advertise the opportunities to get more actively involved in GOSH
- Share a clear summary of the benefits of membership
- Provide regular bitesize snapshots / updates on Instagram
- Share case studies from previous young members
- Design different membership forms for young people which are designed for patients
- Have young people on membership posters and increase visibility
- Promotional videos on the website

Attachment L

- Produce an easy read newsletter
- Revamp the website

Update on NED and Governor Buddying

As agreed at the November 2018 Council of Governors' meeting, the NED and Governor Buddying programme will be evaluated and a report recommending next steps presented to the July meeting of the Council of Governors.

The Corporate Affairs Team will be in contact with each group for feedback in due course.

Membership Engagement, Recruitment and Representation Committee (MERRC) update

The Committee met on Wednesday 6 February 2019. Key highlights from the meeting include:

- The Committee reviewed the membership statistics and identified that the number of young members was decreasing. The Committee decided to prioritise the objective of recruiting young members.
- The Committee will work closer with GOSH Communications and the Charity to identify and get involved with engagement opportunities.
- The next meeting of the MERRC on 25 April 2019 will be a focused workshop on the engagement of Young People. Initial ideas included:
 - presenting directly to the YPF and seeking their ideas on recruitment.
 - Outreach on the Trust's social media
 - More recruitment presence, particularly from the YPF in the hospital.
 - YPF to present to the Play team and promote the benefits of membership.
 - Revisit the initial purpose of YPF: An opportunity to look at how young people's voices can be heard. E.g. YPF takeover.
- The Committee discussed collecting and publicising Governors' special areas of interest on the website so interested members could contact them via the Corporate Affairs Team.
- Reviewed the list of Membership benefits.

Governance Development Session in July 2019

We are fortunate to have access to NHS Providers* who have kindly offered to provide some training to the Council on the role of Governors and to give you an opportunity to review case studies and practice asking questions of non-executive directors (NEDs). This will further support you in your role in holding the NEDs to account for the performance of the Board.

This is an exciting opportunity so please do make every effort to attend. The session will take place from 12 Noon to 2:15pm on Wednesday 17 July (i.e. before the Council meeting that day).

**a membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS.*

Attachment L

Membership statistics and report as at 8 April 2019

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

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

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

Actual and projected membership figures (excluding staff)

Table 1 below shows the actual and target membership figures for our public and patient, parent and carer constituencies at 31st March 2019 and figures as they were at 1st April 2018.

Constituency	Start of 2018/19 (as at 1 st April 2018)	Actual membership at 31 st March 2019	Target membership for 31 st March 2019
Public	2752	2825	2835
Patient, Parent and Carer	6917	6947	7125
Total	9668	9772	9959

Overall, the Trust increased its public and patient, parent and carer members by 104 to 9772 members. This was 187 less than our target of 9959. We achieved 36% of our overall target.

Since 1st April 2018, the Trust increased its public constituency by 73 members to 2825. This was ten members short of our target of 2835 for 2018/19. We achieved 87% of our target.

Since 1st April 2018, the Trust increased our patient, parent and carer constituency by 30 members to 6947, this was 178 short of our target. We achieved 14% of our target.

As outlined above [MERRC](#) reviewed the membership statistics at its last meeting and has prioritised the recruitment of young members. It will also discuss wider reaching recruitment and retention actions.