

**Meeting of the Trust Board
26th January 2011**

Dear Members

There will be a public meeting of the Trust Board on Wednesday 26th January 2011 commencing at **3:30pm** in the **Charles West Room, Level 2, Paul O’Gorman Building**, Great Ormond Street, London, WC1N 3JH.

Company Secretary

Direct Line: 020 7813 8230

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AGENDA

	Agenda Item	Presented by	Attachment
	<u>STANDARD ITEMS</u>		
1.	Apologies for absence	Chair	
	Declarations of Interest The Chair and members of this meeting are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must, as soon as practicable after the commencement of the meeting disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.		
2.	Minutes of Meeting held on 24th November 2010	Chair	L
3.	Matters Arising / Action point checklist	Chair	M
4.	Chief Executive’s Update <ul style="list-style-type: none"> • Update on six day working • Update on UCL Partners • SHA Quarter 2 Governance Assessment • Haringey Community Children’s Services 	Chief Executive	Verbal
5.	Zero Harm Report	Co-Medical Director (ME)	N
	<u>ITEMS FOR APPROVAL</u>		
6.	Estates Strategy	Director of Redevelopment	P
7.	Register of Seals	Chief Executive	Q
8.	Revised terms of reference for the Remuneration Committee	Mr Andrew Fane (Chair)	R
	<u>UPDATES</u>		
9.	Performance Report - Month 9	Chief Operating Officer	S
10.	Finance Report - Month 9	Chief Finance Officer	T
11.	Foundation Trust Update	Chief Operating Officer	U
12.	Haringey Services Update	Chief Nurse and	V

		Director of Education	
13.	Update on Executive responsibilities	Chief Executive	W
14.	Trust Board Members' Activities	Chair	Verbal
	ITEMS FOR INFORMATION (These items will not be discussed unless a Member gives prior notification of an intention to do so.)		
15.	Management of Serious Incidents	Co-Medical Director (ME)	1
16.	Assurance Framework Summary	Chief Operating Officer	2
17.	Management Board minutes: • November 2010	Chief Executive	3
18.	UCL Partners Management Report	Chief Executive	4
19.	Any Other Business (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)		
20.	Next meeting The next public Trust Board meeting will be held on Wednesday 30 th March 2011 in the Charles West Room, Level 2, Paul O'Gorman Building, Great Ormond Street, London, WC1N 3JH.		

**Draft Minutes of the meeting of Trust Board held on 24 November
2010**

Present

Baroness Tessa Blackstone	Chairman
Ms Yvonne Brown	Non-Executive Director
Dr Barbara Buckley	Co-Medical Director
Prof Andy Copp	Non Executive Director
Dr Jane Collins	Chief Executive
Ms Fiona Dalton	Deputy Chief Executive
Prof Martin Elliott	Co-Medical Director
Mr Andrew Fane	Non-Executive Director
Ms Dorothea Hackman	Associate Non-Executive Director
Ms Mary MacLeod	Non-Executive Director
Mrs Liz Morgan	Chief Nurse and Director of Education
Mrs Claire Newton	Chief Finance Officer
Mr Charles Tilley	Non-Executive Director

In attendance

Ms Kate Anderson	KPMG
Mr Mark Brice	NHS London
Mr Sven Bunn	Foundation Trust Programme Director
Ms Chris Caldwell*	Assistant Chief Nurse for Education and Advancement
Mr Simon Crawford	NHS London
Dr Anna Ferrant	Company Secretary
Professor David Goldblatt*	Programme Director, Child Health
Dr John Hartley*	Director of Infection Prevention and Control
Mr William McGill	Director of Redevelopment
Mr Geoff Speed*	Head of Education and Training
Mrs Elle Schlaphoff	Minutes Secretary

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

186.	Apologies for Absence	
186.1	No apologies for absence were received.	
187.	Declarations of Interest	

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187.1	No Declarations of Interest were made.	
188.	Minutes of the Meeting Held on 29 September 2010	
188.1	The minutes of the Trust Board meeting held on 29 September 2010 were received and the Chairman requested the Board Members to check them for accuracy.	
188.2	The minutes were approved as an accurate record.	
189.	Matters Arising/Action Point Checklist	
189.1	<u>Minute 24.2 – Surgical Site Infection Surveillance Project</u> The Co- Medical Director (ME) reported that a post had been recruited to and the survey was now proceeding as planned.	
189.2	<u>Minute 120.4 - Ombudsman Six Lives Report</u> The Co- Medical Director (BB) reported that an action plan developed in response to the report was being monitored by the Family Equality and Diversity Group (FED). It was noted that representation of Haringey Children's Community Services had been arranged.	
189.3	<u>Minute 153.4 – Tertiary Provider Network</u> The Chief Executive said that a presentation on the Tertiary Provider Network had been received at the Trust Board Away Day in October. She said that a consultation on commissioning framework priorities had been announced by NHS London and the Trust would be preparing a response.	
189.4	<u>Minute 154.2 – Development of Clinical Unit Level Harm Reports</u> It was noted that the development of clinical unit level harm reports was progressing.	
189.5	<u>Minute 158.2 – Implications of not Achieving National Targets on C. Difficile</u> The Co- Medical Director (ME) reminded Board Members that the response to C.Difficile infection in children was very different compared to adults. He said that Great Ormond Street had been working in conjunction with a number of other paediatric hospitals to establish a case for the targets to be adjusted to reflect this. It was noted that there had been extensive correspondence with the microbiology department and the Department of Health and whilst all parties were agreed that the development of a more appropriate way for comparing achievement against these targets was justifiable, it was felt unlikely that significant changes would result.	
190.	Chief Executive Update	
190.1	<u>Six Day Working</u> The Chief Executive said that the idea of six day working had been explored as part of the Foundation Trust consultation.	

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	<p>She said that work was progressing but it was clear that there were a number of HR issues that would need to be addressed with key staff groups. It was noted that an update would be provided at the Board Meeting in January.</p> <p>Action: Deputy Chief Executive</p>	
190.2	<p><u>Home Haemo - Dialysis Service</u> The Chief Executive reported that the Trust had developed a Home Haemo Dialysis Service for its patients. She said that a similar service existed in Toronto but that this was the first of its kind in the UK or Europe. It was noted that the Trust had worked with its Commissioners to ensure the service was cost neutral. Ms MacLeod asked if there was a way that patients receiving treatment at home could benefit from the same social interactions that they would experience in hospital. The Chief Executive said that she would investigate.</p> <p>Action: Chief Executive</p>	
190.3	<p><u>UCL Partners Back Office Update</u> The Chief Executive said that progress was being achieved in a number of areas including pathology and pharmacy services. It was noted that engagement with the work had been better in some areas than others and the UCL Partners Executive Group had recently agreed that a more aggressive approach was required. Work was being done to describe what this would look like.</p>	
190.4	<p>The Chief Executive advised Board Members that Mr Edward Lavelle had been appointed to complete a piece of work to explore how 'bottom up' and 'top down' approaches could be combined to effectively create group services within the partnership. She said that a report would be submitted to the Board at a later date.</p> <p>Action: Chief Executive</p>	
190.5	<p><u>Speciality Top Ups</u> The Chief Executive reported that a recent academic review of speciality top up payments to the tariff had recommended a number of changes that if implemented could create significant financial problems for the Trust. She said that the Trust had been working with other Children's hospitals and David Flory, Department of Health Deputy NHS Chief Executive in an attempt to find a solution.</p>	
190.6	<p>The Chief Executive said that the Department of Health had recognised that the modelling used by the review had been inaccurate and representatives of the Children's Hospitals and Mr Flory were due to meet again on 3 December 2010. She said that the results of the meeting would be reported to the Non Executive Directors and press interest could be expected. It was noted that the Chairman had also raised the issue of</p>	

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	Speciality top up payments in a recent letter to the Secretary of State for Health.	
190.7	<p><u>Risky Business Conference</u></p> <p>The Chief Executive said that Trust had hosted the recent Risky Business Conference. She said that conference was an annual event that brought together learning from industry on the management of risk. It was noted that a debrief event was being organised to enable participants from the Trust to share their learning.</p>	
190.8	<p>The Co-Medical Director (ME) said that at present it was not possible to stream videos from the conference website using Trust ICT facilities. The Chief Finance Officer said that she would investigate.</p> <p>Action: Chief Finance Officer</p>	
191.	<p><u>Safeguarding Improvement Team (SIT) Visit</u></p> <p>The Chief Executive said that a SIT team were due to visit the main site on the 19 and 20 January 2011. She asked the Chief Nurse and Director of Education to explain the purpose of the visit.</p>	
191.1	The Chief Nurse and Director of Education said that the SIT visits were part of a peer review initiative developed by NHS London. She said that the visit would involve various members of staff including the executive team and would focus on the main site only as Haringey PCT were being visited separately.	
191.2	The Chief Nurse and Director of Education said that preparations for the visit were underway and a submission of pre visit documentation was due in December. It was noted that verbal feedback would be provided at the end of the second day and a formal report would be made available shortly after.	
191.3	<p>The Chief Nurse and Director of Education said that the Office for Standards in Education, Children's Services and Skills (Ofsted) had given notice of their intention to visit Haringey in January 2011. She said preparation was underway and 10 days official notice of the visit would be provided. It was agreed that an update would be provided at the next meeting.</p> <p>Action: Chief Nurse and Director of Education</p>	
192.	Zero Harm Report	
192.1	The Zero Harm Report was received from the Co-Medical Director (ME). He said that the report had been prepared in conjunction with the Programme Lead, Dr Peter Lachman.	
192.2	The Co-Medical Director (ME) reported that a number of medical records had now been reviewed using the Paediatric Trigger Tool. He said that use of the tool had allowed the	

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	identification of a base level of harm and highlighted areas where rapid action was required.	
192.3	The Co-Medical Director (ME) said that his report included system level dashboards to illustrate the progress achieved by the programme. He said that dashboards could also be provided at a clinical unit or speciality level.	
192.4	The Co-Medical Director (ME) said that a working party had been established to examine the collation and content of medical records. Professor Copp asked if illegibility of medical records would be considered to be a harm event. The Co-Medical Director (ME) said that potentially it could but the risk could be reduced through the use of electronic records.	
192.5	Ms Brown asked if the Trust was considering the use of electronic patient records and when this was likely to occur? The Chief Finance Officer said that the concept was being investigated but timescales had not yet been determined. The Chief Nurse and Director of Education said that the incorporation of nursing notes would also need to be considered.	
192.6	Mr Fane asked if the appointment of Acute Paediatricians at the Trust would contribute to the zero harm programme. The Co-Medical Director (BB) said that it would and although the priority of the new appointees would be the medical care of surgical patients, it was hoped that they would eventually raise the standard of general paediatric care and training across the Trust.	
192.7	The Chief Finance Officer said that further clarity was required regarding the Trust's harm reduction target. The Co-Medical Director (ME) said that the target of a 50% reduction had originally been set for the end of 2012 but had been brought forward. He suggested that the target be reaffirmed as a 50% reduction in harm by the end of the 2010/11 financial year. Board Members agreed to the amendment.	
	<u>ITEMS FOR APPROVAL</u>	
193.	Education and Training Strategy	
193.1	The Education and Training Strategy was received from the Chief Nurse and Director of Education. She was joined by Ms Chris Caldwell, Assistant Chief Nurse for Education and Advancement and Mr Geoff Speed, Head of Education and Training for the presentation.	
193.2	The Chief Nurse and Director of Education said that the strategy covered 5 years and met the requirements of the appropriate external regulatory standards. She said that it defined the educational responsibilities of the Trust and offered a more dynamic approach to education provision.	

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193.3	The Chief Nurse and Director of Education said that the strategy placed emphasis on multi-professional education delivery, sought to encourage opportunities for shared learning across partner organisations and the development of business opportunities both nationally and internationally.	
193.4	The Chief Nurse and Director of Education said that the strategy was ambitious and further development was required. It was noted that Key Performance Indicators for the strategy had not yet been agreed. The Deputy Chief Executive suggested that employability at GOSH or a similar institution after training could be a good example.	
193.5	Mr Tilley asked if the Trust had the necessary commercial skills required to progress the development of business opportunities. The Chief Nurse and Director of Education said that it had been identified as a skills gap but that she was working with the finance team to find a solution.	
193.6	The Co-Medical Director (ME) suggested that the Trust should seek to set the highest standards in relation to education provision and academic achievement. Ms Caldwell said that it was important to find a balance between attracting the best candidates without exclusion and becoming elitist.	
193.7	The Chairman said that the paper was currently aspirational and would require milestones and implementation markers. She suggested that 4 or 5 priorities were selected for development and the strategy should be resubmitted to the Board in 6 months time. Action: Chief Nurse and Director of Education	
193.8	The Chief Nurse and Director of Education said that she wanted to set the direction of travel and secure the commitment of Board Members before proceeding further. The Chairman confirmed that the Board were committed to the strategy but further information was required on the delivery proposals.	
194.	Infection Control Report	
194.1	The Infection Control Report was received from Dr John Hartley, Director for Infection Prevention and Control. He reported that although Clinical Units and Specialities were becoming more involved with Infection Control Activities, not all areas had agreed an appropriate local plan.	
194.2	Dr Hartley reported that no cases of MRSA bacteraemia had been reported at the Trust since September 2009 but current rates of C.difficile infection were above trajectory. He advised Board Members that the Trust was now also required to participate in mandatory reporting on MSSA bacteraemia and	

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	this would be added as a KPI in due course.	
194.3	Dr Hartley said that the Trust continued to work towards meeting its agreed Commissioning for Quality and Innovation (CQUIN) target on central line infections.	
194.4	Dr Hartley said that the importance of standard infection control procedures should be stressed to staff and visitors. He said that receipt of a flu vaccine was also recommended for hospital staff and those belonging to other high risk groups.	
194.5	The report was noted .	
195.	UCL Partners Research Activities	
195.1	A report summarising the research activities within the UCL Partners Child Health Programme was received from Professor David Goldblatt, Programme Director Child Health. He reminded Board Members that one of the driving concepts of Academic Science Centres was the ability to increase the speed at which research developments were able to benefit patients. Professor Goldblatt said that Child Health was one of 12 topic specific programmes.	
195.2	Professor Goldblatt provided details of a paediatric diabetes management project that was currently being piloted. He said that the project was being led by Professor Peter Hindmarsh and involved patients sharing information about the status of their condition with their care team remotely.	
195.3	Ms MacLeod asked if patients participating in the diabetes management programme would be able to make contact with each other. Professor Goldblatt said that the idea of creating a forum had been considered but steps would need to be taken to ensure that it was appropriately monitored.	
195.4	Professor Goldblatt said that additional funding had been received towards a study of paediatric asthma. He said that study would examine ways of managing acute asthma away from emergency care environments and the roll out of a system of patient held medical records.	
195.5	Mr Fane asked how the Trust planned to utilise the Clinical Research Facility (CRF). Professor Goldblatt said that the CRF was an important vehicle for moving research out of the laboratory and would enable the development of industry relationships with research.	
195.6	The Chairman thanked Professor Goldblatt for his report and asked if his next report could include information on how the research conducted by UCL Partners was linking with global health initiatives. Action: Professor Goldblatt	

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195.7	The report was noted .	
196.	Risk Management Strategy	
196.1	The Risk Management Strategy was received from the Co-Medical Director (ME). He said a number of changes to the document had been required to ensure that it was current and a summary of changes had been provided in appendix A.	
196.2	The Chief Finance Officer said that she would like the opportunity to examine ICT risks further and the use of a more recent version of the organisational structure was requested on page 8. Action: Co-Medical Director (ME)	
196.3	It was noted that there were a large number of sub committees that reported to the Management Board. The Company Secretary said that the existence of some committees was required by external regulators but an assessment was underway and the structure would be rationalised where possible.	
196.4	It was noted that a further report on the Management Board reporting structure would be submitted to the Trust Board Away Day in February. Action: Company Secretary	
196.5	The Deputy Chief Executive said that a new section on risk appetite had been added to the document as part of the requirements of the Foundation Trust Application process. Non Executive directors asked if examples could be provided of the Trust's risk appetite in the report. Action: Co Medical Director (ME)	
196.6	Board Members agreed that a second draft of the strategy should be submitted to the Board Meeting in January. Action: Co Medical Director (ME)	
197.	Treasury Policy	
197.1	The Treasury Policy was received from the Chief Finance Officer. She said that it outlined a number of conservative low risk principles for the management of cash reserves once the Trust had achieved Foundation Trust status.	
197.2	Mr Tilley suggested that the Trust might consider the production of additional longer term forecasts in addition to the 30 day forecasts described in the policy. He also suggested that that the short term credit ratings could be strengthened. Action: Chief Finance Officer	

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197.3	The policy was agreed subject to the suggested amendments.	
198.	Foundation Trust Constitution	
198.1	The Foundation Trust Constitution was received from the Chief Executive. She said that document had been discussed at the previous meetings and Board Members had been provided with a copy of the most recent version in their meeting paper pack.	
198.2	It was noted that the Chairperson and Non Executive Directors would be appointed for 3 year terms and each individual would be able to serve a maximum of 3 terms.	
198.3	Ms MacLeod suggested that further work would be required to clarify the roles and responsibilities of the different hospital committees outlined in the Constitution. The Chairman said that it was important that there were no misunderstandings. Action: Company Secretary	
198.4	The Foundation Trust Constitution was approved subject to the suggested amendments.	
	<u>ITEMS FOR DISCUSSION</u>	
199.	Learning from External Investigations	
199.1	A report summarising the learning from recently published investigation reports into incidents at NHS Trusts was received from the Deputy Chief Executive.	
199.2	The Deputy Chief Executive confirmed that recommendations made by investigation reports were always considered and action plans developed where appropriate. It was noted that the Airedale inquiry, findings from the CQC assessment of Scarborough and North East Yorkshire NHS Trust and the independent inquiry into the care provided by the Paediatric Cardiac Services at Oxford Radcliffe Hospitals NHS Trust had been discussed at the meeting of the Clinical Governance Committee in November 2010.	
199.3	The Chairman noted the recommendation to undertake patient safety walk rounds out of regular hours, in order to provide additional assurance against the findings of the Airedale inquiry. It was noted that members of the GOSH Executive team already made both announced and unannounced out of hours visits to departments on a regular basis.	
199.4	The report was noted .	

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	<u>UPDATES</u>	
200.	Performance Report – Month 7	
200.1	The regular performance report was received from the Deputy Chief Executive.	
200.2	The Deputy Chief Executive said that although consistent improvements have been achieved in relation to the Theatre Safety Checklist, the usage target still had not been met. She said that data had now been separated to enable the identification of problem areas and it was noted that all operating theatres were now recording usage levels of over 90%.	
200.3	The Deputy Chief Executive noted that the data suggested that Clinical Units had been experiencing problems with recruitment to Comprehensive Local Research Networks (CLRN), and that this was being investigated.	
200.4	The Deputy Chief Executive advised Board Members that if the Trust were a Foundation Trust, it would currently achieve an 'Amber- Green' status for its Monitor Governance Risk Rating. She said that this was due to rates of C.Difficile infection and the Director of Infection Prevention and Control was working to ensure that it was recognised that the target established for the Trust was not appropriate for the patients treated.	
200.5	It was noted that the axes on Graph 19 were in the wrong positions and needed to be swapped. Professor Copp asked about the consequences of exceeding the upper performance limit on new to follow up appointments. The Chief Finance Officer said that a minor financial penalty would be incurred.	
200.6	The report was noted .	
201.	Finance Report – Month 7	
201.1	The finance report was received from the Chief Finance Officer. She said that her report provided further clarity regarding the current financial position and attempted to provide a longer term balanced forecast.	
201.2	The Chief Finance Officer said that the Trust was currently ahead of plan but it was expected that planned renovation works in surgery would decrease activity in the near future.	
201.3	The Chief Finance Officer reported that limited progress had been made in relation to the recovery of longer term debts. It was noted that the Trust had experienced recent difficulties in attempting to obtain payment from the Maltese Government. The Chief Finance Officer asked if it would be possible for the Chief Executive to write to them in an attempt to resolve the	

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	situation Action: Chief Executive	
202.	Foundation Trust Update – including update on timetable	
202.1	The Foundation Trust Update was received from Mr Sven Bunn, Foundation Trust Programme Manager on behalf of the Deputy Chief Executive. He confirmed that the preparations for the Foundation Trust application were currently on target.	
202.2	Board Members discussed the potential problems that could arise if agreement with the Department for Health regarding an alternative target for C.difficile infections was not reached. It was noted that after Foundation Trust status had been achieved, non achievement of the C.difficile target would result in an 'Amber-Green' rating for Monitor's Governance Risk Rating. This would be increased to 'Amber-Red' if a number of subsequent reports showed the same score.	
202.3	Mr Bunn reported that the CRES schemes for 2013/14 were being finalised and the workforce plan was close to completion. It was noted that there was reasonable confidence that the Commissioner agreements would be completed prior to 30 November.	
202.4	Mr Bunn confirmed that the application documents were due for submission to NHS London on 14 December and a Board to Board meeting was planned for January 2011. It was noted that after the SHA Board to Board meeting, the Department of Health would take approximately 2 months to review the submission. It would then pass to Monitor and to be reviewed for an additional period of up to 4 months.	
202.5	The report was noted .	
203.	Modern Matron Report	
203.1	The Modern Matron report was received from the Chief Nurse and Director of Education. She said that recent clinical visits by the Non Executive Directors had been valued and the invitation remained for any Directors.	
203.2	The Chief Nurse and Director of Education reported that the roles of the Modern Matrons had been reviewed and strengthened. It was noted that the roles had been replaced with new 'Head of Nursing' positions within each Clinical Unit. The Head of Nursing post incorporated the responsibilities of the Modern Matron. She said that recruitment to a majority of these posts had been successful and a programme had been developed to ease transition to the new structure.	
203.3	The Chief Nursing and Director of Education reported that	

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	work on the SBARD and CEWS scoring system had been undertaken to examine the quality and frequency with which observations were recorded. She said that all Nursing performance indicators were reviewed on a regular basis.	
203.4	The report was noted .	
204.	Register of Seals	
204.1	The Register of Seals was received from the Company Secretary. She said that the document provided details of seals affixed and authorised between 24 September 2010 and 18 November 2010.	
204.2	The Register of Seals was approved .	
205.	Trust Board Members' Activities	
205.1	The Chairman advised Board Members that the following Consultants had been appointed since the last meeting - <ul style="list-style-type: none"> • Paul Humphries - Consultant in Radiology • Dr Thara Persaud – Consultant in Radiology • Dr Benjamin Jacobs - General Paediatric Consultant Team Lead • Dr Andrew Long - Lead for Education and Training within the team • Dr Jane Valente - Lead for liaison with the Surgical Specialties • Dr Nick Lessof - Named Doctor for Child Protection for the Trust 	
205.2	The Board approved the new Consultant appointments.	
	<u>ITEMS FOR INFORMATION</u>	
206.	External Auditor's Management Letter	
206.1	It was noted that the item 'External Auditor's Management Letter' had been included for information. The Chairman asked if there were any questions or comments. There were none.	
207.	Assurance Framework Summary	
207.1	It was noted that the item 'Assurance Framework Summary' had been included for information. The Chairman asked if there were any questions or comments. It was noted that the Assurance Framework was received by the Board and reviewed by both the CGC and Audit Committee on a regular basis.	

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208.	Overview of Trust Wide Risk Register	
208.1	It was noted that the item 'Overview of Trust Wide Risk Register' had been included for information. The Chairman asked if there were any questions or comments. There were none.	
209.	Audit Committee Update	
209.1	It was noted that the 'Audit Committee Update' had been included for information. The Chairman asked if there were any questions or comments. The Chief Finance Officer said that work due to be completed on the Standing Financial Instructions was still outstanding and would be carried forward.	
210.	Clinical Governance Committee Update	
210.1	<p>Mr Fane provided Board Members with the following summary of the Clinical Governance Committee Meeting held on the 17 November.</p> <ul style="list-style-type: none"> • The Committee reviewed the Assurance Framework and received presentations on risks 1A, 1K, 4A and 2C. • Assurance on risks at Haringey Children's Community Services was received. • No CQC registration areas were at risk of non compliance but areas where the evidence could be strengthened had been identified. • Mary MacLeod would continue to receive the final drafts of Special Case Reviews in order to provide the necessary assurance to the Board. • The Committee would develop stronger connections with the Clinical Ethics Committee. • A report on complaints was received and the importance of listening to the 'patient voice' was noted. 	
211.	Management Board - September 2010 Minutes	
211.1	It was noted that the Management Board - September 2010 Minutes' had been included for information. The Chairman asked if there were any questions or comments. There were none.	
212.	UCL Partners Management Report	
212.1	It was noted that the 'UCL Partners Management Report' had been included for information. The Chairman asked if there were any questions or comments. There were none.	
213.	Any Other Business	

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213.1	No other business was declared.	
214.	Date of the Next Meeting	
214.1	The date of the next meeting was confirmed as 26 January 2011.	

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**TRUST BOARD - ACTION CHECKLIST
26 January 2011**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
24.2	28/04/10	The Co-Medical Director said that a surveillance project on Surgical Site Infections (SSIs) had commenced and a progress report would be submitted to a future meeting.	ME		Work in progress
154.2	29/09/10	The Co-Medical Director (ME) said that the development of unit level harm reports had been piloted and was due to be rolled out across the Trust. He said that he would present an example of the reports at a future Trust Board meeting.	ME	TBC	Actioned – CU reports and Zero Harm reports now merged and web based
190.1	24/11/10	The Chief Executive said that the idea of six day working had been explored as part of the Foundation Trust consultation. She said that work was progressing but it was clear that there were a number of HR issues that would need to be addressed with key staff groups. It was noted that an update would be provided at the Board Meeting in January.	FD	January 2011	On agenda – Chief Executive Update
190.2	24/11/10	The Chief Executive reported that the Trust had developed a Home Haemo Dialysis Service for its patients. She said that a similar service existed in Toronto but that this was the first of its kind in the UK or Europe. It was noted that the Trust had worked with its Commissioners to ensure the service was cost neutral. Ms MacLeod asked if there was a way that patients receiving treatment at home could benefit from the same social interactions that they would experience in hospital. The Chief Executive said that she would investigate.	JC	January 2011	The Renal Team have been asked to consider whether contact between patients would be possible. A verbal report will be provided in due course.
190.4	24/11/10	The Chief Executive advised Board Members that Mr Edward Lavelle had been appointed to complete a piece of work to explore how ‘bottom up’ and ‘top down’ approaches could be combined to effectively create group	JC	January 2011	Verbal Update in Chief Executive’s Report

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Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		services within the partnership. She said that a report would be submitted to the Board at a later date.			
190.8	24/11/10	The Co-Medical Director (ME) said that at present it was not possible to stream videos from the conference website using Trust ICT facilities. The Chief Finance Officer said that she would investigate.	CN	January 2011	Verbal Update
191.3	24/11/10	The Chief Nurse and Director of Education said that the Office for Standards in Education, Children's Services and Skills (Ofsted) had given notice of their intention to visit Haringey in January 2011. She said preparation was underway and 10 days official notice of the visit would be provided. It was agreed that an update would be provided at the next meeting.	LM	January 2011	Update on agenda – Haringey Services Update
193.7	24/11/10	The Chairman said that the Education Strategy paper was currently aspirational and would require milestones and implementation markers. She suggested that 4 or 5 priorities were selected for development and the strategy should be resubmitted to the Board in 6 months time.	LM	May 2011	Not Yet Due
195.6	24/11/10	The Chairman thanked Professor Goldblatt for his report and asked if his next report could include information on how the research conducted by UCL Partners was linking with global health initiatives.	DG	June 2011	Not Yet Due
196.2	24/11/10	The Chief Finance Officer said that she would like the opportunity to examine ICT risks further and the use of a more recent version of the organisational structure was requested on page 8 of the Risk Management Strategy.	ME	February 2011	In progress
196.4	24/11/10	It was noted that a further report on the Management Board reporting structure would be submitted to the Trust Board Away Day in February.	AF	February 2011	Not Yet Due

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Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
196.5	24/11/10	The Deputy Chief Executive said that a new section on risk appetite had been added to the Risk Management Strategy as part of the requirements of the Foundation Trust Application process. Non Executive directors asked if examples could be provided of the Trust's risk appetite.	ME	February 2011	In progress
196.6	24/11/10	Board Members agreed that a second draft of the Risk Management Strategy should be submitted to the Board Meeting in January.	ME	February 2011	In progress
197.2	24/11/10	Mr Tilley suggested that the Trust might consider the production of additional longer term forecasts in addition to the 30 day forecasts described in the Treasury policy. He also suggested that that the short term credit ratings could be strengthened.	CN	January 2011	Verbal Update
198.3	24/11/10	Ms MacLeod suggested that further work would be required to clarify the roles and responsibilities of the different hospital committees. The Chairman said that it was important that there were no misunderstandings.	AF	February 2011	Not Yet Due
201.3	24/11/10	The Chief Finance Officer reported that limited progress had been made in relation to the recovery of longer term debts. It was noted that the Trust had experienced recent difficulties in attempting to obtain payment from the Maltese Government. The Chief Finance Officer asked if it would be possible for the Chief Executive to write to them in an attempt to resolve the situation	JC	January 2011	Verbal Update

Trust Board Meeting	
26th January 2011	
Title of document:	Paper No:
Zero Harm Report	ATTACHMENT N
Martin Elliot Co-Medical Director	
Summary	
This paper provides an update on the following issues:	
<ul style="list-style-type: none"> ▪ Zero harm programme for 2011 ▪ Paediatric Trigger Tool ▪ Medical records quality challenge ▪ Medicine management success 	
Action required from the meeting	
To note the programme for Zero Harm, which is in line with Trust objectives.	
Contribution to the delivery of NHS / Trust strategies and plans	
This is one of the strategic objectives of the Trust.	
Financial implications	
Nil	
Legal issues Nil	
What consultation has taken place Not Applicable	
Who needs to be told about the policy? Not Applicable	
Who is accountable for the monitoring of the policy? Not applicable	
Author and date	
Peter Lachman 14th January 2011	

Zero Harm Report for Trust Boards January 2011

1. Zero Harm Programme for 2011

The programme for 2011 is set out in the table below. This is continually updated as per the findings from the Paediatric Trigger Tool, Serious Untoward Incidents, mortality reviews and experience in the front line.

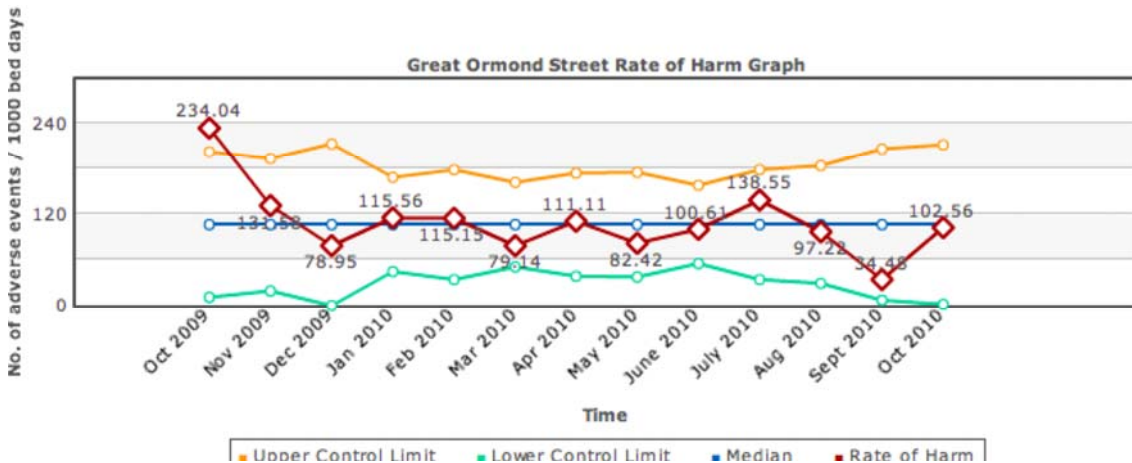
Work Stream	Process	Outcome
Critical Care	VAP prevention bundle	Reduction in VAPs
	CVC bundles	Reduction in BSIs
	Daily Goals	Improved communication
Wards	Paediatric Warning Systems Observations	Recognition of deterioration
	Medical records	Improved record keeping
	Hand Hygiene	Reduction in HAIs
	Safety Briefings	Improved communication
Peri-operative	On-time Antibiotics	Surgical Site Infections
	Surgical Pause WHO Checklist and briefing	Reduction in surgical incidents Improved culture and decreased incidents
Medicines Management	Prescribing Administration	Reduction in adverse drug events
	Medicines Reconciliation	
	Dosage calculations	
Leadership	Walk Rounds Safety strategic priority	Culture of Safety improved in the Trust

All Units have prepared an improvement plan, which includes the above and their own priorities to achieve increased reliability of care. Once complete exact targets for each of the above will be set.

2. Measurement of harm¹ and aim for the programme

The PTT aims to help the Trust measure the rate of harm in the organisation. It provides an unbiased measure of the incidence of iatrogenic harm experienced by patients.

We have now have data for 12 months with 240 notes reviewed by the team. The level of harm is 10-12% the majority of which is reversible and was not previously reported.



We have agreed to aim for a 50% reduction in harm and that the above programme will achieve this. Key issues raised and now to be incorporated in the programme includes:

- Record keeping
- Observations
- Response to Deterioration
- Infections and skin integrity
- Medicine management

3. Medical records

The trigger tool analysis has indicated the need to improve the quality of medical records. Since the last report in November an audit of medical records in the Trust undertaken by Andrew Pearson has confirmed that there is need for urgent attention to be paid to the quality of medical records. The following action has been undertaken:

- A new policy has been submitted to Management Board
- Clinical Units have been requested to develop an Action Plan to improve the quality of records

¹ NHS III Safer Care website provides greater detail.
http://www.institute.nhs.uk/safer_care/paediatric_safer_care/get_started.html

ATTACHMENT N

- Exemplar units will be identified so that those with excellent standards of record keeping can disseminate their practice.

Regular reports will be provided on progress in this regard.

4. Medicine management

A programme to improve the processes in medicine management has been underway over the past year. It is pleasing to report that on a number of units real change has taken place. This will now need to be spread to the rest of the hospital.

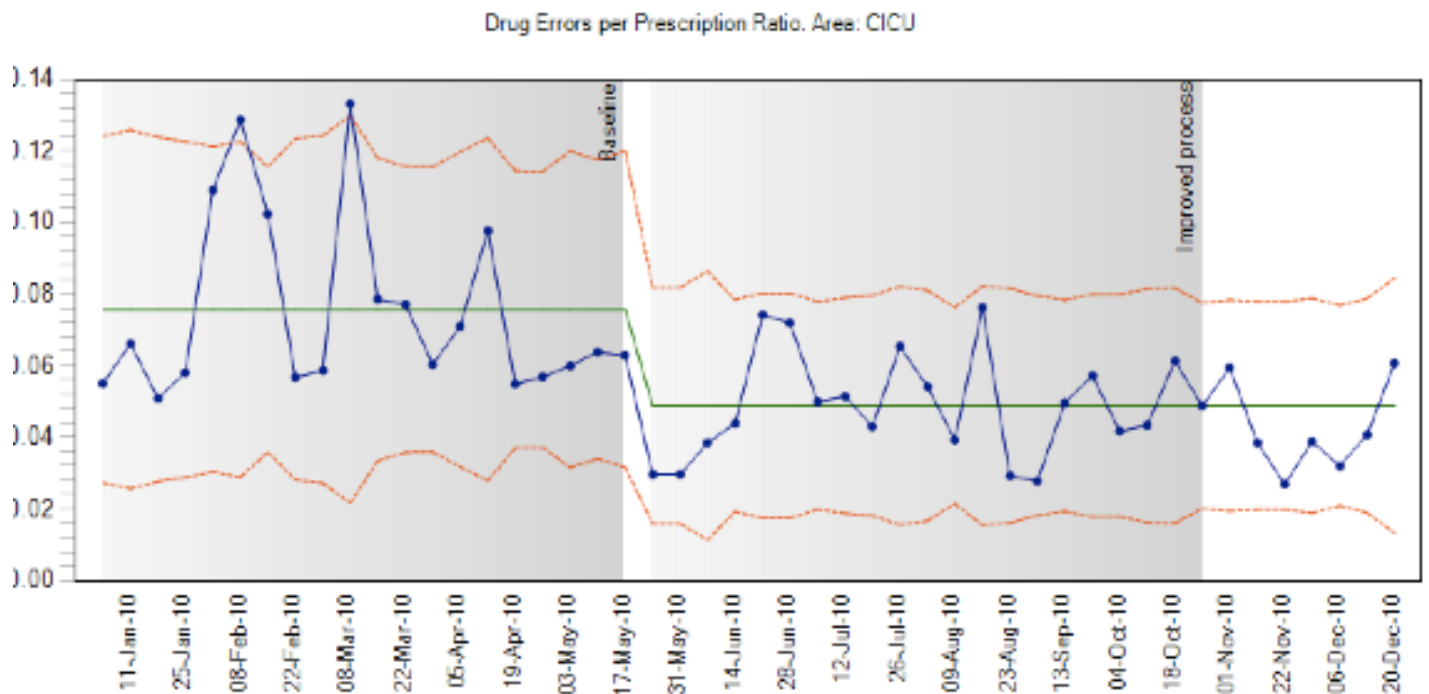
On CICU under the leadership of Allan Goldman and on PICU under the leadership of Mark Peters statistically significant improvements in the decrease of prescribing errors and therefore potential and actual harm has been demonstrated. The intervention included developing protocols for medication prescribing, teaching programmes, quiet defined areas for prescribing, positive feedback and review of records, and zero tolerance for errors.

5. Future reports

Over the next year we will have focused reports – raising the overall picture of the programme and highlighting an area where we have had success and one where there is an ongoing challenge. The board is requested to provide feedback as appropriate.

Peter Lachman
Associate Medical Director Patient Safety
17 January 2011

Figure 2 Decrease in prescribing errors CICU



The readjustment of the median indicates significant change and improvement

Figure 3 Decrease infusion errors on PICU

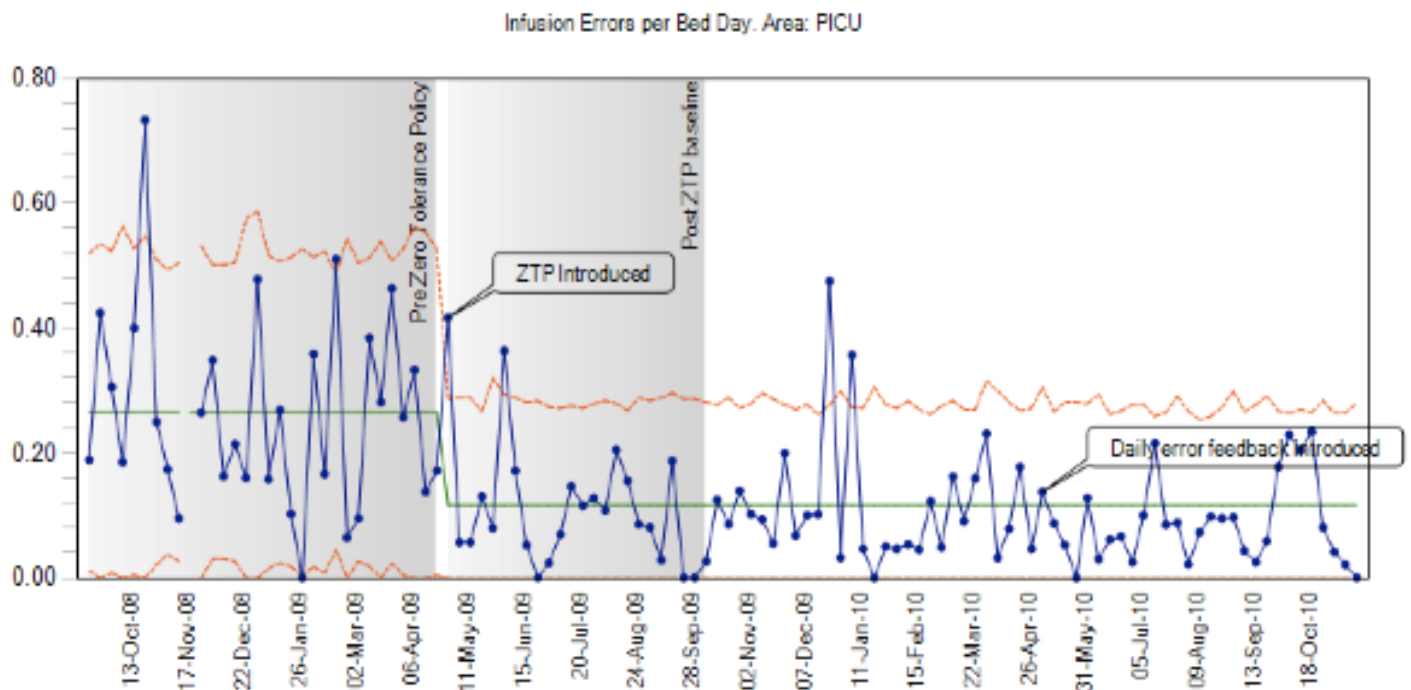
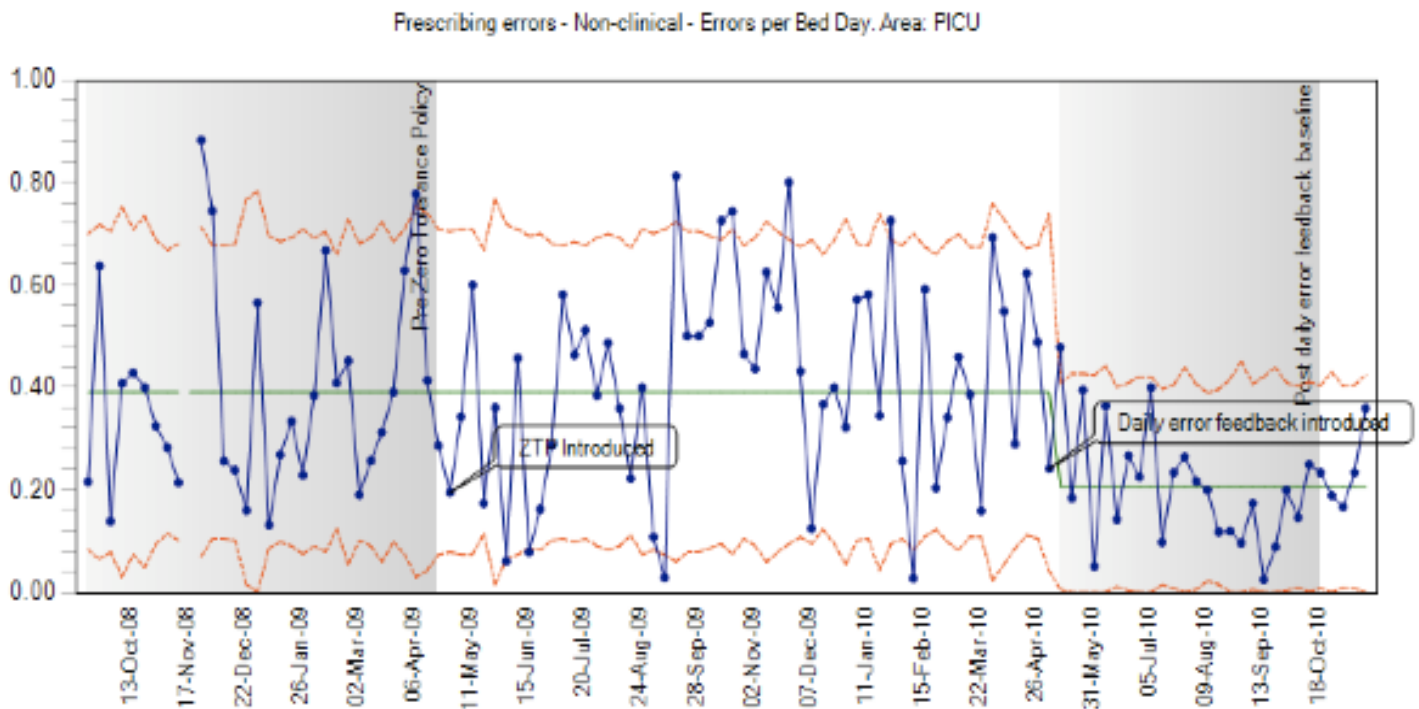


Figure 4 Decrease prescribing errors in PICU



The readjustment of the median indicates significant change and improvement with a decrease on variation.

Trust Board Meeting 26th January 2011	
Title of document Estates Strategy 2010- 2015	ATTACHMENT P
Submitted on behalf of Director of Redevelopment and Estates	Date considered by Management Board: 20 th January 2011
Aims / summary This Strategy is intended to inform the Trust Board of the benefits of a formal Estates Strategy which in general are;	
<ul style="list-style-type: none"> • An assurance that the clinical services provided will be supported by a safe secure and appropriate environment • A plan that allows progress to be measured against objectives • A strategic context in which business cases for all capital investments can be measured • A statement to the public that the Trust has a positive agenda • A clear commitment to complying with sustainable objectives • Assurance that asset management costs are appropriate • Assurance that risks are managed effectively 	
Action required from the meeting The Trust Board are requested to approve this Strategy	
Contribution to the delivery of NHS / Trust strategies and plans The Estate Strategy form a key deliverable linking with all other Trust strategies and plans	
Financial implications There are no immediate financial implications for this strategy	
Legal issues No legal issues	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, members, children and families) and what consultation is planned/has taken place? Trust Board need to approve this strategy	
Who needs to be told about any decision Trust Board	
Who is responsible for implementing the proposals / project and anticipated timescales William McGill, Director of Redevelopment and Estates	
Who is accountable for the implementation of the proposal / project William McGill, Director of Redevelopment and Estates	
Author and date William McGill, Director of Redevelopment and Estates 11 th January 2010	

Trust Board Meeting 26 January 2011	
Title of document: Register of Seals	Paper No: ATTACHMENT Q
Submitted on behalf of: Jane Collins, Chief Executive	
Aims / summary Under Standing Order 8.3, the Chief Executive is required to keep a register of the sealing of documents. The attached table details those seals affixed and authorised between 18 November 2010 and 19 January 2011.	
Action required from the meeting To endorse the application of the common seal and executive signatures.	
Contribution to the delivery of NHS / Trust strategies and plans N/A	
Financial implications N/A	
Legal issues To ensure the Trust complies with its standing orders.	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? N/A	
Who needs to be told about any decision N/A	
Who is responsible for implementing the proposals / project and anticipated timescales N/A	
Who is accountable for the implementation of the proposal / project N/A	
Author and date Anna Ferrant Company Secretary January 2011	

Great Ormond Street Hospital for Children NHS Trust

Register of use of Seal from 18 November 2010 – 19 January 2011

Date	Description	Signed
1/12/10	Agreement relating to the proposed development of a Birth Defects Centre at the Institute of Child Health, 30 Guilford Street, London and the surrender of UCL's interest in levels 6 and 7, Cardiac Wing, GOSH (between GOSH CC, UCL and GOSH NHS Trust)	JC CN
1/12/10	Deed in relation to the payment of a surrender premium and proceedings relating to levels 6 and 7 of the Cardiac wing, GOSH (between GOSH NHS Trust and GOSH CC)	JC CN

<p>Trust Board Meeting 26th January 2011</p>	
<p>Title of document: Revised Remuneration Committee Terms of Reference</p> <p>Submitted on behalf of: Remuneration Committee Chair</p>	<p>Paper No: Attachment R</p>
<p>Aims / summary To seek ratification of the revised Terms of Reference for the Trust's Remuneration Committee, following approval of the terms at the November 2010 meeting of the Remuneration Committee.</p> <p>The additional highlighted paragraph has been added as a result of revised governance arrangements for NHS trusts in relation to making severance payments (including redundancy payments). The revised process will alter the role of the Remuneration Committee – in the past, the Committee was responsible for monitoring redundancy and severance payments but now will be charged with authorising such payments (both contractual and non contractual payments for staff who leave the trust).</p>	
<p>Action required from the meeting To ratify the Remuneration Committee's Terms of Reference.</p>	
<p>Contribution to the delivery of NHS / Trust strategies and plans STRATEGIC OBJECTIVE 7 : Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation</p>	
<p>Financial implications</p>	
<p>Legal issues</p>	
<p>Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place?</p>	
<p>Who needs to be told about any decision</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales</p>	
<p>Who is accountable for the implementation of the proposal / project</p>	
<p>Author and date Anna Ferrant, Company Secretary 12th January 2011</p>	

Remuneration Committee –terms of reference

1. Authority

The Remuneration Committee is a committee of the Great Ormond Street Hospital for Children NHS Trust Board and is authorised to act within these terms of reference.

2. Membership and attendance

2.1 The Chairman of the Trust and other Non-Executive Directors shall be members of the committee.

2.2 The Senior Non-Executive Director of the Trust shall be chairman of the committee.

2.3 The Chief Executive and Assistant Director of Human Resources shall normally be invited to attend meetings in an advisory capacity.

2.4 The Chief Executive shall not be present during discussions concerning his/her performance and salary.

2.5 Other members of staff and external advisers may attend all or part of a meeting by invitation of the committee Chairman where required.

3. Quorum

The quorum necessary for the transaction of business shall be 3 including the Chairman or Senior Non-Executive Director of the Trust.

4. Secretary

The Company Secretary shall be secretary to the committee.

5. Frequency of meetings

The committee shall meet at least twice a year, normally in March and November.

6. Duties

6.1 To propose, monitor and review the reward strategies for Senior Managers of the Trust taking into account any relevant guidance and the Trust's principles for directors' remuneration.

6.2 Where appropriate to authorise contractual and non-contractual payments to Chief Executive, Executive Directors, other members of staff and ex-members of staff.

6.3 To agree the remuneration, terms of service and contractual arrangements for the Chief Executive and other Executive Directors.

6.4 To assist the Chairman of the Trust with the appraisal of the Chief Executive.

6.5 To review, with the Chief Executive, any remuneration consequences of the performance of Executive Directors.

6.6 To receive a report of the names of recipients of the annual clinical excellence awards.

Trust Board January 2011	
Title of document Key Performance Indicator Report	Agenda item/Paper No ATTACHMENT S
Submitted on behalf of. Fiona Dalton, Chief Operating Officer	
Aims / summary The Key Performance Indicator (KPI) report monitors progress against the Trust's seven strategic objectives, providing traffic light analysis against each of the supporting work streams with further supporting graphs representing key outcome measures. Remedial actions, where performance is not being maintained or achieved, are being addressed through Management Board.	
Action required from the meeting Following the KPMG historic due diligence assessment (a review assessing our readiness for operating as a Foundation Trust) the board are asked to consider the volume of information which forms the monthly board papers and identify scope for further rationalising the volume of data and analysis received into a more concise format. It is recommended that this involve more exceptions-based reporting, with detailed KPIs being monitored at a management board level and reported to Trust Board through an exceptions-based dashboard.	
Contribution to the delivery of NHS / Trust strategies and plans To assist in monitoring performance against internal and external defined objectives and NHS Plan targets.	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? Our lead Commissioner receives a copy of the executive summary on a quarterly basis.	
Who needs to be told about any decision Senior Management Team	
Who is responsible for implementing the proposals / project and anticipated timescales Each Trust objective task has an identified person responsible for implementation and an Executive Director nominated as the accountable officer.	
Who is accountable for the implementation of the proposal / project As above	
Author and date Alex Faulkes, Head of Planning & Performance Management	

KPI Exception report

1. CV line Infections (per 1000 bed days) (Report page 3, Graph 6)

In month the number of reported CV line infections (per 1000 bed days) increased to 3.86 from a November position of 2.08. Year to date the Trust is reporting a rate of 2.7 against a year target of 2.4. The average Care Bundle compliance rate to date is reported at 48%.

2. Patient safety surgical checklist (Report page 3, Graph 9 and 10)

In month, Trust completion rates for sign in, time out and time out continued to increase with reported rates of 59%, 70% and 58% respectively.

Within Clinical Units partial completeness rates (i.e. one or more factors completed on the surgical safety checklist) remain above 85% with the exception of MDTS.

Cardiac and ICI report fully completed rates (i.e. all factors completed on the surgical safety checklist) above 70%. Surgery report a rate of 52% with MDTS and Neuro reporting rates of 30% and 25% respectively.

3. 18 week RTT Performance (Report page 4, Graph 11)

The Trust continues to achieve both performance and data completeness for 18 weeks.

4. Inpatients waiting list profile by weeks waiting (Report page 4, Graph 12)

Total inpatient activity has increased steadily since August. There are now a total of 1232 patients on the Inpatient waiting list - an increase of 25%. The number of patients waiting over 26 weeks continued to decrease in December to 28.

5. Outpatients waiting list profile - GP to consultant (Report page 4, Graph 13)

The total number of outpatients waiting for their first appointment increased in December to 387 compared to a previous month figure of 361. The number of patients waiting over 13 weeks (GP to first appointment) in December has increased slightly to 40.

Medicine and Neurosciences both report 9 patients waiting over 13 weeks for first appointment. ICI report 8, DTS 6, Surgery 5 and Cardiac report 3.

6. Clinic outcome form completeness. (Report page 5, Graph 15)

There are Clear differences across Clinical Units and Specialties in the current level of outcome form completeness with some achieving 100% or near and others well below 50%. This has meant that overall level is stalled around 65%.

The Transforming Outpatients Group has discussed and disseminated two methods for achieving improvement in scores currently being carried out by Cardiac and Surgery with equal success.

Operational and Service Managers have been tasked with following the method best suited to their teams in order to achieve improvement.

7. Discharge summary completion rates. (Report page 5, Graph 17)

The Trust discharge summary completion rate reduced slightly in December to 79.03% from a November position of 82.16%.

8. Staff who have a current PDR in the last 13 months (Report page 12, Graph 41).

In month, Clinical and Non-clinical PDR rates have remained consistent at 70% and 73% respectively. The Trust has set a target of achieving 80% compliance by March 2011. Services and departments are encouraged to continue to review staff currently identified as not receiving an appraisal.

Author and Date

Alex Faulkes, Head of Planning & Performance Management. January 2011

Great Ormond Street Hospital for Children NHS Trust Finance and Activity Performance Report Period 9 2010/11 Contents

Section	Page
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Ratio Analysis	6
Statement of Financial Position	7
Statement of Cashflow	8
Activity	9
Cash Management	10
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Great Ormond Street Hospital for Children NHS Trust

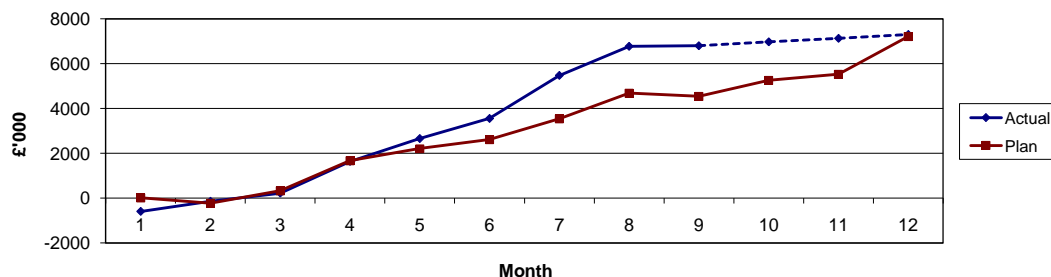
Finance and Activity Performance Report Period 9 2010/11

Trust Summary

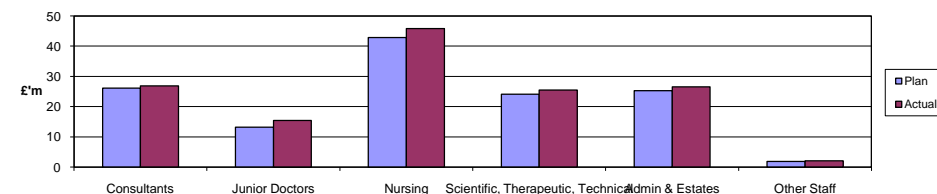
Statement of Comprehensive Income

	Current Month		YTD	
	Actual	Plan	Actual	Plan
	£000	Variance £000	£000	Variance £000
Revenue				
Revenue from patient care activities	21,939	165	210,078	2,404
Other operating revenue	3,335	(569)	37,009	1,180
Operating expenses	(24,762)	553	(235,872)	(1,317)
Operating surplus	512	149	11,215	2,267
Investment revenue	5	2	44	17
Other gains and (losses)	0	0	(54)	(54)
Finance costs	(3)	(1)	(23)	(5)
Surplus for the financial year	514	150	11,182	2,225
Public dividend capital dividends payable	(487)	1	(4,378)	11
Retained surplus for the year	27	151	6,804	2,236
Other comprehensive income				
Impairments put to the reserves	0	0	0	0
Gains on Revaluation	0	0	0	0
Receipt of donated and government grant assets	463	(4,292)	41,265	(7,845)
Reclassification adjustments:				
- Transfers from donated and government grant reserves	(597)	(3)	(5,486)	(131)
Total comprehensive income for the year	(107)	(4,144)	42,583	(5,740)
Retained Surplus against FIMS	27	(197)	6,804	2,807
Total Comprehensive Income against FIMS	(107)	(4,492)	42,583	(5,169)

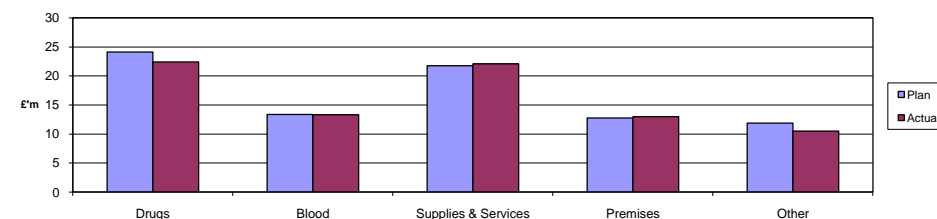
10/11 Forecast Position



M9 Pay Position

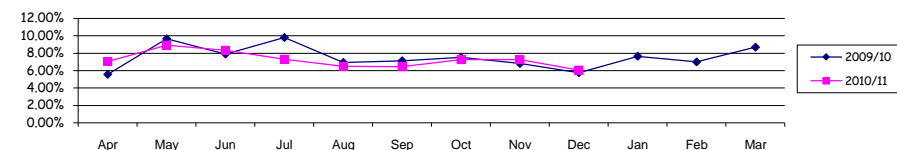


M9 Non Pay Position



* Unallocated CRES targets have been spread pro rata across the pay and non pay budgets.

Period 9 Agency Spend Percentage of Pay Budget



Staffing	Budgeted	WTE	Maternity	Temp	Overtime	Total	WTE
Staff Numbers	Posts	Paid	Paid	Paid	Paid	Paid	above plan
Admin and Other Support	869	797	17	85	7	906	(37)
Clinical Support	745	713	23	33	6	774	(30)
Medical	476	461	10	32	0	503	(28)
Nursing	1,377	1,258	65	161	7	1,491	(114)
Total	3,467	3,229	115	311	20	3,675	(208)

Great Ormond Street Hospital for Children NHS Trust
 Finance and Activity Performance Report Period 9 2010/11
 Unit Summary and CRES Performance

	YTD						Overall Unit Position Variance £000
	2009 £000	Income* Actual £000	Variance £000	2009 £000	Expenditure Actual £000	Variance £000	
Clinical Units							
Cardiac	31,548	39,924	1,132	(21,057)	(22,187)	(315)	817
Surgery	41,883	48,803	1,458	(41,970)	(44,606)	(1,852)	(394)
DTS	1,063	992	(772)	(16,479)	(14,278)	80	(692)
ICI	36,731	41,439	(158)	(34,450)	(38,540)	863	704
International Medicine	15,679 29,024	19,008 30,574	1,696 1,416	(6,785) (24,232)	(7,767) (28,263)	(1,157) 754	539 2,170
Neurosciences Haringey North Mid.	16,552 6,653 5,534	20,178 7,143 696	(67) 40 40	(13,993) (6,653) (5,534)	(15,104) (7,683) (696)	(272) (579) (41)	(339) (539) (0)
Total Clinical Units	184,667	208,758	4,785	(171,153)	(179,124)	(2,520)	2,265
Central Departments							
Operations & Facilities	1,475	1,269	(111)	(12,124)	(12,682)	(431)	(542)
Corporate Affairs	57	60	(17)	(894)	(963)	334	317
Estates	477	787	148	(6,836)	(8,395)	47	195
Finance & ICT	153	128	(14)	(7,717)	(7,503)	(3)	(17)
Human Resources	409	505	(26)	(1,795)	(2,095)	52	26
Medical Director	170	110	(39)	(2,828)	(3,011)	2	(38)
Nursing And Workforce Development	1,257	1,459	31	(3,838)	(3,955)	339	370
Research And Innovation	9,890	9,504	(705)	(5,016)	(4,766)	528	(177)
Redevelopment Revenue Costs	84	397	(275)	(84)	(402)	111	(164)
Total Central Departments	13,972	14,220	(1,008)	(41,131)	(43,772)	979	(29)
Corporate Budgets	33,536	24,109	(192)	(13,630)	(17,386)	193	1
Net Position	232,175	247,087	3,585	(225,915)	(240,283)	(1,348)	2,236

CRES 2010/11	Analysis of CRES Scheme Deliverability						
	TARGET	Released from Budgets	Deliverable Schemes	Feasible Schemes	Potential Schemes	Unidentified Schemes	Total Risk
CRES 2010/11 Target	16,604	8,295	1,949	3,806	0	2,554	8,309
Status		Delivered	RISK	RISK	RISK	RISK	
Recurrent 2010/11		7,617	1,356	3,493	0		
Non recurrent 2010/11		678	593	313	0		
Expenditure		5,042	891	1,102	0		
Income		3,253	1,058	2,704	0		

CRES 2011/12	15,091		578	1,704	11,801	0	0
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Analysis	Month 9			*	Month 9 New CRES	Schemes in progress	
	Target	BLUE	Variance			Posts released	New BLUE
CLINICAL							
Cardiac	1,904	768	-1,136	0.00	50	636	441
ICI	1,730	1,618	-112	1.00	721	5	444
IPP	1,114	187	-927	2.00	0	0	1,055
MDTS	3,121	935	-2,186	1.90	0	630	787
Neurosciences	1,229	396	-833	3.00	97	432	293
Surgery	3,790	1,917	-1,873	5.12	85	33	240
Total	12,888	5,821	-7,067	13.02	953	1,736	3,260
CORPORATE							
Clinical Ops	149	197	48	2.00	0	0	0
Corporate Facilities	1,222	892	-330	11.57	58	0	109
Corporate Affairs	125	241	116	0.00	0	0	0
Estates	813	564	-249	0.00	0	2	295
Finance	837	205	-632	5.00	0	156	121
Medical Director	125	0	-125	0.00	0	0	0
Nursing and Education	236	187	-49	4.20	0	54	0
HR	172	152	-20	1.00	15	0	20
Research and Development	38	38	0	0.20	0	0	0
Total	3,717	2,476	-1,241	23.97	73	212	545
Grand Total	16,604	8,295	-8,308	36.99	1,026	1,949	3,806

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 9 2010/11
Revenue Statement

	10/11 Annual Budget £'000	10/11 Mth 9 Actual £'000	10/11 Mth 9 Variance to Plan £'000	10/11 YTD Actual £'000	10/11 YTD Variance to Plan £'000	10/11 YTD Actual Variance to 09/10 YTD Actual £'000	10/11 Forecast Outturn
Primary Care Trusts Tariff	60,085	4,585	98	44,963	76	4,127	59,680
Primary Care Trusts Non Tariff	115,561	8,656	-647	88,886	2,247	9,754	118,515
Primary Care Trusts Mif	23,080	1,430	-438	14,265	-2,657	-288	19,021
Strategic Health Authorities	41,025	3,748	329	31,356	588	3,521	41,808
Nhs Trusts	1,198	59	13	1,361	299	-4,554	1,815
Department Of Health	1,046	45	-42	596	-189	-294	795
Nhs Other	8,284	691	0	6,195	-18	-1,589	8,260
Activity Revenue Nhs	250,279	19,214	-685	187,623	346	10,677	249,893
Local Authorities	1,009	87	3	796	39	39	1,062
Private Patients	22,133	2,474	1,005	18,678	2,330	2,929	24,904
Non Nhs Other	4,413	164	-157	2,982	-311	81	3,975
Activity Revenue Non Nhs	27,556	2,725	850	22,455	2,059	3,049	29,940
Patient Transport Services	861	176	112	1,022	379	423	1,363
Education And Training	11,727	797	-181	8,747	-48	229	11,663
Research And Development	12,363	999	-31	9,377	105	-1,201	12,503
Charitable & Other Contrib	5,029	-41	-429	3,674	-192	282	4,899
Depreciation Income Transfer	7,141	597	2	5,486	130	338	7,315
Non Patient Care Services	4,106	80	-263	2,683	-396	-179	3,578
Revenue Generation	1,346	298	186	1,434	425	545	1,912
Other Revenue	5,034	430	35	4,424	617	428	5,899
Other Operating Revenue	47,607	3,335	-569	36,849	1,020	865	49,131
Directors & Senior Managers	-8,791	-680	3	-5,949	670	-747	-7,932
Consultants	-36,638	-3,026	95	-26,926	577	-239	-35,901
Junior Doctors	-18,595	-1,465	198	-13,239	721	398	-17,652
Junior Doctors Agy	0	-125	-125	-2,195	-2,195	-696	-2,926
Administration & Estates	-26,020	-2,132	37	-16,699	2,832	-1,246	-22,265
Administration & Estates Agy	-678	-361	-296	-3,965	-3,457	-303	-5,287
Healthcare Assist & Supp	-2,311	-180	12	-1,588	145	9	-2,117
Healthcare Assist & Supp Agy	-41	-16	-13	-278	-247	-7	-370
Nursing Staff	-60,081	-4,678	356	-43,778	1,383	-854	-58,370
Nursing Staff Agy	0	-298	-298	-2,073	-2,073	-678	-2,764
Scientific Therap Tech	-33,915	-2,747	101	-24,142	1,282	-2,071	-32,189
Scientific Therap Tech Agy	0	-131	-131	-1,372	-1,372	760	-1,829
Other Staff	-269	-24	-1	-177	25	43	-236
Pay Reserves	-5,214	-149	14	-1,562	2,356	-1,842	-2,082
Cips And Cres Unidentified - P	9,455	0	-593	0	-7,048	0	0
Pay Costs	-183,099	-16,013	-641	-143,941	-6,402	-7,474	-191,921
Drugs Costs	-34,073	-2,073	347	-22,380	2,989	-2,174	-29,840
Blood Costs	-18,742	-1,341	397	-13,300	747	4	-17,733
Supplies & Services - Clinical	-22,397	-2,034	-379	-16,144	716	-1,272	-21,525
Services From Nhs Organisation	-4,362	-339	-166	-3,156	102	-392	-4,208
Healthcare From Non-Nhs Bodies	-1,523	-216	-98	-1,028	112	170	-1,370
Supplies & Services - General	-2,199	-189	-20	-1,747	-100	1	-2,329
Consultancy Services	-2,632	-254	-36	-1,121	853	-65	-1,495
Clinical Negligence Costs	-1,712	-143	0	-1,285	-2	-180	-1,714
Establishment Costs	-2,592	-296	-70	-2,049	-108	-169	-2,732
Transport Costs	-2,606	-241	-44	-2,080	-115	-493	-2,774
Premises Costs	-17,728	-1,382	74	-12,973	436	-1,275	-17,298
Auditors Costs	-353	-6	24	-241	23	14	-322
Education And Research Costs	-2,833	-173	30	-1,294	833	294	-1,726
Expenditure - Other	-3,846	817	1,086	-2,435	475	1,362	-3,247
Non Pay Reserves	-3,273	0	103	0	2,459	0	0
Cips And Cres Unidentified - N	5,935	0	-372	0	-4,424	0	0
Non Pay Costs	-114,935	-7,870	876	-81,234	4,995	-4,175	-108,313
P & L On Disp Of Fixed Assets	0	0	0	106	106	-221	142
Fixed Asset Impair & Reversals	0	0	0	-228	-228	-228	-305
Depreciation & Amortisation	-14,351	-876	322	-10,449	336	-1,331	-13,932
Interest Receivable	36	5	2	44	17	14	59
Other Revenue / Expenditure	-24	-3	-1	-23	-5	0	-31
Pdc Dividend Payable	-5,853	-487	1	-4,378	11	-614	-5,838
Corporation Tax	0	-5	-5	-19	-19	-19	-25
Other Revenue / Expenditure	-20,192	-1,364	321	-14,948	219	-2,399	-19,930
Retained Surplus / (Deficit)	7,215	27	151	6,804	2,236	543	8,800
						Potential Impairment	-1,500
						Forecast surplus	7,300

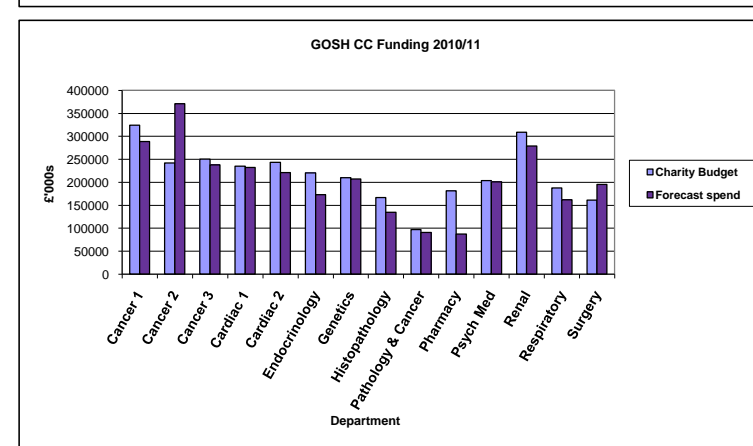
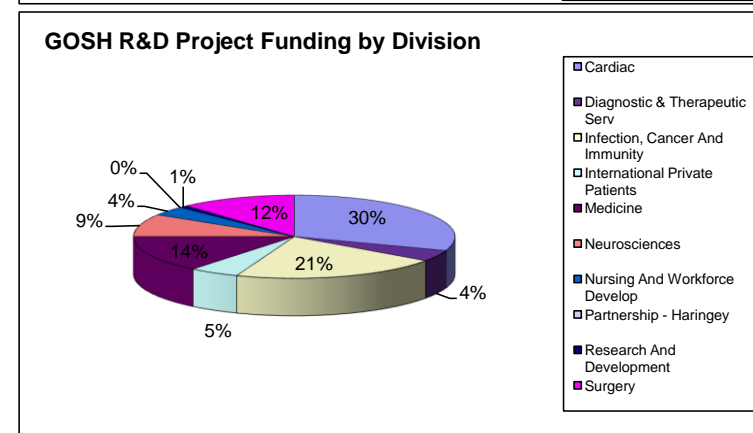
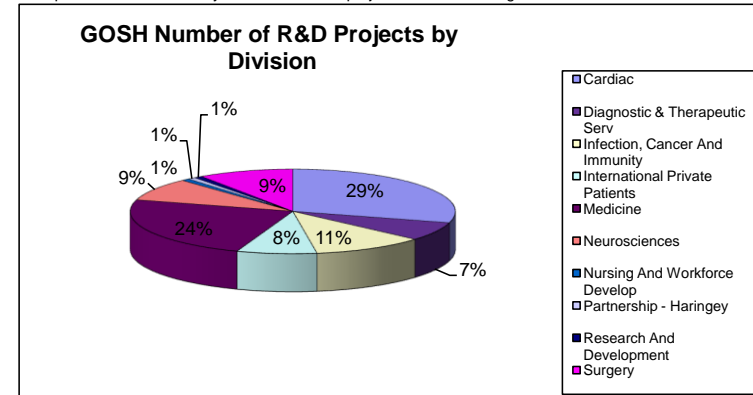
Great Ormond Street Hospital for Children NHS Trust

Finance and Activity Performance Report Period 9 2010/11

Research and Development Activity

	Full Year Budget	Full Year Forecast	YTD Budget	YTD Actuals	YTD Variance
Biomedical Research Centre including Clinical Research Facility					
- Income	(7,718)	(7,834)	(5,789)	(5,046)	(743)
- Income deferred from 09-10	(508)	(508)	(381)	(381)	0
- Commercial Trials Income	0	(223)	0	(182)	182
- Expenditure	3,484	3,522	2,613	1,730	882
	(4,742)	(5,043)	(3,556)	(3,879)	322
CLRN (PCRN) Income					
- Income CLR Activity Based (Non DH R&D)	(1,604)	(1,100)	(1,203)	(838)	(365)
- Income PCRN (R M&G, KSS, SS)	0	(137)	0	(92)	92
- Income PCRN (R M&G, KSS, SS) 09-10 C/FWD	0	(34)	0	(25)	25
- Income Non R&D (cc CLR)	(336)	0	(252)	0	(252)
- Expenditure CLR	123	252	92	82	10
	(1,818)	(1,020)	(1,363)	(873)	(490)
NIHR GRANTS					
- Income	(405)	(343)	(304)	(387)	83
- Income deferred from 09-10	0	(433)	0	0	0
- Expenditure	405	776	304	387	(83)
	0	0	0	0	0
R&D GOSH Charity Funded Projects					
- Income	(2,396)	(2,802)	(1,797)	(1,992)	195
- Expenditure	1,748	2,279	1,311	1,641	(330)
	(648)	(523)	(270)	(189)	(81)
R&D Development Office					
- Expenditure	655	469	491	364	127
	655	469	491	364	127
TOTAL RESEARCH & DEVELOPMENT DIRECTORATE					
- R&D Income	(9,728)	(9,415)	(7,296)	(6,363)	(932)
- R&D Income Deferred from 09-10	(508)	(975)	(381)	(406)	25
- R&D Charitable Contribution	(2,396)	(2,802)	(1,797)	(1,992)	195
- Non DH Research Income	(336)	(223)	(252)	(182)	(70)
- Expenditure	6,415	7,298	4,811	4,205	606
	(6,553)	(6,117)	(4,915)	(4,738)	(177)
- Expenditure in Clinical Areas	6,633	6,129	4,975	4,597	378
Total R&D Division	80	12	60	(141)	201
Centrally Held and Devolved Income					
- Flexibility & Sustainability Funding (Central) STANDARD	(2,501)	(2,501)	(1,875)	(1,875)	0
- DTS : From CLRN Additional 09-10 Support	(241)	(289)	(173)	(197)	23
- Medicine : From CLRN Additional 09-10 Support/NIHR Fellowship	0	(37)	0	(22)	22
- ICI : From MCRN 09-10 Support	0	(5)	0	(1)	1
- Surgery : From Charitable Donation	0	(6)	0	(17)	17
Total Centrally Held and Devolved Income	(2,741)	(2,837)	(2,049)	(2,112)	63
TOTAL R&D INCOME					
R&D Income	(12,977)	(13,227)	(9,726)	(8,881)	(844)
Income Generation GOS / Direct Credits	1,242	0	924	0	924
Total Income	(11,735)	(13,227)	(8,801)	(8,881)	80
Local Research Network MCRN *					
- Income	(628)	(570)	(471)	(337)	(134)
- Income DH FSF F&S (cc LRN)	0	(69)	0	(52)	52
- Income R&D Non DH (cc LRN) CLR Network	0	(143)	0	(107)	107
- Income Other Non R&D (cc LRN)	(17)	(84)	(13)	(65)	53
- Expenditure LRN	645	866	484	561	(77)
	0	0	0	0	(0)
* GOSH is Hosting this service for Central and North East London					
TOTAL R&D INCOME (as per Board Report)					
- R&D Income	(12,363)	(14,009)	(9,272)	(9,377)	105

The piecharts below show the % split of number and funding of research projects undertaken by GOSH staff per division. There may be further GOSH projects that are running with ICH staff as the lead.



Great Ormond Street Hospital for Children NHS Trust
 Finance and Activity Performance Report Period 9 2010/11
 Ratio Analysis

Provider Agency Rating	Target for FT Status	M9 Actual - FT	M8 Actual - FT	Forecast Outturn - FT	M9 FT Score
EBITDA Margin	5%	8.9%	9.3%	8.3%	3
EBITDA % Achieved	70%	111.0%	112.9%	99.3%	5
ROA	3%	4.0%	3.9%	4.6%	3
I&E Surplus margin	1%	2.9%	3.2%	2.2%	4
Liquidity Days	15.0	13	10	13	2
Weighted Average	3.0	3.2	3.6	3.1	3.2
Overall Rating	3	3	3	3	3
IPP Cap (Max 9.7%)	9.7%	8.9%	8.6%	8.7%	

Salary Overpayments		
Unit	No.	Amount £'000
Neuro	1	10.1
Surgery	2	1.1
Haringey	2	1.0
Cardiac	1	0.3
International	1	0.1
TOTAL	7	12.6

Great Ormond Street Hospital for Children NHS Trust
 Finance and Activity Performance Report Period 9 2010/11
 Statement of Financial Position

	Actual as at 01/04/10 £000	Actual as at 30/11/10 £000	Actual as at 31/12/10 £000	Change in month £000	Forecast as at 31/03/11 £000
Non Current Assets :					
Property Plant & Equipment - Purchased	151,335	156,511	159,992	3,482	171,048
Property Plant & Equipment - Donated	97,078	132,628	132,696	68	141,698
Property Plant & Equipment - Gov Granted	193	374	371	(3)	500
Intangible Assets - Purchased	423	680	690	10	791
Intangible Assets - Donated	48	34	31	(3)	42
Trade & Other Receivables	9,039	9,141	9,102	(39)	9,520
Total Non Current Assets :	258,117	299,368	302,883	3,514	323,599
Current Assets :					
Inventories	5,173	5,356	5,595	239	5,126
NHS Trade Receivables	15,038	11,266	6,165	(5,101)	8,623
Non NHS Trade Receivables	9,691	8,431	7,909	(523)	8,006
Capital Receivables	5,851	1,952	2,514	562	6,341
Provision for Impairment of Receivables	(1,435)	(1,344)	(1,371)	(27)	(1,398)
Prepayments	2,314	3,391	3,029	(362)	4,291
Accrued Revenue	2,556	12,172	8,280	(3,892)	8,174
HMRC VAT	1,630	347	966	620	764
Other Receivables	909	574	494	(80)	330
Cash & Cash Equivalents	8,485	23,247	30,260	7,013	22,000
Total Current Assets :	50,212	65,392	63,841	(1,551)	62,257
Total Assets :	308,329	364,760	366,724	1,964	385,856
Current Liabilities :					
NHS Trade Payables	(586)	(5,638)	(5,147)	491	(4,000)
Non NHS Trade Payables	(3,716)	(3,671)	(5,584)	(1,913)	(6,000)
Capital Payables	(7,084)	(6,727)	(6,774)	(47)	(8,084)
Expenditure Accruals	(14,490)	(14,048)	(12,564)	1,483	(14,396)
Deferred Revenue	(3,326)	(10,635)	(6,102)	4,533	(4,955)
Tax & Social Security Costs	(3,816)	(3,914)	(3,943)	(29)	(4,000)
Other Payables	(48)	(965)	(1,451)	(487)	0
Payments on Account	(231)	(232)	(232)	(0)	(231)
Lease Incentives	(400)	(400)	(400)	0	(400)
Other Liabilities	(2,376)	(3,306)	(3,129)	177	(2,627)
Provisions for Liabilities & Charges	(1,549)	(2,323)	(2,467)	(143)	(2,198)
Total Current Liabilities :	(37,621)	(51,859)	(47,793)	4,066	(46,891)
Net Current Assets / (Liabilities) :	12,591	13,533	16,048	2,516	15,366
Total Assets Less Current Liabilities :	270,708	312,901	318,931	6,030	338,965
Non Current Liabilities :					
Lease Incentives	(7,728)	(7,460)	(7,426)	34	(7,323)
Provisions for Liabilities & Charges	(1,304)	(1,271)	(1,246)	25	(1,269)
Total Non Current Liabilities :	(9,032)	(8,731)	(8,672)	59	(8,592)
Total Assets Employed :	261,676	304,170	310,259	6,089	330,373
Financed by Taxpayers Equity :					
Public Dividend Capital	109,732	109,732	115,732	6,000	124,732
Retained Earnings	9,515	16,403	16,443	40	18,497
Revaluation Reserve	41,996	41,885	41,872	(13)	41,832
Donated Asset Reserve	97,126	132,662	132,727	64	141,698
Government Grant Reserve	193	374	371	(3)	500
Other Reserves	3,114	3,114	3,114	0	3,114
Total Funds Employed :	261,676	304,170	310,259	6,089	330,373

Great Ormond Street Hospital for Children NHS Trust
 Finance and Activity Performance Report Period 9 2010/11
 Statement of Cash Flow

Statement of Cash Flows	Actual For Month Ending 31/12/10 £000	Actual For YTD Ending 31/12/10 £000
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Operating Surplus	459	11,216
Depreciation and Amortisation	876	10,449
Impairments and Reversals	0	228
Transfer from the Donated Asset Reserve	(595)	(5,464)
Transfer from the Government Grant Reserve	(3)	(22)
PDC Dividend Paid	0	(2,975)
(Increase) in Inventories	(239)	(422)
Decrease in Trade and Other Receivables	9,404	5,169
(Decrease)/Increase in Trade and Other Payables	(4,566)	7,406
(Increase)/Decrease in Other Current Liabilities	(211)	451
Increase in Provisions	117	837
<i>Net Cash (Outflow)/Inflow from Operating Activities :</i>	5,242	26,873
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Interest received	5	44
Payments for Property, Plant and Equipment	(4,313)	(55,396)
Payments for Intangible Assets	(18)	(348)
<i>Net Cash Outflow from Investing Activities :</i>	(4,326)	(55,700)
NET CASH OUTFLOW BEFORE FINANCING :	916	(28,827)
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
Other Capital Receipts	97	44,602
<i>Net Cash Inflow from Financing :</i>	6,097	50,602
NET INCREASE IN CASH AND CASH EQUIVALENTS :	7,013	21,775

Cash and Cash Equivalents at the Beginning of the current period	23,247	8,485
Cash and Cash Equivalents at the End of the current period	30,260	30,260
<i>Net Increase in Cash and Cash Equivalents per SOFP :</i>	7,013	21,775

Great Ormond Street Hospital for Children NHS Trust

Finance and Activity Performance Report Period 9 2010/2011

Activity

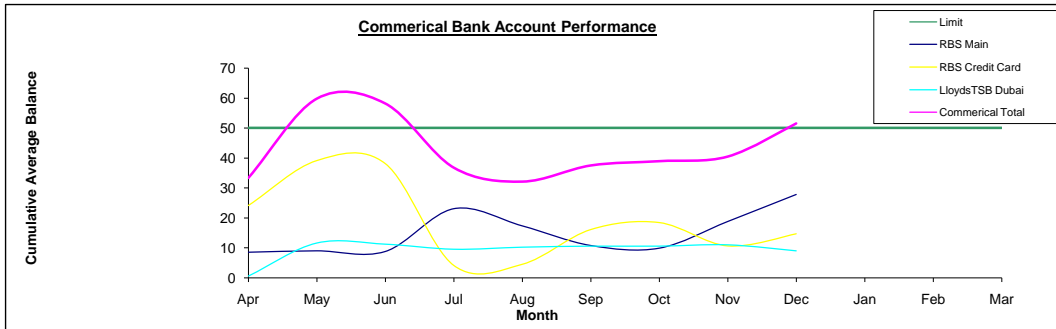
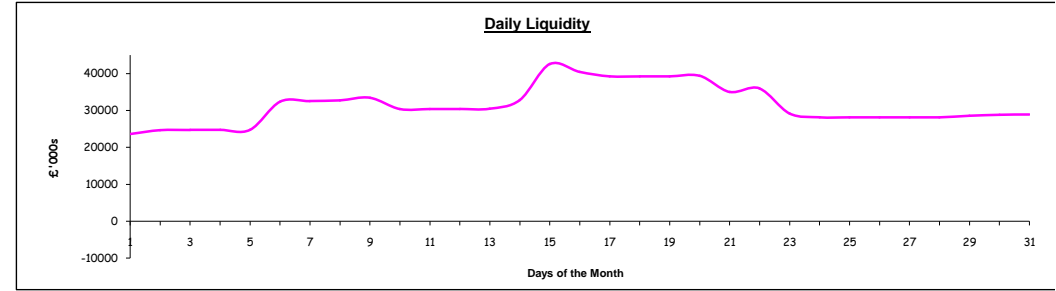
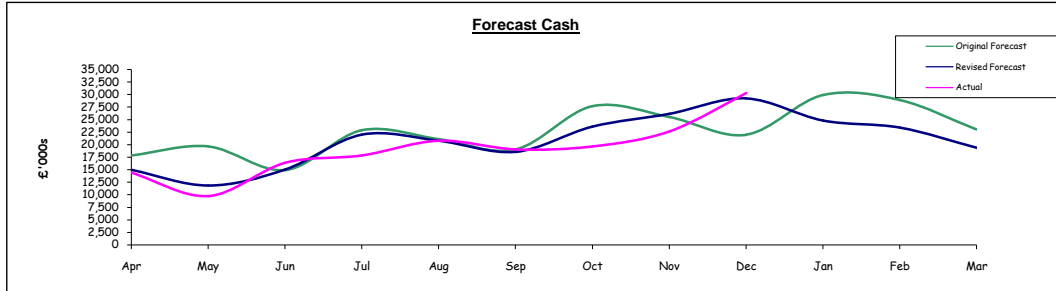
December estimated based on June to October data and Consortium ias based from April to October data (excludes non-england, excess beddays etc)

	April	May	June	July	August	September	October	November	December	January	February	March	YTD 10/11 Actual	YTD 10/11 Plan	YTD 10/11 Variance	YTD 09/10	Variance 10/11 to 09/10
Elective PBR	1,432	1,310	1,517	1,532	1,374	1,483	1,483	1,657	1,272				13,060	13,895	-835	13,947	-887
Elective Non PB	149	193	186	186	156	200	189	174	153				1,586	1,138	448	1,097	490
TOTAL ELECT	1,581	1,503	1,703	1,718	1,530	1,683	1,672	1,831	1,426	0	0	0	14,647	15,033	-386	15,043	-397
Non Elective PB	121	148	129	146	127	137	151	144	141				1,244	1,135	109	1,271	-26
Non Elective No	2	0	3	4	2	5	1	2	3				22	40	-18	59	-37
TOTAL NON EL	123	148	132	150	129	142	152	146	144	0	0	0	1,266	1,175	91	1,330	-63
Outpatients PBF	5,117	5,407	5,613	5,538	5,280	5,811	5,389	6,093	4,744				48,991	47,926	1,065	53,315	-4,325
Outpatients Nor	4,784	4,950	5,481	5,183	4,659	5,341	5,409	5,401	4,461				45,669	37,854	7,815	38,993	6,676
TOTAL OUTPA	9,901	10,357	11,094	10,721	9,939	11,152	10,798	11,494	9,204	0	0	0	94,660	85,780	8,880	92,309	2,351
POC (Non Cons)	951	946	1,027	1,032	996	1,016	844	860	963				8,635	9,786	-1,151	9,195	-561
BEDDAYS (includes PICU Consortium)																	
Panda HDU (PE)	616	507	922	1,002	896	864	681	580	475				6,543	6,475	68	7,231	-689
Transitional Car	120	123	136	181	170	150	144	77	145				1,246	1,463	-217	1,010	237
Rheumatology F	191	187	175	188	187	164	231	181	191				1,695	1,567	127	1,532	162
CAMHS	210	209	201	197	220	226	247	239	225				1,974	1,167	807	1,317	657
Cardiac ECMO	5	12	5	0	8	4	34	11	11				90	115	-26	71	19
Neurosurgery H	0	0	0	1	11	14	1	6	6				39	31	8	0	39
Neurosurgery (F	39	43	39	107	93	133	87	52	96				689	715	-26	521	168
Neurosurgery IT	0	0	0	0	0	0	8	0	1				9	31	-21	0	9
Cardiac HDU (N	34	40	30	16	22	19	27	53	28				269	189	80	167	102
Cardiac ITU (NC	105	108	144	93	137	134	164	140	138				1,163	568	595	507	655
Cardiac (PICU C	135	211	196	227	209	169	201	214	198				1,760	1,585	176	1,722	39
Paediatric ITU (I	21	62	54	41	36	25	129	74	61				503	549	-46	558	-55
Paediatric ITU (I	371	387	316	378	427	389	339	440	387				3,434	3,019	415	2,985	449
TOTAL BEDDA	1,847	1,889	2,218	2,431	2,416	2,291	2,293	2,067	1,961	0	0	0	19,413	17,474	1,939	17,621	1,792
HaemOnc Consortium*																	
PBR	42	43	41	42	54	59	67	49	43				440	595	-155	945	-505
NON PBR	117	52	129	121	115	140	173	162	109				1,118	17	1,101	0	1,118
Panda HDU (PE	89	144	196	339	248	285	326	330	242				2,199	1,873	327	0	2,199
TOTAL HAEMO	248	239	366	502	417	484	566	541	394	0	0	0	3,757	2,484	1,273	945	2,812

Great Ormond Street Hospital for Children NHS Trust

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Cash Management

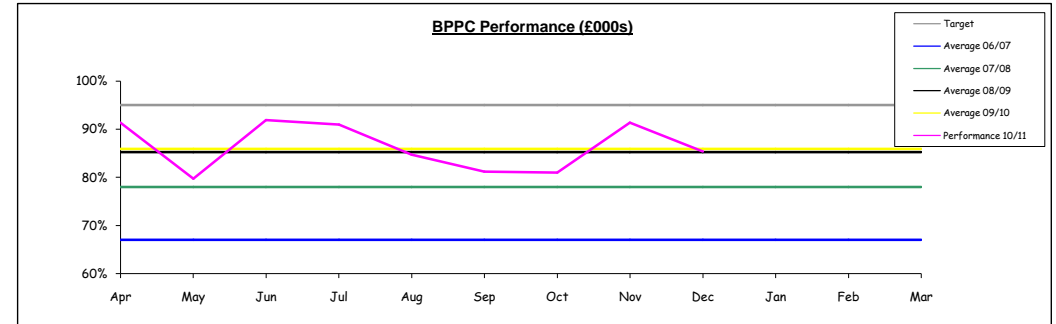
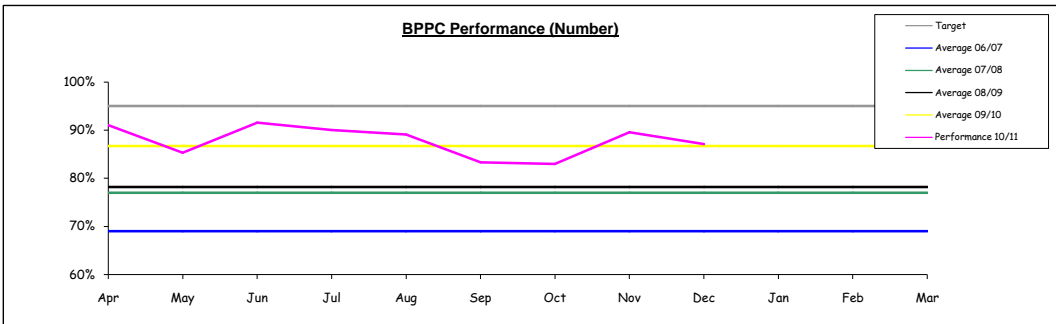


Payables Analysis

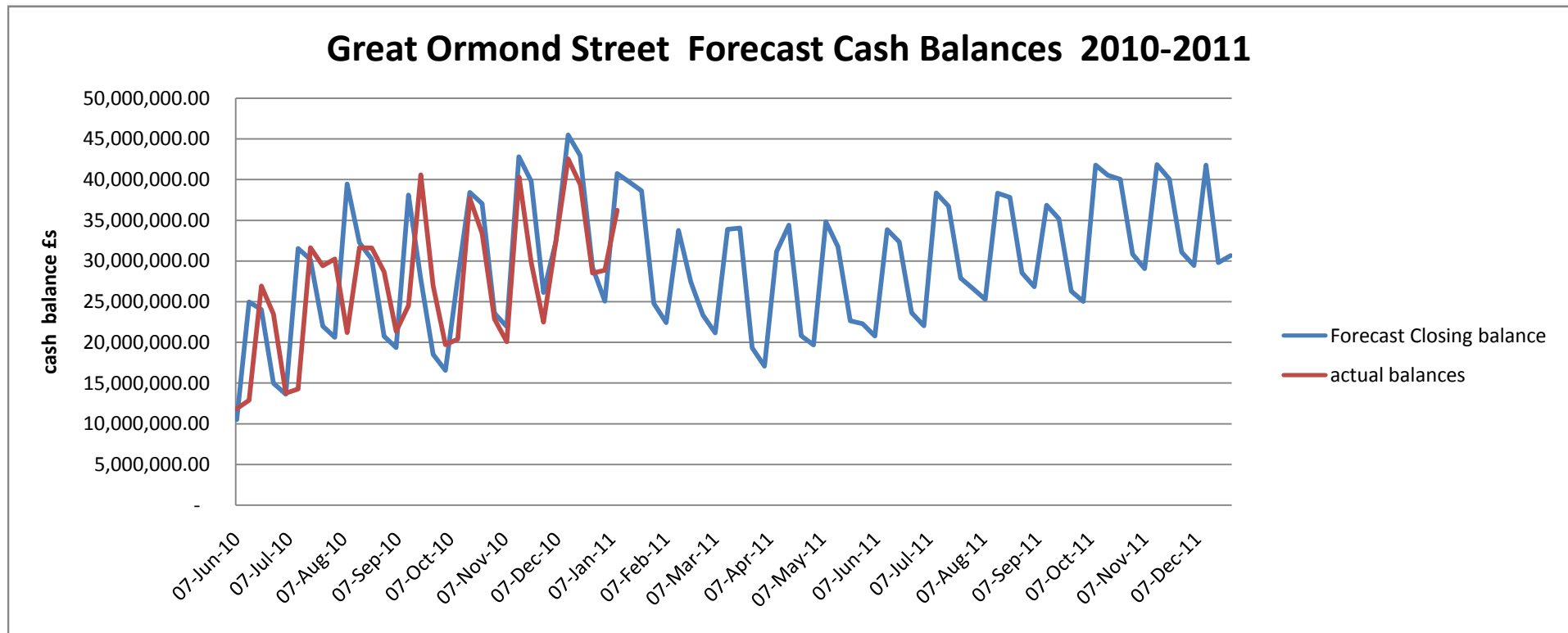
Days	Current Month £000s	Previous Month £000s	Movement in Month £000s
Not Yet Due	2,978	2,331	647
1-30	4,476	2,378	2,098
31-60	1,681	1,527	154
61-90	1,149	294	855
91-120	329	426	(97)
121-180	1,171	884	287
180-360	951	942	9
360+	1,137	1,918	(781)
	13,872	10,700	3,172

Better Payment Practice Code (BPPC)

	Number	£000s
Non-NHS Payables		
Invoices paid in the year	56049	141,776
Invoices paid within target	49624	124,544
% of Invoices paid within target	88.5%	87.8%
NHS Payables		
Invoices paid in the year	2299	12,374
Invoices paid within target	1206	7,077
% of Invoices paid within target	52.5%	57.2%



Great Ormond Street Hospital for Children NHS Trust Finance and Activity Performance Report Period 9 2010/11 Cash Forecast



Great Ormond Street Hospital for Children NHS Trust

Finance and Activity Performance Report Period 9 2010/11

Receivables Management

Net Receivables in £'000's	Total	Cash on	Not Yet	Overdue						
				0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS	8845	-589	1897	2943	1328	598	399	459	1278	531
NHS Credit Note Provision	-1751	0	0	0	0	0	-92	-76	-821	-762
Specific NHS Debt Provisions	-1727									
NHS Net Receivables	5367	-589	1897	2943	1328	598	307	383	458	-231
Non-NHS	2080	-23	451	501	383	86	71	297	179	136
Bad Debt Provision-Non NHS	-614	0	-70	-64	-45	-11	-19	-90	-179	-137
Specific Non-NHS Debt Provisions	-36									
Non-NHS Net Receivables	1431	-23	381	437	338	76	52	207	-0	-1
International	5991	-1087	4695	741	645	62	80	204	492	159
Bad Debt Provision-International	-757	-15	-3	-1	-0	-0	-19	-125	-426	-167
International Net Receivables	5234	-1102	4691	740	644	61	61	80	66	-8
GOSH Charity Receivables	-26	-1	-241	47	37	63	66	4	0	0
Specific Activity Provisions	0	0	0	0	0	0	0	0	0	0
Net Trust Receivables	12006	-1715	6728	4167	2347	798	486	674	523	-240

Trust Receivables in £'000's	Total	Cash on	Not Yet	Overdue						
				0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS	8845	-589	1897	2943	1328	598	399	459	1278	531
Non-NHS	2080	-23	451	501	383	86	71	297	179	136
International	5991	-1087	4695	741	645	62	80	204	492	159
Gross Trading Receivables	16916	-1698	7043	4185	2356	746	550	960	1949	826
GOSH Charity Receivables	-26	-1	-241	47	37	63	66	4	0	0
Total Trust Receivables	16891	-1699	6801	4232	2393	809	616	964	1949	826

Movement in £'000's	Total	Cash on	Not Yet	Overdue						
				0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
Gross Trading Receivables (as above)	16891	-1699	6801	4232	2393	809	616	964	1949	826
Gross Trading Receivables (last month)	22412	-1827	7210	4055	4548	1531	666	1808	3381	1040
Movement in Month	-5522	128	-409	176	-2155	-722	-50	-844	-1432	-214
Gross Trading Receivables (year end 09/10)	24,225	-922	15,403	2,627	1,990	1,802	373	691	1,392	869
Movement in Financial Year	-2,816	-1,076	-7,585	994	2,174	738	-139	1,713	-170	535

Systems Schedule

Receivables in £'000's	Gross	Cash on	Not Yet	Overdue						
				0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
eFinancial	10900	-613	2107	3490	1748	748	536	760	1457	667
CompuCare	5991	-1087	4695	741	645	62	80	204	492	159
Trust Receivables	16891	-1699	6801	4232	2393	809	616	964	1949	826

Great Ormond Street Hospital for Children NHS Trust
Finance and Activity Performance Report Period 9 2010/11
Capital Expenditure (£000s)

<u>Spend by Project</u>	<u>Year to Date (YTD)</u>			<u>Annual Plan</u>			<u>Forecast</u>	
	<u>Revised Plan (YTD)</u>	<u>Actual (YTD)</u>	<u>Variance (YTD)</u>	<u>Annual Plan 10/11</u>	<u>Additional Funding</u>	<u>Revised Plan</u>	<u>Forecast</u>	<u>Variance</u>
<u>Redevelopment Projects</u>								
Trust/DH Funded	13,600	8,784	4,816	15,000		15,000	15,000	0
Donated Funded	47,216	39,734	7,482	56,230		56,230	49,363	6,867
<i>Total :</i>	60,816	48,518	12,298	71,230	0	71,230	64,363	6,867
<u>Estates Maintenance Projects</u>								
Trust/DH Funded	6,253	3,717	2,536	7,572		7,572	7,736	(164)
Donated Funded	473	473	0	0	606	606	606	0
<i>Total :</i>	6,726	4,190	2,536	7,572	606	8,178	8,342	(164)
<u>IT Projects</u>								
Trust/DH Funded	3,938	1,437	2,501	5,478		5,478	4,318	1,160
Donated Funded	852	0	852	1,365		1,365	0	1,365
<i>Total:</i>	4,790	1,437	3,353	6,843	0	6,843	4,318	2,525
<u>Medical Equipment Projects</u>								
Trust/DH Funded	252	231	21	252		252	302	(50)
Donated Funded	1,042	1,058	(16)	1,500	1,131	2,631	2,131	500
	1,294	1,289	5	1,752	1,131	2,883	2,433	450
Total Additions in Year	73,626	55,434	18,192	87,397	1,737	89,134	79,456	9,678
Asset Disposals	0	(54)	54	0	0	0	(54)	54
Donated Funded Projects	(49,583)	(41,265)	(8,318)	(59,095)	(1,737)	(60,832)	(52,100)	(8,732)
Charge Against CRL Target	24,043	14,115	9,928	28,302	0	28,302	27,302	1,000

[1] Expected Capital Resource Limit (CRL)

Great Ormond Street Hospital for Children NHS Trust

Finance and Activity Performance Report Period 9 2010/11

Staffing WTE

Permanent (Excludes Maternity Leave)

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Plan*	Variance
Cardiac	310	311	310	309	318	319	329	334	331	378	47
Surgery	599	610	618	622	616	627	635	638	642	697	55
DTS	498	496	500	502	514	511	512	344	343	338	-5
ICI	283	282	281	282	280	284	289	458	462	483	21
International	104	101	101	103	108	110	115	115	119	131	13
Medicine	258	227	262	260	262	261	263	272	273	249	-24
Neurosciences	240	241	245	235	233	241	246	240	244	275	32
Haringey	159	160	170	171	170	176	187	185	183	208	25
North Mid.	126	3	0	0	0	0	0	0	0	0	0
Children's Population Health	6	6	6	6	6	6	7	7	6	4	-3
Operations & Facilities	211	207	205	209	208	207	201	200	201	239	39
Corporate Affairs	14	18	13	13	14	14	15	14	12	13	1
Estates	38	38	38	36	38	41	46	47	46	59	12
Finance & ICT	130	125	124	129	130	132	134	133	133	160	27
Human Resources	57	56	54	50	55	57	57	59	59	58	-2
Medical Director	18	18	18	18	17	17	17	21	20	20	1
Nursing And Workforce Development	72	75	73	72	79	83	77	75	76	87	12
Research And Innovation	75	74	67	68	67	69	67	72	73	67	-5
Redevelopment Revenue Costs	0	0	0	0	8	9	7	8	8	0	-8
TOTAL	3197	3050	3087	3,086	3,124	3,165	3,203	3,223	3,229	3467	238

Overtime

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Plan	Variance
Cardiac	4.2	1.9	3.3	2.2	2.8	3.0	3.4	3.6	2.7	0.0	-2.7
Surgery	6.9	4.6	2.7	2.7	3.5	3.3	2.6	3.3	3.5	0.0	-3.5
DTS	2.7	0.7	1.5	1.1	0.6	1.0	0.9	0.6	1.5	0.0	-1.5
ICI	2.8	2.8	1.8	1.8	1.9	2.7	1.2	0.8	0.6	0.0	-0.6
International	1.9	1.7	1.8	1.4	3.0	1.7	2.1	1.7	1.7	0.0	-1.7
Medicine	2.9	2.5	2.2	2.7	1.7	1.5	1.3	1.3	0.6	0.0	-0.6
Neurosciences	1.5	0.3	0.4	0.9	0.6	0.7	0.7	0.4	0.6	0.0	-0.6
Haringey	0.4	0.0	0.2	0.0	0.0	0.2	0.2	0.0	0.0	0.0	0.0
North Mid.	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Children's Population Health	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Operations & Facilities	2.6	9.8	6.1	6.5	6.1	6.5	4.3	4.1	3.8	0.0	-3.8
Corporate Affairs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estates	2.3	1.9	2.4	1.9	2.9	1.3	2.3	3.4	2.8	0.0	-2.8
Finance & ICT	1.8	1.0	0.9	0.7	1.1	0.9	1.9	1.1	1.5	0.0	-1.5
Human Resources	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Medical Director	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nursing And Workforce Development	0.3	0.1	0.2	0.2	0.0	0.2	0.0	0.0	0.1	0.0	-0.1
Research And Development	1.1	0.1	0.1	0.0	0.0	0.2	0.0	0.0	0.4	0.0	-0.4
Redevelopment Revenue Costs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	31.7	27.4	23.7	22.0	24.2	23.0	20.9	20.3	19.9	0.0	-19.9

Agency/Locum/Bank

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Plan	Variance
Cardiac	31	42	36	37	38	39	49	42	39	0	-39
Surgery	77	79	88	89	79	69	84	77	65	0	-65
DTS	22	26	25	27	20	24	20	13	15	0	-15
ICI	32	47	40	32	34	43	40	47	42	0	-42
International	29	32	30	31	33	31	38	40	39	0	-39
Medicine	24	33	30	21	22	19	28	27	23	0	-23
Neurosciences	15	20	18	21	22	23	24	25	25	0	-25
Haringey	32	41	34	24	22	23	21	29	10	0	-10
North Mid.	18	2	0	0	1	0	0	0	0	0	0
Children's Population Health	0	1	0	0	1	0	1	1	1	0	-1
Operations & Facilities	17	16	16	23	17	21	23	24	14	0	-14
Corporate Affairs	0	0	0	0	0	0	0	0	0	0	0
Estates	5	9	11	19	11	12	9	13	10	0	-10
Finance & ICT	16	15	17	16	16	14	13	14	14	0	-14
Human Resources	6	5	8	6	6	3	4	3	6	0	-6
Medical Director	3	1	1	1	1	1	1	2	1	0	-1
Nursing And Workforce Development	3	3	3	3	2	1	1	4	0	0	0
Research And Development	0	0	2	1	1	1	2	0	5	0	-5
Redevelopment Revenue Costs	0	1	1	1	1	2	2	1	3	0	-3
TOTAL	331	374	361	355	326	325	358	362	311	0	-311

TOTAL STAFFING (Excluding Maternity Leave)

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Plan	Variance
Cardiac	345	355	350	349	359	361	382	379	373	378	5
Surgery	683	694	709	714	698	700	721	719	710	697	-14
DTS	522	523	526	530	534	536	532	358	359	338	-21
ICI	317	332	322	316	316	330	331	506	504	483	-22
International	134	135	132	136	144	143	154	157	159	131	-28
Medicine	285	262	294	284	285	281	292	300	297	249	-47
Neurosciences	256	261	264	257	255	265	271	266	270	275	6
Haringey	191	201	203	196	192	199	208	214	192	208	15
North Mid.	144	5	0	0	1	0	0	0	0	0	0
Children's Population Health	6	7	7	7	7	7	7	8	7	4	-3
Operations & Facilities	231	233	227	238	231	234	229	228	219	239	21
Corporate Affairs	15	18	14	13	14	14	15	14	12	13	1
Estates	45	50	52	56	53	54	57	63	59	59	-1
Finance & ICT	148	141	143	146	147	147	148	148	148	160	12
Human Resources	63	61	62	56	62	61	61	63	65	58	-7
Medical Director	21	19	20	20	18	18	18	23	21	20	-1
Nursing And Workforce Development	75	78	76	75	82	84	78	79	76	87	11
Research And Development	77	74	69	69	68	70	69	73	78	67	-10
Redevelopment Revenue Costs	1	2	1	2	10	10	9	9	11	0	-11
TOTAL	3559	3452	3471	3462	3475	3513	3582	3605	3560	3467	-93

* Wte plan has been adjusted pro rata across Units to reflect the unallocated pay CRES target.

Trust Board

January 26th 2011

Finance and Activity Report
NINE months to 31 DECEMBER 2010Agenda item/Paper No
Attachment TSubmitted on behalf of
Claire Newton, CFO**AIM**

To summarise the Trust's financial performance for the 9 months to **31 December 2010** and the current year end forecast for 2010/11.

SUMMARY**Financial result to – 9m to 31 December**

- Surplus £6.8M
- £2.1M favourable to the Trust's internal Plan; due primarily to International and other non clinical income being ahead of plan and non pay costs being below plan.

In the plan submitted to the SHA, CRES benefits were phased later in the year and so the variance reported is £3.0M favourable rather than £2.1m

Activity

NHS inpatient activity is 2.4% ahead of last year although December itself was almost 6% lower when compared with the activity achieved in December 2009. Outpatient activity is significantly higher due in part to the recording of outpatient procedures and telephone attendances following changes in tariff terms.

Forecast year end position

The forecast for the full year has been increased from £7.3m to £8.8M although it is expected that when the revaluation results are available there will be an impairment which will reduce the surplus back to be more in line with Plan.

KPIS**FT ratios**

- Overall score of 3 for **year to date** which is at target
 - Liquidity days score 2
 - All other ratios score 3 or above
 - EBITDA achieved score 5

BPCC performance (Non NHS – cumulative)

- 87.2% - value (M7: 87.7%)
- 88.5% - number (M8:88.8%)

Agency ratio to total pay

- 6.9% year to date (peaked at 8% and was 7% to November 2010)

Staff overpayments

- 7 overpayments totalling £12.6K

Expenditure

Pay is £6.4M higher than budget. This reflects;

- unplanned junior doctor agency costs as a result of incomplete Deanary allocations in the first part of the year, however junior doctor agency has considerably reduced since October
- Nursing pay is overspent overall due to agency costs covering maternity, sickness and

- vacant posts
- o Higher than planned IPP activity

However, Agency costs have reduced slightly to 6.9% from 7% since last month

Non Pay expenditure is £5M lower than budget. This reflects;

- o Lower spend on drugs, blood and consumables, some of this is pass through
- o Lower consultancy and FT costs to date
- o Lower premises costs as a result of savings initiatives
- o Lower education expenditure – delays in spend

Income

Income is ahead of budget. This reflects;

- o Strong level of IPP income continue, including the Kuwait element
- o NHS revenue is slightly above plan
- o Other operating revenue is £1.2M ahead of plan

CRES 2010/11

- The CRES targets for **2010/11** represent 8% of clinical budgets and 9% of non-clinical budgets (higher than the 7% annual target due to under-achievements in 0910).
 - o Secure CRES (BLUE and GREEN) totals £10.2M
 - o AMBER CRES totals £3.8M

CRES 2011/12

- The CRES targets are 7% to deliver 4% and the value is £15M
 - o £1M is not identified
 - o £0.5M is GREEN, £1.7M AMBER and the balance identified is RED because further work is required to develop the schemes

CRES 2011/12

- £10.8M of schemes are identified in outline

Capital

- Expenditure on the capital programme is £55.4M; £48.7M relates to the Redevelopment – a high proportion has been funded by the Charity
- Capital programme (CRL) is forecast to undershoot by £1M based on current estimates by capital budget holders

Statement of Financial Position (Balance sheet) by exception:

- Current assets decreased by £4M as a result of lower accrued revenue levels following billing and settlement of debt from a number of PCTs

Working Capital Management

- Closing cash balance £30.3M and in line with the revised cash plan
- PDC cash drawn down – 1st tranche drawn down and the next tranche to be drawn in January 2011
- Decreased debt levels

Contribution to the delivery of NHS / Trust strategies and plans

Financial sustainability and health

Financial implications As explained in the paper

Legal issues N/A

Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? N/A

Who needs to be told about any decision N/A

Author and date Andrew Needham - Deputy Finance Director 17 January 2011

PERIOD 9 - 2010/11 FINANCE REPORT

1 Forecast out-turn

- The Trust has revised its forecast outturn to £8.8M surplus, but this is subject to a potential impairment initially estimated at £1.5M would result in a net £7.3M surplus

2 Financial result

- £6.8M surplus to period 9

Excluding international

-£0.2M	Expenditure higher than budget
+£1.9M	Income higher than budget
+£1.7M	Favourable to plan

International

-£1.2M	Expenditure higher than budget
+£1.7M	Income higher than budget
+£0.5M	Favourable to plan

Trust

-£1.4M	Expenditure higher than budget
+£3.6M	Income higher than budget
+£2.2M	Favourable to plan

3 Expenditure review

3A Pay

Pay expenditure totals £144.0M, which is £6.4M higher than plan.

The following variances are stated exclusive of unallocated CRES targets:

- Consultant pay is under spent by £0.6M as a result of vacancies mainly within Cardiac (£0.4M) and Surgery (£0.4M). These are offset by £0.2M overspend in ICI which has resulted from non-recurring backdated consultant charges in 10-11.
- Junior doctor pay is overspent by £1.5M YTD.
 - The key overspent budgets result from agency usage to cover high vacancy levels earlier in the year. There has been a significant drop in medical agency in the last quarter as a result of increased fill rates for the Deanery funded posts.
 - Haringey is also overspent by £0.4M due to locum use to address the gap caused by junior doctor & consultant vacancies.
- Nursing pay is overspent by £0.7M YTD.
 - Surgery and Medicine overspends mainly lie within theatres and nephrology, and are due to high temporary staff usage to cover vacancies, maternity and sick leave.
 - IPP is overspent by £0.2M due to high bank and agency use to cover vacancies.
 - R&D is overspent by £0.2M due to backdated costs incurred in 10-11, which are offset by Charity income.
 - These are partially offset by under spends resulting from uncovered vacancies earlier in the year..

Agency costs

Junior doctors	£2.2M
Nursing	£2.1M
Sci, Ther, Tech	£1.4M
Non-clinical	£4.2M

Total £9.9M (representing 6.9% of the pay bill to December 2010)

3B Non pay

Non-pay expenditure (excluding depreciation is £96.3M, which is £5.0M lower than plan.

- Drugs are under spent by £3.0M
- Blood is under spent by £0.7M YTD. Factor 8 is under spent by £1.0M, directly offset by an adverse income variance.
- Clinical supplies & services are under spent by £0.7M. The adverse movement in month 9 is due to high expenditure within pathology (bulk purchasing) and IPP (high cost devices).
- Consultancy services are under spent by £0.9M.
- Education & research costs are under spent by £0.8M. £0.5M of this under spend lies within R&D, specifically within the Biomedical Research Centre.
- Premises costs are under spent by £0.4M YTD. Estates are £0.4M under spent on the utilities budgets, as a result of implementing various energy saving measures this year. ICT is under spent by £0.2M, mainly as a result of delays to projects.
- National Screening, a hosted service, is under spent by £0.5M due to delays in projects. This is a pass through budget and offsets an adverse income variance.
- There is a £0.3M overspend in Medicine on genetics send away tests. Controls have been put in place to ensure only essential tests are commissioned from other organisations
- Other expenditure is under spent by £0.5M YTD with overs and unders across a number of cost centres. The £1.1M favourable movement in month 9 has resulted from the reversal of an accrual for refurbishment projects.

3 Revenue

	<i>Annual Budget</i>	<i>YTD Budget</i>	<i>YTD Actual</i>	<i>YTD Variance</i>
	<i>£M</i>	<i>£M</i>	<i>£M</i>	<i>£M</i>
NHS Revenue	250.3	187.3	187.6	0.3
Non NHS Revenue	27.5	20.4	22.5	2.1
Other Operating Revenue	47.5	35.8	37.0	1.2
Grand Total	325.3	243.5	247.1	3.6

4A NHS revenue

PCT Tariff Income and MFF is £0.3M behind target.

PCT Non-Tariff Income is 2.2M ahead of Target

- 09/10 activity for February and March estimated activity was higher than expected and resulted in a £0.9M favourable movement in respect of PICU and Haemophilia activity
- Non Tariff inpatients and outpatients in total is £1M ahead of plan. This is mainly due to the higher than planned surgery cochlear bilateral implant and ICI Rheumatology outpatients.
- Critical care bed-day activity is £2M ahead of the target,
- Packages of care income is £0.8M behind plan this is mainly in nephrology
- Other consortium commissioned activity is £1.1M ahead of plan, as a result of the YTD over-performance in BMT consortium and higher than planned levels of income for NBS and Genetics consortium

NCG income is circa £0.6M ahead of plan

- NCG activity contracts are overall behind plan. Agreed SLA and contract variation being higher than included in the plan by £0.7M and this is offset by the under-performance in ECMO bridge transplant, other ECMO, SCID and heart & lung transplant
- NCG pass-through drugs are £1.1m ahead of plan, as a result of higher than planned usage of LSD and SCIDs drugs, these are pass through items and hence neutral to the financial position

Income from NHS Trusts is £0.3M ahead of the plan

- The variance is due to new Retinoblastoma service which was not included in the original plan and also the North Middlesex SLA, cytogenetic consortium and small bowel transplant service

4B Non NHS clinical revenue

Non NHS clinical revenue is £2M ahead of the plan. Higher level of private patients' activity since June and the part year effect of the IPP Kuwait contract contributed in £1.1M. This was partly offset by Non-English activity being lower than Plan (plan based on last years activity which had some individual high cost patients)

4C Other operating revenue

Overall this income category is £1.1 M ahead of plan. The main variances are;

- Patient transport is £0.4M ahead of plan and includes higher than expected foreign flight recharges
- Charitable income is 0.2M behind plan partly
- Transfer for donated assets depreciation is £0.1M ahead of plan
- Other revenue is 0.8M ahead of plan, includes higher than budgeted third party funded post and hospice SLA agreed this year, £0.2M for 08/09-10/11 YTD ICH occupancy rate for the Cardiac wing (ESU) and a £0.2M one-of invoice related to the final settlement of land swap

5 Capital programme and CRL

CRL

The Trust is expecting to undershoot its CRL target by £1M for the year.

Current position

The Trust's capital plan is £89.1M and contains donated funding of £60.8M, all but £4.6M of the donated funding relates to the hospital redevelopment project. The capital programme is £18.1M behind plan with the largest element of this being the Hospital Redevelopment, which is now forecast to under-spend the current year plan by £6.9M – this is based on the estimates from the cost consultants.

	Plan £M	Plan YTD £M	Actual YTD £M	Variance £M
Hospital Redevelopment	71.2	60.8	48.7	12.1
Estates Maintenance Projects	8.2	6.7	4.2	2.5
IT Related Projects	6.8	4.8	1.4	3.3
Medical Equipment Purchases	2.9	1.3	1.1	0.2
Total Additions in Year	89.1	73.6	55.4	18.2
Asset Disposals	0.0	0.0	-0.1	0.1
Donated Funded Projects	-60.8	-49.6	-41.2	-8.3
Charge Against CRL	28.3	24.0	14.1	9.9

Redevelopment

The hospital redevelopment is funded by the final tranche of PDC capital of £15M and £56.2M of donated funding. At present the current year expenditure is forecast to be below plan due to an over estimation by BAM of the work and associated value that could be completed in the current financial year. It is understood that the fully constructed building will still be delivered in December 2011 in accordance with the project plan.

Estates, IT and Medical equipment

These three categories of the capital programme have a combined current year budget of £17.9M and are £5.9M behind plan, only £0.85M of this is donated. Current planned capital spending would result in the total budget being spent by year end, although there are some risks around procurement lead times within IT.

6 Statement of financial position

Non Current Assets

Non Current Assets at the end of December totalled £303m, a net increase of £3.5m in the month, the movement representing capital additions minus depreciation net.

Current Assets (excluding Cash & Cash Equivalents)

- Current assets have decreased by £4.0m in the month, primarily settlement of long outstanding debt.

Receivables

Debtor days

Debtor	Debtor Days
NHS	12
NON NHS	35
IPP	99

- Gross trading debt is now £16.9M, a decrease of £5.5M in month – this reflects the SHA settling quarterly invoices and the settlement of debt by LPP and Haringey.
- NHS debt over 90 days has decreased from £5.3m to £2.7M
- Problematic old debt arising from overperformance in previous periods persists with certain PCTs – PCT specific action plans have been established in order to move this forward
- IPP debt is £6M and 90% of this can be attributed to 9 embassies and 1 insurer – IPP debt is generally recoverable though not always in line with payment terms
- Non- NHS debt over 90 days has increased slightly to £0.7M, The major debtor is Malta across several accounts and the Malta aged debt accounts for 49% of all debt over 90 days. There has been recent correspondence with Malta which suggests that progress has been made towards resolving some of the slow payment

Cash

- The Trust had cash holdings of £30.2 m at the close of December 2010 and cash balances of between £42.6M and £32.6M throughout the month
- Cash balance was £1.0 M higher than forecast
- PDC draw down benefitted cash balances in the period
- Cash balances are projected to remain higher than plan for the rest of the financial year

Current Liabilities have decreased by £0.29M

Payables

- BPC (NON NHS) 88.5% by number and 87.2% by value
- NHS payables 51.4% by number and 64.4% by value
- Recent performance is improved following AP processes changes and the introduction of twice weekly payment runs
- AP will benefit from the introduction of data capture software and automated invoice routing

Taxpayers' Equity has increased by £6.1m this month. This is mainly the draw down of PDC capital in respect of the Hospital development and the movements on the revenue position and donated asset transfers.

Trust Board 26th January 2011	
Title of document: Foundation Trust application update	Paper No: ATTACHMENT U
Submitted on behalf of: Fiona Dalton	
Aims / summary The attached paper sets out the current position for the Trust against the assessment criteria used by the SHA and the Secretary of State for Health to determine readiness for Foundation Trust status. The "Evidence of meeting statutory targets" criteria have been rated amber. The number of c. diff cases is over trajectory for the third quarter (7 against trajectory of 6.75). The overall "Financially viable" assessment is rated amber (changed from green). Changes in the 11/12 tariff have increased the risk of being able to demonstrate financial viability. The financial risks associated with the increased costs of the Morgan Stanley Clinical Building result in a financial risk rating (FRR) of 2 in 12/13 in a downside scenario. We are not allowed to show increased IPP income above the cap, as the required legislative change has not yet taken place. The criteria for commissioner support are rated green following receipt of letters of support for the FT application from key commissioners. TB should also note that the downside scenario calls for a realistic savings plans over and above the current level of CRES plans. Key actions for the next month: <ul style="list-style-type: none"> • Complete version 3 of the LTFM and IBP (includes 11/12 tariff changes) • Complete NHS London Assurance process • Submission of application to Department of Health 	
Action required from the meeting To note the current position	
Contribution to the delivery of NHS / Trust strategies and plans Achievement of Trust objective to secure Foundation Trust status	
Financial implications: None	
Legal issues: None	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? Formal consultation has been completed (18 June 2010) A set of commissioner meetings have been held with lead commissioners.	
Who needs to be told about any decision Not required	
Who is responsible for implementing the proposals / project and anticipated timescales Sven Bunn, FT Programme Manager	
Who is accountable for the implementation of the proposal / project Jane Collins, Chief Executive	
Author and date Sven Bunn 17 January 2011	

Foundation Trust application – January 2011 position

Assessment of current performance for Great Ormond Street Hospital against the seven domains of the Secretary of State assurance process:

1. Legally constituted and representative		Green
The trust's proposed NHS foundation trust application is compliant with current legislation	<ul style="list-style-type: none"> • Draft constitution completed and approved by Trust Board (July 2010). • Principles for membership and representation agreed (age limits and constituencies). • Members' Council and Board of Directors' standing orders drafted. 	Green
The trust has carried out due consultation process	<ul style="list-style-type: none"> • Consultation commenced on 9 Feb 10 and was completed on 18 June 2010. • A broad range of consultation meetings were held for both public and staff consultation processes. • Consultation feedback was provided on 13 August. 	Green
Membership is representative and sufficient to enable credible governor elections	<ul style="list-style-type: none"> • Currently >8,000 members. • Face to face and direct mail recruitment activities have been completed. • Opt-out system for staff membership; appointment of FT ambassadors 	Green
2. Good business strategy		Green
Strategic fit with SHA direction of travel	<ul style="list-style-type: none"> • Participation in London specialised children's services review. Support development of specialist paediatric networks. • Paediatric cardiac review • Paediatric neurosurgery review 	Green
Commissioner support to strategy	<ul style="list-style-type: none"> • Meetings held with NCG, NHS London and local commissioners supported principles of growth • Support letters received from NHS North Central London, London SCG, East of England SCG and National Commissioning Group (84% of NHS contract income). 	Green
Takes account of local/national issues	<ul style="list-style-type: none"> • Thorough and detailed market assessment completed • Involved in national service reviews • Anticipate tougher economic conditions from 11/12 onwards. 	Green
Good market, PEST and SWOT analyses	<ul style="list-style-type: none"> • Specialty based market assessments which encompass portfolio, strategic and competitor analysis. • SWOT and PEST analyses updated as part of IBP development. • External assurance of market assessment completed. 	Green
3. Financially viable		Amber
FRR of at least 3 under a downside scenario	<ul style="list-style-type: none"> • Currently 2 for 12/13 • Risks from 11/12 tariff 	Amber
Surplus by year three under a downside scenario and reasonable level of cash	<ul style="list-style-type: none"> • As above. 	Green
Above underpinned by a set of reasonable assumptions	<ul style="list-style-type: none"> • Assumptions generated and downside modelling completed. • External assurance completed. 	Green
Commissioner support for activity and service development assumptions	<ul style="list-style-type: none"> • Support letters received from NHS North Central London, London SCG, East of England SCG and National Commissioning Group (84% of NHS contract income) 	Green

ATTACHMENT U

4. Well governed		Green
Evidence of meeting statutory targets	<ul style="list-style-type: none"> • Current CQC assessment: Fair – quality of service; Good – financial performance. • Would have achieved “Excellent” rating for quality of service in 2009/10. • Performance against c. diff. target is above trajectory (7 cases against plan of 6.75). 	Amber
Declaring full compliance or robust action plans in place	<ul style="list-style-type: none"> • Achieved full CQC registration. • Robust action plan has been developed as a result of boiler failure. HSE improvement notice now lifted. 	Green
Comprehensive and effective performance management systems in place	<ul style="list-style-type: none"> • Well developed corporate and clinical unit level performance management and risk management systems. • Further work is required on specialty and service level systems. 	Green
5. Capable board to deliver		Green
Evidence of reconciliation of skills and experience to requirements of the strategy	<ul style="list-style-type: none"> • Board effectiveness assessment and board development process completed. Board skills analysis will be completed by December 2010. • Clinical unit development started in March 10. • External support for board development has been appointed. 	Green
Evidence of independent analysis of board capability/capacity	<ul style="list-style-type: none"> • Board effectiveness assessment completed. • External assurance programme completed. 	Green
Evidence of learning appetite via NHS foundation trust processes	<ul style="list-style-type: none"> • Board development programme. • External board assessment 	Green
Evidence of effective, evidence based decision making processes	<ul style="list-style-type: none"> • Governance structure • Existing TB and MB minutes 	Green
6. Good service performance		Green
Evidence of meeting all statutory and national/local targets	<ul style="list-style-type: none"> • Good performance management system 	Green
Evidence of no issues, concerns, or reports from third parties, e.g. HCC and in future CQC	<ul style="list-style-type: none"> • HSE improvement notice relating to boiler incident has been lifted (July 2010). 	Green
Evidence that delivery is meeting or exceeding plans	<ul style="list-style-type: none"> • Good performance management system 	Green
7. Local health economy issues / external relations		Green
If local health economy financial recovery plans in place, does the application adequately reflect this?	<ul style="list-style-type: none"> • Participation in London specialised children’s services review. • Participation in national reviews 	Green
Any commissioner disinvestment or contestability	<ul style="list-style-type: none"> • None 	Green
Effective and appropriate contractual relations in place	<ul style="list-style-type: none"> • Commissioner Forum • Risk to commissioner agreement with growth plans 	Green
Other key stakeholders such as local authorities, SHAs, other trusts, etc.	<ul style="list-style-type: none"> • Good working relationships 	Green

Trust Board Meeting 26th January 2011	
Title of Document GOSH in Haringey Safeguarding Up-date	Paper No: Attachment V
Submitted by Liz Morgan	
Aims To update Trust Board on progress made with the GOSH in Haringey services and findings of the NHS London Service Improvement Team visit in December 2010	
Summary <p>GOSH in Haringey participated in an NHS London Safeguarding Improvement peer review visit on 16th December 2010. This was a follow-up visit from a previous visit in December 2009.</p> <p>This paper provides the Trust Board with a summary of the findings of the visit. The conclusions of the peer review team is that GOSH in Haringey has maintained and extended the improvement in safeguarding provision demonstrated at the first visit.</p> <p>The safeguarding dashboard for Haringey is included as an Appendix to this paper. Please note that the data regarding case conferences is not available at present and will be tabled at the meeting.</p>	
Action Required To note the contents of the report	
Financial Implications Haringey PCT is in turnaround which will influence decisions regarding funding. This will in turn affect decisions regarding service provision at a time when the service is being tendered. Significant progress has been made however there is a risk these decisions may undermine the progress.	
Contribution to the delivery of NHS Plan Recognising and addressing Safeguarding concerns is a significant factor in improving the health and life chances of the children and young people of Haringey.	
Contribution to the delivery of Trust Business Plan and Objectives Safeguarding is a key responsibility for the Trust and is a major consideration in the future management arrangements for the provision of children's healthcare services	
Patient and Public Involvement All activity in Haringey comes under the auspices of the Haringey Childre's trust and there continue to be strong working relationships with all members of the Haringey partnership.	
Partnership Issues Haringey PCT is currently tendering for the future provision of Children's health services	
Communication/Internal and External Stakeholder Issues An Ofsted review is currently underway	
Liz Morgan January 2011	

Great Ormond Street Hospital NHS Trust

GOSH in Haringey Safeguarding Up-date for Trust Board

Safeguarding Improvement Team Visit 16th December 2010

NHS London launched an initiative in 2009 to undertake peer review visits to all PCT Children's Services to review safeguarding and child protection service provision. Due to the high level of scrutiny of Haringey PCT an initial one day visit was held in December 2009 to offer some assurance and feedback prior to a major Ofsted visit in January 2010. At that time it was agreed a further one day visit would be held one. This day took place on 16th December 2010.

The purpose of this day was to focus on practice and provide a peer review perspective on progress and offer advice on further improvements that could be made. The review also considered the post White Paper 'Equity and Excellence: Liberating the NHS' changes and public sector resource issues as well as front line effectiveness.

Senior colleagues from NHS Haringey; North Middlesex University Hospital NHS Trust; Barnet and Enfield and Haringey Mental Health NHS Trust contributed to the visit to provide the review team with an overview of improvements that have been made across Paediatrics; A&E; Maternity; Mental Health and General Practice Services with regard to Safeguarding provision in addition to representation from GOSH in Haringey Health Visiting; School Nursing and Community Paediatrics.

The findings of the review team were fed back at the end of the visit followed by a written report.

Overall findings of the review team have been very positive and impressed as can be seen from the following quote, by the 'remarkable degree of continued enthusiasm to achieve all the improvements you set out to make, and in terms of top level interagency collaboration and joint planning and review of safeguarding you are ahead of any area we have been to.'

Interviews with staff had proved positive with a number of quotes indicating increased confidence at all levels and gave the review team confidence that staff understood the importance of grasping the child protection role proactively and with authority:

"We came here expecting a nightmare and didn't get it" (Paediatric SHO)

"We can be more formal now and pushy" (referring to being able to be robust and ask difficult questions. Children's Nurse)

"We were seen as rubbish, now we are confident to come out and talk about what we do." (Social Worker)

"We were afraid to interfere, now we know we have the support of high agencies". (Midwife)

Other points of feedback:

- Staff could describe processes clearly
- Impressive multiagency approach
- Top leaders very engaged
- Focus on complex cases
- Staff talked clearly about training levels and compliance
- Staff clearly articulate what is different about safeguarding
- Scorecard approach provided good information and sends out a strong message that evidence and assurance matters

Specific feedback relating to GOSH in Haringey services:

GOSH in Haringey Health Visiting:

There is now a fully recruited team with reasonable levels of caseload but the almost sole focus is child protection and the team would like to provide more of the Healthy Child Programme.

Level 3 child protection training is accessible and supervision is available 4 monthly.

The First Response Service is valued by the Health Visitors although the success of the service has increased the workload.

There is a dedicated Health Visitor linked to each GP practice.

School Nursing:

This team demonstrated increased confidence in being able to escalate concerns and confirmed they had good access to safeguarding advice.

Community Paediatrics:

The Doctors appreciated the co-location of child protection at NMUH and initial operational issues had been resolved.

The peer review team did not feel the number of complex cases with a child protection plan was especially high, and that many other areas also have population related complexity.

The PCT is a substantial net importer of serious cases which is not reflected in funding.

Conclusions:

- Improvements have been maintained and extended
- Confidence has grown significantly
- Impressive top level commitment and grass roots buy in
- Accepted that everyone is responsible
- Strong safeguarding arrangements are in place
- Challenge is to preserve and continue progress in face of transition, financial and population diversity

GOSH in Haringey Safeguarding Key Performance Indicators

Balanced Scorecard (see attached)

Quality of Record Keeping:

Target: 100%

Designed to calculate the average score across the 10 domains, the audit looks at Key Practice Episodes within the period of intervention in the life of the child and family. These are significant or pivotal points in a case which generally impact on, and influence, the planned (and unplanned) outcome. The term is neutral and can be used to incorporate good and poor practice. . With minor adjustments, the Key Practice Episodes are designed to be relevant to multi agency use. They address the following practice issues:

- 1) Initial Referral and Response
- 2) Key Family/Child Needs assessment episodes and reviews of care
- 3) Risk assessment/ interagency involvement/ CP practice
- 4) Key Decision Meetings
- 5) Key Care Planning and reviewing points
- 6) Child Health Focussed Practice
- 7) Supervision/Management Overview
- 8) Direct engagement/ relationship with child, their family and other professionals
- 9) Case note recording/Chronology/visits
- 10) Case Transfer and Case Closure

Quality measure: The quality of record keeping and note taking is assessed across all the 10 domains of the audit tool, however, an assessment of the child/family needs assessment as adequate or better is provided as a measure of quality.

Supervision – Health Visitors & School Nursing

Target: 100% of Red Folders (Children with a Child Protection Plan) and UCPI Children (Children where there are Unresolved Child Protection Issues) re-care discussed during supervision within 4-months for Health Visitors or per term for School Nurses.

Numerator: No. of children discussed in supervision within 4-months of previous for health visitors and per term with school nurses
(NB: Standard for 2009-10 was 3-months for HVs)

Denominator: No. children in blue and red folders

Health Visitor Visits – Frequency of Intervention: Percentage of children visited at least every 6 weeks:

Denominator: 1. Cases due a 6-week visit: Cases seen in the month + cases overdue to be seen in the month

Numerator: 2. No. of children visited within the last 6-weeks

Percentage of children visited at least every 6 weeks, excluding those families that failed to attend:

Target: 100% of Red Folders (Children with a Child Protection Plan) and UCPI Children (Children where there are Unresolved Child Protection Issues) recare discussed during supervision within 4-months for Health Visitors or per term for School Nurses

Numerator: Number of children discussed in supervision within 4-months of previous for health visitors and termly with school nurses (NB: Standard for 2009-10 was 3-months for HVs)

Denominator: Number children in blue and red folders

Denominator: 1. Cases due a 6-week visit: Cases seen in the month + cases overdue to be seen in the month

Numerator: 2. Cases not seen DNA/No access (Family failed to attend appointment or was not at home when visited) + No. of children visited within the last 6-weeks

Percentage of cases not able to be appointed by the Health Visitor in the month

Denominator: 1. Cases due a 6-week visit: Cases seen in the month + cases overdue to be seen in the month

Numerator: 2. Cases not seen - not appointed within 6-weeks: Cases due a 6-week check that could not be appointed

Safeguarding Training

Target: 90% of all staff trained to the appropriate level

Training definitions:

Level 1: all staff working in health care settings (clinical and non-clinical)

Level 2: clinical and non-clinical staff who have regular contact with parents, children and young people

Level 3: all staff working predominately with children, young people and parents

Staffing

The number of safeguarding vacancies and staff in post

Whole Time Equivalent (WTE) = Total posts available on the last day of the month
People in Post (P) = People in post at the end of each month - including interim arrangements

NHS Haringey Safeguarding Dashboard 2010/11: Key measures of assurance



RAG status

- Meeting target and on track to achieve by end of year
- within 10% of target and on track to achieve by end of year
- more than 20% below target & not on track to achieve

Direction of Travel

- ↗ Increase from previous quarter
- ↘ Decrease from previous quarter
- ↔ No change from previous quarter

■ RED Folder (Children with a Child Protection Plan)

■ UCPI Children (Children where there are Unresolved Child Protection Issues)

1. Quality of Record Keeping

This shows the results of the regular audit conducted by Health Visitors and School Nurses. AHPs began using this tool in August 2010 and will be included in the report below in quarter 2. Other providers, including the Whittington and BEHMHT are looking to adapt the tool for their use in 2010-11.

	Target	2009-10 Average %	Q3 2009-10	Q4 2009-10	Q1 2010-11	Q2 2010-11	RAG	DOT
No of case files audited		59	30	29	36	0		
% of case files judged adequate or better across 10 domains	100%	81.7%	75.6%	87.7%	83.3%	0.0%	●	↘
% Needs assessments adequate or better	100%	74.0%	66.7%	81.3%	83.3%	0.0%	●	↗

Explanation of current performance:

A small decrease masks the overall improvement in the quality of record keeping on last year. The audit for Quarter 2 will be available during December 2010.

Proposed remedial action:

NHS Haringey has produced a tool to analyse this audit by professional and by auditor. This will be incorporated into provider performance reports currently being developed to monitor improvement.

2. Case Conferences

	Target	2009-10 Outturn	Q1	Q2	Q3	Q4	RAG	DOT
Case conference attended or report sent								
No required to attend								
% participation (attended or report sent)	%	%	%	%	%	%		
% of reports audited that meet quality standard								

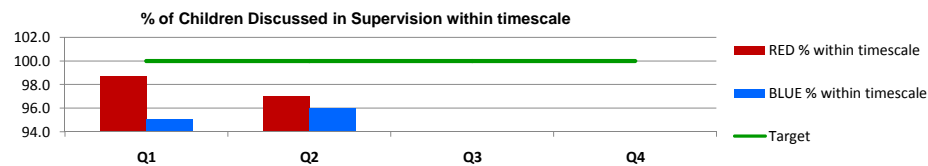
Explanation of current performance:

While data is available and included in the scorecard in section 2, there are various data quality issues which mean the data cannot be used for performance management purposes. These issues are currently being addressed with LB Haringey through the LSCB. The data shown in Section 2 will form a baseline to test whether improvements being made to data recording and monitoring systems are working.

Proposed remedial action:

Work is underway with LB Haringey to introduce a new database to store and manage the data, and a Conference Chair template to record the full dataset required

3. Supervision - Health Visitors & School Nursing



	Target		2009-10 Outturn		Q1		Q2		Q3		Q4		RAG		DOT	
	Red	UCPI	Red	UCPI	Red	UCPI	Red	UCPI	Red	UCPI	Red	UCPI	Red	Red	Red	Red
No. of children in red/blue folders			N/A	N/A	308	570	329	664	0	0	0	0				↗
Sessions within timescale			N/A	N/A	304	542	319	637	0	0	0	0				↗
% within timescale	100.0	N/A	96.1	83.2	98.7	95.1	97.0	95.9	%	%	%	%				↘

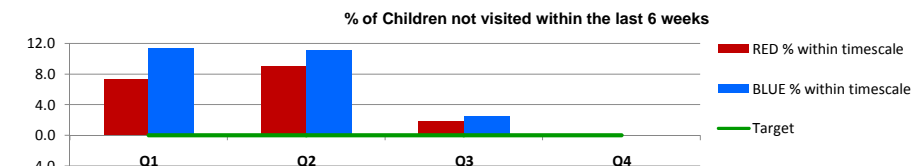
Explanation of current performance:

Latest data to November shows all Red folder children being discussed within timescale though a slight drop for Blue folder children. The number of children not discussed during supervision increased slightly during quarter 2 and into October. This drop in quarter 2 was a result of poorer performance within 2 of the 5 HV teams, The drop in October was due to staff sickness within one team and 2 children overdue within the other team. All other Health Centres discussed their children within timescale.

It is important to note that the number of children with a Plan increased by 21 between quarter 1 and 2 and by 94 for Children with an unresolved Child Protection Issue.

Proposed remedial action: GOSH in Haringey have a detailed tool to monitor improvement.

4. Health Visitor Visits



	Target		2009-10 Outturn		Q1		Q2		Q3		Q4		RAG		DOT	
	Red	UCPI	Red	UCPI	Red	UCPI	Red	UCPI	Red	UCPI	Red	UCPI	Red	Red	Red	Red
Average % visited at least every 6 weeks	TBA		88.2	59.6	73.2	71.4	80.0	63.9	89.1	74.2	0.0	0.0				↗
Average % visited (excl DNA/no access)	100		99.8	74.9	90.5	86.0	90.0	85.0	97.9	96.9	0.0	0.0				↗
Average % of cases not able to be appointed	0.0%	N/A	0.2	20.0	7.3	11.4	9.0	11.1	1.9	2.5	0.0	0.0				↗

Explanation of current performance:

Diligent data collection and follow-up visits resulted in Health Visitors visiting 97.9% of children with a Child Protection Plan at least every 6-weeks, excluding those families which DNA'd. (to Nov) This would indicate that systems and processes within the HV teams are working well. The Social worker is informed when a child subject to a CP plan is not seen due to no access

Proposed remedial action:

Detailed performance by the Health Visiting Team is monitored and discussed at 6-weekly performance meetings between NHS Haringey and Health Visiting Provider GOSH in Haringey.

Note: Data is a average of the number of complete months each quarter and not necessarily a complete quarter.

5. Safeguarding Training (number of staff whose training is current / total staff requiring that level of training)

	Target	2009-10 Outturn	Q1	Q2	Q3	Q4	RAG		DOT	
LEVEL 1: % received training (full day/half day)	90%		77%	78%	%	%				↗
LEVEL 2: % received training	90%		73%	73%	%	%				↗
LEVEL 3: % received training	90%		78%	81%	%	%				↗

Explanation of current performance:

While GOSH in Haringey exceed the 90% target for all levels the overall percentages were brought down by the poorer performance of other providers which have the greater proportion of staff. 92% of primary care staff are trained to Level 1, while BEHMHT was just 5 staff short of the 90% target.

Proposed remedial action:

The ability to accurately record safeguarding training differs between providers. Work has been undertaken with all providers to support them to report training levels each quarter. NMUH & GOSH in Haringey have well established reporting mechanisms while BEHMHT and Primary Care started reporting in quarter 1. The Whittington are still experiencing IT difficulties in collecting Level 2 & 3 data which are being investigated.

6. Staffing People in post / total WTE posts available

	Target	2009-10 Outturn	Q1	Q2	Q3	Q4	RAG		DOT	
Health Visiting %	95.0	72.8	76.5	100.0	100.0	%				↗
School Nursing %	95.0	80.8	91.7	93.5	93.5	%				↗
Community Paeds %	95.0	70.4	82.0	96.2	82.0	%				↗
Designated/Named Posts %	100.0	100.0	100.0	100.0	100.0	%				↔

Explanation of current performance:

The percentage of Health Visitors in post is now at 100%. This is due to a re arrangements of posts following recommendations from the SCRs and the JAR Action Plan. This included reducing the number of HV posts available from 34.14 to 29.6. This allowed for increased support staff but also included a specialist HV for homeless & traveller families. This specialist was recruited in September increasing the total HVs in post by 1 WTE resulting in all posts now being filled.

Proposed remedial action:

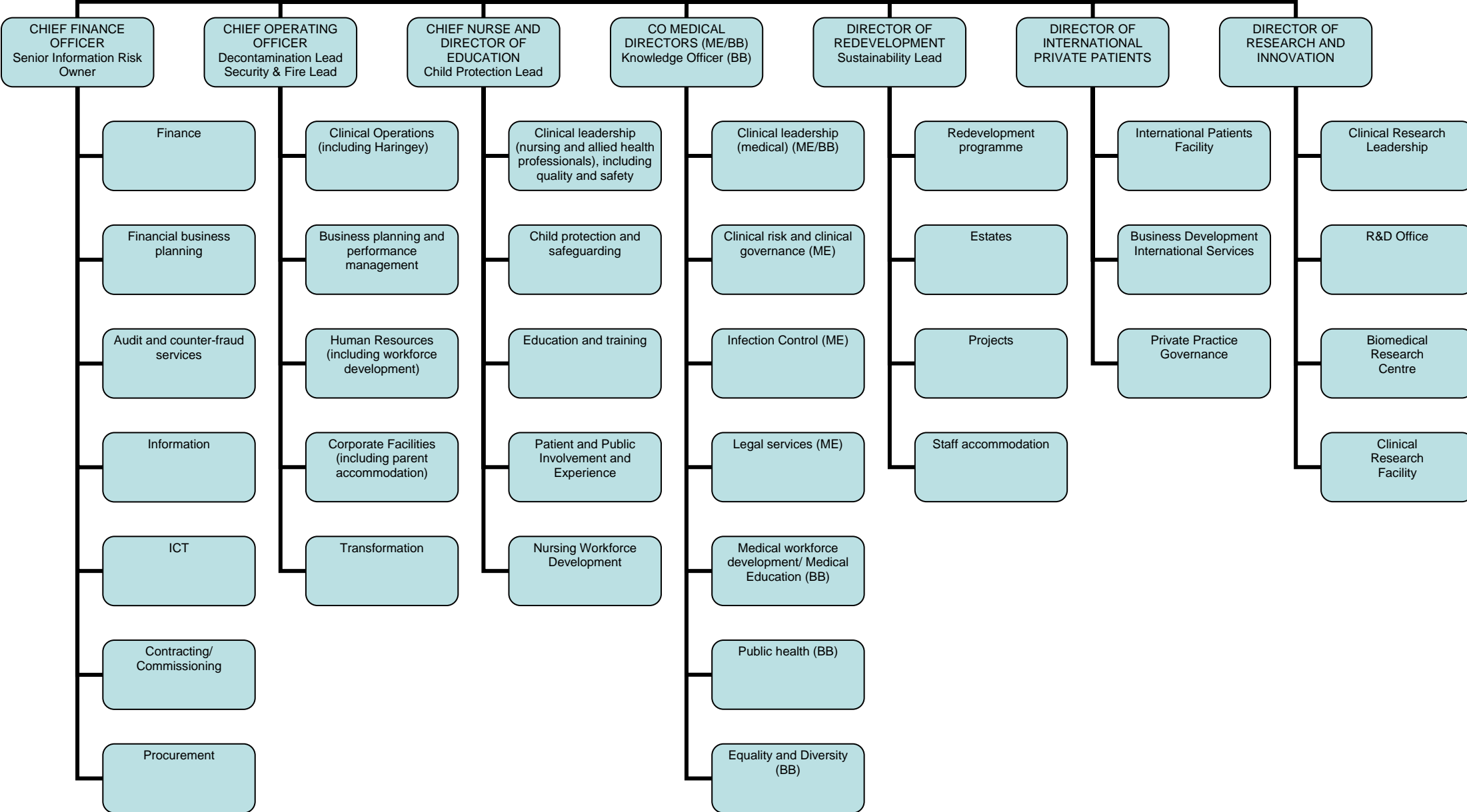
Staffing levels will continue to be monitored regularly. Work is underway to measure staffing workload.

Trust Board Meeting 26th January 2011	
Title of document: Executive Director Responsibilities	Paper No: Attachment W
Submitted on behalf of: Jane Collins, Chief Executive	
Aims / summary To update the Trust Board on the responsibilities of the Executive Directors.	
Action required from the meeting For information.	
Contribution to the delivery of NHS / Trust strategies and plans N/A	
Financial implications N/A	
Legal issues For purposes of clarity with regards Executive Director responsibilities and regulatory compliance.	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? The attached diagram will be uploaded onto the Trust website.	
Who needs to be told about any decision The attached diagram will be uploaded onto the Trust website.	
Who is responsible for implementing the proposals / project and anticipated timescales N/A	
Who is accountable for the implementation of the proposal / project N/A	
Author and date Anna Ferrant, Company Secretary 12 th January 2011	

EXECUTIVE ROLES AND RESPONSIBILITIES

CHAIRMAN

CHIEF EXECUTIVE
Health and Safety Lead



<p>Trust Board Meeting 26th January 2011</p>	
<p>Title of document Management of serious incidents</p>	<p>Agenda item/Paper No ATTACHMENT 1</p>
<p>Submitted on behalf of Martin Elliot, Co – Medical Director</p>	<p>Date considered by Management Board</p>
<p>Aims / summary The paper is to inform the Board about the changes in the requirements for reporting, investigating and managing serious incidents.</p>	
<p>Action required from the meeting To support the change in administration and management of serious incidents to ensure the Trust meets the requirements set by NHS London</p>	
<p>Contribution to the delivery of NHS / Trust strategies and plans</p>	
<p>Financial implications</p>	
<p>Legal issues</p>	
<p>Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place?</p>	
<p>Who needs to be told about any decision</p>	
<p>Who is responsible for implementing the proposals / project and anticipated timescales</p>	
<p>Who is accountable for the implementation of the proposal / project</p>	
<p>Author and date Salina Parkyn Acting Assistant Director Clinical Governance and Safety 12th January 2011</p>	

Management of Serious Incidents

Paper for Trust Board
26th January 2011

In order to provide national consistency in the definition of a serious incident and clear roles, responsibilities and timescales for completing serious incident investigations the National Patient Safety Agency (NPSA) launched the first release of a National Framework for reporting and learning from serious incidents requiring investigations in March 2010. NHS London has adopted this framework in full and expects organisations providing NHS care to adhere to guidance contained in the framework.

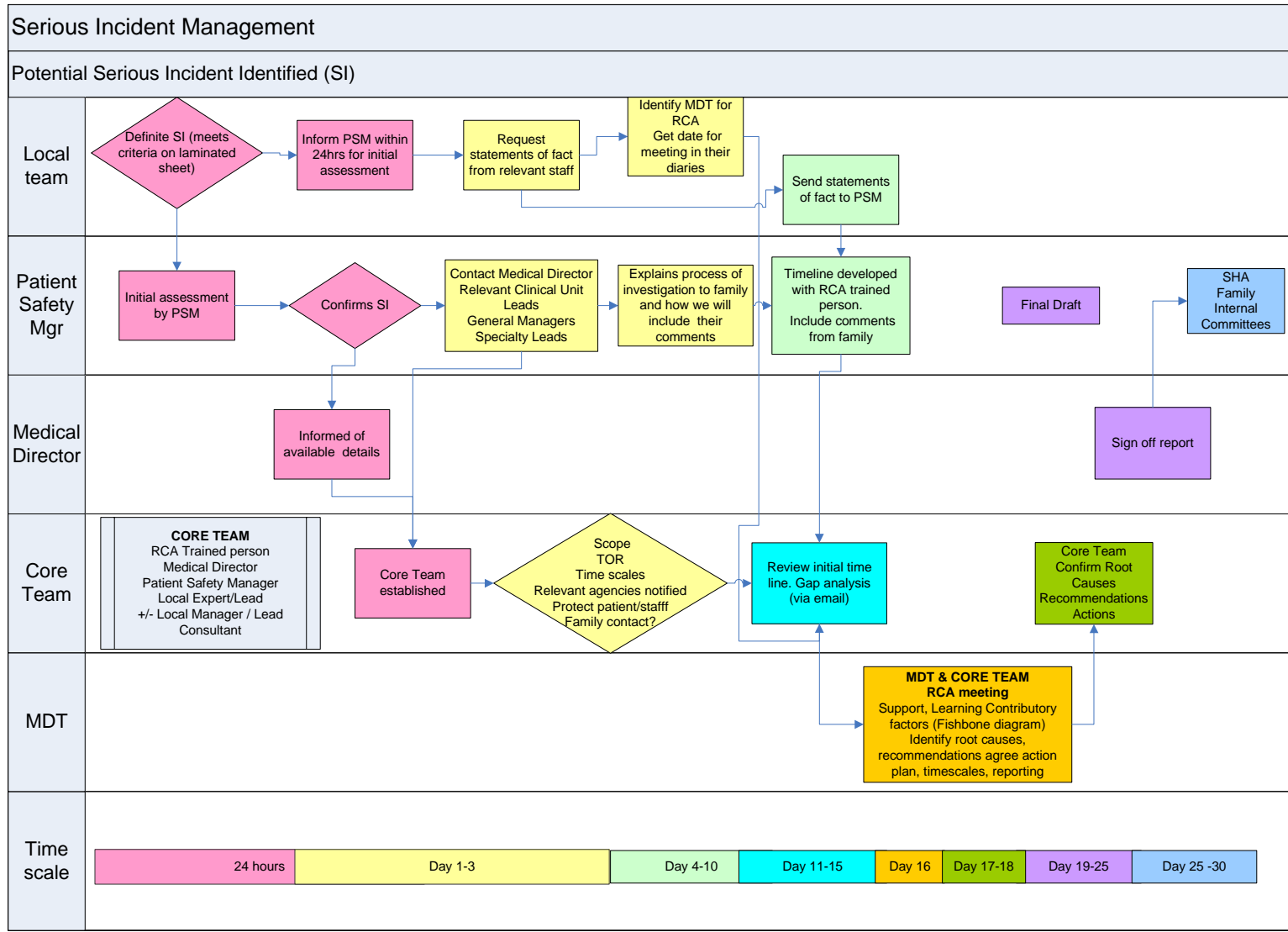
In line with the national framework Serious Untoward Incidents (SUIs) will be known as Serious Incidents (SIs).

A serious incident requiring investigation is defined as an incident that occurred in relation to NHS funded services and care resulting in:

- Unexpected or avoidable death of one or more patients, staff, visitors or members of the public
- Serious harm to one or more patients, staff, visitors or members of the public where the outcome requires life saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy, or result in prolonged pain or psychological harm.
- A scenario that prevents or threatens to prevent a provider organisation's ability to continue to deliver health care services, for example, actual or potential loss of personal or organisational information, damage to property, reputation or the environment or IT failure.
- Allegations of abuse
- Adverse media coverage or public concern for the organisation or the wider NHS
- One of the core sets of 'Never Events' as updated on an annual basis

The serious incidents will be graded as Grade 1 or grade 2. From 1st December 2010 all grade 1 incidents needs to be investigated and responded to within 45 working days, for grade 2 incidents the timescale remains unchanged at 60 working days.

To comply with these timescales the Trust needs to revise the way in which serious incidents are managed. A suggested process with allocated roles and responsibilities are laid out on page 3.



Supplementary terms

1. **Incident** – an event or circumstance which could have resulted, or did result in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public.¹
2. **NHS-funded services and care** – healthcare that is partially or fully funded by the NHS, regardless of the location.²
3. **Unexpected death** – where natural causes are not suspected. Local organisations should investigate these to determine if the incident contributed to the unexpected death.²
4. **Permanent harm** – directly related to the incident and not related to the natural course of the patient's illness or underlying conditions, defined as permanent lessening of bodily functions; including sensory, motor, physiological or intellectual.³
5. **Prolonged pain and/or prolonged psychological harm** – pain or harm that a service user has experienced, or is likely to experience, for a continuous period of 28 days.⁴
6. **Severe harm** – a patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.³
7. **Major surgery** – a surgical operation within or upon the contents of the abdominal or pelvic, cranial or thoracic cavities or a procedure which, given the locality, condition of patient, level of difficulty, or length of time to perform, constitutes a hazard to life or function of an organ, or tissue (if an extensive orthopaedic procedure is involved, the surgery is considered 'major').⁵
8. **Abuse** – a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm or exploitation of the person subjected to it. This is defined in *No Secrets* for adults⁶ and in Care Quality Commission (CQC) guidance about compliance.⁴ *Working together to safeguard children (2006)*⁷ states that 'abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by 'inflicting harm', or by failing to act to prevent harm'. For further details of the definition of abuse and the serious incident reporting processes.⁸
www.dh.gov.uk/en/publications/publicationsPolicyAndGuidance.

Appendix 1

Grading of Serious Incidents:

Source: National Framework for Reporting and Learning form Serious Incidents requiring investigation, National Patient Safety Agency March 2010

Grade 0	<p>Action required Notification only if it is unclear if a serious incident has occurred. The provider organisation must update the PCT/SHA with further information within three working days of a grade 0 incident being notified. If within three working days it is found not to be a serious incident, it can be downgraded with the agreement of the accountable SHA/PCT. If a serious incident has occurred it will be regraded as a grade 1 or 2</p>		
Grade 1	<p>Action required Commissioning PCTs will monitor the case and report findings, recommendations and associated action plans to the SHA. SHA will monitor progress on a quarterly basis with PCT unless earlier discussion is required or the serious incident is regraded. Comprehensive investigation Root Cause Analysis (RCA) required (level 2 Investigation) See Appendix C</p>	<p>Monitoring required Local monitoring</p> <ul style="list-style-type: none"> The PCT and/or SHA will close the incident when it is satisfied the investigation, recommendations and action plan are satisfactory, and local monitoring arrangements are in place and working efficiently. Publish incident details within Annual Reports <p>Timescales: up to 45 working days/nine weeks from the date the incident is notified to the PCT/SHA.</p>	<p>Examples of cases</p> <ul style="list-style-type: none"> Mental Health – deaths in the community* Healthcare associated infection (HCAI) outbreaks Avoidable/unexplained death Mental health – attempted suicides as inpatients* Ambulance services missing target for arrival resulting in death/severe harm to patient Data loss and information security (DH Criteria level 2, see Information Resource) Grade 3 pressure ulcer develops Poor discharge planning causes harm to patient <p>See Information Resource Tool www.nrls.npsa.nhs.uk/patientsafetydirect</p>
Grade 2	<p>Action required Case will be monitored by the SHA/PCT/local authority in conjunction with the provider organisation. The SHA will review findings, recommendations and associated action plans. For Never Events, the commissioning PCT will be obliged to monitor overall numbers and actions and report these in its annual reporting arrangements. Comprehensive investigation (RCA level 2 investigation) (as above) or independent investigation (RCA level 3 investigation) See Appendix C</p>	<p>Monitoring required SHA/PCT monitoring</p> <ul style="list-style-type: none"> Incidents leading to an independent investigation or inquiry or those considered high risk will continue to be monitored by the SHA/PCT or Local Authority until evidence is provided that each action point has been implemented. Incidents involving adult or child abuse are referred to local safeguarding arrangements. Publish quarterly reports. <p>Timescales: for independent investigations allow up to 26 weeks/six months for completion of investigation. Extensions can be granted on an individual case-by-case basis by the SHA/PCT.</p>	<p>Examples of cases</p> <ul style="list-style-type: none"> Maternal deaths. Inpatient suicides (including following absconson)*. Child protection. Data loss and information security (DH Criteria level 3-5). Never Events. Accusation of physical misconduct or harm is made. Homicides following recent contact with mental health services*. <p>See Information Resource Tool * Mental Health incidents should refer to DH guidance: Independent investigation of adverse events in mental health services¹⁴</p>

Trust Board 26th January 2011	
Title of document Assurance Framework Summary	Paper No: Attachment 2
Submitted on behalf of Chief Operating Officer	
Aims / summary The Assurance Framework provides an overview of the principal risks to achievement of the Trust's corporate objectives. There are 26 risks documented on the framework. The attached summary sheet provides an overview of each risk. The Clinical Governance Committee and Audit Committee seek assurance on behalf of the Trust Board that these risks are adequately controlled. The Assurance Framework Group continues to review and manage the Assurance Framework. Of the 26 risks, no risks are rated as red, 8 are rated as amber and 18 as green. This rating relates to the assessment of the controls in place, any outstanding actions and internal/ external assurances available.	
Action required from the meeting To note the content of the Assurance Framework summary.	
Contribution to the delivery of NHS / Trust strategies and plans Covers all Trust objectives	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? N/A	
Who needs to be told about any decision N/A	
Who is responsible for implementing the proposals / project and anticipated timescales No proposals included	
Who is accountable for the implementation of the proposal / project No proposals included	
Author and date Anna Ferrant, January 2011	

ASSURANCE FRAMEWORK JANUARY 2011

No.	Principal Risk	Accountable Executive	Responsible Assurance Committee	Initial Principal Risk Score	Revised principle risk score (after mitigations)	Assurance status	Date updated
STRATEGIC OBJECTIVE 1: Consistently deliver clinical outcomes that place us amongst the top 5 Children's Hospitals in the world							
1A	Children may be harmed through medication errors	MD (ME)	CGC	25	20	AMBER	11/10/10
1B	Children may not be appropriately identified as being at risk of abuse and subsequent actions not taken	DN & Ed	CGC	25	15	GREEN	10/01/11
1C	Children, staff and parents may be put at risk from failure to adequately maintain the estate and non clinical equipment	DReDev	AC	25	10	GREEN	06/01/11
1D	Children may be at risk from hospital acquired infection (includes decontamination & cleanliness)	MD (ME)	CGC	20	15	GREEN	11/10/2010
1E	The organisation, administration and practice of clinical services may not always optimally deliver the best outcomes	COO	CGC	20	12	GREEN	10/01/11
1F	Our clinical equipment may be inadequate for excellent clinical care and enhanced patient experience	COO	CGC	15	10	AMBER	10/01/11
1G	Staff in post may not be appropriately competent to deliver care	DN & Ed	CGC	15	10	GREEN	10/01/11
1H	We may not be able to recruit and retain key staff	COO	CGC	20	15	GREEN	10/01/11
1I	We may not be able to benchmark outcomes against partners and national indicators.	COO/ MD (ME)	CGC/ AC	9	6	GREEN	11/10/10
1J	Clinical outcomes and patients' experiences may suffer as a result of a lack of appropriate management focus	COO	CGC	9	6	GREEN	10/01/11
1K	Lack of appropriate clinical response to the deterioration in children	MD(ME)	CGC	20	15	AMBER	12/01/11
STRATEGIC OBJECTIVE 2: Consistently deliver an excellent experience that exceeds our patient, family and referrer expectations							
2A	We may not be able to measure, report and act on patients' experience	DN & Ed	CGC	9	6	GREEN	10/01/11
2B	Patients may have to wait longer than is reasonable for consultation or treatment (initial proxy being national waiting time targets)	COO	CGC	12	9	GREEN	10/01/11
2C	We may not meet referrers and other health and social care expectations around communication and accepting appropriate referrals	COO	CGC	12	9	AMBER	05/10/10
STRATEGIC OBJECTIVE 3: Successfully deliver our clinical growth strategy							
3A	We may fail to get Commissioner 'buy in' to Trust growth plans and service developments	CFO	AC	20	8	AMBER	10/01/11
3B	We may fail to influence and capitalise on regional and national reconfiguration opportunities	COO	AC	12	8	GREEN	10/01/11
3C	We may not deliver our strategy for International Private Patients	Dir of Internat patients	AC	20	15	AMBER	06/10/10

ASSURANCE FRAMEWORK JANUARY 2011

STRATEGIC OBJECTIVE 4 : With partners maintain and develop our position as the UK's top children's research organisation							
4A	We may not deliver our research strategy and fail to attract research funding	D Research	CGC	12	6	GREEN	11.01.11
STRATEGIC OBJECTIVE 5 : Work with our academic partners to ensure that we are the provider of choice for specialist paediatric education and training in the UK							
5A	We may not deliver our education strategy and fail to maintain our position as leader of paediatric education and capitalise on the business opportunities resulting from the position	DN & Ed	CGC	12	9	AMBER	10/01/11
STRATEGIC OBJECTIVE 6 : Deliver a financially stable organisation							
6A	We may overspend on budgets by not maintaining control of costs and failing to achieve planned CRES targets	COO	AC	12	8	GREEN	13/10/10
6B	Sustainable funding solution for each activity within the Trust strategy may not be secured.	CFO	AC	20	15	GREEN	12/01/11
STRATEGIC OBJECTIVE 7 : Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation							
7A	We may fail to maintain compliance with regulatory and legislative requirements (in particular CQC Registration Standards, NHSLA, ALE, Health and Safety at Work Act, NHS Constitution, Research Governance Framework, IG Toolkit)	MD (ME)	CGC/ AC	20	12	GREEN	11/10/10
7B	IT Infrastructure may not be resilient or deliver the organisation's needs which creates the risk of clinical systems failing and delays investment in front line systems	CFO	AC	15	12	AMBER	11/01/11
7C	The Trust may fail to achieve Foundation Trust status within a defined timescale	COO	AC	12	8	GREEN	10/01/11
7D	We may not recognise or utilise the potential benefits arising from membership of UCL Partners	COO	AC	12	6	GREEN	12/01/11
7E	The redevelopment of the site may not meet delivery timescales or operational expectations	DReDev	AC	12	8	GREEN	06/01/11

Minutes of the meeting of Management Board held on 18th November 2010

Present:

Jacqueline Allan (JA)	General Manager, Medicine and DTS
Barbara Buckley, (BB)	Co-Medical Director
Sven Bunn (SB)	FT Programme Director
Cathy Cale (CC)	ICI Unit Chair
Jane Collins (JC)*	CEO (Chair) (for second part of meeting)
Fiona Dalton (FD) *	Chief Operating Officer & Deputy CEO (Chair for first part of meeting)
Carlos De Sousa (CDS)	CU Chair, Neurosciences
Sarah Dobbing (SD)	GM Neurosciences
Allan Goldman (AG)	CU Chair, Cardiorespiratory
Melanie Hiorns (MH)	CU Chair Medicine and DTS
Elizabeth Jackson (EJ)	CU Chair, Surgery Clinical Unit
Mark Large (ML)	Director of ICT
Anne Layther (AL)	GM, Cardiac
Joanne Lofthouse (JL)	GM, International Unit
William McGill (WM)	Director of Redevelopment
Lesley Miles (LM)	Director of Communications
Claire Newton (CN)	Chief Finance Officer
Cho Ng (CN)	Consultant Cardiac Intensivist
Clarissa Pilkington (CP)	Consultant in Rheumatology
Tom Smerdon (TS)	GM, Surgery
Peter Wollaston (PW)	Head of Corporate Facilities, General Facilities
Rachel Williams (RW)	GM, ICI

In Attendance

Anna Ferrant (AF)	Company Secretary (Minutes)
Alex Faulkes (AFa)	Head of Planning and Performance Management
Stephen Cox (SC)	Chief Press Officer
Natalie Robinson (NL)	Deputy Director of Redevelopment
Toby Stockton (TSt)	Service Manager, Cardiac
Janet Williss	Deputy Chief Nurse

* Denotes meeting part attended

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been a problem as well as the speed of finding the documents. ML agreed to provide a further update at the December meeting.

742.2 **Action:** ML to provide a further update on the CDD implementation at the December meeting. **ML**

743 **Clinical Unit Reports**

743.1 ICI

It had been 38 days since the last SUI. The WHO checklist had been rolled out in the main theatres. Additional ward based pharmacists were being used.

Pathology laboratories were undertaking CPA accreditation. Waiting times for interventional radiology were a risk and the team were trying to resolve this. CRES remained a significant challenge but the unit had plans in place. There had been no refusals and one delay since last month.

WM reported that his team had issues with storage under the laboratories. Fireloads in specific areas were not acceptable and were being dealt with.

743.2 Neurosciences

It had been 24 days since the last SUI. There were no CVL infections to report and hand-washing was good on Mildred Creek and Parrot wards – no data was available on Tiger ward and this was being dealt with. Theatre checklists were being used but not 100% of the time. Seven per cent of procedures had an adverse event but none serious.

An SUI had raised safeguarding issues in child mental health services and as a result, child protection (CP) systems are being reviewed. The CP team was now actively engaged with the CAMHS team. JW agreed to review coverage by the COP team across the Trust.

Action: JW to review coverage of CP team across the trust. **JW**

The team had identified £1.4 mill CRES and still had £200k to identify. There were still a small number of children turned away each month.

743.3 Cardio-respiratory

There had been one SUI in October. SBARD handovers were still being rolled out. The team were looking at an adapted scoring system for children who may be a risk of heart failure. It had been 18 days since the last CVL infection on a long-term ventilated child. Hand-washing still required further work using nurse educators.

The team had identified problems with deep wound infections but had dealt with this and now and were looking at superficial infections.

Medical notes were still a risk. The global trigger tool had identified this and a group had been set up to implement an ongoing audit with registrars, reviewing the notes and teaching those keeping the records.

A drug calculator and pharmacist had been introduced on ward rounds to

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help pick up medication errors and teach staff.

Succession planning was required for tracheal and pulmonary hypertension single consultant services. There had been 2 refusals in month.

743.4

Surgery

It had been 17 days since the last SUIs – 3 grade 4/5 incidents in October. Learning had arisen around patients with complex conditions.

Infections on Woodland ward were being reviewed. Hand hygiene was good on PICU and NICU and the use of the WHO checklist was on the increase. The team were focusing on medication errors as their measure of choice - no serious incidents reported from this review.

Junior medical workforce was a concern. Also, a number of refused admissions from CATs had occurred, determining the need for enhanced communications between clinical teams.

CRES was £1.6 million short of target and there had been 2 refused patients for surgery in September.

There was some confusion over the bare below elbows policy – some clinicians believed that they only needed to be bare below elbows near a child rather than just on the ward. It was confirmed that staff should be bare below elbows on wards at all times. It was agreed the need for a campaign to highlight this, and clarification about what was required in outpatients.

Action: EM and ME/ BB to take this forward.

EM/ME/BB

743.5

Medicine and DTS

It had been 112 days since the last SUI on Kingfisher ward. No CVL infections had been reported and hand-washing was 100% on Kingfisher and Victoria wards. The team was working on CRES. There had been 3 refusals in month in nephrology.

PL stated that it was important for units to learn from one another when reviewing others unit zero harm reports.

743.6

International Division

It had been 18 days since the last SUI and learning had arisen around post operative checklists. The department was planning to look at hand-washing rates on Bumblebee ward.

Medical support was still a risk but controls were in place. The target for income was exceeded in October by £400,000. All beds were open but the unit was experiencing high demand. Starvation times were a problem – babies were being starved for long periods before theatre.

Action: BB agreed to clarify if a trust wide group had been set up to look at this.

Eleven patients were refused access in October.

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743.7 Haringey

FD reported that Haringey services were fully recruited but there was a risk of increasing demand due to increasing numbers of children in care. It was noted that the PCT had asked GOSH to provide the service within a smaller financial envelope. It had been suggested that demand should be monitored with the announcement of decreased benefits in general and housing benefits in particular as part of the CRS area.

FD suggested the format of the CUC reports to Management Board be reviewed.

Action: FD to oversee changes to the CUC reports to management Board.

FD

744 **Safety/Zero Harm Report November 2010 (Neurosciences)**

744.1 CDS outlined the framework for reviewing risk within the unit detailing the role of the RAG, CU Board and regular reviews within each speciality. There was strong nurse leadership on the unit and a new unit lead for risk had also been appointed. CDS reported that one weakness was around consultant involvement in the RAGs and risks not being consistently discussed at speciality team meetings. A summary of the main risks reported to MB by the unit and its specialities over the last 3 months was provided, including a review of whether there had been improvements.

744.2 CDS highlighted neurosurgery as an exemplar – the speciality had a comprehensive database of procedures and reviewed these in terms of infections and where there were adverse events to spot trends.

744.3 RCAs had been carried out on recent shunt infections and highlighted issues to be addressed, such as pre-operative preparation, enhanced information on wound care at home and improved theatre procedures.

744.4 The Board **noted** the report.

JC joined the meeting.

745 **Interventional Radiology (IR) business case**

745.1 Jude Cope introduced the paper which sought agreement for a fully-costed proposal to come to Management Board in January 2011.

745.2 It was recognised that over the past few years, IR had provided procedures that had previously been undertaken in theatres. It was agreed children should be treated outside of theatre wherever possible.

745.3 Provision of a timely service would impact on future facilities and staff resources. The preferred model sought to increase the consultant capacity pre 2013 and post 2013 and considered delivery of procedures by non medics.

745.4 Management Board supported the direction of travel and expected the full business case to be presented in January 2011. This would include further details on IR admitting rights, reductions in need for theatres and prevention of readmissions.

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- 745.5 WM asked to make sure that the required capital requirements were incorporated into the proposed options.
- 745.6 JC emphasised the importance of engagement of all speciality leads to ensure that the case made was effective and robust.
- 745.7 The Board **approved** development of a business case.
- 746 **Education and Training Strategy**
- 746.1 Chris Caldwell presented the strategy which aimed to integrate education within GOSH with the Trust's partners. The focus was on outcomes of learning rather than inputs, as well as development of simulation training facilities for clinical emergencies and e-learning facilities. Proposals for income generation had also been developed.
- 746.2 References to development of KPIs were noted and welcomed and the Board asked for quarterly updates on these.
- 746.3 Management Board **recommended** the Strategy to Trust Board.
- 747 **Rent Review**
- FD reported that she had a conflict with this item and refrained from being involved in the discussion or decision.*
- 747.1 The Paper sought Management Board's approval to increase rents for residential accommodation from 1 April 2011.
- 747.2 It was noted that the previous year, rents had not risen. Upon further consideration, the Board **agreed** that rents be increased by 4.6 % rent from April 2011.
- 747.3 WM reported that the stratification of rents were being looked at and approved 4.6% increase.
- 748 **Key Performance Report October 2010**
- 748.1 AFa presented the report. The number of reported CV line infections continued to reduce. In month, the infection rate was reported at 2 per 1000 bed days against a trajectory of no more than 2.4 per 1000 bed days. The October discharge summary completion rate was reported at 82.87%. This represented a small reduction from the September position of 86% - the highest reported figure to date.
- 748.2 The CQC had published benchmarking data for a subset of the 2009/10 indicators. Performance against all indicators with the exception of ethnic coding data quality was reported above the national average. Cancelled operations and cancer diagnosis to treatment times for subsequent surgery were reported as better than expected. Cancer diagnosis to treatment waiting times was reported as much better than expected.
- 748.3 CN stated that she was still concerned about staff turn over rates and the rise in agency nursing staff.

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- 748.4 **Action:** A deep dive into turnover rates was requested for the December meeting. CN / FD
- 748.5 It was suggested that discounts be sought with the agencies and CN agreed to look into this.
- 748.6 Management Board **noted** the report.
- 749 **Finance And Activity Report October 2010**
- 749.1 CN presented the report and stated that the Trust was reporting a surplus of £7.2M for the year, assuming MFF on R&D was received. The FT ratio score was a level 3 to date. Pay expenditure was £111.3M: £4.4M higher than budget. Nursing budgets were overspent as a result of agency costs to cover vacancies, maternity and sickness.
- 749.2 Management Board **noted** the report.
- 750 **Foundation Trust (FT) Application Update**
- 750.1 SB reported on the progress of the Foundation Trust application. There had been a delay with the FT process and 1st August 2011 was viewed as the most likely date for authorisation.
- 750.2 The second stage of the due diligence work had commenced and a positive meeting had been held with commissioners. Great progress had been made on CRES, and more detail requested by SHA on the year 2013. JC reported that a lot of work was going on behind the scenes nationally on the specialist top up part of the tariff. JC thanked the units for all their hard work and support in developing the unit workforce and CRES plans.
- 750.3 Management Board **noted** the report.
- 751 **Assurance Framework Summary**
- 751.1 AF presented the report and advised that the framework was regularly reviewed and challenged by the assurance Framework Group.
- 751.2 Management Board **noted** the summary.
- 752 **Butterfly beds.**
- 752.1 JL presented the business case for expanding the number of beds on Butterfly ward through a phased approach to 12 beds and then 15 and 18, over a three year period.
- 752.2 JL reported that the unit billed for over 800 bed days in October but still had a significant refusal rate. This increase had been achieved without marketing the services. It was therefore believed that there was sufficient demand in the market to support this case, especially with Kuwait business.
- 752.3 Other services would be affected by this expansion, notably IR, pharmacy, theatres (Safari ward). JL reported that in-depth discussions had taken place with these teams.

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- 752.4 JW raised concerns about the number of available play staff for the additional beds. JL stated that this had been considered and 2.0 WTE would be established across the 18 beds.
- 752.5 CN emphasised the importance of continually reviewing activity and potential markets as these can disappear quickly.
- 752.6 It was noted the need for enhanced support from pathology for this expansion. The business case was **supported**, subject to discussions with pathology.
- 753 **Remote Pacemaker**
- 753.1 TL presented the business case. This proposal would provide the ECG department with the means to remotely monitor and manage pacemaker patients over a secure network without them needing to attend GOSH. This would remove the need for an outpatient appointment and mean a slight reduction in income – but the hospital would retain between 60-80% on the local tariff. ML confirmed that the information governance issues had been reviewed and were satisfactory.
- 753.2 Management Board **supported** the business case.
- 754 **National Commissioning Group Update**
- 754.1 Management Board were informed of the stage 1 proposals for national designation:
- Microphthalmia/Anophthalmia (MIAN) – (Ophthalmology)
 - Beckwith Wiedemann Syndrome – (Speech and Language Therapy)
 - Congenital Hyperinsulism (CHI) Transition – (Endocrinology)
 - Intestinal Rehabilitation – (Gastroenterology)
 - Langerhans' Cell Histiocytosis – (Oncology)
 - Paediatric Heart Failure – (Cardiology)
 - Paediatric Psychiatric inpatients – (Psychiatry)
 - Schwachman Diamond Syndrome – (Gastroenterology)
- 754.2 The Board **supported** the proposals for development for stage 1 submission.
- 755 **Procurement strategy report**
- 755.1 CN presented the report, outlining progress with the 2009-2012 Procurement Strategy. The final year objectives were noted, including the importance of closer collaboration with UCL Partners as a key initiative of the work.
- 755.2 Management Board **noted** the report.
- 756 **UCLP Procurement collaboration and Supply chain update**
- 756.1 PW presented the paper. The draft document sought to outline the benefits of a proposed Shared Service arrangement to deliver Procurement and Supply Chain functions across UCLH, GOSH and Moorfields NHS Trusts.

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- 756.2 The document would be submitted to the UCLP Back Office Steering Board on the 23rd November and, thereafter, tabled at each of the trusts' Executive Boards for formal approval.
- 756.3 The paper sought to inform Management Board of the timetable for the proposed change and the opportunities to provide stakeholder input into the process.
- 756.4 It was noted that the trusts had always worked collaboratively but the advantage of a shared service was that it opened up strategic sourcing and procurement opportunities. The supply chain project would also provide access to procurement professionals. PL stated that this would require consultation with staff and may involve staff moving elsewhere.
- 756.5 John Watts (UCLH) was booked to attend the GM meeting to discuss how the service would operate.
- 756.6 Management Board **noted** the report and **supported** the direction of travel.
- 757 **Morgan Stanley Clinic Building Update**
- 757.1 WM presented the paper, which provided the method statement for bringing the new Morgan Stanley building into use following handover by the construction contractor. The focus of the work was to enable the trust to realise the benefits of this capital investment. Handover was scheduled for December 2011.
- 757.2 WM was looking for commitment from the clinical units to get involved in the discussions around bringing the building into use (CU chairs, GMs and senior nurses).
- 757.3 CN agreed to work with WM to ensure that the scope of finance and activity workstream workgroup was appropriate.
- 757.4 Management Board **supported** the approach as documented and noted the importance of clinical unit involvement in the work.
- 758 **Commissioning procedure note**
- 758.1 NR presented the procedural note. The document provided an overview of the commissioning processes that enable a new building/unit/dept or general area at GOSH to become operational following handover from the construction contractor.
- 758.2 Management Board **approved** the document.
- FD left the meeting.*
- 759 **Clinical Unit nursing restructure**
- 759.1 JW provided a verbal report. The nursing restructure had been completed and Heads of Nursing were appointed across each unit from 1st December 2010.
- 759.2 Management Board **noted** the report.

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760 **Safeguarding Improvement Team (SIT) visit**

760.1 JW reported that a peer review visit on safeguarding would take place on 19-20th January 2011, to look at policies, procedures and practice. Experts would visit wards and departments.

760.2 The areas to visit had been selected and the child protection team would provide support to these areas. It was important to ensure that on-line child protection and safeguarding training was up to date for all staff.

760.3 Management Board **noted** the report.

761 **Patient Hotel Project**

761.1 Following a report by Sue Conner on the running of the patient hotel, a project board had been established to, amongst other things, transfer responsibility for Patient Hotel bookings from Estates to Clinical Operations (through the Corporate Facilities team). A Family Accommodation Board would be set up, which would ensure that the right patients were accessing the hotel and that it was delivering expected benefits.

761.2 Management Board **noted** the report and contents of the terms of reference of the Board.

762 **Conduct Policy**

762.1 RC presented the policy. Following a legal review of the policy, a number of amendments had been suggested to ensure that the policy reflected current best practice and supported both staff and GOSH.

762.2 The key changes to the policy included:

- A shorter review period for the policy (from 3 years to 2 years)
- Allowing independent legal representation to all trainees and any practitioner who is facing charges of gravity that, in the event they are found proved, it would compromise their right to a fair trial if they were not legally represented.

762.3 The policy would be submitted to the local Negotiating Committee (BMA)

762.4 JW stated that the policy must indicate that it is only for doctors and not other professionals.

762.5 Management Board **approved** the changes to the policy.

763 **Intranet Survey**

763.1 Management Board noted the positive results of the intranet survey and provision plans for improving the Trust intranet.

764 **Major Incident Reports**

764.1 Management Board noted the content, actions and recommendations of the following major incident reports:

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- Major Incident Report - 02.10.10 – VCB planned power shut down.
- Major Incident Report - 19.10.10 – VCB Diesel Spill
- Major Incident Report - 26.10.10 – Power Outage and IT disruption.

765 **UCLP Managing Directors' Report**

765.1 Management Board **noted** the content of the report.

766 **Annual Fire Strategy Report**

766.1 Management Board **noted** the content of the report.

767 **Update on Supply Chair Project**

767.1 Management Board **noted** the content of the report.

768 **CRES Working Group Summary**

768.1 Management Board **noted** the content of the report.

769 **OCRRC Update Summary**

769.1 Management Board **noted** the content of the report.

770 **Working Lives Group Summary**

770.1 Management Board **noted** the content of the report.

771 **Redevelopment Programme Steering Board**

771.1 Management Board **noted** the content of the report.

772 **CASP Summary**

772.1 Management Board **noted** the content of the report.

773 **Technical Delivery Board Summary**

773.1 Management Board **noted** the content of the report.

774 **Waivers**

774.1 Management Board **approved** the waivers.

775 **AOB**

775.1 Thanks were given for the support offered to switchboard following the death of a member of their team that week. It was noted that the switchboard team had continued to provide an excellent service throughout the week.

776 **Date of next meeting**

776.1 The date of the next meeting will be Thursday 16th December at 8:30am in the Charles West Room, followed by the Speciality Leads Meeting at 11:00am in Weston House.

Managing Director's Report to the UCLPartners Executive Board January 2011

1. Vascular Surgery– London programme to improve clinical outcomes (DF)

Following the December Executive:

- As requested I have talked to all the acute Trust Medical Directors. Sector vascular surgeons meeting on 12/1/11 –have asked DF to moderate
- There is substantial goodwill and realism to create a pragmatic but progressive interim solution that assures adequate volumes and demonstrates good outcomes, pending the longer term resolution of cardiovascular services across NCL and NEL.
- Upto date verifiable data is being sought on both surgical numbers and clinical outcomes for BCF, RFH and UCLH on aortic aneurysm and carotid surgery to inform discussions.
- Commissioners have been asked to give an extension of their initial deadline for a further month - subject to continued progress - to try and achieve internal resolution.

2. Drivers to build stronger relationships with NEL (DF/JT/RN)

There are discussions at various levels across NCL and NEL building on:

- Clinical and academic synergies that enhance competitiveness nationally or globally
- Making the role of the 3 London AHSCs a stronger voice for London wide issues
- Supporting a sustainable resolution for the Barts PFI
- Positive relationships developing across the joint HIEC through the five combined projects (*better value for money care for COPD, developing a maternity PRM system, improving migrant health, programme to improve the care for childhood asthma, prevention of cardiovascular disease, and improved management of chronic ocular disease*)

These discussions may gather pace with the appointment of a new warden at QM (07/01/11) and discussions about the configuration of acute services in NEL. Verbal update and discussion about next steps.

- ### 3. Joint UCLP-Monitor Conference on quality and value for money and the importance of clinical leadership, 24th January Mermaid Centre (DF)
- Substantial national clinical and media interest.
 - Registered delegates now circa 400 (capacity 500) –some workshops full already.
 - Monitor is reminding all Trusts that they will launch and explain their proposed new governance framework with feedback from pilot sites (existing FTs)
 - Microsoft principal sponsor –benefits of long-term relationship.
 - Final reminder/ ask all partners to continue to promote through their own communications to enhance attendance and mix of clinical/managerial delegates

Full Programme attached as PDF, registration @ <http://www.pcc.nhs.uk/events/all/1902>

ATTACHMENT 4

4. Education (JT)
 - MDECs – presentation by Stephen Powis February Executive
 - Developing CME potential - UCL workshops in Jan/February
 - UCL support for education at Whittington Health (see letter from RL attached on ICO development)
 - Staff College – this year's start up- external and internal support and delegates from across the whole partnership, and primary care. Sustainability for next year would value the course fees at circa £275 per day per delegate (i.e. circa £5k per 18 day course)

5. UCLP programmes and Development (JT/IJ/David Goldblatt)
 - Eleven PDs now established and creating a cohesive/supportive team with cross cutting support
 - Annual objectives for 2011 defined with milestones
 - Link to UCL Progress in cardiovascular sciences and digestive health/hepatology (IJ)
 - Successful development of the new UCL PhD programme (IJ)
 - PD population health under recruitment -potential to support PDs and align population health strengths across North London. Significant to address focus, and to help align bids directed at the new public health resource allocation/health improvement sciences
 - Experimental Medicine support developing
 - Overview from JT on AHSS progression and development

6. Industry links (JT)
 - There has been a doubling of early phase clinical trials across UCLPartners over the last 12 months –driven by new facilities at UCH, MEH and GOS; these link through to subsequent later phase, population studies
 - Pharmaceutical Industry identified as one of the top five areas for support/economic growth by the Coalition. The UK PLC drivers are to create national wealth through maintaining/enhancing the depth of relationships with UK based Pharma –not about contract income from commercial trials but closer working at basic developmental levels, the total UK turnover relating to new drug development and implementation internationally.
 - Each programme is urged to develop an industry champion to enable delivery
 - This programme needs relentless drive to improve relationships, improve approval processes, change the academic culture towards Industry related work and funding - update

7. R&D (JT/IJ/DG)
 - Process for new bids for BRCs and how these relate to the AHSC –risks and opportunities
 - Greater alignment of BRCs – joint funding opportunities
 - UCL review of Academic Surgery – timetable and process (IJ)
 - Perspectives on the future support (JT)

ATTACHMENT 4

- Work on faster translation into practice – UCLP grant/workshop Jan 11th on how to better achieve implementation of discovery at scale (DF/Amanda Begley)
8. Cancer Developments (report from KPJ/Charlotte Williams)
- London Model of Care for Cancer
 - The London Model of Care for Cancer has recommended that a pan-London Implementation Board is formed to take forward future plans for Cancer in London, to be led by Rachel Tyndall with medical leadership from Chris Harrison (MD Christie) .
 - Proposals the Board will consider immediately include the creation of Provider Networks across London; the implementation of the provider network proposals will be intrinsically linked to the option chosen for the implementation of the specialist services and rarer cancer proposals.
 - UCLP understands that NHS London, supported by Commissioning Support London, will be designing a specification and application process for Provider Networks in coming months, with a view to consolidation of existing Network areas, possibly to 3 for London. It is therefore imperative that the UCLPartners Cancer Provider Network is able without delay to progress its plans to develop integrated Cancer pathways and show improvements in outcome reporting, collaboration and delivery to influence and be well positioned for the outcome of this process.
- Provider Network Development:
 - The UCLPartners Executive is asked to support the recruitment of Clinical Pathway Directors to lead integrated Cancer pathways for specific tumour sites/conditions across our Network. These posts will replace exiting Tumour Board Chairs and require release by their host Trust for 1 – 1.5 PAs of time per week. Partner Trusts will be invited to provide a Chief Executive or Medical Director to take part in the appointment process, along with an external Cancer expert, user input and the Network Medical Director. Recruitment will be required to 12 posts over the next year, but we aim to recruit to 5 pathways in the period up to March 2011. Pathway Directors will also be offered a package of personal development to support their new role.
 - To support the new Pathway Directors and management of integrated pathways, as discussed at the UCLP Executive in November 2010, the Provider Network proposes to follow a process of assigning leadership and oversight of the operational management of each pathway to a local Trust. An assessment of the tasks and time involved has been undertaken but will clearly vary by pathway. The UCLPartners Executive is asked to agree the following process:
 - Expressions of interest will be sought for the post of Clinical Pathway Director for each pathway

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- Trusts whose clinicians have been successful in appointment to a Pathway Director role will be offered the opportunity to host operational management of the pathway, unless the Provider Network feels this would not be representative of the majority of patients using that pathway.

- Operational management of pathways not taken up through this process will be offered to other partner Trusts, or assigned to the most suitable Trust according to patient numbers and in order to best support and complement the appointed Pathway Director.

- National Developments

The NHS Operating Framework 2011/12 has confirmed that the current suite of waiting times standards will be maintained for the NHS in England, although allocation of breaches of these standards is not currently clear from regulators.

Our Provider Network aims to design a process of waiting times breach assignment that reflects our prioritisation of the integrated cancer pathway and the responsibility of each Trust to offer patient outcomes that include experiencing timely treatment. We see this as supporting a 0 or 1 breach allocation system reflecting the majority of responsibility for any delay in any given patient pathway, and will be recommending this through the Cancer Programme Board for 2011/12.

9. Back Office consolidation/efficiencies (please see and read in advance detailed report from Ed Lavelle as separate PDF) (EL to present)

Summary:

At its meeting on 13 December 2010 the Executive Group received an update on the UCLP Back Office Programme, setting out:

- Progress to date
- A set of over-riding principles for the programme
- Recommended changes in programme delivery to incorporate a combined approach of top down and bottom up
- Indicative cost savings and value generating opportunities
- An overall framework designed to reflect convergence objective

The meeting recognised the need for:

- Increased support and advice
- Effective governance and oversight
- Additional funding
- Increased commitment from senior executives and boards of directors across partners
- Agreement as to principles for the sharing of potential benefits
- Flexibility (both with regard to participation in individual work-streams and also recognising partnerships may be formed outside the UCLP grouping)
- Commitment at scale and an increased pace of delivery

David Fish

07/01/11