

**Meeting of the Trust Board
28th November 2012**

Dear Members

There will be a public meeting of the Trust Board on Wednesday 28th November 2012 at 2:45pm in the **Charles West Room, Paul O’Gorman Building**, Great Ormond Street, London, WC1N 3JH.

Company Secretary

Direct Line: 020 7813 8230

Fax: 020 7813 8218

AGENDA

	Agenda Item <u>STANDARD ITEMS</u>	Presented by	Attachment
1.	Apologies for absence	Chairman	
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.			
2.	Minutes of Meeting held on 26th September 2012	Chairman	Q
3.	Matters Arising / Action point checklist • Process for approval of job plans	Chairman Co-Medical Directors (ME and BB)	R S
4.	Chief Executive Officer’s Update	Chief Executive Officer	Verbal
5.	Clinical Presentation (Ophthalmology)	Mr Alki Liasis, Specialty Lead	T
6.	Quality, Safety & Transformation Update	Co-Medical Director (ME)	U
<u>FOR APPROVAL</u>			
7.	New theatre and move of hybrid angiography suite Business Case	Chief Operating Officer	V
8.	Statement of Purpose – Care Quality Commission	Company Secretary	W
<u>UPDATES</u>			
9.	Performance Report (October 2012)	Chief Operating Officer	1
10.	Finance and Activity Report (seven months to 31st October 2012)	Chief Finance Officer	2
11.	Patient Experience and PALS Report	Chief Nurse and Director of Education	3
12.	Infection Prevention and Control Update	Director of Infection, Prevention and Control/ Chief Nurse and Director of Education	4
13.	Referrers’ Experience Update	Co-Medical Director (BB)	5

14.	Clinical Governance Committee (CGC) update (October 2012)	Ms Mary MacLeod, Chair of CGC	6
15.	Audit Committee update (October 2012)	Mr Charles Tilley, Chair of the Audit Committee	7
16.	Final Management Board minutes <ul style="list-style-type: none"> • September 2012 • October 2012 	Chief Operating Officer	8 9
17.	Trust Board Members' Activities	Chairman	Verbal
	<u>FOR RATIFICATION</u>		
18.	Consultant Appointments	Chairman	Verbal
	<u>FOR INFORMATION</u>		
19.	Members' Council – Update from November 2012 meeting	Chairman	10
20.	Biomedical Research Centre – feedback from the National Institute for Health Research	Chief Operating Officer	11
21.	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.)		
22.	Next meeting The next Trust Board meeting will be held on Wednesday 30 th January 2013 in the Charles West Room, Level 2, Paul O'Gorman Building, Great Ormond Street, London, WC1N 3JH.		

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**DRAFT Minutes of the meeting of Trust Board held on
26th September 2012**

Present

Baroness Tessa Blackstone	Chairman
Ms Yvonne Brown	Non-Executive Director
Dr Barbara Buckley	Co-Medical Director
Mr Robert Burns	Acting Chief Operating Officer
Professor Andy Copp	Non-Executive Director
Ms Fiona Dalton	Chief Executive (Interim)
Professor Martin Elliott	Co-Medical Director
Mr David Lomas	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 John Ripley	Non-Executive Director
Mr Charles Tilley**	Non-Executive Director

In attendance

Dr Anna Ferrant	Company Secretary
Mrs Catherine Lawlor	Trust Board Administrator (minutes)
Professor Mehul Dattani	Speciality Lead
Claudia Fisher	Patient and Carer Councillor
Julia Olszewska	Public Councillor
Rebecca Miller	Public Councillor
Fiona Price-Kuehne	Appointed Councillor
Dr Saroj Patel	Director of Workforce, IM&T and Corporate Affairs at the Royal National Orthopaedic Hospital

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

*** Attended by phone*

547 Apologies for absence

547.1 No apologies for absence were received.

548 Declarations of interest

548.1 No declarations of interest were received.

549 Minutes

549.1 The minutes were **approved** with the following amendments. Item 513.3 should have read "the Cardiac site in Leicester which had been

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decommissioned...” rather than Leeds and item 514.4 should have included that Professor Martin Elliott, Co Medical Director had stated that the target had actually been met. Lastly, it should have been noted Mr Robert Burns had attended the meeting.

550 Matters arising and action checklist

550.1 The action checklist was taken as read and actions taken were noted.

551 Clinical Presentation (Endocrinology)

551.1 Professor Mehul Dattani, Speciality Lead Endocrinology presented the presentation which covered the types of patients seen by the Endocrinology unit, diagnostic categories, liaising with other specialities; treatments; clinical outcomes; patient experience, CRES plans 2012; research and specialty ambitions.

551.2 Professor Mehul Dattani raised concern over working from different sites rather than a single site (over 12 year old children and less complex children are seen at UCH). Professor Mehul Dattani also reported that nursing levels and conditions on Rainforest were a concern.

551.3 Mrs Liz Morgan, Chief Nurse and Director of Education stated that the issue of nursing shortages was caused by a number of staff being on long-term sick leave and maternity leave. These issues was currently being looked at and addressed.

551.4 Ms Fiona Dalton, Chief Executive (Interim) stated that there were on-going discussions to help with the current quite cramped conditions on Rainforest ward. The Special Trustees had agreed charitable funding to fund works which would address these issues.

551.5 Baroness Blackstone, Chairman enquired why over 12 year olds were going to UCH? Professor Mehul Dattani answered that it was mainly due to outpatient space. Professor Mehul Dattani also stated current consultants were currently based in both GOSH and UCH so this was not an issue at the moment but could be a potential issue in the future. Mrs Liz Morgan stated that transition arrangements could potentially be further supported through CNSs.

551.6 The Board **noted** the update.

552 Chief Executive Update

552.1 Operational & Compliance Issues

552.2 Ms Fiona Dalton, reported on the impact the Olympics had on the hospital, an update on Q1 Monitor Submission; Annual Plan Review and NHSLA. Ms Fiona Dalton also reported Mr Matthew Tulley had accepted formally the role of Director of Redevelopment and would be starting at GOSH on the 3rd December 2012.

552.3 Redevelopment

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552.4 Ms Fiona Dalton gave an update on the progress on 2B, 2B Enabling Business cases and 3A Computer Centre.

552.5 Other Strategic Developments

552.6 Ms Fiona Dalton gave an update on the Neurosurgical Network, Cardiac Safe and Sustainable and R&D league tables.

552.7 The Trust Board **noted** the update.

553 Quality, Safety and Transformation Update including update on Theatre Utilisation Improvement

553.1 Professor Martin Elliott presented the report which was taken as read and reported that there was a slight change to Governance. The Transformation Board had been replaced with the Innovation Group. Professor Martin Elliott reported on infection control, medicines management, MRI; bed management; Theatre Utilisation and improvements seen from the Deteriorating Child project.

553.2 Mr David Lomas commented he found the Theatre Utilisation summary useful and queried where the Trust was on addressing the issue of waiting lists at the weekend and evenings. Baroness Blackstone stated that this item would be addressed on agenda for Strategy Day in October.

553.3 The Board **noted** the update.

554 Assurance and Escalation Framework

554.1 Dr Anna Ferrant, Company Secretary reported that Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) had developed a range of policies, systems and processes, which, when drawn together, comprised of a robust assurance and escalation framework.

554.2 The framework summarised Trust policies, systems, processes and Terms of references for significant Boards and Committees.

554.3 Dr Anna Ferrant welcomed the Board's feedback. Ms Mary MacLeod commented that Clinical and Ethics Committee should be included in the list of significant Committees which ensures a robust Assurance and Escalation Framework. Dr Anna Ferrant agreed.

554.4 **Action:** Dr Anna Ferrant to include the Clinical and Ethics Committee should be included in the list of significant Committees which ensures a robust Assurance and Escalation Framework.

554.5 Mr Charles Tilley, Non-Executive Director asked if the Escalation Table which was tabled at the Board could be emailed to him also for comment.

554.6 **Action:** Dr Anna Ferrant to email the Board with a copy of the Escalation Table which was tabled at the Board.

Professor Andy Copp, Non-Executive Director and Mr John Ripley, Non-

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554.7 Executive Director requested that Table 2 of the report Internal and External mechanisms for reporting be presented more clearly.

Action: Dr Anna Ferrant to implement suggested amendments.

554.8 The Board **noted** the report.

554.9
555 Performance Report (August 2012)

555.1 Mr Robert Burns, Acting Chief Operating Officer reported the Trust PDR rate had significantly improved with a reported position of 78.6% against a previous month position of 65%.

555.2 Mr Robert Burns reported that two particular areas had been highlighted as impacting on the overall composite score for Data quality indicators. These included the number of outpatients that have an 'attendance' recorded and the number of patients that had an 'outcome of attendance' recorded. The former indicator was reported at 94.8% against a target of 99.7% and the latter is reported at 81% against a target of 98.9%.

555.3 Mr David Lomas enquired if this was data quality or an underlying issue. Mr Robert Burns stated this was a data quality issue.

555.4 Ms Yvonne Brown, Non-Executive Director enquired how well the outpatient service was being managed for example were reminders being sent out to patients. Mr Robert Burns reported that the new text reminder service had been in operation for a couple of months. Ms Mary MacLeod enquired whether this had improved matters. Mr Robert Burns stated that it was too early to conclude.

555.5 Mr Charles Tilley highlighted the issue around getting job plans signed off. Ms Fiona Dalton agreed that was a cultural challenge. The Board agreed that Professor Martin Elliott and Dr Barbara Buckley, Co Medical Director would come back next month to the Board with an update on a plan to improve job plan sign offs.

555.6 **Action:** Professor Martin Elliott and Dr Barbara Buckley, Co Medical Director to come back next month to the Board with an update on a plan to improve job plan sign offs.

555.7 Mr Robert Burns highlighted that there was a significant drop in General Surgery during Q1 which reflected refusals and underperformance. This issue was being addressed with the team. Dr Barbara Buckley stated that once referrers were refused once they tended to then go elsewhere. The Chief Executive (Interim) asked if Mr Robert Burns would bring back a progress report to the Board on the Referrers' Experience work.

555.8 **Action:** Mr Robert Burns to bring back a report to the Board on the Referrers' Experience work.

555.9 The Board **noted** the report.

556 Finance and Activity Report

556.1 Ms Claire Newton, Chief Finance Officer reported that results year to date was a surplus of £3.1M (excluding capital donations) this was £3.0M ahead of plan. Including capital donations the net surplus was £8.7M surplus; £(9.4)M worse than plan reflecting lower redevelopment capital expenditure and therefore lower donated income.

556.2 The Board **noted** the report.

557 Management Board Effectiveness Review

557.1 The Company Secretary reported on how Management Board had met its terms of reference during the last 12 and provided an overview of the matters covered during this time. The paper included recommendations as to how the Committee could function more effectively and a revised copy of the terms of reference for consideration and approval.

557.2 The Board **noted** the report and **ratified** the Terms of Reference.

558 NHSLA Update

558.1 Dr Barbara Buckley updated the Board on the progress made in the preparations for the NHSLA assessments.

558.2 The Trust Board **noted** the update.

559 Consultant Appointments

559.1 Baroness Blackstone, Chair gave a verbal update. The Chair reported the following consultants had been appointed:

Dr Stephanie Kingston, ANG - Anaesthesia
Dr Isobel Heyman, Psychological Medicine
Mr Jerard Ross, Neurosurgery
Mr Kristien Aquilina, Neurosurgery
Dr Caroline Mills, Maxillofacial Surgery
Dr Austen Worth, Immunology

559.2 The Board **ratified** the appointments.

559.3 Dr Barbara Buckley reported the sad news of the death of Gary Pollock, Restorative Dentist. The chair asked that the family be written to to offer the Trust's deepest condolences. The Chief Executive (Interim) advised that this was in hand.

560 Members' Council – Update from July and August 2012 meeting

560.1 The Chair reported that an update of the July and August 2012 Members' Council meetings

560.2 The chair reported the Members' Council approved unanimously the appointment of Mr Jan Filochowski as Chief Executive of the Trust.

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- 560.3 The Members' Council approved the job descriptions and terms and conditions of appointment of the Chair and Non-Executive Directors which had been amended to reflect additional duties and responsibilities resulting from becoming a Foundation Trust.
- 560.4 The Trust Board **noted** the update.
- 561 Clinical Governance Committee update (July 2012)**
- 561.1 Ms Mary MacLeod, Non-Executive Director and Chair of the Clinical Governance Committee reported that this update had been presented to the Board the previous month and therefore should not be on the agenda.
- 562 Final Management Board minutes (July and August 2012)**
- 562.1 The Board **noted** the minutes.
- 563 Any other business**
- 563.1 There was no other business reported.
- 564 Next meeting**
- 564.1 The next Trust Board meeting will be held on Wednesday, 28th November 2012 in the Charles West room. Level 2, Paul O'Gorman Building, Great Ormond Street, London, WC1N 3JH.

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TRUST BOARD - ACTION CHECKLIST
28th November 2012

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
529.4	25/07/12	The Company Secretary to ensure that Corporate Social Responsibility activities are discussed at the Trust Board Strategy Away Day in October.	AF	October 2012	To be reviewed in February 2013
554.4	26/09/12	Dr Anna Ferrant to include the Clinical Ethics Committee in the list of significant Committees which ensures a robust Assurance and Escalation Framework.	AF	November 2012	The Assurance and Escalation is being updated to reflect these comments.
554.6	26/09/12	Dr Anna Ferrant to email the Board with a copy of the Escalation Table which was tabled at the Board.	AF	September 2012	Sent to the Trust Board on 21/11/12
554.7	26/09/12	Professor Andy Copp, Non-Executive Director and Mr John Ripley, Non-Executive Director requested that Table 2 of the report Internal and External mechanisms for reporting be presented more clearly. Dr Anna Ferrant to implement suggested amendments.	AF	September 2012	The Assurance and Escalation is being updated to reflect these comments.
555.6	26/09/12	Professor Martin Elliott and Dr Barbara Buckley, Co Medical Director to come back next month to the Board with an update on a plan to improve job plan sign offs.	ME&BB	November 2012	On agenda under matters arising
555.8	26/09/12	Mr Robert Burns to bring back a report to the Board on the Referrers' Experience work.	RB	November 2012	On agenda

**Trust Board
28th November 2012**

Update on Job Planning Progress

Paper No: Attachment S

Submitted on behalf of

Dr Barbara Buckley, Co-Medical Director

Aims / summary

This summary document provides the completion rates of job planning for consultants, associate specialists and specialty doctors as at 15 November 2012.

Action required from the meeting

This report is for information only. The current position is that Job Planning is the initial responsibility of the specialty leads who are supported by the Clinical Unit Chair and ultimately the Co-Medical Director. For some of the units who are showing Red, there is either a team appeal about the plans or detailed work currently underway to define more accurate Job Planning. This is not, however, the case for all.

For the forthcoming Job Plan round starting in January 2013, the General Managers will support the specialty leads through this process. We have agreed that the focus for now will be on team job plans and will commence with a setting of activity targets and an application of roles agreed for job planning across all units. It will be made clear to consultants that pay progression and the ability to apply for clinical excellence awards will be at risk if they do not engage actively in this contractual process.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Contributes to service planning and understanding of consultant contractual arrangements.

Financial implications

None.

Legal issues

None.

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

Not applicable.

Who needs to be told about any decision?

Not applicable.

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

Barbara Buckley

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

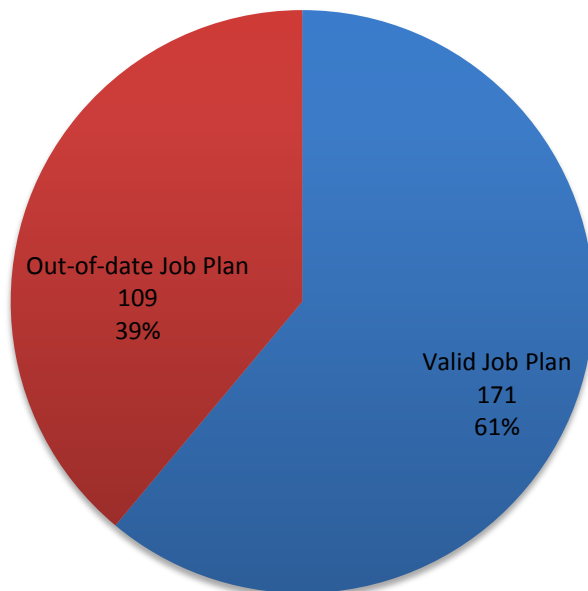
Barbara Buckley

Author and date

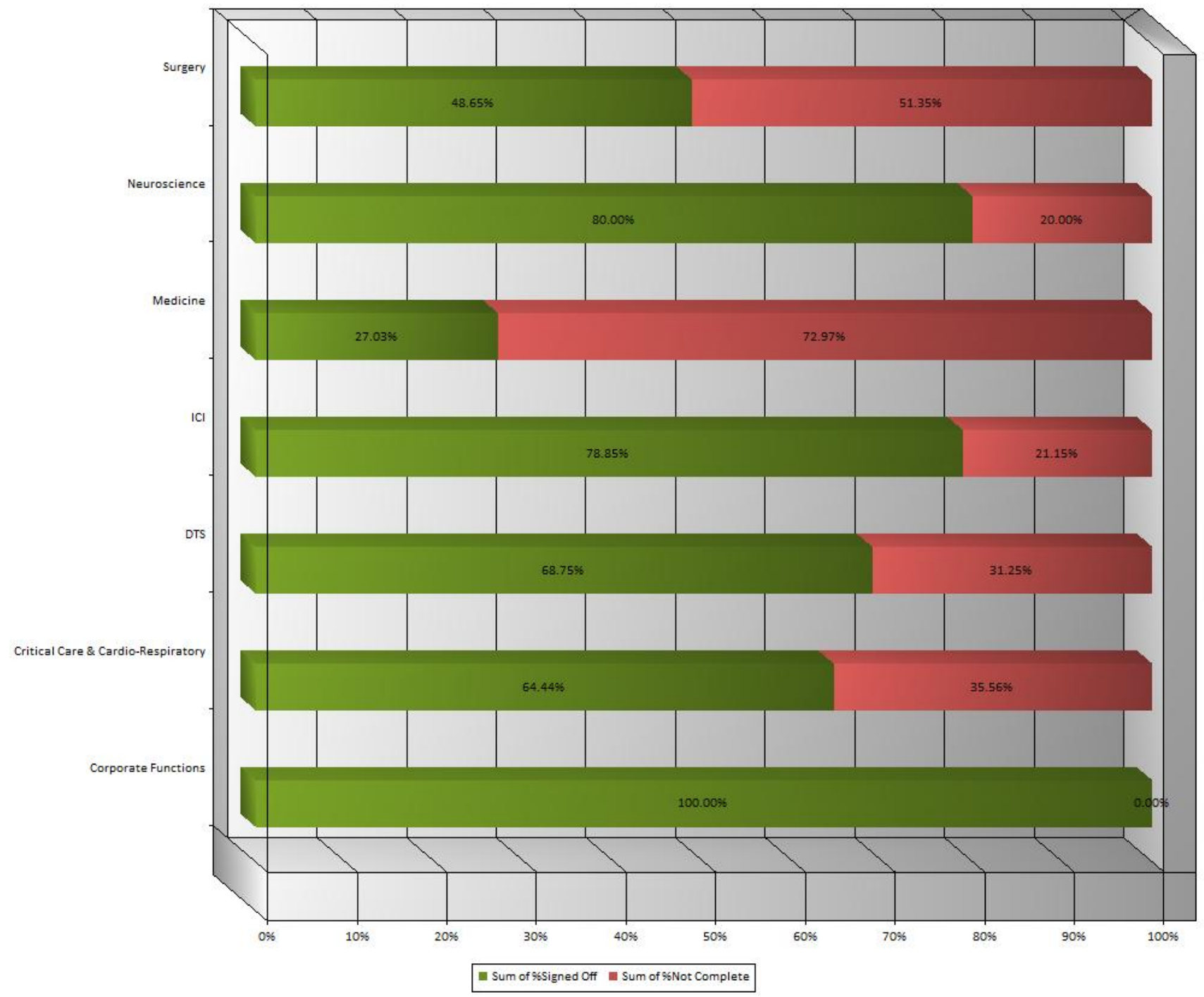
Leon Hinton, Workforce Planning & Information Manager
15 November 2012

**MEDICAL & DENTAL JOB PLANNING PROGRESS SUMMARY
(AS AT 15 NOVEMBER 2012)**

Overall Trust Status



UNIT PROGRESS



CORPORATE UNITS PROGRESS

Service Redesign and Transformation

100.00%

0.00%

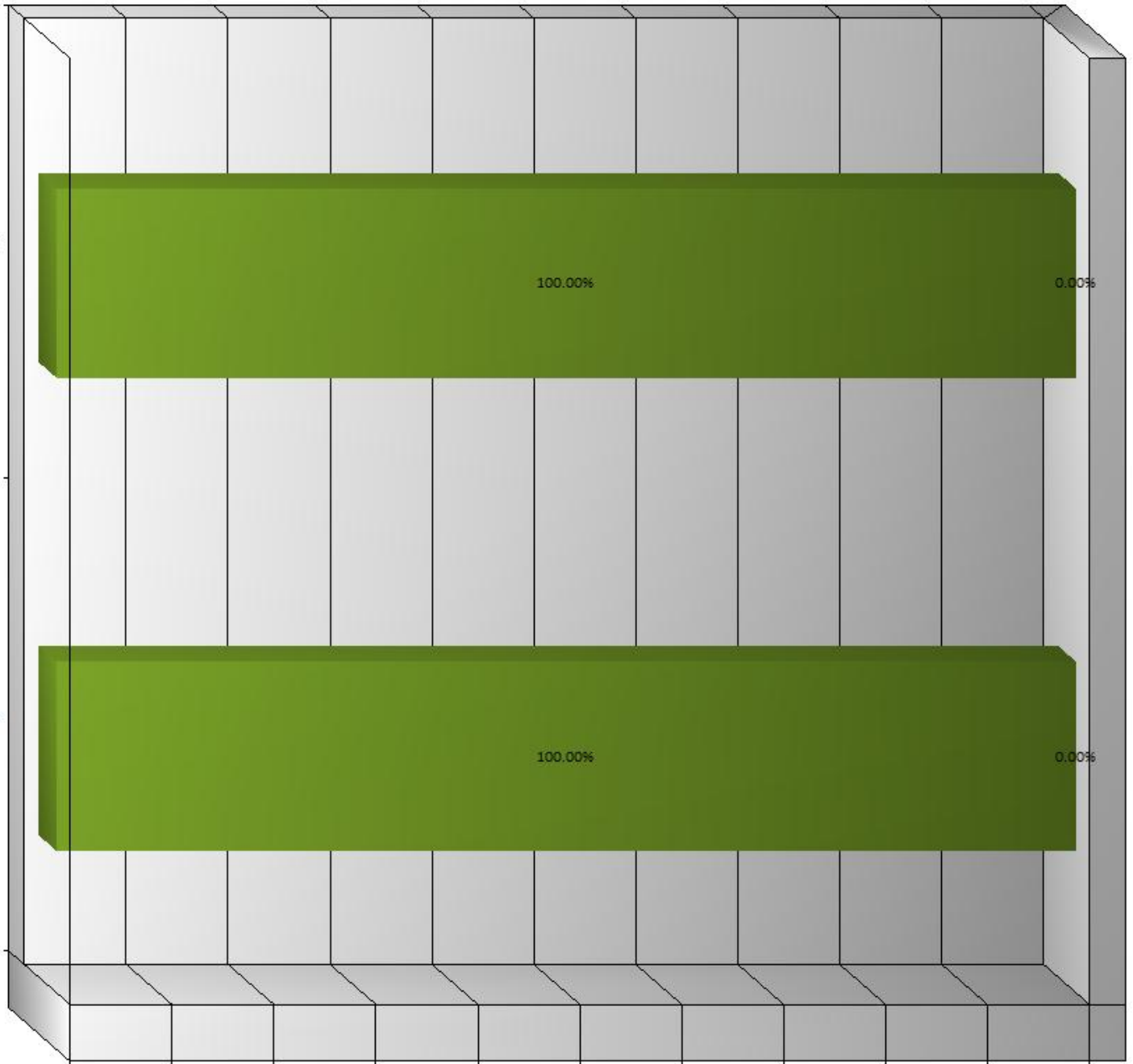
Medical Directorate

100.00%

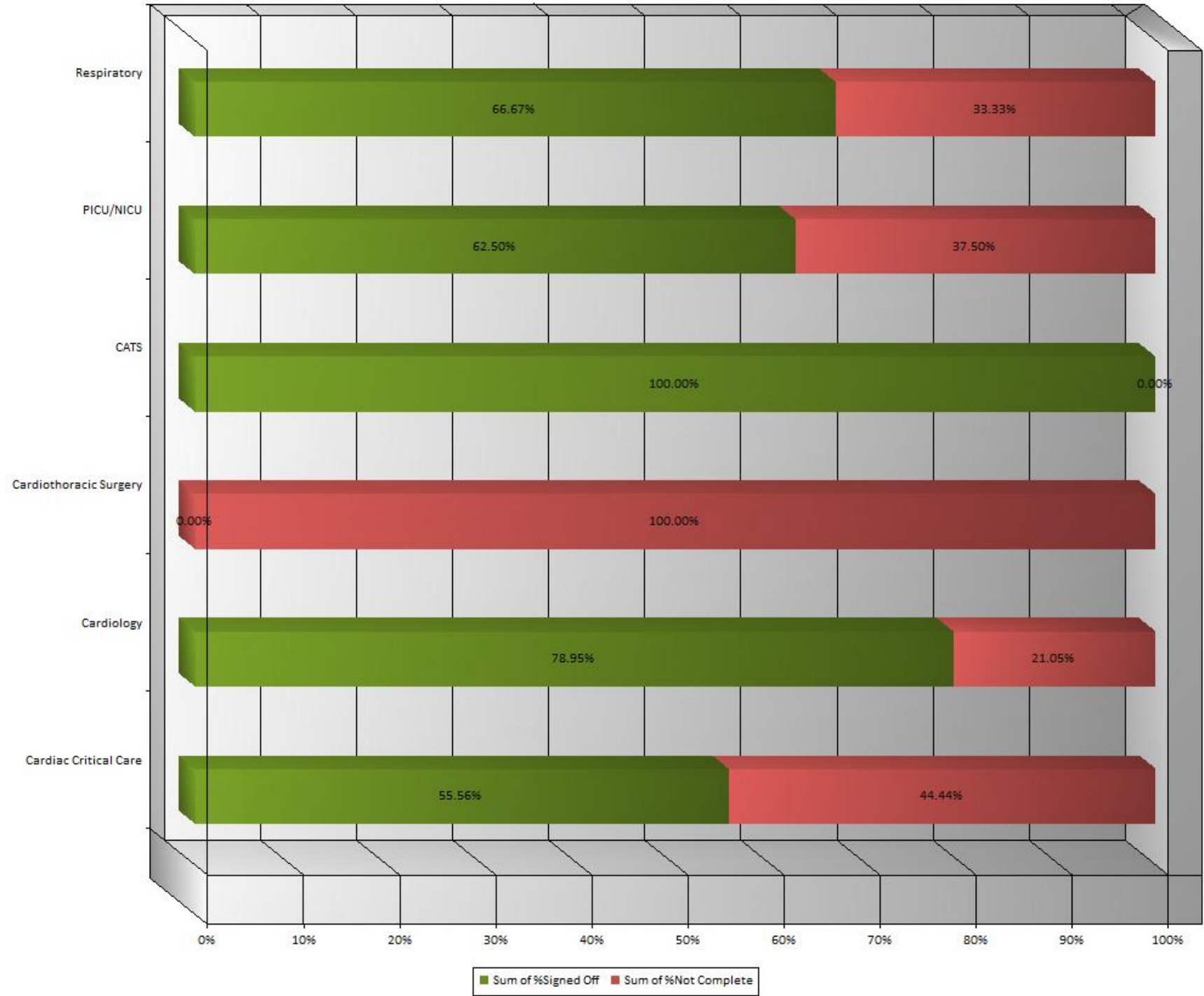
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0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

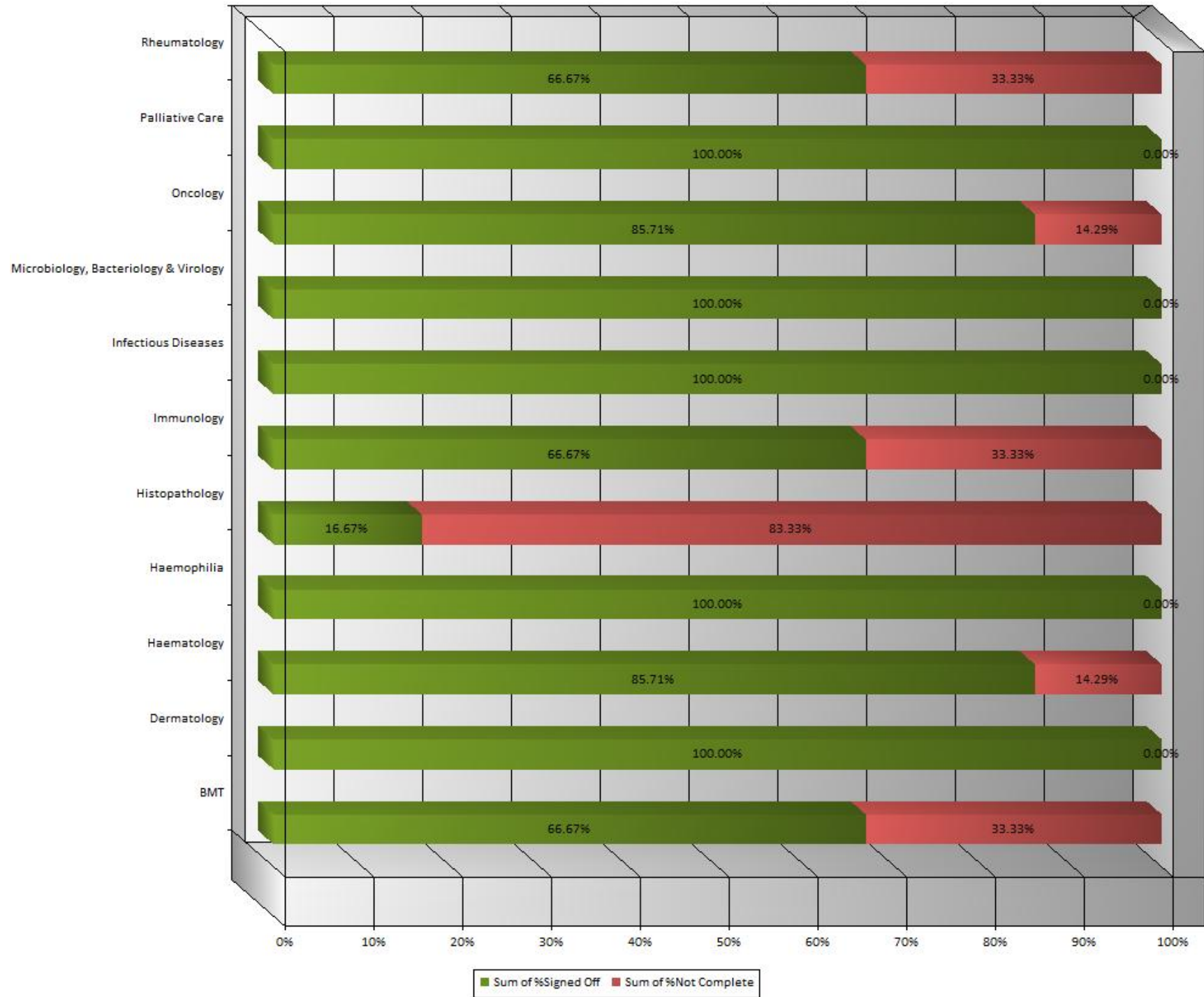
■ Sum of %Signed Off ■ Sum of %Not Complete



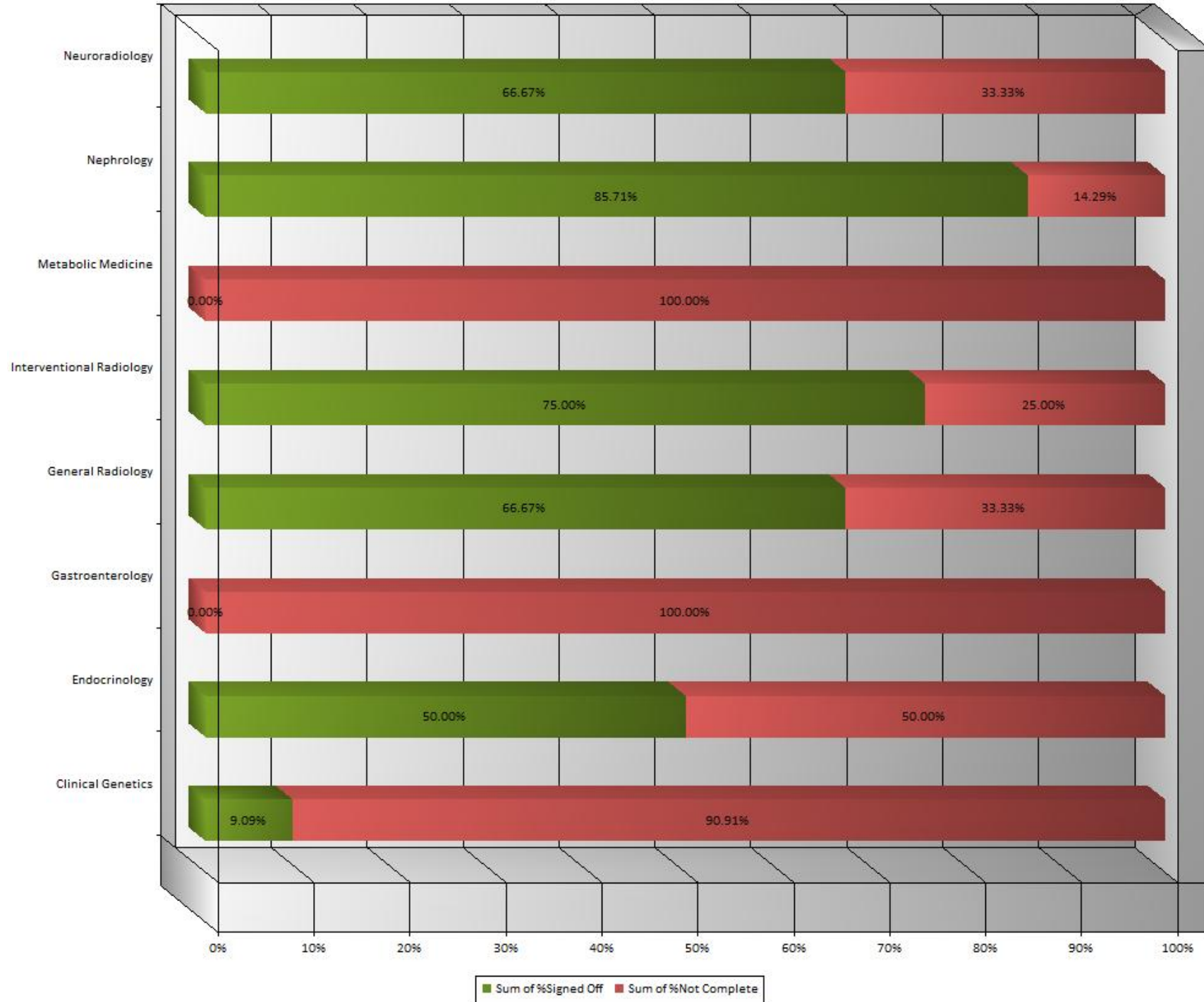
CRITICAL CARE & CARDIO-RESPIRATORY PROGRESS



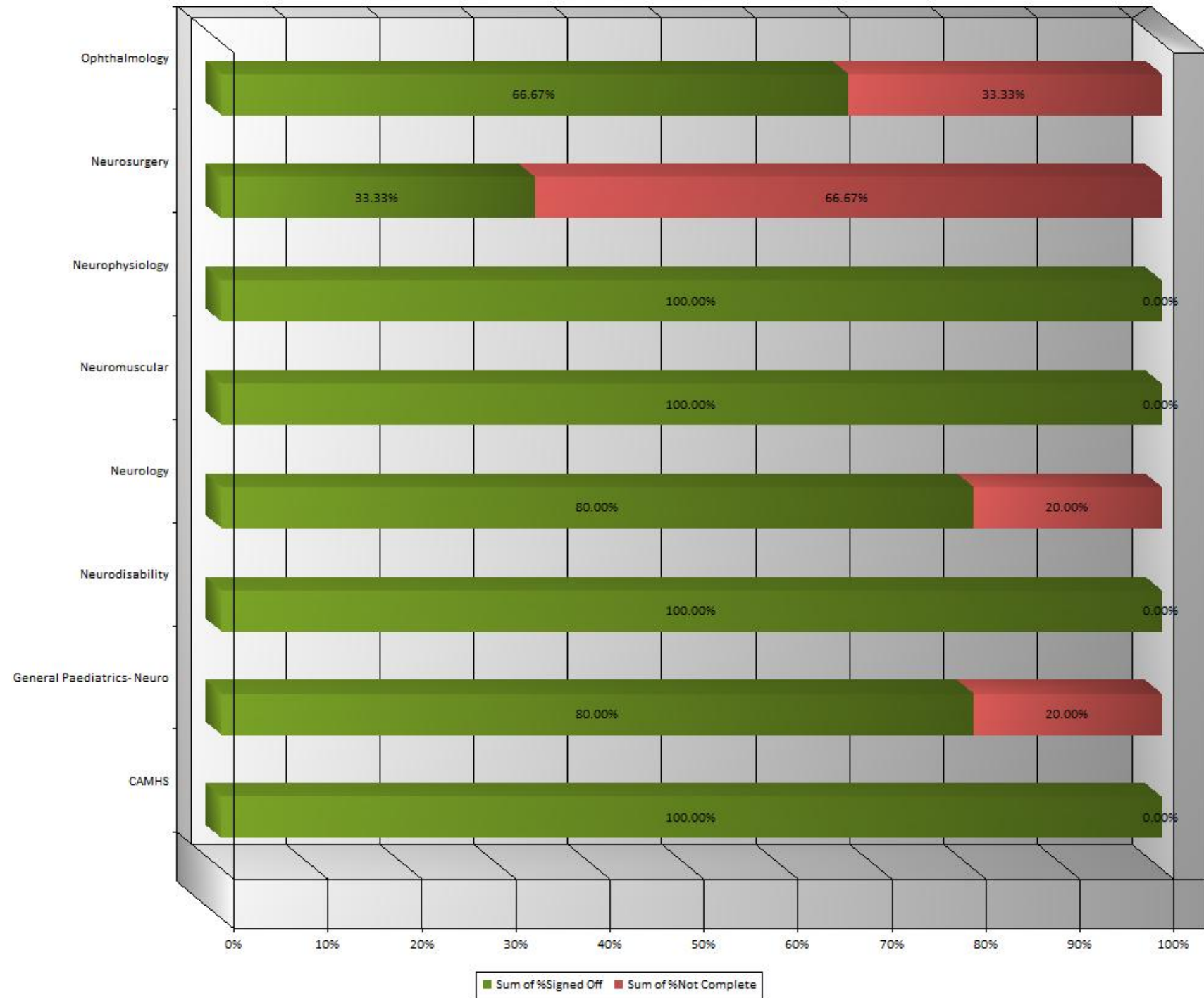
ICI-LM PROGRESS



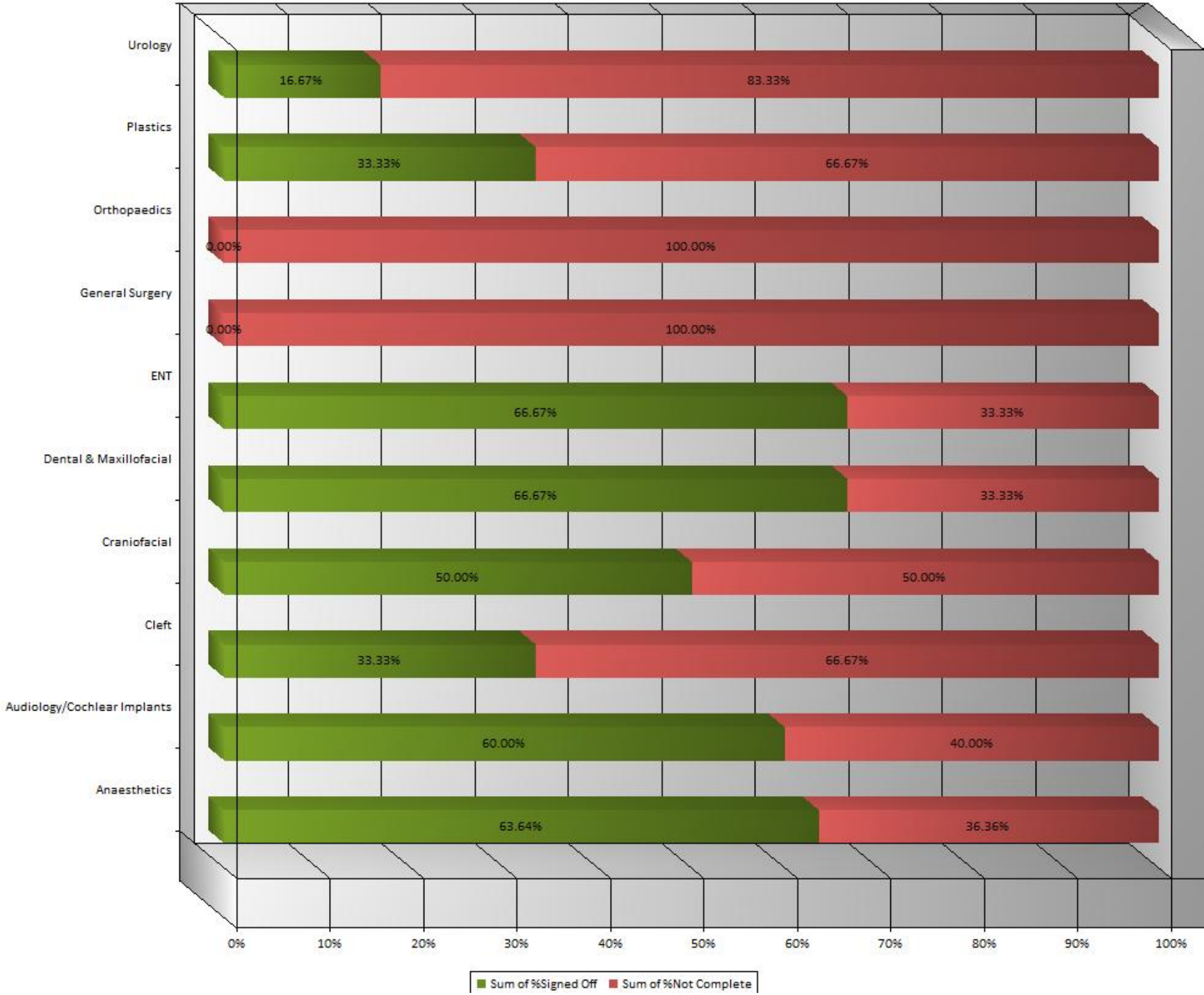
MEDICINE & DTS PROGRESS



NEUROSCIENCE PROGRESS



SURGERY PROGRESS



ATTACHMENT T

Specialty – Ophthalmology

General Background

The Ophthalmology Department based at GOSH is a supra-specialist service, which deals with referrals from across the United Kingdom. The service comprises a number of specialist multi-disciplinary teams. We also provide support to specialties within the Trust, predominantly Craniofacial, Neurology, Rheumatology and Oncology. The patient group can be defined in the following headings:

Anterior segment – corneal transplant and, cataract service (particularly in children under 1 year old to support development)

Congenital retinal disorders - range of presentation from infants to early teenagers for Lebers congenital amaurosis, Stargardts and Rod cone dystrophies.

Optic nerve/chiasm – including optic nerve hypoplasia, Albinism, Visual pathway tumours, raised Intracranial pressure, Craniosynostosis clinic, Hydrocephalus and Benign intracranial hypertension

Visual pathway – cortical visual impairment.

Ocular plastics – Haemangioma, Microphthalmia, Anophthalmia and Ptosis

Please detail the numbers of consultants, their ward (names), what theatre time they have etc

The specialty is led by Dr Alki Liasis, and managed within the neurosciences clinical unit.

The department employs 4.5 consultant Ophthalmologists as well as a multi-disciplinary team including 5 electrophysiologists, 4 orthoptists, 3 optometrists and nurses who provide general and specialist outpatient as well as inpatient services.

Mr William Moore – Tuesday morning theatre session, 5 clinic sessions

Mr Yassir Abou Rayyah – Thursday morning theatre session, 2 clinic sessions

Ms Isabelle Russll Eggitt – shared Wednesday afternoon theatre session, 4 clinic sessions

Mr Richard Bowman – shared Wednesday afternoon theatre session, 3 clinic sessions

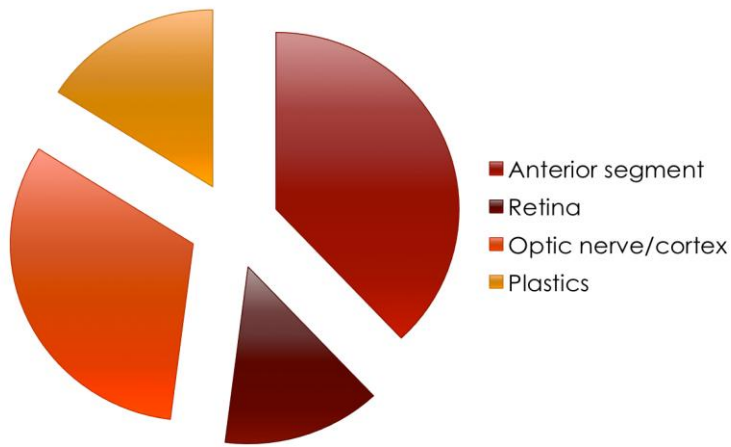
Mr Lloyd Bender (Locum) – Monday afternoon theatre session, 5 clinic sessions

Professor Anthony Moore – 1 clinic session per week

Ms Gill Adams – 1 clinic session per week

Mr John Brooks – 1 clinic session per week

Please outline the proportion of the different type of work/ diagnoses carried out within the speciality – please use a pie chart or graph to present this information.



Over the past 5 years the service has seen continual growth in the number of outpatient appointments and theatre cases carried out.

Clinical Outcomes

What clinical outcomes does the speciality measure?

Self assessment of service

The department has used the Royal College of Ophthalmology quality standards and quality indicators for ophthalmic care and services for children and young people in order to assess the service against national standards.

Patient experience survey (June 2011-2012)

Patient satisfaction of department and appointments is similar to results of general outpatient survey.

Publications in peer reviewed journals

Publication of outcomes, protocols and novel research.

How does it benchmark with other hospitals

National commissioned services:

Craniosynostosis service

Epidermolysis bullosa service

Bardet biedl service

Cataract service

Implemented and maintain national database of outcomes and complications of paediatric cataract surgery

Electrophysiology service

In collaboration with the professional society implemented a project that benchmarked nationally stimuli used in all laboratories in order to standardise protocol enabling cross unit data collection.

Orthoptic service

Visual field analysis benchmarking nationally.

What are the speciality's ambitions?

To further develop the cornea service through the appointment of joint Consultant post with Moorfields' Eye Hospital. This will ensure that developments within adult practice can be translated into Paediatrics.

To continue to grow specialist Ophthalmology services at GOSH, particularly in relation to children with co-morbidities.

Safety & Risk

Provide an overview of the relevant current harm rates, top risks, and recent relevant Serious Incidents.

Top risk for the service: lack of equipment is the current high priority. Clinics have expanded, but not all clinic rooms have appropriate equipment. There is also older equipment that needs replacing.

Lack of out-patient clinic rooms is a continuing problem with the space they currently occupy not fit for purpose. The area is overcrowded and on most days poses a risk for both patients and staff.

Clinic letters not being written for each patient attendance has been a risk and has been addressed. This risk occurs from

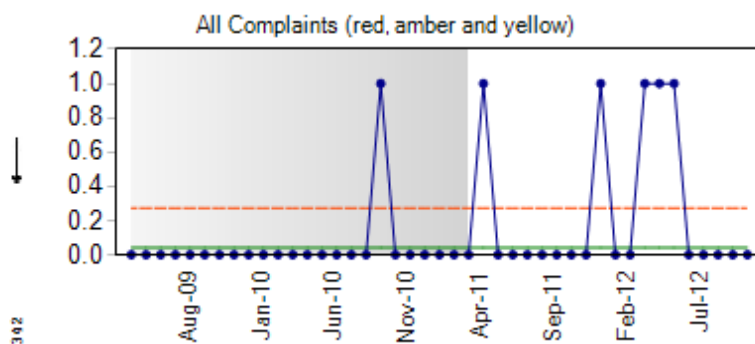
- i) clinicians not dictating letters and
- ii) the large volume (1500 per month) of letters that are generated, which can cause delays in letters being sent.

Work has been done to improve the administrative processes, and performance is very much improved. It remains a risk until 100% of clinic appointments have letters sent within 5 days.

Patient Experience

Provide an overview of any recent complaints and any patient survey results.

Ophthalmology has received 5 complaints since April 2011 to present.



Patient Telephone Survey Results: Sample selected from patients who had attended the department over a year period (June 2011-June 2012). Some questions are similar to those in the general outpatient survey. 165 patients or parents took part in the survey, out of a cohort of 446 (37% response rate). Parent Survey results demonstrate that there is high satisfaction (92%) and strong agreement across a number of questions that involve staff listening and communicating effectively and parents having trust and confidence in the staff treating their child. Overall 86% of parents would recommend the eye clinic to a family friend or relative if they needed treatment.

Lower satisfaction was demonstrated consistently in a few areas particularly the waiting time in clinic and explanation given if not seen on time; where applicable the patient was offered time on their own with the doctor and if the family had received copies of the clinic letter after the appointment.

Provide an overview of waiting times – achieving advanced access?

Ophthalmology was an early implementer of advanced access and achieved all targets.

Over the last year this has slipped due to consultants leaving the department and locums being appointed, but once again the speciality is now achieving, with the average wait being 7 days for the offer of an appointment.

Meeting 6,13,26 week waits? 18 weeks?

Ophthalmology generally meets all its targets. No patients are waiting longer than the 6, 13 or 26 week targets. However, there have been 6 and 18 weeks breaches; these are inherited breaches caused by patients waiting a long time before referral to GOSH.

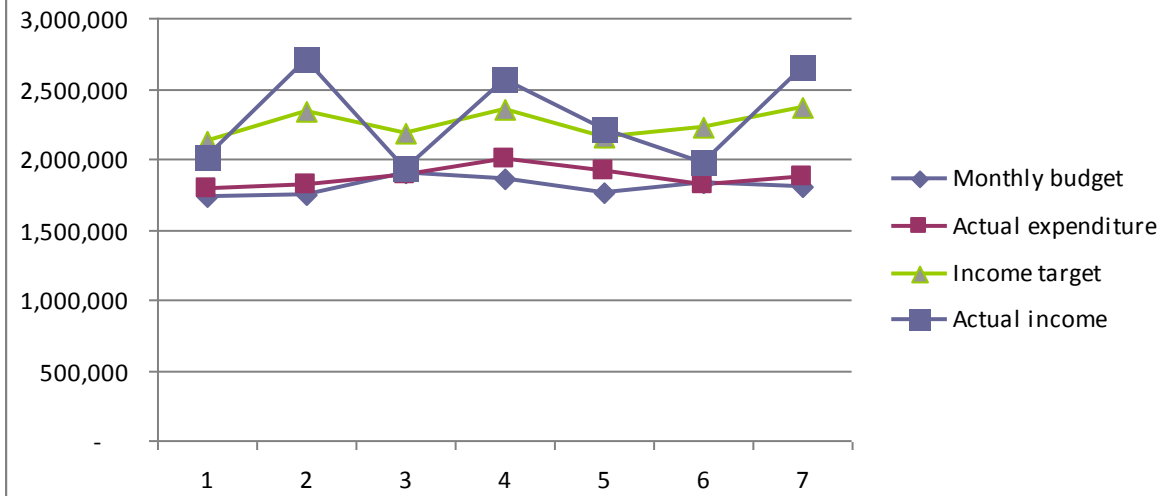
Finances

At month 7 Ophthalmology is underspent by £1,538 against a year to date budget of £1.2m. Pay is underspent by £6,677 and non-pay is overspent by £5,182.

The income position is underperforming, with Ophthalmology £199k behind target at month 7. This has been caused in part by the departure of a substantive consultant, who has been replaced by locums, who are less productive.

2012-13 Quarter 1 SLR position		
Cost Direct	£	783,107.42
Cost Indirect	£	92,262.18
Cost Overhead	£	379,788.87
Total cost	£	1,255,158.47
Income	£	875,344.57
Contribution (income minus direct and indirect costs)	-£	25.03
Profitability (income minus total cost)	-£	379,813.90

Ophthalmology's Income & Expenditure position at Month 7 2012/13



Integrated Business Plan

Ophthalmology is not a prioritised growth area for GOSH. However, the ophthalmology department does support other areas that are growth areas including Neurosurgery and BMT. Patients within these services require regular monitoring of their sight, and this can place demands upon the ophthalmology service.

What are the planned growth levels and what are the plans to achieve these?

The department plans to grow by 3-5% over the next 2 years. This will be achieved in part by building strong links with Moorfields Eye Hospital, and by seeing responses to increased demand from neurosurgery as part of the Safe and Sustainable expansion.

Any Other Relevant Information

Management Board have agreed to the recruitment of 1.00wte consultant and a 0.5wte joint post with Moorfields Eye Hospital. These replace a full time consultant and full time associate specialist doctor, and will hopefully attract more referrals to GOSH. The posts have been advertised and the full time interviews will take place in December and the part time post will take place in January.

Trust Board 28th November 2012	
Quality, Safety and Transformation team Safety Report	Paper No: Attachment U
Submitted on behalf of: Professor Martin Elliott, Co-Medical Director	
<p>Aims / summary The report is a progress report for Safety within the Organisation between 1st June and 31st October 2012.</p> <p>Serious Incidents Number of days since last SI (close of business 31st October 2012):29 Between 1st June 2012 and 31st October 2012 12 SI's were reported. Number of SI's closed: 12 Of 12 SI's closed, 6 of these were closed within the timescale set by NHS London and 6 were outside the timescale.</p> <p>Complaints Number new formal complaints 51 Number of red complaints 3 Percent of draft complaint responses sent to the Complaints Team on time 65% Percent of complaint responses sent out on time 70%</p> <p>Risk There were 19 new high risks added to the risk register. All of these risks have controls in place and will be reviewed at the next Risk Action Group for that area.</p> <p>Health & Safety 325 reported health and safety incidents reported between. 5 of these incidents were reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) legislation.</p>	
Action required from the meeting To note the information	
Contribution to the delivery of NHS / Trust strategies and plans Contributes to the Organisations aims of No Waste, No Waits and Zero Harm	
Financial implications N/A	
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	
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 Katharine Goldthorpe Head of Quality, Safety and Transformation 8 th November 2012	

Quality, Safety & Transformation Reporting to Trust Board November 2012

The following report produced by the Quality, Safety & Transformation (QST), provides for Zero Harm data (Appendix A) and a progress report for Safety covering the period 1st June 2012 to 31st October 2012.

Part I

Zero Harm Update

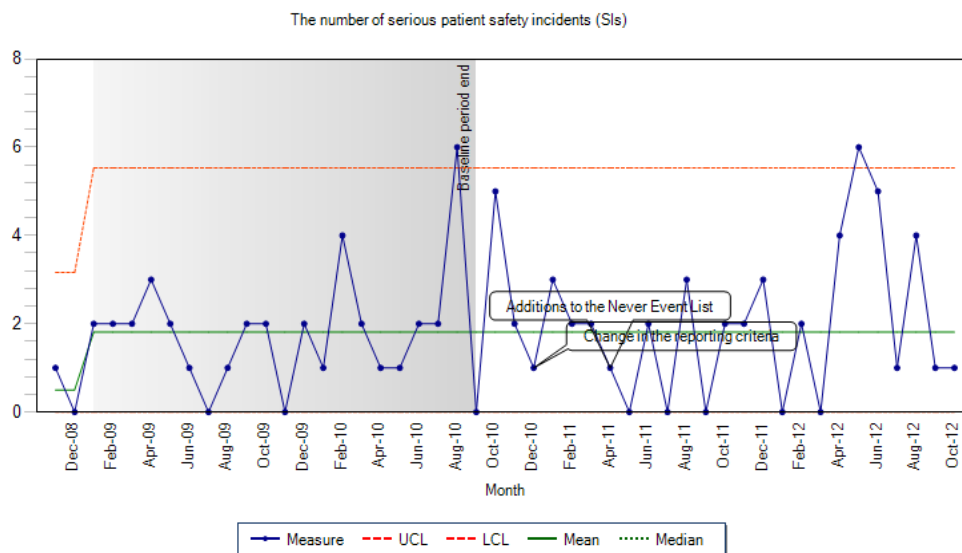
There are no statistically significant changes in the Zero Harm Indicators (Appendix A). The work in each of these areas continues to be reported in detail as part of the Transformation, Safety and Outcomes monthly updates.

Part II

This report focuses on Safety and provides information to show the last five months activity. This report is under continuous development, so we can provide a true picture of where concerns are in the Trust, what improvements are being undertaken and how the team can monitor how the units are mitigating their risks. It should be noted that the safety programme is fully monitored at the Quality and Safety Committee. This report will provide brief information on the following:

1. Serious incidents
2. Complaints
3. Responding to external alerts
4. Risk
5. Clinical Audit
6. Health and Safety

1. Serious Incidents (SI) Analysis



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A serious patient safety incident is defined as an incident that occurred in relation to care resulting in one of the following:

- Unexpected or avoidable death of one or more patients, staff visitors or members of the public.
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm
- Allegations of abuse
- One of the core sets of 'Never Events'

1.2 Rate of SI's reported

Number of days since last SI (close of business 31st October 2012) 29:

Between 1st June 2012 and 31st October 2012 there were new 12 SI's were reported. The departments in which they were reported are as follows:

Department	Number of SIs
Neurosciences	4
MDTS	1
Cardiorespiratory	2
Surgery	3
Estates and Facilities	1
International Private Patients	1

1.3 Number of SI's closed

Number of SI's closed (1st June 2012 and 31st October 2012): 12

Of 12 SI's closed, 6 of these were closed within the timescale set by NHS London and 6 were outside the timescale.

	Neurosciences	MDTS	Cardiorespiratory	Surgery	Estates and Facilities	Legal
Within timescale	2	2			1	1
Late			3	3		

1.4 Key learning and improvement from SIs

- The QST team continue to work to identify where data for improvement and transformation methodology will support learning from SIs and complement the audit work.
- A mapping session to improve the SI process was held with key staff (see paper to November Management Board)
- A new process for adding carbon copy (cc) lists to clinical correspondence has been implemented in one clinical area as a result of two information governance breaches which have been referred to the Information Commissioners Office (ICO). This process is being reviewed and, if successful, may be implemented in other areas.
- Pressure Ulcer Prevention Working Group was set up in July. This group is led by Assistant Chief Nurse and attended by all ICU groups, a Risk Manager and the Nursing Quality Practice Educator for Pressure Ulcers.
- CICU have implemented a change to the mnemonic MINDER to MINDERS checklist to include 'S' for skin as a result of pressure ulcer incidents which have occurred on the ward.
- A new check list has been implemented for all children having a change of Berlin Heart and orientation including Berlin Heart training for new SpR's has been implemented on CICU.
- A Consent Project Group has now been set up to look at how consent is managed trust wide.

2. Complaints Analysis (1st June – 31st October 2012)

2.1 Number of new complaints received

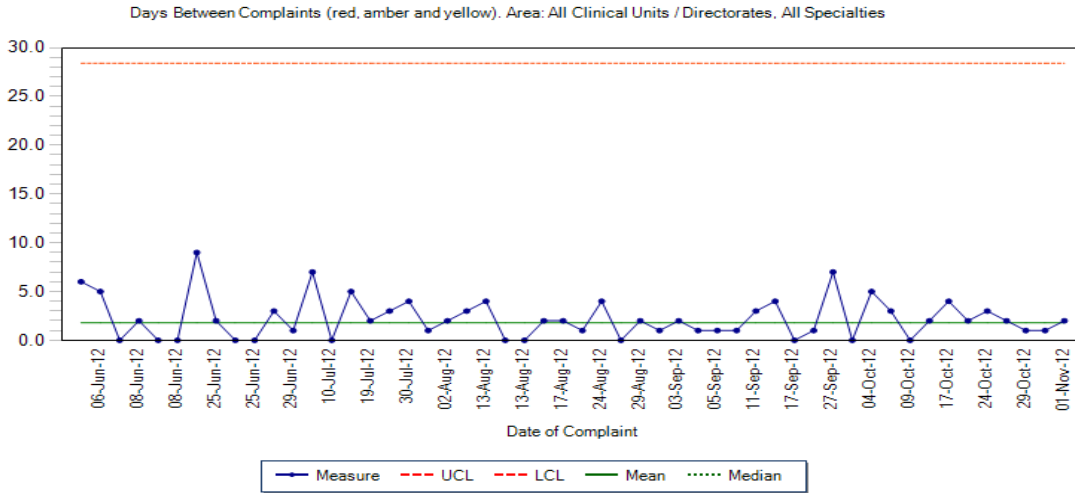
Number new formal complaints 51

Number of red complaints 3

Percent of draft complaint responses sent to the Complaints Team on time 65%

Percent of complaint responses sent out on time 70%

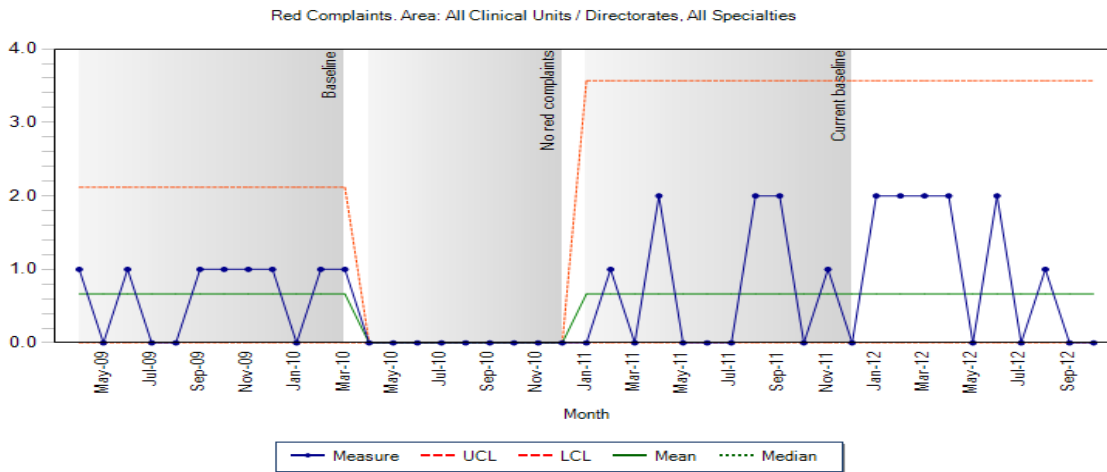
Days between complaints (red, amber and yellow)



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Red complaints - severe harm to patient or family or reputation threat to the Trust.
 Amber complaints - lesser than severed but still poor service, communication or quality evident.
 Yellow complaints - minor issues or difference of opinion rather than deficient service.

Red Complaints Analysis

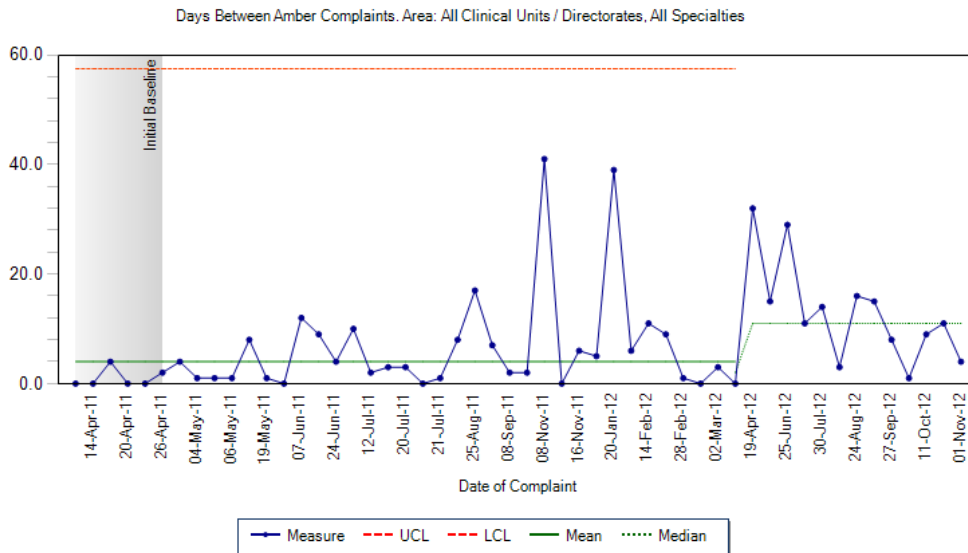


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It should be noted that no red complaints have been received by the Trust between the 20th August 2012 and the end of the reporting period (31st October 2012).

Amber Complaints

There has been a statically significant reduction in Amber complaints over the reporting time (1st June – 31st October 2012)



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2.2 Key points for management of complaints

- An Internal Audit Review reported significant assurance on Complaints Management. The significant assurance level was determined as the review found that the controls for identifying, receiving, handling, responding and reporting on complaints are well designed and are applied consistently.
- Following a complaint raising concerns that an inadequate review of clinical information had taken place following a request for advice. The Unit have implemented a new four staged improvement plan to improve the system when providing other Trust's with clinical advice.
- A Patient Experience Project which reviewed the Trust's Complaints Process took place involving over 3,500 patients, families and carers. A number of improvements were identified and have been carried out to ensure that the Trust provides an effective service based on patients, families and carers needs.

3. Responding to external alerts, guidance and audit

The Central Alert System disseminates alerts to Trusts from several sources.

- MHRA or Medical Devices Alerts (MDA) (notices about faulty/defective equipment)
- NPSA (Alerts regarding actions to improve patient safety)
- DH/NHS Estates & Facilities

3.1 MHRA alerts

The Trust has received 46 new alerts between 1st June and 31st October 2012:

33 of the alerts were not relevant.
 8 were relevant and completed on time
 5 are currently having their relevance assessed.

3.2 Rapid Response Reports

There are currently no open Rapid Response Alerts. The Trust's CAS responses to NPSA alerts have been published monthly on the NPSA website this data contributes to the Quality Risk Profile that the Care Quality Commission (CQC) issue to the Trust.

3.3 NICE Guidance

Number of relevant NICE guidelines: 1

Details: Percutaneous balloon cryoablation for pulmonary vein isolation in atrial fibrillation

Action: To ensure that the relevant data is submitted to the UK Central Cardiac Audit Database (CCAD).

3.4 Participation in National Audits

The National Institute of Clinical Excellence (NICE) published advice on 26 subjects in the quarter, 3 were appropriate for GOSH services.

Sickle cell – to addresses the management of an acute painful sickle cell episode in patients presenting to hospital until discharge.

Action: Lead Consultant advised that local guidance is being amended to include all the relevant sections from NICE. Clinical Audit Department to receive a copy once approved for review

Mega Soft Patient Return Electrode for use during monopolar electrosurgery - guidance recommends that it is safe to use the Mega Soft Patient Return Electrode during monopolar electrosurgery

Action: This technology was implemented in GOSH in June 2010 to improve safety. Information sheets are used to support the use of this technology and the supplier attends G periodically for training, education and review of technology equipment. No further work to be undertaken in regards to this at present.

Antibiotics for early-onset neonatal infection - guidance aims to correctly manage the treatment of sick babies, including: correct medical prioritization, minimisation of the impact of management pathways on healthy women and babies and to ensure that antibiotics are used wisely to avoid the development of resistance to antibiotics.

Action: PICU Consultant has advised that there will be a new specialty lead within the Unit which would be an ideal clinical lead to take this forward who will review required actions.

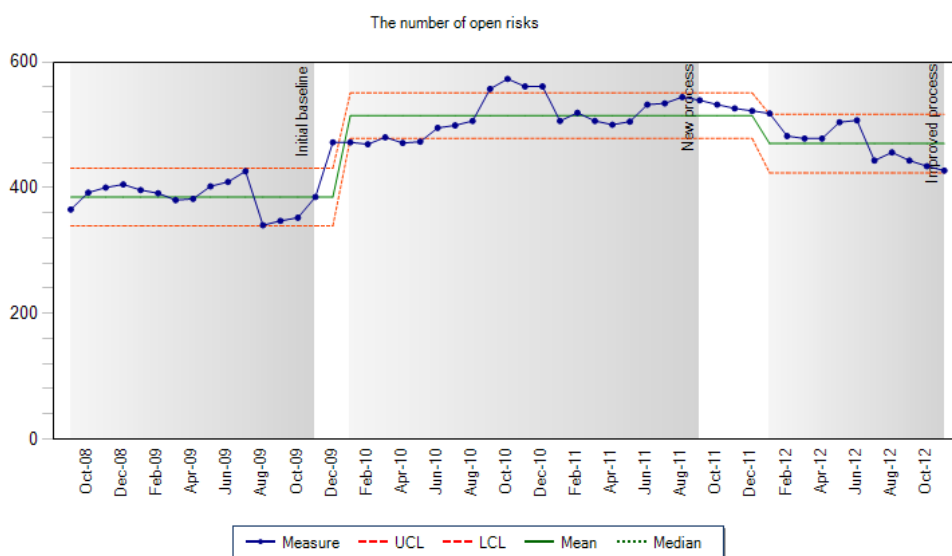
3.5 Participation in National Confidential Enquiries

There is currently no requirement for GOSH to participate in any NCEPOD studies

4. Risk Analysis

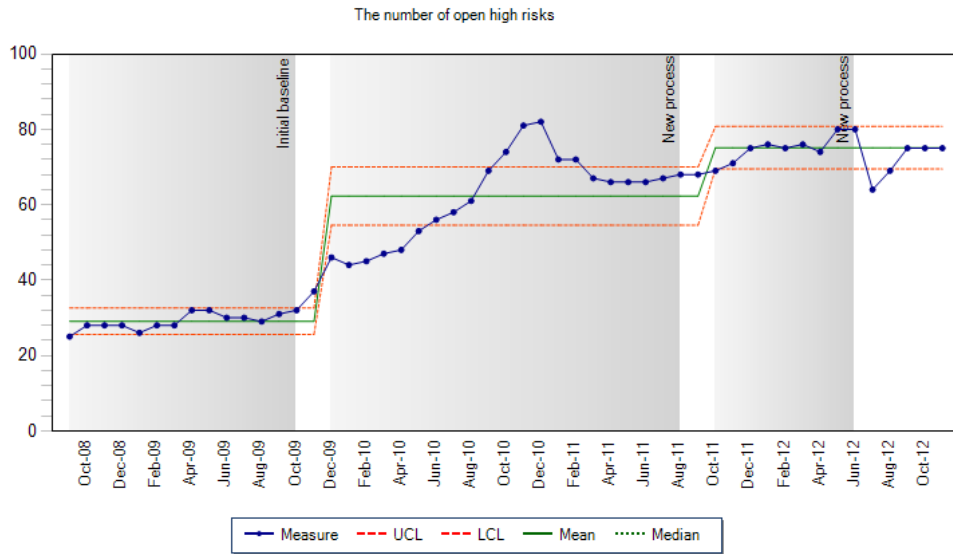
We are still in the early days of using SPC methodology for measuring risk and the charts will need continuous validation. It should be noted that the introduction of Datix has had an impact on the figures in 2011/12.

Number of open risks



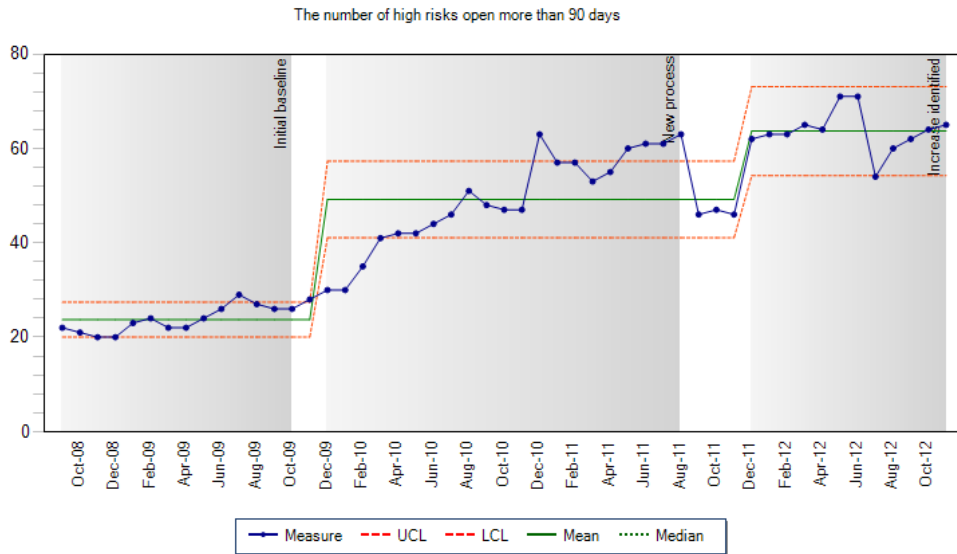
Number of open high risks

There are currently 79 high risks trust wide.



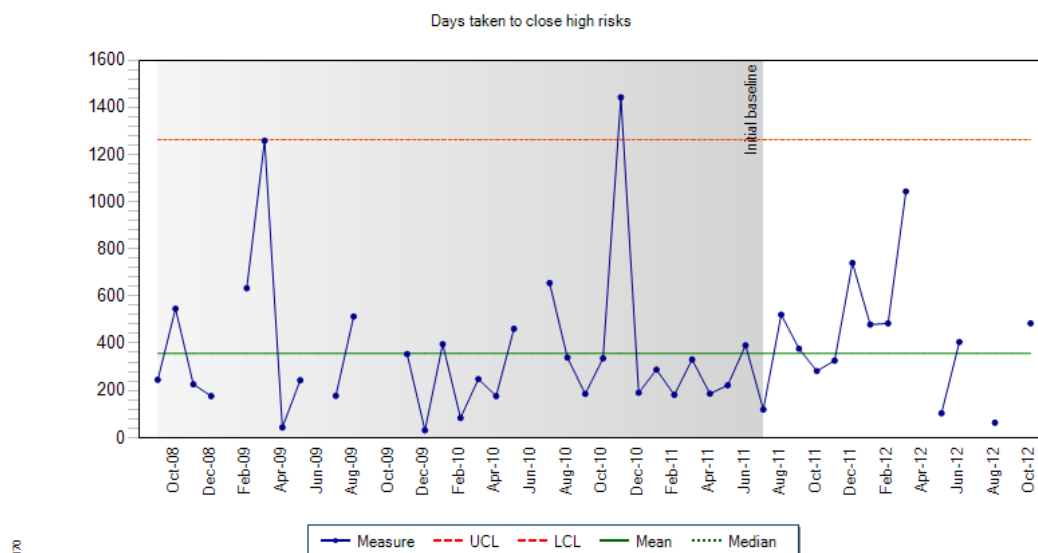
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Number of high risks open more than 90 days



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Time taken to close high risks

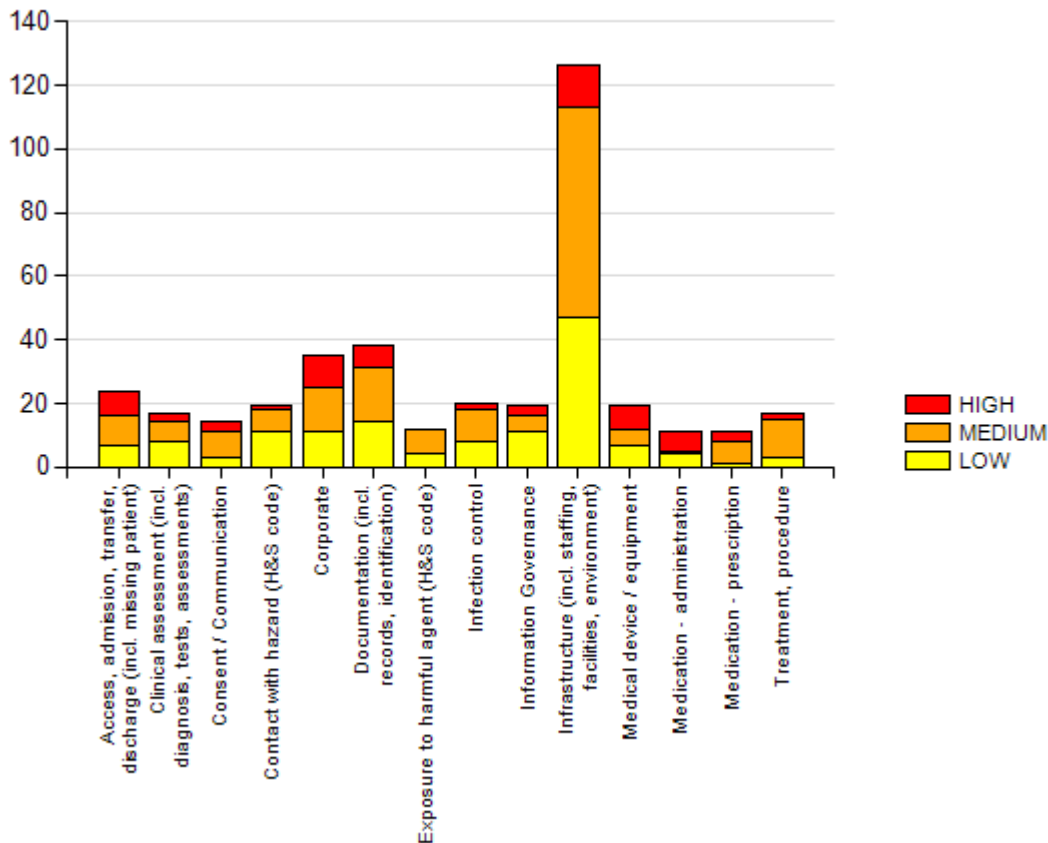


Note: it is not currently possible to include when risks are de-escalated

You will see that there has been a decline in the number open incidents, but an increase in the number of open high risks, the number of high risks open over 90 days and the length of time taken to close high risks. It is not yet clear whether this is a reporting issue or whether there has been an actual increase in high risk. The new risk managers are working closely with the clinical units to identify correct grading of new risks and de-escalation or closure of existing risks where appropriate. There are also a number of high risks which are considered 'aged' risks. There is an argument that some of these risks need to be logged as trust accepted risks because they can never be completely mitigated. This is an issue which is currently being reviewed by the Clinical Audit Committee and addressed by the Assistant Head of QST for Risk.

Each risk is categorised upon entry to the Datix system to allow for analysis. Within each category the number of all **currently open risks** at each risk grade (High, Medium, Low) can be seen in the chart below. Only categories with more than 10 risks are shown.

Open risks by category and grade



4.2 Key learning and improvement from risk

The Assistant Head of Quality, Safety and Transformation for Risk Management is working with all of the users of Datix (Risk Management, Complaints, Pals and the Legal team) to review and update the categories that are used on Datix to ensure that a more detailed and uniform analysis can be undertaken for all elements of Clinical Governance.

4.3 High Risks

There were 19 new high risks added to the risk register in the timeframe (1st June – 31st October 2012). Of these risks, 4 have been listed under the category of 'Infrastructure' this includes risks identified with staffing (x 2), environment and equipment availability. All of these risks have controls in place and will be reviewed at the next Risk Action Group for that area.

There are three risks listed under clinical assessment. Two of these are regarding the clinical recognition of a deteriorating child and the other is regarding clinical care of outliers.

There is one high risk reported regarding non MRI safe syringe drivers being used in MRI. There has been a near miss incident regarding this issue which has resulted in it being added to the risk register. An ongoing RCA investigation into this issue is underway.

All of the risks are reviewed regularly and will be monitored via the Risk Action Groups, Clinical Unit Board and for high risks, the Risk Assurance and Compliance Group.

5. Clinical Audit

The audit plan has been delivered as scheduled with the exception of two items. This work could not take place as the relevant guidelines or policies from which the audit was derived were not in place. This work will be completed at a later stage. Four additional audits were added to the Clinical Audit Plan and completed to support the NHSLA level 3 assessment.

Audit has identified the need to improve compliance with:

- The approved process for identifying inpatients (for example with wristbands)
- Controls to prevent never events with methotrexate and insulin
- Standards for ensuring information provided as part of the consent process is documented
- Improving the quality of health records

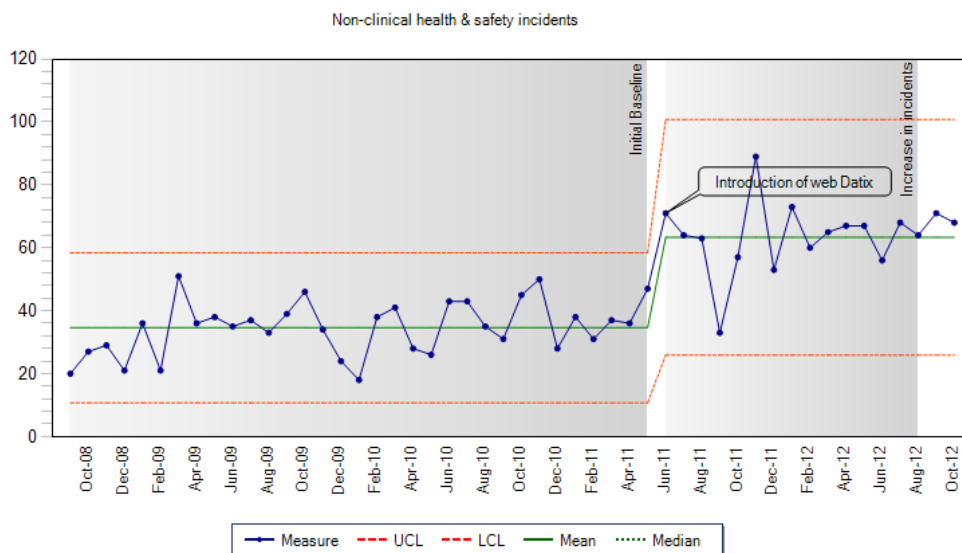
Action plans are in place to improve compliance and will be monitored by the Clinical Audit team through the Quality and Safety Committee. Other areas of note from clinical audit are:

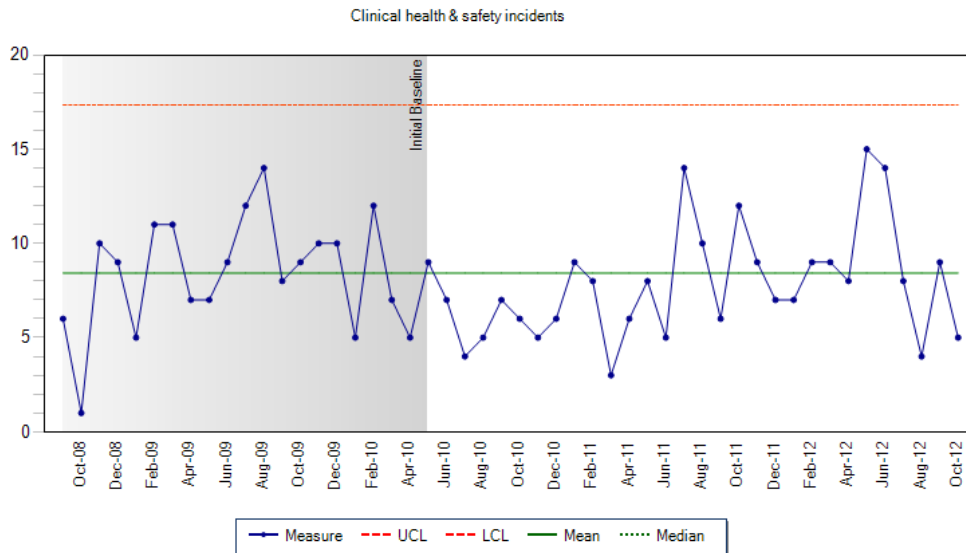
- Improvement in the safety of emergency trolleys has been reported following an improvement project managed by Clinical Audit.
- Audit continues to be used to ensure that recommendations are sustained following an SI where a throat pack was retained post-operatively.
- Audit indicated compliance with recommendations following a Serious Incident (SI) where a patient contracted a urinary tract infection in the community

6. Health and Safety

There were 325 reported health and safety incidents reported between 1st June 2012 to 31st October 2012. 5 of these incidents were reported under the RIDDOR legislation.

The reporting increase from August 2011 onwards is attributable to the introduction of the new online reporting System (Datix) which has seen a rise in all forms of health and safety incident reporting.





Key interventions for management of Health and Safety

A new Major Project Licence Agreement has been introduced by the Estates' Directorate. There is a great amount of work being undertaken by the Estates team which has the capacity to impact on the large swathes of the hospital. The licence requires the sign off from senior clinical and operational staff prior to any work being undertaken. In order for this to occur, risk assessments/method statements/risk impact assessments and communication plans must be submitted and the nature of the proposed work explained to relevant parties.

An updated Lone worker policy has been agreed and introduced. Managers and staff must be aware of the possible heightened risks associated with working alone and the guidance and practical help the Trust can provide in mitigating these risks. A suitable risk assessment must be in place with appropriate measures to mitigate the risk.

An issue with straps on the patient beds was highlighted by the incident reporting system and the Biomedical Engineering Department. The straps acted as finger guards but were creating a greater risk than they were preventing. The straps have been removed both at ward level and by Biomedical Engineering during the bed's annual service.

An ongoing project is under way to reduce sharps injuries across the Trust, protecting staff and patients alike. This is being done in conjunction with the Infection Control and the Occupational Health Departments as well as external auditing help and the help of the clinical teams. The project is taking a holistic look at practise/safe sharps systems/sharps boxes/incident reporting and follow up. This is now being led by the Health and Safety Advisor due to the retirement of the Head Nurse for Clinical Equipment.

Summary

Work continues to better understand the aggregate analysis of incidents, complaints and risks at GOSH, taking into account other contributing factors. Good progress has been made in recent months to develop the way QST present and analyse the data and this will continue.

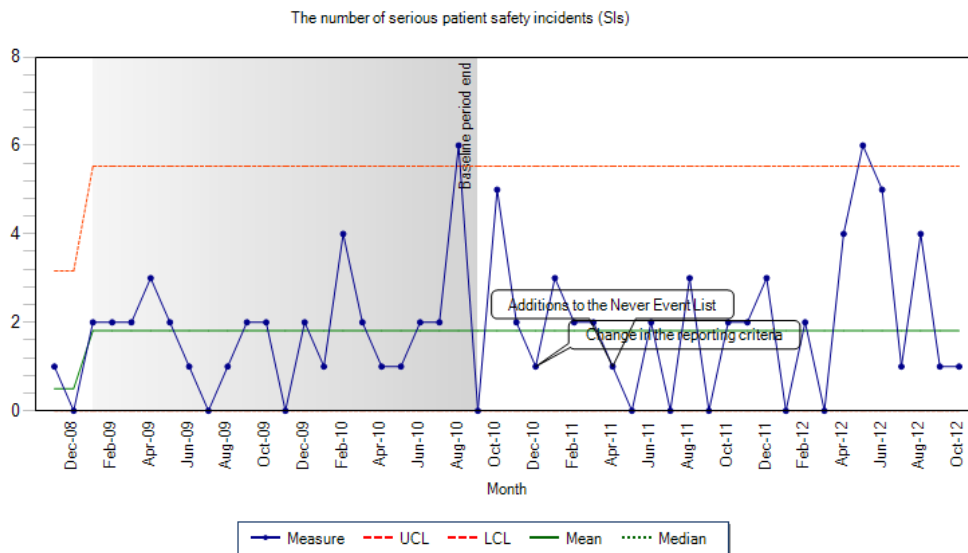
Quality, Safety & Transformation Reporting to Management Board November 2012

The following report produced by the Quality, Safety & Transformation (QST), provides Zero Harm data.

Where possible, the data included in this report is presented in Statistical Process Control (SPC) charts, which allows you to see the difference between common cause (normal) variation and special cause variation. When using SPC charts, we are looking for special causes, which result from a significant change in the underlying process. If a special cause occurs, we will highlight this accordingly. SPC is the tool that we use to determine where a change in practice has led to an improvement.

3. Serious Incidents

See Safety report for full detail.



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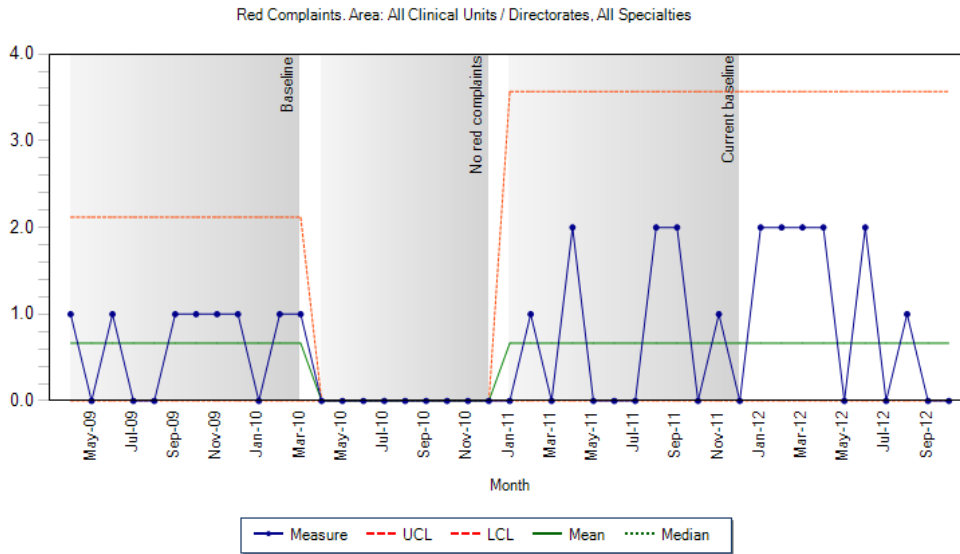
The number of serious patient safety incidents

A serious patient safety incident is defined as an incident that occurred in relation to care resulting in one of the following:

- Unexpected or avoidable death of one or more patients, staff visitors or members of the public.
- Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm
- Allegations of abuse
- One of the core sets of 'Never Events'

4. Red Complaints

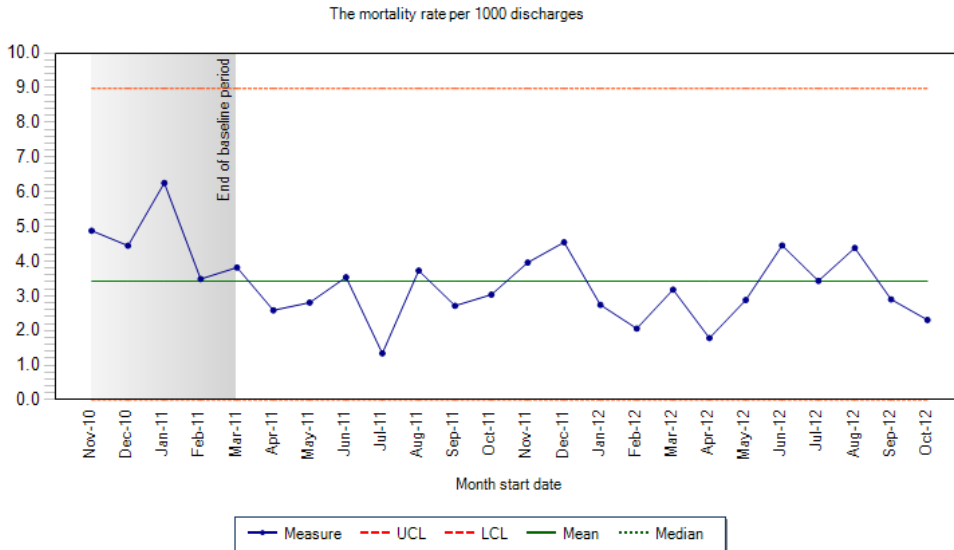
It should be noted there have been no red complaints for 83 days (at 8th November 2012). It would be normal to expect one, on average, every 22 days.



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Red complaint definition: Severe harm to patient, family or reputation threat to the Trust.

5. Mortality

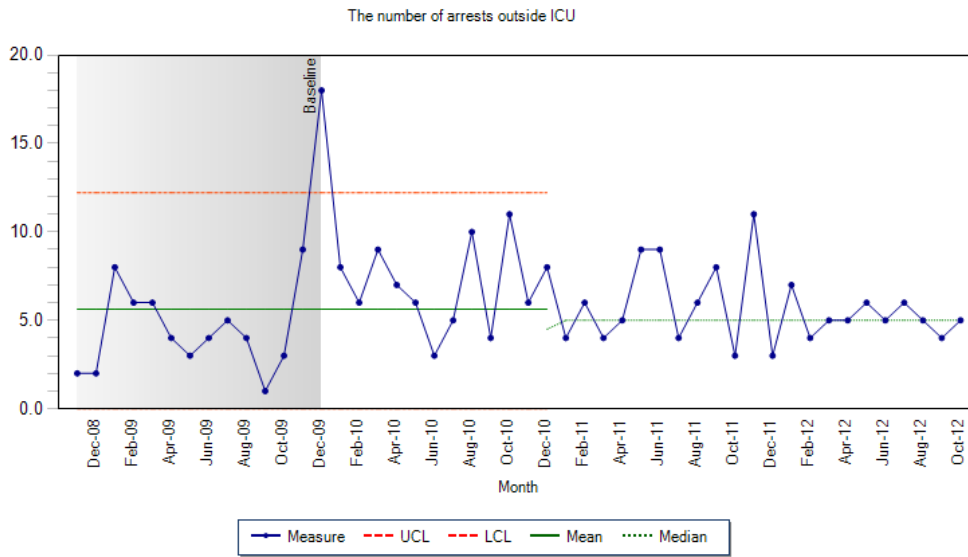


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6. Arrests and crash calls outside Intensive Care Units (ICU)

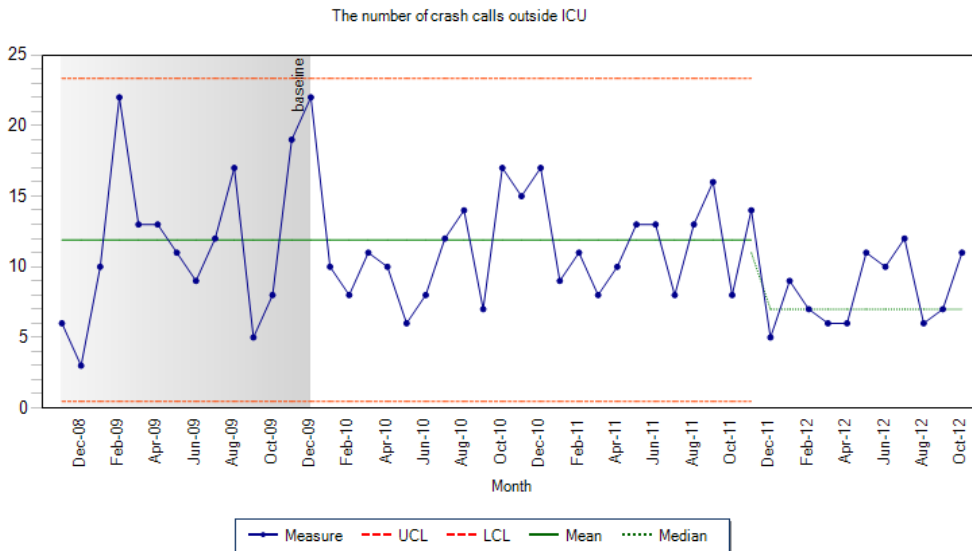
The SPC charts below show the number of arrests and crash calls outside the ICU areas.

The overall aim of the Deteriorating Child project is to eliminate harm from preventable deterioration of children on wards outside intensive care, theatres and other related areas such as angiography. Deterioration which is unrecognised or poorly managed can lead to significant harm, including respiratory/cardiac arrest or death. To tackle the most serious cases, the project has set a target of reducing the number of cardiac and respiratory arrests on wards outside of theatres and intensive care by 50 per cent by end March 2013.



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The monthly number of arrests (cardiac or respiratory) outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team)

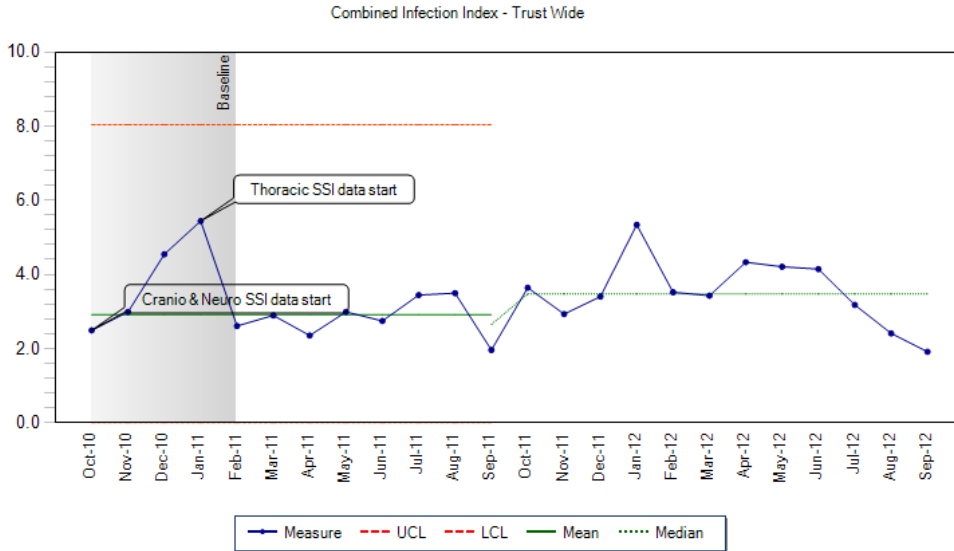


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The monthly number of crash calls (calls made to the 2222 Clinical Emergency Team) outside of ICU ward

7. Combined infection index

This index is the combined number of specified hospital acquired infections (HAI), per 1000 adjusted patient activities. It includes the total number of reported Central Venous Line (CVL) infections, Surgical Site Infections (SSI), Ventilator Associated Pneumonia (VAP), MRSA, MSSA and Clostridium difficile. It should be noted that the vision is to improve reporting of errors, so it is likely that the numbers will increase before they decrease ultimately. For example, the number of SSI's has increased and will continue to increase as surveillance improves.

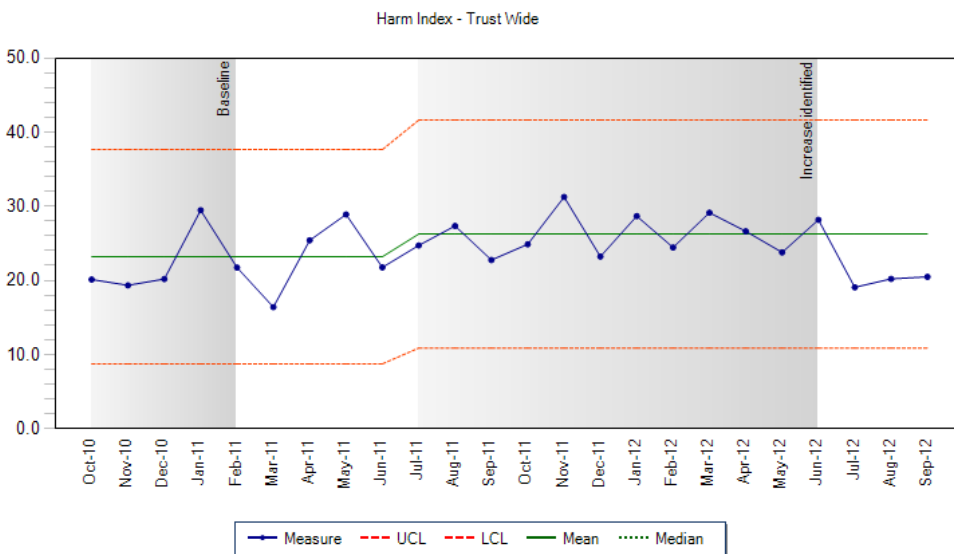


Adjusted Patient Activity = number of Finished Consultant Episodes (FCEs) + ((number of OPD appointments + (ICU bed days x 9.5)) / 12.9)

Adjusted Patient Activity (APA) is a measure of activity which weights outpatients, inpatients and critical care bed days into a combined figure representative of overall healthcare resource activity. For example on average an inpatient requires more input than an outpatient and thus several outpatients will be the equivalent of one inpatient. This combined APA enables different specialties to be compared with each other and over time and will account for the relative differences in patient complexity. It can be used as a denominator for comparable measures across the Trust such as harm and workforce productivity.

8. Combined harm index

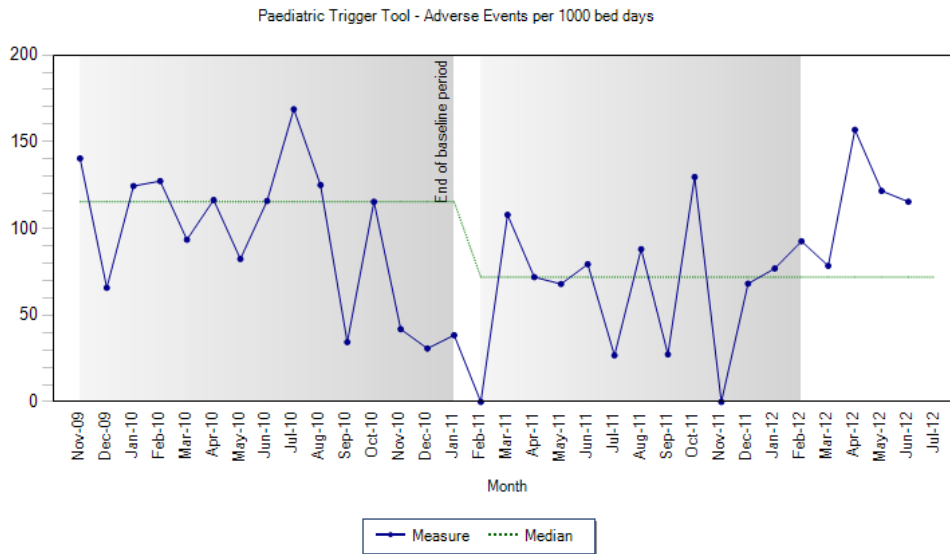
This index is the total number of harm incidents per 1000 Adjusted Patient Activities in the Trust. It includes hospital acquired infections (as above), serious incidents, non-ICU arrests, reported medication errors, patient falls, and pressure ulcers. It should be noted that the vision is to improve reporting of errors, so it is likely that the numbers will increase before they decrease ultimately. For example, the number of reported medication errors will increase as we encourage the reporting of incidents.



9. Paediatric Trigger Tool

Each month, 20 case notes are randomly selected to be reviewed by a group of clinical staff using the Paediatric Trigger Tool. Common themes have risen from these projects which will be worked on as improvement projects.

One of the first issues to be tackled has been the maintenance of patient notes. Issues such as overfull records which were difficult to handle and at risk of coming loose, and inconsistent filling, leading to difficulties in finding key parts of the record, such as discharge summaries and missing records. Secondly, issues were highlighted around entries made by clinical staff, including the failure to follow basic standards of record keeping and failure to document key events in the patient journey. Each Clinical Unit has added a project to improve the quality of Medical Records to their project plans. This will be reported through the Transformation Programme report.



A random sample of 20 notes are pulled each month and analysed for adverse events using a methodology developed by the IHI. It should be noted that we are working 2 months behind the date of discharge as they need to be discharged for 30 days and we need time to randomise and obtain all the case notes.

TRUST BOARD

28th November 2012

<p>New theatre and move of hybrid angiography suite</p> <p>Submitted on behalf of Fiona Dalton, Chief Operating Officer</p>	<p>Paper No: Attachment V</p> <p>For approval</p>
<p>AIM To present a business case for the move of the new hybrid angiography suite in the Morgan Stanley Clinical Building (MSCB) to a newly created space in Variety Club Building (VCB) and adjust the existing space for use as a full operating theatre.</p>	
<p>SUMMARY The original design for the MSCB included a hybrid angiography suite which it was assumed would be used interchangeably as either an angiography suite or a theatre. However it was identified during the commissioning process that the room could not be used as a theatre for major cardiac and neurosurgical work. In addition, surgical activity is expected to expand significantly beyond the levels anticipated when MSCB was designed, either as a result of the changes contemplated as a result of the Cardiac Safe and Sustainable review or because of the Trust targeting further strategic growth in Cardiac, Neurosurgery both for NHS and private patients. As a result within two years, capacity plans indicate that the Trust will have insufficient theatre space.</p> <p>The proposed solution is to move the hybrid angiography suite to a newly created space alongside the two new angiography rooms being created as part of the 2B enabling project. This would enable the area in the MSCB to be fully converted to be an operating theatre and address the future shortfall in capacity.</p> <p>Due to the other elements of the redevelopment programme, the best time to do this work from an operational and financial viewpoint would be as part of the 2B enabling programme alongside the planned creation of the two new adjacent angiography suites.</p> <p>The key benefits are further modern theatre facilities to facilitate further growth in the Trust's activities and both the angiography suite and the new theatre will be located adjacent to similar facilities ensuring safety and efficiency in operations.</p> <p>The estimated cost of this project is £6.8M: comprising £4.6M for the building works; £1.6M for the base theatre equipment; £0.3M for adding Audio Visual equipment to the new Angiography suite and a further £0.3M equipment contingency for use in either the new Theatre or the new Angiography suite. This assumes that there would be no additional refurbishment of ward areas required to accommodate the additional bed space required for the patients pre and post-surgery. It is anticipated that there would be a cash payback on this project within 2.5 years provided the theatre operates at full capacity after the first year of operation.</p> <p>It is assumed that the capital expenditure would be funded through the Trust's estates capital budget. The three year estates capital plan has been adjusted to reflect this expenditure and discussions will be taking place in the next week to reassess timescales for projects originally scheduled for 2013/14 to ensure that budget is available.</p> <p><i>The cost of equipping the new theatre and the additional equipment for the angiography suite including contingency is estimated to be £2.2M as part of the £6.8M. An application will be</i></p>	

<p><i>made to the Charity to fund the theatre equipping costs and also potentially the further equipment costs for the angiography suite. These costs are within the indicative funding plan which has been shared with the charity, and they have informally indicated that they would look favourably on this request.</i></p>
<p>Action required from the Board To approve the proposed projects totalling £6.8M</p>
<p>Contribution to the delivery of NHS / Trust strategies and plans This will provide additional theatre capacity in support of the Trusts strategic growth plans.</p>
<p>Financial implications N/A</p>
<p>Legal issues The project will be added to 2B Enabling so that contractually it will form an addition to the contract for 2B enabling which operates under P21+.</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? Clinicians in the units affected have been consulted Donors who contributed to funding specific elements of the original hybrid angiography suite have also been consulted on the proposals.</p>
<p>Who needs to be told about any decision Finance and Investment Committee; Trust Board; GOSH Charity</p>
<p>Author and date Claire Newton 21.11.12</p>

A Background

The newly built angiography / hybrid room within the MSCB was originally conceived as a procedure room where “angio” procedures (performed by either the cardiology or interventional radiology teams) could be done, where there was a likelihood that the procedure would become an ‘open’ procedure (i.e. surgeons would also be involved).

Since this original planning, which was done many years ago, the three specialties (neurosurgery, craniofacial surgery and cardiothoracic surgery) which were moving to the MSCB Theatres have all expanded.

It was assumed that this expansion could be accommodated by using the angio / hybrid room on different days as either an angiography suite, or an operating theatre, depending on demand.

However, during the MSCB commissioning process, it became apparent that this plan was not viable. Initially, following discussions with the Trust’s Infection Control lead, it was concluded that the ceiling on the new Hybrid Angiography suite was not suitable if the room was to be used for a theatre. In addition it was noted that, even if the roof had been constructed appropriately, the angiography Bi-Plane equipment installation would prevent easy interchange in use between an angiography suite and a theatre.

In addition capacity projections have been compiled to check the Trust’s ability to accommodate existing surgical activity following the conclusion of the Cardiac Safe and Sustainable review. These projections indicate that a further theatre would be necessary.

After considerable discussion with the units involved a potential solution for both of these issues was identified and that this would additionally result in the hybrid angiography suite being relocated close to other new angiography suites being created as part of the 2B enabling projects to replace those which will be closed.

As a result of the overlap with the 2B enabling project, it will only be practical to achieve these changes if they are scheduled alongside the existing project. Timescales are also important in terms of expected capacity increases as the timescales for change resulting from the Safe and Sustainable review requires capacity to be in place by April 2014.

It is recognised that the conclusions of the Safe and Sustainable review have been challenged and therefore there is a possibility that the proposed transfers of service within London may be stalled. In this event we believe that we would seek to grow other surgical activity and, subject to the Members approval’, it would also provide an opportunity to significantly expand IPP in this area.

This business case does not seek to fully assess in detail the potential implications of the Safe and Sustainable review but it does base the first additional growth scenario on such a transfer. The second additional growth scenario is based on a viable alternative activity growth option, primarily cardiac and neurosurgery and some other higher growth surgical specialties (NHS and private) in the event that the challenge to the review is successful and the transfer does not go ahead.

B Estimated Capital Costs

Cost Analysis	Building Cost Breakdown	
Building Costs:		
- Works Costs	3,273,839	
- Contractors Fees	158,008	
- Contractors Contingency (included in GMP)	186,000	
GMP	3,617,847	
Trust internal project costs and fees	213,104	
Trust Building Contingency	66,798	1.7%
On Cost	20,000	
VAT on Building Costs (Prior to HMRC Agreed Reduction)	709,327	
Total Building Costs	4,627,076	
Equipment MSCB Cardiac Theatre	1,595,217	
Equipment VCB Hybrid Angiography	297,822	
Commissioning Costs	30,000	
Equipment Contingency	266,951	13.9%
Total Equipment Costs	2,189,990	
Total Cost	6,817,066	

C Funding

The funding required from the Trust's capital budgets has been included in the revised capital budgets for 2012/13 (£1.5m) and the balance in 2013/14. The original Estates budgets for 2012/13 included the costs of the Rainforest ward refurbishment which the GOSH Charity have now agreed to fund. As yet, it is not clear which projects within the original capital plan for 2013/14 will need to be deferred to accommodate the costs of this project, or alternatively whether there can be an increase in the capital budget and this will be reviewed at the CASP meeting on 20.11.12.

D Surgical activity growth scenarios

In both scenarios we have modelled full utilisation and then assumed only 50% utilisation is achieved in the first year from April 2014 to identify the cumulative contribution from this activity. In practice it may take two years to reach full utilisation.

- Scenario 1 – Increased surgical activity from transfer of cardiology and cardiac surgery to GOSH. Initial analysis based on the Safe and Sustainable conclusions indicates that approximately 67% of the activity in SW London transfers to GOSH based on the location of the patients unless commissioners seek to divert referrals to boost other Centres' caseloads.
- Scenario 2 – Increased surgical activity from all surgical specialties where past historical trends and developments in range suggest further growth in referrals is likely. It has been assumed that would be partly through growth in NHS services but that 40% of the additional theatre capacity would be utilised for growth in IPP.

It is recognised that in both options further bed capacity will be required for the surgical patients. Current additional physical bed capacity is available on Bear and Flamingo Wards (for cardiac patients) and the old CICU is also currently unused. The use of the old CICU and any reconfiguration of critical care capacity, is currently being discussed in

the Critical Care Implementation Board but it has been agreed that this space is available for additional ITU / HDU patients.

There will be additional clinical support, and corporate overhead cost increases as a result of either of these two scenarios and a general support cost contingency has been included in the financial analysis of both scenarios.

A summary of the two activity growth scenarios is as follows:

£'M	Scenario 1 (cardiac)			Scenario 2 (all surgical including IPP)		
Total Income	5.6	11.1	11.0	5.2	10.1	10.0
Direct costs:						
Pay	(2.4)	(4.7)	(4.7)	(2.1)	(4.1)	(4.1)
Non pay	(0.5)	(1.2)	(1.2)	(0.3)	(0.8)	(0.9)
Diagnostic support	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)
Further support / overhead costs:	(1.0)	(1.8)	(1.8)	(1.0)	(1.8)	(1.8)
EBITDA	1.5	3.2	3.1	1.6	3.3	3.1
Depn/PDC	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)
Net surplus	1.1	2.8	2.7	0.8	2.9	2.7
Cash surplus	1.1	3.2	3.1	0.8	2.9	2.7
Cumulative cash contribution	1.1	4.3	7.4	0.8	3.7	6.4
Cash payback period			2yrs 1 mth			2 years 3 mths

Both scenarios suggest a cash payback can be achieved in 2-3 years although this may be extended if other capital is required to fully implement all implications of the safe and sustainable recommendations.

In the event that neither growth strategy comes to fruition then the contingency to save costs would be to close an existing theatre, thus saving the fixed labour costs. This would however allow time for maintenance and ventilation checking & compliance work which the Trust currently cannot do without significant theatre downtime.

E Clinical engagement in the plan

Discussions have been held at executive level with key clinicians from the cardiology, interventional radiology, neurosurgical, anaesthetic, urology and theatre teams who all think this is a good plan.

F Project risks

The risks associated with the redevelopment elements of this project will be managed by the 2B Enabling Project Board and associated project teams. As explained in the paper there is currently associated with the activity growth scenarios which is why an alternative activity growth scenario has been evaluated and a contingency defined.

The consequences of not doing this project also need to be considered:

- The Trust would need to reduce current levels of cardiac activity in order to move craniofacial surgery (to deliver on donor commitments);
- The Trust would be limited in its ability to achieve a seamless transition on the potential S&S transfer;
- There are no other practical options of expanding either cardiac or neurosurgery; (unless there were significant increases in utilisation of capacity at weekends but there are currently limitations on this).

G Other considerations

Discussions have been held with two major donors who contributed funding for the MSCB for specific purposes to obtain their support for these changes and ensure that the intended use of their donations is respected. This proposed development is essential to ensure that we can deliver their wishes.

Trust Board 28th November 2012	
Care Quality Commission Registration - Statement of Purpose	Paper No: Attachment W
Submitted on behalf of Company Secretary	
<p>Aims / Summary</p> <p>The Trust is required to have a Statement of Purpose as part of the registration process with the Care Quality Commission. This identifies the aims of the Trust in carrying out its regulated activities, the services that are provided and the locations from which they are delivered. A brief description is required to assist the Care Quality Commission in understanding the type of services specific to the Trust and to put the regulated activities into context.</p> <p>The Statement was originally submitted in 2010. It has been reviewed and updated to accurately reflect the types of patients treated at GOSH and the changes in services since 2010. The format has also been updated.</p> <p>There are two main changes to the content of the statement:</p> <ul style="list-style-type: none"> • Removal of reference to registered services provided at Haringey. • Update to the statement highlighting the ages of patients attending GOSH (see grey highlighted text for additions to the statement below): <p><i>The core services provided by the Trust are for children aged between 0 and 18 years of age. However there are occasions when patients outside of this age range are seen. Patients over 18 years of age account for 8.8%¹ of our total attendances. These include:</i></p> <ol style="list-style-type: none"> 1) <i>Older teenagers who we are still in the process of transitioning to adult services (for example haemophilia services, craniofacial services). Some patients also remain at GOSH over the age of 18 where it is clinically assessed to be detrimental to transfer them to an adult facility.</i> 2) <i>Adults where the Trust provides a familial service (for example genetics, audiology services) or pre-natal advice (for example foetal cardiac/ neurology screening).</i> 3) <i>The Trust conducts a small volume of clinical research involving adult patients, however, where research forms part of an adult patient's treatment the Trust endeavours to transfer/refer the patient to a more appropriate adult centre.</i> <p>The statement will be sent to the CQC following approval of the changes by the Board.</p>	

¹ Based on information for 2011/2012

<p>Action required from the meeting To approve the revision to the Statement of Purpose.</p>
<p>Contribution to the delivery of NHS / Trust strategies and plans Registration underpins the existing quality and safety objectives of the Trust.</p>
<p>Financial implications None</p>
<p>Legal issues None</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 The CQC.</p>
<p>Who is responsible for implementing the proposals / project and anticipated timescales Company Secretary</p>
<p>Who is accountable for the implementation of the proposal / project N/A</p>
<p>Author and date Dr Anna Ferrant Company Secretary 9th November 2012</p>

Trust Board	
28 th November 2012	
Key Performance Indicator (KPI) report	Paper No: Attachment 1
Submitted on behalf of: Ms Fiona Dalton, Chief Operating Officer	
<p>Aims / summary</p> <p>The KPI report monitors progress against the Trust's seven strategic objectives and Monitor's Governance Risk Framework. The report provides 'RAG' rated performance analysis against defined thresholds and tolerances as well as monthly and quarterly performance trends. Remedial actions to address performance and operational issues are undertaken by Management Board.</p> <p>Key performance messages:</p> <ol style="list-style-type: none"> 1. MRSA & C.difficile The Trust reported 1 case of C. difficile in month. Year to date the trust has reported 7 cases against a locally agreed year-end trajectory of 8. The Trust remains within Monitor's annual de minimis level of 12 or fewer cases for the year. 2. Diagnostic waits The Trust achieved the standard of less than 1% of diagnostic waits over 6 weeks for the second month in succession with a reported rate of 0.17%. All other key referral to treatment standards remain above target. 3. Secondary User Service (SUS) data quality measures The outpatient outcome of attendance rate remains at approximately 80%. It is expected that this figure will further improve following backlog updates to PiMS. 4. Patient refusals 42 refusals were reported of which 30 were attributed to the Children's Acute Transport Service (CATS). 5. Theatre utilisation Performance remains static at 64%. Theatre sessions have been increased in line with 2A expansion plans and more patients are being seen, however sessions are not being utilised as well as previously. The procedure pathway programme is being refreshed and re-launched to tackle the negative trend in utilisation. 6. Personal development reviews Performance remains at approximately 78% following a significant increase in August. 7. Research and Innovation (R&I) The R&I Board are currently reviewing all R&I performance measures in line with the National Institute for Health Research (NIHR) guidance. Revised indicators will be presented to December Trust Board. 8. New performance measures A number of performance measures to monitor antimicrobial (antibiotic) stewardship were agreed at Management Board, including: <ol style="list-style-type: none"> 1. Proportion of prescriptions documented on the electronic prescribing system. 2. Proportion of prescriptions documented in the medical notes. 3. Proportion of prescriptions reviewed in 48hours. 	

Action required from the meeting Trust Board to note progress.
Contribution to the delivery of NHS / Trust strategies and plans To assist in monitoring performance against internal and external defined objectives and NHS targets.
Financial implications Failure to achieve contractual performance measures may result in financial penalties.
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 receive a sub-section of the performance report on a monthly 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 November 2012

KPI Exception report

1. C.difficile and MRSA

In month the Trust reported no cases of MRSA. The Trust has reported 2 cases year to date against a trajectory of 0 for the year. The Trust remains within Monitor's annual de minimis level of 6.

In month the Trust reported 1 case of C.difficile. 7 cases have been reported year to date against a year to date trajectory of 5 and a year-end trajectory of 8. The Trust remains within the Monitor annual de minimis level of 12.

2. Theatre utilisation

Theatre utilisation is reported at 64.5%. The Trust has increased the number of theatre sessions in line with 2A expansion plans and whilst using more operating time than ever and operating on more patients than ever all sessions are as yet not being utilised as well as previously. The figure has been exacerbated by a particular problem in Neurosurgery with consultant sickness and vacancy, which has had a considerable impact on utilisation. The procedure pathway programme is due to be refreshed and re-launched to tackle the negative trend in utilisation and will focus on issues such as:

- Operating sessions cancelled at short-notice
- Specialties not booking to use all of their sessions
- Cover of surgeon sickness
- Lack of intensive care beds and timeliness of meetings to review availability
- New capacity not being utilised
- Potential over-allocation of sessions on schedule

3. Patient refusals

In month the trust reported 42 patient refusals. 36 refusals are attributed to Cardiac; 30 of these relating to CATS. Surgery reported 6 refusals. Year to date the Trust has reported 259 refusals against a 2011/12 year end rate of 291.

4. Personal Development Review (PDR) completeness rates

The Trust PDR rate remains static at 78% following a significant improvement in August. Surgery, Finance & ICT, Research & Innovation, International & Private Patients and Estates all report compliance rates of approximately 65%.

Unit and department managers have been reminded of the importance of completing appraisals in terms of delivering high-quality patient care with all staff having:

- A clear understanding of their role and the part they play in their team and within the organisation;
- An agreed set of priorities and objectives for their work
- The knowledge and skills needed to perform their role effectively and achieve their objectives.

5. SUS data quality indicators

The outpatient outcome of attendance rate remains at approximately 80%. It is expected that this figure will further improve following backlog updates to PiMS.

6. Antimicrobial stewardship

With the recent extraordinary surge in global antibiotic resistance the Trust may soon be frequently importing pathogenic Gram-negative bacteria that are resistant to all antibiotics. To safeguard patients and services, the Trust should do all it can to prevent transmission including surveillance, infection control, development of de-colonisation methods, and the restriction of antibiotic use. The Department of Health recently issued advice that hospitals strengthen their antimicrobial stewardship. Costs of the extensive measures proposed would be offset by the savings on antimicrobials.

NHS London has sent letters to the Trust encouraging the development of antimicrobial stewardship. One of their requests was that the Trust agrees key performance indicators with the Clinical Units.

Before KPIs can be used a method of measuring (probably making use of the Transformation Dashboard) and feeding back the results to the prescribers will be developed. Audits would be entered onto the system by ward pharmacists. Management Board agreed the following three KPIs for development:

1. In what proportion of prescriptions on a given day is a rationale documented on the Electronic Prescribing System?
2. In what proportion of prescriptions on a given day is a rationale documented in the medical notes?
3. On a given day, in what proportion of prescriptions that were written 48 hours or more ago has a review of the prescription been carried out 48 hours after the start?

Escalation report to the November 2012 Trust Board

This report is a summary of changes in performance of the measures at Clinical Unit level that have been reported to Management Board.

Where data can be analysed using methodology based upon statistical significance, we are able to determine whether each clinical unit has made a positive improvement or where a process has worsened. Similarly, for these measures we are able to make a judgement on whether an improvement is near to being realised.

Performance Measure	Change	Clinical Unit	Narrative
% clinic outcome forms complete (Chart 1)		Critical Care and Cardiorespiratory	A statistically significant reduction in performance has been identified.
Prescribing errors non-clinical per bed day (Chart 2)		Critical Care and Cardiorespiratory	A statistically significant improvement has been identified.
% total WHO checklist completion (Chart 3)		ICI-LM	A statistically significant improvement has been identified.
% clinic outcome forms complete (Chart 4)		Surgery	A statistically significant reduction in performance has been identified.
% operations identified w/incisional infection within 30 days of surgery (Chart 5)		Surgery (Craniofacial)	Close to a statistically significant improvement in performance.

See appendix 1 below for the charts

	A statistically significant improvement has been identified
	Close to a statistically significant improvement
	Close to a statistically significant reduction in performance
	A statistically significant reduction in performance has been identified

Appendix 1

Chart 1
 Cardio Respiratory

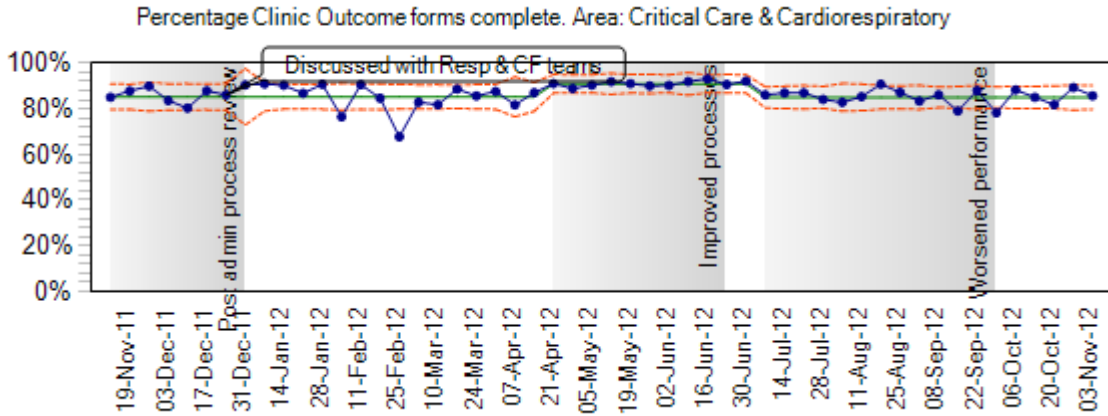


Chart 2
 Critical Care and Cardio Respiratory

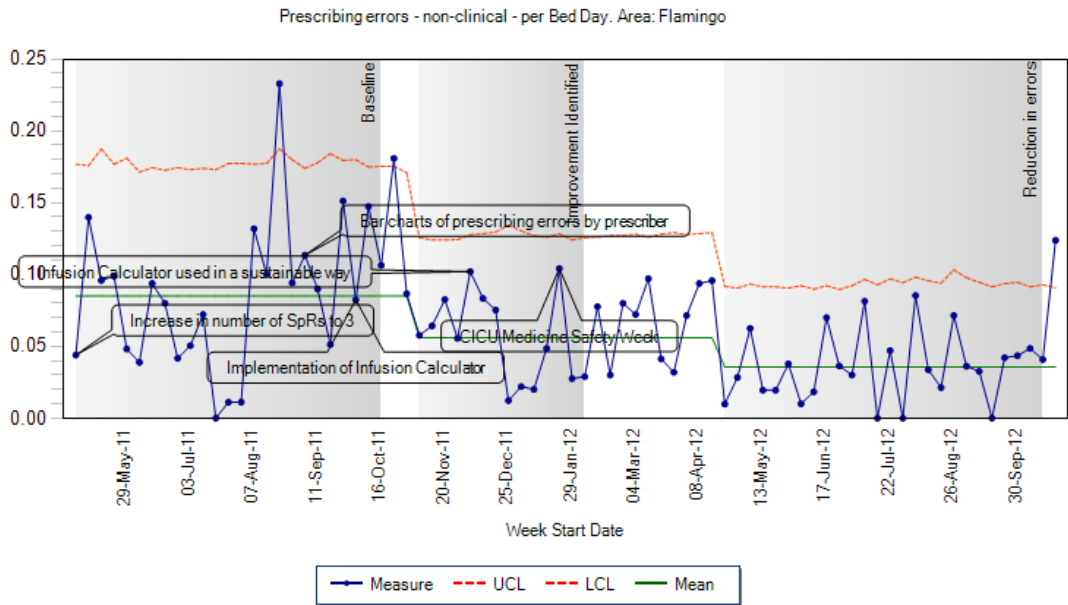


Chart 3
 ICI-LM

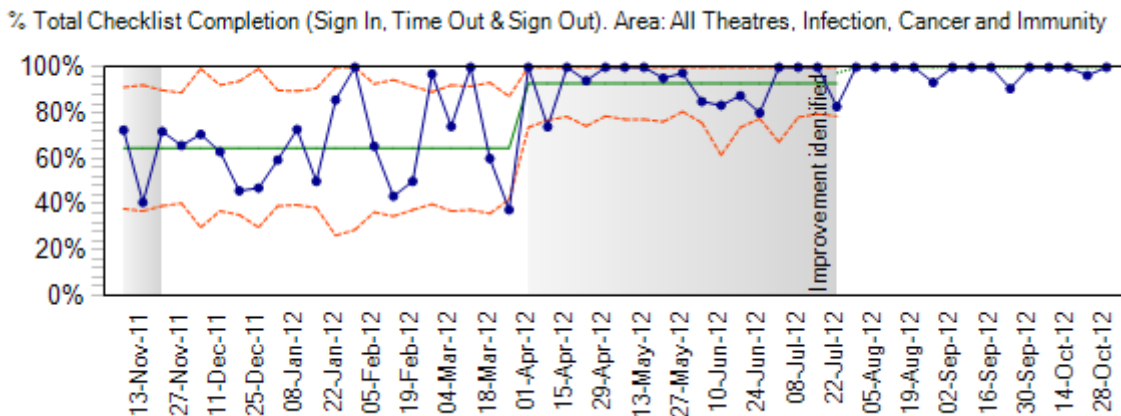


Chart 4
Surgery

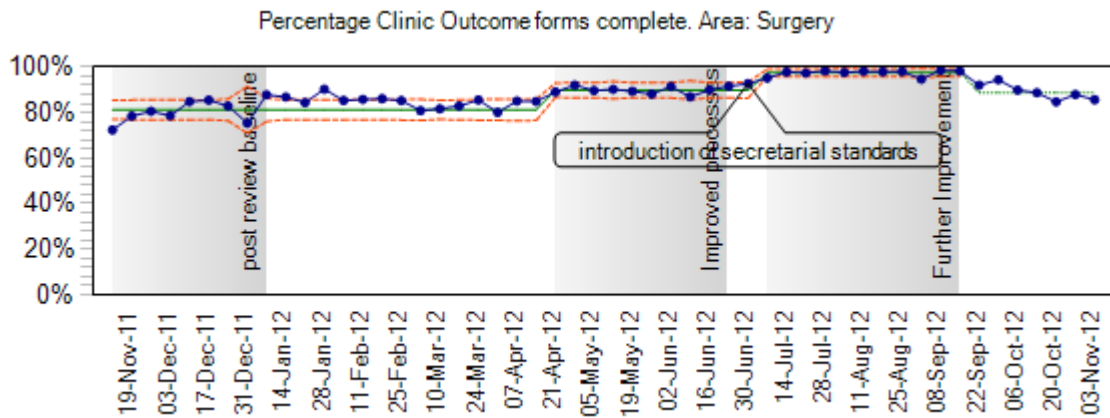
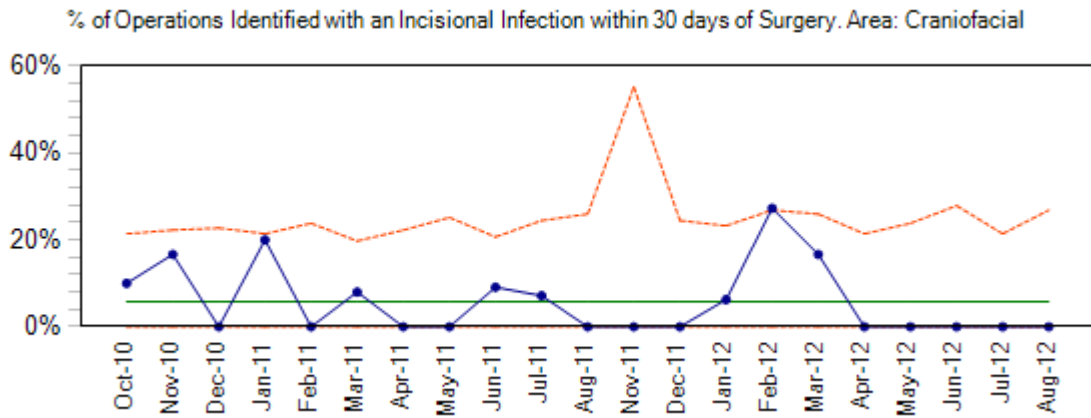


Chart 5
Surgery (Craniofacial)



Recommendation: Trust Board to note progress.

Trust Board

Key Performance Indicator Report

Oct-12

Objective	Graph	Page no.	Reported	Year end target	Year to date target	YTD Performance	Monthly Trend							Quarterly Trend			
							Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	2011/12 Q1	2011/12 Q2	2012/13 Q1	2012/13 Q2
Objective 1	Incidence of C.difficile	6	Monthly	8	5	7	1	0	1	1	2	1	1	4	2	2	4
	Incidence of MRSA*	6	Monthly	0	0	2	0	0	0	1	1	0	0	2	0	0	2
	Incidence of MSSA	6	Monthly	11	6	9	2	3	2	1	0	0	1	2	2	7	1
	Incidence of E-Coli	6	Monthly	19	11	10	2	0	3	3	0	1	1	2	5	5	4
	No. of NICE recommendations unreviewed	6	Monthly	0	0	2	0	0	0	1	2	2	2	7	0	0	5
	CV Line related blood-stream infections	7	Monthly	1.5	1.5	1.82	3.00	2.42	1.95	1.11	0.89	1.67	1.73	2.00	2.33	2.63	3.67
	Mortality Figures	7	Monthly	Within tolerance	Within tolerance	69	5	9	13	11	14	9	8	26	23	27	34
	Serious Patient Safety Incidents	7	Monthly	Within tolerance	Within tolerance	22	4	6	5	1	4	1	1	15	6	15	6
Surgical Check List completion rate (%)	7	Monthly	95.0	95.0	97.1	97.6	97.1	96.4	98.0	98.5	95.8	96.8	73.0	82.0	97.3	97.4	
Objective 2	18 week referral to treatment time performance - Admitted (%)	8	Monthly	90	90	91.0	90.5	90.1	90.4	90.5	91.4	91.7	92.8	92.7	94.7	90.3	90.8
	18 week referral to treatment time performance - Non-Admitted (%)	8	Monthly	95	95	96.0	97.4	96.4	96.1	95.6	95.1	95.4	96.1	97.1	95.9	96.6	95.6
	18 week referral to treatment time performance - Incomplete Pathways (%)	8	Quarterly	92	92	92.6	91.8	93.4	93.2	92.0	92.0	92.8	93.3	76.2	85.5	93.2	92.6
	95th Centile - Admitted	8	Monthly	<23 weeks	<23 weeks	25.8	26.2	24.5	22.7	36.1	21.1	24.2	Available in November	20.7	18.3	24.4	27.1
	95th Centile - Non-Admitted	8	Monthly	<18.3 weeks	<18.3 weeks	17.8	17.6	17.7	17.7	17.8	18.0	17.9	Available in November	17.6	17.7	17.7	17.9
	Median Waits - Admitted	8	Monthly	<11.1 weeks	<11.1 weeks	9.0	10.8	7.6	7.9	9.7	9.2	9.1	Available in November	10.0	10.1	8.8	9.3
	Median Waits - Non-Admitted	8	Monthly	<6.6 weeks	<6.6 weeks	7.3	7.7	7.5	6.8	6.8	7.2	7.7	Available in November	7.1	6.7	7.3	7.2
	95th Centile - Incomplete Pathways	9	Monthly	<28 weeks	<28 weeks	22.0	23.3	21.0	24.0	21.7	21.3	20.9	Available in November	37.0	30.5	22.8	21.3
	Median Waits - Incomplete Pathways	9	Monthly	<7.2 weeks	<7.2 weeks	6.0	6.0	6.2	6.2	5.7	5.7	6.2	Available in November	9.1	7.6	6.1	5.9
	Discharge summary completion (%)	9	Monthly	95	95	78.7	79.8	82.6	80.4	81.1	78.3	70.8	78.4	76.3	78.4	81.0	76.75
	DNA rate (new & f/up) (%)	9	Monthly	10	10	8.6	8.8	8.0	9.5	8.8	9.4	8.7	8.9	8.0	8.0	8.7	8.9
	Cancelled Operations on day of admission (%)	9	Monthly	0.80	0.80	0.36	0.75	0.45	0.23	0.41	0.27	0.11	0.59	0.75	0.74	0.48	0.32
	Percentage of Cancer patients waiting no more than 31 days for second of subsequent treatment (Surgery, Drug Treatments, Radiotherapy) & Maximum waiting time of one month from diagnosis to treatment for all cancers**	10	Monthly	98	98	100	100	100	100	100	100	100	100	100	100	100	100
	Proportion of patients waiting no more than 6 weeks for diagnostic testing in 15 key diagnostic tests (%)	11	Monthly	<=1	<=1	5.19	6.00	5.80	9.00	7.93	6.62	0.84	0.17	0.50	0.94	9.00	0.99
	Number of complaints	11	Monthly	132	71	70	8	13	11	7	12	9	10	41	32	32	28
	Number of complaints by grade High	11	Monthly	<14	6	4	1	0	2	0	1	0	0	2	4	3	1
	Theatre Utilisation (% Patient Operation Utilisation of Scheduled Duration, U4)	11	Monthly	70	70	66.3	68.4	68.6	66.3	66.4	65.9	64.3	64.5	72.1	69.4	67.8	65.5
	Clinic Letter Turnaround (% of letters on CDD)	12	Monthly	To be agreed	To be agreed	37.8	43.1	44.1	42.5	40.5	37.6	28.5	28.4	-	-	37.8	35.6
	Clinic Letter Turnaround (% of letters on CDD sent within 5 working days)	12	Monthly	To be agreed	To be agreed	23.3	14.5	17.0	19.8	22.8	20.0	34.9	34.1	-	-	20.5	25.9
	SUS Composite Data Quality Score (outpatients)	-	Monthly	94.9	94.9	88.8	88.6	88.5	88.3	88.4	88.9	89.0	88.9	-	-	88.4	88.6
SUS Data Quality Score (outpatient attendance recorded)	-	Monthly	99.7	99.7	94.5	92.5	94.5	93.5	95.8	96.2	95.1	94.0	-	-	93.1	94.9	
SUS Data Quality Score (for outpatient outcome of attendance recorded)	-	Monthly	98.9	98.9	78.0	75.0	75.9	76.7	76.3	81.0	81.4	79.6	-	-	75.5	79.9	
Objective 3	Patient refusals	13	Monthly	291	291	259	19	34	39	58	24	43	42	69	54	92	116
	Clinical Income variance (£, Exc. IPP)	13	Monthly	-	-	-2,481,240	-	-508,477	-730,662	-1,873,712	-2,178,427	-2,372,557	-2,481,240	278,133	-1,184,496	-730,662	-2,372,557
Objective 4	Clinical trials (CTIMPs)	14	Monthly	72	-	75	75	76	77	79	80	75	75	-	-	77	75
	GOSH research projects	14	Monthly	164	-	147	166	160	156	154	152	146	147	-	-	156	146
	Commercially-funded projects (% achieving a 70 day turnaround)	14	Monthly	95	-	100	100	100	100	67	100	100	100	-	-	100	100
	Number of UKCRN Portfolio projects	14	Monthly	134	-	139	124	118	136	137	136	128	139	-	-	136	128
	GOSH research income	14	Monthly	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Patient safety SAE's (Serious Adverse Event)	15	Monthly	7	-	2	3	4	1	0	1	2	2	-	-	1	2
Objective 5	Biomedical Research Centre (BRC; Commercial Engagement) (£)	15	Monthly	1,957,857	-	117,928	31,683	0	-	-	172,535	-	117,928	-	-	-	-
	MADEL SLA Value (£)	16	Quarterly	-	-	5,263,525	-	-	5,722,548	-	-	5,263,525	-	5,697,359	5,627,351	5,722,548	5263525
	SIFT SLA Value (£)	16	Quarterly	-	-	57,040	-	-	57,040	-	-	57,040	-	60,142	60,142	57,040	57039.74
NMET SLA Value (£)	16	Quarterly	-	-	883,284	-	-	725,192	-	-	883,284	-	1,058,375	1,007,342	725,192	883284	

Objective	Graph	Page no.	Reported	Year end target	Year to date target	YTD Performance	Monthly Trend						Quarterly Trend				
							Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	2011/12 Q1	2011/12 Q2	2012/13 Q1	2012/13 Q2
Objective 6	CRES Forecast Savings 2011/12 (£)	17	Monthly	-	16,718,008	15,835,116	14,974,722	14,544,022	15,562,713	15,763,747	16,299,093	16,224,252	15,835,116	16,525,262	15,835,800	15,562,713	16,224,252
	Bank and agency total expenditure (£)	17	Monthly	16,663,926	8,352,926	8,524,155	1,213,240	1,231,974	1,230,979	1,119,955	1,317,432	1,153,220	1,257,356	3,716,926	4,636,000	3,676,193	3,590,606
	Monitor Risk Rating	17	Monthly	Not less than 3	Not less than 3	4	4	4	4	4	4	4	4	4	4	4	4
	Charity fundraising income (£)	17	Monthly	-	26,348,776	39,979,439	3,579,057	3,804,085	5,087,980	8,344,075	6,963,399	3,040,025	9,160,818	10,436,686	18,216,316	12,471,122	18,347,499
Objective 7	Sickness Rate (%)***	18	Quarterly	<3.3	<3.3	2.85	2.35	2.95	2.99	3.00	2.94	2.87	2.85	3.27	3.27	2.99	2.87
	Vacancy Rate (%)	18	Quarterly	-	-	Data Not Available			5.46			Data Not Available		6.43	5.53	5.54	TBC
	Trust Turnover (%)***	18	Quarterly	-	-	15.80	22.76	16.06	15.61	15.8	15.8	16.03	15.51	20.9	21.1	15.6	16.03
	Staff PDR completeness - Clinical & Non clinical (%)	19	Monthly	95	95	78.1	66.0	66.5	64.5	65.8	78.6	78.4	78.1	-	-	65.7	74.3
	Information Governance Training (%)	19	Monthly	95	95	94.1	96.3	96.2	96.6	96.7	96.2	95.7	94.1	82.96	89.76	96.3	96.2

*Where an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimus limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purpose of Monitor's Compliance Framework.

**Excluding Radiotherapy (figures n/a)

*** Rolling 12 month position

For Key, see Glossary

Specialty Indicator Review

Objective	Indicator	Year end Target	Trust Total Performance in month (Including IPP & Trustwide Figures)	In Month Performance					
				Cardiac	ICI	Neurosciences	Medicine	Diagnostic and Therapeutic Services (DTS)	Surgery
Objective 1	Incidence of C.difficile	8	1	0	1	0	0	0	0
	Incidence of MRSA**	0	0	0	0	0	0	0	
	Incidence of MSSA	11	1	0	0	0	0	0	
	Incidence of E-Coli	19	1	0	1	0	0	0	
	No. of NICE recommendations unreviewed	0	2	0	0	1	0	0	1
	CV Line related blood-stream infections	1.5	1.73						
	Mortality Figures	Within tolerance	8						
	Serious Patient Safety Incidents (Currently Open)	Within tolerance	8						
Surgical Check List completion rate (%)	95.0	96.8	95.9	99.6	95.7	98.5	97.7	95.8	

Objective 2	18 week referral to treatment time performance - Admitted (%)	90	92.7	100.0	100.0	100.0	100.0		86.4
	18 week referral to treatment time performance - Non-Admitted (%)	95	96.1	99.2	97.3	92.6	94.9	100.0	95.1
	18 week referral to treatment time performance - Incomplete Pathways (%)	92	93.3	99.4	97.9	97.8	90.8	72.7	88.9
	95th Centile - Admitted	<23 weeks	24.2	17.1	1.9	17.6	5.9		41.5
	95th Centile - Non-Admitted	<18.3 weeks	17.9					18.0	
	Median Waits - Admitted	<11.1 weeks	9.1	7.5	1.5	10.5	5.5		9.8
	Median Waits - Non-Admitted	<6.6 weeks	7.7	9.0	9.6	9.7	14.4		8.8
	95th Centile - Incomplete Pathways	<28 weeks	20.9	14.1	13.3	14.7	23.2	28.5	25.3
	Median Waits - Incomplete Pathways	<7.2 weeks	6.2	5.6	4.9	6.0	7.1	13.0	6.3
	Discharge summary completion (%)	95	78.4	87.3	70.2	87.7	62.9	100.0	84.4
	DNA rate (new & f/up) (%)	10	8.9	4.9	10.3	9.0	8.5	9.1	11.0
	Cancelled Operations on day of admission (%)	0.80	0.59						
	Percentage of Cancer patients waiting no more than 31 days for second of subsequent treatment (Surgery, Drug Treatments, Radiotherapy) & Maximum waiting time of one month from diagnosis to treatment for all cancers***	98	100						
	Proportion of patients waiting no more than 6 weeks for diagnostic testing in 15 key diagnostic tests (%)	<=1	0.17						
	Number of complaints	132	10	2	1	0	4		2
	Number of complaints by grade High	<14	0	0	0	0	0	0	0
	Theatre Utilisation (% Patient Operation Utilisation of Scheduled Duration, U4)	70	64.5	62.1	53.8	65.0	50.3	58.2	65.9
	Clinic Letter Turnaround (% of letters on CDD)	New indicator to be confirmed	28.4	45.6	31.7	19.6	26.2	8.6	23.9
	Clinic Letter Turnaround (% of letters on CDD sent within 5 working days)	New indicator to be confirmed	34.1	44.2	33.3	14.1	35.9	42.3	34.2
	SUS Composite Data Quality Score (outpatients)	94.9	88.9	89.8	87.1	89.4	89.1	79.9	90.8
SUS Data Quality Score (for outpatient attendance)	99.7	94.0	97.5	96.7	92.4	90.9	77.5	96.5	
SUS Data Quality Score (for outpatient outcome)	98.9	79.6	82.9	51.1	93.7	78.1	40.5	93.9	

Objective 3	Patient refusals	<218	42	36**	0	0	0	6
	Clinical Income variance (£)	-	-2,481,240	-1,338,649	-1,479,837	132,753	480,064	-275,570

Objective 4	Indicator	Year end Target	GOSH & ICH TOTAL	In Month Performance					
				Cardiac	ICI	Neurosciences	Medicine	Diagnostic and Therapeutic Services (DTS)	Surgery
Objective 4	Clinical trials (CTIMPs)	72	75	2	40	8	9	0	2
	GOSH research projects	164	147	9	14	5	6	2	7
	Commercially-funded projects (% achieving a 70 day turnaround)	95	100	0	100	0	100	0	0
	UKCRN Portfolio projects	134	139	9	54	16	31	3	15
	GOSH research income	-	-						
	Patient safety SAE's (Serious Adverse Event)	7	2	0	0	1	0	0	0
	Biomedical Research Centre (BRC; Commercial Engagement) (£)	1,957,857	117,928	0	0	0	0	0	0

Objective 5	MADSLA Value (£)	-	5,263,525					
	SIFT SLA Value (£)	-	57,040					
	NMET SLA Value (£)	-	883,284					

Objective 6	CRES Forecast Savings 2011/12 (£)	16,718,008	15,835,116	2,673,673	2,152,305	1,577,539	1,993,493	1,476,704
	Bank and agency total expenditure (£)	To Reduce	1,257,356	262,759	34,648	40,950	260,377	214,571

Objective 7	Sickness Rate (%)	<3.3	2.85						
	Vacancy Rate (%)	-	-						
	Trust Turnover (%)	-	15.51						
	Staff PDR completeness - Clinical & Non-Clinical (%)	95	78.1	86.4	79.2	79.3	76.9	84.7	64.7
	Information Governance Training (%)	95	94.1	93.3	92.2	94.3	90.1	98.2	92.7

*Omission relating to IPP & Trustwide

**Of which 30 were PICU/NICU

Key Performance Indicator Report

Glossary

	Graph	Tolerance		
		On Target	Of Concern	Action Required
		Green	Amber	Red
Objective 1	Incidence of C.difficile	Less than YTD Target	Within 10% of YTD Target	Worse than 90% of YTD Target
	Incidence of MRSA	0 Cases	Trajectory less than 6 Cases**	Trajectory greater than 6 Cases
	Incidence of MSSA	No trust target		
	Incidence of E-Coli	No trust target		
	No. of NICE recommendations unreviewed	Less or equal to 1	2or 3	Greater than 3
	Mortality Figures	Indicator		
	Serious Patient Safety Incidents	Indicator		
	CV Line related blood-stream infections	Less than 1.5	Between 1.5 and 2.5	Greater than 2.5
	Surgical Check List completion rate (%)	Greater than 95%	Between 85% and 95%	Less than 85%
Objective 2	18 week referral to treatment time performance - Admitted	Greater than 91%	-	Less than 90%
	18 week referral to treatment time performance - Non-Admitted	Greater than 96%	-	Less than 95%
	18 week referral to treatment time performance - Incomplete Pathways	Greater than 92%	-	Less than 92%
	Inpatients waiting list profile (26+)	0 Breaches	Between 0 and 10	Greater than 10
	95th Centile - Admitted	Less than 23 weeks	-	Greater than 23 weeks
	95th Centile - Non-Admitted	Less than 18.3 weeks	-	Greater than 18.3 weeks
	95th Centile - Incomplete Pathways	Less than 28 weeks	-	Greater than 28 weeks
	Median Waits - Admitted	Less than 11.1 weeks	-	Greater than 11.1 weeks
	Median Waits - Non-Admitted	Less than 6.6 weeks	-	Greater than 6.6 weeks
	Median Waits - Incomplete Pathways	Less than 7.2 weeks	-	Greater than 7.2 weeks
	Discharge summary completion (%)	Greater than or equal to 95%	Between 75% and 95%	Less than 75%
	DNA rate (new & f/up) (%)	Less than 10	-	Greater than 10
	Percentage of Cancelled Operations	Equal to or less than 0.8%	-	Greater than 0.8%
	Percentage of Cancer patients waiting no more than 31 days for second of subsequent treatment (Surgery, Drug Treatments, Radiotherapy) & Maximum waiting time of one month from diagnosis to treatment for all cancers.	Equal to 100%	Greater than or equal to 95%	Less than 94%
	Proportion of patients waiting no more than 6 weeks for diagnostic testing in 15 key diagnostic tests (%)	Less than or equal to 1		
	Number of complaints	Less than previous year		
	Number of complaints by grade High	Less than previous year		
	Theatre Utilisation (Patient Operation Utilisation of Scheduled Duration U4)	Greater than 70%	Equal to or between 65% and 70%	Less than 65%
	Clinic Letter Turnaround (% of letters on CDD)	No RAG status - Plan not confirmed		
	Clinic Letter Turnaround (% of letters on CDD sent within 5 working days)	No RAG status - Plan not confirmed		
SUS Composite Data Quality Score (outpatients)	94.9 or above	Between 85 & 94.8	Less than 85	
SUS Data Quality Score (for outpatient attendance)	99.7 or above	Between 85 & 99.6	Less than 85	
SUS Data Quality Score (for outpatient outcome)	98.9 or above	Between 95 & 98.8	Less than 95	
Objective 3	Patient refusals	Indicator		
	Clinical Income variance	Indicator		

Objective 4	Clinical trials (CTIMPs)	No RAG status - Plan not confirmed		
	GOSH research projects	No RAG status - Plan not confirmed		
	Commercially-funded projects (%)	No RAG status - Plan not confirmed		
	UKCRN Portfolio projects	No RAG status - Plan not confirmed		
	GOSH research income	No RAG status - Plan not confirmed		
	Patient safety SUIs	No RAG status - Plan not confirmed		
	BRC	No RAG status - Plan not confirmed		
Objective 5	MADEL SLA Value (£)	No RAG status - Plan not confirmed		
	SIFT SLA Value (£)	No RAG status - Plan not confirmed		
	NMET SLA Value (£)	No RAG status - Plan not confirmed		
Objective 6	Bank and agency total expenditure	Indicator		
	Monitor Risk Rating	Equal to 3	-	Less than 3
	Charity fundraising income	Within - 5% Variance from Plan	More than - 5% Variance from Plan	More than - 15% Variance from Plan
Objective 7	Staff PDR completeness - clinical & non-clinical (%)	Greater than or equal to 97%	Less than 97%	Less than to 95%
	Information Governance Training	Greater than or equal to 95%	Between 90% & 95%	Less than to 90%
	Sickness Rate (%)	Indicator		
	Vacancy rate (%)	Indicator		
	Trust Turnover (%)	Indicator		

Key	
Target / Indicator	Internal
CQUIN	Contractual
National	DH Standard / Monitor

Definition Sheet

	Indicator	Definition
Objective 1	Incidence of C.difficile	The number of Clostridium difficile infections onset after 3 days of admission at GOSH
	Incidence of MRSA	The number of Methicillin Resistant Staphylococcus Aureus bacteraemia episodes onset after 2 days of admission at GOSH
	Incidence of MSSA	The number of Methicillin Sensitive Staphylococcus Aureus bacteraemia episodes onset after 2 days of admission at GOSH
	Incidence of E-Coli	The number of Escherichia Coli bacteraemia episodes onset after 2 days of admission at GOSH
	No. of NICE recommendations unreviewed	Number of National Institute for Health & Clinical Excellence (NICE) recommendations unreviewed
	Mortality Figures	The number of Mortalities recorded across the Trust
	Serious Patient Safety Incidents	The number of Serious Patient Safety Incidents recorded across the Trust
	CV Line related blood-stream infections	The number of Central Venous Line Infections for every 1000 Bed Days acquired at the Trust
	Surgical Check List completion rate (%)	The Percentage of Surgical Safety Checklists Completed in full across the Trust, including Sign In, Time Out & Sign Out rates
Objective 2	18 week referral to treatment time performance - Admitted	The percentage of Admitted Patients meeting the 18 week referral to treatment time national standard
	18 week referral to treatment time performance - Non-Admitted	The percentage of Non-Admitted Patients meeting the 18 week referral to treatment time national standard
	18 week referral to treatment time performance - Incomplete Pathways	The percentage of Patients on an Incomplete Pathway meeting the 18 week referral to treatment time national standard
	95th Centile - Admitted	The 95th percentile is a statistical measure of the waiting time distribution. It can be interpreted by saying that 95% of patients, whose clock stopped during the month, were treated within this time with one in twenty patients waiting longer than this time for treatment.
	95th Centile - Non-Admitted	The Trust provides the 95th Percentile figure reflecting Admitted, Non-Admitted and Incomplete Pathways.
	95th Centile - Incomplete Pathways	It should be noted that medians and percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.
	Median Waits - Admitted	The median is the mid-point of the waiting times distribution (i.e. the 50th percentile) and can be interpreted by saying that 50% of all patients, whose RTT clock stopped during the month, were treated within this time.
	Median Waits - Non-Admitted	The Trust provides the Median figure reflecting Admitted, Non-Admitted and Incomplete Pathways.
	Median Waits - Incomplete Pathways	It should be noted that medians and percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.
	Discharge summary completion (%)	The percentage rate of Discharge Summary Completion within 24 hours of Discharge from across the Trust
	DNA rate (new & f/up) (%)	The percentage of patients that Did Not Attend (DNA) a New or Follow-Up Outpatient Appointment
	Percentage of Cancelled Operations	The Percentage of Cancelled Operations for non-clinical reasons on the day of admission across the Trust
	Percentage of Cancer patients waiting no more than 31 days for second of subsequent treatment (Surgery, Drug Treatments, Radiotherapy) & Maximum waiting time of one month from diagnosis to treatment for all cancers.	The Percentage of Cancer patients waiting no more than 31 days for second of subsequent treatment in Surgery, Drug Treatments and Radiotherapy; including the maximum waiting time of one month from diagnosis to treatment for all cancers.
	Proportion of patients waiting no more than 6 weeks for diagnostic testing in 15 key diagnostic tests (%)	The percentage representing the proportion of patients waiting no more than 6 weeks for diagnostic testing in the 15 national key diagnostic tests
	Number of complaints	The Total Number of Complaints from across the Trust
	Number of complaints by grade High	The Number of Complaints receiving a High grading from across the Trust
	Theatre Utilisation (Patient Operation Utilisation of Scheduled Duration U4)	The percentage of Theatre Utilisation for All Scheduled Sessions specifically relating to the Scheduled Duration of Patient Operation Utilisation
	Clinic Letter Turnaround (% of letters on CDD)	The percentage of Clinic Letters sent out & recorded on the Clinical Document Database
	Clinic Letter Turnaround (% of letters on CDD sent within 5 working days)	The percentage of Clinic Letters sent within five working days & recorded on the Clinical Document Database
	SUS Composite Data Quality Score (outpatients)	Secondary User Service return (SUS) Composite Data Quality Score (outpatients)
	SUS Data Quality Score (for outpatient attendance)	Secondary User Service return (SUS) Data Quality Score (outpatient attendance recorded)
	SUS Data Quality Score (for outpatient outcome)	Secondary User Service return (SUS) Data Quality Score (for outpatient outcome of attendance recorded)

Objective 3	Patient refusals	The number of bed management emergency refusals across the Trust
	Clinical Income variance	The total Trust figure which highlights the variance in Clinical Unit income against planned income
Objective 4	Clinical trials (CTIMPs)	The number of Clinical Trials sponsored by GOSH
	GOSH research projects	The number of Research projects sponsored by GOSH
	Commercially-funded projects (%)	The percentage of commercially funded projects achieving a 70 day turnaround at GOSH
	UKCRN Portfolio projects	The number of Portfolio projects relating to the UK Clinical Research Network Study (UKCRN)
	GOSH research income	The total research income figure for GOSH
	Patient safety SUIs	The number of Patient Safety Serious Untoward Incidents at GOSH
	BRC	Biomedical Research Council total for Commercial Engagement
Objective 5	MADEL SLA Value (£)	Postgraduate Medical and Dental Education Requirements (Annual Contract Price)
	SIFT SLA Value (£)	Total Medical Service Increment for Teaching (Annual Contract Price)
	NMET SLA Value (£)	New Student Salary Support (Annual Contract Price)
Objective 6	Bank and agency total expenditure	The total figure for the Trust's expenditure on Bank and Agency staff groups
	Monitor Risk Rating	The Financial risk rating assigned by Monitor, the Independent regulator of NHS Foundation Trusts, rated 1 to 5, where 1 represents the highest risk and 5 the lowest
	Charity fundraising income	Fundraising Income figures from the Charity
Objective 7	Staff PDR completeness - clinical & non-clinical (%)	The percentage of Clinical & Non-Clinical staff who have completed their Personal Development Review
	Information Governance Training	The percentage of staff that have completed the Trust's Information Governance Training across the Trust
	Sickness Rate (%)	The percentage rate of staff absence related to sickness across the Trust
	Vacancy rate (%)	The percentage rate of staff Vacancies across the Trust
	Trust Turnover (%)	The percentage rate of staff turnover from across the Trust

Key Performance Indicator Report

Monitor Governance Risk Rating

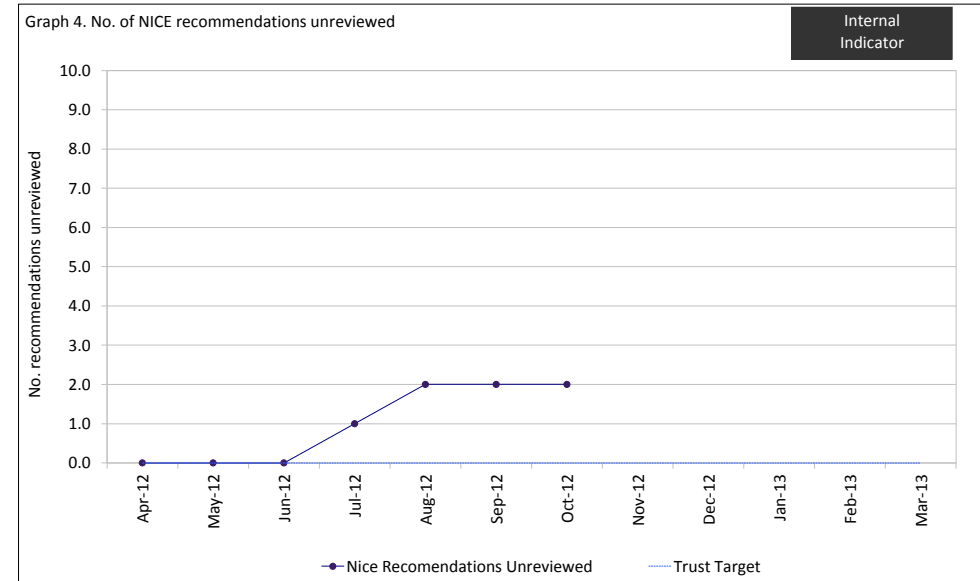
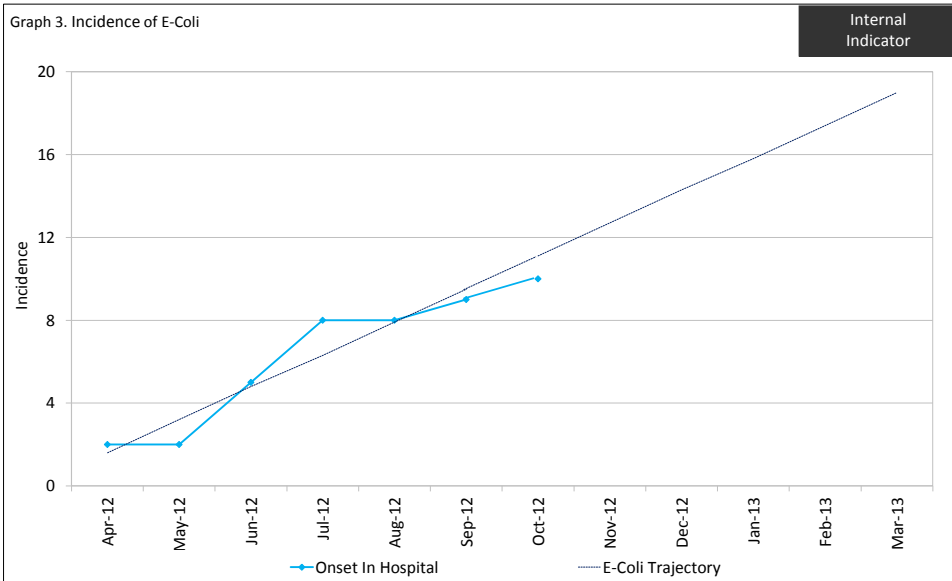
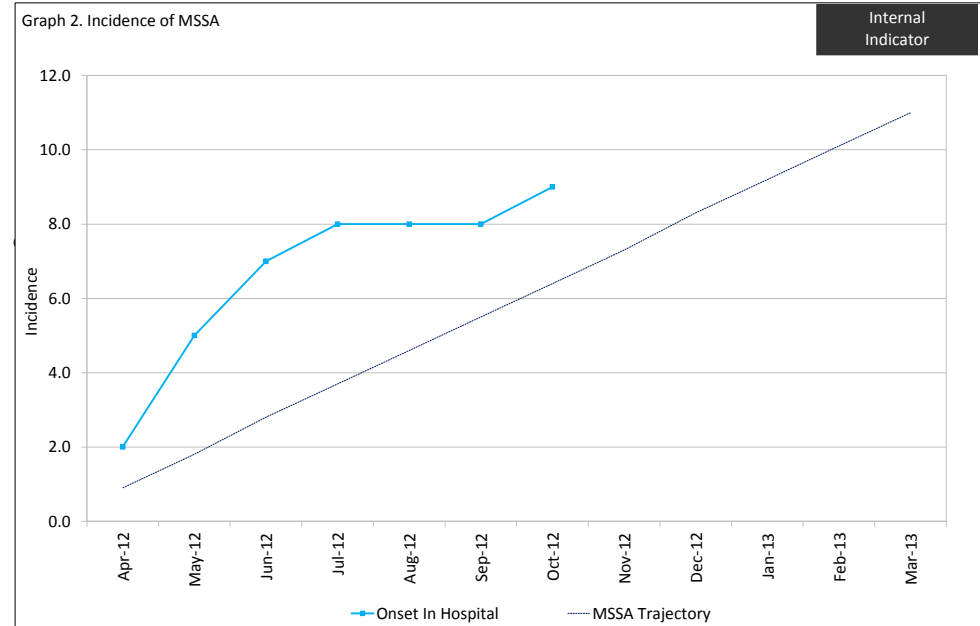
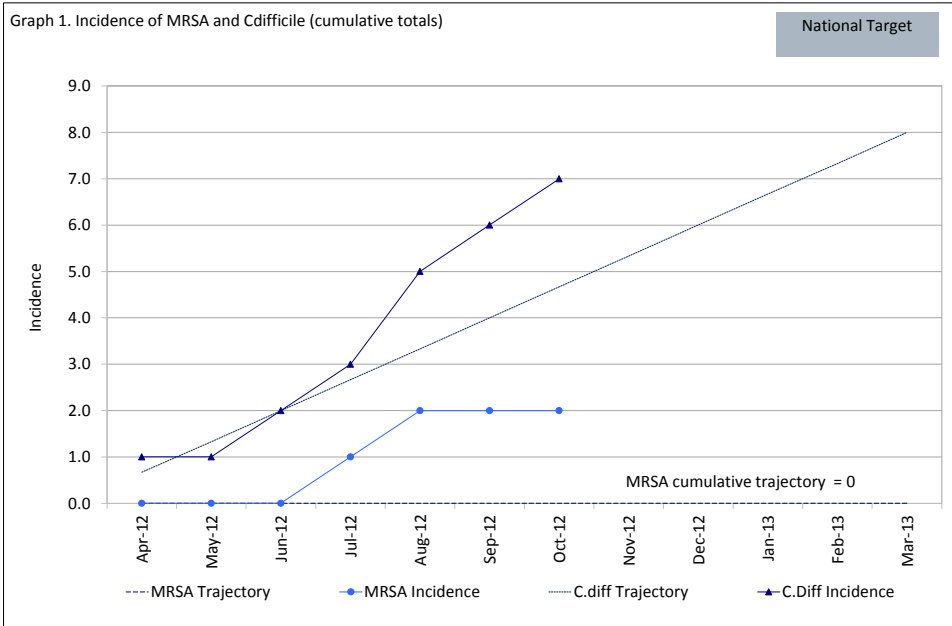
Targets - weighted 1.0 (national requirements)		Thresholds	Weighting	Monitoring period	Month 1	Month 2	Q1	Month 4	Month 5	Q1	Month 6	Month 7
1	MRSA - meeting the MRSA objective *	0	1	Quarterly	0	0	0	0	0	0	0	0
2	Clostridium difficile year on year reduction (to fit with trajectory for the year as agreed with PCT)	0	1	Quarterly	0	0	0	0	0	0	0	0
3	All cancers: 31-day wait for second or subsequent treatment comprising either: Surgery Anti cancer drug treatments Radiotherapy (from 1 Jan 2011) Cancer diagnostic to Treatment	94%	1	Quarterly	0	0	0	0	0	0	0	0
					0	0	0	0	0	0	0	0
					0	0	0	0	0	0	0	0
					0	0	0	0	0	0	0	0
4	Admitted within 18 weeks	90%	1	Quarterly	0	0	0	0	0	0	0	
5	Non Admitted within 18 weeks	95%	1	Quarterly	0	0	0	0	0	0	0	
6	92% - 18 week referral to treatment time Incomplete Pathways Performance	92%		Quarterly	1	0	1	0	0	0	0	0
7	Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	Quarterly	0	0	0	0	0	0	0	0
8	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Quarterly	0	0	0	0	0	0	0	0
Total					1	0	0	0	0	0	0	0
Overall governance risk rating					Amber-green	Green	Amber-green	Green	Green	Green	Green	Green

Monitor governance rating	
Green	from 0 to 0.9
Amber-green	from 1.0 to 1.9
Amber-red	from 2.0 to 3.9
Red	4.0 or more

*Where an NHS foundation trust has an annual MRSA objective of six cases or fewer (the de minimis limit) and has reported six cases or fewer in the year to date, the MRSA objective will not apply for the purposes of Monitor's Compliance Framework

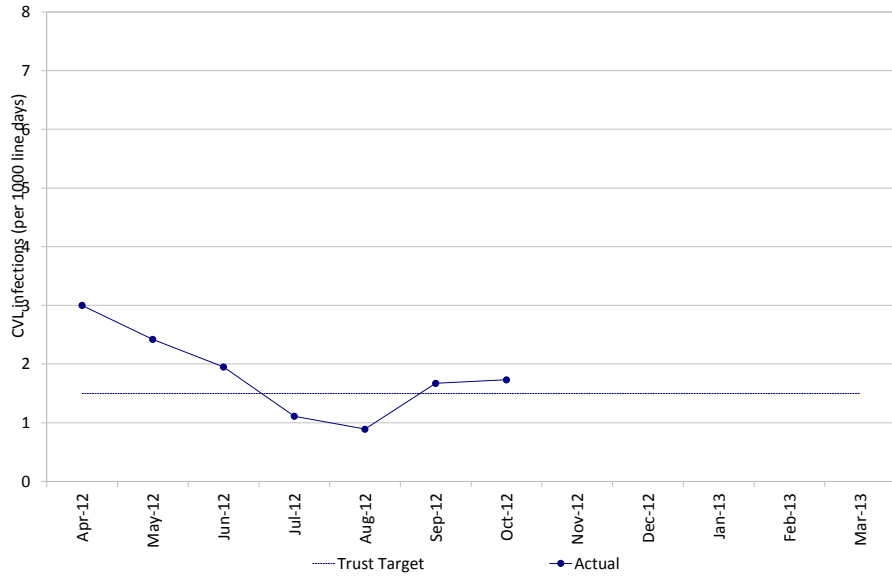
Risk rating	Description (risk of significant breach of authorisation)
Green	No material concerns
Amber-green	Emerging concerns
Amber-red	Potential future significant breach if not rectified
Red	Likely or actual significant breach

1. Consistently deliver clinical outcomes that place us amongst top 5 Children's Hospitals in the world.



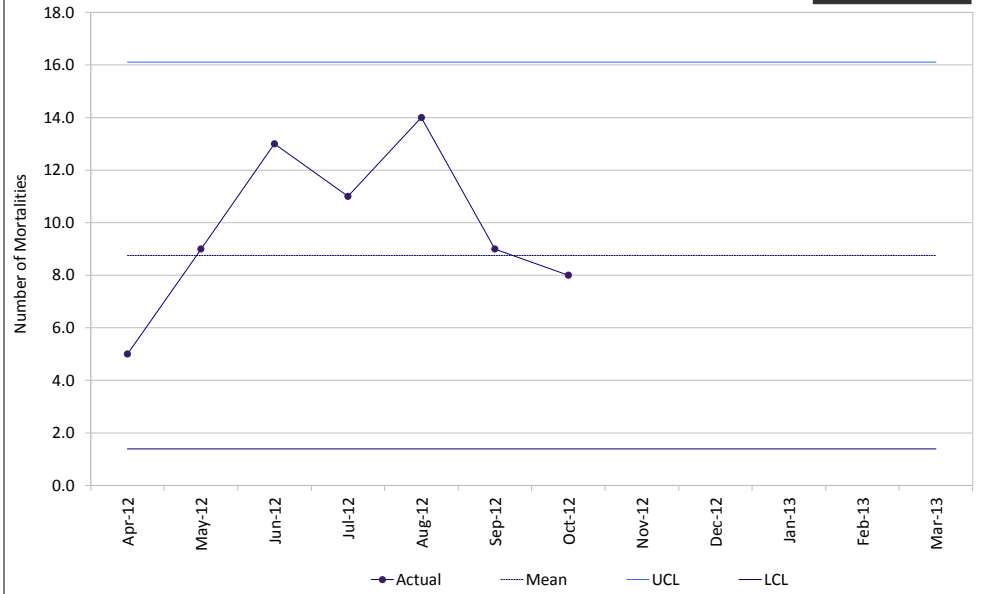
Graph 5. CVL Infections (per 1000 bed days) - All areas

CQUIN Measure



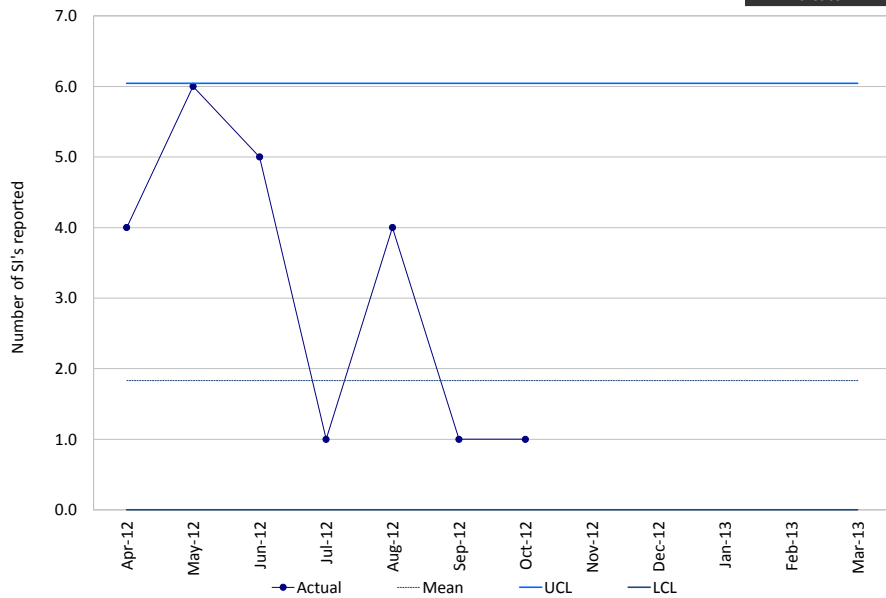
Graph 6. Mortality Figures - where discharge reason is 'Died'.

Internal



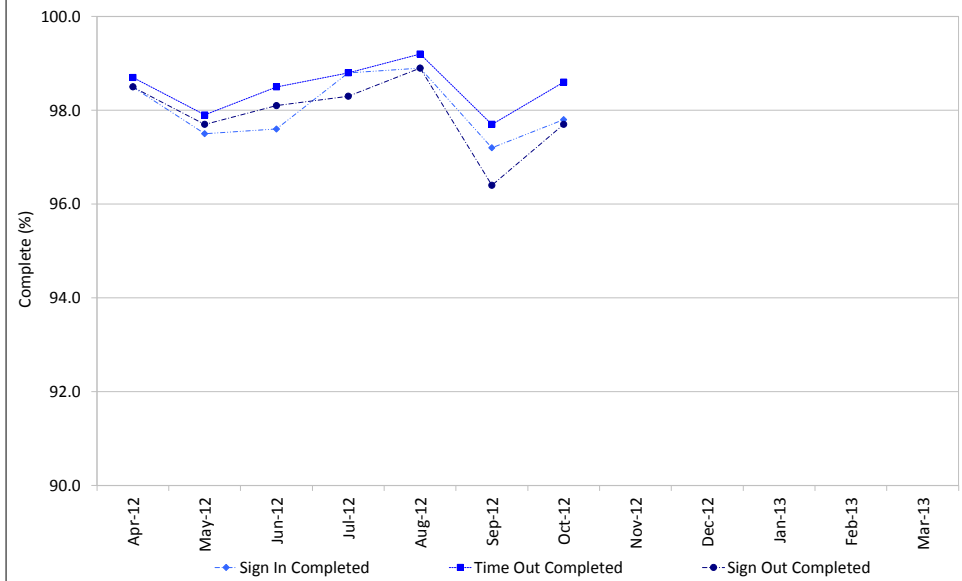
Graph 7. Serious Incidents

Internal Indicator



Graph 8. Theatre Patient Safety Checklist Completion rates against total operations

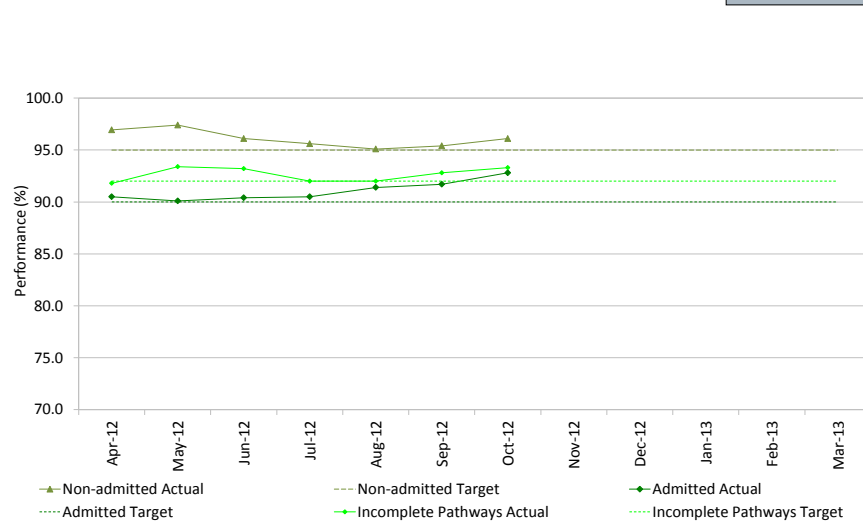
Internal Target



2. Consistently deliver an excellent experience that exceeds our patient, family and referrers' expectations

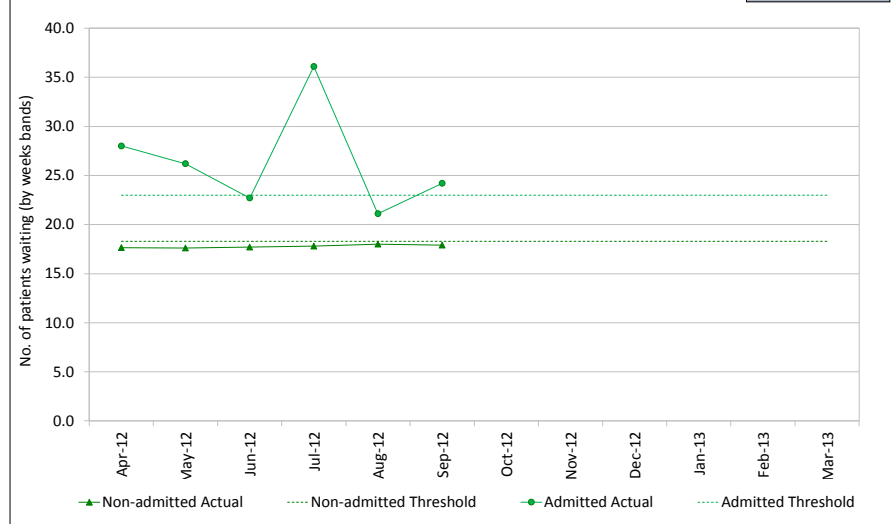
Graph 10. 18 week referral to treatment time performance

Contractual Target



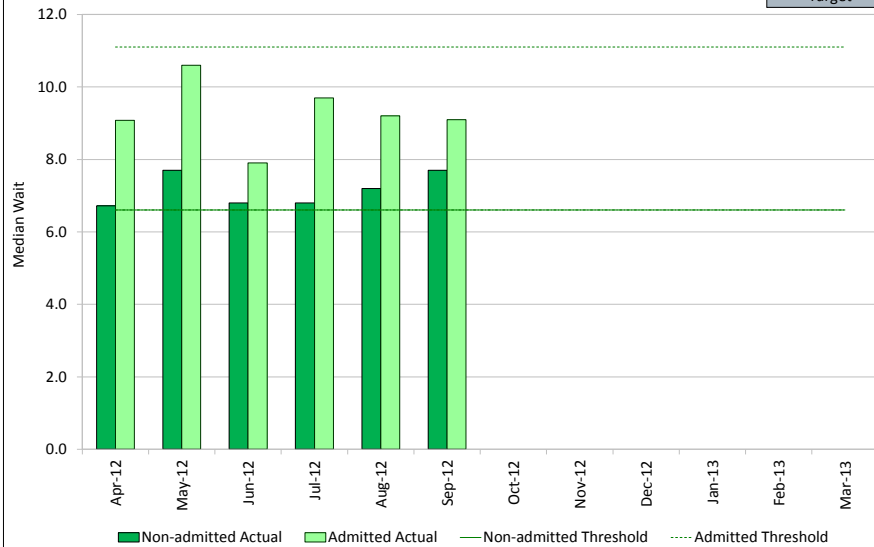
Graph 11. 95th Centile RTT performance against target (admitted and Non-admitted)

Contractual Target



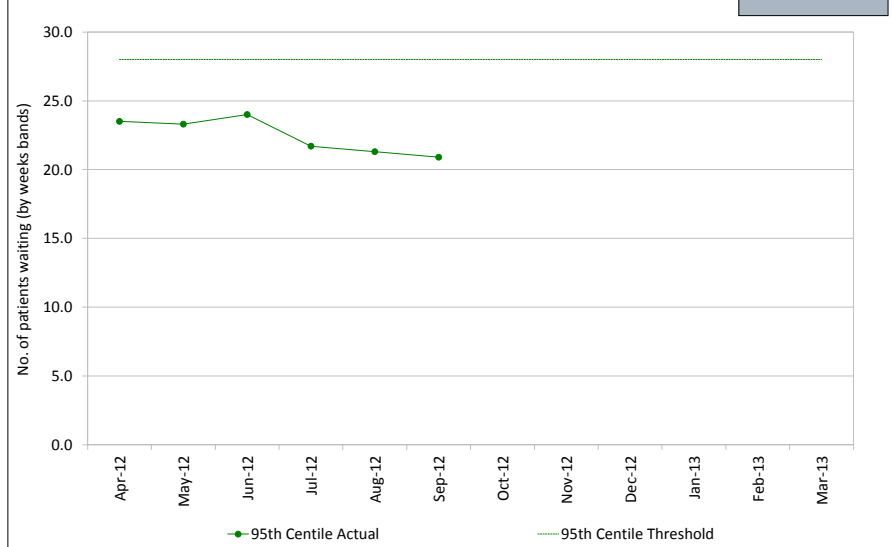
Graph 12. Median Wait RTT performance against target (Admitted and non-Admitted)

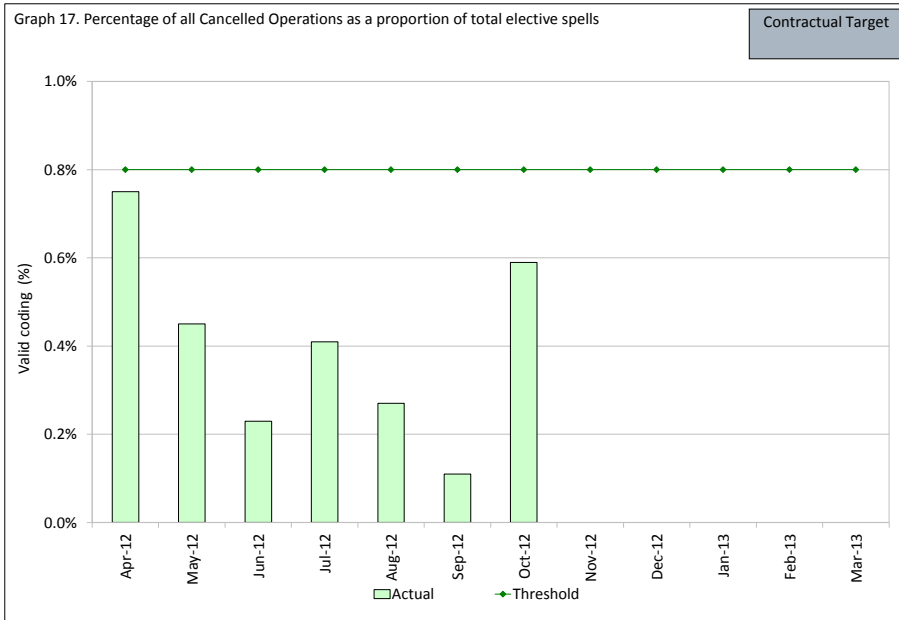
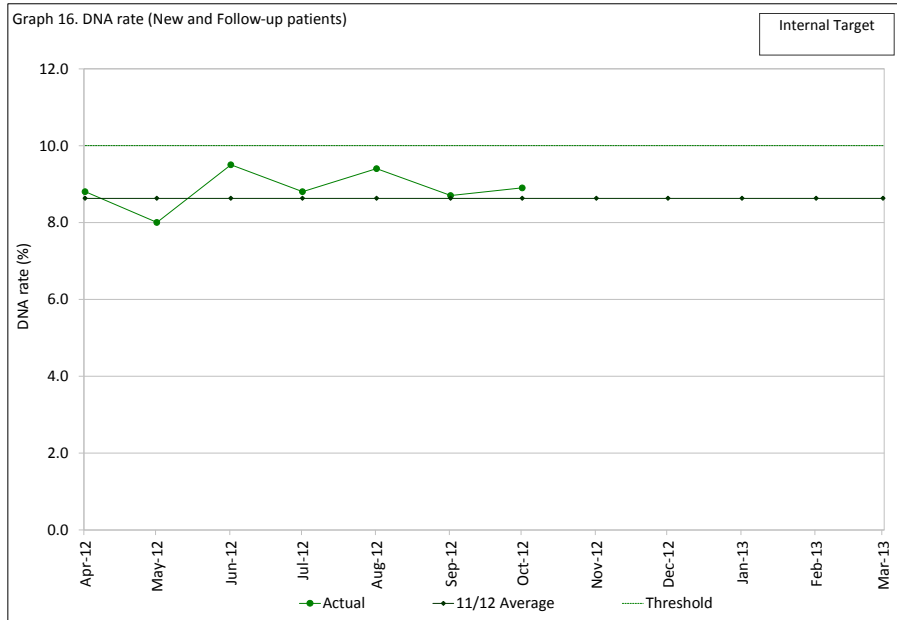
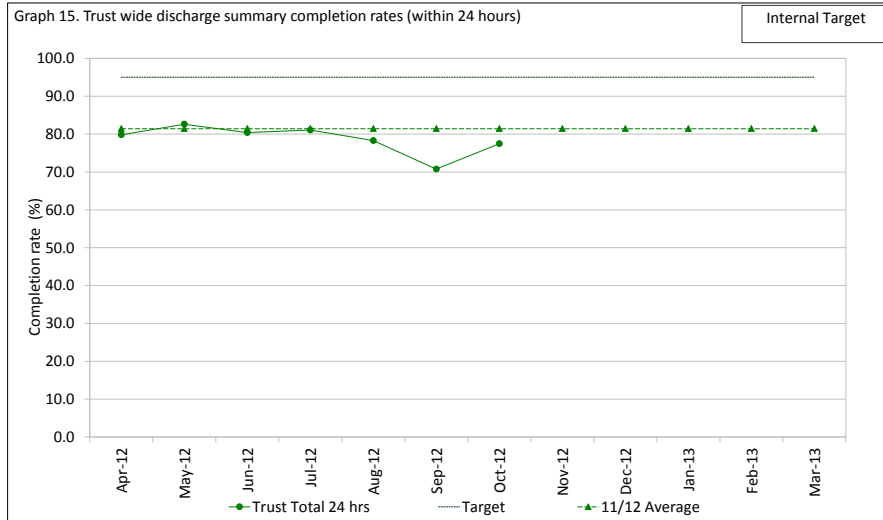
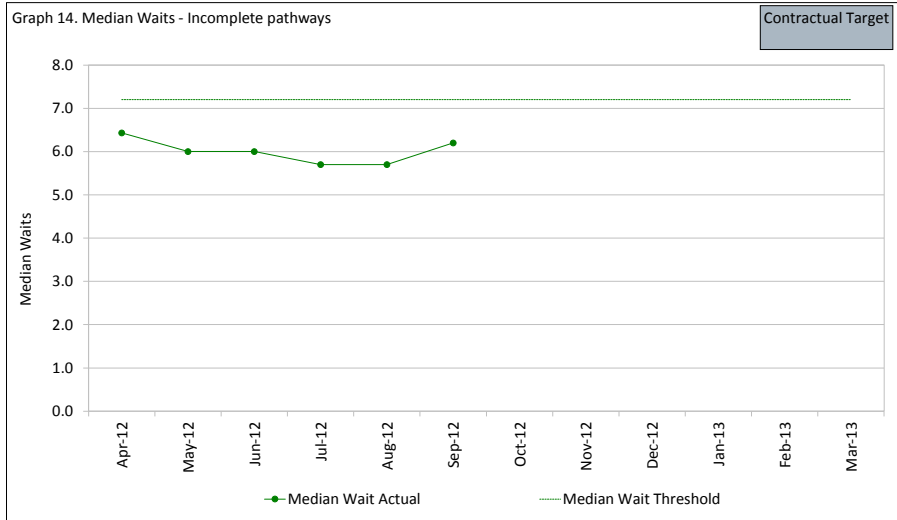
Contractual Target

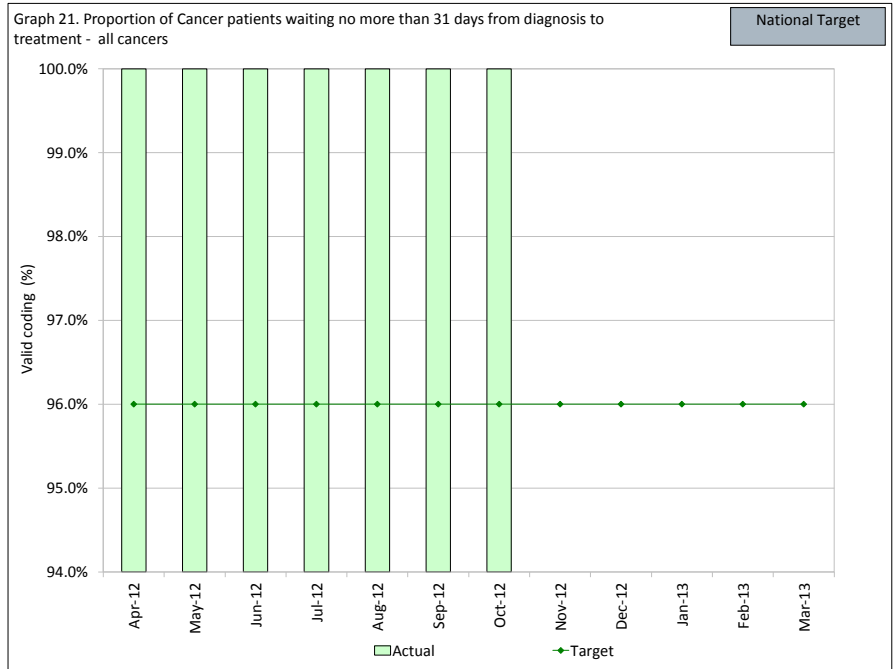
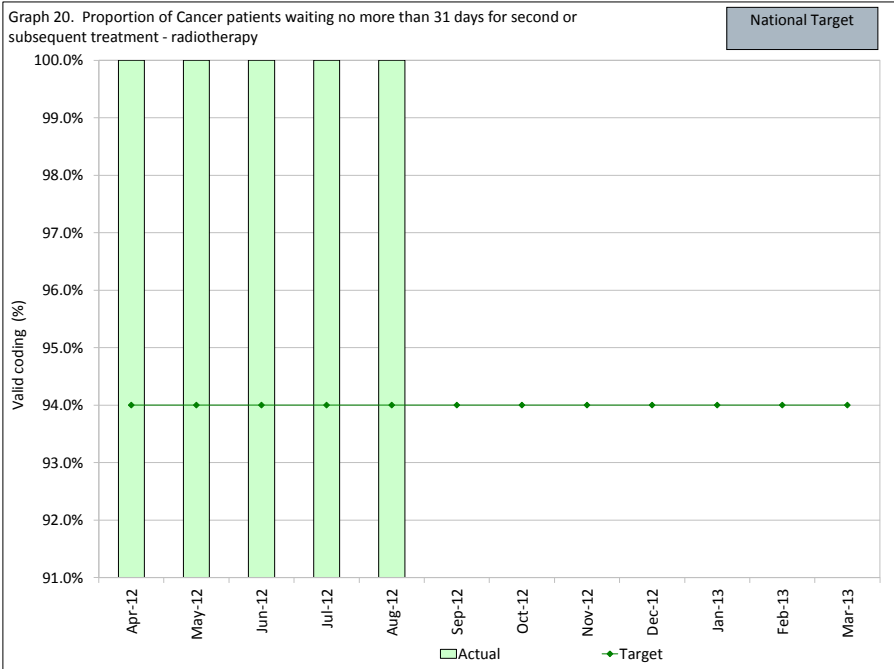
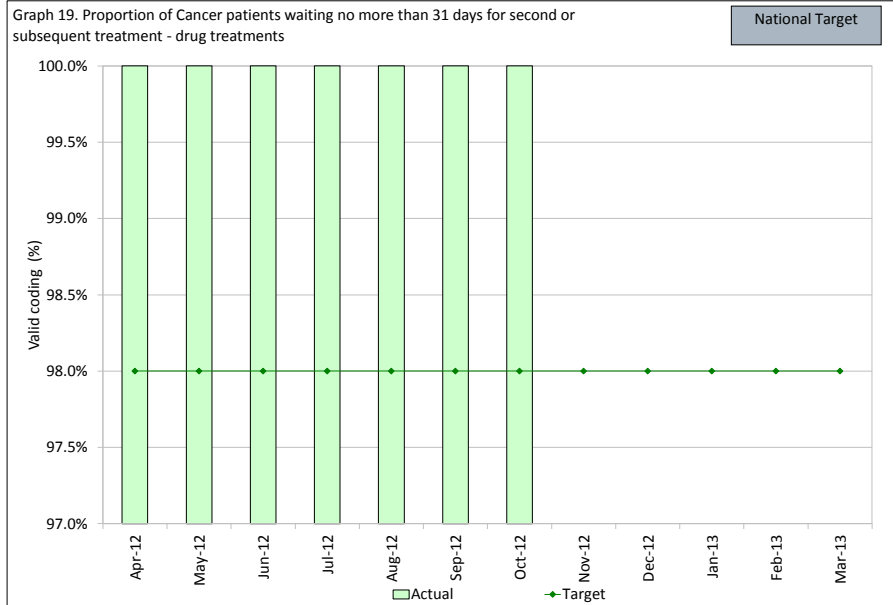
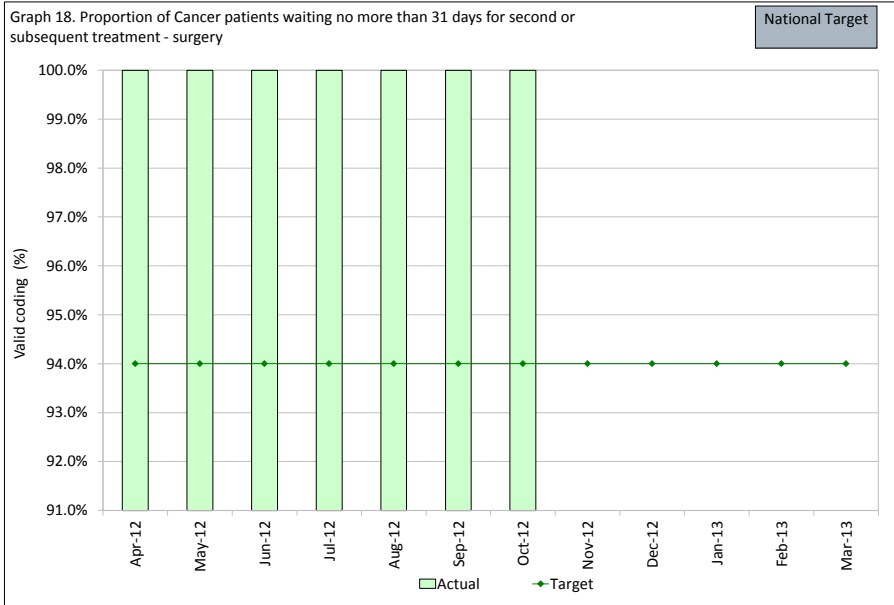


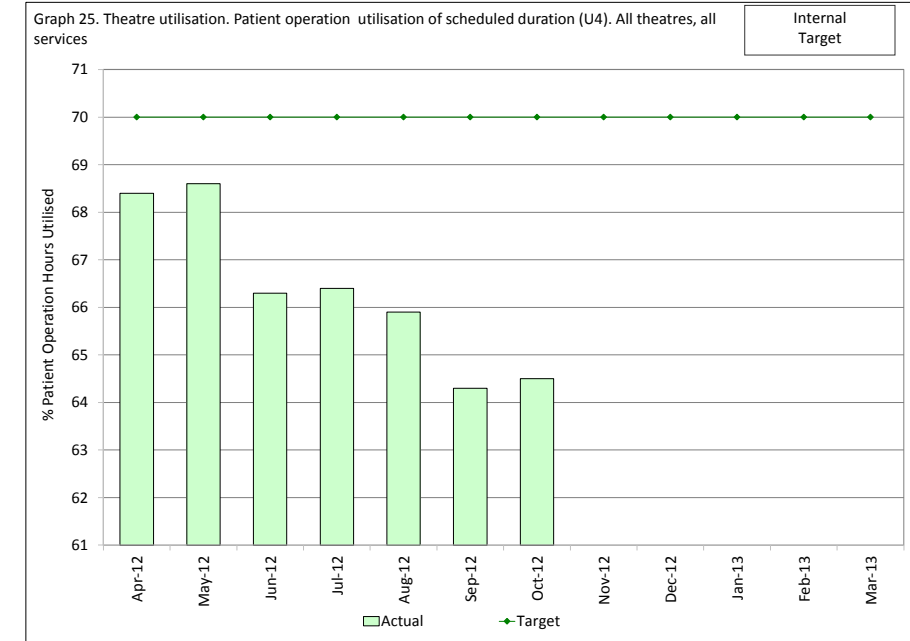
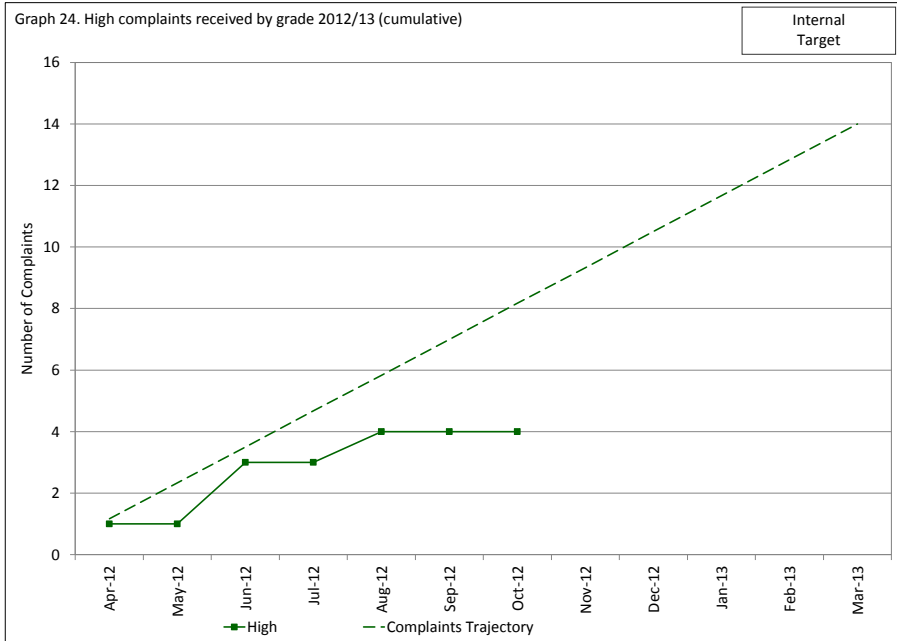
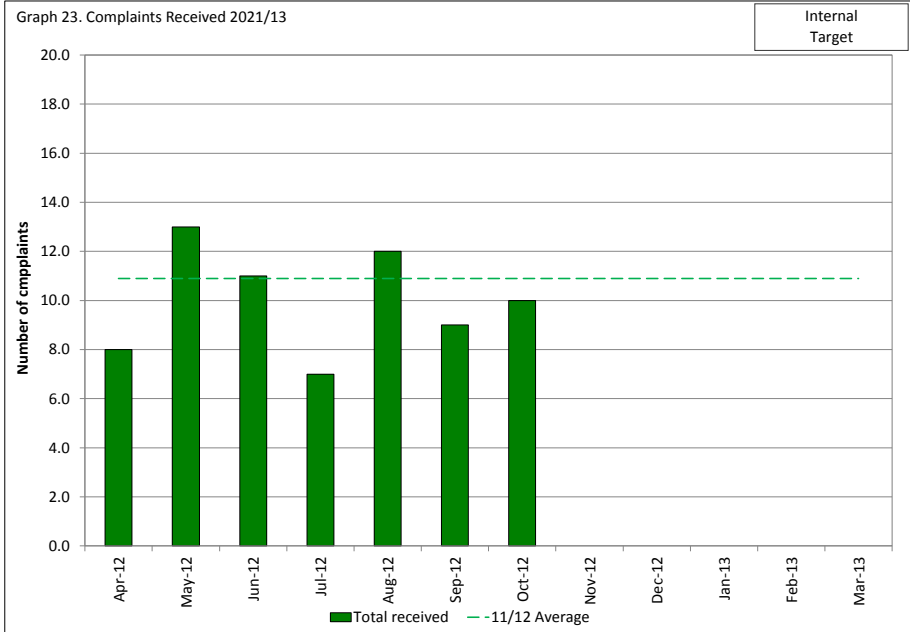
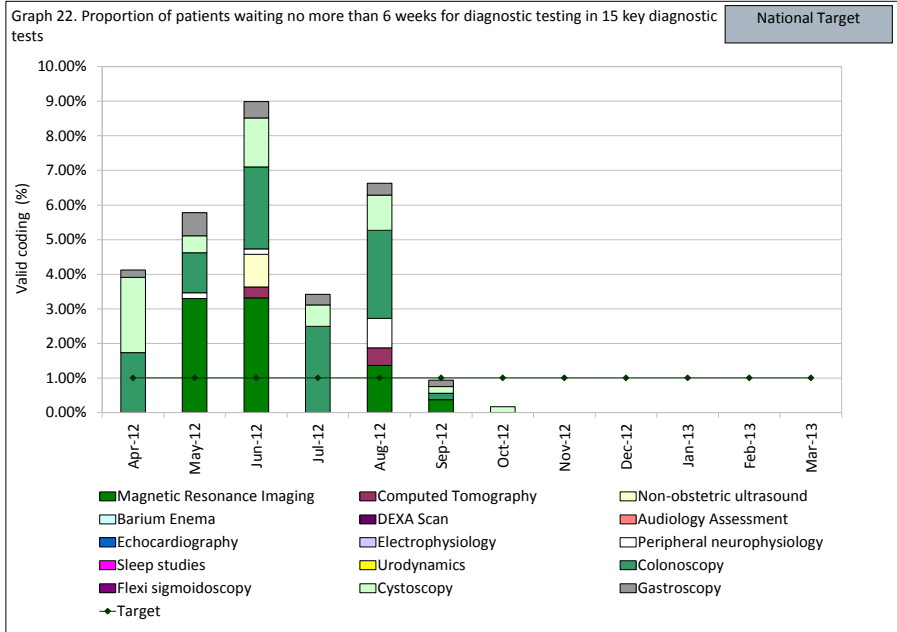
Graph 13. 95th Centile - Incomplete pathways

Contractual Target



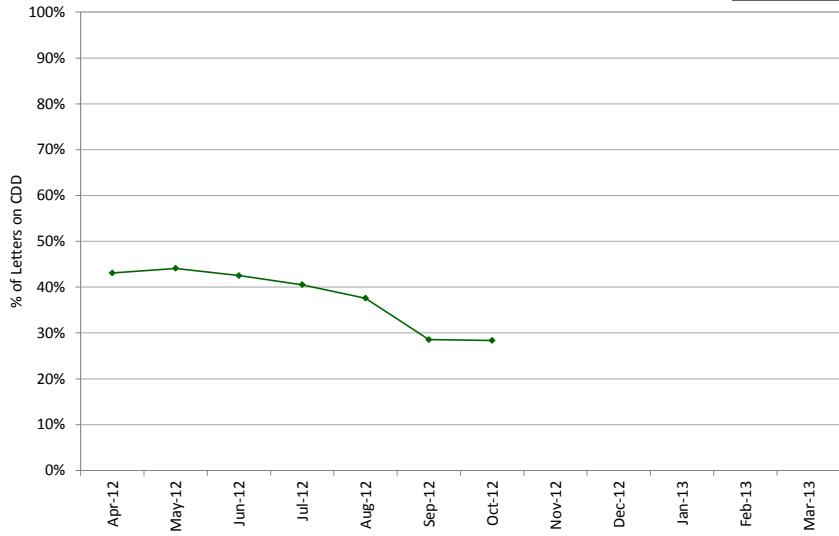






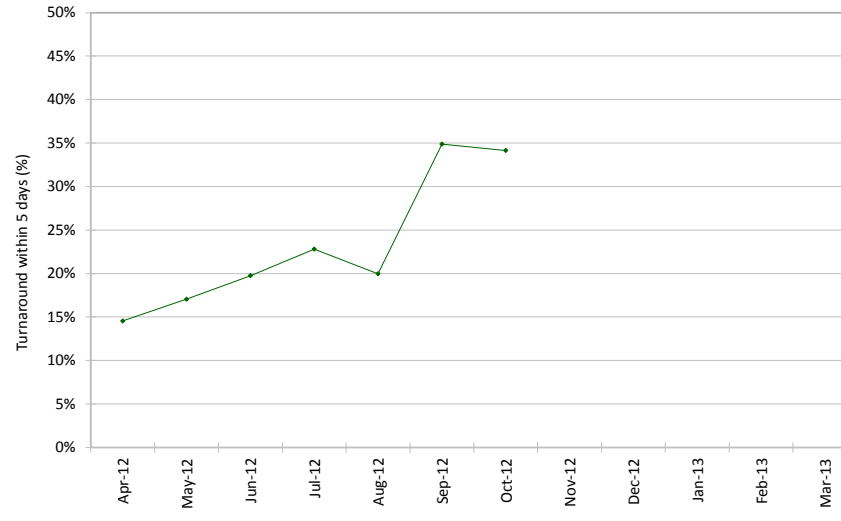
Graph 26. Clinic Letter Production & Turnaround Time (% of Letters on CDD)

Internal Target

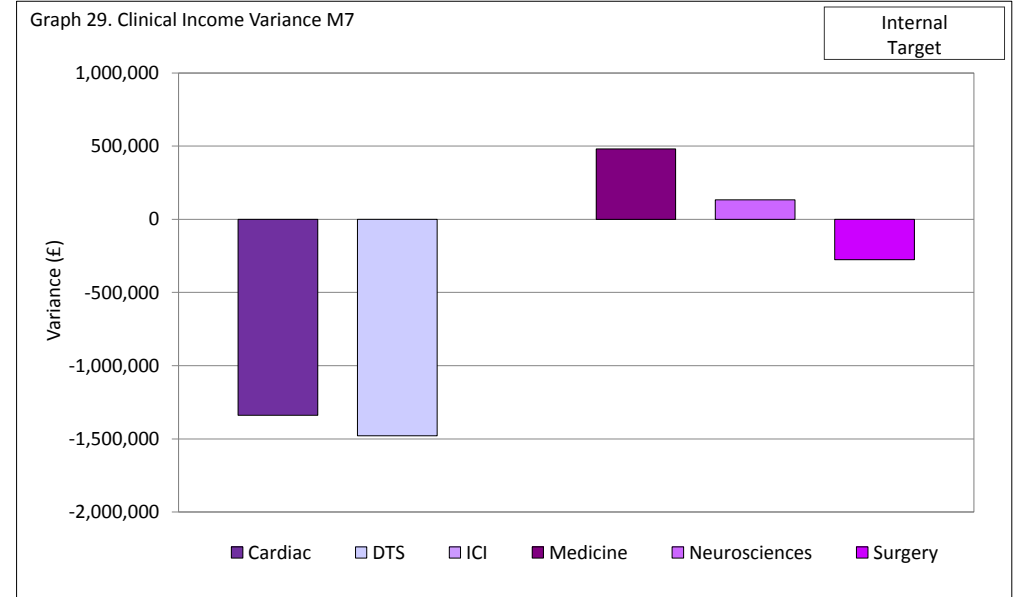
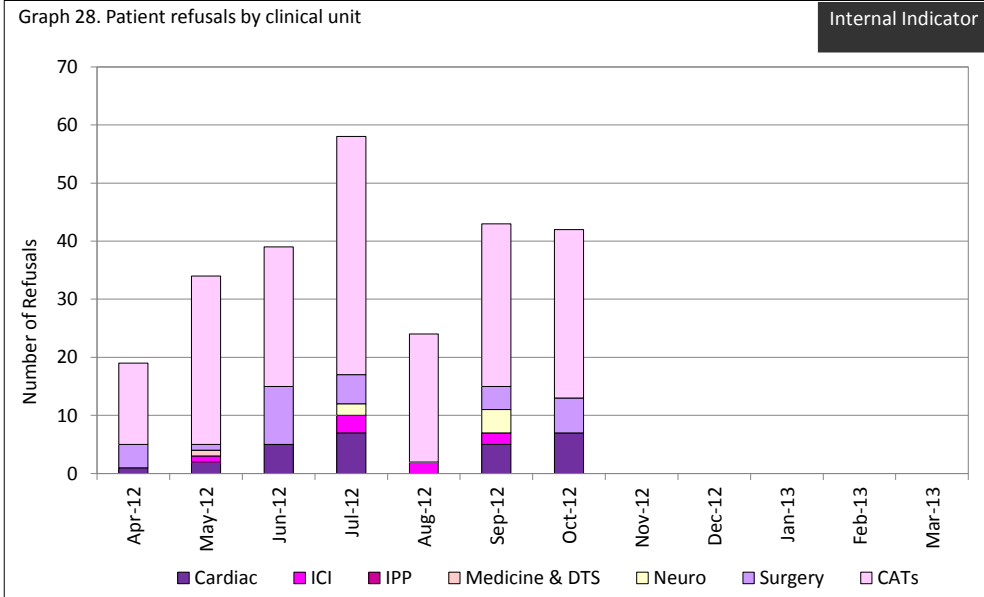


Graph 27. Clinic Letter Production & Turnaround Time (Letters sent within 5 working days)

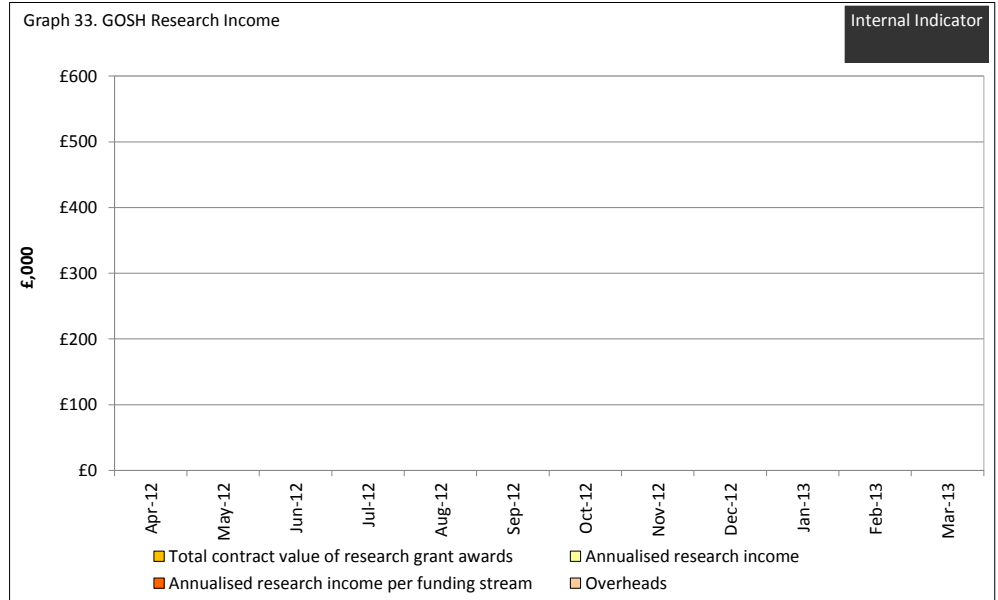
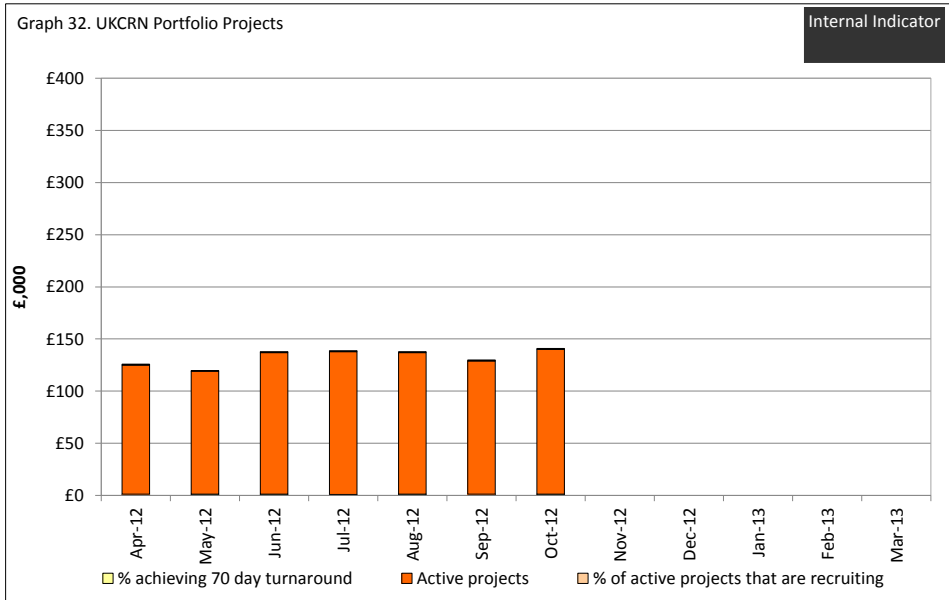
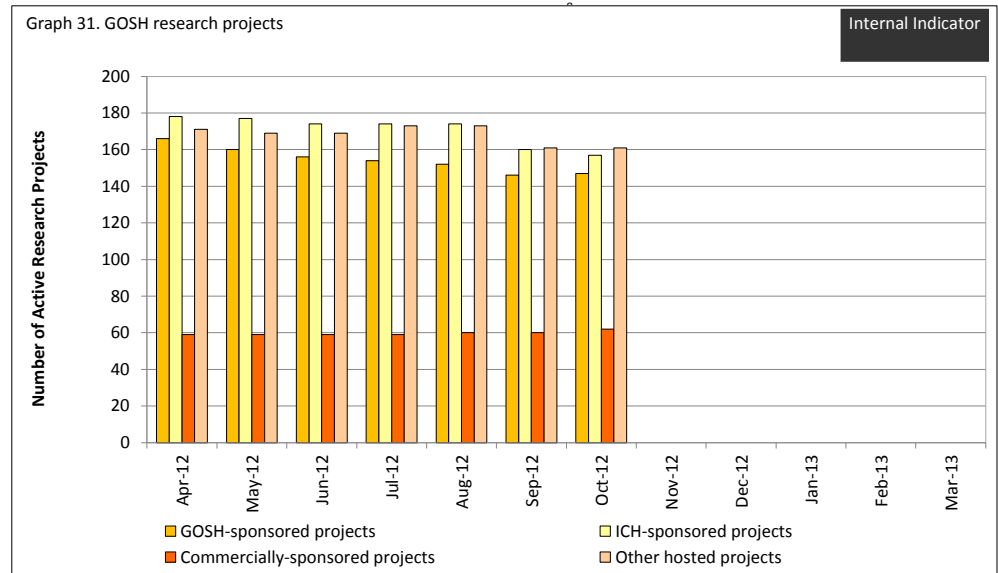
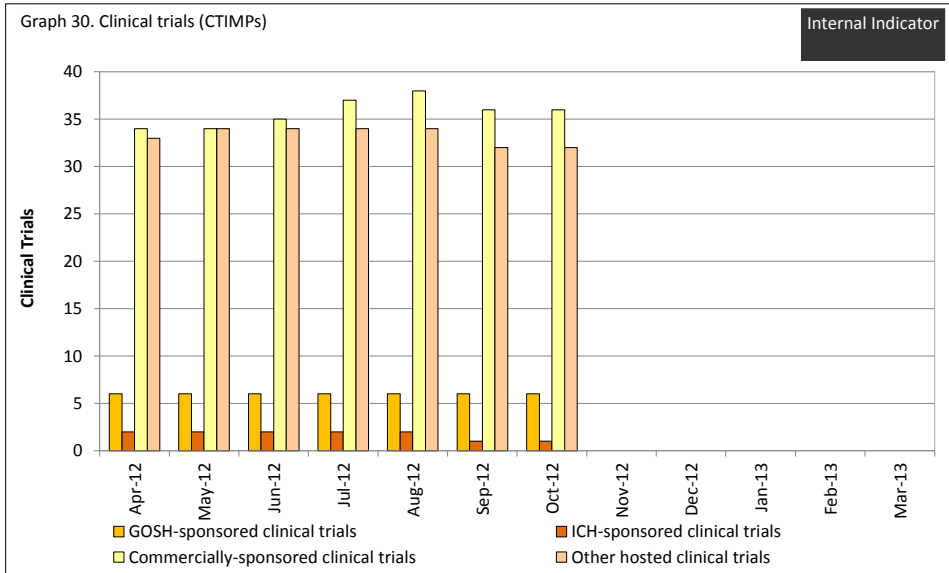
Internal Target



3. Successfully deliver our clinical growth strategy

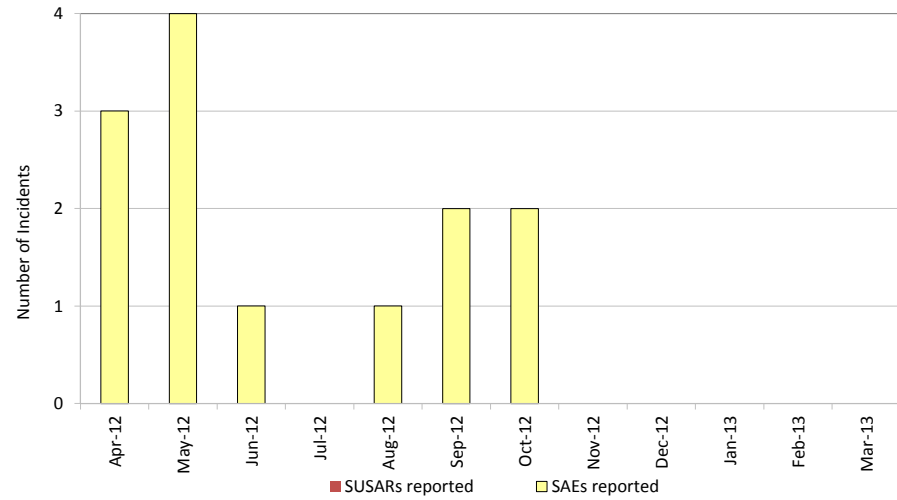


4. Currently partnered with ICH, and moving to UCL Partners with AHSC, maintain and develop our position as the UK's top children's research organisation



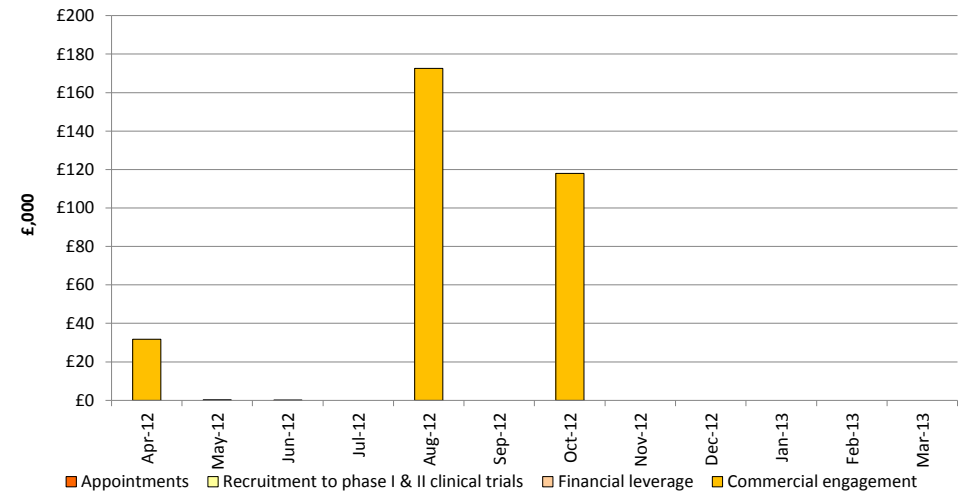
Graph 34. Patient Safety reports for GOSH sponsored clinical trials

Internal Indicator

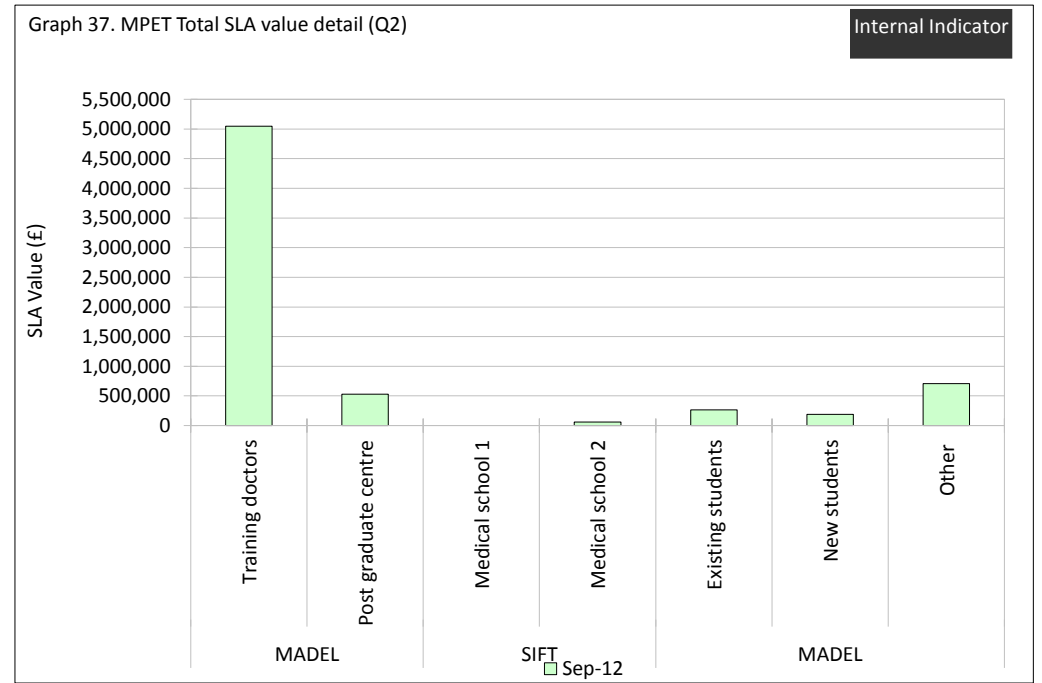
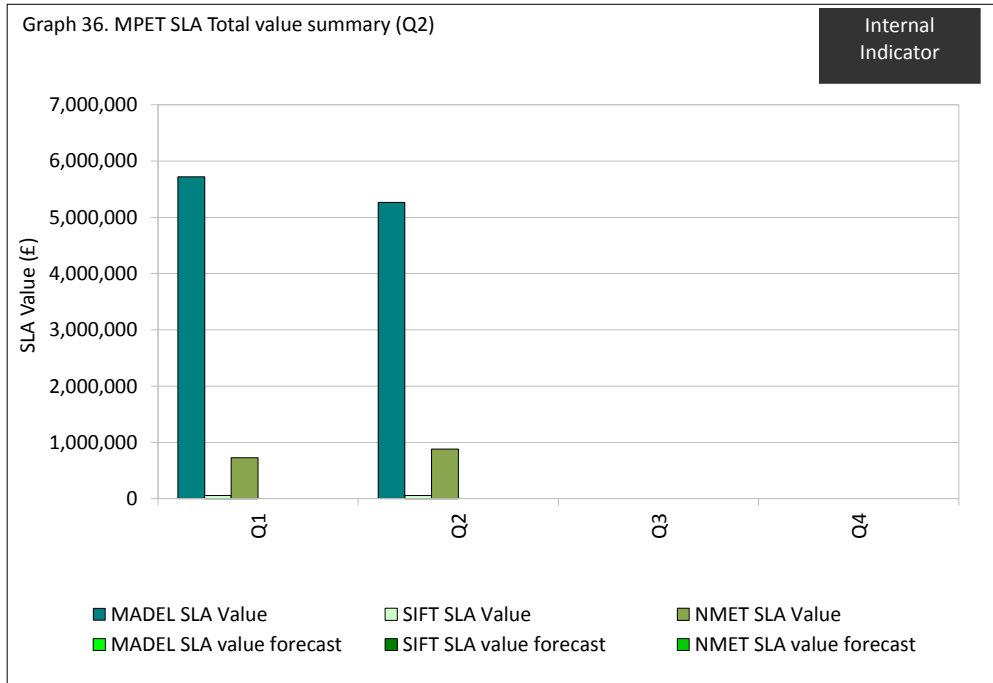


Graph 35. Biomedical Research Council (BRC)

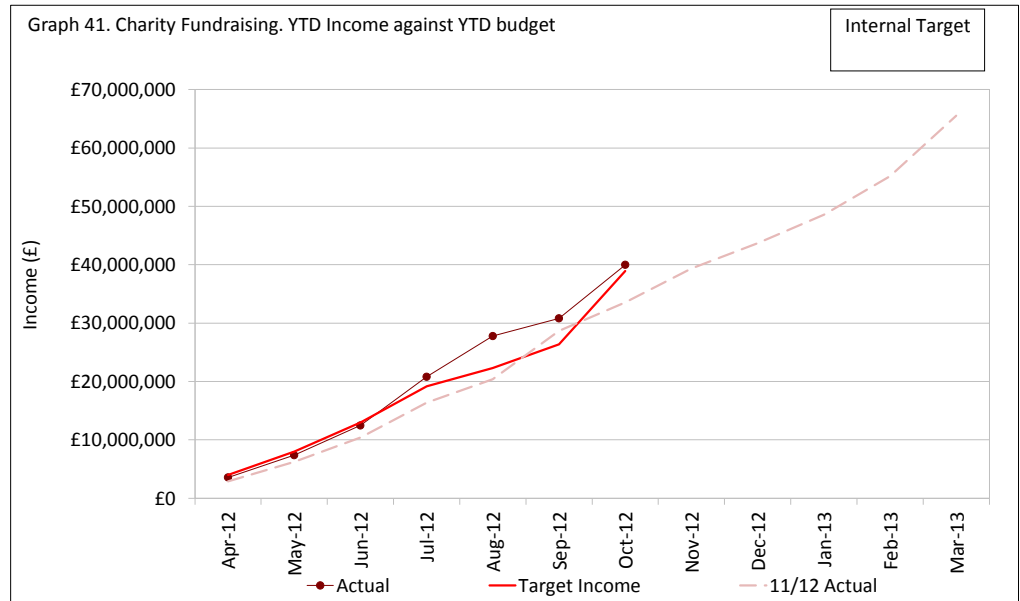
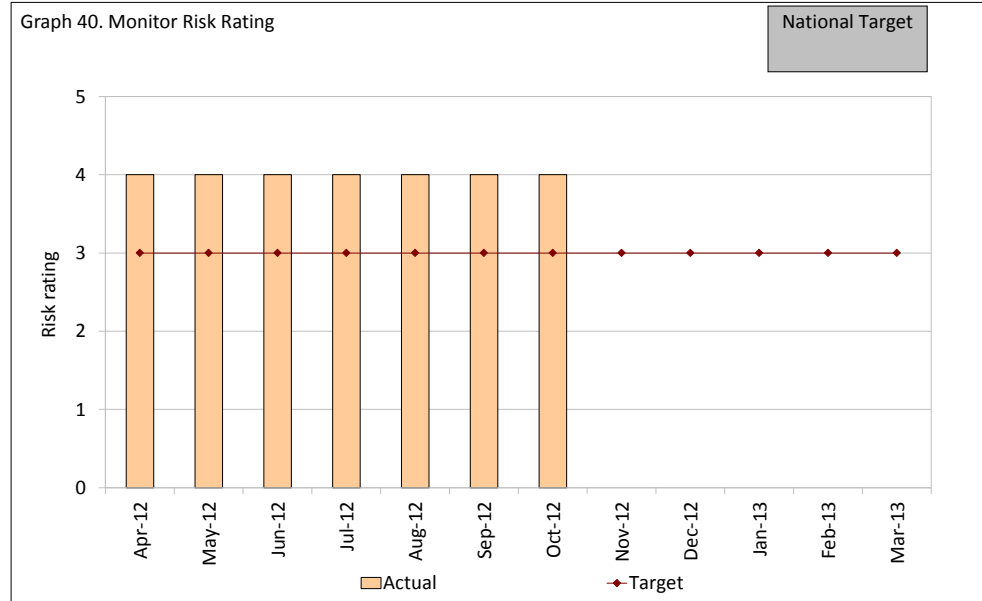
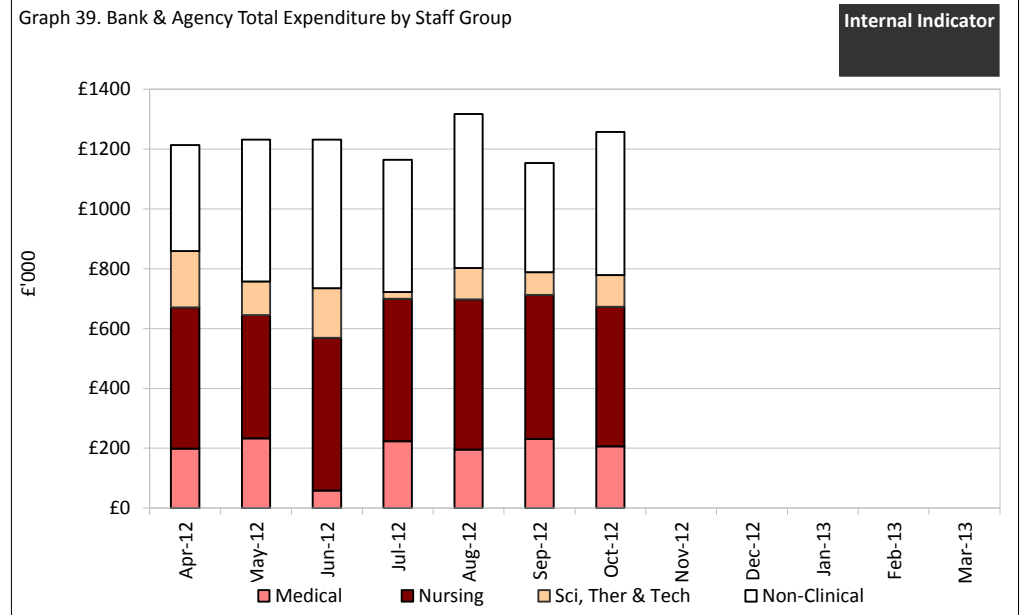
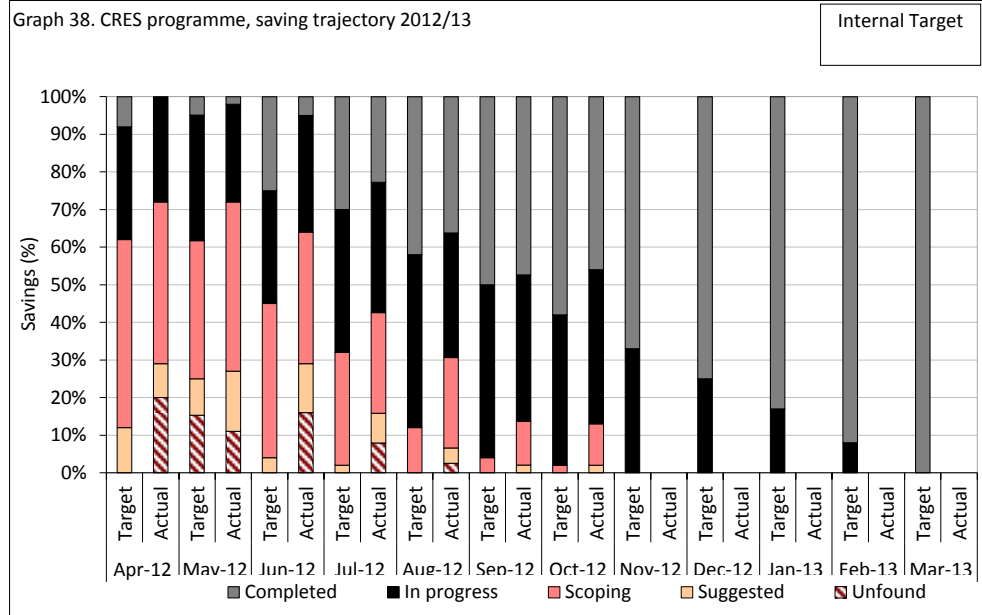
Internal Indicator



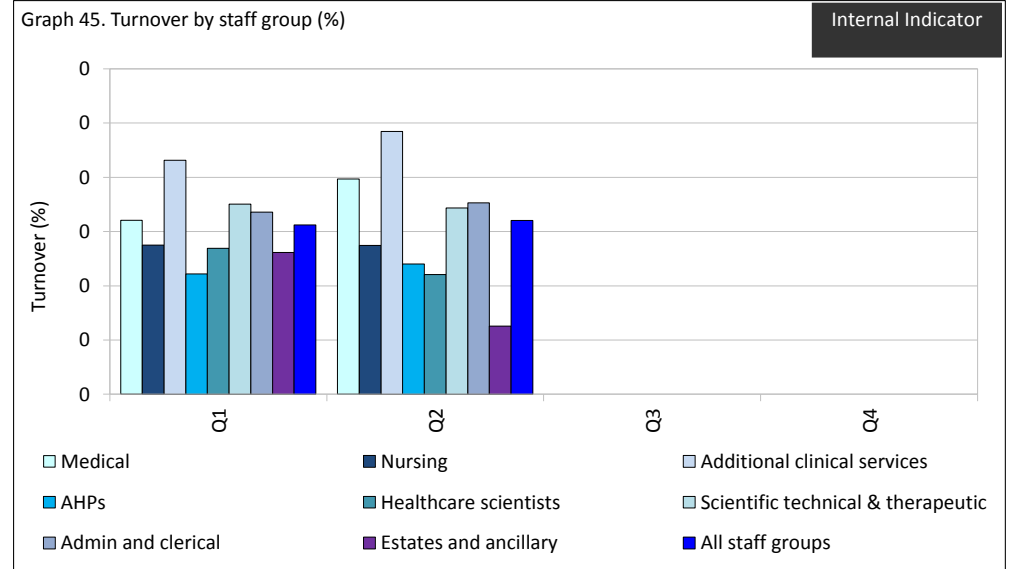
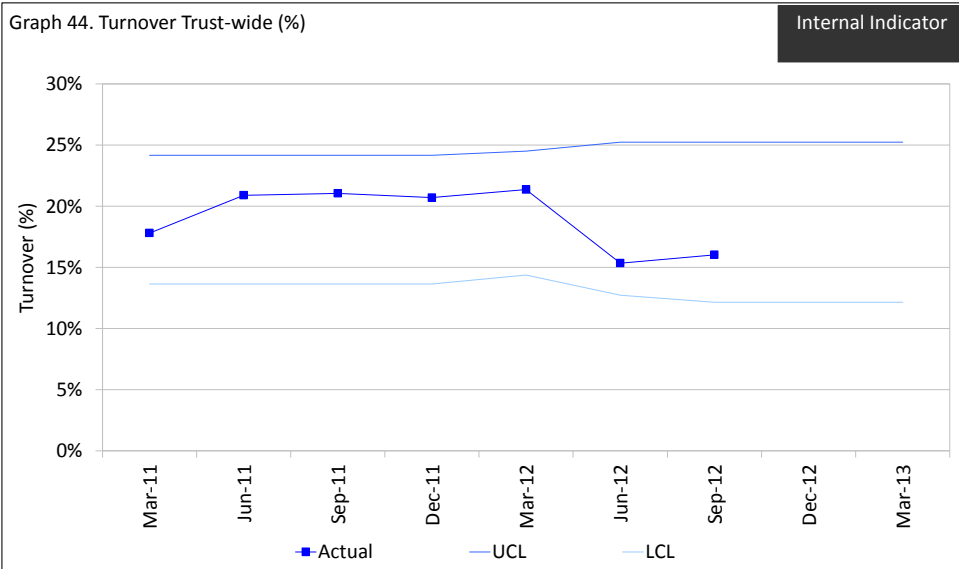
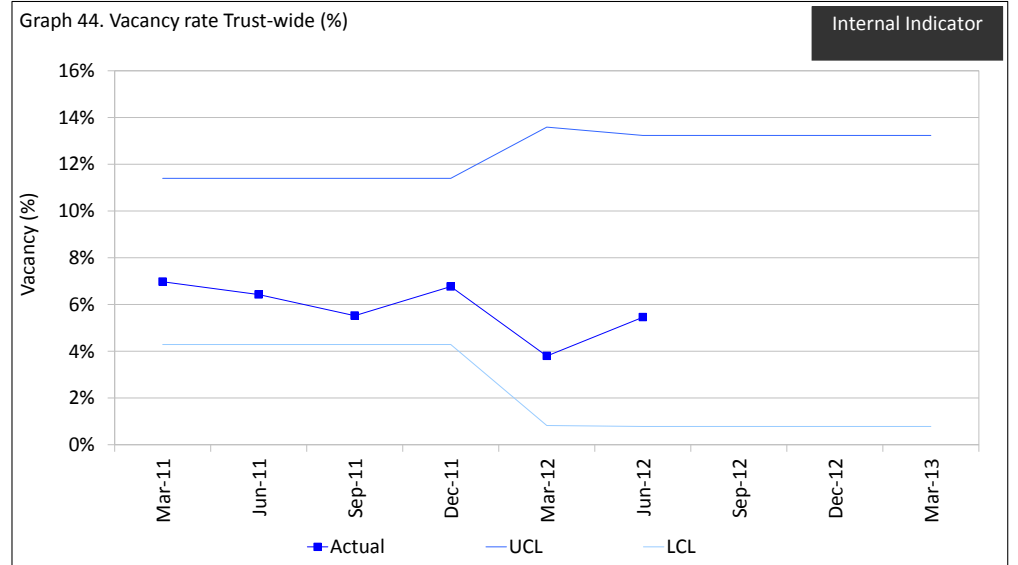
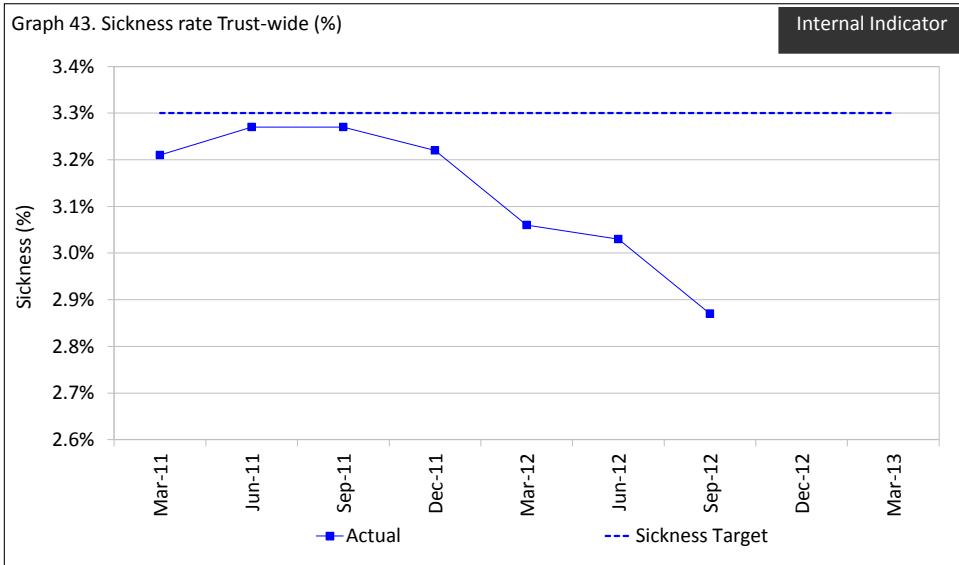
5. To work with our academic partners to ensure that we are provider of choice for specialist paediatric education and training in the UK

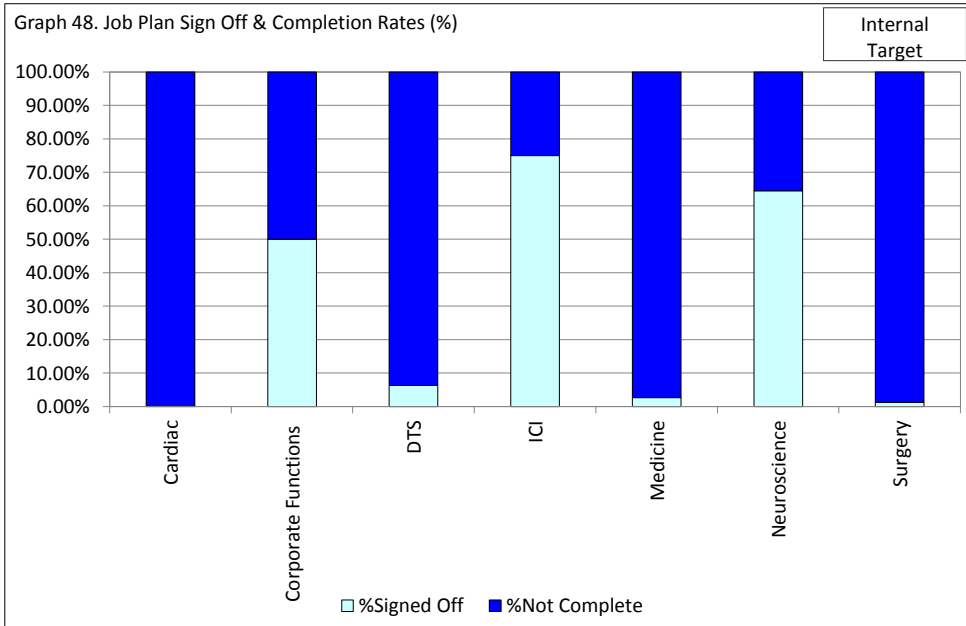
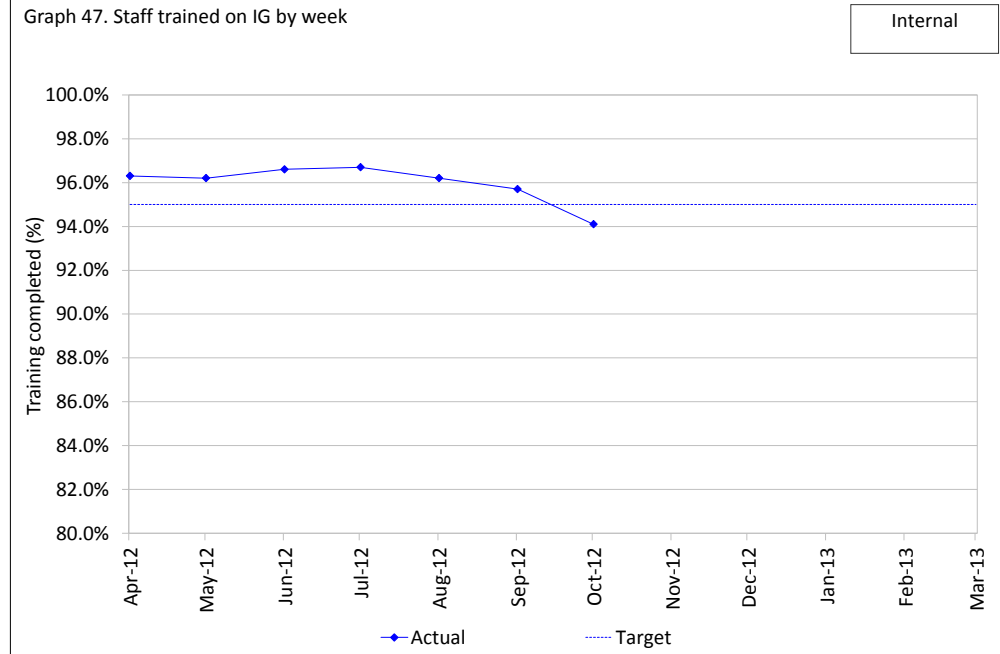
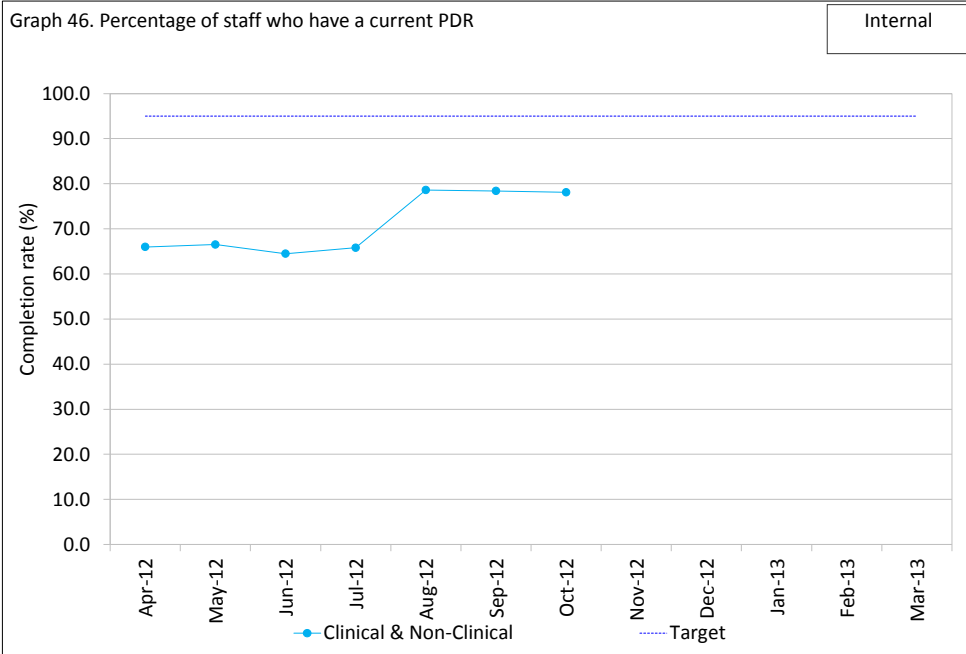


6. Deliver a financially stable organisation



7. Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation





TRUST BOARD

28th November 2012Finance and Activity Report
SEVEN months to 31 October 2012

Attachment 2

Submitted on behalf of
Claire Newton, CFO**AIM**To summarise the Trust's financial performance for the **SEVEN** months to 31 October 2012.**SUMMARY****Results year to date to end of October (Month 7)**

- Year to date EBITDA (excluding capital donations) is **£16.4M**, an 8% margin, and this is £2.8M ahead of plan.
- Net surplus excluding capital donations is **£3.8M**, £3.5M ahead of plan. This includes an £0.8m favourable variance on depreciation due to delays in the start of accelerated depreciation on the Cardiac Wing which will only start when the final approval for the 2B investment is made in 2013/14.
- Capital donations are **£(15M)** lower than plan reflecting delays in the Phase2B enabling project expenditure.

Forecast

The most significant risks affecting the financial result in the second half year are as follows:

- Delivery of the targeted values for all 1213 CRES schemes
- Delivery of planned activity levels in areas where activity is currently below plan
- Achieving activity levels without further growth in workforce numbers
- Continued delivery of the growth in IPP within the context of the new guidance on non NHS income levels
- The forecast full year EBITDA (excluding capital donations) is currently estimated to be £3.7M higher than plan.
- The net surplus outturn position will depend on a number of one off items ie potential impairments to asset values resulting from property value movements as well as the delay in the start of accelerated depreciation.

Activity / Income

Income is £2.9M ahead of plan excluding capital donations and pass through income

- NHS clinical income is £(2.0)M behind plan excluding pass through income. This is in part due to lower funding of high dependency care and in part due to activity being below plan in a small number of specialties. However activity is higher than last year in all key areas other than critical care where nurse recruitment has been difficult.
- Non NHS revenue is £7.2M ahead of plan as a result of IPP income being £6.9M higher than plan.
- Other operating revenue excl. capital donations income is £(2.4)M behind plan, primarily relating to adverse variances on R&D funding and funding of joint posts.
- Capital donation income is £15M behind plan reflecting delayed capital spend on 2b enabling.

<p>Expenditure</p> <p>Pay</p> <ul style="list-style-type: none"> • Pay expenditure totals £115M, <u>£(1.8)M</u> adverse to plan, the largest element being junior doctors pay but there are also adverse variances on nursing pay and also agency costs in IT. • Agency costs total £3.5M (representing 3.0% of the pay bill to October 2012) down from 5.8% in the same period last year <p>Non pay – excluding depreciation and PDC</p> <p>Non-pay expenditure is £74.3M, which is <u>£1.7M</u> below plan excluding pass through.</p> <ul style="list-style-type: none"> • Under-spends in drugs of £2.3M and in R&D and education of £1.0M are offset by a £(0.6)M overspend on clinical supplies <p>Financial Risk Rating</p> <ul style="list-style-type: none"> • Overall risk rating of 4 (unchanged from period 6) <p>BPPC performance (Non NHS – cumulative)</p> <ul style="list-style-type: none"> • Total payables – Value 85.1% • Total payables – Number 86.4%
<p>CRES 2012/13</p> <ul style="list-style-type: none"> • £15.9M of schemes identified; risk adjusted value is £14.6M. <p>CRES 2013/14</p> <ul style="list-style-type: none"> • £13.7M is the initial target for 2013/14, £16.2M has been identified - a decrease of £0.6M since last month • 73% of schemes are classified as red, a decrease from 85% in period 6. <p>Capital</p> <ul style="list-style-type: none"> • Capital spend is £13.4M; <u>£17.6M</u> lower than plan year to date. Donated capital spend is £14.9M lower than plan and owned capital is £2.7M lower than plan. <p>Statement of Financial Position / Cash Flow</p> <ul style="list-style-type: none"> • The Trust's cash balance was £25.5M at 31October an increase of £+6.2m in the month; there were operating balances of between £20.3M and £44.6M throughout the month. • Non-Current Assets increased by £+1.1M to £345M representing capital expenditure net of depreciation. • Current Assets less current liabilities reduced by £(5.3)m reflect the collection of quarterly funding instalments and collection of aged debt • Taxpayers' Equity totalled £365M, the increase of £2.0M is reflected in the increase in Retained Earnings.
<p>Contribution to the delivery of NHS / Trust strategies and plans</p> <p>Financial sustainability and health</p>
<p>Financial implications As explained in the paper</p>
<p>Legal issues N/A</p>
<p>Who needs to be / has been consulted about the proposals in the paper? N/A</p>
<p>Who needs to be told about any decision N/A</p>
<p>Author and date Andrew Needham - Deputy Finance Director 9 November 2012</p>

PERIOD 7 - 2012/13 FINANCE REPORT

1 Forecast position

The forecast for full year EBITDA (excluding capital donations) is £26.8M, £3.5M higher than plan although there are risks associated with delivery of this result.

2 Month 7 year to date

The year to date surplus is **£3.8M** excluding donations for capital additions and this is £+3.5M favourable to plan.

If capital donations are included the surplus is £14.1M and £(11.5)M worse than plan, reflecting lower donated income than planned.

The following table shows the variances to plan excluding and including pass through items. The EBITDA variance excluding donations is £2.8M above plan.

Table 2.1 £M	Actual M7 YTD	Variances	
		Excl PT	Incl PT
Clinical income ex IPP	155.5	(1.6)	0.0
IPP clinical income	23.6	6.9	6.9
Other income	26.6	(2.4)	(2.4)
Revenue excluding capital donations	205.8	2.9	4.5
Capital donations	10.3	(15.0)	(15.0)
Total Revenue	216.1	(12.1)	(10.5)
Pay	(115.0)	(1.8)	(1.8)
Non pay	(74.3)	1.7	0.1
Total operating expenditure	(189.4)	(0.1)	(1.7)
Normalised EBITDA	16.4	2.8	2.8
	0.1		
Non operating expenditure	(12.6)	0.8	0.8
Net surplus excluding capital donations	3.8	3.5	3.5

Key points:

- NHS clinical income: In general activity growth is in line with target but there are some specialties where the activity growth target was quite high and this hasn't been achieved, particularly critical care. In addition changes to HDU commissioning has resulted in an income shortfall due to price variations.
- IPP income is well ahead of plan though this slowed in the current month due to the combination of lower activity and the impact of a credit note to correct a duplicate invoicing error in a previous month.
- Other income is below plan – primarily R&D and Charity funding is behind plan and there is also a shortfall in post funding relative to budget and last year.
- Pay costs are above plan mainly in Surgery, MDTs and IT

The revenue account compared to last financial year with discontinued activities (Haringey community services) shown separately and donations for capital expenditure excluded is as follows:

Table 2.2 £'M	Actual	Last		
	M7 YTD	M7 YTD	Var	
NHS clinical	155.5	145.7	9.8	6.7%
Other clinical	23.7	18.9	4.7	24.9%
Non clinical	26.6	27.3	(0.7)	-2.6%
Revenue on Continuing Operations	205.8	192.0	13.8	7.2%
Haringey	0.0	1.6	(1.6)	
Total Revenue	205.8	193.6	12.2	
Pay	(115.0)	(111.2)	(3.8)	3.4%
Non-pay	(74.3)	(67.4)	(6.9)	10.3%
Expenditure on Continuing Operations	(189.4)	(178.6)	(10.7)	6.0%
Haringey	0.0	(1.6)	1.6	
Total Operating Expenditure	(189.4)	(180.2)	(9.1)	
Non op expend	(12.6)	(11.7)	(0.9)	7.3%
Net surplus	3.8	1.6	2.2	

This shows that income has grown by 7.2% and expenditure by 6%. Included within the non-pay expenditure growth are the additional running costs of the MSCB which was commissioned at the beginning of the financial year and ongoing double running costs of the Cardiac wing.

The clinical income growth of 4.5% is after average tariff price deflation of -1.8%. The income growth reflects an overall growth in IP activity, prices and specialist case mix relative to last year; richer NHS case mix and a step jump in income for 2 recently designated NCG services. Although critical care activity is below plan, the overall income is higher than last year as there are fewer beds at marginal prices.

3 Financial risk rating

The current ratio score is 4 and this is unchanged from period 6.

Month 7 – MONITOR basis	Rating
EBITDA Margin	3
EBITDA % Achieved	5
ROA	3
I&E Surplus margin	5
Liquidity Days	4
Weighted Average	4
Overall Score	4

4 Expenditure

4.1 Pay

Pay expenditure totals **£115.0M**, **£(1.8)M** higher than plan. The following comments on variances by category are before taking into account the undelivered PAY CIP.

- **Consultant pay** cost is below plan by £1.5M YTD. Cardiac is below plan by £0.4M and ICI by £0.1M as a result of vacancies. Research and Innovation is £0.6M lower primarily in R&D where research activity has behind plan, and is offset by an adverse income variance.
- **Junior doctor pay cost is above** by £(0.8)M YTD. Key areas of pressure lie within Surgery (£0.3M), Cardiac (£0.2M) and Neurosciences (£0.2M). These pressures are mainly due to using temporary staffing to cover vacancies, maternity and sick leave.
- **Nursing pay cost is above** plan by £(0.3)M YTD, mainly due to activity and case mix related pressures which are partially offset by uncovered vacancies within Cardiac and IPP.
- **Scientific and therapeutic pay is** £(0.2)M above plan, primarily within Pharmacy, Radiology and Pathology. This is due to using temporary staff to cover vacancies and maternity leave.
- **Management and administrative pay is** on plan YTD.

There is a net £(1.9)M of unallocated pay CRES YTD.

Agency costs

Junior doctors	£0.26M
Nursing	£0.84M
Sci, Ther, Tech	£0.59M
Non-clinical	<u>£1.77M</u>
Total	<u>£3.46M</u> (representing 3.0% of the pay bill to October 2012).

3.2 Non pay

Non-pay expenditure totals **£74.3M**, which is £0.1M below plan.

Drug **expenditure** is £2.3M below budget YTD. Cardiac and MDTs are below budget as a result of lower than planned activity but the majority of the positive variance is due to an unused drug cost contingency within the budget.

Blood expenditure is overspent by £(0.2)M YTD due to a number of particularly high cost patients within Cardiac.

Clinical supplies & services expenditure is over plan by £(0.6)M YTD. ICI is overspent by £0.2M, mainly with Pathology as a result of activity increases. MDTs is £0.1M overspent within Radiology and Pharmacy. These are historic cost pressures to be addressed through budget reallocation. £0.1M of this overspend is due to high Berlin Heart activity.

Services from NHS organisations and Healthcare from non-NHS bodies are £0.5M underspent YTD. This lies within R&I and has resulted from delays in invoicing from other organisations on a number of grants. This is directly offset by income underperformance.

Premises costs are £(0.6)m overspent YTD due to a provision for estates maintenance expenditure. The adverse movement to trend in month 7 has resulted from the receipt of a utilities final settlement invoice and to an ICT maintenance contract adjustment reflecting enhanced accrual information.

Education & research budgets are underspent by £1.0M. Key underspends are within Nursing and Workforce and R&I, resulting from expenditure timing. Prior year trends demonstrate that this expenditure tends to occur later in the year.

Expenditure other is overspent by £(0.4)M. This includes an increase in the general bad debt provisions of £(0.9)M offset by various underspends across the Trust, the most material relating to delays on expenditure associated with charitable projects.

The pass through expenditure budgets are overspent by £(1.6)M to date. Expenditure on Factor 8 is £1.4M higher than planned due to the transfer of patients from Imperial and some high cost patients.

5 INCOME

5.1 NHS Clinical Income

NHS clinical income YTD is **£152.3M**, the cumulative position is **£(1.9)M** lower than plan .

The main income variances by clinical unit are as follows:

Cardiac - £1.2M adverse to plan – the plan included a particularly high growth target. Growth is still strong relative to last year.

ICI - £1.7M adverse to plan – loss of HDU income is the main factor

5.2 Inpatient combined (incl. elective, non-elective and day cases) is £0.33M ahead of plan

Medicine and DTS combined is £0.25M favourable reflecting a small net growth in activity: here was no net activity growth for this unit included in the plan. There is high day case activity across all specialities, with the largest elements of the total being contributed by Endocrine (£0.1M) and Gastro (£0.2M).

Neurosciences and Cardiac are also above Plan. Cardiac Surgery is doing more emergency high value cases this year. Two more beds on the ward are open and a new consultant started assisting the main consultant doing non-elective work on Cardiology.

Similarly, Neurosurgery has benefited from high value low volume Neuro procedures carried out. Day case Income is 13% higher than plan across the unit, reflecting case mix change within Neurology and the implementation of a project aimed at improving the efficiency of theatre utilisation.

Surgery is £0.27M adverse.

Urology is £0.42M behind plan, partly reflecting delays in the start of a new consultant list. Other nursing vacancies and ward configurations have also impacted Urodynamic activity YTD though an appointment of a new consultant is expected to result in increased income going forward.

Orthopaedics is £0.52M lower than plan, Dental & Maxillofacial Surgery is £0.1M lower than plan and ENT is £0.3M lower than plan. There are operational issues within Orthopaedics and there has been sickness and annual leave impacting on activity in these areas.

General Surgery is £0.15M adverse reflecting lower activity levels and there is now evidence of lower referral levels and this is currently being addressed by the management team.

Spinal is £1.2M favourable, though this largely reflects a low target set as a result of low activity in the first half of 2011/12.

Plastic Surgery is £0.26M ahead of plan.

5.3 Outpatient income is £0.54M behind plan

The main areas are Oncology and General Surgery where activity is lower than plan and there is evidence of lower referrals. Orthopaedics and spinal also have lower than planned activity levels and some of this relates to consultant leave and sickness

5.4 HDU & ITU bed day income combined is £2.2M behind plan

CICU & PICU/NICU income is £0.98M adverse. Although there has been an improvement in October in respect of CICU the YTD activity is low mainly due to nurse vacancies and staff leavers resulting in reduced capacity.

In **Neurosciences**, bed day income is £0.15 lower than plan and this partly reflects a reduction in complex neurosurgery caused by vacancies and consultant absences.

The HDU income variance mainly results in a change in the commissioning arrangements.

5.5 NCG Income is £0.54M behind plan

Cardiac has significant variance in NCG services (Ecmo, Heart and lung and Pulmonary Hypertension) YTD and Bladder Exstrophy and Gastro SCIDs are also behind at M7.

Other NHS clinical income is on target excluding old year income and circa £1 ahead of plan when this is included.

5.6 Non-NHS clinical income is £7.2M ahead of plan

- This is an improvement of £0.2M in the month and this is almost entirely in respect of Overseas E112 and non English activity.
- IPP is £6.9M ahead of the original plan though this month is in line with planned levels though there is a £300K credit note relating to a prior period in the current month position, which would mean an over-performance against plan in-month of £0.3M. The main element of the lower than normal income levels appears to be in respect of lower BMT activity and Intensive care.

5.7 Non Clinical Income

Non clinical income is £(2.4)M behind plan excluding capital donations.

Capital donations are £15M behind plan as a result of delays in phase 2B enabling. Other variances are mainly due to lower charitable and Research income than planned at this point for the year.

6 CIP/CRES

Overview

The Trust 2012/13 CRES programme is well advanced though schemes continue to be added. The target for delivery in 2012/13 includes the base CRES target plus the carry forward of previously undelivered CRES from 2011/12.

The Trust is currently finalising its 2013/14 scheme list and expects to have an initial programme available by early November 2012.

CRES 2012/13

- £15.9M of schemes are in the current year CRES programme, this is a decrease of £0.4M from last month (£0.6M at the risk adjusted level) as some schemes were deleted or rolled forward into the following financial year
- The delivery target of £16.7M is short of schemes by £0.8M and when this is risk adjusted the gap is approximately £2.1M
- The highest risk is in respect of schemes classified as red and there is £0.34M of these representing 2% of the total and the largest part of this is within corporate facilities.

CRES 2013/14

- £13.7M is the initial planning target for 2013/14.
- £16.2M has been identified at this point, which is a reduction of £0.7M since the last report and this reflects the work undertaken over the last few weeks to get a firm set of 2013/14 schemes.
- The risk adjusted value of these schemes is £13.6M
- There has been a material movement in the status of these schemes with red schemes now accounting for 73% of the total down from 85% and green and amber schemes now at 27% up from 15%

7 STATEMENT OF FINANCIAL POSITION

7.1 Non-Current Assets

Non-Current Assets at the end of October 2012 totalled **£345M**, a net increase of £1.1M over the previous month. This increase was due to capital expenditure net of depreciation.

7.2 Capital expenditure

The Trust's capital plan for the 7 months ending 31st October 2012 is £31M. The total spend to date amounts to **£13.4M** representing an under spend to date of £17.6M.

	Annual Plan £M	Plan YTD £M	Actual YTD £M	Variance £M	Forecast Outturn £M
Hospital Redevelopment	32.9	19.2	6.6	12.6	20.6
Estates Maintenance Projects	6.2	3.6	2.3	1.4	5.2
Facilities Projects	0.4	0.2	0.3	-0.1	0.3
IT Related Projects	4.5	2.6	1.3	1.3	3.5
Medical Equipment Purchases	9.2	5.4	2.9	2.5	4.3
Total Additions in Year	53.3	31.0	13.4	17.6	33.9
Asset Disposals	0	0	0	0	0
Donated Funded Projects	-43.4	-25.3	-10.3	-14.9	-25.6
Trust Funded Projects	9.9	5.7	3.1	2.7	8.3

Redevelopment

Redevelopment projects have spent £6.6M to date primarily due to the equipping and commissioning of the Morgan Stanley Clinical Building £4.9M and Phase 2B Enabling £1.6M. This also includes £0.7M disputed VAT repayment, which the Trust now expects to recover following an investigation by HMRC.

Estates and Facilities

Estates Maintenance Projects have incurred expenditure of £2.3M to date, £1.6M on Trust funded schemes and £0.7M on Donated schemes, resulting in slippage of £1.4M.

IT projects have incurred expenditure of £1.3M to date, resulting in current year slippage of a further £1.3M.

Medical Equipment Projects

£3M has been spent on Medical Equipment projects, with £1.3M relating to the Re-equipping of the Ocean Theatres, resulting in current year slippage of £2.5M.

7.3 Current Assets (excluding Cash & Cash Equivalents)

Current assets (excluding cash & cash equivalents) decreased by £2.0M in the month due to net cash collections, the level at the end of September having been unusually high.

7.4 Current Liabilities

Current Liabilities have increased by £3.3M in the month the largest component being an increase in deferred revenue due to certain quarterly income being invoiced in advance

8 WORKING CAPITAL

8.1 The Trust had cash holdings of **£25.5M** at 31 October 2012, and had operating cash balances of between £20.3M and £44.6M throughout the month. The cumulative commercial bank account balances were £0.011M.

The closing cash balance was higher than forecast (£3.6M above target) due to the cumulative surplus above plan and capital expenditure behind plan. This offsets the continued aged debt in IPP and the Non NHS ledgers.

8.2 Trade Debt

Debt is £6.9M higher than this time last year. This is due mainly to:

Increased trading IPP activity resulting in increased debt due	£3.3m
Increased age of debt in IPP	£2.6m
Delayed payment on Kuwait Education contract	£1.9m

This is offset by lower debt in the NHS, which is mostly performance debt.

NHS debt

NHS debt is £4.4M with £1.7M outside of terms. The largest overdue debtor is now Camden PCT (0.7M) a large proportion being due to the single invoice for overseas patients where a proportion is disputed.

Non-NHS debt

Non NHS debt is £3.3M of which £2.5M is related to the Kuwait education contract. We have been advised that payment is due to be made in November 2012.

IPP debt

IPP debt is at £13.9M, a slight decrease on the previous month. The value of aged IPP debt is now **£6.2M**; £3.5M is attributable to three Embassies. GOSH has received assurances that a significant proportion of this will be cleared during November, the delays being due to religious holidays .

8.3 Trade payables

Trade payables (excluding capital) were £8.3M, a small decrease of £0.5M due mainly to payments to creditors.

The value of creditors over 90 days on the payables ledger decreased to £0.09m from £0.35M due to the settlement of several aged invoices.

Creditor days decreased to 26.9 days from 26.27 and remain within target.

BPPC is cumulatively 85% by invoice count and 83.2% by value.

Great Ormond Street Hospital for Children NHS Foundation Trust Finance and Activity Performance Report Period 7 2012/13 Contents

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Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Activity Performance Report Period 7 2012/13

Dashboard

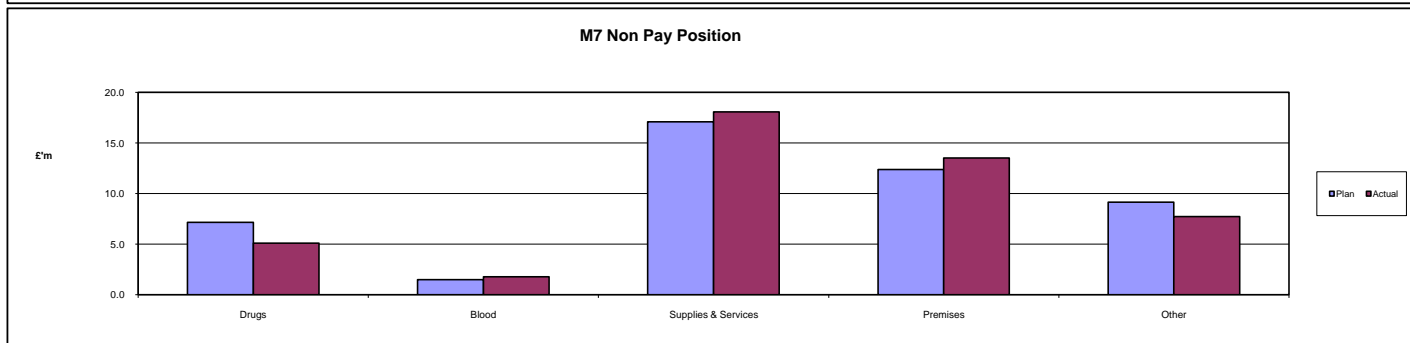
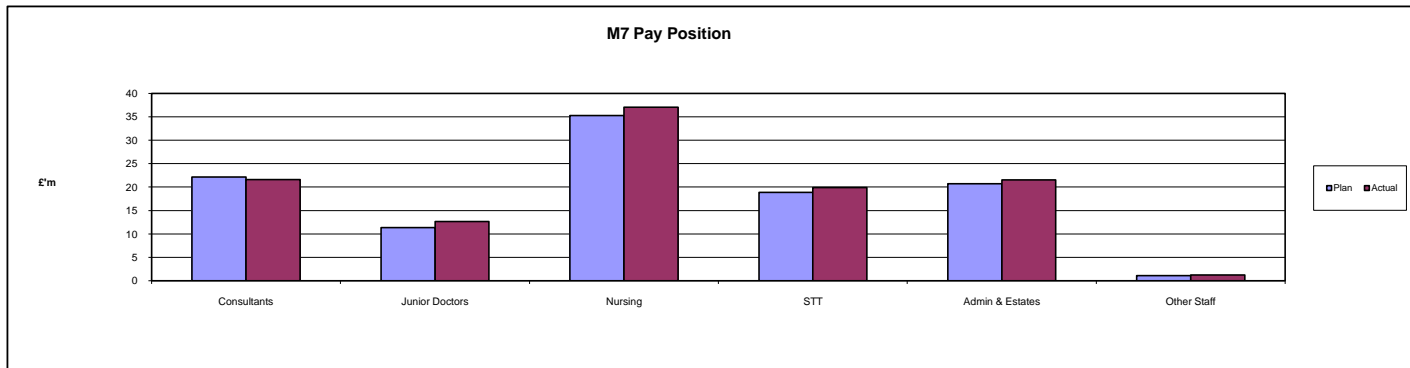
Trading Position - Trust Summary £m	Month	Month	Month	YTD	YTD	YTD	2011/12	2012/13 YTD
	ACTUALS	BUDGET	VARIANCE	ACTUALS	BUDGET	VARIANCE	ACTUAL YTD	actual variance to 11/12 YTD actual
NHS CLINICAL	£22.9	£22.8	£0.2	£152.3	£152.7	-£0.3	£147.3	£5.0
NON NHS CLINICAL	£3.2	£2.9	£0.3	£26.9	£19.6	£7.3	£18.9	£7.9
OTHER INCOME	£3.7	£4.2	-£0.5	£26.6	£29.5	-£2.9	£28.0	-£1.4
INCOME TOTAL (excl Capital Donations)	£29.8	£29.9	-£0.1	£205.8	£201.7	£4.0	£194.2	£11.6
INCOME TOTAL (incl Capital Donations)	£31.8	£33.5	-£1.7	£216.1	£227.0	-£10.9	£197.8	£18.3
PAY	-£16.9	-£16.3	-£0.6	-£115.0	-£113.2	-£1.8	-£112.8	-£2.2
NON PAY	-£11.1	-£11.0	-£0.1	-£74.3	-£74.4	£0.1	-£67.4	-£6.9
EBITDA (excl Capital Donations)	£1.8	£2.6	-£0.8	£16.4	£14.1	£2.3	£14.0	£2.4
EBITDA % of plan (excl Capital Donations)			71%			117%		
Depreciation	-£1.3	-£2.1	£0.8	-£9.1	-£10.0	£0.9	-£8.4	-£0.8
Impairments	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0
PDC	-£0.5	-£0.5	£0.0	-£3.4	-£3.3	£0.0	-£3.4	-£0.1
Profit / loss of the disposal of assets	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0
Interest	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	£0.0	-£0.1
SURPLUS (excl Capital Donations)	£0.0	£0.0	£0.0	£3.8	£0.7	£3.1	£2.3	£1.5
SURPLUS % of Plan (excl Capital Donations)			-47%			515%		
EBITDA MARGIN				3	3	0	3	0
EBITDA ACHIEVEMENT				5	5	0	3	2
RETURN ON ASSETS				3	3	0	3	0
I&E SURPLUS				5	5	0	4	1
LIQUIDITY				4	4	0	2	2
Overall FRR Performance				4	4	0	3	1

Trading Position - Unit Summary £m	Pay			Non Pay			Income			Contribution after cost apportionment of IPP outlier activity		
	Actual	Variance	% Variance	Actual	Variance	% Variance	Actual	Variance	% Variance	Actual	Variance	% Variance
Cardiac	-£21.8	£0.1	0.4%	-£8.9	-£1.1	-13.7%	£43.2	-£1.4	-3.1%	£13.5	-£2.0	-13.7%
Neurosciences	-£10.7	£0.0	0.1%	-£2.5	-£0.5	-25.8%	£15.9	£0.1	0.9%	£2.9	-£0.3	-10.4%
ICI	-£17.7	£0.2	1.2%	-£16.1	-£2.5	-18.1%	£34.8	-£0.1	-0.2%	£1.1	-£2.3	-68.7%
MDTS	-£21.7	-£0.5	-2.6%	-£14.8	£0.1	1.0%	£28.1	£0.2	0.7%	-£7.2	£0.1	1.7%
Surgery	-£18.3	-£0.8	-4.3%	-£7.8	-£0.8	-11.0%	£29.2	-£0.5	-1.6%	£4.6	-£2.0	-39.2%
International	-£4.5	£0.2	4.2%	-£4.6	-£0.4	-9.1%	£24.9	£1.4	5.9%	£12.0	£0.4	3.0%
Corporate Facilities	-£3.5	£0.0	-0.9%	-£5.6	-£0.6	-12.2%	£0.4	-£0.2	-31.2%	-£8.8	-£0.8	-10.0%
Research & Innovation	-£3.2	£0.5	13.2%	-£0.7	£1.1	60.4%	£7.5	-£1.5	-17.1%	£3.5	£0.1	2.8%
Finance & ICT	-£4.9	-£0.8	-20.5%	-£2.67	£0.1	2.4%	£0.2	£0.1	71.1%	-£7.4	-£0.7	-10.3%
Estates	-£1.4	£0.0	-0.6%	-£6.2	-£0.3	-4.6%	£0.4	£0.0	5.1%	-£7.2	-£0.3	-3.8%
Human Resources	-£1.3	£0.0	0.9%	-£0.5	£0.0	-11.4%	£0.4	-£0.1	-13.0%	-£1.4	-£0.1	-7.1%
Nursing & Workforce	-£2.3	£0.2	6.4%	-£0.6	£0.4	38.6%	£1.0	-£0.1	-9.5%	-£1.8	£0.4	18.0%
Clinical & Medical Operations	-£1.9	£0.0	-2.2%	-£1.6	£0.1	3.8%	£0.6	-£0.1	-15.6%	-£3.0	-£0.1	-2.8%
Corporate Affairs	-£0.4	£0.1	21.8%	-£0.5	£0.0	1.4%	£0.0	£0.0	-29.7%	-£0.9	£0.1	10.9%
New Born Screening	-£0.2	£0.1	40.3%	-£0.2	£0.2	47.5%	£0.4	-£0.3	-45.6%	£0.0	£0.0	0.0%
Redevelopment	-£0.3	£0.1	30.2%	-£0.1	£0.0	-12.4%	£0.4	-£0.2	-39.2%	£0.0	-£0.1	-100.0%
Haringey / North Middlesex	£0.0	£0.0	0.0%	£0.0	£0.0	0.0%	£0.0	£0.0	0.0%	£0.0	£0.0	0.0%
Depreciation / Dividends	£0.0	£0.0	0.0%	-£12.6	£0.8	5.7%	£0.0	£0.0	0.0%	-£12.6	£0.8	5.7%
Other	-£0.8	-£1.1	364.2%	-£1.0	£4.3	80.7%	£18.4	£7.1	63.1%	£16.6	£10.3	163.8%
Trust total surplus (excl Capital Donations)	-£115.0	-£1.8	-1.6%	-£86.9	£0.8	0.1%	£205.8	£4.5	2.2%	£3.8	£3.5	1202.0%

* Clinical unit actual contribution values have been adjusted to take account of outlier IPP costs.

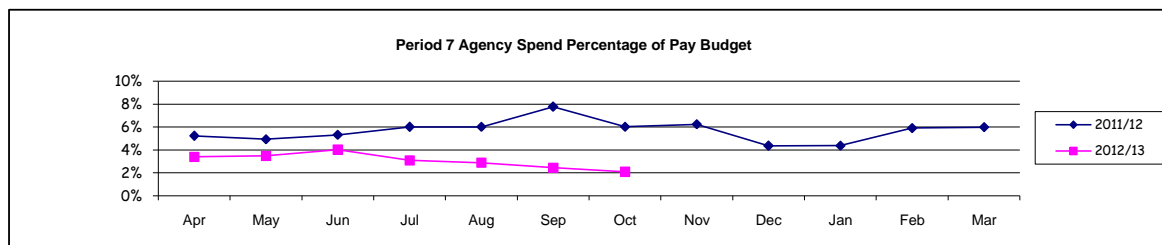
* Contribution variances have been adjusted to reflect increases in IPP outlier costs as compared to 11-12.

Great Ormond Street Hospital for Children NHS Foundation Trust Finance and Activity Performance Report Period 7 2012/13 Trust Summary



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

* Non pay budgets exclude pass through drugs, blood and clinical supplies



Staffing	11/12	WTE	Maternity	Temp	Overtime	Total	WTE above
Staff Numbers	M12 WTE	Paid	Paid	Paid	Paid	Paid	11/12 M12
Admin and Other Support	927	811	15	97	5	927	0
Clinical Support	762	668	38	17	5	728	-34
Medical	550	509	16	35	0	560	9
Nursing	1,502	1,345	67	111	2	1,525	23
Total	3,741	3,333	136	259	12	3,740	-1

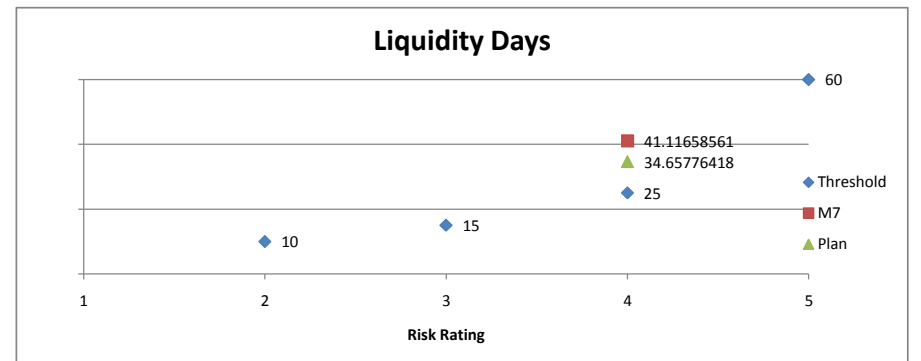
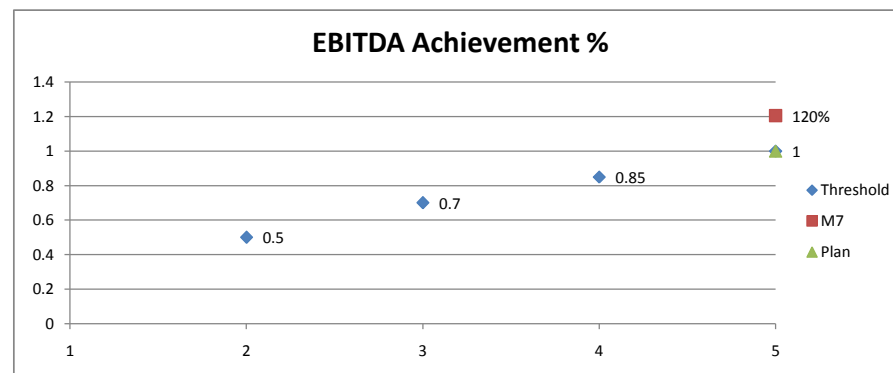
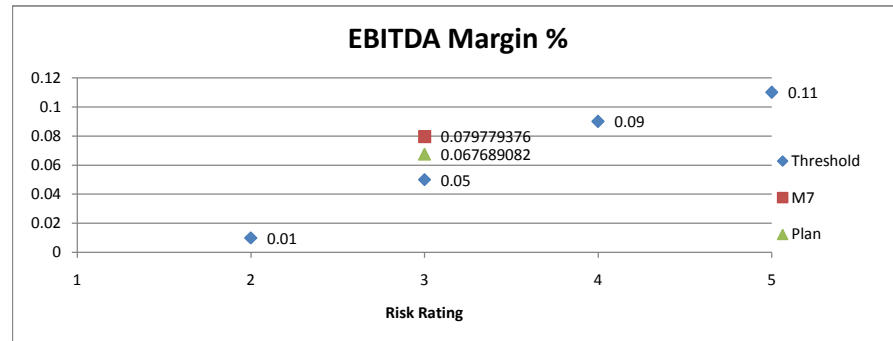
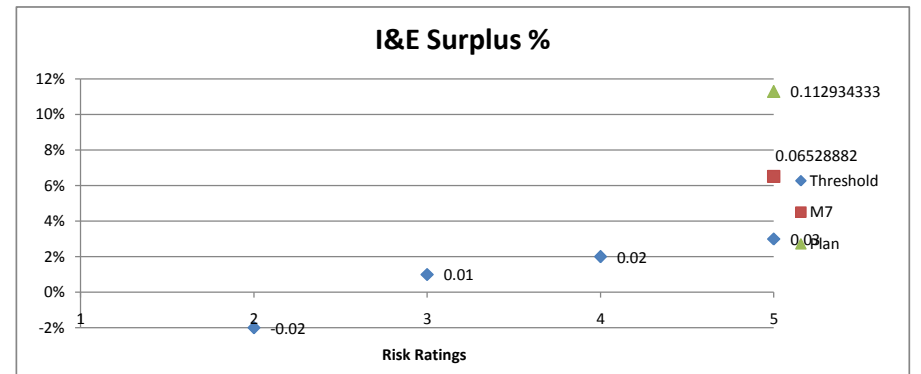
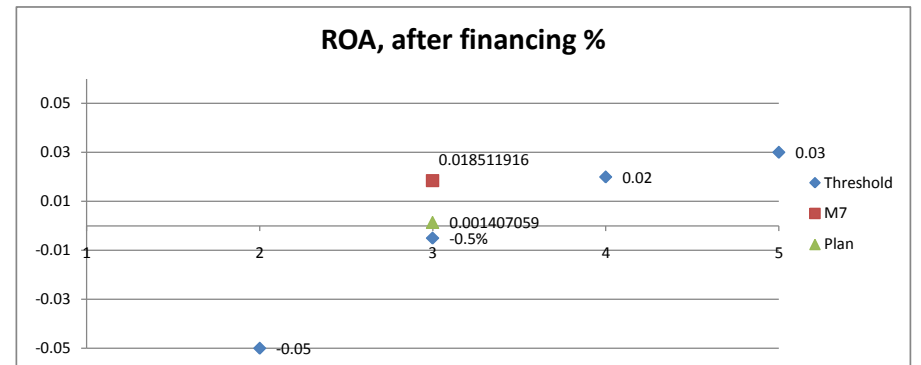
* 12/13 wte comparator includes maternity leave at M12

Great Ormond Street Hospital for Children NHS Foundation Trust
 Finance and Activity Performance Report Period 7 2012/13
 Ratio Analysis

Provider Agency Rating	Target for FT Status	M7 12/13 Actual	M6 12/13 Actual	M7 Score - Monitor Basis
EBITDA Margin	5%	8.0%	8.3%	3
EBITDA % Achieved	70%	120%	131.0%	5
ROA, after financing	3%	1.9%	2.2%	3
I&E Surplus margin	1%	6.5%	6.5%	5
Liquidity Days	15.0	41	41	4
Weighted Average	3.0	3.9	4.1	3.9
Overall Rating	3	4	4	4
IPP Cap (Max 9.7%)	9.7%	13.2%	13.8%	

* Ratios calculated as per Monitor guidance

Salary Overpayments		
Unit	No.	Amount £'000
Surgery	4	4.7
Neuro	2	3.6
R&I	1	2.1
ICI	1	0.3
TOTAL	8	10.7



Great Ormond Street Hospital for Children NHS Foundation Trust
Finance and Activity Performance Report Period 7 2012/13
CRES Performance

2012/13 - value of CRES schemes at period 7

Division	Schemes completed	Schemes in progress	Feasible schemes	Suggested schemes	Total savings identified*	Risk adjusted scheme value	Delivery target	Delivery Variance Total scheme Value	Delivery Variance Risk adjusted value
Cardiac	744,418	1,638,601	306,858	0	2,689,877	2,512,471	3,576,600	-886,723	-1,064,129
ICI	1,378,668	551,034	222,603	0	2,152,305	2,035,271	2,678,200	-525,895	-642,929
International	2,051,960	241,163	147,847	0	2,440,970	2,384,053	1,022,000	1,418,970	1,362,053
MDTS	903,682	1,037,925	51,885	0	1,993,493	1,957,069	2,154,000	-160,507	-196,931
Neurosciences	314,454	1,250,203	12,882	0	1,577,539	1,534,716	1,383,000	194,539	151,716
Surgery	452,112	882,513	142,079	0	1,476,704	1,408,391	2,039,326	-562,622	-630,935
Corporate facilities	397,856	401,123	283,193	188,333	1,270,505	926,604	1,214,900	55,605	-288,296
Clinical Operations	189,554	14,080	434	0	204,068	203,831	193,200	10,868	10,631
Corporate affairs	101,719	12,623	0	0	114,342	113,969	152,600	-38,258	-38,631
Estates	146,363	142,150	115,400	0	403,913	333,153	749,300	-345,387	-416,147
Finance & ICT	160,806	110,634	391,223	134,885	797,548	437,324	810,082	-12,534	-372,758
HR & workforce	90,078	35,428	62,711	26,000	214,217	182,594	256,200	-41,983	-73,606
Medical director	91,762	20,000	0	0	111,762	111,562	88,200	23,562	23,362
Nursing & Education	206,657	180,029	7,000	0	393,685	388,425	347,200	46,485	41,225
R&I	28,000	0	0	0	28,000	28,000	53,200	-25,200	-25,200
Total	7,258,088	6,517,505	1,744,115	349,218	15,868,926	14,557,433	16,718,008	-849,082	-2,160,575
% of total identified savings	46%	41%	11%	2%					

* Total schemes identified prior to risk adjustment methodology being applied

Movement in 12/13 CRES scheme values during period 6

Division	Schemes completed	Schemes in progress	Feasible schemes	Suggested schemes	Total savings identified*
Cardiac	17,000	767,433	-212,524	0	571,909
ICI	0	-154,285	-32,548	-10,000	-196,833
International	160	-160	0	0	0
MDTS	40,066	1,221	-111,146	0	-69,860
Neurosciences	-284,186	284,186	0	0	0
Surgery	-263,375	-558,465	142,079	0	-679,761
Corporate facilities	-51,921	-90,249	154,846	-35,000	-22,324
Clinical Operations	3,684	-2,888	434	0	1,230
Corporate affairs	-377	-858	-716	-6,164	-8,115
Estates	31,931	-41,994	23,673	-49,650	-36,040
Finance & ICT	79,456	-11,665	-172,656	116,885	12,020
HR & workforce	-19,699	-44,953	61,280	0	-3,372
Medical director	0	0	0	0	0
Nursing & Education	101,827	-26,443	-40,000	0	35,383
R&I	0	0	0	0	0
Total	-345,435	120,880	-187,278	16,071	-395,763
Risk adjusted totals					-637,166

* This includes the transfer of £616k ICU schemes from Surgery to Cardiac in M7

* Total schemes identified

2013 / 14 - value of CRES schemes at period 7

Division	Schemes completed	Schemes in progress	Feasible schemes	Suggested schemes	Total savings identified (1)
Cardiac	0	5,857	512,172	2,111,640	2,629,669
ICI	0	27,321	141,561	1,811,054	1,979,936
International	0	0	582,000		582,000
MDTS	0	81,594	565,746	2,222,721	2,870,061
Neurosciences	0	973,530	59,112	1,318,593	2,351,235
Surgery	0	331,308	607,340	1,603,624	2,542,272
Corporate facilities	0	53,596	0	1,055,000	1,108,596
Clinical Operations & Medical Operations	0	268,500	0	267,000	535,500
Corporate affairs	0	0	0	125,305	125,305
Estates	0	673	90,250	272,795	363,718
Finance & ICT	0	0	0	488,240	488,240
HR & workforce	0	0	0	263,000	263,000
Nursing & Education	0	24,372	0	260,331	284,703
R&I	0	0	50,000	35,000	85,000
Total	0	1,766,751	2,608,181	11,834,303	16,209,235
% of total identified savings	0%	11%	16%	73%	
Risk adjusted totals					13,649,768
Planning total					13,700,000

* The final targets for 2013/14 will be a combination of the planning total, carried forward undelivered CRES and other reductions required to cover cost pressures.

2012/13 - CRES delivery at period 7

Division	YTD CRES delivery
Cardiac	1,187,221
ICI	1,113,874
International	1,167,267
MDTS	802,225
Neurosciences	683,723
Surgery	679,904
Corporate facilities	428,379
Clinical Operations	112,590
Corporate affairs	62,181
Estates	110,838
Finance & ICT	139,746
HR & workforce	104,134
Medical director	65,526
Nursing & Education	152,839
R&I	4,769
Total	6,815,214
% of total identified	43%
YTD Plan	7,586,000
YTD Variance to	-770,786

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Activity Performance Report Period 7 2012/13

Revenue Statement

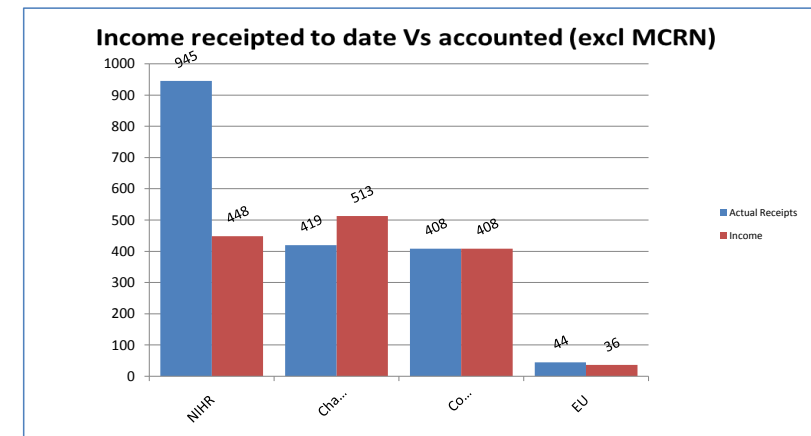
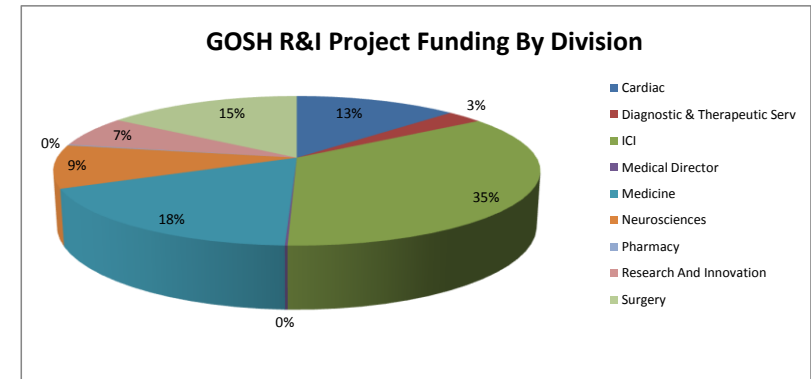
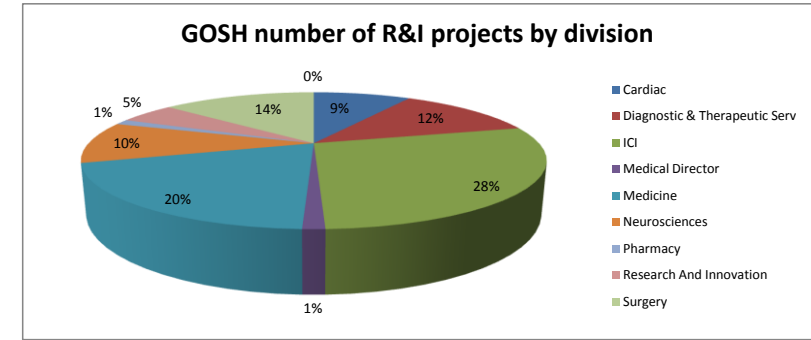
£'000	12/13 Annual Budget	12/13 Mth 7 Actual	12/13 Mth 7 Variance to Plan	12/13 YTD Actual	12/13 YTD Variance to Plan	12/13 YTD Actual Variance to 11/12 YTD Actual
Day Case	18,667	1,956	198	10,986	-107	666
Elective	50,782	4,625	-142	29,340	-714	2,352
Non-Elective	13,965	1,287	100	9,339	1,152	1,898
Outpatients	35,103	3,067	40	19,897	-537	499
Hdu Bed Days	10,192	802	-137	5,044	-977	-2,723
Itu Bed Days	24,024	1,899	-141	12,882	-1,203	-188
Ncg	30,306	2,471	-54	17,133	-545	-530
Other Nhs Clinical	34,851	2,820	170	20,544	968	376
Pass-Through	43,534	3,999	133	27,153	1,624	2,644
Nhs Clinical Income	261,424	22,927	167	152,319	-339	4,995
Private Patient	28,538	2,548	48	23,638	6,914	7,666
Non Nhs Clinical Income	4,906	614	210	3,214	357	256
Non-Nhs Clinical Income	33,444	3,162	258	26,852	7,271	7,922
Education & Training	9,880	810	-13	5,591	-172	-549
Research & Development	19,523	1,259	-368	10,263	-1,125	-395
Non-Patient Services	634	37	23	366	-31	-158
Catering, accommodation & parking	759	97	13	452	9	-193
Charitable Contributions	6,169	527	-15	3,364	-235	1,369
Other Non-Clinical	11,875	957	-10	6,281	-658	-804
Nhs Bank Funding	892	-5	-79	291	-229	23
Non Clinical Income	49,732	3,682	-450	26,609	-2,440	-708
Total Income, excluding Capital Donations	344,599	29,771	-25	205,780	4,492	12,209
Directors & Senior Managers	-8,822	-685	53	-4,811	339	114
Consultants	-39,610	-2,997	447	-21,622	1,484	-271
Junior Doctors	-20,195	-1,610	124	-11,288	492	-776
Junior Doctors Agy	7	5	5	-256	-260	700
Junior Doctors Bank	-77	-211	-205	-1,091	-1,046	-56
Administration & Estates	-27,677	-1,935	474	-13,645	2,501	-286
Administration & Estates Agy	-495	-216	-149	-1,754	-1,465	951
Administration & Estates Bank	-10	-262	-261	-1,360	-1,354	-1,339
Healthcare Assist & Support	-1,585	-160	-28	-1,061	-136	181
Healthcare Assist & Supp Agy	0	0	0	-11	-11	139
Nursing Staff	-62,854	-4,793	648	-33,771	2,894	-1,926
Nursing Staff Agy	-21	-49	-47	-838	-826	718
Nursing Staff Bank	-169	-417	-378	-2,481	-2,383	137
Scientific Therap Tech	-33,644	-2,667	105	-19,151	540	-705
Scientific Therap Tech Agy	0	-82	-82	-588	-588	624
Scientific Therap Tech Bank	0	-25	-25	-144	-144	-55
Other Staff	-380	-27	5	-165	56	-11
Pay Reserves	-6,592	-725	-876	-975	2,684	-333
Cips And Cres Unidentified - P	7,809	0	-389	0	-4,575	0
Pay	-194,314	-16,856	-582	-115,014	-1,800	-2,195
Drugs Costs	-12,346	-634	614	-5,122	2,323	-116
Blood Costs	-2,712	-309	-38	-1,784	-226	-114
Supplies & Services - Clinical	-20,660	-1,857	-34	-12,734	-582	-570
Services From Nhs Organisation	-4,504	-416	14	-2,631	17	-352
Healthcare From Non-Nhs Bodies	-3,294	-308	-31	-1,498	439	231
Supplies & Services - General	-1,829	-203	-32	-1,236	-169	-64
Consultancy Services	-1,796	-179	25	-823	224	-24
Clinical Negligence Costs	-2,214	-184	0	-1,291	1	-154
Establishment Costs	-2,710	-232	-19	-1,540	41	-11
Transport Costs	-2,883	-213	35	-1,575	107	-73
Premises Costs	-22,146	-2,140	-283	-13,536	-631	-2,527
Auditors Fees	-420	-35	0	-291	-46	-84
Education And Research Costs	-2,698	-117	103	-501	1,072	231
Expenditure - Other	-3,688	-243	-47	-2,593	-412	-637
Pass Through	-43,534	-3,999	-133	-27,153	-1,624	-2,644
Non Pay Reserves	-2,828	-7	-72	-40	1,530	-32
Cips And Cres Unidentified - N	3,351	0	-167	0	-1,963	0
Non Pay Costs	-126,911	-11,075	-65	-74,349	100	-6,940
EBITDA, excluding Capital Donations	23,374	1,839	-671	16,417	2,791	3,074
Interest Receivable	36	7	4	44	23	1
P & L On Disp Of Fixed Assets	0	0	0	-33	-33	-28
Fixed Asset Impair & Reversals	-1,650	0	0	0	0	0
Depreciation & Amortisation	-20,710	-1,337	753	-9,130	895	-758
Other Revenue / Expenditure	-24	-3	-1	-21	-7	3
Pdc Dividend Payable	-5,680	-492	-18	-3,442	-128	-78
Other Revenue / Expenditure	-28,028	-1,824	738	-12,581	750	-860
Retained Surplus / (Deficit), excluding Capital Donations	-4,654	15	67	3,836	3,541	2,214
Receipt Of Capital Donations	43,362	2,027	-1,586	10,306	-14,988	6,747
Retained Surplus / (Deficit), including Capital Donations	38,708	2,042	-1,519	14,143	-11,447	8,961

Great Ormond Street Hospital for Children NHS Foundation Trust
 Finance and Activity Performance Report Period 7 2012/13
 Research and Innovation Activity

Summary Research & Innovation Income and Expenditure

	Full Year Forecast	Full Year Budget	12/13 YTD budget	12/13 YTD Actuals	12/13 YTD Variance to Budget	11/12 YTD Actuals	12/13 YTD actual variance to 11/12 YTD actual
TOTAL RESEARCH & INNOVATION DIRECTORATE							
Biomedical Research Centre	6,581	7,132	4,160	3,034	(1,126)	4,217	(1,183)
NIHR Income (Incl project specific, Research Capability funding and Central London Research Network CLRN)	4,149	4,516	2,634	2,237	(397)	2,328	(91)
Charity funded projects	1,247	1,425	823	513	(310)	981	(468)
Commercial	669	854	487	408	(79)	70	338
European Union	53	50	29	36	7	1	35
Other	86	115	78	51	(27)	40	11
- R&I Income Deferred from 11-12	0	0	0	285	285	0	285
Research & Innovation Sub-Total	12,784	14,091	8,212	6,565	(1,647)	7,637	(1,072)
- Expenditure	(7,061)	(8,254)	(4,813)	(3,071)	1,742	(3,251)	180
	5,723	5,837	3,399	3,494	95	4,386	(892)
Expenditure in clinical units	5,564	5,652	3,295	3,346	51	4,538	(1,192)
Total R&I Division (excl MCRN)	159	185	104	147	44	(152)	299
- R&D Income Local Research Network MCRN (Hosted Network)	1,347	1,347	794	905	111	627	278
- Expenditure LRN MCRN	(1,347)	(1,347)	(794)	(905)	(111)	(614)	(291)
Total LRN MCRN	0	(0)	(0)	0	0	13	(13)
TOTAL R&I Division	159	185	104	147	(44)	(139)	286
Devolved Income							
- DTS : From CLRN Service Support	0	0	0	0	0	52	(52)
- Medicine : Grants	0	213	125	106	(18)	99	7
- ICI : From CLRN Support / NIHR Fellowships	0	565	318	317	(0)	90	227
- Surgery : From Charitable Donation	0	0	0	0	0	3	(3)
Total Centrally Held and Devolved Income	0	778	442	424	(18)	244	180
Revenue and Direct Expenditure by Funding Source							
Biomedical Research Centre including Clinical Research Facility							
- Income	6,581	7,132	4,160	3,034	(1,126)	4,217	(1,183)
- Income deferred from 11-12	0	0	0	285	285	0	285
- Commercial Trials Income	0	0	0	0	0	70	(70)
-Income Total	6,581	7,132	4,160	3,319	(841)	4,287	(968)
- Expenditure	(3,606)	(4,156)	(2,426)	(1,487)	939	(1,340)	(147)
	2,975	2,976	1,734	1,832	98	2,947	(1,115)
R&D GOSH Charity Funded Projects							
-Income Total	1,247	1,425	823	513	(310)	981	(468)
- Expenditure	(1,264)	(1,417)	(819)	(517)	302	(857)	340
	(17)	8	4	(3)	(8)	124	(127)
CLRN (Central London Research Network) Income							
-Income Total	1,018	1,150	671	471	(200)	408	63
- Expenditure CLR	(690)	(734)	(429)	(275)	154	(182)	(93)
	328	416	242	196	(46)	226	(30)
National Institute for Health Research:Project Specific grants							
-Income Total	871	1,106	645	448	(197)	562	(114)
- Expenditure	(763)	(998)	(586)	(385)	201	(552)	167
	108	108	59	63	4	10	53
European Union grants							
-Income Total	53	50	29	36	7	1	35
-Expenditure	(48)	(45)	(26)	(28)	(1)	(1)	(27)
	5	5	3	9	6	0	9
Other:							
- NIHR Research Capability Funding	2,260	2,260	1,318	1,318	(0)	1,358	(40)
- Commercial Trials Income	669	854	487	408	(79)	0	408
- Income Other R&I	86	115	78	51	(27)	40	11
-Income Total	3,015	3,229	1,883	1,777	(106)	1,398	379
- Expenditure	(691)	(904)	(528)	(380)	148	(319)	(61)
	2,323	2,325	1,356	1,398	42	1,079	319
Local Research Network MCRN (Host arrangement for Central and North East London)							
Income Sub-Total	1,347	1,347	794	905	111	627	278
-Expenditure	(1,347)	(1,347)	(794)	(905)	(111)	(614)	(291)
	0	(0)	(0)	(0)	0	13	(13)

The pie charts 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.



For NIHR and EU, income is only recognised where expenditure has been incurred.

Great Ormond Street Hospital for Children NHS Foundation Trust
 Finance and Activity Performance Report Period 7 2012/13
 Statement of Financial Position

	Actual as at 1 April 2012	Actual as at 30 September 2012	Actual as at 31 October 2012	Change in month
	£000	£000	£000	£000
Non Current Assets :				
Property Plant & Equipment - Purchased	170,632	169,846	169,734	(112)
Property Plant & Equipment - Donated	155,706	159,860	161,193	1,333
Property Plant & Equipment - Gov Granted	301	291	288	(3)
Intangible Assets - Purchased	2,034	1,746	1,697	(49)
Intangible Assets - Donated	2,897	2,873	2,869	(4)
Trade & Other Receivables	9,042	8,790	8,763	(27)
Total Non Current Assets :	340,612	343,406	344,544	1,138
Current Assets :				
Inventories	6,209	6,641	6,618	(23)
Revenue Debtors - Invoiced	19,103	26,926	22,467	(4,459)
NHS Trade Receivables - Accrued	3,051	6,349	8,862	2,513
Capital Receivables	6,690	5,556	6,584	1,028
Provision for Impairment of Receivables	(1,126)	(2,071)	(2,067)	4
Prepayments & Accrued Income	3,722	7,296	6,496	(800)
HMRC VAT	1,037	804	589	(215)
Other Receivables	784	647	578	(69)
Cash & Cash Equivalents	26,628	19,296	25,516	6,220
Total Current Assets :	66,098	71,445	75,643	4,199
Total Assets :	406,710	414,851	420,187	5,337
Current Liabilities :				
NHS Trade Payables	(3,922)	(6,279)	(5,893)	386
Non NHS Trade Payables	(8,675)	(2,608)	(2,481)	127
Capital Payables	(7,445)	(5,184)	(5,234)	(50)
Expenditure Accruals	(11,954)	(13,202)	(13,314)	(113)
Deferred Revenue	(4,290)	(5,482)	(7,816)	(2,334)
Tax & Social Security Costs	(4,136)	(4,078)	(4,149)	(71)
Other Payables	0	0	(492)	(492)
Payments on Account	(228)	(228)	(228)	0
Lease Incentives	(437)	(407)	(407)	0
Other Liabilities	(3,185)	(3,507)	(3,536)	(29)
Provisions for Liabilities & Charges	(3,123)	(2,682)	(3,399)	(717)
Total Current Liabilities :	(47,395)	(43,657)	(46,949)	(3,293)
Net Current Assets	18,703	27,788	28,694	906
Total Assets Less Current Liabilities :	359,315	371,194	373,238	2,044
Non Current Liabilities :				
Lease Incentives	(6,957)	(6,781)	(6,747)	34
Provisions for Liabilities & Charges	(1,234)	(1,191)	(1,227)	(36)
Total Non Current Liabilities :	(8,191)	(7,972)	(7,974)	(2)
Total Assets Employed :	351,124	363,222	365,264	2,042
Financed by Taxpayers' Equity :				
Public Dividend Capital	124,732	124,732	124,731	(1)
Retained Earnings	174,430	186,614	188,671	2,057
Revaluation Reserve	48,848	48,762	48,748	(14)
Other Reserves	3,114	3,114	3,114	0
Total Taxpayers' Equity :	351,124	363,222	365,264	2,042

Great Ormond Street Hospital for Children NHS Foundation Trust
 Finance and Activity Performance Report Period 7 2012/13
 Statement of Cash Flow

	Actual For Month Ending 31 October 2012 £000	Actual For YTD Ending 31 October 2012 £000
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>		
Operating Surplus	503	7,287
Charitable Contributions - Capex	2,027	10,306
Depreciation and Amortisation	1,337	9,130
Decrease/(increase) in Inventories	23	(409)
Decrease/(increase) in Trade and Other Receivables	2,025	(9,969)
Increase in Trade and Other Payables	2,004	676
(Decrease)/increase in Other Current Liabilities	(5)	111
Increase in Provisions	750	248
<i>Net Cash Inflow from Operating Activities :</i>	8,664	17,380
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>		
Interest received	7	44
Payments for Property, Plant and Equipment	(2,451)	(15,592)
Payments for Intangible Assets	0	(3)
Proceeds from Disposal of Property , Plant and Equipment	0	9
<i>Net Cash Outflow from Investing Activities :</i>	(2,444)	(15,542)
NET CASH INFLOW BEFORE FINANCING :	6,220	1,838
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>		
PDC Dividend Paid	0	(2,950)
<i>Net Cash outflow from Financing :</i>	0	(2,950)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS :	6,220	(1,112)

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Activity Performance Report Period 7 2012/13

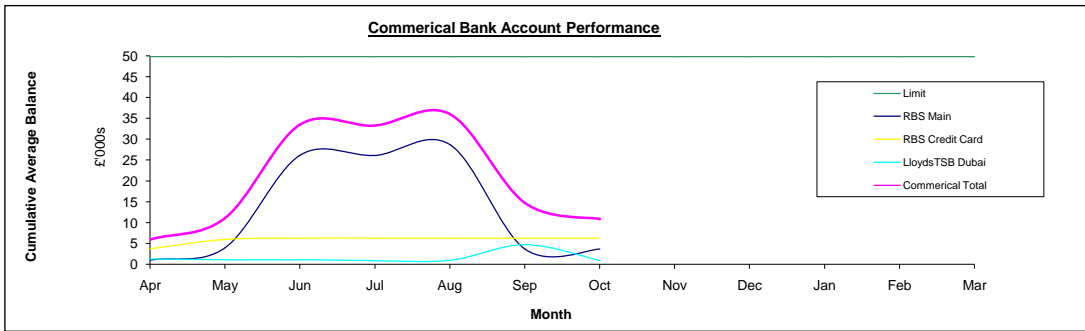
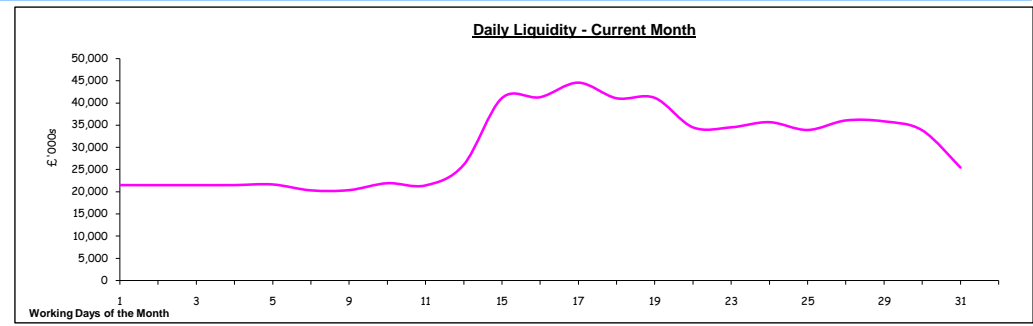
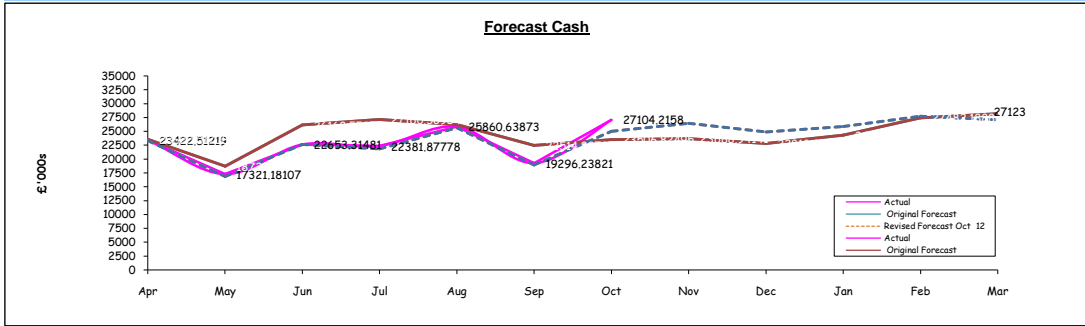
NHS Clinical Activity & Income

	12/13 YTD						Comparison to 11/12					
	Income £000			Activity			Income £000			Activity		
	YTD 12/13 Actual	YTD 12/13 Variance	YTD 12/13 Variance %	YTD 12/13 Actual	YTD 12/13 Variance	YTD 12/13 Variance %	YTD 11/12 Actual	Variance 12/13 to 11/12	Variance 12/13 to 11/12 %	YTD 11/12	Variance 12/13 to 11/12	Variance 12/13 to 11/12 %
Day case	10,986	-107	-1.1%	7,605	-96	-1.5%	10,320	666	6.4%	7,067	538	7.6%
Elective	27,142	-1,002	-4.2%	6,675	9	0.2%	26,363	779	3.0%	6,093	583	9.6%
Elective Excess Bed days	2,198	288	20.3%	4,421	417	14.0%	625	1,572	251.4%	1,442	2,979	206.6%
TOTAL ELECTIVE	29,340	-714	-2.8%				26,989	2,352	8.7%			
Non Elective	8,318	1,125	18.3%	1,051	-19	-2.1%	7,066	1,253	17.7%	975	75	7.7%
Non Elective Excess Bed Days	1,021	26	3.1%	2,182	-5	-0.3%	376	646	171.9%	774	1,408	181.9%
TOTAL NON ELECTIVE	9,339	1,152	16.4%				7,441	1,898	25.5%			
Outpatient	19,897	-537	-3.1%	77,776	-3,198	-4.6%	19,398	499	2.6%	69,752	8,024	11.5%
Undesignated HDU Bed days	3,302	-471	-14.8%	3,135	-502	-16.4%	5,529	-2,227	-40.3%	5,205	-2,070	-39.8%
Haem/Onc Other	408	-661	-73.5%	-	-	-	1,049	-641	-61.1%	0	-	-
Non Consortium HDU Bed days	394	29	9.4%	371	28	9.5%	336	58	17.1%	311	60	19.3%
Picu Consortium HDU	940	126	18.0%	970	170	24.9%	852	88	10.3%	766	204	26.6%
TOTAL HDU	5,044	-977	-19.2%	4,476	-304	-7.5%	7,767	-2,723	-35.1%	6,282	-1,806	-28.7%
Non Consortium ITU Bed days	2,175	-903	-34.3%	853	-359	-34.6%	2,880	-706	-24.5%	1,113	-260	-23.4%
Picu Consortium ITU	10,708	-300	-3.2%	4,340	-152	-4.0%	10,190	518	5.1%	4,190	150	3.6%
TOTAL ITU	12,882	-1,203	-10.0%	5,193	-511	-10.5%	13,070	-188	-1.4%	5,303	-110	-2.1%
Ecmo Bedday	67	-434	-101.4%	19	-78	-94.1%	504	-437	-86.8%	98	-79	-80.6%
Psychological Medicine Bedday	771	76	12.8%	1,869	172	11.8%	699	72	10.3%	1,676	193	11.5%
Rheumatology Rehab Beddays	840	46	6.7%	1,406	28	2.4%	791	49	6.2%	1,342	64	4.8%
Transitional Care Beddays	1,794	131	9.2%	1,278	146	15.1%	1,659	135	8.2%	1,137	141	12.4%
Packages Of Care Elective	3,563	274	9.7%	6,024	104	2.0%	3,279	284	8.7%	5,621	403	7.2%
Other Clinical	7,035	92	1.6%				6,931	104	1.5%			

Great Ormond Street Hospital for Children NHS Foundation Trust

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Cash Management

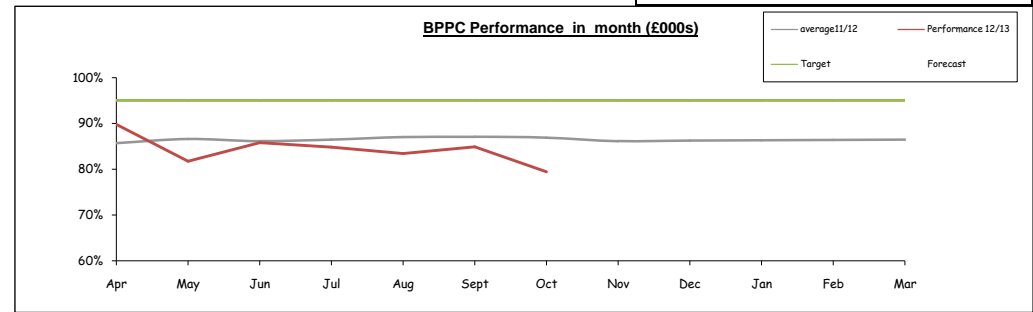
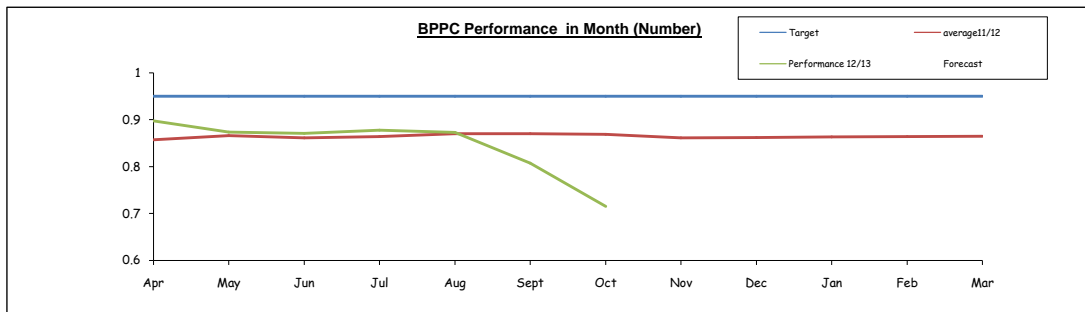


Payables and Registered Invoice Analysis

Days	Current Month (£000s)	Previous Month (£000s)	Movement in Month (£000s)
Not Yet Due	4,120	5,074	(953)
1-30	3,117	2,917	200
31-60	1,171	1,596	(425)
61-90	1,451	1,007	444
91-120	646	427	219
121-180	390	736	(346)
180-360	721	696	25
360+	539	585	(46)
Total	12,156	13,037	(881)

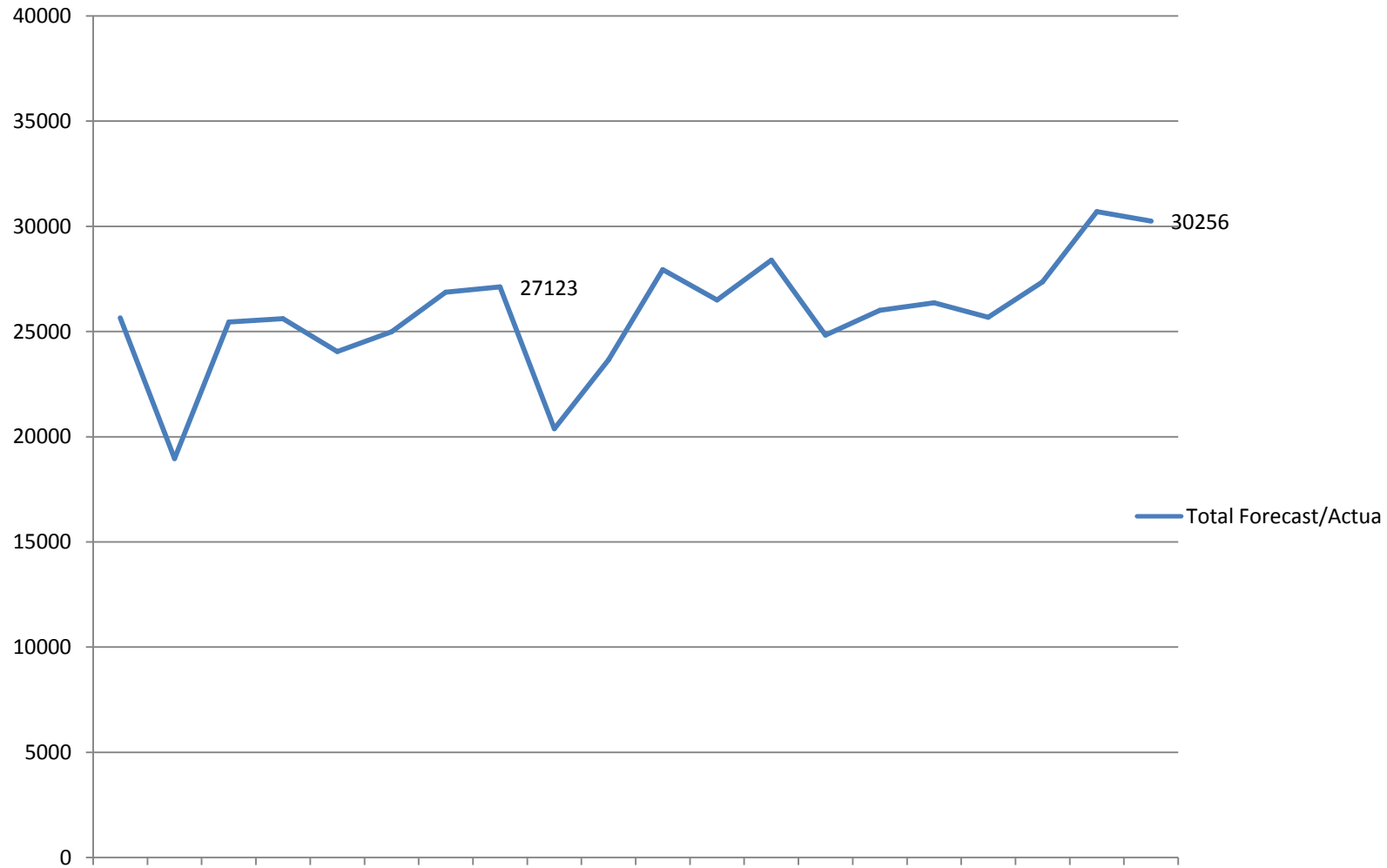
Better Payment Practice Code (BPPC)

	Number	£000s
Cumulative Performance		
Total Payables		
% of Invoices paid within target	85.0%	83.2%
Non-NHS Payables		
Invoices paid in the year	44006	95,100
Invoices paid within target	38027	80,882
% of Invoices paid within target	86.4%	85.1%
NHS Payables		
Invoices paid in the year	1961	9,625
Invoices paid within target	1060	6,255
% of Invoices paid within target	54.1%	65.0%



Great Ormond Street Hospital for Children NHS Foundation Trust
Finance and Activity Performance Report Period 7 2012/13
Cash Forecast

Total 18 Month Forecast Cash Balance



Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Activity Performance Report Period 7 2012/13

Receivables Management

Net Receivables in £'000's	Total	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS	2,979	(796)	1,930	112	786	626	408	(78)	24	(33)
Credit balances adjustment	1,483	0	1,483	0	0	0	0	0	0	0
NHS Credit Note Provision	(168)	0	0	0	0	0	(68)	(42)	(49)	(9)
NHS Net Receivables	4,294	(796)	3,413	112	786	626	340	(120)	(25)	(42)
Non-NHS	3,336	(39)	974	696	150	27	1,131	75	277	44
Bad Debt Provision-Non NHS	(655)	0	(159)	(35)	(59)	(3)	(19)	(20)	(279)	(82)
Non-NHS Net Receivables	2,681	(39)	815	661	92	24	1,112	55	(2)	(37)
International	13,952	(1,403)	9,036	2,072	1,466	762	370	768	363	517
lpp Bad Debt Provision	(1,412)	(11)	(303)	(1)	(10)	(5)	(92)	(155)	(313)	(522)
International Net Receivables	12,540	(1,414)	8,733	2,071	1,456	757	278	613	51	(5)
GOSH Charity Receivables	718	0	635	42	16	0	0	0	25	0
Net Trust Receivables	20,232	(2,249)	13,596	2,886	2,349	1,407	1,730	548	48	(84)

Trust Receivables in £'000's	Total	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
NHS	4,462	(796)	3,413	112	786	626	408	(78)	24	(33)
Non-NHS	3,336	(39)	974	696	150	27	1,131	75	277	44
International	13,952	(1,403)	9,036	2,072	1,466	762	370	768	363	517
Gross Trading Receivables	21,749	(2,238)	13,423	2,880	2,403	1,415	1,910	765	664	528
GOSH Charity Receivables	718	0	635	42	16	0	0	0	25	0
Total Trust Receivables	22,467	(2,238)	14,058	2,922	2,418	1,415	1,910	765	688	528

Movement in £'000's	Total	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
Gross Trading Receivables (as above)	22,467	(2,238)	14,058	2,922	2,418	1,415	1,910	765	688	528
Gross Trading Receivables (last month)	26,928	(2,261)	18,366	3,468	2,132	1,062	1,254	2,224	349	332
Movement in Month	(4,460)	23	(4,308)	(546)	286	353	655	(1,459)	339	197
Gross Trading Receivables (year end 11/12)	19,189	(2,066)	17,138	2,469	568	626	4	153	(193)	491
Movement in Financial Year	(3,278)	171	3,080	(454)	(1,851)	(789)	(1,906)	(612)	(881)	(37)

Systems Schedule

Receivables in £'000's	Gross Receivables	Cash on Account	Not Yet Due	0 - 30 Days	31 - 60 Days	61 - 90 Days	Overdue 91 - 120 Days	121 - 180 Days	181 - 360 Days	Over 360 Days
eFinancial	8,516	(835)	5,022	850	952	653	1,540	(2)	325	11
CompuCare	13,952	(1,403)	9,036	2,072	1,466	762	370	768	363	517
Trust Receivables	22,467	(2,238)	14,058	2,922	2,418	1,415	1,910	765	688	528

Great Ormond Street Hospital for Children NHS Foundation Trust

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Capital

Capital Spend by Division	Year to Date (YTD)						
	Annual Plan	Year To Date Plan	Actual	Variance (YTD)	Additional Commitments	Uncommitted Funds	Forecast Outturn
Redevelopment Projects							
Donated Funded							
Phase 1	0	0	3	(3)	3	(6)	6
Phase 2a Enabling		0	0	0		0	0
Phase 2a	4,195	2,447	4,713	(2,266)	410	(928)	5,070
Phase 2b Enabling	21,019	12,261	1,632	10,630	3,760	15,627	14,494
Phase 2b	7,605	4,436	131	4,306	99	7,375	816
Phase 2 - Inhouse Resources	116	68	184	(117)	23	(92)	184
Phase 3 - Start up costs	0	0	(10)	10	0	10	(10)
Total :	32,935	19,212	6,653	12,559	4,296	21,986	20,560
Estates Maintenance Projects							
Trust/DH Funded	5,000	2,917	1,568	1,349	829	2,603	4,500
Donated Funded	1,200	700	689	11	21	490	732
Total :	6,200	3,617	2,257	1,360	851	3,093	5,232
Facilities Projects							
Trust/DH Funded	400	233	261	(28)	1	137	293
Donated Funded	0	0	0	0	0	0	0
Total:	400	233	261	(28)	1	137	293
IT Projects							
Trust/DH Funded	4,500	2,625	1,233	1,392	1,210	2,057	3,429
Donated Funded	8	5	23	(18)	5	(20)	27
Total:	4,508	2,630	1,255	1,374	1,215	2,038	3,456
Medical Equipment Projects							
Trust/DH Funded	0	0	12	(12)	0	(12)	12
Donated Funded	9,227	5,382	2,942	2,440	995	5,290	4,363
Total:	9,227	5,382	2,954	2,428	995	5,278	4,374
Total Donated Funded Projects	43,369	25,299	10,306	14,992	5,316	27,747	25,682
Total Trust Funded Projects	9,900	5,775	3,074	2,701	2,040	4,786	8,233
Total Additions in Year	53,269	31,074	13,380	17,694	7,357	32,533	33,915
Asset Disposals	0	0	41	(41)	0	0	0

Great Ormond Street Hospital for Children NHS Foundation Trust

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Staffing WTE

Permanent (Excludes Maternity Leave)

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	11/12 Period 12	11-12 Ave wte	M7	M7
										variance to M12 11/12	variance to ave 11-12 wte
Cardiac	399	402	401	396	397	394	598	394	368	-204	-229
Surgery	703	718	711	712	700	688	503	699	668	195	165
ICI	536	525	536	532	529	533	542	536	507	-5	-35
International	128	124	125	129	128	125	130	125	121	-5	-9
MDTS	646	655	683	669	656	647	645	660	638	15	-7
Neurosciences	287	283	287	284	288	280	286	288	273	2	-13
Children's Population Health	7	7	7	7	7	7	7	8	8	1	1
Corporate Facilities	183	176	175	173	181	179	179	176	186	-3	7
Corporate Affairs	8	9	9	10	6	9	8	14	12	6	4
Estates	49	47	49	46	47	43	44	47	45	4	1
Finance & ICT	126	114	112	114	117	117	118	120	126	2	8
Human Resources	63	60	61	60	61	59	59	61	59	3	0
Clinical & Medical Operations	45	45	44	45	46	44	44	45	40	1	-4
Nursing And Workforce Development	71	72	70	74	71	69	75	69	81	-6	6
Research And Innovation	97	102	95	97	99	102	89	102	99	12	10
Redevelopment Revenue Costs	6	1	6	6	5	7	7	6	6	-1	0
TOTAL	3,350	3,341	3,372	3,353	3,338	3,300	3,333	3,350	3,237	17	-96

Overtime

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	11/12 Period 12	11-12 Ave wte	M7	M7
										variance to M12 11/12	variance to ave 11-12 wte
Cardiac	1.5	1.9	1.0	0.5	0.2	0.7	0.7	2.6	2.3	1.9	1.6
Surgery	3.4	2.4	2.2	2.1	2.4	1.7	2.1	2.6	2.9	0.4	0.8
ICI	0.8	0.7	0.5	0.7	0.5	0.4	0.5	0.5	0.5	0.1	0.1
International	0.5	1.1	0.8	1.0	0.7	0.9	0.8	1.8	1.2	1.0	0.5
MDTS	1.3	1.8	0.5	1.0	0.8	0.8	0.9	0.8	1.0	-0.1	0.1
Neurosciences	0.5	0.0	0.1	0.4	0.1	0.2	0.2	0.8	0.6	0.6	0.4
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
Corporate Facilities	5.4	6.5	5.6	5.2	4.4	1.9	4.2	4.2	4.5	0.0	0.3
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	2.4	1.9	1.9	2.5	2.2	1.5	1.4	2.3	1.7	0.9	0.2
Finance & ICT	0.3	1.1	0.2	0.6	0.0	0.5	0.2	1.2	1.1	1.0	0.9
Human Resources	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical & Medical Operations	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	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.2	0.0	0.2	0.0
Research And Innovation	0.1	0.1	0.1	0.2	0.0	0.2	0.6	0.1	0.2	-0.5	-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	16.3	17.4	12.8	14.1	11.4	8.8	11.6	17.0	16.1	5.4	4.5

Agency/Locum/Bank

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	11/12 Period 12	11-12 Ave wte	M7	M7
										variance to M12 11/12	variance to ave 11-12 wte
Cardiac	30	30	29	33	28	28	50	34	34	-16	-16
Surgery	61	32	39	40	44	43	38	67	64	28	26
ICI	26	26	27	20	23	25	18	45	35	27	17
International	27	27	33	35	38	41	38	25	33	-14	-5
MDTS	27	26	35	30	39	36	40	53	36	13	-4
Neurosciences	6	7	6	11	6	4	9	14	18	5	9
Children's Population Health	0	0	1	0	0	0	0	0	0	0	0
Corporate Facilities	3	10	10	8	14	12	15	19	12	4	-3
Corporate Affairs	0	0	0	0	4	3	2	0	0	-1	-2
Estates	6	22	2	19	11	12	12	5	11	-8	-2
Finance & ICT	33	37	36	37	35	32	31	30	23	-1	-8
Human Resources	7	0	4	2	8	3	1	3	2	2	2
Clinical & Medical Operations	0	1	2	3	4	2	1	5	4	3	2
Nursing And Workforce Development	0	0	1	3	1	0	0	0	2	0	2
Research And Innovation	3	4	4	2	6	3	3	3	3	0	-1
Redevelopment Revenue Costs	0	0	2	0	0	0	0	0	0	0	0
TOTAL	229	222	233	242	260	245	259	303	277	44	18

TOTAL STAFFING (Excluding Maternity Leave)

Unit	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	11/12 Period 12	11-12 Ave wte	M7	M7
										variance to M12 11/12	variance to ave 11-12 wte
Cardiac	430	434	431	429	425	422	648	430	405	-218	-243
Surgery	767	752	752	754	746	732	544	768	735	224	191
ICI	562	552	564	552	553	558	560	582	542	22	-18
International	155	152	159	165	167	167	169	152	155	-17	-14
MDTS	674	683	718	700	696	684	685	714	675	28	-10
Neurosciences	293	290	294	295	295	285	295	303	291	7	-4
Children's Population Health	7	7	8	7	7	7	7	8	8	1	1
Operations & Facilities	192	192	191	187	199	192	199	200	203	1	4
Corporate Affairs	8	9	9	10	9	12	10	14	12	4	2
Estates	57	71	53	67	61	57	58	54	57	-3	0
Finance & ICT	159	152	149	152	152	150	149	151	150	2	1
Human Resources	70	60	65	62	68	61	60	64	61	5	2
Clinical & Medical Operations	45	46	47	48	50	46	46	50	44	5	-2
Nursing And Workforce Development	71	72	71	77	71	70	75	69	83	-6	8
Research And Innovation	100	106	99	99	105	105	93	105	102	12	9
Redevelopment Revenue Costs	6	1	7	6	5	7	7	6	7	-1	0
TOTAL	3,596	3,581	3,618	3,610	3,609	3,554	3,604	3,670	3,530	66	-74

* M7 movement includes the transfer of PICU / NICU from Surgery to Cardiac

Trust Board 28th November 2012	
Patient Experience & PALS (Patient Advice & Liaison service) Report Submitted on behalf of Liz Morgan Chief Nurse & Director of Education	Paper No: Attachment 3
Aims / summary This report updates the Board on progress in relation to the Trust's PPI & Patient Experience Plan for 2012/13 and includes extracts from the regular quarterly report of the PALS service for Q2.	
Action required from the meeting None.	
Contribution to the delivery of NHS Foundation Trust strategies and plans GOSH seeks to provide services that exceed patient and families expectations and PALS plays a key role in addressing and resolving concerns at an early stage, escalating clinical risk issues according to the agreed PALS protocol, and ensuring that managers and Trust Board are kept aware of issues and concerns raised informally.	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place? The PALS Q2 report has been considered by the Patient & Public Involvement & Experience (PPIEC) Committee which includes parents and representatives from the Members Council. It has also been considered by the Quality & Safety Committee. The PPIEC also monitors progress in relation to the Trust's PPI & Patient Experience plan.	
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 Grainne Morby, Head of PALS & PPI November 2011	

Patient Experience and Pals Report

1. Introduction

Patient and public involvement (PPI) activity is a key area that enables GOSH to demonstrate effective compliance with the requirement to engage and involve with children and their families in order to put patients and their carers at the heart of the NHS. GOSH has a 3 year PPI & Patient Experience plan agreed by Trust Board in January 2012, monitored by the Patient & Public Involvement & Experience Committee (PPIEC). This report highlights recent activity to assure Trust Board of our commitment to improve the patient experience through engagement and involvement with patients and their families.

This report also includes anonymised details of casework from Pals quarterly report July-September 2012. Pals role is to resolve concerns informally for patients and families and to ensure that the Trust is made aware of issues where services could be improved and is therefore a useful barometer of patient experience.

2. PPI & Patient Experience activity

2.1. Young People's Forum

The first meeting of the Forum took place in August 2012 and a second meeting took place in October. The enthusiasm and commitment was overwhelming. There is a genuine desire from this group to lead the agenda and make improvements for older patients.

- 'Teens want to be heard and noticed more....'
- 'I want to be able to make Radio Lollipop more for different types of people with different music tastes'
- 'I want it to make it a brilliant place for adolescents'

The young people told us what **most interested them** about the Forum:

- 'The ability to make a change, to be heard as a patient and a young person'
- 'That I get to use my own experience to help others in the hospital'
- 'Having a voice, an opportunity to make a difference'

The priority is to ensure the Forum becomes fully functioning as soon as possible and is supported by the appropriate IT to allow members to participate in discussions and debates outside of the face to face meetings. The Forum members will agree a work programme for presentation to a future Board meeting.

2.2. Patient Experience Project with UCL Partners

UCL Partners is planning a new project called 'Listening to Patients' which will involve a series of short seminars for junior (S/CT1) trainees to meet patients and listen to their stories. 20 seminars with 8 trainees attending each between November 2012 and February 2013 will be delivered in Trusts in North-central and North-east London. Following the seminars, trainees will take on a project in their own workplace to improve patient experience and these will be presented at the end of the year.

GOSH is assisting with planning the seminars and identification of patients/parents to tell their stories.

2.3. Front of House Project

Bespoke customer service training workshops have been delivered following the survey of reception, accommodation and transport reimbursement services. A

service promise has been developed taking into account family and staff feedback. This will be displayed once finally agreed.

2.4. Outpatient Survey

The bi-annual patient and family outpatient experience survey has concluded and results will be available shortly. A random sample of 750 patients and families were interviewed by telephone for their views and experiences of using Outpatients. The sample was drawn from patients who have used Outpatients in June and July 2012.

2.5. Focus Groups on use of PROMs and PREMs

There is an increased emphasis in the NHS on the development and application of Patient Reported Outcome Measures (PROMs) which capture the impact of illness or disability on the patient (e.g. in form of symptoms, health status or quality of life) and Patient Reported Experience Measures (PREMs) which are concerned with the process of care. It is essential that these measures are developed and applied with the involvement of child patients and their families. To address the current strategies and challenges concerning development and application of PROMs and PREMs for children, a multi-professional workshop of clinicians and academics from GOSH and Moorfields Eye Hospital took place in October at UCL Institute of Child Health. Two focus groups were organised, one with young people who are currently GOSH patients, the other with their parents/carers to capture service users' views on PROMs and PREMs, on how best to use these in a clinical setting and how to engage effectively with parents and patients so they understand the importance of completing these questionnaires as part of routine clinical care. These focus groups were funded by an MRC Public Engagement fund.

2.6. Progress from other Focus group work

Complaints

- We are now routinely sending out questionnaires evaluating the service to ensure continuous patient experience and improvement and to ensure families are not treated differently after making a complaint (this was a big worry from the feedback we had)
- With the help of volunteers we have circulated posters throughout the Trust
- We have re-designed the poster and leaflet – this is at the publishers
- We have designed an easy read leaflet – this is at the publishers
- We have re-designed the website and ensured our posters and leaflets are available (including in other languages)
- Where appropriate, we are calling families more often to give a more personal feel and offer to discuss issues at a meeting after the complaint investigation has been completed.

The needs of Jewish patients and families

- The report will be presented to a Family Equality Diversity Group meeting in December
- Initial discussions have been held with the Chaplaincy
- Initial discussions have been held with Catering

The needs of patients and families living with Autism

Findings and recommendations have been reflected in and will be actioned through the Trust's Learning Disabilities Action Plan

2.7. Surgery workflow survey

In October, the surgical unit undertook a project to improve the pre procedural anaesthetic assessment for children requiring a general anaesthetic. This will take the form of a new clinic to screen and assess all our children with the aim of improving safety and efficiency. To achieve this there is a need to understand the level of work already undertaken by the Clinical Nurse Specialists (CNS) to ensure they have the correct resources.

Volunteers have been identified by the PPI & Patient Experience Officer to help carry out a 'work flow' study recording what each CNS that is currently involved in pre assessing the children for the surgical division is doing every minute. The specialities are; General and Neonatal Surgery; Urology; ENT; Plastics; Cleft; Dental and Maxillofacial; Orthopaedics and Spines. Volunteers will follow the CNSs whilst they attend clinics, pre assess children for procedure, medical joint ward rounds, carry out dressings and wound care, answer queries from families and provide pre-operative support.

2.8 Survey of Nationally Commissioned Services (NCS) by Picker Institute

A patient survey, commissioned by NCS team from Picker, of specialist services nationally included five services offered at GOSH (lysosomal storage disorder, heart & lung transplantation, epidermis bullosa, rare neuromuscular disorder and Bardet Biedl). Overall the results were clinically positive although families need better information and support on social care. A response from GOSH, including action plans for each service has been co-ordinated by Head of Pals & PPI.

3. Pals Q2 July 2012- September 2012

- Updates on key issues from Q1 para 3.1
- Learning from patient experience in Q2 para 3.2
- Case work activity in Q2
- 13 Red cases escalated to QSTeam para 3.3
- 46 ambers resolved para 3.4
- 221 green resolved para 3.7
- 523 White –information given
(see Appendix 1 for grade definitions)

3.1. Updates for key issues identified by Pals in Q1 April – June 2012

Issue: Communications between staff, patients and families in Rheumatology/ Physiotherapy can be complex but improved information for patients and parents would help in managing expectations for all parties.	Update: A NIMPS (Non-Inflammatory Musculoskeletal Pain Service) operational policy has been drafted which includes details of leave planning, leaflets and communications with parents, timetable, how we work with school and patient accommodation and an overview of the team. The information given to parents of children who attend for intensive rehabilitation is under review.
Issue: MRSA alerts not being removed from PIMs leading to unnecessary isolation	Update: The responsibility for getting an alert removed lies with the clinical units as stated in the Methicillin-resistant Staphylococcus aureus

and distress to children and their families.	(MRSA): Policy for the control of. It is therefore. the responsibility of clinical unit management, (and not Infection Control) to remind staff to follow the policy.
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3.2. Key issue identified by Pals in Q2: eligibility for NHS treatment (and the consequences of giving wrong advice - for GOSH - and for families)

An update in response to this issue having been identified will feature in our next report to Trust Board.

Case	Experience	Outcome
Cardiac surgery 8796	Pals was contacted by an MP's office asking why a referral to GOSH for urgent treatment agreed with clinical team had taken 4 weeks to date to process. Transpired that family were being given advice by GOSH that a new-born baby born whilst visiting relatives abroad and in an overseas hospital was 'not ordinarily resident in UK' so was not therefore entitled to NHS treatment despite the parents being –ordinarily resident.) Advice being quoted from the DOH was that child needed to be brought to the UK to register with the NHS and then wait for a referral to GOSH from local services, or for the child to have an E112 transfer. The former would have been clinically unsafe and the latter could take weeks and would classify the baby as 'not ordinarily resident in the UK'	Pals liaised with the family who was able to demonstrate to GOSH (again) that they were ordinarily resident in the UK. Pal liaised with unit management, the Overseas Visitor Manager at GOSH and Legal and it was agreed to seek further advice from DOH. GOSH now advised the family that the patient could be registered at GOSH and that transfer could be arranged. Meeting arranged with Consultant to review whether treatment at GOSH remained clinically appropriate.
ICI Rheumatology 8797	Very distressed family to Pals for support and advice reporting that they had been told by GOSH staff that they owed 15k which they had no way of paying and that it would impact adversely on their immigration status if they did not pay. Pals sought legal advice which was that although the child had not been eligible for NHS treatment this was not an enforceable debt.	A meeting was arranged with the manager to reverse the previous advice. This case is now subject to a root cause analysis by clinical governance staff and senior management.
Neurosciences Neuromuscular 8682	Angry family arrived with independent health advocate to Pals as they felt that they had no option but to take their son abroad for monthly infusions as these had not been arranged by GOSH to take place in the UK where the family are 'ordinarily resident'. This was	Service Manager called a meeting with Pals, Consultant and CNS to agree care plan and identify why family were taking child abroad. OPA arranged with family, their now two

	causing them distress and financial hardship.	independent healthcare advocates as well as the Consultant, General paediatrician and CNS and agreed a treatment plan that would begin at GOSH and transfer to local hospital.
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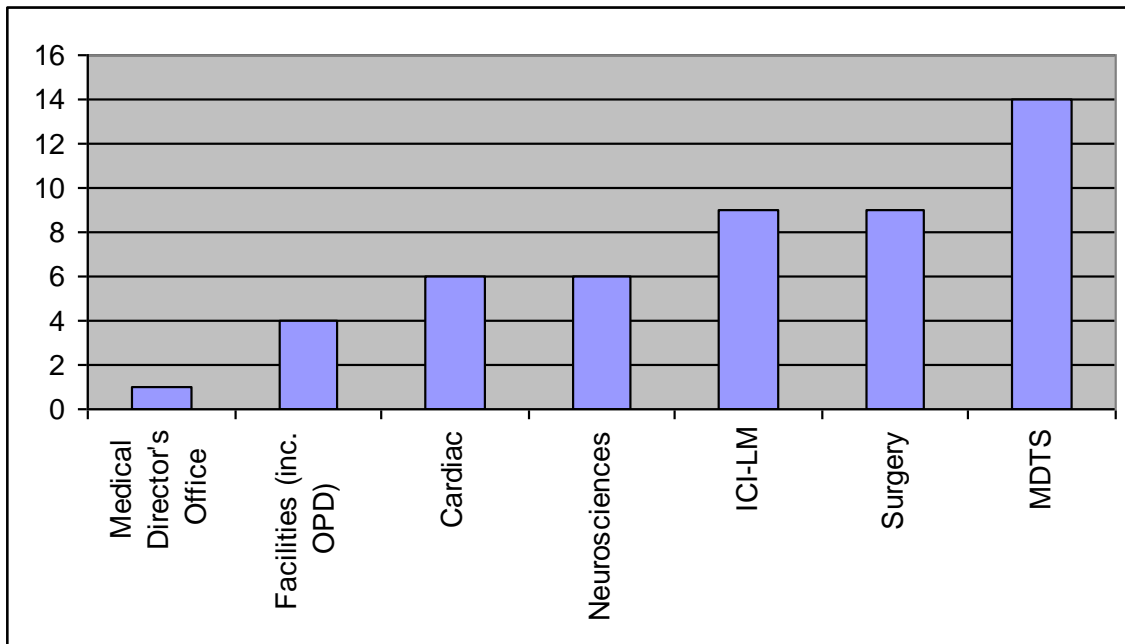
3.3. RED CASES : Pals identified 13 Red cases in Q2 which were referred to Quality, Safety & Transformation team for patient safety investigation or formal complaint.

ICI Oncology 8688	Patient arrested on Lion and then transferred to PICU and father making serious allegations about clinical care and requesting toxicology reports. Update: Complaint response sent to family who have raised further questions
ICI Rheumatology 8374	Mother worried about “inappropriate and delayed” treatment leading to possible damage to her daughter’s sight. Passed to Patient Safety for investigation and to organise a response/meeting with family Update: meeting arranged with family and medical staff to discuss contested diagnosis and to provide reassurance
ICI Rheum/Physiotherapy 8737	Father annoyed as they were late for last appointment of the day with Physiotherapy due to previous clinic appointment running late. Complaint about attitude of physiotherapy staff who father is convinced left early, ignoring the family. Update: under investigation
MDTS Gastro 8654	Failure by Gastroenterology to organise tests agreed at Multi-disciplinary team meeting leading to cancelled surgical operation, waste of a bed for 2 days and one night and waste of family time and emotional stress. Update: Complaint now closed and actions being followed up
MDTS Gastro 8824	Parent reports that staff were unaware of the reasons for her child's admission, care and treatment during the admission was uncoordinated, nurses were not empathetic, medication was not given, treatment was delayed and food was not provided when it should have been. Update: under investigation
MDTS Gastro/Radiology 8823	Parent reports that the family have been waiting months for an angiogram and abdominal MRI. They had to call numerous times and experienced poor communication including calls not being answered or returned. The family were told that both MRI's would take place but were later advised in clinic that only one of the MRI's took place. The family report that the patient has internal bleeding and has had numerous blood transfusions but that a treatment plan cannot be made without both MRI's. No further MRI dated had been given when making the complaint. (nearly one month on) Update: under investigation

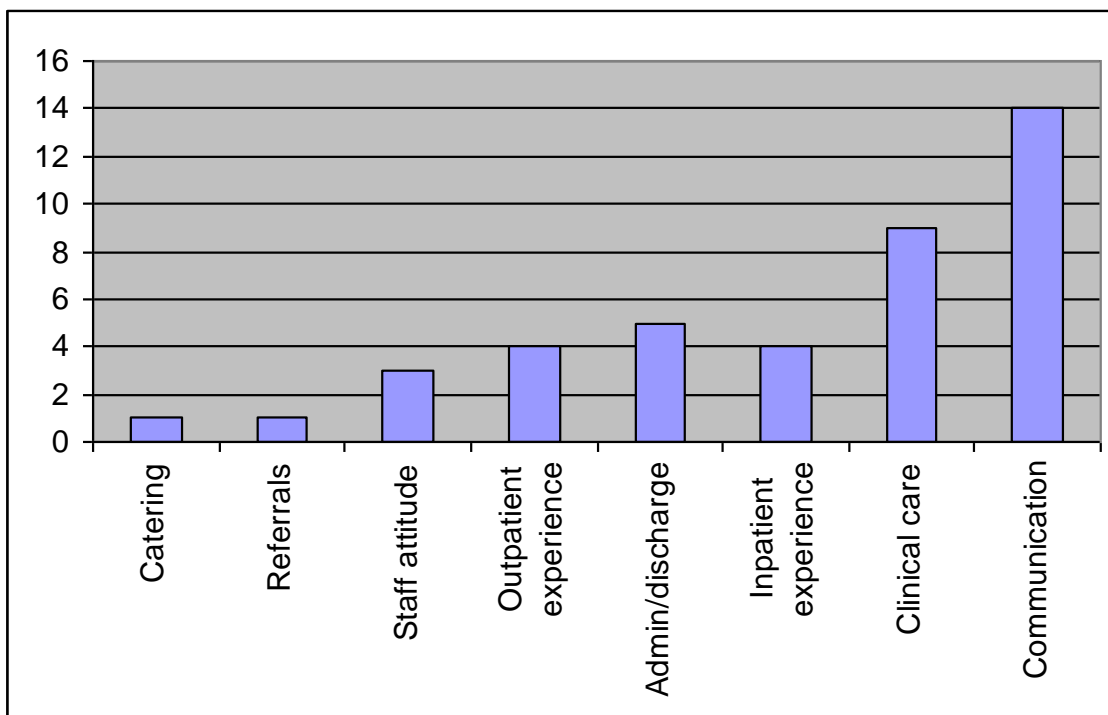
MDTS Gastro 8822	Parent raised concerns that GOSH transferred a patient to the local hospital half way through treatment; the reason given was bed management issues. The patient had to be readmitted to GOSH and the local have advised that the child should never have been transferred as they do not have a specialist gastroenterology department. Parent also raised concerns regarding the amount of time it took to obtain a referral to GOSH previously and the deterioration in the patient that delay incurred. Update: under investigation
MDTS Radiology/MRI 8600	A mother was very distressed at GOSH'S poor planning as she had been awaiting an MRI for some weeks because her son cannot open his mouth; on the day it was cancelled as it was 'discovered' that two anaesthetists would be needed. Update: Complaints response sent
MDTS Social Work Rheumatology 8825	The family has raised a series of points relating to the patients care under physiotherapy, a section 47 referral and have said that the trust is blocking and withholding social services information from full disclosure. Update : under investigation
MDTS Social Work 8826	Patient's father wrote in regarding social work staff member's attitude and about the social worker not completing a benefits form for the patient's father. Update: under investigation
Neurosciences Koala ward 8667	Mother and baby (4 days post open-heart surgery) spent night on Koala ward in room at 11o temperature. Ward staff did not reallocate patient to another room (one was available) and nor were they successful in getting Works to intervene. Situation not dealt with until post-handover on Saturday morning. Update: response completed and sent to family.
Neurosciences Koala ward 8621	Following adverse outcome of a procedure a Serious Incident analysis took place and support was given to mother by Pals and ward staff. Update: Incident later de-escalated; arrangements made to take mother through findings shortly
Surgery Orthopaedics 8721	Patient believes there may have been "mistakes" in her clinical care and treatment and is seeking compensation. Update: Letter sent to patient to clarify issues. Issues with Surgery for review

3.4. Pals AMBER CASES

3.5. Amber by Directorate for Q2 (46 cases)



3.6. Pals Amber Cases by 'theme' for Q2 (46 cases)



Communication included poor communication on GOSH'S part e.g. a mother unable to cancel a chemotherapy appointment due to wrong information on appointment letter and ward staff not taking initiative to help; but also more complex communication issues e.g. involving misunderstandings and/or non-compliance requiring the need to facilitate a meeting between an epilepsy consultant and mother to clarify why we give drugs therapy before surgery option (mother had 'presented' as wanting Pals support to change her consultant who was "refusing" surgery')

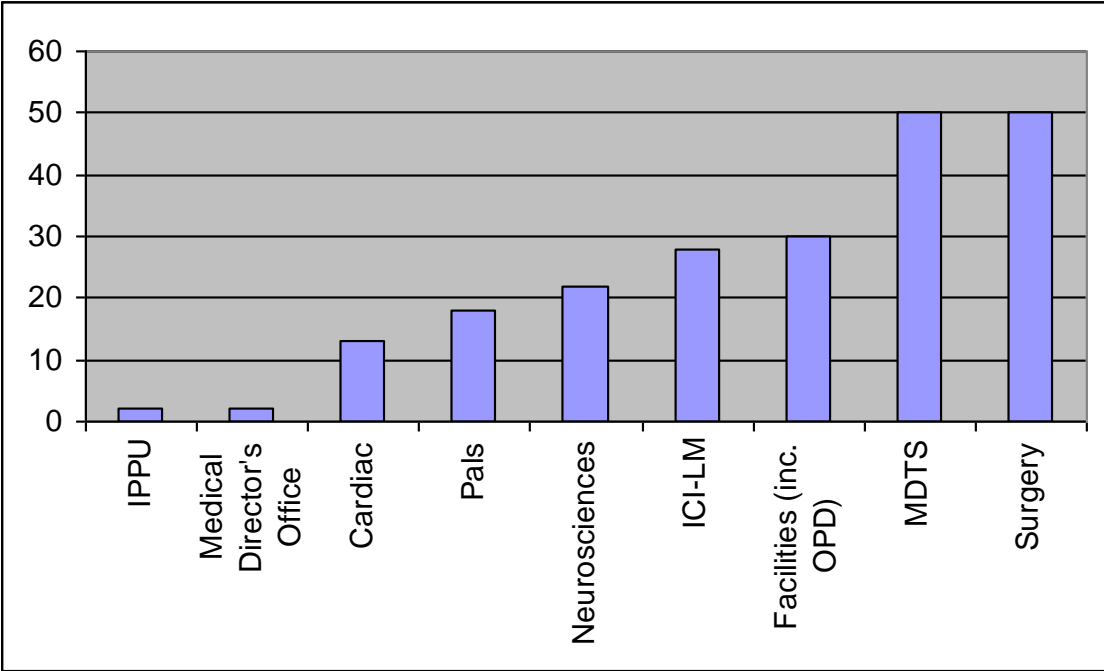
Clinical Care included several days wait to reschedule a cancelled Interventional Radiology procedure; feedback from family about poor practice on epidural insertion
Inpatient experience included emotional support to mother trying to come to terms with son's recent cancer diagnosis; to father who has been told that son on PICU needs to be taken off ventilator and support to mother during and after Serious Incident following brain damage then death of son due to surgery complications; father with unshaken but mistaken belief that an IR consultant harmed his son several years ago here for an operation that the Consultant must attend and wanting advice on consent; multiple concerns for one family about care on Rainforest ward and poor Total Parenteral Nutrition support.

Admission/Discharge included concerns of a family whose child's cardiac operation had been cancelled twice but had not been given another date; a parent and child with a broken back who were expecting to be in Weston House and ended up in a Travelodge due to bad admission planning; a mother given conflicting advice by different specialties concerning the safety of spinal surgery for her daughter.

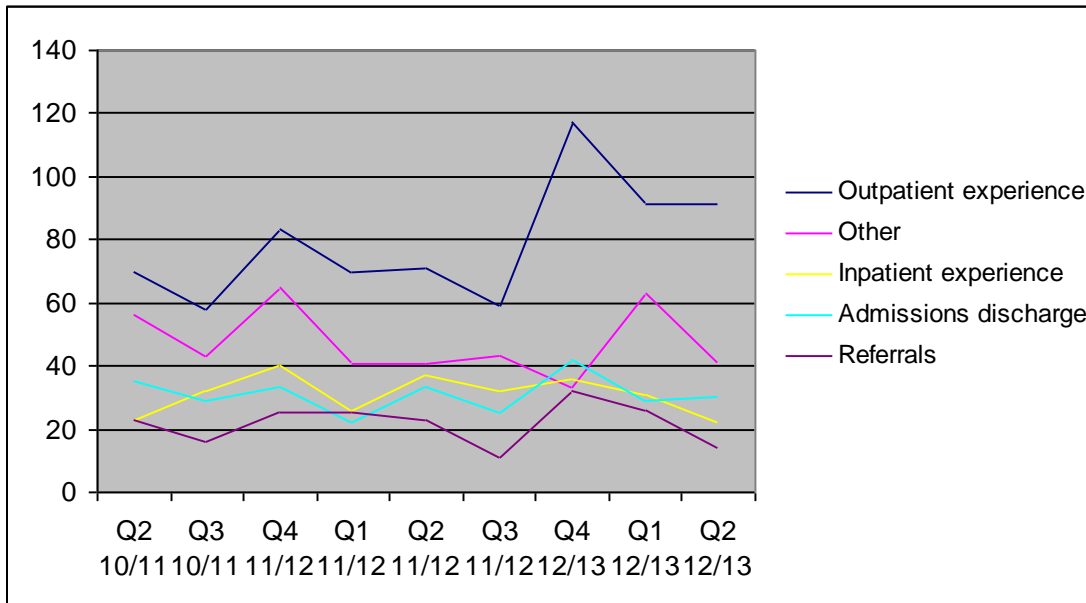
Outpatient experience included getting Ophthalmology clinic appointments brought forward for patients with deteriorating eyesight and for patients where Consultant on leave but families have already organised their holidays around the appointments;

Staff Attitude there were 3 issues this quarter - a nurse's unsympathetic attitude and inappropriate comments on a cardiac ward, a nurse who left patient and mother while en route for surgery and disputed poor communication between a physiotherapist and a parent.

3.7. Pals Green Cases by Directorate for Q2 (221 cases)



3.8. Pals Green Cases over time by 'theme' (221 cases)



Outpatient experience included several cases of fares having to be reimbursed due to GOSH administrative error or cancellation of clinic/surgery for a variety of reasons, most notably in MDTs, ICI and Surgery.

MDTS (Gastro 5, Endocrine 1, Psycho-Social 1, Nuclear Med. 1 Genetics 1),
ICI (, Rheumatology 2, Immunology 1, Oncology 1)

Surgery (Orthopaedic 4, Urology 2, Cleft 2, Max-fax 1, General 1).

Admission /Discharge included several parents reporting 'delays in admission' or inadequate pre-admission information, most notably from MDTs Gastro 5 instances. (no other department had more than 1 instance per specialty)

In-Patient included several requests for support for parents who did or did not want their children transferred back to their local; having to sleep on non-reclining chairs on 'old' wards; lack of welcome by MRI staff and waits for MRI's; one instance of pressure sores and complaint re hard toilet paper on Kingfisher.

'Other 'and Referral included comments on high prices in Peter Pan café, feedback on ward catering, concerns re smoking at main entrance; lack of consistent internet access on many wards for patients and their families.

3.9. PALS WHITE CASES

Pals responded to 523 enquiries – in person, by telephone, by email covering a range of topics such as information on referrals, signposting, parking, fare reimbursements, private patient access, entertainment locally, financial support, benefits advice

Appendix 1 Grading of Pals cases

White

Enquiries that can be responded to through the provision of factual verbal or written information are categorised as White Cases. These information requests are analysed quarterly to identify potential unmet need for patient and public information, and reported to the Child and Family Information Group (CFIG), a sub-group of the Patient and Public Involvement and Experience Committee (PPIEC) which monitors whether GOSH needs to produce information for patients/public on the topics identified.

Green

A case is categorised as Green when it involves

A distressed or angry person; or someone who presents as 'wishing to complain' dissatisfaction with a service, or an experience that is not directly related to clinical care

dissatisfaction with a service or experience related to clinical care which can be resolved quickly, or is a single resolvable issue that has relatively minimal risk to the provision of clinical care.

Green cases are routine Pals cases which are dealt with by Pals, in liaison with other staff, within 24 hours or to a timetable agreed with the enquirer. They are reported on numerically, by Unit /specialty and by subject of enquiry to QSCttee quarterly. Any issues/learning/change from Green cases will be identified and monitored through reports to QSCttee.

Amber

A case is categorised as Amber when it involves

A patient/family experience of a service that has fallen well below their expectations in several ways, but is unlikely to cause lasting problems.

A patient/family experiencing confusion or distress about their care and requiring some level of on-going support in order to re-establish trust with clinicians, get their views heard, or to reshape or better understand care plans.

Any case which involves a Pals officer agreeing to accompany a patient/family to a clinic consultation, to any meeting involving members of a clinical team, and to any case which involved Pals having been asked to attend an 'incident' involving angry or distressed patients or their families.

Amber cases take longer to resolve, are often complex and may involve differing expectations or perceptions of service. Issues/learning/change from Amber cases are also identified and monitored through reports to QSCttee and include a summary of the patient/family reported experience giving rise to the issue, and its originating Unit/specialty.

Red

A Pals enquiry is categorised as a Red case when it involves

A significant issue regarding the quality of clinical care that involves clear risk management issues to the patient, possible litigation against the Trust and/or possible adverse publicity for the Trust.

A serious issue that may appear to cause long term damage, such as grossly substandard care, professional misconduct or death.

Complaints that appear to involve serious safety issues that require immediate and in-depth investigation in order to establish the facts and reassure the patient/family.

Complete rejection by the enquirer of all forms of local resolution, and an insistence on the issue being escalated to the Chief Executive, the media etc.

Red cases are cases identified by Pals as high risk. They are referred within 24 hours to QSTeam. Pals reports to QSCttee on the volume and nature of red cases referred to enable this referral rate to be monitored, over time.

Trust Board 28th November 2012	
Infection Prevention and Control Update	Paper No: Attachment 4
Submitted on behalf of Director of Infection Prevention and Control (Dr John Hartley)	
Aims / summary To inform the Board of progress with the annual Infection Prevention and Control (IPC) Plan and important issues which have arisen in IPC since last report.	
Action required from the meeting Focus on External Peer Review, Surveillance Figures, Estates, Training and Competencies.	
Contribution to the delivery of NHS / Trust strategies and plans Essential to achieve zero harm; minimising risk of infection is a central transformation goal.	
Financial implications Failure to prevent or control infections leads to harm and cost. Failure to meet CQUIN targets will result in financial penalties.	
Legal issues Compliance with the Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance (from 1 April 2010) is a Statutory requirement for registration with the Care Quality Commission.	
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? On-going programme.	
Who needs to be told about any decision Infection prevention and control is responsibility of all staff.	
Who is responsible for implementing the proposals / project and anticipated timescales Clinical and Corporate Units and all staff Infection Prevention and Control Team.	
Who is accountable for the implementation of the proposal / project Director of Infection Prevention and Control	
Author and date 16/11/2012 John Hartley Deirdre Malone	

Regular report from DIPC (Dr John Hartley) to Trust Board

Infection Prevention and Control (IPC) management arrangements

Staff – Practice educator employed last November left and team review has concluded they should be replaced with a Band 7 trainee infection control nurse. Need to release money from Transformation.

Surgical Site Surveillance (SSI) – central team has been difficult to maintain (high staff turnover) and will be stopping surveillance at end of Jan 2013. Units will need to take over responsibility – all units aware of this and deciding on process.

Clinical Unit IPC Meetings and action plans: The Clinical Units, with exception of MDTs, have produced local IPC plans and have regular meetings. Attendance and actions continue to improve. There has been a noticeable improvement in medical involvement.

External Peer Review by SHA into HCAI's on January 2012. Action plan being implemented:

- ensuring all staff (including medical) are trained and assessed as competent when dealing with vascular access line
- Implementation of DH guideline on antimicrobials (Start smart, stay focused) being implemented through an Antimicrobial stewardship programme (first meet July 2012)

CQC Unannounced visit Sept 2012 – no adverse comments; (verbal report that they were impressed with alcohol gel dispensers and 'green stickers' (part of equipment cleaning assurance)).

Health care associated infection (HCAI) statistics and prevention programmes

1. HCAI mandatory reporting for financial year 2012/13 – end October

- a. **MRSA bacteraemia** (target = 0) – Trust apportioned = 1 (probably unpreventable).
 - b. **C. difficile infection** (Target < 9) – Trust apportioned = 7 (No definite cases)
 - c. **Methicillin sensitive S. aureus (MSSA) bacteraemia** (no national 'target')
- Focus has been on reducing MSSA bacteraemia; RCA returns have improved.

MSSA bacteraemias (divided by time in hospital before onset):

	2010	2011	2012 (10 months)
In for < 48 hours	12	14	8
In for > 48 hours	24	9	12

- d. **E. coli bacteraemia** (no national 'target') - 10 episodes in financial year to date.

2. GOSH acquired Central venous line related blood stream infection.

Ongoing surveillance shows a further reduction in CVL infections, but less than targeted

Financial year	6/7	7/8	8/9	9/10	10/11	11/12	12/13 (in 7 months)
Rate per 1000 line days	9.9	4.3	3.7	3.3	2.6	2.0	1.9 (= 57 episodes)

There are some preventable infections and continued effort is still required in ensuring 100% compliance with the care bundle.

3. Surgical site infection prevention and surveillance

SSI surveillance was continued in cardiac, thoracic, spinal, neurosurgery, craniofacial, orthopaedic '8 plates', plastics and neonatal surgery. Overall surveillance data (see below) shows an infection rate of 5.8%, with serious infections at a rate of 0.8 % of procedures.

All clinical units undertaking surgery are reviewing the implementation of 'saving lives' actions in the care provision (care bundles).

Attachment 4

	Financial year 10-11		Financial year 11-12		At 6 months (provisior Financial year 12-13)	
	Total	%	Total	%	Total	Total %
Number of Operations	1212		1554		1199	
Total of Infections	75	6.2	100	6.4	70	5.8
Superficial	29	2.4	31	2.0	27	2.3
Deep	4	0.3	8	0.5	4	0.3
Organ Space	12	1.0	18	1.2	6	0.5
Patient Reported	30	2.5	43	2.8	33	2.8
Lost to 30 day Follow	193	15.9	186	12.0	102	8.5

Outbreaks

Currently experiencing an early seasonal increase in diarrhoea and vomiting – control requires early recognition in staff, parents and patients and implementation of standard precautions from onset.

Cleaning

Environmental and equipment decontamination remains essential; new audit system Aug 1st.

Implementation of isolation precautions and 'infection cleans'

Disruption to patient care or provision of services remains a risk due to the implementation of isolation precautions and 'infection cleans' in 'alerted' children. Balance of maintaining capacity and risk reduction requires continuous support and review.

Policy is being debated at IPC Committee in November.

Infection prevention and control regular audits and data display

Regular planned audit cycle continues with additional results displayed on dashboard and feed back to Clinical Units for action. Results are not consistently 100% in all areas. Local review and action is essential to maintain high compliance.

Estates

- Legionella control in tap water – outlets from non-critical areas have tested positive and ongoing work is underway (replacing boilers, surveying pipes, maintenance of mixer valves). No legionella has been detected in MSCB but risk remains as water system not yet performing to plan.
- Detailed surveillance of taps in ICUs for *Pseudomonas aeruginosa* commenced in line with DH guide. Small number of outlets contaminated and action taken. Regular retesting will be needed.
- Critical ventilation systems – detailed schedule of all critical systems not yet produced; annual validation, including measurement of parameters, not firmly scheduled into all users plans.

Training, updates and competencies

Face to face IPC update has been removed from regular sessions – on line material was provided. Electronic recording of training is not complete; although Trust moving to a new data system. Competencies for all staff on common procedures – Individual CUs are implementing this for IV line insertion, care and access but not yet standardised nor universal.

Morgan Stanley Clinical Building - See legionella item above.

Occupational Health - Good Flu vaccine uptake - 2000 doses were used and more ordered.

Health and safety

The Trust is working towards compliance with the European Directive on prevention from sharps injuries (Council Directive 2010/32/EU) in Member States, by March 31st 2013.

J C Hartley Consultant Microbiologist and DIPC & D Malone Lead Nurse IPC and Deputy DIPC

Trust Board 28th November 2012	
Update on Referrer's Experience Improvement Programme	Paper No: Attachment 5
Submitted on behalf of: Dr Barbara Buckley, Co Medical Director	
Aims / summary To provide an update to Trust Board on the Referrer's Experience Improvement Programme and	
Action required from the meeting For information	
Contribution to the delivery of NHS / Trust strategies and plans Consistently deliver an excellent experience that exceeds our patient, family and referrer expectations	
Financial implications Consolidating and increasing referrals is essential to the Trust's long term financial plan.	
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? NA	
Who needs to be told about any decision NA	
Who is responsible for implementing the proposals / project and anticipated timescales Robert Burns, Deputy Chief Operating Officer	
Who is accountable for the implementation of the proposal / project Barbara Buckley, Co Medical Director	
Author and date Robert Burns, Deputy Chief Operating Officer November 2012	

Update on Referrer's Experience Improvement Programme

Background

In 2010 we commissioned an external survey of our key referrers. 100 referrers were interviewed by IPSOS MORI and although they considered our clinical services to be good they were critical of our services to them as referrers. Some key results from the survey;

Satisfaction with clinical care 94%
Satisfaction with service as a referrer 79%
Speak highly of GOSH 64%
Critical of GOSH 17%

Impatient communication compared to peers 12% better, 17% worse
Dissatisfaction of communication timeliness following outpatient appointment 40%
Dissatisfaction of communication timeliness following inpatient admission 46%

Following these results we established the Referrer's Experience Improvement Programme (REIP) led by Robbie Burns and Barbara Buckley.

The programme focused on improving the timeliness and quality of clinical correspondence, access for emergency / urgent referrals and increasing our general communication and liaison with referrers.

Key Improvements Delivered

1) Clinical Communication

We have maintained the completion of discharge summaries within 24 hours at around 80% and improved the quality of the discharge summaries across the hospital by ensuring that the templates in all specialities include the 16 required pieces of information.

We have also conducted a recent audit of discharge summary completeness to assure ourselves that where we have indicated that a discharge summary does not need completion this is indeed representative of the requirement of the type of inpatient treatment that the patient has undergone. The audit also reviewed discharges where it appeared that a discharge summary had not been completed in admissions where it would be required. The results were reassuring with all the 'no discharge summary required' being appropriate and the majority of 'incomplete discharge summaries' being due to either the patients being from International Private Patients (IPP) or not requiring discharge summaries due to the type of admission. In a small percentage, the discharge summaries were not completed and we will implement a performance measure to monitor this and re-audit the specialties where there appeared to be problems.

For clinic letters we have instigated a project to improve the percentage of letters that are sent within 5 days (the national target).

Currently around 20% of letters are sent within 5 days, which is a slight improvement on performance last year. However, the current average number of days has reduced from 17 last year to the current performance of 8 days.

This project is led by Chris Caldwell, Assistant Chief Nurse, has a clinical champion and is working across the whole hospital.

2) Access for Emergency / Urgent Referrals

In the survey referrers were highly critical of the services we were providing to them when they wanted to refer a patient for emergency / urgent transfer. They considered our communication during the process to be sub standard and access to be variable.

Following this we commenced a bed management improvement project with the overall aim to improve communication and access for emergency / urgent transfers.

In terms of communication we have published on our website a referrers guide to all our specialties which include details of the services we provide, how to refer to our services, contact details for consultants and admission criteria including the expected waiting time for transfer by condition.

We have updated the Admission and Bed Management Policy and are now recording virtually all refusals and have improved our processes for involving the hospital bed management team before declining a referral on capacity grounds.

In General Surgery and Urology we have successfully piloted the use of an on line form to record all external referrals for advice and/or a bed. We will seek to roll this out across the hospital. We are also recording all the phone calls received and advice given in some specialties (e.g. nephrology and neurology) with the aim to make this standard practice across the Trust. This improves our governance of the advice given, aids continuity of care and recording of referral performance data.

The final phase of our bed management project is to implement a real time bed management system. We have agreed the specification, been out to tender and shortlisted potential providers. Our plan is have an operational system by next summer.

3) Referrers General Communication and Liaison

A key aspect of the Referrer's Experience Improvement Programme (REIP) is to communicate better with key referrers the improvements we are making and most importantly listening to their feedback and suggestions for improving our services to them.

We have produced three referrer's newsletters and are in the process of putting together a fourth. These focus on the work we are doing to improve services to referrers and include senior contact details for any issues either strategic or operational that they find frustrating. Coupled with this, we now hold an annual referrers open day (October 2011 and Sept 2012) where we invite referrers to the hospital to ask questions, hear about our services and visit clinical areas. Both open days have received positive feedback and the 2012 event witnessed a less antagonistic and more partnership culture from referrers.

We have also held referrer's open days in key specialties such as Cardiac and General Surgery are running one in January 2013.

Dr Barbara Buckley and Robert Burns have visited many referring hospitals and lead regular meetings / communication with key hospitals such as University College London Hospital and Luton and Dunstable.

Attachment 5

We will be recommissioning the referrers survey in early 2013 and it will be interesting from the referrer's perspective to see what areas we have made progress on and what areas we still need to focus on.

Future Priorities

Our current priorities for the REIP work are as follows;

- Repeat the Referrer's Survey in early 2013
- Implement an electronic bed management system
- Roll out the electronic recording of referral for emergency / urgent beds and advice
- Reduce the number of refused emergency / urgent hospital transfers.
- Deliver further improvements in clinic letter turnaround times
- Work with referrer hospitals in key specialties, notably those that have undergone national safe and sustainable programmes.

Trust Board 28th November 2012	
Clinical Governance Committee Update – October 2012	Paper No: Attachment 6
Submitted on behalf of: Ms Mary MacLeod Chair of the Clinical Governance Committee	
Aims / summary To provide a summary of the meeting of the Clinical Governance Committee in October 2012.	
Action required from the meeting To note the items discussed.	
Contribution to the delivery of NHS Foundation Trust strategies and plans STRATEGIC OBJECTIVE 7: Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation.	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place? Trust Board and risk owners	
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 14 th November 2012	

**Update from the Clinical Governance Committee meeting
held on 24th October 2012**

Assurance Framework

The Acting Chief Operating Officer reported that of the 15 risks monitored by the Clinical Governance Committee, one risk, 1I was rated amber.

The committee requested an update on the Critical Care outreach service when the system had been developed.

The Chief Nurse reported that risk 1B - Children may not be appropriately identified as being at risk of abuse and subsequent actions not taken - had recently been reviewed and the risk score had been revised from 20 to 15.

Child Protection and Safeguarding Update

Mrs Liz Morgan, Chief Nurse and Director of Education reported that she had raised concerns with the Department of Health around the national system for electronically identifying children at risk, the information from which was not routinely received by GOSH.

It was stressed that no visitor would be allowed unsupervised access to any child and that a robust process was in place to manage relatives who had a conviction or allegations related to children.

CRES safety overview

The Committee considered high value CRES scheme 3288, 'other workforce redesign', in the Cardiorespiratory Unit. Mr Burns explained that input had been received from the Chief Nurse and the Senior Nursing team to ensure that sound systems were in place. He added that there was good evidence to show that the unit was monitoring the rate of infections and errors at weekly meetings. He added that good levels of assurance had been provided.

Report on progress with Quality Strategy

Professor Copp queried the progressive downward trend of theatre utilisation.

Mr Burns stressed that the Trust was carrying out more operations and more hours of surgery, however a greater number of theatres resulted in additional capacity being available.

Radiation Protection Report

The Committee noted the achievement of a reduction in radiation dose in some radiographic procedures but requested a more thorough update at the January 2013 meeting.

Discharge Summary audit

The Committee noted that incorrect recording of the completion of discharge summaries had resulted in the Trust reporting a greater level of error.

Head of Nursing report

Mrs Liz Morgan reported that there had been a fall in compliance with the policy around patient identification. She added that a number of new initiatives would be implemented.

Clinical Audit Progress Report

The Clinical Audit Manager highlighted the difficulty of gaining compliance in patient identification.

It was agreed that the Young People's Forum would be approached to work on ways to encourage children and young people to wear wrist identification bands.

Aggregated Analysis Report

The Head of Risk reported that the legal team had seen a rise in the number of claims submitted that have not had an Serious Incident report submitted. Work was underway to investigate this.

Internal Audit Progress Report

Mr Aaron Shah reported that five final reports had been issued since the previous update of which three provided significant assurance and one with reasonable assurance. Split level assurance had been provided for the one of the reports - compliance was found in the area of statutory and mandatory training for the use of medical devices however training for newer pieces of equipment was not compliant and therefore limited assurance was provided. This issue had been raised at the Strategic Education Committee.

Employee relations activity report

The Acting Chief Operating Officer reported that there had been double the number of disciplinary hearings and suspensions in 2012/13 than in the same period in 2011/12. He confirmed that data would be analysed in order to spot any trends.

Legal Proceedings Learning Report

Ms Sophie Pownall, Trust Solicitor reported that there had been a significant increase in claims in the second half of 2012/13. She explained that this was likely to be as a result of an imminent change in access to conditional fee agreements. She added that anecdotally, other Trusts had experienced a similar increase.

Any Other Business

The Company Secretary reported that the Trust was fully compliant with the requirements for retaining a license as a UKBA sponsor and could maintain it's A rating sponsor licence.

Trust Board 28th November 2012	
Audit Committee Update – October 2012	Paper No: Attachment 7
Submitted on behalf of: Mr Charles Tilley, Chair of the Audit Committee	
Aims / summary To provide a summary of the meeting of the Audit Committee in October 2012.	
Action required from the meeting To note the items discussed.	
Contribution to the delivery of NHS Foundation Trust strategies and plans STRATEGIC OBJECTIVE 7: Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation.	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place? N/A	
Who needs to be told about any decision? 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 14 th November 2012	

Update from the Audit Committee meeting held on 9th October 2012

Risk Management

The Committee agreed to focus on the following points when discussing the management of risk:

- Understanding the Trust's attitude to risk
- Reviewing the way the Trust looks at risk in the context of current thinking
- Does the Trust manage risk effectively?

Assurance Framework

The Committee noted the update provided and agreed that the Risk Assurance and Compliance Group would ensure that risk scores across the framework were appropriate in relation to one another.

Presentation of high level risks

The Committee Chairman expressed some concern that there was not overall transparency of the principle drivers of profit and loss and the assumptions going forward.

It was agreed that the Trust's overall business model and portfolio of activity along with the drivers and assumptions would be discussed at the November meeting of the Finance and Investment Committee.

Trust Wide Risk Register Analysis

Mr John Ripley stressed the need to split risks into those which were an inevitable consequence of the way in which the Trust worked and those which were within the Trust's control to manage and mitigate. It was agreed that the next report would analyse risks between these two categories.

Update on CRES

Mr Robert Burns reported that 98% of the CRES target had been identified however this was reduced when risk adjusted. Mr Burns stressed that schemes were regularly reviewed and removed in situations where a contribution would not be made.

The Committee agreed that it was vital to achieve both cost savings and income and that all CRES information should be split between these categories.

Extension to the Trust's insurance programme

Mrs Newton confirmed that the principle gaps in current NHSLA insurance were travel insurance, business interruption and Directors and Officers liability insurance although other options were also being considered with the insurance brokers.

It was agreed that further discussion was needed around business interruption insurance which would form part of the Trust's business continuity plan.

Annual Audit Letter

The Committee approved the Annual Audit Letter for submission by the Auditor to the Audit Commission.

Foundation Trust Audit Plan for 2012/13

Ms Heather Bygrave confirmed Deloitte's independence as External Auditors.

The Audit Committee confirmed that they were satisfied with the focus of the planned audit work and agreed to explore the possibility of undertaking the valuation of property and assets under construction on a biannual basis.

Policy on the engagement of the external auditors to undertake additional services

The committee approved the proposal for the Members' Council to delegate authority to the Audit Committee for decision where work was over £10k. Below this amount, the Chief Executive and an Executive Director would review and commit to the work.

Internal and External Audit Recommendations

The Committee Chairman requested that internal recommendations which were still outstanding for 2009/10 and 2011/12 were monitored to ensure that they had been completed by the January meeting.

Countering Fraud and Corruption Strategy

It was agreed that the name would be amended to 'Countering Fraud and Corruption Statement'.

Mrs Newton reported that an administration fee was paid to a third party who coordinated referrals from Greek insurance companies and an update on this arrangement would be given at the next meeting.

Standing Financial Instructions

The Standing Financial Instructions were approved as currently drafted but the committee agreed the new Chief Executive would be asked to review them.

Trust Board 28th November 2012	
Management Board Minutes September and October 2012	Paper No: Attachments 8 and 9
Submitted on behalf of: Ms Fiona Dalton, Chief Operating Officer	
Aims / summary To provide a summary of decisions taken and copies of minutes from Management Board in September and October 2012.	
Action required from the meeting To note the items discussed.	
Contribution to the delivery of NHS Foundation Trust strategies and plans STRATEGIC OBJECTIVE 7: Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation.	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place? Management Board minutes are available on GOSH Web	
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 14 th November 2012	

Summary of Management Board – 20th September, 2012

Minutes of Board held on the 16th August, 2012 were agreed with one amendment.

Items Noted:

- Updates from clinical units including IPP, QST and Education - safety & zero harm, key clinical and operational risks, other updates
- Key Performance Report
- Finance and Activity Overview
- Monthly CRES
- Development of the Level 3 Procedure Floor
- Monitor Compliance
- GOSH 2020 update
- Business Case Review Group
- Assurance Framework Summary Update

Items approved:

- Home Haemodialysis Business case
- Management Board Effectiveness Review 2012
- Locum Consultant Cardiothoracic Surgeon (subject to changes to the JD)
- Replacement of Consultant in Paediatric Respiratory Medicine with an Interest in Sleep Related Breathing Disorders (subject to one amendment)
- Additional dermatology laser sessions
- Charitable Donation from the Dorothy & Spiro Latsis Benevolent Trust

Chairman's action:

- Consultant Ophthalmology Consultant – joint appointment with Moorfields Eye Hospital

To be brought back to the Board:

- Consultant Paediatrician appointment
- Nursing Accountability Framework
- IPP bid for operating specialist clinical facilities in Dubai
- Work Experience Options Paper
- A Review of Local Education Spend

Items for information:

- Policy Approval Group
- Education Strategic Committee
- Workforce Delivery Group
- Capital and Space Planning

Summary of Management Board – 18th October, 2012

Minutes of Board held on the 20th September, 2012 were agreed with an amendment.

Items Noted:

- Updates from clinical units including IPP, QST and Education - safety & zero harm, key clinical and operational risks, other updates
- Key Performance Report
- Finance and Activity Overview
- Monthly CRES
- Review of Critical Care Services
- Child Protection Quarterly update July 2012 – September 2012
- IPP bid for operating specialist clinical facilities in Dubai
- Nursing Establishment Review 2012

Items Approved:

- Genetics business case
- Palliative care business case (with agreed amendments back to Board)
- Pre-operative Assessment Project – position paper (Support direction of travel)
- Epilepsy Surgery Expansion – outline position paper (Support direction of travel)
- Clinicians' Assistants Project: Update and Proposals (with further clarification)
- Tender for the provision of Cochlear Implant Devices
- A Review of Local Education Spend
- Replacement Consultant in Paediatric Neuroradiology, (8 PAs)
- Waivers

Items for Information:

- UCL Partners – Executive Summary
- UCL Partners AHSN – 60 second briefing
- Update and overview of letter turnaround project
- Health and Well-being strategy
- Minutes of subcommittees/subgroups

MANAGEMENT BOARD
20th September, 2012

FINAL MINUTES

Present:

Barbara Buckley (BB)*	Co-Medical Director
Cathy Cale (CC)	CU Chair, ICI-LM
Fiona Dalton (FD)	Interim Chief Executive (Chair)
Dr Carlos De Sousa (CDS)	Chair of Neurosciences
Professor Martin Elliott (ME)*	Co Medical Director
Alex Faulkes (AFa)	Head of Planning & Performance Management
Allan Goldman (AG)*	CU Chair, Cardio-Respiratory
Carla Hobart (CH)	General Manager ICI-LM
Melanie Hiorns (MH)	CU Chair MDTs
Elizabeth Jackson (EJ)	CU Chair, Surgery
Liz Morgan (LM)	Chief Nurse and Director of Education
Anne Layther (AL)	GM, Cardiac
Joanne Lofthouse (JL)	General Manager, International Division
Claire Newton (CN)	Chief Finance Officer
Natalie Robinson (NR)	Deputy Director of Redevelopment
Tom Smerdon (TS)*	GM Surgery
Peter Wollaston (PW)	Head of Corporate Facilities
In Attendance	
Sue Conner (SC)	Project Manager
Mark Goninon (MG)	Head of Nursing
Anna Ferrant (AF)*	Company Secretary
Daljit Hothi (DH)*	Consultant, Renal
Peter Lachman (PL)*	Associate Medical Director and Consultant in Service Design & Transformation
Catherine Lawlor (CL)	PA to Chair & Chief Executive (minutes)
Sophie Skellett (SS)*	Consultant, PICU
Paul Veys (PV)*	Divisional Clinical Lead, BMT

**Denotes meeting part attended*

661	Apologies	
661.1	Apologies were received from Anna Jebb, GM MDTs; Mr Mark Large, Director of ICT; Robert Burns, Deputy Chief Operating Officer and Sarah Dobbing, GM Neurosciences.	
661.2	MH informed the Board that unfortunately Anna Jebb would be on leave for personal reasons for the next 3-6 months. MH informed the Board that Sue Conner and Michael Davidson would take over her duties during that time.	
662	Minutes of Management Board meeting held on 16th August, 2012	
662.1	The minutes of meeting held on 16 th August, 2012 were approved as an accurate record with the amendment that the Ensuring effective use of education finances – update paper had been withdrawn; item 646.4 was not accurate and Allan Goldman was not present.	
662.2	SD requested that there be a further amendment to the final minutes agreed for the February 2012 Board as there were slightly vague about the CAMHS business case. They had said that the case was approved in principle and that SD should bring a further business case back to the March committee. However, It was agreed that Phase 1 of the business case was approved, and that SD was asked to bring back a further business case in 6-12 months for phase 2, once the service was running.	
662.3	Management Board agreed this amendment to the February 2012 minutes.	
663	Action Log and other matters arising	
663.1	565.9 – On-line Blogs – JW notified the Board that a meeting would be had with Rob Evans, Lesley Miles and Sophie Pownell and the ‘Resolving conflict between parents and staff’ policy had been revised and approved at PAG. Gary Elvin was working with the charity to align the appropriate policies/guidance from both organisations– which currently offer ed different advice to staff.	
663.2	604.5 – It was decided that the Balance between IPP and NHS work paper would be moved to October.	
663.3	638.4 – CATS Cardiac refusal – it was agreed that this would be part of the QST report next month.	
663.4	638.7 – Planning around the olympics – LM reported this had been completed.	
663.5	641.3 – Case of MRSA – it was reported it had been not reported as an SI due to a change in classification.	
663.6	644.4 – Finance and Activity Report – it was reported that the audit for annual leave would go through CU Chairs.	
663.7	647.4 – Critical Care at GOSH – It was reported this had been completed.	
663.8	653.4 – Conflict of Interest Form – AF reported that this would go through PAG.	

663.9	Home Haemodialysis Business Case	
663.10	DH presented the Business Case which sought approval for the establishment of the Home HD service as a substantive and integral part of the Nephrology service at GOSH with an expansion of the service to include: <ul style="list-style-type: none"> • Infant Home HD • Home HD Provision for Patients with Co-morbidities Including Cardiac Patients 	
663.11	Management Board approved the Business Case.	
	Clinical Unit and Zero Harm Reports	
664	IPP	
664.1	JL presented the IPP Zero Harm report.	
664.2	JL reported it was 26 days from the last SI and there were no refusals nor delays and one complaint in IPP for the month. JL reported that the SI was currently under investigation.	
664.3	JL reported the top three risks to the unit were medical cover for unplanned pp outliers; recognition and escalation of the deteriorating child and ward rounds / handover in IPP. JL reported all risks were being addressed.	
664.4	Management Board noted the content of the report.	
665	Cardio Respiratory	
665.1	AG presented the Cardiac Zero Harm report.	
665.2	AG reported it was 79 days from the last SI and there were no refusals, delays nor complaints in the unit for the month.	
665.3	AG reported the top three risks to the unit were medication errors, Nursing Stress on CICU Flamingo and Intelligent Storage. AG reported all risks were being addressed.	
665.4	Management Board noted the content of the report.	
666	Infection, Cancer and Immunity	
666.1	CC presented the ICI Zero Harm report.	
666.2	CC reported it was 303 days from the last SI and there was one complaint, 2 refusals and 5 delays in the unit for the month.	
666.3	CC reported the top three risks to the unit were access to IT systems, access to MRI slots and medication errors – administration. CC reported all risks were being addressed.	
666.4	Management Board noted the content of the report.	
667	Neurosciences	

Attachment 8

667.1	CDS presented the Neurosciences Zero Harm report.	
667.2	CDS reported it was 61 days from the last SI and there were no refusals, no delays and 1 complaint in the unit for the month.	
667.3	CDS reported the top three risks to the unit were medication errors, Neuromuscular complex pathways and shortage of outpatient space. CDS reported all risks were being addressed.	
667.4	FD asked AF to meet with RB, NR, PW and CDS outside of meeting to discuss further outpatient issues.	
667.5	Management Board noted the content of the report.	
668	Surgery	
668.1	EJ presented the Surgery Zero Harm report.	
668.2	EJ reported it was 81 days from the last SI and there were 22 refusals, no delays and 3 complaints in the unit for the month. EJ reported all risks were being addressed.	
668.3	Management Board noted the content of the report.	
669	MDTS & Deepdive	
669.1	MH presented the MDTS Zero Harm report. MH reported it was 51 days from the last SI.	
669.2	MH reported the top three risks to the unit were diagnostic waiting times for MRI and Gastroenterology; Pathology results – for correspondence population of Pathology results and CRES. MH reported all risks were being addressed.	
669.3	MH and MG presented the Deepdive for the Unit. The presentation focused on Quality and Safety, learning from SI, reviewing of quality governance structure, Medicine management, reducing infections, WHO checklist, the Deteriorating child and upcoming projects.	
669.4	Management Board noted the content of the report.	
670	Reporting Zero Harm - Quality, Safety & Transformation (QST) Update	
670.1	AFa presented the report. Areas of note in Zero Harm report were: <ul style="list-style-type: none"> • The first Innovation Group was held in July, to replace Transformation Board • Sustained central venous catheter line (CVL) infections • Hand hygiene audit results show improvement. • Medicines Management – CICU - have had a further reduction in prescribing errors per bed day since April, which continues to be sustained. PICU - following an earlier reduction in prescribing error rate during the first quarter, the data in the dashboard suggests that the prescribing error rate is rising again. • MRI - To improve start times, the team have rolled out the 'Golden Patient' initiative eliminating the need for the first patient on a particular weekly morning general anaesthetic list to go to a ward prior to their MRI scan. • Bed Management – With an aim to reduce refused non-elective clinically appropriate referrals due to insufficient bed availability, all workstreams were 	

670.2	<p>progressing well.</p> <ul style="list-style-type: none"> • Deteriorating Child – small improvements for the majority of measures relating to this project. <p>CN commented that the report was quite complex and suggested an Executive Summary for Management Board instead. AFa stated they would take that onboard and discuss further with the Transformation team outside the Board.</p>	
670.3	Management Board noted the content of the report.	
671	Education Zero harm Report	
671.1	LM presented the report. LM reported on apprenticeships; Study Leave Policy 2012; Lead Nurse for Advanced Clinical Skills and Resuscitation Services; Clinical Skills and Simulated Learning Facility; KPIs for Education; PDR rates and training.	
671.2	Management Board noted the content of the report.	
672	Key Performance Report September 2012	
672.1	AFa presented the Key Performance Indicator (KPI) report. The KPI report monitored progress against the Trust's seven strategic objectives and Monitor's Governance Risk Framework. The report provided 'RAG' performance analysis against defined thresholds and tolerances as well as monthly and quarterly performance trends.	
672.2	AFa reported in month the Trust reported 1 case of MRSA. The Trust rate had reported 2 cases year to date against a trajectory of 0 cases for the year. The Trust remained within the Monitor annual de minimis level of 6.	
672.3	Management Board noted the report.	
673	Finance and Activity Report	
673.1	CN presented the report. The Trust had planned for a small surplus, once charitable donations, accelerated depreciation and impairments are excluded, and at this point in the year this forecast is unchanged. CN reported on the risks in delivering the forecast position.	
673.2	The year to date surplus was £3.1M (excluding donations) this was £3.0M ahead of plan. Income was £4.1M ahead of plan excluding capital donations and £8.3M behind plan if capital donations were included.	
673.3	Management Board noted the contents of the report.	
674	Monthly CRES Report	
674.1	AFa asked Management Board to note progress on the CRES programme.	
674.2	The identified CRES position had improved by £500k and the risk adjusted [position by £1.0m, however the risk adjusted total was still £2.7m short of the delivery target and this gap needed to be closed with the addition of new schemes and the delivery of existing schemes.	
674.3	There had been progress in moving schemes out of red with the total of these	

674.4	schemes now down to £687K. Amber schemes total £4.0 m and these needed to be progressed or removed from the CRES plan.	
674.5	Planning for 13/14 would intensify over the next month. A kick off meeting was scheduled for 24/09/12 to be attended by GMs, key corporate leads and the executive team.	
674.5	Management Board noted the contents of the report.	
675	Consultant Ophthalmology Consultant – joint appointment with Moorfields Eye Hospital	
675.1	CDS presented the report which requested approval to recruit a permanent Consultant Ophthalmologist. The post was a new development between Moorfields Eye Hospital and GOSH. This post would work across both hospitals bringing expertise from adult cornea surgery and research to benefit the paediatric ophthalmology work at both sites.	
675.2	The Board discuss the proposal and agreed that the job description would need to be amended. It was agreed that FD would take Chairman's following further discussions with BB & CN.	
675.3	Action: FD to take Chairman's following further discussions with BB & CN.	FD
676	Consultant Paediatrician appointment	
676.1	CDS presented the report which requested approval to recruit a permanent Consultant General Paediatrician to join the General Paediatric team. The post was funded through the Spinal Business case and sessions from the Cleft service.	
676.2	CDS reported the Financial implications would be a total cost of £110,000, already funded through business case, and reallocation of PAs.	
676.3	The Board discussed the proposal and asked that it be brought back to the Board with redefined expectations.	
676.4	Action: CDS to bring back to the Board with redefined expectations.	CDS
677	Management Board Effectiveness Review 2012	
677.1	AF presented the report which addressed how Management Board met its terms of reference during the last 12 months (September 2011 and August 2012 inclusive) and provided an overview of the matters covered during these 12 months. The paper included recommendations as to how the Committee can function more effectively and a revised copy of the terms of reference for consideration and approval.	
677.2	CC queried if both GM & CU Chairs were required to attend the committee. AF clarified that only one of the GM or CU Chair were needed to be present and agreed to amend the review accordingly.	
677.3	Action: AF to implement suggested amendments to the clarification of membership.	AF
677.4	Management Board approved the report with amendments.	

678	Nursing Accountability Framework	
678.1	LM presented the report which provided a framework of Ward to Board assurance of the quality of patient care, a critical component of the Trust's statutory responsibilities and the Monitor Quality Governance Framework discharged through the Trust Board; Clinical Governance Committee and Quality & Safety Committee.	
678.2	The aim of this proposal was to establish a clearer professional line of accountability for ensuring consistent, high standards of nursing across the Trust with a clear vision for the future development of nursing that engaged a broad range of staff and feeds into other related Committees.	
678.3	Management Board was requested to agree the proposal to implement a Nursing Board.	
678.4	Management Board had a discussion and agreed the the proposal to implement a Nursing Board and the direction of travel. LM was asked to bring back an update in December.	
678.5	Action: LM to bring back an update in December.	LM
679	Locum Consultant Cardiothoracic Surgeon	
679.1	AG presented the report which sought approval for a full time experienced locum consultant paediatric cardiothoracic surgeon to complete a team of five consultant paediatric cardiothoracic surgeons covering the Cardiothoracic Unit at the Trust for an initial period of six months.	
679.2	The Board had a discussion and the business case was approved in principal but it was agreed more work had to be done around the Job Description, futher discussion would be held outside the Board.	
679.3	Action: AG to amend Job Description.	AG
680	Development of Level 3 Procedure Floor	
680.1	TS presented the report. A new Same Day Admit Unit (SDAU) and Post-Anaesthetic Care Unit (PACU) were to open next year, to create a procedure floor on level 3 of VCB, MSCB and Southwood.	
680.2	Work was underway to develop a highly flexible workforce, including volunteers, to deliver the intended pathway and operational model.	
680.3	Management Board noted the report.	
681	IPP bid for operating specialist clinical facilities in Dubai	
681.1	JL presented the paper which presented the opportunities available to the Trust to expand specialist clinical services in Dubai through a partnership with a US company and Dubai Health Authority.	
681.2	Management Board noted the content of the document and the proposed next	

681.3	steps. JL was asked to bring back an update to the October Management Board. Action: JL to bring back an update next month.	JL
682	Replacement of Consultant in Paediatric Respiratory Medicine with an Interest in Sleep Related Breathing Disorders	
682.1	AG presented the paper which sought approval to recruit to substantive 10 PA post. There was currently a locum in place.	
682.2	CC queried whether the post should be a 10 or 11 PA post. AG confirmed the report should say 10 PA post.	
682.3	Management Board approved the Business Case with that amendment.	
682.4	Action: AG to amend 11 PA post to 10 PA post.	AG
683	Monitor Compliance	
683.1	AFa presented the paper which provided a summary of key Monitor correspondence including: 1. Published financial and governance risk ratings for Quarter 1 2. Expected financial and governance risk ratings for Quarter 2 3. Progress against issues identified within the letter received from Monitor in March 2012, which emerged during the scrutiny of the foundation trust application relating to quality governance, financial governance and the private patient cap.	
683.2	Management Board noted the report.	
684	Work Experience Options Paper	
684.1	LM presented the report, in June, Management Board approved a paper setting out the proposal for the introduction of an Apprenticeship scheme at GOSH. That paper also reviewed the existing Trust policy that prohibits under-18 work experience students from clinical settings. MB requested an option paper before a decision is made on this issue. The papers set out those options. Management Board had a lengthy discussion on the paper. Both SS and PV stated that they as representatives of the GMSC were very much in favour of lowering the age of students allowed in clinical settings and ensuring these opportunities were inclusive of students from all backgrounds. The Board discussed the feasibility of this and agreed that LM should discuss further with the relevant parties and bring back an update.	
684.2	Action: LM to bring back an update.	LM
685	Agreement for additional dermatology laser sessions	
685.1	CH presented the report. The Dermatology service requested 2 additional theatre lists per week (one local and one general list) within existing (and already appointed) Dermatology staffing establishment	
685.2	Management Board agreed to create these two additional lists.	
686	Charitable Donation from the Dorothy & Spiro Latsis Benevolent Trust	

686.1	CC informed Management Board of the proposed plans for the use of a significant charitable donation within neuro-oncology research and the Haematology /Oncology service.	
686.2	Management Board supported the outlined projects and agreed to direction of travel.	
687	A Review of Local Education Spend	
687.1	It was agreed the paper would come back to October Management Board. Action: LM to bring the paper back to the October Management Board.	LM
688	GOSH 2020 update	
688.1	GOSH 2020 was the initiative overseeing the establishment of the longer-term requirements for facilities on the GOSH/ICH campus –in the context of the creation of the Centre for Children’s Rare Disease Research [CCRDR] as Phase 3A of GOSH Redevelopment Programme.	
688.2	Progress on workstreams defined in ToR was: <ul style="list-style-type: none"> • Rare Disease –CCRDR/Phase 3A: content established; Project Manager & Cost Advisor appointed; Project Board started; UCL stage 2 bid to HEFCE for £10m capital; Design Team appointments in progress • Cardiac: Research Strategy identified; facilities included in CCRDR • Neurosciences -IoN/UCLH/GOSH Feasibility Study • Other opportunities: development and reporting started on Clinical Strategy; Education & Training; Parent & Family support 	
688.3	Management Board noted the content of the report.	
689	Report from BCRG	
689.1	The BCRG report was taken as read. The following business cases were discussed by the BCRG in the past month: <ul style="list-style-type: none"> • Dermatology additional laser sessions business case This case to expand the laser service by an additional 2 sessions per week was now complete and the Group agreed that the case should be presented to Management Board this month. • Home Haemodialysis (HHD) The HHD service pilot had been very successful and this case is to make the service substantive and to expand the patient cohort to include infants and some patients with co-morbidities. The Group agreed that this was a sensible direction for this valuable service and that the case was ready for presentation to Management Board. • Genetics business case The business case was to expand the diagnostic capabilities of the Regional Genetics Service. The aim would be to repatriate a significant proportion of ‘send away’ tests which would save money and also to generate new business through our ability to do gene panels using next generation DNA sequencing. Some further work on costs and income assumptions is underway. 	

689.2	<ul style="list-style-type: none"> • Palliative care consultant This case proposed to increase the consultant workforce to deliver a more sustainable service. This could be supported by income for inpatient consults that can be charged for under unbundling in the Payment by Results (PbR) rules. It is anticipated that this case might be ready for October Management Board. • Retinopathy of Prematurity (ROP) This case to expand the screening for ROP requires further work including consideration of bed capacity and finances. • Speech Prostheses An early draft of this case was circulated for comments. <p>Management Board <u>noted</u> the content of the report.</p>	
690	<p>Assurance Framework Summary Update</p> <p>690.1 AF presented the report. The Assurance Framework provided an overview of the principal risks to achievement of the Trust's corporate objectives.</p> <p>690.2 From the 23 risks recorded on the Assurance Framework, no risks are rated as red, 4 as amber and 19 as green. This rating related to the assessment of the controls in place, any outstanding actions and internal/external assurances available.</p> <p>690.3 Management Board <u>noted</u> the content of the report.</p>	
691	<p>Policy Approval Group</p> <p>691.1 Management Board <u>noted</u> the content of the report.</p>	
691.2	<p>Education Strategic Committee</p> <p>Management Board <u>noted</u> the content of the report.</p>	
692	<p>Workforce Delivery Group</p> <p>692.1 Management Board <u>noted</u> the content of the report.</p>	
693	<p>Capital and Space Planning</p> <p>693.1 Management Board <u>noted</u> the content of the report.</p>	
694	<p>Waivers</p> <p>694.1 The Board noted the requested for approval for the waivers from the following suppliers: Ardmore Healthcare Ltd Stryker Core Instruments Mercian Surgical Instruments Surgi C Ltd ResMed (UK) Ltd CareFusion Perkin Elmer Ltd</p>	

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694.2	Management Board <u>approved</u> the waivers.	
695	Any other business	
695.1	FD updated the Board of the very sad news that Graham Mills, Assistant Director of Estates had passed away. The Board asked for their condolences to be noted Graham’s family at this very difficult time.	
695.2	FD informed the Board that Matthew Tulley had been appointed as Director of Redevelopment. The Board thanked Natalie Robinson for stepping up as Acting Director of Redevelopment following William McGill’s retirement.	
695.3	FD announced that AG was appointed the new interim Chair of Critical Care.	

MANAGEMENT BOARD
18th October, 2012

FINAL MINUTES

Present:

Barbara Buckley (BB)	Co-Medical Director
Cathy Cale (CC)	CU Chair, ICI-LM
Fiona Dalton (FD)	Interim Chief Executive (Chair)
Michael Davidson (MD)	Action GM, MDTS
Carlos De Sousa (CDS)	Chair of Neurosciences
Sarah Dobbins (SD)	GM Neurosciences
Alex Faulkes (AFa)	Head of Planning & Performance Management
Allan Goldman (AG)	Interim Chair of Critical Care Services
Carla Hobart (CH)	General Manager ICI-LM
Melanie Hiorns (MH)	CU Chair MDTS
Elizabeth Jackson (EJ)	CU Chair, Surgery
Mark Large (ML)	Director of ICT
Anne Layther (AL)	GM, Critical Care and Cardio Respiratory Unit
Joanne Lofthouse (JL)	General Manager, International Division
Claire Newton (CN)	Chief Finance Officer
Natalie Robinson (NR)	Deputy Director of Redevelopment
Tom Smerdon (TS)*	GM Surgery
Janet Williss (JW)	Deputy Chief Nurse
Peter Wollaston (PW)	Head of Corporate Facilities

In Attendance

Peter Lachman (PL)*	Associate Medical Director and Consultant in Service Design & Transformation
Catherine Lawlor (CL)	PA to Chair & Chief Executive (minutes)
Anna Ferrant (AF)*	Company Secretary

**Denotes meeting part attended*

696	Apologies	
696.1	<p>Apologies were received from Anna Jebb, GM MDTS; Liz Morgan, Chief Nurse and Director of Education; Professor Martin Elliott, Co-Medical Director and Mr Robert Burns, Deputy Chief Operating Officer.</p> <p>Janet Williss, Deputy Chief Nurse was attending in place of Liz Morgan, Chief Nurse and Director of Education. Michael Davidson, Actibn GM, MDTS was attending in place of Anna Jebb.</p> <p>FD informed the Board of a newsletter that had gone out regarding a service to celebrate the life of Graham Mills which would be held in the Hospital Chapel on Monday 22 October at 11:30am.</p>	
697	Minutes of Management Board meeting held on 20th September, 2012	
697.1	The minutes of meeting held on 20 th September, 2012 were approved as an accurate record with the amendment that Michael Davidson was not present and Mark Goninon, Head of Nursing had attended.	
698	Action Log and other matters arising	
698.1	565.3 - Maximum occupancy of Units - Action: TS to provide a verbal report on progress on the on the review in to finding a set of criteria Units should following in identifying optimal safety occupancy and implement this into the Bed Management Policy. TS reported that an improvement project was underway and being linked to the Bed project which would go to the innovation Board. TS was asked to bring an update back to Management Board in January 2013.	
698.2	597.3 - Requesting of radiological investigations and procedures - Action: John Campbell to review the benefits of Order Comms from the perspective of Neurosciences and Cardiac and report back to the Board. The Board agreed that the benefits discussion would be rolled into a report being produced as part of this project which would come to November Management Board.	
698.3	604.5 - Balance between IPP and NHS work - Action: RB to present a paper on the acceptable balance between IPP and NHS work to the September Management Board. FD reported that the CU reports now contained target for IPP outliers which enabled variance to be seen each month.	
698.4	A Review of Local Educational Spend - Action: LM to bring paper back to October Board. It was noted this item was on the agenda.	
698.5	Consultant Ophthalmology – Action: FD to take Chairman’s following further discussions with BB & CN. FD reported Chairman’s action was ready to be taken as soon as the Business Case was ready following discussions.	
698.6	Management Board Effectiveness - Action: AF to implement suggested amendments to the clarification of membership. It was noted the action was completed.	
698.7	Locum Consultant Cardiothoracic Surgeon - Action: AG to amend Job Description. It was reported this action was completed (the job plan is now 10 PAs) and approved by BB.	

698.8	IPP bid Dubai - Action: JL to bring back an update next month. It was noted this action was on the agenda.	
698.9	Replacement of Consultant in Paediatric Respiratory Medicine with an interest in Sleep Related Breathing Disorders - Action: AG to amend 11 PA post to 10 PA post. It was noted this action had been completed.	
698.10	Work Experience - Action: LM to bring back an update. JW reported discussions were underway with Geoff Speed, Head of Education and Training and Sophie Skellett, GMSC Co-Chair. It was agreed LM would come back to Board with a further update next month.	
	Clinical Unit and Zero Harm Reports	
670	IPP & Deepdive	
670.1	JL presented the IPP Zero Harm report.	
670.2	JL reported it was 57 days from the last SI. JL reported no refusals, delays nor complaints in IPP for the month. JL reported that the SI was currently under investigation.	
670.3	JL reported the top three risks to the unit were medical cover for unplanned pp outliers; recognition and escalation of the deteriorating child and ward rounds / handover in IPP. JL reported all risks were being addressed.	
670.4	JL presented the deepdive on IPP. JL reported on the unit's 5 key projects for 2012, reducing medication errors, reducing infection, risk reporting, the Deteriorating Child project and documentation.	
670.5	JL highlighted the issue around prescribers' responsibility for prescriptions which were reliant upon calculating medication based on blood volume in a bag ml/hr. The Board agreed this was a trustwide issue. CC agreed to look at the policy surrounding this issue.	
670.6	Action: CC to look at policy around prescribers' responsibility for prescriptions which are reliant upon calculating medication based on blood volume in a bag ml/hr.	CC
670.7	JL raised concern over non-recording of actions as a follow up to CEWS scores. PL stated that this was also a trust wide issue. FD asked all Clinical Units to take back the message of the importance of acting appropriately on CEWS scores to all Doctors and Nurses.	
670.8	Action: All Clinical Units to take back the message of the importance of acting appropriately on CEWS scores to all Doctors and Nurses.	All Clinical Units
670.9	Management Board noted the content of the report.	
671	Cardio Respiratory	
671.1	AG presented the Cardiac Zero Harm report.	
671.2	AG reported it was 109 days from the last SI and there were 5 refusals, no delays nor complaints in the unit for the month.	

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671.3	AG reported the top three risks to the unit were medication errors, Nursing Stress on CICU Flamingo and Intelligent Storage. AG reported all risks were being addressed.	
671.4	Management Board <u>noted</u> the content of the report.	
672	Infection, Cancer and Immunity	
672.1	CC presented the ICI Zero Harm report.	
672.2	CC reported it was 328 days from the last SI and there was one complaint, 2 refusals and 5 delays in the unit for the month.	
672.3	CC reported the top three risks to the unit were access to IT systems, access to MRI slots and medication errors – administration. CC reported all risks were being addressed.	
672.4	Management Board <u>noted</u> the content of the report.	
673	MDTS	
673.1	MH presented the MDTS Zero Harm report. MH reported it was 77 days from the last SI. MH reported no refusals, 6 delays and 6 complaints in the unit for the month.	
673.2	MH reported the top three risks to the unit were Insufficient staffing to manage the current number and complexity/dependencies of patients on Rainforest and Kingfisher Wards; insufficient MRI capacity to meet demand and CRES. MH reported all risks were being addressed.	
673.3	Management Board <u>noted</u> the content of the report.	
674	Replacement Consultant in Paediatric Neuroradiology, (8 PAs)	
674.1	MH presented the Business Case which sought approval for the appointment of a replacement consultant post in paediatric neuroradiology (8 Pas, 6.5 DCC, 1.5 SPA).	
674.2	The Unit's plan was to initially advertise for a locum position to start from 3 January 2013 and to appoint the substantive position to follow as soon as it practicable.	
674.4	Following discussion, the Board approved the Business case for the appointment of a locum, and in principle for the subsequent appointment of a substantive consultant.	
674.5	Management Board <u>approved</u> the Business Case.	
675	Surgery	
675.1	EJ presented the Surgery Zero Harm report.	
675.2	EJ reported it was 112 days from the last SI and there were 32 refusals, no delays and 4 complaints in the unit for the month.	

675.3	EJ reported the top three risks to the unit were Clerking, CRES and Recruitment of specialist workforce. EJ reported all risks were being addressed.	SD
675.4	EJ highlighted that discharge summaries had improved SD reported that a piece of work had been done on an audit of discharge summaries being completed within 2 months. SD agreed to circulate the findings to Management Board.	
675.5	Action: SD to circulate the findings on an audit of discharge summaries being completed within 2 months to Management Board.	
675.6	Management Board noted the content of the report.	
676	Neurosciences	
676.1	CDS presented the Neurosciences Zero Harm report.	
676.2	CDS reported it was 11 days from the last SI and there were 4 refusals, no delays and no complaints in the unit for the month.	
676.3	CDS reported the top three risks to the unit were medication errors, Neuromuscular complex pathways and shortage of outpatient space. CDS reported all risks were being addressed.	
676.4	Management Board noted the content of the report.	
677	Reporting Zero Harm - Quality, Safety & Transformation (QST) Update	
677.1	RB presented the report. Areas of note were: <ul style="list-style-type: none"> • There were no statistically significant changes in the Zero Harm report. • The Trust was close to a sustained reduction in cardiac arrests outside ICU. • PTT – it appeared on first glance that there was an increase in the PTT results, but it should be noted that only the recent four months were above the previous process mean. • Hospital Standardised Mortality Ratio (HSMR) was currently being considered as a tool to be used at GOSH. 	
677.2	Management Board noted the content of the report.	
678	Education Zero harm Report	
678.1	JW presented the report. The report presented achievements, issues and risks in relation to the delivery of the Trust's responsibilities and objectives for education learning and development.	
678.2	JW highlighted the Study Leave Policy 2012 would go to the Policy Approval Group in October and would be linked with PDR and Training. Management Board were supportive of this proposal.	
678.3	Management Board noted the content of the report.	
679	Genetics business case	
679.1	NL presented the Business Case. NL reported that continuing advances in DNA sequencing technologies meant that it was now possible to sequence multiple	

679.2	<p>genes in a single diagnostic assay in a timely and cost-effective manner. It was proposed that over the next 3 years we would develop diagnostic gene panels for all major clinical specialties at GOSH covering all of the known genes for a given disease and/or clinical phenotype. NL reported at present, the Trust only test a small number of genes (total test portfolio was ~ 80 genes). Next generation DNA sequencing using our existing benchtop MiSeq™ platform would enable us to significantly expand our test portfolio to at least 400-500 genes.</p> <p>Management Board were asked to:</p> <ul style="list-style-type: none"> • Approve the allocation of funding to recruit a laboratory technician (B5) and clinical scientist (B7). • Approve the one-off costs for ICT and market research. • Approve an application to the GOSH Children’s Charity for 6 months’ pump priming support. This would cover the costs for development to introduction into clinical practice of gene panels in Year 1. 	
679.3	<p>Management Board discussed and approved the proposed Business Case. FD asked MH to bring back an overall financial summary of the Genetics Laboratories next month, alongside the business case for the new sequencer.</p>	MH
679.4	<p>Action: MH to bring back an overall financial summary of the Genetics Laboratories next month, alongside the business case for the new sequencer.</p>	
679.5	<p>Management Board approved the Business Case.</p>	
680	<p>Key Performance Report September 2012</p>	
680.1	<p>AFa presented the Key Performance Indicator (KPI) report. AF reported on Monitor governance risk assessment, Quarter 2, diagnostic waits, CQUIN, Q1, SUS data quality measures, discharge summary, patient refusals, theatre utilisation, PDRs and R&I measures.</p>	
680.2	<p>Management Board noted the report.</p>	
681	<p>Finance and Activity Report</p>	
681.1	<p>CN presented the report. A number of changes had been made to the format of the report in an attempt to improve the focus and also to ensure that costs of delivering international private patients are fully matched against the revenue in the unit revenue analysis.* She explained that further changes would be likely next month and user input would be appreciated.</p>	
681.2	<p>Results year to date to end of September (Month 6) The year to date surplus is £3.8M (excluding donations funding capital expenditure) and this is £3.5M ahead of plan. Including donations the position is £12.1M surplus and this is £9.9M worse than plan reflecting lower donated income because of delays to the capital programme.</p>	
681.3	<p>AG raised the issue of getting funding following successful grant applications. CN agreed to discuss outside of the meeting with GMs and/or CU Chairs.</p>	
681.4	<p>Management Board noted the contents of the report.</p>	
682	<p>Monthly CRES Report</p>	

682.1	AFa asked Management Board to note progress on the CRES programme. AFa reported the identified CRES position has deteriorated by £75k however the risk adjusted position had improved by £1.1m with the progression of schemes to green and blue.	
682.2	Management Board noted the contents of the report.	
683	Palliative care Business Case	
683.1	CC presented the Business Case which outlined a requirement for an additional Consultant post in Palliative Care from April 2013 to develop a more sustainable service, and support expansion of Palliative Care coverage for children with life limiting and life threatening conditions both for internal GOSH patients and externally across Greater London.	
683.2	The Board discussed the proposed Business case, and noted the inclusion of the potential for international work, and the linkage with the critical care review recommendations.. CC was asked to bring back to Board a proposed metrics for measuring the impact of the palliative care investment, including how this would support critical care recommendations.	
683.3	Action: CC to bring back to Board proposed metrics for measuring the impact of the palliative care investment, including how this will support critical care recommendations.	CC
683.4	Action: JL to liaise with Medical HR to investigate the potential for international work to be included in all future consultant contracts.	JL
683.5	Management Board agreed the Business Case.	
684	Pre-operative Assessment Project – position paper	
684.1	TS presented the paper on pre operative assessment which was found to be variable across the trust in occurrence, multidisciplinary input, timing and purpose, depending on clinical unit and specialty. This can lead to multiple problems including list changes, short notice or on-the-day procedure cancellations, last minute speciality reviews and in the worst cases serious incidents. This issue had become increasingly apparent through incident reporting, complaints and serious incident investigations, external reviews that had been commissioned and concerns raised in coroner's court reports.	
684.2	A project group was set up and asked to run an improvement project to devise and implement a comprehensive and standardised pre-operative anaesthetic assessment process for all patients attending GOSH for a procedure.	
684.3	The project Group requested approval for a staged Business Case. Submission of a staged Business case would outline what the group believed would be required to roll out the service through the surgery unit over three months and to implement it fully. The group requested the requirement for the initial rollout through surgery during which data could be collected from the process. An update and adjustment based on the data would be submitted at three months and a second at 6 months before the final at nine months. This would allow Management Board to review the improvements and have confidence that the resource was being used effectively. It would enable the project group to run the development as an improvement project	

684.4	with the required flexibility. Management Board approved the direction of travel of the project.	
685	Epilepsy Surgery Expansion – outline position paper	
685.1	SD presented the paper which outlined the current developments of the epilepsy surgery at GOSH following the Safe and Sustainable Paediatric Neurosurgery designation as a Children's Epilepsy Surgery Service.	
685.2	SD sought the Board's approval to proceed with the proposed plan detailed in the paper and for the recruitment of the two funded posts.	
685.3	Management Board approved the direction of travel of the paper.	
686	Clinicians Assistants Project: Update and Proposals	
686.1	JW presented the paper which informed the Board of the findings of the Clinical Assistants project and set out a recommended direction of travel.	
686.2	JW requested the Board agreement to the proposed direction of travel. The aim for the project was to remove inconsistency in CA role and job title; facilitate achievement of effective band 2-4 staffing and contribute to achievement of 80:20 nursing split.	
686.3	The Board discussed the project and asked LM to provide further clarify in the paper that it was not intended that any existing roles would be changed, only that the job descriptions and line management arrangements will be changed.	
686.4	Action: LM to clarify in the paper that it is not intended that any existing roles will be changed, only that the job descriptions and line management arrangements will be changed.	LM
686.5	Management Board approved the direction of travel of the paper with further clarification.	
687	Tender for the provision of Cochlear Implant Devices	
687.1	TS presented the tender which sought the Board's approval for the award of the provision of Cochlear Implant Devices contract to Advanced Bionics. Management Board noted the costs of awarding the contract, along with associated recurrent savings.	
687.2	Management Board approved the award of the tender to Advanced Bionics.	
688	Review of Critical Care Services	
688.1	BB presented the update on progress following the review of Critical Care Services.	
688.2	Management Board noted the update.	

689	Child Protection Quarterly update July 2012 – September 2012	
689.1	JW presented the update which provided an update regarding operational progression of the Trust Child Protection Action Plan 2012-2013 as well as relevant information impacting on Child Protection operational and strategic compliance of the Trust.	
689.2	Management Board where asked to note the evidence of continued implementation of the Trust strategy to protect children.	
689.3	FD asked if all out-standing CRBs were now completed. JW stated that she would liaise with HR to ensure there was an action plan in place to ensure they would be and report back to the Board on a completion date.	
689.4	Action: JW to work with HR to ensure that there is an action plan for all out-standing CRBs that Managers are aware and that there is a date for when all will be completed.	JW
689.5	Management Board noted the contents of the report.	
690	IPP bid for operating specialist clinical facilities in Dubai	
690.1	JL presented an executive summary regarding the Bid re Al Jalila Hospital in Dubai.	
690.2	Management Board noted the contents of the report.	
691	A Review of Local Education Spend	
691.1	JW presented the paper which provided an analysis of the education spend taking place across all clinical and corporate services.	
691.2	Management Board were asked to note and discuss the content of the review and the initial conclusions offered by the Learning Education & Development (LEAD) senior team.	
691.3	Management Board noted and supported the direction of travel proposed in the paper.	
692	Nursing Establishment Review 2012	
692.1	JW presented the review. JW reported during May/June 2012 the Chief Nurse and the Assistant Chief Nurse for Workforce met with each Head of Nursing, General Manager and Clinical Unit Chair to discuss current nursing workforce. The aims of the meetings were: <ul style="list-style-type: none"> • To ensure that the Clinical Units and the Chief Nurse have a joint understanding of the workforce plans. • To ensure that Clinical Units are employing effective and efficient rostering practices. • To ensure that plans are in place to cover short – medium term vacancies. • To ensure that skill mix reflects the clinical needs of patients. • Reviewing the nonregistered component of the workforce ensuring that where clinically appropriate wards have achieved or have plans to move towards achieving a 80:20 registered : nonregistered ratio. • To ensure prudent use of temporary staffing and understand local controls in 	

Attachment 9

	<p>managing bookings etc.</p> <ul style="list-style-type: none"> • To understand local staffing pressures and discuss how they might be mitigated. • To ensure accurate and up to date data is available and meets the needs of Managers. 	
692.2	The review focused on rostered staff only, non rostered staff (e.g. Clinical Nurse Specialists) were not included.	
692.3	JW reported a detailed action plan would come back to the Board in due course.	
693	UCL Partners – Executive Summary	
693.1	The report was taken as read.	
693.2	Management Board <u>noted</u> the content of the report.	
694	UCL Partners AHSN – 60 second briefing	
694.1	The report was taken as read.	
694.2	Management Board <u>noted</u> the content of the report.	
695	Update and overview of letter turnaround project	
695.1	The report was taken as read.	
695.2	Management Board <u>noted</u> the content of the report.	
696	Health and Well-being strategy	
696.1	The report was taken as read.	
696.2	Management Board <u>noted</u> the content of the report.	
697	Policy Approval Group	
697.1	Management Board <u>noted</u> the content of the report.	
698	Quality and Safety Committee Report	
698.1	Management Board <u>noted</u> the content of the report.	
699	Information Governance Steering Group	
699.1	Management Board <u>noted</u> the content of the report.	
700	Report from the Business Case Review Group	
700.1	Management Board <u>noted</u> the content of the report.	
701	Redevelopment Programme Steering Board	
701.1	Management Board <u>noted</u> the content of the report.	

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702	Capital and Space Planning	
702.1	Management Board <u>noted</u> the content of the report.	
703	Education Strategic Committee	
703.1	Management Board <u>noted</u> the content of the report.	
704	Waivers	
704.1	The Board noted the requested for approval for the waivers from the following suppliers: Sorin Group UK QIAGEN Ltd Life Technologies Ltd Roche Diagnostics Ltd	
704.2	Management Board <u>approved</u> the waivers.	
705	Any other business	
705.1	There was no other business reported.	

Trust Board 28th November 2012	
Update from Members' Council meeting on 3rd November 2012	Paper No: Attachment 10
Submitted on behalf of: Baroness Blackstone, Chairman	
Aims / summary To provide a summary of the Members' Council meeting on 3 rd November 2012.	
Action required from the meeting To note the items discussed.	
Contribution to the delivery of NHS Foundation Trust strategies and plans STRATEGIC OBJECTIVE 7: Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation.	
Financial implications None	
Legal issues None	
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place? Members' Council papers and minutes are available on GOSH Web	
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 19 th November 2012	

Update from the Members' Council meeting held on 3rd November 2012

Interim Chief Executive's Report

It was agreed that the Members' Council would be kept informed of significant transactions such as those in redevelopment, via the Chief Executive updates.

Foundation Trust Chairman and Non-Executive Director Remuneration

The Members' Council Nominations and Remuneration Committee presented its recommendation for the uplift in Chairman and Non-Executive Director remuneration.

Following a discussion about the level of remuneration recommended, it was agreed that the Members' Council would vote on the committee's proposal.

The Members' Council **approved** the proposal of the Nominations and Remuneration Committee for an uplift in remuneration as follows:

Chairman's remuneration:

- 1 April 2012 - £40,000pa
- 1 April 2013 - £47,500pa
- 1 April 2014 - £55,000pa

Non-Executive Directors' remuneration;

- 1 April 2012 - £11,000pa
- 1 April 2013 - £12,500pa
- 1 April 2014 - £14,000pa

Deputy Chairman/Chairman of Audit Committee and Senior Independent Director's remuneration;

- 1 April 2012 - £16,000pa
- 1 April 2013 - £17,500pa
- 1 April 2014 - £19,000pa

It was agreed that these levels of remuneration would remain fixed until 31 March 2015.

Changes to the GOSH Constitution

The Company Secretary outlined the changes required to be made to the GOSH constitution as a result of the impact of the Health and Social Care Act 2012.

The Members' Council noted and approved the proposed amendments to the Constitution.

International Private Patients (IPP) Update

The Council agreed that notes from the IPP strategy Group would be circulated to the Council as a whole.

Baroness Blackstone reported that GOSH was taking part in a bidding process to manage a Children's Hospital in Dubai. The IPP Strategy Group would be kept informed of developments.

Nomination for Non-Executive Director representing the Institute of Child Health (ICH)

It was reported that Professor Andrew Copp had stepped down as Director of ICH and Professor Rosalind Smyth had taken up the post in October.

It was confirmed that the Trust Board had recommended Professor Smyth for appointment to the Trust Board at the meeting on 31st October.

The Council approved the appointment of Professor Smyth to the GOSH Trust Board.

Chairman and Non-Executive Director Reappointment Process

It was noted that the Monitor guidance suggested that reappointment of Non-Executive Directors was an opportunity to review the skill set of the Board.

The Council approved the process for Chair and Non-Executive Director reappointment.

Chairman and Non-Executive Director Appraisal Process

Baroness Blackstone encouraged Councillors to attend public sessions of the Trust Board as an opportunity to see how the Board perform.

Mr Charles Tilley reported that a review of Trust Board effectiveness would take place in the next few months, the outcomes of which would be shared with the Members' Council.

The Members' Council approved the Chair and Non-Executive Director appraisals process.

Report from the Members' Council Agenda Setting Meeting

It was agreed that the chairs of the Audit Committee and Clinical Governance Committee would provide a written report, highlighting any relevant issues raised at the last meeting.

Baroness Blackstone noted that the Members' Council had requested consideration of six formal meetings per year. She stressed that the Council was in its infancy and suggested that a trial period of four meetings per year plus an AGM, plus a number of seminars and informal meetings would be appropriate initially.

Discussion took place around the timings of upcoming meetings and it was agreed that the timetable of meetings until April 2013 would continue and at the April meeting a decision would be taken around the scheduling of further meetings ensuring that meetings were appropriately spaced out throughout the year.

Finance and Activity Report

A query was raised about the sustainability of the current level of IPP activity and the potential for future growth.

The Council was informed that the IPP Strategy Group would be considering these issues in greater detail. She confirmed that some increased income was as a result of greater levels of activity and some from increased prices.

Any Other Business

The Council expressed concern that the Gastroenterology Team were regularly reporting the greatest numbers of concerns and complaints raised.

Baroness Blackstone confirmed that the Board were aware of the issues and had discussed them a number of times.

It was agreed that key members of the Gastroenterology team would attend the next meeting of the Members' Council.

Trust Board 28th November 2012	
National Institute for Health Research (NIHR) Biomedical Research Centre (BRC) – evaluation of progress	Paper No: Attachment 11
Submitted on behalf of: Ms Fiona Dalton, Chief Operating Officer	
Aims / summary	
<p>In 2011, Great Ormond Street Hospital, in partnership with University College London Institute of Child Health secured funding to retain its status as an NIHR Biomedical Research Centre (BRC), The role of the BRC is to:</p> <ul style="list-style-type: none"> • drive innovation in the prevention, diagnosis and treatment of ill-health; • translate advances in biomedical research into benefits for patients; • provide a key component of the NHS contribution to our nation's international competitiveness by making the best BRCs even better. <p>The GOSH/ ICH BRC is the only specialist paediatric BRC in the country.</p> <p>Project teams are required to submit annual interim and financial reports. The NIHR has reviewed the GOSH/ICH BRC 2011-12 report and the response is attached. The NIHR is pleased with the progress made by the GOSH/ICH BRC.</p>	
Action required from the meeting	
To note the report from the NIHR.	
Contribution to the delivery of NHS Foundation Trust strategies and plans	
STRATEGIC OBJECTIVE 7 : Ensure corporate support processes are developed and strengthened in line with the changing needs of the organisation	
Financial implications	
None.	
Legal issues	
None.	
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place?	
None.	
Who needs to be told about any decision?	
None.	
Who is responsible for implementing the proposals / project and anticipated timescales?	
Not applicable.	
Who is accountable for the implementation of the proposal / project?	
Not applicable.	
Author and date	
Dr Anna Ferrant, Company Secretary 15 th November 2012	



National Institute for Health Research

NIHR BIOMEDICAL RESEARCH CENTRES

Feedback on Annual Report 2011/12

1. CENTRE DETAILS

Name of the NIHR Biomedical Research Centre:

Great Ormond Street Hospital for Children NHS Trust / UCL Institute of Child Health

2. FEEDBACK ON PROGRESS REPORT

We are pleased to note that the Centre continues to support collaborative working with other Centres, such as the Moorfields Eye Hospital/ UCL Institute of Ophthalmology BRC and the UCLH/ UCL BRC, and has a commitment to capacity building through research studentship schemes within UCL. We congratulate Professor David Goldblatt for being appointed as a NIHR Senior Investigator and acknowledge the number of other awards received as a consequence of the BRC funding.

We welcome the research output of GOSH/ICH and the positive press activity that this has continued to generate. We are pleased to note that the CRF, which is supported with BRC funding, continues to support increasing studies hosted as well as patient visits. We note the positive preliminary feedback received from the MHRA inspection.

The Centre has provided examples of important health impacts arising from BRC funding; in particular we note the development of a service at GOSH for Non Invasive Prenatal Diagnosis (NIPD) for foetal sex determination in high-risk women, which can reduce the invasive testing by 45%.

The commitment to public engagement is well described, including the Centre's engagement with patient groups, parents, children and young people and we look forward to the new public facing websites that are in development for both the Institute of Child Health and GOSH.

We welcome the continued collaborations with various industry partners and the initiation of five new industry-funded projects relating to experimental medicine. We also acknowledge and welcome the upward trend in activity and interest in leverage of IP as well as the four new patents filed to cover treatments for autoimmune disease, blood disorders, spinal muscular atrophy and a screening test for Down's Syndrome.

Thank you for the information provided in your activity and outputs form. We are pleased to note the Centre's continued success in the level of project activity, publications output and in its training activities. Please note, however, that it is not appropriate for later phase (III or IV) trials to receive BRC funding, and this was emphasised in the specifications for BRCs published as part of the 2011 open competition.

3. FEEDBACK ON FINANCIAL REPORT

We are pleased to note that the Centre has reached financial balance.

4. FEEDBACK ON OVERALL PROGRESS MADE (2007-12)

Thank you for highlighting the Centre's overall progress made against the original objectives set at the start of the contract. We acknowledge the significant progress made and are very pleased to note the ten major achievements as a result of the BRC funding.

We are pleased to note that since its award of BRC status in 2007, GOSH/ICH has leveraged £73.9M external funding for experimental medicine.