Great Ormond Street Hospital for Children NHS Foundation Trust

Meeting of the Trust Board
Wednesday 27th March 2013

Dear Members

There will be a public meeting of the Trust Board on Wednesday 27th March 2013 at 4:15pm in the **Charles West Room, Paul O'Gorman Building,** Great Ormond Street, London, WC1N 3JH.

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

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Attachment
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 30th January 2013**	Chairman	**K**
3.	**Matters Arising / Action point checklist** • **Minute 633.10: Update on ICU nurse recruitment and retention** • **Minute 619.2: Quality of food and survey results**	Chairman Chief Nurse and Families Champion Acting Chief Operating Officer	**L** **M** **N**
4.	**Chief Executive Report**	Chief Executive Officer	**Verbal**
	STRATEGIC ISSUES		
5.	**Progress Report on Francis Report Recommendations**	Co-Medical Director (ME)	**P**
6.	**Finance Plan 2013/14**	Chief Finance Officer	**2**
7.	**Content of Phase 3A Building**	Director of Redevelopment	**S**
8.	**Redevelopment governance**	Chief Executive	**T**
9.	**Approval of Business Rates and NHSLA premium payments for 2013/14**	Chief Finance Officer	**Z**
	PERFORMANCE REPORTS		
10.	**Summary of performance for the period:** • **Targets and indicators** • **Cash Releasing Efficiency Savings (CRES)** • **Finance and Activity**	Chief Executive Acting Chief Operating Officer Acting Chief Operating Officer Chief Finance Officer	**U** **Ui** **Uii** **Uiii**
11.	**Staff Survey Results**	Director of Human Resources	**V**

	ASSURANCE REPORTS		
12.	**Deloitte Quality Governance Review**	Chief Finance Officer	**W**
	SUBCOMMITTEE REPORTS		
13.	**Summary report of a meeting of the Audit Committee – January 2013**	Chair of the Audit Committee	**X**
14.	**Summary report of a meeting of the Clinical Governance Committee – January 2013**	Chair of the Clinical Governance Committee	**Y**
15.	**Summary of a meeting of the Finance and Investment Committee – March 2013**	Mr John Ripley, Non-Executive Director	**Verbal**
16.	**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.)		
17.	**Next meeting** The next Trust Board meeting will be held on Wednesday 24th April 2013 in the Charles West Room, Level 2, Paul O'Gorman Building, Great Ormond Street, London, WC1N 3JH.		

ATTACHMENT K

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board held on 30th January 2013

Present

Baroness Tessa Blackstone	Chairman
Mr Jan Filochowski	Chief Executive
Mr David Lomas	Non-Executive Director
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr John Ripley	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Ms Fiona Dalton	Chief Operating Officer
Dr Barbara Buckley	Co-Medical Director
Professor Martin Elliott	Co-Medical Director
Mrs Liz Morgan	Chief Nurse and Director of Education
Mrs Claire Newton	Chief Finance Officer
Mr Ali Mohammed	Interim Director of Human Resources

In attendance

Professor David Goldblatt*	Director of Clinical Research and Development
Emma Pendleton*	Deputy Director of Research and Innovation
Dr Anna Ferrant*	Company Secretary
Mr Tehmoor Khan	Executive Assistant (Minutes)
Mr Matthew Tulley	Director of Redevelopment

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

626 Apologies for absence

626.1 No apologies were received.

627 Declarations of interest

627.1 No declarations of interest were received.

628 Minutes of the meeting held on 28th November 2012

628.1 The minutes were **approved** with no amendments.

629 Matters arising and action checklist

629.1 Minute 599.12 – Ms Dalton provided an update. The Board was informed that almost all deaths had occurred in areas where international benchmarking data was available which showed that the Trust was not an outlier. The Trust had purchased the Dr Foster system to help monitor against other Trusts and understand the risk of death against actual death.

629.2 Professor Elliott said that a review is being conducted of all deaths and how these have been coded. Ms Mary MacLeod, Non-Executive Director asked whether the review would look at where children die. Professor Elliott

confirmed that it would.

629.3 Minute 606.4 – Dr Buckley provided an update on the success of other hospitals achieving the 5 day target ranging from 53% to 80% (Chelsea and Westminster) with some Trusts' not monitoring this as a Key Performance Indicator (KPI).

629.4 **Action**: It was **agreed** that members of the team visit Chelsea & Westminster NHS Foundation Trust to understand how they achieve the 5 day target.

630 Chief Executive Report

630.1 Mr Jan Filochowski, Chief Executive presented the report.

630.2 He welcomed Mr Ali Mohammed to the Board who had joined as an Interim Director of Human Resources. Interviews for a permanent position were provisionally scheduled for 15th March 2013.

630.3 The Chief Operating Officer post had been advertised and interviews were scheduled for 1st March 2013.

630.4 The Francis Report was due to be published on 6th February 2013. It was expected that the report's recommendations would have a major impact on NHS services.

630.5 The National Institute of Health Research (NIHR) had visited the Biomedical Research Centre (BRC) on 23rd January 2013. The Board was informed that this was a very successful visit. The Trust was jointly committed with the Institute of Child Health (ICH) to develop the research centre in the next few years.

630.6 Phase 2B enabling works had commenced on 28th January, with the closure and repositioning of the main entrance. The final decision on appointment of the architects for phase 3A (redevelopment of the Computer Centre) was awaited

630.7 A meeting had been scheduled for 1st February with Monitor, the regulator, to meet the new Compliance team.

631 Research Strategy and KPIs

631.1 Professor Goldblatt gave a presentation on the Trust Research Strategy and three Key Performance Indicators.

631.2 Research income was forecast at £14.48m. Professor Goldblatt informed the Board that it had been a difficult period for research funding and highlighted the importance of meeting targets to avoid suspension of payments due under the payment schedule.

631.3 Work was underway to ensure patients are quickly recruited into UKCRN Portfolio Studies.

631.4 Mr David Lomas, Non-Executive Director asked what the distinction was between GOSH and ICH and what the Trust's success target was for the next

three years. Professor Goldblatt stated that there was no specific distinction and that the target was to ensure research for patient benefit, that new projects are initiated and patients recruited into trials.

631.5 Mr Charles Tilley, Non-Executive Director asked what the main risks were to delivering against the strategy. Professor Goldblatt said the challenge was showing the added value in investing in the Biomedical Research Centre, keeping the best staff at GOSH and ICH and recruiting patients to trials.

631.6 Mr Tilley stated that key performance indicators should measure things that are critical to the Trust. Professor Goldblatt stated that a set of KPIs on links with other biomedical centres, industry funding, developing national contribution and training were closely monitored.

631.7 Professor Elliott highlighted the risk of key academics leaving the UK to work in other major research centres. Professor Smyth highlighted the partnership between UCL/ICH/GOSH and how fundamental it is to attracting the right staff.

631.8 Mr Ripley asked what the drivers of the strategy were for increasing income-streams. Professor Goldblatt said it was about identifying where GOSH emerges as an international competitor and building on these areas. These were around finding new genes, therapy, and stem cell research.

631.9 Ms Mary MacLeod asked where the records of citations by GOSH/ICH staff were recorded. Professor Goldblatt said a register of citations is published in PUDMED.

631.10 Ms Mary MacLeod asked what research is being conducted by Nursing and Allied Health Professionals. Professor Goldblatt said nurses were involved in research but there was a need to recruit more leads and an academic strategy for nurses was under development. Patient and carer groups were also involved in service redesign. Mrs Liz Morgan, Chief Nurse and Director of Education advised the Board that the Trust supported a number of nursing staff completing a Masters or PhD. This study was supported by the London South Bank University.

631.11 Professor Smyth informed the Board that she was working with Mr Filochowski and Professor Goldblatt to develop an academic strategy.

631.12 **Action**: Ms Yvonne Brown, Non-Executive Director asked whether it would be helpful for a summary of the work conducted by the Biomedical Research Centre to be presented at the Clinical Governance Committee. Professor Goldblatt agreed, stating that the annual report could be submitted to the committee.

631.13 Baroness Blackstone felt there was no clear conception of research strengths, what areas the Trust were lagging behind and the reasons for this, and how the Trust compares against other organisations. Professor Goldblatt accepted this and agreed to include an overview of this in his next report

631.14 The Board noted the content of the presentation.

632 Quality Strategy

632.1 Professor Elliott presented the revised strategy.

632.2 Ms Mary MacLeod, Non-Executive Director commented that the strategy was more readable and succinct.

632.3 **Action**: It was agreed that the wording of the standards should be tighter and demonstrate 'stretch' in achievement of targets, including the word 'to improve' under standard 9.

632.4 **Action**: the Board agreed that reference should be made in the document to CQUINs and quality measures applied by commissioners

632.5 The Board agreed that work should be conducted to help staff understand the Trust vision and corporate strategies so that this can be articulated at an operational level. Mr Filochowski stated that he was reviewing all strategies to develop an overarching strategy for the Trust.

632.6 The Board **approved** the strategy, subject to the amendments.

633 Performance Report

633.1 Mr Jan Filochowski presented the reports and informed the Board that performance overall had been broadly reasonable.

Targets and indicators including workstreams.

633.2 Ms Fiona Dalton, Chief Operating Officer highlighted the lack of progress with sending discharge summaries within 24 hours. It was noted that a significant shift would be made with the implementation of the new Electronic Document and Records Management System (EDMRS) NOVO.

633.3 Baroness Blackstone, Chairman queried why some GP practices would not accept e-mails and how this could be addressed. Mr Filochowski said the problem arose because most GP practices purchased their own IT systems, and these did not link up.

633.4 **Action**: Mr Tilley, Non-Executive Director queried whether KPIs could be produced for monies raised by the GOSH Children's Charity. Mr Filochowski agreed to speak to Ms Newton and Mr Tim Johnson (Chief Executive, GOSH Children's Charity).

Cash Releasing Efficiency Savings (CRES) Report

633.5 The report was taken as read and noted.

Finance and activity

633.6 The report was taken as read. Ms Claire Newton, Chief Finance Officer informed the Board that a significant debt had been repaid by a private international customer.

Quality and Safety Report

633.7 Ms Yvonne Brown raised concerns about the increase in CVL infections on some wards. Professor Elliott, Co-Medical Director stated that this increase was not statistically significant.

633.8 Mr David Lomas, Non-Executive Director noted the shortage of critical care nurses and asked for more information about how this was being monitored. Mr Filochowski stated that he was considering development of a workforce report. A fast-action working group had established to review processes in ITU including recruitment.

633.9 Mrs Liz Morgan stated that she was looking at an extensive range of local, national and international strategies to identify issues around recruitment, retention and incentives so as to make GOSH an attractive place to work. Capturing people with the right set of skills was proving to be a challenge.

633.10 **Action**: It was agreed that a progress report on recruitment of critical care nurses would be brought back to the Trust Board in March 2013.

633.11 The Board **noted** the report.

637 Quarter 3 Monitor Return

637.1 Mrs Claire Newton presented the Monitor return for approval. The Board noted that the Trust was reporting a financial risk rating of 4 and a governance risk rating of green for quarter 3, 2012/13.

637.2 The Board **approved** the return to Monitor.

638 Assurance Framework Summary

638.1 Ms Fiona Dalton presented the report, highlighting that of the 23 risks on the framework, three risks were rated as amber assurance in relation to the effectiveness of the controls in place to manage the risks. A summary was provided of each of these risks.

638.2 The Board **noted** the report.

629 Redevelopment Report

639.1 Mr Tulley highlighted progress of Phase 2b. A review of procurement options recommended that 2b followed the Competitive Dialogue route. Market soundings are to be taken to determine if this route is appropriate. It was noted that Accounting Officer authorisation (or his nominated person) will be required to follow this route. The procurement timetable currently envisages issuing the OJEU notice week commencing 25th February.

639.2 Baroness Blackstone sought clarification about the plan for Phase 2B and in particular who was carrying out the work and how the Trust is extracting value for money. Mr Filochowski and Mr Tulley agreed to meet to review the plan.

639.3 Baroness Blackstone queried the Safe and Sustainable Cardiac Review timeline. Professor Elliott said a judicial review decision was pending. The

independent reconfiguration panel's assessment report to the Secretary of State had been delayed until March 2013. The Secretary of State was expected to make a decision in April/May 2013.

639.4 The Board **noted** the report.

640 Patient Experience Report including IPSOS MORI Survey Results – Outpatients

640.1 Mrs Liz Morgan presented the report, highlighting the IPSOS MORI results which showed a very high satisfaction with the outpatient service.

640.2 Mr Lomas queried the availability of appointment slots and whether this was down to demand exceeding capacity. Ms Fiona Dalton said this was an issue with staffing constraints and change in expectations, with families making last minute requests.

640.3 **Action**: Baroness Blackstone queried whether patient's views were sought on schooling. Mrs Liz Morgan said the school has conducted surveys and that she would follow this up with Jayne Franklin, Head Teacher of the Children's School.

640.4 **Action**: Baroness Blackstone visited the Children's School on 25th January and was informed that some teachers had not been able to visit some wards before a particular time and in some cases had been turned away. Mrs Liz Morgan agreed to look into this

640.5 **Action**: Mr Lomas asked whether it might be helpful to review commissioning bodies' perceptions of customer service of the Trust to get an independent view. It was agreed this would be explored.

640.6 Mrs Morgan reported that the Young Members' Forum planned for February 2013 will create a work plan for 2013/14 and discuss the results of the recent 36 ward assessments against the You're Welcome Criteria standards for young people.

640.7 The Board **noted** the report.

641 Update on the Care Quality Commission Quality & Risk Profile – November 2012

641.1 Dr Anna Ferrant, Company Secretary presented the latest results from the CQC's Quality and Risk Profile.

641.2 The Board **noted** the update.

642 Consultant Appointments

642.1 The Board **approved** the following consultant appointments:

- Dr Owen Arthurs – Radiology
- Dr Craig Gibson – Interventional Radiology

643 Audit Committee

643.1 Mr Charles Tilley, Audit Committee Chair presented an update from the meeting in January 2013, highlighting that the Trust was in the process of
643.2 going out to tender for Internal Audit and Counter Fraud services.

643.3 The Board **noted** the update.

644 Clinical Governance Committee

644.1 Ms Mary MacLeod gave a verbal update on the work of the committee at its January 2013 meeting. The committee had reviewed the quality and safety impact of specific CRES schemes and highlighted the impact on the timeliness of test results following implementation of an efficiency plan in the genetic testing department. Actions were being taken to improve the processes in place.

644.2 The committee had heard how a Play Therapist had been removed from a ward. The committee had noted the impact of this given the significant role of a therapist in providing psychological input and support for children at pre-admission.

Concerns were noted about the number of inspections conducted in the
644.3 hospital in one month and the amount of staff time involved.

644.4 The Board **noted** the update.

645 Finance and Investment Committee

645.1 Mr David Lomas presented an update.

645.2 The Board **noted** the update.

646 Management Board Minutes

646.1 Following a review of the governance arrangements, Management Board had been replaced by a weekly meeting of the Overall Management Group, involving a subset of the Management Board members (Executives and Clinical Unit Chairs). The Overall Management Group reported directly to the Chief Executive (who also chaired the group). Any issues of relevance would be escalated to the Board.

646.2 The Board **noted** the final minutes from the November and December 2012 meetings of the Management Board.

647 Any Other Business

647.1 **Action**: The Board **agreed** to move the Annual General Meeting from September 2013 to July 2013 in order to present the annual accounts earlier in the year.

647.2 Ms Mary MacLeod informed the Board of a Clinical Ethics Symposium to be held on Thursday 25th April 2013. It was planned that the symposium would explore the dilemmas for clinicians, children and families arising from the

opportunities offered by new technologies pre, postnatal and as children grow. Speakers included Professor Lord Winston.

648 Next Meeting

648.1 It was noted that the next Trust Board meeting will be held on 27th March 2013 in the Charles West Room.

ATTACHMENT L

Attachment L

TRUST BOARD - ACTION CHECKLIST
27th March 2013

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
629.4	30/01/13	It was agreed that members of the team visit Chelsea & Westminster NHS Foundation Trust to understand how they achieve the five day target.	BB	March 2013	Verbal update
631.2	30/01/13	Ms Yvonne Brown, Non-Executive Director asked whether it would be helpful for a summary of the work conducted by the Biomedical Research Centre to be presented at the Clinical Governance Committee. Professor Goldblatt agreed, stating that the annual report could be submitted to the committee.	DG	April 2013	To be reported to the CGC in 2013/14
632.3 632.4	30/01/13	Quality Strategy: It was agreed that the wording of the standards should be tighter and demonstrate 'stretch' in achievement of targets, including the word 'to improve' under standard 9. Quality Strategy: The Board agreed that reference should be made in the document to CQUINs and quality measures applied by commissioners	ME	March 2013	In progress
633.4	30/01/13	Mr Tilley, Non-Executive Director queried whether KPIs could be produced for monies raised by the GOSH Children's Charity. Mr Filochowski agreed to speak to Ms Newton and Mr Tim Johnson (Chief Executive, GOSH Children's Charity).	JF/CN	March 2013	Agreed to consider reporting this quarterly in arrears measured against the Charity's plan

Attachment L

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
633.10	30/01/13	It was agreed that a progress report on recruitment of critical care nurses would be brought back to the Trust Board in March 2013.	LM	March 2103	On agenda under matters arising
640.3		Patient Experience Report: Baroness Blackstone queried whether patient's views were sought on schooling. Mrs Liz Morgan said the school has conducted surveys and that she would follow this up with Jayne Franklin, Head Teacher of the Children's School.	LM	March 2013	Verbal update
640.4		Patient Experience Report: Baroness Blackstone visited the Children's School on 25th January and was informed that some teachers had not been able to visit some wards before a particular time and in some cases had been turned away. Mrs Liz Morgan agreed to look into this	LM	March 2013	Verbal update
640.5		Patient Experience Report: Mr Lomas asked whether it might be helpful to review commissioning bodies' perceptions of customer service of the Trust to get an independent view. It was agreed this would be explored.	RB	TBC	Due to national changes in commissioning, it is proposed that this matter is explored towards the end of the calendar year
647.1	30/01/13	The Board agreed to move the Annual General Meeting from September 2013 to July 2013 in order to present the annual accounts earlier in the year.	AF	January 2013	Actioned and dates circulated

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **27th March 2013**	
Update on ICU nurse recruitment and retention **Submitted by** Chief Nurse and Families Champion	**Paper No: Attachment M**
Aims / summary To update Trust Board on the actions and status of recruitment and retention of nurses across NICU, PICU and CICU.	
Action required from the meeting To note results and support actions.	
Contribution to the delivery of NHS / Trust strategies and plans Insufficient nursing numbers in ICU are one of the most significant limiting factors on delivering activity in these areas.	
Financial implications Loss of income in the event that the Trust is unable to meet activity targets. High agency costs to cover vacant shifts.	
Legal issues	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, members, children and families) and what consultation is planned/has taken place? The Recruitment and Retention Group includes operational and senior nursing staff, the unit management team and corporate input.	
Who needs to be told about any decision	
Who is responsible for implementing the proposals / project and anticipated timescales Helen Cooke, Head of Workforce Planning and Development/Cardio Respiratory and Critical Care Management Team	
Who is accountable for the implementation of the proposal / project Director of HR and OD	

Paper to the Trust Board from the Chief Nurse
March 2013
Update on Nurse recruitment in NICU, PICU and CICU

1 Introduction and Background

In January 2012, the Critical Care Implementation Board commissioned the establishment of a group to address nursing recruitment and retention issues.
The group was established immediately, with membership consisting of the management team and senior nursing staff from each of the ICU areas. It is chaired by the Head of Workforce Planning and Development. It meets fortnightly and an action plan is reviewed each week to ensure delivery and follow up of activities. It also receives a fortnightly update on vacancies, starters, leavers and the recruitment pipeline.

2 Actions taken

The group identified three interlinked strands of work: Recruitment, Retention and Sustaining

Recruit

To fill vacancies as quickly as possible, recognising that the units cannot absorb large numbers particularly of junior staff who need several weeks of support at the same time as maintaining high levels of clinical activity; and that Band 6 staff are particularly required but in short supply nationally

- Developed a marketing brochure for NICU/PICU/CICU (hard copy and on line) and rolled out e-marketing of ICU jobs, using pop up adverts when specific search terms (e.g. ICU nurse, paediatric nurse) are entered into Google
- Education day in January: marketed to ICU nurses nationally, with workshops and opportunities to look round the units. It was intended as a longer term marketing and reputation-building event rather than a recruitment exercise. 77 attendees. 2 have been recruited onto the bank.
- Continuing to advertise and recruit using existing channels. 20 staff have been recruited to the ICU's since 1st January 2013, mainly at Band 5.

Staff recruited by usual routes since January 2013

Band	CICU	PICU	NICU
5	5	10	0
6	1	0	4

- Overseas recruitment (1): 20 staff have been appointed via a specialist agency from Ireland and Portugal. These recruits cannot work as registered nurses without NMC registration which is expected in mid April. The agency and the Trust are actively pursuing the NMC to expedite this process.
- Overseas recruitment (2): a further agency is supplying small numbers of skilled and experienced ICU nurses from the USA. To date, one nurse has been placed in CICU.

Staff recruited overseas January/February 2013 – nb only band 5 staff recruited

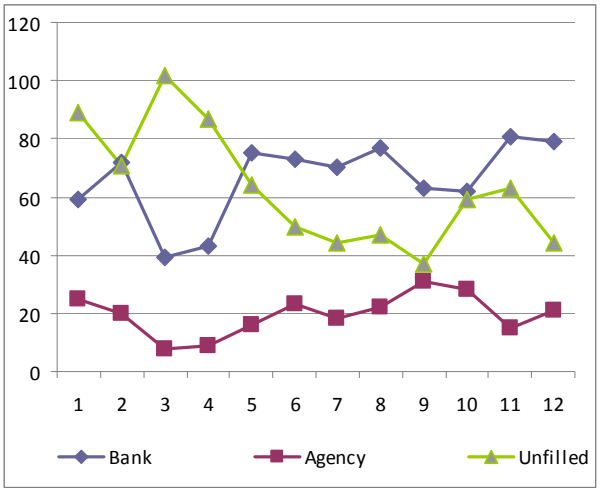
Recruited from	CICU	PICU	NICU
Ireland	6	6	1
Portugal	6	0	1

- *Senior appointments*
  - *Head of Nursing* – Interviews for the Head of Nursing post, Band 8C, were held on 6 March. No appointment was made. The Unit is currently reviewing its options before deciding upon next steps.

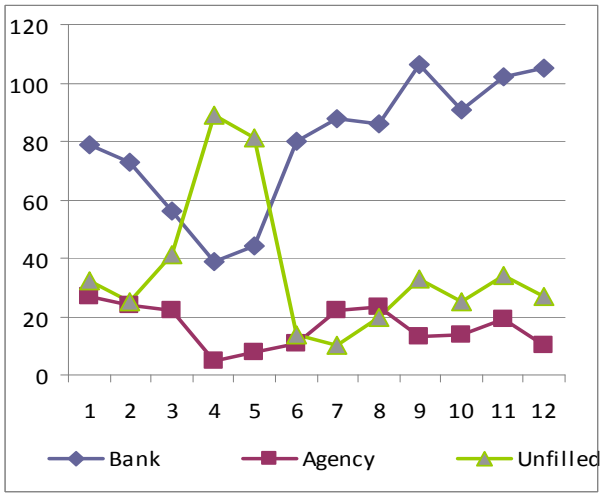
- *Clinical Unit Chair* – An international search is on-going. A number of prospective high calibre individuals have been identified and have expressed an interest in the post. A number of issues still need to be addressed/resolved, however it is anticipated that the post will be advertised in April/early May.

❖ Bank bonus: ICUs were requesting high volumes of temporary staff, with a low rate of bank fill leading to high costs and unknown agency staff filling shifts. A £100 bank bonus was introduced in January, with an almost immediate impact on fill rates see tables below

Temporary staff shifts by Week
for 12 weeks December – February 2011/12



Temporary staff shifts by Week
for 12 weeks December–February 2012/13
(Bonus scheme introduced in week 2)



Retain

To retain existing staff and keep new recruits, recognising that staff were leaving within 12 months of starting as well as after longer service; and the impact on the ability to recruit in future if staff have poor experience and communicate this to potential staff outside the Trust

- ❖ Survey of staff who have left within the last 12 months (completed January 2013). Limited number of responses but these indicated concerns about team working and support to new/less experienced staff
- ❖ Questionnaire to all ICU staff to identify what attracts and retains staff, what leads staff to leave, and how this can be improved

Both these information-gathering exercises will be used to inform further work on recruitment and retention. Actions that are already in progress are:

- ❖ Review of local induction arrangements across the three ICU's, to ensure the best possible experience for new staff and which emphasises team working and support as well as clinical skills and knowledge. Introducing shared elements of local induction will also maximise efficient use of staff time (work ongoing)
- ❖ 360 degree feedback process with B7 nurses, recognising that they are have key leadership roles, followed by coaching sessions.
- ❖ Targeted support plan for the Irish and Portuguese recruits, including arranging for friends to start at the same time, guaranteed accommodation, welcome packs, advance information about the units, social integration.
- ❖ Extend these elements to all new ICU starters as appropriate

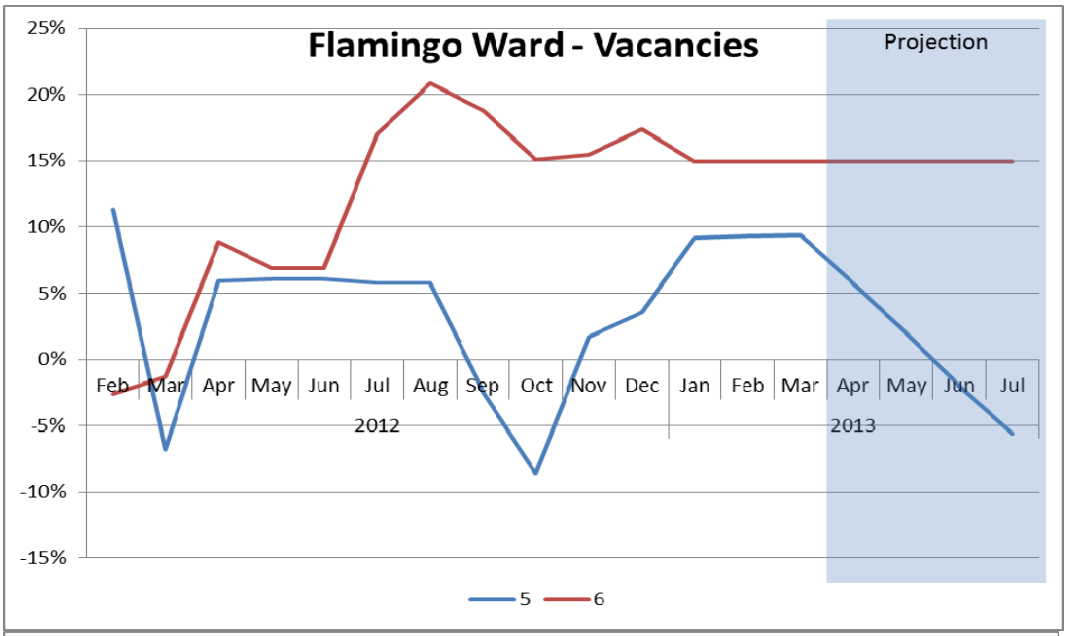
Sustain

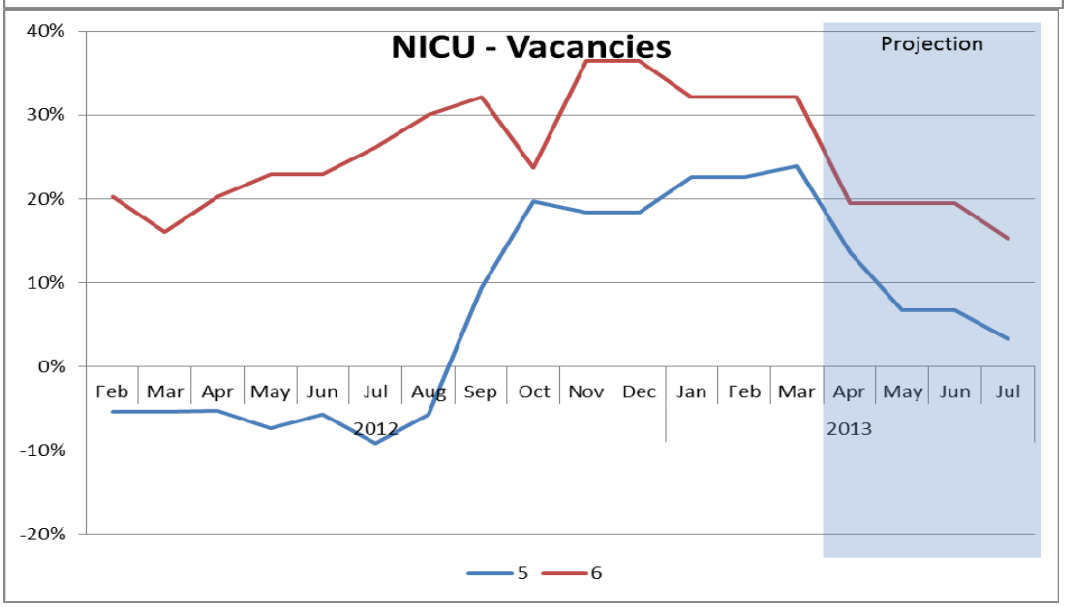
To develop sustainable staffing levels and models, including the use of education commissioning, roles, structures and ongoing culture.

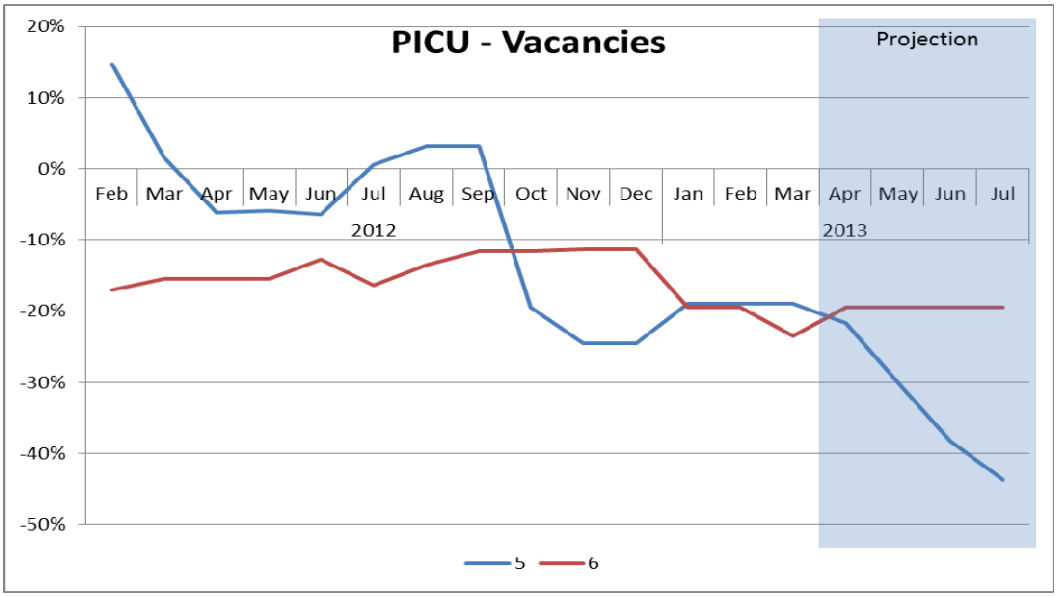
- ❖ Specialist ICU courses are now modular, making progression from Band 5 to Band 6 more accessible
- ❖ Plans to review commissions of ICU training numbers to ensure future nursing workforce
- ❖ Building on the feedback and coaching work with Band 7 staff to consider leadership models, roles and working practices.
- ❖ Other OD work across the Trust and ICU in particular considering culture and behaviours.
- ❖ Explore the challenges and opportunities presented by development of HDU beds, in terms of roles and the ability for staff to rotate through a lower intensity working environment.

3 Impact

Whilst the work is in its early stages, there are indications that the units are retaining staff better. Senior nursing staff across the units report improvements in morale in the departments, although concerns still exist. Particular attention will be given to ensuring that the units are able to sustain the levels of support required to the large numbers of new recruits starting over the next 6-12 months.







Nb PICU is recruiting for approved business cases which do not yet show up in establishment

4 Conclusion

- Recruitment activity is having an impact particularly on band 5 vacancies
- Recruitment to band 6 posts remains problematic; a particular focus of activity, supported by the work with London South Bank University, will be on supporting experienced band 5 staff into band 6 roles.
- Emphasis will increase on supporting staff and reviewing working practices, leadership etc to ensure that existing staff and new recruits are sustained and retained.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
27th March 2013

GOSH Food vision update **Submitted by** Robbie Burns, Acting Chief Operating Officer	**Paper No: Attachment N**

Aims / summary
To provide information on findings of patient/customer feedback processes with regard catering at the Trust and actions taken in response. To outline plans regarding the long term "food vision" at GOSH.

Action required from the meeting
For information only

Contribution to the delivery of NHS Foundation Trust strategies and plans

- Improving patient experience
- Control of waste
- Generation of income
- Improvement of skill and knowledge base

Financial implications
Income generation (Lagoon)
Waste management (both restaurant and patient catering)

Legal issues
NA

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?
No decision to be taken

Who is responsible for implementing the proposals / project and anticipated timescales?
Robert Wilkins (Short term)
Peter Wollaston (Long term)

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

Food Vision Update - Corporate facilities

1 Aim

To update the Trust Board on the quality of food and survey results.

2 Background

Whilst acknowledging the Trust meets standards regarding nutrition and was working to meet the preferences of patients, in their September 2012 inspection report the CQC highlighted family feedback regarding a lack of satisfaction with the quality of food for patients. The majority of children and parents that the CQC spoke to disliked the taste of the food and felt the choice of food was poor.

In addition, the IPSOS MORI inpatient survey demonstrated that satisfaction with food for inpatients deteriorated between 2010/11 at 60% and 2012 to 54%.

Therefore, direct feedback on the food offered at the Trust and suggestions for improvement have been sought by the corporate facilities team and work initiated with the Evelina Hospital on a "Food Vision" to ensure that food is procured, produced and served in the best possible way.

3 Update on Improvements

The forward plans for improving catering provision (both commercial and inpatient) at the Trust consist of both short term and long term actions.

This improvement is required for and will directly impact the following;

- Patient experience indicators
- Associated CQUIN targets
- Corporate Facilities Catering budget line (income generation and wastage reduction)

3.1 Short Term Improvement Actions Taken

As detailed below, the Corporate Facilities team have taken significant steps to improve the quality and service of the catering in direct response to findings from;

- IPSOS MORI survey
- Care Quality Commission assessment (September 2012)
- Internal in-Patient Surveys (March and October 2012)
- Lagoon Customer feedback cards (on-going)

The work undertaken appears to have had a positive impact – as the most recent inpatient survey indicates a small improvement on last year regarding satisfaction with food from 54% to 57%.

3.1.1 In-Patient Food

<u>Customer Feedback prior to MSCB Catering commissioning</u>

Prior to the commissioning for the new MSCB Kitchen one to one interviews were conducted with the patients and their families to ensure that the new menu would deliver the appropriate food for the patients. The following preferences were identified;

- The ability of a light or heavy meal at both meal times
- The ability to eat 'traditional' and easy meals such as roast meats and pasta dishes each meal time
- The ability to eat recognisable light dishes each meal time
- The ability to have homemade soup and a roll each meal time
- The ability to order as late as possible
- The ability to eat a main meal outside 'normal meal times'

In response to this feedback the following actions have been taken;

- Light and main menu choices were provided each day
- Traditional dishes are complemented by other varieties that respond to ethnic and other preferences
- an online system of ward ordering now which enables last minute changes in order but also an order which is outside 'normal meal times (between 7am and 7pm)

CQC Assessment (September 2012)

The following points on the Trust catering provision were mentioned in the final report presented to the Trust by the CQC;

- Quality and standard of patient meals (5 comments)
- Temperature of the food (2)
- Range of food on offer (1)
- Food is being reheated at ward level against Trust Policy (1)
- Food wastage is high (1)
- Presentation of food is poor (1)
- Patients rely on food brought into Hospital (1)

In response to this feedback the following actions have been taken;

- Survey of inpatient meal provision (see below)
- Food Quality monitoring process devised
- Improvement of temperature management between service and patient
- Robust wastage monitoring
- Development of the new floor manager role to manage food provision at ward level

Patient Survey (October 2012)

In response to the CQC assessment and as a monitoring tool for the first six months of the new patient meal provision facility a survey was conducted in the middle of October 2012 when 65 in-patients were asked questions about their in-patient meal, access to menu, and thoughts on quality. The following data was collected:

Question	Findings (% of total survey group)
Did the patient receive a menu to select their choice from?	78% yes
Did the patient select their own meal from the range of choices?	92% of the 78% above
Did the patient receive the food they selected?	82% of the 78%
What was the standard/quality of the food?	75% average or above 41% good or above
How was the presentation of the meal?	100% average or above 74% good or above

Question	Findings (% of total survey group)
How appropriate was the food item?	83% average or above 53% good or above
Was the portion size appropriate for the patient eating?	87% average or above 53% good or above

In response to this feedback the following actions have been taken;

- Implementation of a floor manager role to ensure that the housekeepers provide all patients that are eating a menu each day with appropriate support to select their meal needs from it. All housekeepers have undergone training.
- Recipe Management - significant work has been conducted on improving consistency of product produced by improving recipe use and management.
- Menu review - a further menu review has taken place and has been in place for one month.
- Temperature management - clear demonstration of temperature management from service to patient
- Waste management review for catering undertaken

The department has a further patient survey planned to be conducted by the end of March to monitor whether these work streams are succeeding in sustained improvement

2.1.2 Restaurant Meal Provision

Between January and February 2013 the catering department received 38 feedback cards (has been the main surveying technique used by the department to monitor how the Lagoon restaurant provision is received by the customers that use it).

The main elements of feedback centred upon the following points (showing as a percentage of total complaints);

- Value for money (25%)
- Quality of food (25%)
- Quality of catering staff service (10%)
- Time of opening hours (10%)
- Variety of menu (10%)
- Quality of training (8%)
- Provision of information (2%)
- Provision of children's choices (2%)
- Access to credit card facility (2%)

As a result the following actions have been taken;

- New menus providing a more extensive selection of meals choices including theme days, and the return of the traditional roast as a regular weekly provision
- Improved presentation via new crockery etc.
- Tighter control of recipes using the electronic food management system installed on the commissioning of the Lagoon restaurant
- Review of suppliers to ensure that the catering ingredients and ready made products product is assured in terms of quality as well as price
- Planned commissioning of tills in May that will provide ability to pay by card at all till points
- Provision of improved food/meal choices information at point of sale and around the facility
- Participation in the Jewish Families Working Group

As can be seen from the below these actions have resulted in significant improvement in feedback across the board between January and March 2013:

Jan – Feb 13 Feedback

	% score
Menu variety	60
Food Quality	59
Customer care	56
Value for money	53
Cleanliness	74
Enjoyment	59

Feb – March 13 feedback

	% score
Menu variety	70
Food Quality	70
Customer care	80
Value for Money	72
Cleanliness	82
Enjoyment	73

This data is further supported by the income rise of 40% compared to the same time last year. It is expected that this increase in sales will continue into and past the one year anniversary of the Lagoon restaurant provision.

2.2 Long-term: GOSH/GSTT Food Vision

In the long term there has been some benchmarking project work initiated with Guy's and St Thomas' NHS Foundation Trust (GSTT) in terms of their catering provision, and the synergies identified between the Trusts - particularly with regard inpatient meal provisions.

This work includes:

- development of a paediatric catering model and menu
- development of the new catering area as a patient facility (cookery lessons etc.)
- integrated management and training structures
- benchmarking of procurement opportunities
- delivery of joined up sustainability plan for catering
- integrated food hygiene management and governance
- development of robust training pathway for catering staff through apprenticeship schemes

As part of the work with Guys and St Thomas' the intention is to also benchmark against other paediatric hospitals.

There are also other significant opportunities for shared working between the two sites, for example in relation to:

- availability of capacity to extend current production – this might offer possibilities for production of own 'cook chill dishes' for external supply etc.
- conventional cooking facilities provide significant options to become an apprenticeship training centre which would attract income

3 Summary

There has been significant improvement in food provision standards within the Trust although there remains further work to be done. This is a priority for the Corporate Facilities department, not only to achieve standards in quality food for the patients, and customers, but to control the catering budget and deliver the required cost reduction savings.

In addition, learning from and working together with another Trust has been initiated, and further benchmarking with other Trusts is planned.

2013-14 will be a year of new working practices for the catering department, new partners, practices and processes by which staff are recruited and trained. Feedback on the standard of catering at the Trust will be actively sought on an on-going basis to assess the impact of improvements made.

The Trust board will continue to be updated fully on proposals.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
27th March 2013

Update on the Francis Report **Submitted by:** **Prof Martin Elliott, Co-Medical Director**	**Paper No: Attachment P**

Aims / summary
This paper outlines the Trust's response to the Francis Report. It explains the work the Trust is going to undertake to respond to the recommendations set out in the report.

Action required from the meeting

To note the report

Contribution to the delivery of NHS Foundation Trust strategies and plans
The Francis report will inform commissioning, provision and regulation of healthcare in the future. Therefore it is important that the Trust is prepared to implement the recommendations contained within the report.

Financial implications
None at present.

Legal issues
None at present

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 Francis working group will consult with staff from across GOSH, families, patients, members and the public about the development of the action plan outlined in the paper.

Who needs to be told about any decision?
The Francis working group.

Who is responsible for implementing the proposals / project and anticipated timescales?
Professor Martin Elliott, Co-Medical Director

Who is accountable for the implementation of the proposal / project?
Jan Filochowski, Chief Executive

19th March 2013

Board Update on GOSH response to Francis Report

Background:

An executive working group has been established to co-ordinate GOSH's response to the Francis report. The group is chaired by Professor Martin Elliott, Co-Medical Director. The group consists of Liz Morgan, Chief Nurse, Cathy Cale, Divisional Director for ICILM, Carlos deSousa, Divisional Director for Neurosciences, Anna Ferrant, Company Secretary, Lesley Miles Director of Communications, Ali Mohamed, Director of HR, Sarah Dobbing, General Manager for Neurosciences. The group reports to the Chief Executive.

The group's objectives are:

- To read and consider the Francis report, and recommendations made.
- To identify the recommendations which apply directly to GOSH
- To engage with departments, and individuals across the trust that are already working on issues related to the recommendations and involve them in taking forward any actions (thereby preventing duplication).
- To develop an effective communication strategy for this work (both listening and disseminating information).
- To develop an action plan to improve GOSH performance / processes in light of the recommendations.
- To identify whether GOSH is already meeting the relevant recommendations/, and highlight areas of non-compliance.
- To propose an on-going process for monitoring performance against the action plan.
- To ensure the learning from the Francis report informs Trust and departmental strategies.

The key outputs will be:

- An initial document to the March board outlining the plan of work
- An action plan to the May board
- A communication strategy document
- A monitoring scheme / plan

<u>Reporting and Monitoring</u>

The Chief Executive will receive regular reports on progress with the review and implementation of the action plan.

The Trust Board will be kept appraised of progress at key stages of the review. Responsibility for assuring the Board that the action plan has been implemented will be

delegated to the Clinical Governance Committee, which will receive quarterly progress reports and request attendance by those individuals accountable for specific areas of work.

GOSH approach to responding to Francis

It is our intention to ensure that in everything we do, across every department at GOSH, for every patient, we provide the quality of care that we would want for our own family. This is implied in our Trust motto 'The child first and always', and the Francis working group aims to build upon the passionate commitment of our staff to ensure that we consistently deliver this aim.

As the Francis report and recommendations are very detailed, the working group felt it was important to organise our response by theme. This would enable us to communicate coherently with staff, patients, families and the public about our response to the Francis report and our planned actions.

The themes we identified are:

1. Values – culture, our promise to patients/families/the public, our commitment to our staff.
2. Candour – reporting information on quality, incidents, outcomes
3. Listening – to complaints, to both patients and staff, to identify and recognise good practice. Also commitment to acting on what we hear.
4. Compassion - Clinical responsibility and leadership for care, competence of staff, responsibility of staff. Staff engagement and involvement in identifying problems in patient care, and implementing solutions.
5. Quality and excellence - Training and development for excellence, processes and systems that promote high-quality services, and good outcomes.
6. Monitoring and measuring – systems for monitoring what we're doing and assuring us that it is of good quality, a communication plan to show what we're doing, and an on-going commitment to embed the recommendations in our work.

At this point we are still awaiting guidance from the Department of Health and Monitor about what they expect from us in response to Francis. However, we will begin our work reviewing the details of the report and assessing areas for particular focus at GOSH, as it is unclear when the guidance will become available.

By Martin Elliott, Co-Medical Director and Sarah Dobbing, General Manager for Neurosciences.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
27th March 2013

Financial Plan 2012/13	**Agenda item: Attachment 2**
Submitted by: Claire Newton, Chief Finance Officer	**Discussion**

Aims
To consider the proposed three year financial plan from 2013/14 to 2015/16.

SUMMARY

This paper summarises the key elements of the Trust's three year financial plan.
The plan was reviewed by the Finance and Investment Committee on 20th March 2013 and some minor changes made to ensure that the plan met the agreed financial targets.
The financial targets agreed with the Committee were:

- EBITDA should be targeted to be approximately 7%
- Cash reserves at year end should not fall below the level forecast for March 2013 ie the higher of £35m or 45 working days of operating expenditure excluding pass through.
- The underlying net surplus should be break even or better.
- FRR (calculated on current basis) should remain at 4

The financial information included in this paper is presented on the management accounts basis ie it does not reflect donations to fund capital expenditure as income. However the FRR calculation takes account of donations where included in the Monitor risk measure definitions.

The Board should note the following points relating to external influences on the assumptions:

- Negotiations with commissioners have not yet been concluded . They have been significantly impacted by the restructuring of commissioning bodies and the transfer of activity delivered by GOSH to the NCB.
- Some DH NIHR R&D Funding allocations have yet to be determined although the majority are known and in total are lower than in 1213
- Education funding levels are not yet determined although no significant changes are expected in this financial year
- There remains uncertainty on the impact of the national safe and sustainable review for paediatric cardiac surgery and the proposed implementation date of April 2014. Growth rates assumed in the financial plan will be affected if there is a significant change in the current position.
- Monitor assumes responsibility for pricing in 2014/15 but it has been assumed there are no major changes to tariff levels relative to the 2013/14 tariff
- IPP activities included in the plan to not include any new overseas contracts

The other critical assumptions are:

- the value realised from the Trust's CRES programme is a net productivity gain of 5% of influenceable expenditure. This is achieved from a combination of revenue generation and cost reduction schemes
- Cost inflation varies by category and is between 1% and 2.9%
- Tariff deflation is -1.3% each year.

Action required from the meeting To approve the financial revenue plan and the level of Trust funded capital expenditure
Contribution to the delivery of NHS / Trust strategies and plans This is a key element of financial planning and therefore critical to delivery of financial sustainability
Financial implications All matters discussed in the paper have financial implications
Legal issues None
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families)? Managers
Who needs to be told about any decision
Who is responsible for implementing the proposals / project and anticipated timescales All managers
Who is accountable for the implementation of the proposal / project CEO

A Financial and investment strategy

This has been outlined in the cover sheet

B Budget for 2013/14

Budgets by unit and department are currently being determined and agreed through discussion with managers. It is planned that these will all be ready for sign off by the end of March. There are a small number of units for which this is a significant challenge primarily due to underachievements of CRES or further adverse cost variances in 1213.

C Outline Financial Plan

	12/13 F'cast	13/14 Budget	14/15 Plan	15/16 Plan
NHS Clinical income:				
- activity	221.5	234.7	247.4	250.0
- pass through	45.4	46.4	48.5	50.0
	266.9	281.1	295.9	300.0
Priv. pt clinical income	41.0	43.4	45.0	46.6
R&D	19.9	17.2	17.2	17.2
Education	12.8	13.8	13.8	13.9
Other income	15.3	15.1	15.1	15.1
Total income	355.8	370.6	387.0	392.8
Pay	(198.1)	(204.3)	(213.0)	(213.0)
Non pay	(86.6)	(94.6)	(98.9)	(101.4)
Pass through	(45.4)	(46.4)	(48.5)	(50.0)
Total operating expenditure	(330.0)	(345.3)	(360.4)	(364.4)
EBITDA	**25.8**	**25.2**	**26.5**	**28.4**
	7.2%	6.8%	6.9%	7.2%
NET SURPLUS (ex cap donations, impairment/gains)	3.8	1.1	0.0	0.3

KEY TRENDS	Annual Growth Rates 1213	1314	1415	1516	*CAGR 09/10 to '12/13*	CAGR 12/13 to 15/16
NHS clinical income	1.5%	6.0%	5.4%	1.0%	2.5%	4.1%
Private patient income	45.5%	5.9%	3.7%	3.7%	25.0%	4.4%
Total income	5.4%	3.8%	4.0%	1.0%	4.7%	2.9%
Pay	2.8%	3.6%	4.7%	0.4%	2.3%	2.9%
WTE	-0.2%	0.1%	1.3%	-2.8%	-1.2%	-0.5%

C1.1 Activity and income

The activity targets have been based on demographic growth, known demand as a result of high waiting lists or existing levels of refusals or reversals of temporary declines in year due to resource issues.. Activity growth varies by specialty and averages approximately 5% in 1314, 5.7% in 14/15 and 1.7% in 15/16 although this percentage is significantly influenced by high growth targets in neuro, cardiac and spinal surgery and critical care.

C1.2 Commissioning Contract Values

The reorganisation of commissioning has delayed the finalisation of contracts. The Trust is expecting that c87-90% of its income will be contracted with the NCB and the remaining 10-13% with 204 Clinical Commissioning Groups. At present an initial offer has been received from NCB and no offers have been received from the CCGs although the Trust has sent out proposals to all organisations with contract values of a significant level.

C1.3 IPP growth

A detailed assessment has taken place of capacity available for private patients which will not impact required NHS capacity. Activity growth of 1.2% is planned for 1314 and thereafter no further increases within existing capacity.

C3.1 External cost pressures

It is likely that CNST premiums will continue to increase as the NHSLA have stated that their intention is to move premium levels closer to the value of claims paid.

Pay awards will be in accordance with nationally negotiated terms. A pay award has been determined at 1%, excluding increments.

C3.2 Internal cost pressures

There are a number of internal cost pressures:

- additional recurring running costs for the Morgan Stanley clinical building from 13/14 as maintenance costs on certain items were zero in the first year of operation
- The full cost of the new insurance programme following the expected procurement in July 2013
- Further increases in the cost of IT maintenance and support contracts.
- Further R&D costs in 13/14 and 14/15 following a commitment to increase the value of direct costs funded by the NIHR BRC funding
- Costs associated with the new CF network arrangements which is funded by increases in tariff

In addition there are a range of other cost pressures emanating from clinical units.

C5 Revenue generation /Cost reduction programme

The Trust is expected to deliver a minimum 5% CRES based on influenceable expenditure from revenue generation and cost reduction schemes .

The CRES plan for 2013/14 is largely developed and milestones have been identified for most elements of the plan.

C6 Non-recurring items

Accelerated depreciation is being charged on the Cardiac wing until the expected date of demolition, May 2014. It is also anticipated that the routine annual valuation of the Estate will result in an impairment being recorded at the end of the financial year in relation to in year refurbishment work.

D Statement of Financial Position, Cash flow and Working Capital / Financial Risk Ratios

The statement of financial position reflects the most recent out-turn balance sheet and known monthly variances.

	Mar - 13	Mar - 14	Mar - 15	Mar - 16
Property, equipment etc	332.0	359.1	387.7	421.4
LT receivable	8.6	8.1	7.6	7.1
Inventory	6.8	7.3	7.7	8.1
Debtors	31.9	39.9	42.0	46.5
Cash	**35.3**	**37.8**	**40.0**	**41.3**
Creditors	(43.8)	(48.0)	(48.2)	(49.6)
LT payables	(7.8)	(7.3)	(6.8)	(6.3)
	363.0	396.9	430.1	468.5
No of days of operating expenditure excluding pass through in cash	45.1	46.0	46.7	47.8

Debtors and creditors levels increase sharply in 2013/14 due to the inclusion of balances relating to payments for the 2B build.

The financial risk ratios will meet level 4.

E Risks and sensitivities

There are significant risks associated with delivery of this plan; most notably:

- non-achievement of CRES targets (includes delivery of activity and cost reduction schemes);
- contract determined at lower levels for services not subject to variable prices or with contract penalties;
- changes in tariffs in future years
- further reductions in R&D funding or falls in Education funding in future years; and
- unforeseen cost pressures.

A 1% increase in expenditure would result in the EBITDA percentage falling to 6%. The Trust needs to revalidate the downside scenario plan to determine how much of it still applies and can be invoked in the appropriate timescales. The Finance and Investment Committee have requested a more detailed sensitivity analysis and this will be completed during the next four weeks.

F Capital plan

The value of the proposed Trust funded capital envelope is lower than the combined value of all capital projects put forward to the Trusts capital planning group, covering projects for Estates, facilities, equipment and IT . This is primarily due to the additional projects linked to the redevelopment (Angio hybrid, additional theatre equipment in 2B) and also because of the expected growth in IT investment to progress the information strategy.

TRUST FUNDED	1314	1415	1516
Project totals:			
Estates	5,625	6,980	4,580
Facilities	160	560	
IT	8,615	6,930	9,880
Med Equipment	2,290	2,650	-
Contingency		1,447	1,446
(Over) allocated	- 1,690	- 2,567	1,344
	15,000	16,000	17,250

* Med Equipment is mostly funded by charity

In 1314, 1415 expenditure includes MSCB Theatre equipping, ICU equipment for additional beds and CT scanner

Based on past experience it is likely that some of the capital expenditure in each year will slip to future years. In addition approximately 50% of the spend will be subject to future business case approval and thus can be delayed if necessary. There will be monthly monitoring of capital expenditure to ensure the risk of the cash spend exceeded the envelope is regularly reviewed.

It is also important that the Trust's retains flexibility to manage timing of capital spend so that forecast troughs in cash due to increases in working capital can be managed.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
27th March 2013

Content of Phase 3A Building **Submitted on behalf of:** Matthew Tulley Director of Redevelopment	**Paper No: Attachment S**

Aims / summary
The paper describes the additional content that GOSH proposes is added to the brief for Phase 3A of the redevelopment programme.

Following design presentations by prospective architects during the selection of the design team for 3A it became apparent that the development potential of the 3A site is greater than the area required to meet the original brief. In consultation with Divisional Directors and the Executive Team the provision of outpatient space was identified as a GOSH priority. Work has been undertaken to look at current space provision and future requirements and it is recommended that the 3A feasibility study looks at providing a 24 room OP clinic suite. In addition a small testing suite (mostly for cardiac and respiratory work) and additional academic space is proposed.
The total addition adds approximately 3000m2 to the brief.

Action required from the meeting
None

Contribution to the delivery of NHS Foundation Trust strategies and plans
Strategic Objective 7

Financial implications
Yes

Legal issues
No

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?
Divisional Directors.

Who needs to be told about any decision?
N/A

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

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

GOSH Redevelopment Programme Phase 3A

Scope/Functional Content of Phase 3A

Summary

The 3A development envelope has potential to provide accommodation for services beyond those described in the original brief. Consultation with colleagues has identified a pressing need to expand our outpatient capacity and improve the quality of the space available to deliver this service. A review of outpatient services, taking into account the potential available space, suggests a 24 room facility will provide suitable additional capacity and is deliverable within the 3A space envelope. It is proposed that the brief is also extended to include a small testing suite and modest expansion ns research space, potentially to accommodate an expansion in respiratory services.

If this amendment to the design brief is adopted the appointed design team will be asked to examine how this facility is best provided with the rest of the 3A brief during the feasibility study period.

Background

During 2012 Great Ormond Street Hospital (GOSH) with partners from the Institute of Child Health (ICH) and Institute of Cardiovascular Services (ICS) established a brief for Phase 3A of the redevelopment programme. The brief focussed on creating a centre for research into rare diseases.

The Invitation To Tender (ITT) for the design team appointments set out the space requirement for Phase 3a of the GOSH Redevelopment programme of approximately 5,500m2 net in a development of c.8,800m2 gross. As part of the ITT the design team were asked to establish what the maximum development envelope of the 3A site might be. The responses suggested the site could be developed further within planning constraints by between 3-4000m2. More aggressive development could potentially add circa 5000m2 but with greater planning risk. GOSH and the Charity agree in principle that 3A presents a rare opportunity to expand the GOSH space envelope, an opportunity that should be taken if economically viable.

User consultation

Given the early indications of the additional area that might be developed GOSH has canvassed clinical views on the best use for this additional space. The redevelopment team has had responses from all clinical units and has had discussions with Fiona Dalton and Robert Burns. The predominant view is that the redevelopment should identify space for;

- Outpatient Facilities
- Additional research space and Clinical/Academic Offices

An outline of the requirement for each is shown in the table which follows (overleaf).

The outpatient clinics likely to be provided from this new facility have been identified on the basis of the following criteria;

- Being relatively lower risk (as they are off the main “island” site)
- Offering opportunities for non-child-centred consultation –such as Genetics and Foetal Medicine, facilitating appropriate age group consultation
- Provision of testing facilities to support research activities –mainly supporting Cardiac and Respiratory outpatient functions but with the potential to act as the collection gateway for the CCRDR Biobank – supporting the holistic research intent of the rare diseases component of 3A.

Conclusions

The review of outpatient services has identified appropriate activity for a suite of 24 clinic rooms plus a four room testing suite. Such a facility represents a substantial increase in our current outpatient capacity. As well as providing excellent facilities for the services that are located within 3A it will provide an opportunity to ensure the remainder of our outpatient services are provided in good accommodation. The next step in the outpatient planning process is to identify how the vacated space will be most effectively utilised.

The additional Clinical/Academic offices could provide capacity for future development of Paediatric Respiratory Medicine if there were opportunities for GOSH service to expand.

The additional area (net) likely to be required is c. 2,250 m2 which translate to approximately 3,000m2 gross.

At the same time as reviewing the priorities for additional content GOSH/ICH/ICS have also further developed the original brief for the rare diseases component of 3A to check its validity and to start the business justification process in preparation for the Outline Business Case (OBC).

The additional functions required are:

Outpatients Department	New outpatient setting with appropriate support facilities; releases capacity for outpatients + ambulatory care on island site	24 consulting rooms -3 x 8 room suites OR 4 x 6 room suites = c.1400m2	Possible uses **Genetics, Immunology, Cardiac and Respiratory**[1] consultations
Outpatient Testing Suite	New suite for Echo/ECG and Lung Function Testing; satellite to Walrus (MSCB) which releases testing capacity on island site	4 room suite with appropriate support facilities =c. 200m2	Works with cardiac + respiratory outpatient use
Clinical/Academic Offices for Respiratory	Relocation of Clinical offices from MNH; relocation of Portex Unit (following interim move)	Current requirement = 375m2 net; allow expansion to accommodate potential respiratory growth. 750m2 total[2]	Should be co-located with Cardiac HQ

Issues to be considered in further developing the requirement

- Risks for patient groups identified
- Importance of "telemedicine facilities" to enable development of outpatient model of care
- Availability of PACS and "calm" counselling-type environment to support foetal clinics
- Outpatient support needs phlebotomy, possibly pharmacy dispensing and some imaging
- Projected outpatient capacity based on current room use by identified specialities (see Appendix) + 10 year growth projection averaged across specialities (20%) and up- sized to nearest "suite" size
- Space vacated by relocation of proposed speciality clinics = 20-25 rooms per day; vacated space to be considered as medium-term asset (2016/17) for Outpatient/Ambulatory Care Strategy currently under development

Matthew Tulley
Redevelopment Director
March 2013

[1] Outpatient capacity assumed to double if respiratory services expand
[2] Pending clarification of clinical/academic requirement, has been assumed to double

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
27th March 2013

Redevelopment Governance **Submitted by:** Jan Filochowski CEO	**Paper No: Attachment T**

Aims / summary

The January Trust Board asked me to examine the governance arrangements for the redevelopment programme. This was partly in response to issues raised by the GOSH Charity. This paper details my proposal to amend the governance arrangements in a way that provides clear lines of accountability and robust reporting and assurance arrangements. The key recommendations are:

1) That a single, streamlined governance structure should be established to manage all aspects of the redevelopment programme,
2) The Overall Management Group (OMG) will become the executive oversight group to monitor delivery of the redevelopment programme,
3) The GOSH Charity CEO and Director of ICH will be invited to join OMG when it sits in redevelopment mode,
4) There are clear lines of reporting to the GOSH Charity to ensure that Trustees have the necessary information to perform their oversight and assurance duties,
5) That the set of principles detailed in appendix A as to how the Trust and Charity will work together are agreed.

We have consulted with the Charity and ICH whilst developing these proposals. If agreed by the board if will discuss with the Trustees seeking their formal endorsement.

Action required from the meeting

To get formal approval of proposals from GOSH Charity Trustees

Contribution to the delivery of NHS Foundation Trust strategies and plans

Strategic Objective 7

Financial implications

No

Legal issues

No

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?

Divisional Directors.

Who needs to be told about any decision?

N/A

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

Director of Redevelopment

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

Chief Executive

Governance of the Great Ormond Street Hospital redevelopment programme

1. Purpose of this paper

1.1 At the January 2013 Trust Board it was agreed that I would review the governance arrangements for redevelopment projects. The purpose of the review has been to identify robust governance arrangements that provide all parties involved in the redevelopment programme proper assurance that the redevelopment programme is being managed in a way that delivers the desired benefits in a cost effective manner. This paper sets out my recommendations as to how the governance for redevelopment should be structured.

1.2 The paper has four sections;

i) A brief description of the key features of good governance arrangements

ii) Proposals for programme management at Great Ormond Street Hospital

iii) Relationships with The GOSH Charity and UCL/ICH

iv) Conclusions and recommendations

1.3 The paper makes high level recommendations regarding the governance structure. My view is that getting the correct overall governance established first will ensure the component parts function correctly.

2. What is good programme governance?

What is a programme and a project?

2.1 A programme is a series of initiatives that aims to deliver business benefits. The initiatives are interconnected such that the full benefits of the programme are only delivered if all parts of the programme are successfully completed. Within a programme there may be a series of individual projects. The key features of individual projects are that they are time limited and can be completed as standalone elements of an overall programme. However, many of the governance features of programmes apply equally as well to projects and the terms are often used interchangeably.

What is the redevelopment programme?

2.2 Great Ormond Street Hospital has an objective to consistently deliver an excellent and compassionate experience to our patients and their families. One component of this experience is to ensure that clinical care is provided in safe, well designed and appropriate settings. The redevelopment programme is a set of enabling projects to ensure we deliver care in an appropriate environment.

2.3 The mission of the GOSH Charity is to support Great Ormond Street Hospital in the provision of world-class care for its young patients and their families and to pioneer new treatments and cures

for childhood illness. One of the most significant areas of support the GOSH Charity gives to the Trust is the funding of the redevelopment programme.

2.4 In partnership with Great Ormond Street Hospital, the UCL Institute of Child Health forms the largest centre in Europe devoted to clinical and basic research in children's health. Academics and clinicians work together to form an integrated approach to tackling childhood disease. In considering the redevelopment of Great Ormond Street Hospital the links and relationships between academic and clinical functions should be considered to ensure the best overall gain for child health is achieved from the investments made.

2.5 The redevelopment programme is a long standing series of projects to renew the Hospital's facilities on the historic Great Ormond Street site. Following the production of a Development Control Plan (DCP 1998) Phase 1a (Weston House) and 1b (Octav Botnar Wing) were completed in 2004 and 2006. The DCP sets out a high level development plan and sequence for the site. The DCP identifies four phases to the redevelopment, although there are sub-phases within each. It is refreshed periodically as and when necessary to reflect changing strategic and clinical requirements. The DCP was refreshed in 2005 and 2010.

2.6 Phase 2 of the redevelopment will see the majority of inpatient accommodation provided in new facilities. Phase 2a was completed in 2012 and 2b is programmed for completion in 2017. Phases 3a and 3b will deliver state of the art day care and outpatient facilities and provide the opportunity to deliver a world class research facility for the study of rare diseases. The precise content of each phase will be subject to periodic review as clinical service needs and priorities change.

Features of good programme governance

2.7 Programmes and projects need to have clear and robust governance structures to ensure they deliver on time to programme and the desired business benefits are achieved. The key features of good governance are;

i) Clear lines of reporting and decision making
ii) Clear accountability for delivery

2.8 In guidance on programme management there is a broad consensus that the following roles are required in a good governance structure;

a) Investment Decision Making Board
b) Senior Responsible Owner
c) Programme Director

2.9 Good governance practice, as defined by the Office of Government Commerce (now Efficiency and Reform Group), is that the SRO and PD will be individual post holders who have responsibility and accountability for the successful delivery of the programme.

Investment Decision Making Board

2.10 The role of the IDMB is to ensure a programme/project is consistent with the business objectives of the organisation, will deliver business benefits and to commit resources to the

programme/projects. To do this the IDM will demonstrate the commitment to regularity, probity and value for money. The IDM provides assurance through an objective and independent examination that projects are being properly managed and will deliver the desired business benefits. The IDMB needs to have sufficient authority and seniority to approve the allocation of funds. To properly carry out this function the IDM is responsible for;

1) Ensuring that robust business cases exist to support the programme/projects and that the business case remains valid through the life of the project.
2) Ensuring that proper systems and controls are in place, set out in Standing Orders and an appropriate scheme of delegation.
3) Agree the appointment of the SRO, ensure the necessary resources are in place to implement the project and support the Programme Director.

2.11 In our case the IDMB will understand the business of the Trust and how the redevelopment programme operates within the overall strategy and business plan for the organisation.

For the purpose of our Redevelopment Programme therefore the IDMB has to be the GOSHFT Trust Board.

Senior Responsible Owner

2.12 Successful projects require clear, active and visible leadership. Overall responsibility for delivering the business objectives and benefits must rest with a single individual, the SRO. For corporate or cross-cutting projects a single SRO must take overall responsibility for the delivery of the project. The SRO must be a representative of the business and not a specialist programme manager, have the right level of seniority, own the appropriate resources to deliver the project and be able to engage with and influence stakeholders. The key responsibilities of the SRO are to;

a) Have ultimate responsibility and accountability for the achievement of agreed project objectives and for the realisation of business benefits.
b) Ensure that appropriate project management skills and resources are in place to deliver the project.
c) Is the key executive on the programme board (see below) and owns the business case.

2.13 For our redevelopment programme the GOSHFT CEO is the Senior Responsible Owner.

Programme Director

2.14 The programme director is responsible for day to day management and decision making on behalf of the SRO. The programme director provides an interface between project ownership and delivery and is responsible for setting high standards for delivery of the project. The programme director is supported by a design team and specialist consultants as well as in-house resources. The programme director is responsible for on-going management to ensure that the desired project objectives are delivered.

2.15 For our redevelopment programme the GOSHFT Redevelopment Director is the Programme Director.

3. Managing the redevelopment programme at GOSH

Programme governance at GOSH

3.1 The redevelopment programme needs to demonstrate all the key features of good project management and fit within the Trust's governance structure. The redevelopment governance structure must also accommodate the needs of important stakeholders, specifically the GOSH Charity, and where relevant, UCL/ICH. In putting together these proposals we have consulted with the GOSH Charity and ICH.

3.2 The following proposals regarding the governance of redevelopment have been created with the following principles in mind:

a) There should be a single governance structure with clear lines of reporting and accountability. This structure will also promote efficient working and avoid duplication of effort and resource.
b) The responsibility for planning and delivering the redevelopment programme rests with the Hospital but important stakeholders will be consulted with during the redevelopment programme.
c) Where several stakeholders are involved in a project it is recognised that certain formal responsibilities will sit outside of the proposed structure for some parties. The ultimate accountability for decision making related to those responsibilities sits within the governance frameworks of the Hospital, the GOSH Charity and any other third parties (e.g. UCL/ICH). However, the governance proposals recommend these projects are managed within a single redevelopment framework and address third party governance issues as necessary rather than creating a different and bespoke set of governance arrangements.

Specific Redevelopment Governance Proposal

3.3 Given the size and purpose of the redevelopment programme this proposal makes the case that the Trust Board is the only appropriate body able to carry out the public duty to consider and approve both the overall strategic direction of the programme and the individual projects that constitute the separate elements of this programme. To discharge this function the Trust will need to ensure that external approval arrangements (e.g. Monitor) are built in to the programme management process. The redevelopment programme will be managed within the Board approved Standing Financial Instruments (SFIs). Also, to provide it with the assurance it needs the Trust Board will receive regular redevelopment progress reports.

3.4 The Redevelopment Programme will follow standard NHS reporting guidelines. The Trust will establish an overall business strategy and following on from this the estates strategy (Development Control Plan) will be updated. (Note Great Ormond Street Hospital has an established DCP, last updated in 2010, that forms the basis of the Redevelopment Programme.) Individual projects will be required to follow standard approvals process including the production of a Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC).

3.5 In line with my aim of streamlining all decision making within the hospital it is proposed that the Overall Management Group will be responsible for executive oversight of the redevelopment programme, thus becoming the Programme Board. It will set the strategic direction of the redevelopment programme and monitor the delivery of the programme and the individual projects that together make up the programme. This role will replace the function previously undertaken by the Redevelopment Programme Board, which will be wound up. In being responsible for the Trust's redevelopment priorities it will also subsume the function previously carried out by the GOSH 2020 board, which will also be wound up.

3.6 The OMG meets weekly creating significant senior management capacity to properly consider strategic and operational issues. To discharge its redevelopment responsibilities OMG, with an enlarged membership including the Director of ICH and the CEO of the GOSH Charity, will devote its agenda to the redevelopment programme every 8 weeks. Emergency items or specific issues related, for instance, to the procurement timetable, can be timetabled within the normal business of OMG if necessary and with suitable notice. The Redevelopment Director will bring written reports to OMG.

3.7 Individual project boards will be established to manage the delivery of each separate phase of the programme. These project boards will be time limited, being established and disbanded as the programme dictates. The project boards will report to OMG, with individual line accountability of the project board chair to the SRO. The working assumption is that the Redevelopment Director chairs the individual project boards, unless there are specific circumstances that makes this structure inappropriate.

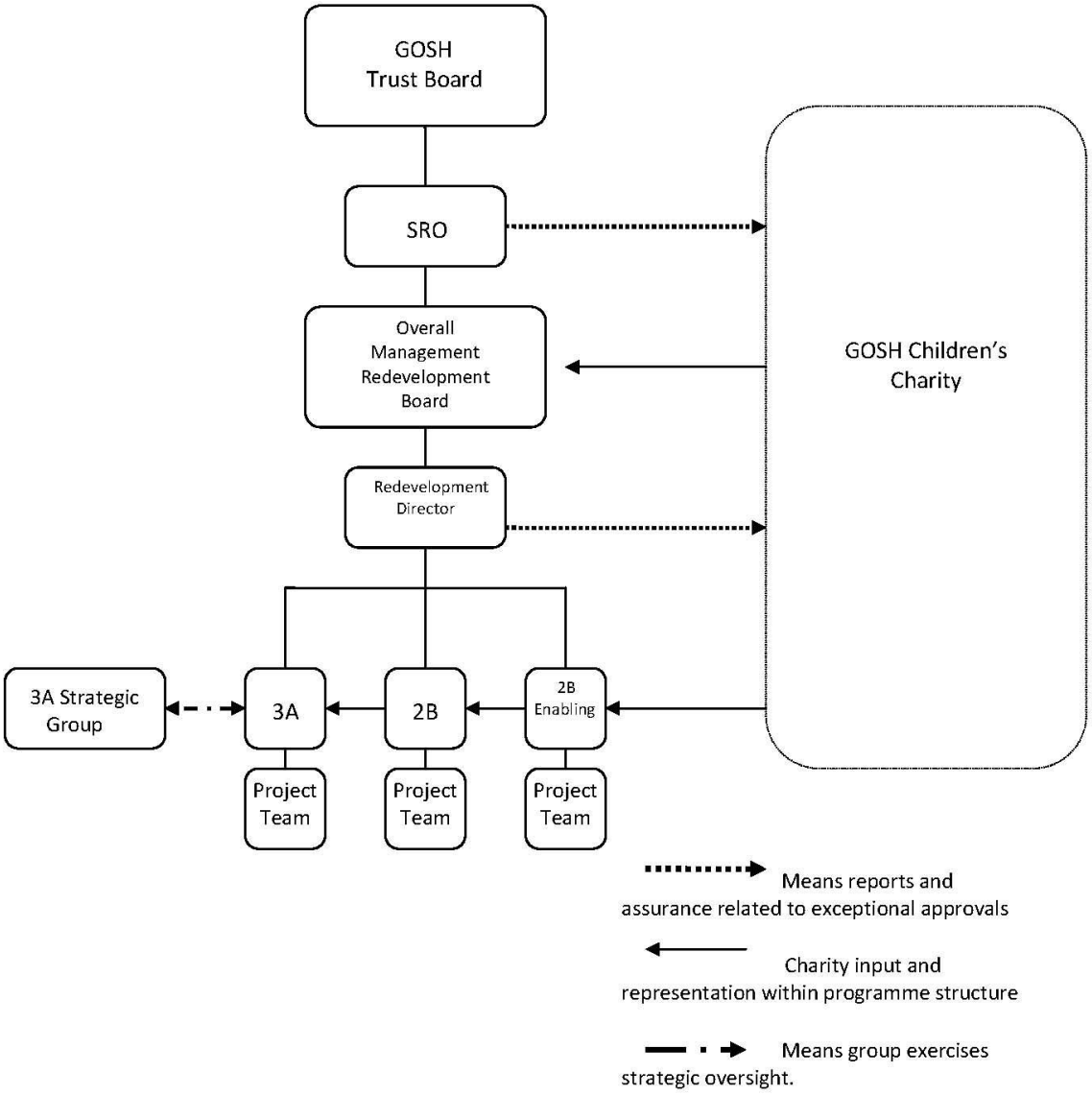
3.8 At this current phase of the redevelopment programme three project boards have been established to cover Phase 2b enabling, main Phase 2b and Phase 3a.

3.9 In considering the principles established above I have looked to ensure the management of the programme and projects is maintained within a single structure. However, following my discussions with Ros Smyth, I recognise that the 3A development requires additional measures to give all parties confidence that the research and service objectives of this phase of the redevelopment will be met. Therefore, we will establish a strategy group, co-chaired by Ros and myself, which will provide strategic direction to the 3A project board. The remit of this group will be to agree the service and research requirements for the 3A project and to ensure the dual objectives of the development are met. The group will work within given project parameters, notably the space available, budget and the need to demonstrate value for money.

Structure of redevelopment governance

3.10 The proposed governance structure is diagrammatically represented in figure 1. It is recognised a separate reporting branch will need to be developed for Phase 3a of the redevelopment programme into the UCL/ICH governance structures.

Figure 1. Redevelopment Governance Structure



4. Governance and the relationship with other development partners

Relationship with the GOSH Charity

4.1 The governance structure described above ensures that the responsibility and accountability for managing the hospital and specifically the hospital redevelopment sits properly within the Trust's governance structure. However, it is recognised that the majority of the funding for the redevelopment programme is provided by charitable donations, raised by the Great Ormond Street Hospital Children's Charity, and that the Trustees have duties to ensure that these charitable funds are used properly. Specifically, the unusual arrangements relating to Phase 3A, where the Charity

intends to keep ownership of the building, highlight such duties. My proposals for the governance of the redevelopment programme recognise and are structured in such a way as to allow the Trustees to fulfil these duties.

4.2 In terms of supporting the redevelopment programme the Trustees' responsibilities include;

1) ensuring that the charity does not breach any of the requirements or rules set out in its governing document and that it remains true to the charitable purpose and objects set out therein,

2) charitable funds and assets and used reasonably and only in furtherance of the Charity's objects,

3) ensuring that the GOSH Charity complies with charity law, and with the requirements of the Charity Commission as regulator.

4.3 The Trust and Charity have agreed that their working relationship will be characterised by openness and transparency with an agreed format and content of reports and open access to information. At the same time the governance structure should be designed to serve the needs of all parties and avoid duplication and inefficient use of resources, whilst recognising that not all accountability can be delegated.

4.4 As detailed in para 3.6 the Chief Executive of the GOSH Charity will be invited to join the OMG meetings that consider and discuss the redevelopment programme and related projects.

4.5 The project boards have been (or in the case of 3A are in the process of being) established with full representation from all relevant parties. Terms of reference will be reviewed from time to time to ensure they remain fit for purpose. The redevelopment director will produce written reports for Property and Development Committee and the Special Trustees detailing progress against programme and budget.

4.6 As noted in section 3.6 each project has three development gateways built into the approvals process. At each of these stages the GOSH Trust Board needs to approve the business case and confirm continued support for the project. This support includes the duty to ensure that each project is affordable and represents value for money. At each of these gateways the Trustees will also receive the business case and be asked to confirm their support for the project. The Trustees will need to endorse that the project continues to fall within the objects of the GOSH Charity and that the Trustees' statutory duties are being discharged before the project proceeds.

4.7 To sum up the planned intent of the above structure is that projects benefit from a streamlined management and reporting structure and that stakeholders gain assurance around good governance and project delivery from appropriate representation and reporting from within this structure.

4.8 The GOSH Charity's COO and The Trust's Redevelopment Director have proposed a set of detailed principles which will form the basis of the working relationship going forward. They are detailed in appendix A. There are two differences that remain to be resolved. One is related to project milestones. We will follow NHS approval guidelines in terms of SOC/OBC/FBC stages. The

GOSH Charity is suggesting they may have requirements outside of these guidelines but are yet to detail what these might be. Our response is that we will consider any proposals as and when they are made. The second issue relates to the wording around setting project budgets. The GOSH Charity has suggested contingencies should be "small" whereas the Hospital believes they should be "appropriate." I support the view contingencies need to reflect project risk and be "appropriate." I suggest these issues are matters of detail rather than principle and the proposals show a high level of agreement on how the redevelopment programme will be managed. The proposals as drafted have my full support.

Relationship with Institute of Child Health and UCL

4.9 As noted above certain parts of the redevelopment programme may require the involvement of organisations beyond Great Ormond Street Hospital and the GOSH Charity. Phase 3A of the redevelopment has been developed in partnership with UCL/ICH and the successful delivery of 3A will require organisations to work together and importantly sign up to funding long term revenue commitments.

4.10 I propose that the principal requirements of the redevelopment governance structure are capable of meeting the day to day management and assurance requirements of UCL/ICH in the same way that they will function for the GOSH Charity. This assurance will be further bolstered by the established of the Strategic Group referred to in para. 3.9 above. Within the governance structure UCL/ICH will be suitably represented on the 3A project board and the redevelopment meetings of the OMG. The Director of ICH will be invited to join OMG when it is acting as the redevelopment programme board. There will of course be specific milestones within the project where UCL/ICH will be required to obtain formal approvals outside of this governance structure confirming continued support for the project. It is anticipated that the 3A project board will provide all of the information to support the UCL/ICH governance processes.

Dispute Resolution

4.11 With the different governance requirements of the different organisations and, for 3A, the number of interested stakeholders, it is a challenge to design a set of governance arrangements that meet the requirements of all parties at all times. The choice is between attempting to create a streamlined structure that pragmatically addresses these issues, or a bespoke set of governance arrangements for each project.

4.12 There may be occasions when a common way forward cannot be identified within the proposed governance structure. I would anticipate that the introduction of the Strategy Group reduces the risk of this happening. However, if this situation does arrive I propose that issues are addressed individually and exceptionally rather than creating a separate governance structure to address situations that may never arise.

5. **Conclusions and recommendations**

Conclusions

5.1 The proposals described aim to create an efficient and streamlined governance process at the same time as meeting the reporting and approval requirements of relevant stakeholders. Together with the working arrangements detailed in Appendix A, they represent a robust set of arrangements to deliver the redevelopment programme. In putting together these proposals the Hospital has consulted with the GOSH Charity and received helpful comments. However, the proposals that I am recommending to the Trust Board are those of the Trust. If they are supported I will formally seek comment from and the support of the Trustees.

Recommendations

1. The principles for establishing the appropriate governance structure as set out above are adopted.

2. The key individual roles in terms of accountability for the redevelopment programme, the SRO and Programme Director, are the GOSH CEO and GOSH Redevelopment Director.

3. The proposals to streamline the Trust governance arrangements through the Overall Management Group are adopted.

4. The Director of ICH and CEO of the GOSH Charity will be invited to join OMG when it operates in redevelopment programme board mode.

5. The GOSH Redevelopment Director will chair the individual project boards.

6. The project boards will report and be accountable to OMG and provide reports to the GOSH Charity (and other stakeholders as necessary) providing the information necessary for these bodies to properly discharge their governance duties.

7. A Strategy Group shall be established, co-chaired by GOSH and ICH, to provide direction on the service and research requirements of the 3A development.

8. The Trust endorses the specific details for managing and reporting on redevelopment as set out in appendix A will be put them the Trustees for their support.

Jan Filochowski

Chief Executive Great Ormond Street Hospital

Appendix A

Great Ormond Street Hospital Trust and great Ormond Street Children's Charity Framework for Governance of Redevelopment Projects

The Hospital Foundation Trust and Charity's Special Trustees share common objectives to achieve the best value for money on all current and future phases of redevelopment (including Phase 2B Enabling). Key to the achievement of this objective is:

1. The development of explicit and robust business case costs.

2. Effective on-going management, transparency and control of costs.

By forging closer working relationships, the Charity and Trust believe that improvements may potentially be achieved in the delivery of redevelopment projects , whilst also ensuring that operational, clinical and research needs are met in full.

Staff from the Trust and Charity have been working closely together on strengthening governance procedures and many of the points addressed below have already been implemented. Where this is the case this has been noted.

The following are specific actions that will help to achieve our common objective:

- Trustees to be engaged at all key gateway stages of a redevelopment project including; initial business case, feasibility study, fulll business case, contract and financing commitment and post project evaluation. The Trustees role is to approve certain aspects of the project in order to meet their obligations to donors and legal/charitable regulations. These aspects will include ensuring the project is: in accordance with Charity objects; is a reasonable use of funds; will attract sufficient donor support to finance it. *(The Charity has suggested there may be other milestones they would wish to insert in the process and these will be considered when details are forthcoming.)*
- Full Transparency amongst principal stakeholders – full sharing and discussion of all project related information and assumptions between all relevant parties *(implemented on Phases 2B and 3A)*
- Procurement - ensure processes are effective and appropriately resourced *(implemented on Phases 2B and being implemented on 3A)*
- Strengthening Approval Processes:
    - Implement a more formal change control process on each phase of redevelopment e.g. changes over specified amounts require management/executive sign off. The projects will be managed within agreed budgets and authorisation levels within these budgets will follow the Trust Standing Financial Instruments. Approval to change the budget will require Trust Board approval and, to the extent it has an impact on the Charity provided funding envelope, approval from the Trustees. This approach supports day to day project decisions to be taken and ensures there are suitable financial controls in place. *(in progress - strengthened project financial reporting; note the Charity and Hospital*

have an unresolved difference in that the Charity would wish the budget to include "small" contingencies whereas the Hospital believes contingencies should be "appropriate.");

- Retain key decision making within Trust and Charity teams e.g. review and selection of shortlists for consultants and advisors *(implemented for Phase 3A – Trust and Charity on all appointment boards).*
- Reviewing contractual terms and forms of appointment - Trust and Charity to review of key contractual terms that govern the engagement of the design teams and see if there are opportunities to effect cost reductions, strengthen controls and reduce risk *(in progress Phase 3A);*
- Review of Professional Advisors – as part of an on-going process of performance evaluation and improvement, Trust and Charity to collectively assess the performance of key advisors and meet with them to provide feedback and highlight any areas where performance can be strengthened. Such appraisals to be taken into account in decisions to reengage such advisors.

- Developing financial control and progress reporting

  o A new reporting template has been developed for Phase 3A (and will continue to evolve) - *this is also being used and standardised across all major phases of redevelopment e.g. Phase 2B*;

  o Agreement on contingency levels, process and authorisation for use and withdrawal from the project: the objectives should be to minimise the utilisation of contingencies and release as much contingency as possible as early as possible back to Charity general funds to enable these funds to be used on other projects. (*the principles are agreed and the key will be to agreeing the right level of contingency/risk funding within the budget.)*

- Trustees will use external professional advisors to gain additional assurance of value for money at key stages of projects e.g.

  - procurement workshops and reviews;
  - design and specification reviews;
  - Benchmarking cost plans against a broad range of schemes from public and private sectors

Clearly these need to be targeted, clear goals established and costs controlled, however, prudent use should generate overall net savings. (*The Trustees have used EC Harris for some time to provide independent assurance. The Trust will continue to facilitate EC Harris having access to all information and personnel required to properly conduct this function. A current example of the Trust is already facilitating such reviews is in the Phase 2B project where EC Harris are being given full access to all staff, advisors and documentation.)*

- Invoicing and Accounting – to help with the efficient and prompt processing of payments, invoices to be clearly related to identified project phases, budgets and project approved progress reports. All invoiced costs to be set in the context of the current Cost Report and Maximum Commitment figures in the finance agreements.

The above is not an exhaustive list and as we implement new processes and reporting we will undoubtedly identify further improvements. All members and contributors to redevelopment projects should be encouraged to identify and implement actions that will improve value for money.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
27th March 2013

Approval of Business Rates and NHSLA premium payments for 2013/14 **Submitted by:** Claire Newton, Chief Finance Officer	**Paper No: Attachment Z** **For APPROVAL**

Aims
To seek Board approval for two items of annual expenditure in excess of £1m
This is to comply with the Trust's SFIs

Summary
The Trust's annual business rates bill and the Trust's NHSLA insurance premium are both over £1M. Both amounts are payable in instalments during the year.

Under the current version of the Trusts SFIs, this requires Trust Board approval for payment. **We intend to revise this when we review the SFIs in Q1 2013/14**

RATES: The Trust has not yet received the assessment for 2013/14 but it is estimated that the annual rate expenditure will not be in excess **of £2.3m-£2.4m.**

The Trust Board are requested to authorise any two executive directors the authority to approve this expenditure up to £2.4m payable to LB Camden once the assessment has been received and validated by the Estates staff. An analysis of the estimated value of this expenditure is included on page 2 of this paper

NHSLA PREMIUM: The renewal premium has been notified at **£2.8m** payable to NHSLA
The Trust Board are requested to authorise this payment.

An analysis of the premium and an explanation of the basis on which it is calculated is included on page 3 of the paper

Action required from the meeting
To approve the expenditure

Contribution to the delivery of NHS / Trust strategies and plans
Goodgovernance is an essential foundation for delivery of the Trust's strategy

Financial implications
Routine expenditure

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?
Estates

Who needs to be told about any decision?The Board

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

Who is accountable for the implementation of the action plan
Estates / Finance

Estimated Annual Expenditure with LB Camden for Business Rates 2013/14

Property	Description	Rates for 2012/13 (£)	Estimated rates for 2013/14	Cost pressure for 2013-14
Main Hospital assessment excl.levels 6 & 7 of Cardiac block	Hospital & Premises	1,094,620.00	1,125,685.32	31,065.32
York House - Bst-4th floor	Office & premises	408,690.00	420,288.62	11,598.62
55/57 Great Ormond Street (Ground & second floor)	Offices & premises	1,197.00	1,230.97	33.97
3rd floor rear, Ormond Hse, 26-27 Boswell St	Offices & premises	18,549.00	19,075.42	526.42
Weston House	Hospital & Premises	110,418.00	113,551.66	3,133.66
Royal London Homoeopathic Hospital	Hospital & Premises	50,190.00	51,614.39	1,424.39
Morgan Stanley Clinical Building	Hospital & Premises	589,248.00	605,970.86	16,722.86
	TOTAL	**2,272,912.00**	**2,337,417.24**	**64,505.24**

Notes on basis for estimate:

- The 2.8% estimated increase reflects the uplift advised by London Borough of Camden.
- The rates included above for Morgan Stanley Clinical Building remain subject to appeal by the Trust which is expected to be resolved in the next month.

The NHSLA premium comprises amounts for unlimited cover on clinical negligence and £1M cover per incident for property and third party liability cover (Employers and Public Liability).

The amount of the premium compared with the previous year is as follows:

	2012/13	2013/14	% Increase
Clinical Negligence	2,766,782	3,546,365	28.2%
Discount	(553,356)	(1,063,910)	
	2,213,426	2,482,455	12.2%
Third Party Liability	202,908	261,671	29.0%
Property	38,794	45,407	17.0%
Total	**2,455,128**	**2,789,534**	

The Trust received a discount of 20% on its premium for 2012/13 as it was assessed at level 2. Since Level 3 requirements have been met, a further 10% discount applies for 2013/14.

Trust Board
27th March 2013

Performance summary report **Submitted by:** Jan Filochowski, Chief Executive	**Paper No: Attachment U**

Aims / summary

Executives continue to streamline the performance reports submitted to Trust Board. Board members are provided with a performance summary report outlining key issues requiring Board attention and assurance of action being taken. The report covers:

- Targets and Indicators
- Cash Releasing Efficiency Savings (CRES)
- Finance and Activity

Work is underway to review the information reported to Board about quality, safety and transformation. Key quality indicators are presented in the targets and indicators report attached. As at end February 2013, there were no statistically significant changes to the Zero Harm indicators. Work continues in the Clinical Units to deliver the transformation programme, with improvements evident for the key projects.

Those directors accountable for delivery against targets, CRES, finance and activity and quality and safety will provide further assurance of aspects of performance during the meeting.

Action required from the meeting
The Trust Board is asked to comment on performance for the period.

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 receives 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
Executive Directors and relevant senior managers.

Who is accountable for the implementation of the proposal / project
Executive Directors

ATTACHMENT Ui

Targets and Indicators - Year to Date Performance

Year to Date Performance

February, as is often the case, was a quieter month for activity however the general trend in year is up. Specifically, we are seeing an overall increase in the number of open ITU beds and hence ITU bed days since October 2012 – an 8% increase on average against the first 6 months of the financial year.

The Trust continues to meet the national 18 week referral to treatment standards for admitted and non-admitted pathways. The percentage of patients who are yet to be seen but have not waited longer than 18 weeks (i.e. incomplete pathways) also remains above the 92% standard. However, there is a risk that our admitted pathway performance may not meet the 90% standard going forward given the high number of long waiting patients within Surgery that are being worked through over the next 6 months. The Planning & Performance Department are working closely with the Unit to ensure this is managed in the most effective way with least impact on Trust performance.

The proportion of patients waiting no more than 6 weeks for a key diagnostic test remains within the tolerance of 1%.

Discharge summary performance has remained relatively static at 75% since May 2012. ICI report an in-month rate of 91.5%, an increase of over 10% against the previous month. However, Surgery report a deterioration in performance from 91% in January to 80% in-month. This has been identified as a temporary issue related to high staff turnover and sickness. The Unit have recently implemented a major change in the administration structure, which has resulted in some disruption to normal service. Performance is expected to return to previous high levels.

Performance across all other Units remains relatively unchanged. A number of service issues have been identified and remedial action plans to improve performance are being implemented. For example work is underway within the Rheumatology Team, led by their Darzi Fellow, to improve performance through the provision of protected time for medical staff and process change to support the doctors who are employed on a part-time basis.

The percentage of clinic letters sent within 5 working days following clinic attendance has improved since April 2012 from 13.8% to 22.7% in December. More significant is the reduction

in the average number of days in which letters are sent, which has fallen from 27 days in April to 16 days in December. This issue has been subject to a specific improvement project involving all Clinical Units but further work is required to achieve our targets.

To date the trust has reported 3 cases of MRSA against a locally agreed year-end trajectory of 0. It should be noted that the trust remains within the Monitor annual de minimis level of 6 and as a result there is currently no detrimental impact on the FT governance risk assessment.

7 cases of C.difficile have been reported to date against a year to date target of 7 and a year-end target of 8. Again, performance is within Monitor's de minimis level of 12. Both standards remain well within the contract schedule financial penalty thresholds. Monitor has de minimis levels for both C.difficile and MRSA as performance within these levels represent maintenance of high infection prevention standards.

Workforce (Turnover, absence and vacancy)

The highest turnover rates are reported across CAMHS and the Play Centre at 35.2% and 27.7% respectively. TUPE transfer out of CAMHS; retirements; relocations and other normal factors are driving recruitment and no underlying concerns have been identified. Standard monitoring will continue.

Estates, CATS and IPP report some long term absences. All cases are being/have been managed appropriately with HR, resulting in return to work, leaving the Trust and one ongoing absence. Dietetics report higher levels of absence amongst lower banded staff, which is being closely monitored on an individual basis.

IPP report a vacancy rate of 55%, which reflects an increase in the number of bed numbers over the year. In light of an ongoing successful recruitment campaign this rate is expected to reduce. ICT and Bone Marrow Transplant (BMT) report vacancy rates of 41.5% and 45.72% respectively and these are being investigated with HR. Actions plans will be developed as appropriate.

Clinical Unit Performance Escalation

The following show where performance in a measure has witnessed statistically significant deterioration in a specific Clinical Unit.

Performance Measure	Clinical Unit	Reason & Remedial Action Plan
Percentage of clinic outcome forms complete	Surgery	The deterioration in performance has been identified as a temporary issue related to high staff turnover and sickness. The Unit have recently implemented a major change in the administration structure, which has resulted in some disruption to normal service. There has also been a lot of focus on improving the turnaround time of clinic letters. Office managers will be ensuring that all outstanding outcome forms are completed within the next week with performance expected to return to normal high levels.
	Critical Care and Cardiorespiratory	The reduction in completed clinic outcomes forms was as a result of approximately a third of patients in one diagnostic clinic not having an outcome entered on PIMS prior to this escalation report being run. This had no effect on the ongoing care of these patients as they immediately went from the diagnostic clinic to the consultant clinic where the consultant would have reviewed and agreed the ongoing care with patient and family/carers. The Unit is looking at how they can improve the appropriate reporting of the outcomes of these clinics.
	Infection Cancer and Immunity - Laboratory Medicine	Performance in Rheumatology & Dermatology over the last 2 months has deteriorated as a result of staffing issues. The team have prioritised clinic letter turnaround and discharge summary targets and as a result clinic outcome form performance has dropped (however still maintaining above 80%) The backlog of outcome forms is currently being addressed by the secretarial team and performance is expected to improve in these areas. Performance across many other specialties remains consistently high (e.g. in February BMT was 96%, Haematology 93% and Oncology 92%) but the volume in Rheumatology and Dermatology impacts significantly on the overall ICI, despite other areas performing well.

Critical Care and Cardiorespiratory report a statistically significant improvement in the total rate of WHO surgical checklist completion (sign In, time out & sign out), reporting 100% compliance over the last four weeks.

Commissioning Quality & Innovation (CQUIN)

The Trust has reported 100% compliance against all milestones across Q1 – Q3 (£2.77m).

Key financial risks to Q4 performance include non-achievement of a 20% reduction in pressure ulcers (£104k) and one unit that will not achieve a 10% reduction in CVC infections (£16k). Total financial risk identified is approximately £120k. On this basis the Trust expects to report approximately 95% total compliance at year end.

Great Ormond Street Hospital for Children NHS Foundation Trust

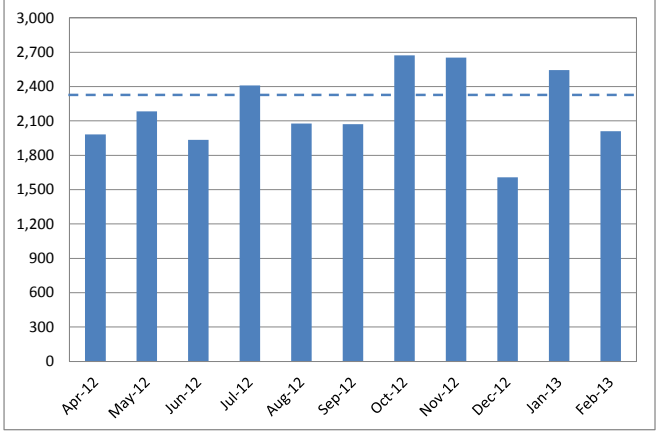
Targets & Indicators Report

	Indicator	Graph	YTD Target	YTD Performance	Monthly Trend										
					Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13
Activity & Use of Resources	Number of patient spells	1	23,953	**24,144**	1,983	2,182	1,934	2,409	2,076	2,072	2,671	2,654	1,608	2,545	2,010
	Number of outpatient attendances	2	127,163	**122,390**	10,122	12,443	11,295	11,463	9,322	10,587	12,544	12,190	9,527	12,010	10,887
	DNA rate (new & f/up) (%)		<10	**8.9**	8.8	8	9.5	8.8	9.4	8.6	8.9	8.5	8.7	9.5	8.9
	Number of ITU bed days	3	8,902	**8,270**	772	749	684	726	637	789	836	808	814	791	664
	Number of unusued theatre sessions	4	Baseline year	**236**	15	7	18	32	26	23	16	9	60	14	16
Patient Access	18 week referral to treatment time performance - Admitted (%)	5	90	**91.2**	90.5	90.1	90.4	90.5	91.4	91.7	92.8	93.8	90.6	91.1	90.1
	18 week referral to treatment time performance - Non-Admitted (%)	5	95	**96.0**	97.4	96.4	96.1	95.6	95.1	95.4	96.2	95.3	95.5	95.4	97.1
	18 week referral to treatment time performance - Incomplete Pathways (%)	5	92	**93.0**	91.8	93.4	93.2	92.0	92.0	92.8	93.3	94.5	93.9	93.7	92.8
	Cancer patients waiting no more than 31 days for second of subsequent treatment (%)		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 (%)	6	<=1	**3.51**	6.00	5.80	9.00	7.93	6.62	0.84	0.17	0.63	0.77	0.57	0.28
Patient / Referrer Experience	Number of complaints		<99	**95**	8	13	11	7	12	9	10	5	6	5	9
	Number of complaints - high grade		<11	**4**	1	0	2	0	1	0	0	0	0	0	0
	Discharge summary completion (%)	7	85	**77.9**	79.8	82.6	80.4	81.1	78.3	70.8	78.4	76.7	75.9	77.4	75.8
	Clinic Letter Turnaround, % letters on CDD - sent within 5 working days	8	50	**19.0**	13.8	15.9	19.3	21.5	18.1	21.5	19.5	19.6	21.7		
	Clinic Letter Turnaround, letters on CDD - average no. working days sent	8	To reduce	**20.6**	26.7	23.5	21.1	21.1	19.8	19.7	19.0	18.2	16.2		
Quality & Safety	Combined Harm Index	9	Within Tolerance	**23.1**	26.8	23.7	27.9	19.6	20.3	22.3	22.0	24.0	22.7	16.9	22.6
	Paediatric Trigger Tool (adverse events per 1000 bed days)		Within Tolerance	**159**	157	122	115	91	73	28	159	31	0		
	Number of serious patient safety incidents	10	Within Tolerance	**30**	4	6	5	1	4	1	1	2	0	3	3
	Hospital mortality rate (per 1000 discharges)		Within Tolerance	**3.3**	1.8	2.9	4.5	3.4	4.4	2.9	2.3	3	5.1	2.2	3.4
	Combined infection index		Within Tolerance	**3.1**	4.3	4.2	4.1	3.2	2.4	2.7	2.5	2.9	3.7	2.1	2.3
	Incidence of C.difficile		7	**7**	1	0	1	1	2	1	1	0	0	0	0
	Incidence of MRSA		0	**3**	0	0	0	1	1	0	0	0	1	0	0
	CV Line related blood-stream infections (per 1,000 line days)	11	1.5	**2.0**	3.1	2.8	2.1	1.2	0.7	1.8	2.1	2.3	2.3	1.9	2.0
	Number of arrests outside ICU (cardiac or respiratory)	12	Within Tolerance	**68**	5	6	5	6	5	4	5	11	7	8	6

Activity and Use of Resources

1. Patient spells

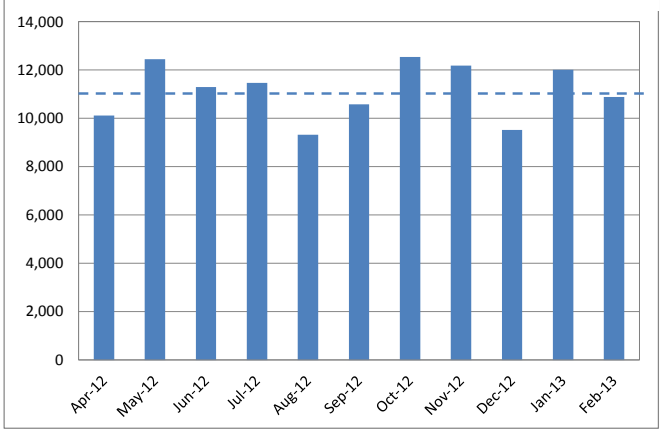
Desired direction of travel ↑



Description: **The total number of patient spells (including day case, elective and non-elective)**
Target: *Contractual target*: 2,194 spells per month
Trend: Reduction in activity in month reflects fewer working days
Comment: Year to date performance above target

2. Outpatient Attendances

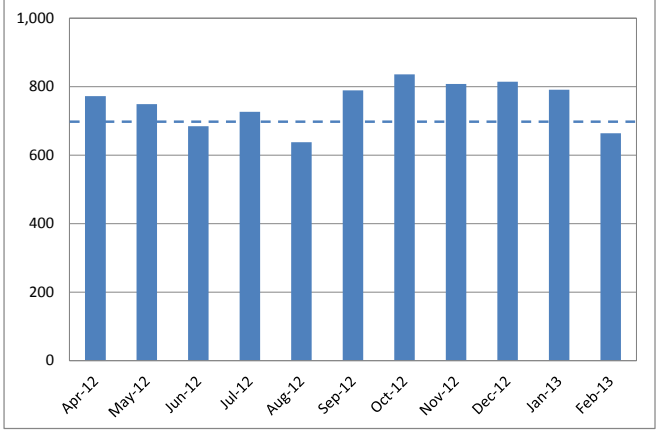
Desired direction of travel ↑



Description: **Total number of new & follow-up consultant-led chargeable appointments**
Target: *Contractual target:* 11,126 attendances per month
Trend: Trend tends to mirror inpatient activity as driven by consultant availability
Comment: Activity reflects fewer working days in month

3. ITU Bed Days

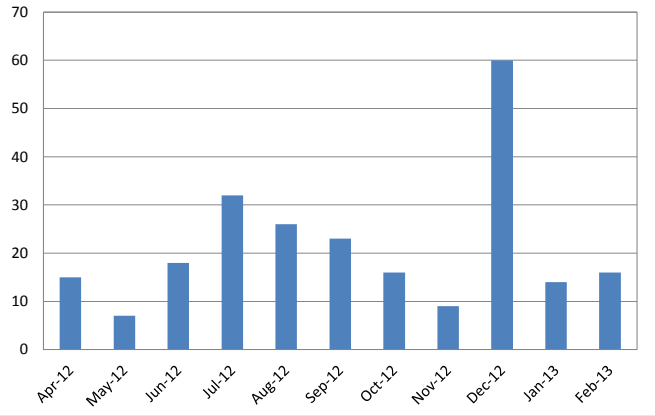
Desired direction of travel ↑



Description: **Total number of ITU bed days used per month**
Target: *Contractual target:* 751 bed days per month
Trend: Downward trend
Comment: Recruitment much improved in PICU & CICU. Expect upward trend

4. Unused Theatre Sessions

Desired direction of travel ↓

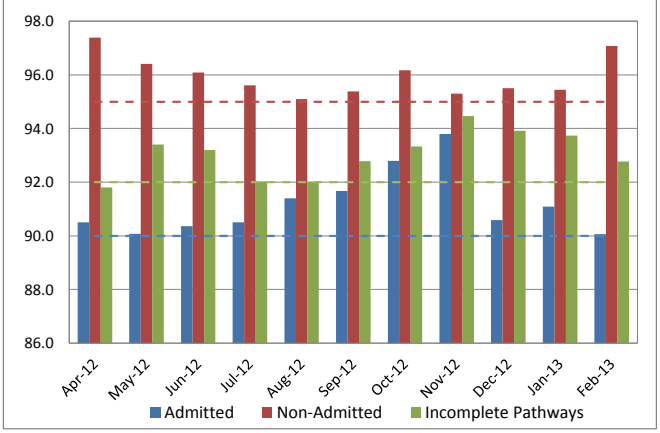


Description: **Total number of scheduled theatre sessions not used**
Target: *Internal target:* To be confirmed
Trend: Continued improvement since July 12 with exception of anticpated increase in December
Comment: December was as expected with Christmas holiday period. and consultant/medical leave. Plans in place to reduce in future through new consultant leave policy from April 2013.

Patient Access

5. Referral to Treatment Waiting Times

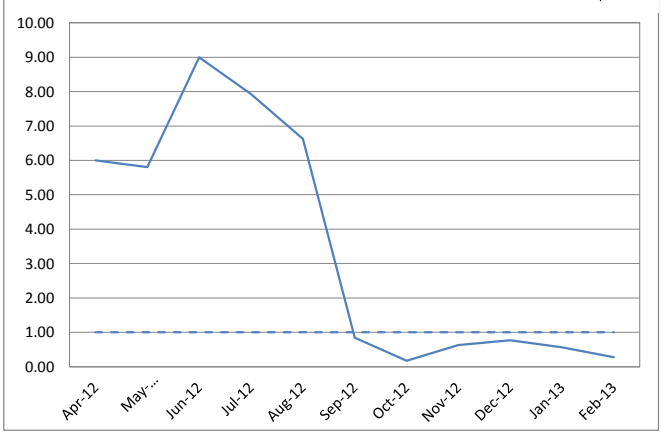
Desired direction of travel ↑↑↑



Description: **Referral to treatment waiting times for admitted and non-admitted patient pathways**
Target: *Monitor/Contractual target:* Admitted 90%, Non-admitted 95%, Incomplete pathways 92%
Trend: Performance sustained above standards. Trend tends to mirror activity levels
Comment: Higher number of breaching admitted patients identified in

6. Diagnostic Waiting Times

Desired direction of travel ↓

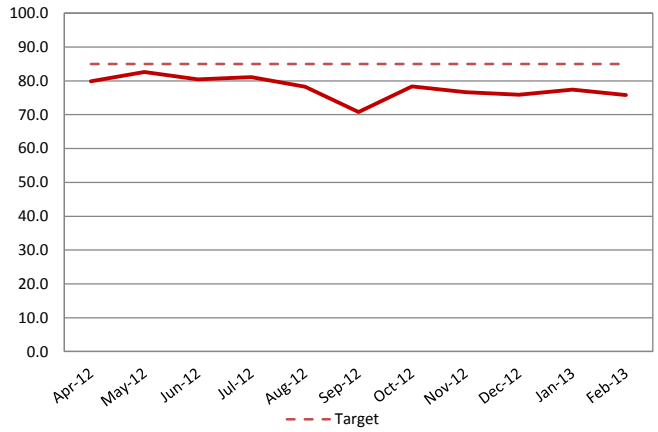


Description: **The proportion of patients waiting no more than 6 weeks for diagnostic test (across 15 national key diagnostic areas)**
Threshold: *Contractual target (likely to be Monitor target 2013/14):* <1%
Trend: Small positive movement against previous month
Comment: Performance sustained under 1% threshold for sixth consecutive month

Patient / Referrer Experience

7. Discharge Summary Completeness

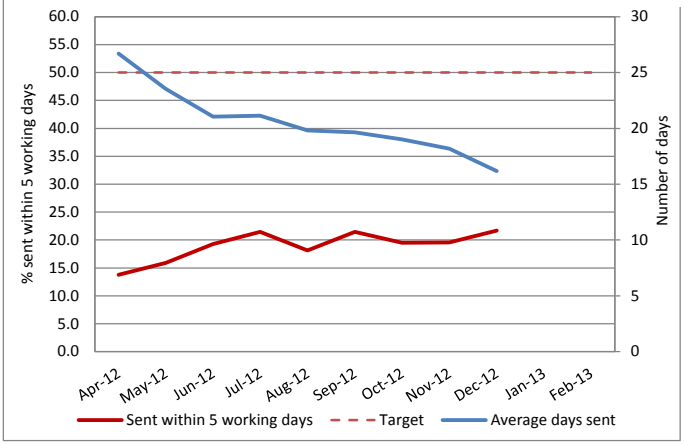
Desired direction of travel ↑



Description:	**The percentage discharge summaries completed and sent within 24 hours of patient discharge**
Target:	*Internal target:* 85%
Trend:	Relatively static in performance since October 12
Comment:	Plan in place to improve

8. Clinic Letter Turnaround

Desired direction of travel ↑↓

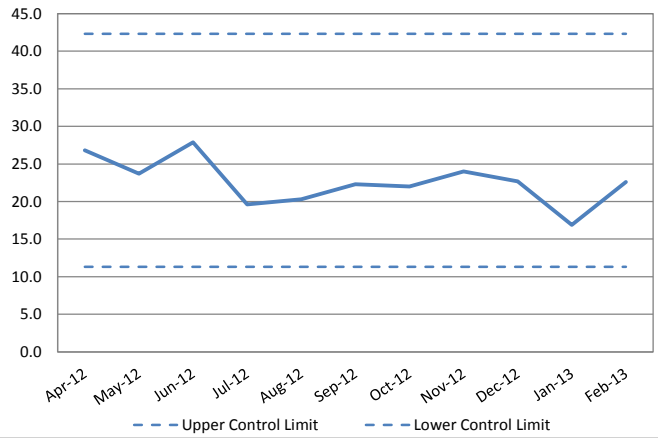


Description:	**The percentage of clinic letters sent within five working (and average days) following patient clinic attendance & recorded on the Clinical Document Database (CDD)**
Target:	*Internal target:* 50%
Trend:	Continued improved performance
Comment:	A working group in place to progress performance. Reporting 2 months behind as recent data is skewed by letters not completed

Quality and Safety

9. Combined Harm Index

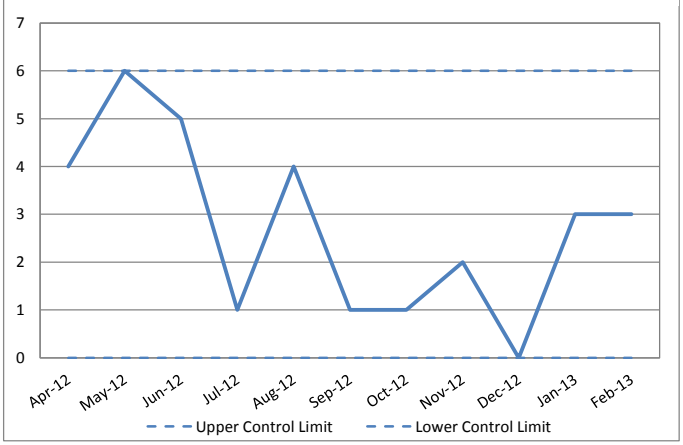
Desired direction of travel ↓



Description:	**Harm index comprised of hospital acquired infections (CVL, serious incidents, non-ICU arrests, medication errors, falls, and pressure ulcers.**
Target:	*Internal target:* Year on year reduction
Trend:	Small improvement in performance
Comment:	No statistical change

10. Serious Patient Incidents

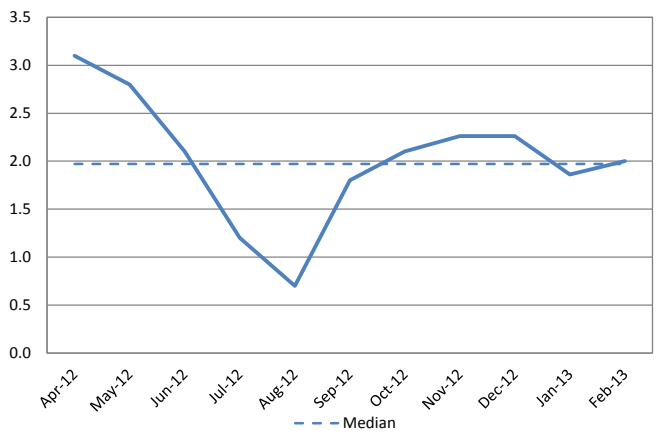
Desired direction of travel ↓



Description:	**Defined as either - Unexpected/avoidable death of patient(s), staff visitors or members of public. Serious harm to patient(s), staff, visitors or members of public. Allegations of abuse. One of the core sets of 'Never Events'**
Target:	*Internal target:* To remain within control limits
Trend:	Performance deteriorated with 4 SIs reported in February
Comment:	Performance remains within statistical tolerance

11. Central Venous Line (CVL) Infections

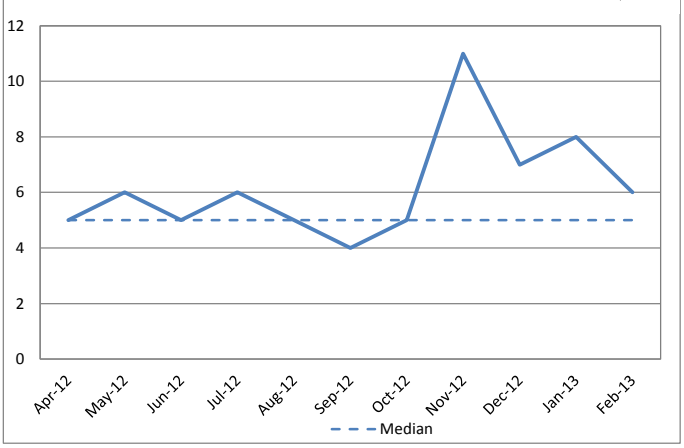
Desired direction of travel ↓



Description:	**The number of CVLInfections for every 1000 Bed Days acquired at the Trust**
Target:	*Internal target:* <=1.5
Trend:	Small positive movement in performance against previous month
Comment:	Performance remains within tolerance

12. Arrests Outside ICU

Desired direction of travel ↓



Description:	**The monthly number of arrests (cardiac or respiratory) outside of ICU wards (recorded from calls made to the 2222 Clincal Emergency Team)**
Target:	*Internal target:* 50% reduction
Trend:	Continued improvement in performance since December
Comment:	Performance remains stable

Monitor Governance Risk Rating

Targets - weighted (national requirements)		Threshold	Score Weighting	Reporting Frequency	Score Weighting Q1				Score Weighting Q2				Score Weighting Q3				Score Weighting Q4	
					M1	M2	M3	Q1	M1	M2	M3	Q2	M1	M2	M3	Q3	M1	M2
1	MRSA - meeting the MRSA objective *	0	1	Quarterly	0	0	0	0	0	0	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	0	0	0	0	0	0
3	All cancers: 31-day wait for second or subsequent treatment comprising either:		1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Surgery	94%			0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anti cancer drug treatments	98%			0	0		0							0			0
	Radiotherapy (from 1 Jan 2011)	94%			0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Non Admitted within 18 weeks	95%	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	92% - 18 week referral to treatment time Incomplete Pathways Performance	92%		Quarterly	1	0	0	1	0	0	0	0	0	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	0	0	0	0	0	0
8	Certification against compliance with requirements regarding access to healthcare for peopl e with a learning disability	N/A	0.5	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0
				Total	**1**	**0**	**0**	**1**	0	0	0	0	0	0	0	0	0	0
				Overall governance risk rating	**Amber - Green**	**Green**	**Green**	**Amber-Green**	**Green**	**Green**	**Green**	**Green**	**Green**	**Green**	**Green**	**Green**	**Green**	**Green**

Monitor governance rating matrix	
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

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

*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

**Monitor's annual de minimis limit for cases of C. difficile is set at 12

HR METRICS REPORT - EXCEPTION TURNOVER & ABSENCE REPORT - OCT - DEC 2012

Trust Turnover Rate:	15.98% (-0.03)	London Benchmarking Group:	12.23% (+3.35)

The following departments have turnover levels over the Trust's current turnover + 1 standard deviation rate:

Unit	Organisation	SIP FTE	Leavers FTE	Turnover%	DoT
Neurosciences	CAMHS	35.20	13.30	37.80	
Diagnostic & Therapeutic Services	Play Centre	27.70	9.40	33.89	
International	Bumblebee Ward	31.70	9.50	30.08	
Surgery	Squirrel Ward	52.40	15.50	29.49	
Neurosciences	Mildred Creak Unit	25.90	7.60	29.37	
Research and Development	Local Research Network	21.30	6.00	28.14	
Diagnostic & Therapeutic Services	Pharmacy	103.50	27.00	26.08	
ICI	Dermatology	16.00	4.10	25.70	
Finance and ICT	Information Services	18.60	4.70	25.43	
Critical Care & Cardio-Respiratory	Bear Ward	52.70	13.00	24.66	
Critical Care & Cardio-Respiratory	Cardiac Central Budget	54.50	13.00	23.89	
Surgery	Audiology & Cochlear Department	21.50	5.00	23.28	

Legend:		
	Turnover exceeds 3 standard deviations of the Trust rate	(0 departments)
	Turnover exceeds 2 standard deviations of the Trust rate	(2 departments)
	Turnover exceeds 1 standard deviations of the Trust rate	(10 departments)
	Turnover exceeds Trust rate (not shown)	(24 departments)

Notes on turnover:
1. Turnover is calculated as the number of leavers (in FTE) that leave the Trust's employment in 12-months, divided by the average staff in post (FTE). 2. Turnover does not include internal transfers between departments. 3. Turnover includes TUPE to other organisations, but excludes the TUPE of Haringey to Whittington Health. 4. Turnover excludes medical and dental junior staff. 5. Balance Sheet = Charity and Redevelopment staff. 6. Report only shown for departments that have 15 or greater staff (FTE).

Trust Sickness Rate:	2.93% (+0.06)	London Benchmarking Group:	2.95% (+0.06)

The following departments have sickness levels over the Trust's current sickness + 1standard deviation rate:

Unit	Organisation	Average Contractual FTE	Absence Days	Sickness %	DoT
Estates	Works Department	28.20	933.50	13.15	
Critical Care & Cardio-Respiratory	CATS Retrieval	21.30	515.00	9.60	
Diagnostic & Therapeutic Services	Dietetics	37.60	774.50	8.18	
International	Patient Support	14.00	264.00	7.48	
Finance and ICT	Management A/C & Redevelopment	13.20	236.50	7.10	
Operations and Facilities	Outpatients Department	41.00	690.00	6.68	
Surgery	Dinosaur Ward	17.60	293.00	6.62	
Clinical Operations	Staff Nursery	19.50	308.00	6.28	
Medicine	Rainforest Ward	30.50	460.50	5.99	
Surgery	Maxillofacial/Dental	16.40	243.00	5.87	
Critical Care & Cardio-Respiratory	Neonatal Intensive Care Unit (NICU)	54.50	759.00	5.53	
ICI	Histopathology	22.30	309.00	5.50	
ICI	Elephant Ward	39.80	548.00	5.46	

Legend:		
	Sickness exceeds 3 standard deviations of the Trust rate	(1 department)
	Sickness exceeds 2 standard deviations of the Trust rate	(3 departments)
	Sickness exceeds 1 standard deviations of the Trust rate	(9 departments)
	Sickness exceeds Trust rate (not shown)	(34 departments)

Notes on sickness:
1. Sickness is calculated as the number of days absent to sickness divided by the availbale days (FTE). 2. Report only shown for departments that have 10 or greater staff (FTE).

Trust Vacancy Rate:	8.33% (-0.62)

The following departments have vacancy rate over the Trust's vacancy rate + 1standard deviation rate:

Unit	Organisation	Budget FTE	SIP FTE	Vacancy %	DoT
International	Divisional Nursing	15.96	7.16	55.14%	
Medicine	BMT Auto-Immune Gut Disorder	15.20	8.25	45.72%	
Finance & ICT	Operations LAN Equipment	21.01	12.29	41.50%	
International	Patient Support	17.10	10.08	41.05%	
Operations & Facilities	Restaurant	17.09	11.22	34.35%	
Finance & ICT	Accounts Receivable	21.50	15.00	30.23%	
Operations & Facilities	Medical Records	25.66	18.23	28.96%	
Surgery	Neonatal Intensive Care Unit (NICU)	63.18	45.47	28.03%	
Cardiac	Cardiac Central Budget	67.56	50.79	24.82%	
Surgery	Orthopaedics	17.81	13.71	23.02%	

Legend:		
	Vacancy exceeds 3 standard deviations of the Trust rate	(1 departments)
	Vacancy exceeds 2 standard deviations of the Trust rate	(3 departments)
	Vacancy exceeds 1 standard deviations of the Trust rate	(6 departments)
	Vacancy exceeds Trust rate (not shown)	(56 departments)

Notes on vacancy rate:
1. Vacancy rate is calculated as the (Budget FTE - SIP FTE)/(Budget FTE). 2. Report only shown for departments that have 15 or greater budgeted staff (FTE). 2. Excludes overestablished departments.

ATTACHMENT Uii

Cash Releasing Efficiency Savings
The appendix updates the Board on progress with CRES delivery in the current year and identification of schemes for 13/14: • Total CRES identified for 12/13 is £14.1m, with a risk adjusted figure of £13.8m • 13/14 targets presented are based on the LTFM requirement of £13.5m plus the carry forward of under-achieved 12/13 targets at forecast outturn, giving a working target of £16.5m • Good progress has been made in identifying schemes for 13/14. The current total is £16.9m of which 50% is green.

CRES Position at Month 11

	2012/13					2013/14					
Division	**Delivery target**	**Total identified**	**Risk adjusted total**	**Risk adjusted variance**	**Schemes completed**	**Delivery target**	**Total identified**	**Delivery variance**	**Risk adjusted total**	**Risk adjusted variance**	**Schemes completed**
Critical Care and Cardiorespiratory	3,576,600	2,097,733	2,028,375	-1,548,225	1,182,496	3,580,527	3,562,196	-18,331	3,104,351	-476,176	0
ICI	2,678,200	2,122,030	2,018,994	-659,206	1,820,709	1,916,135	1,515,598	-400,537	1,492,911	-423,224	0
International	1,022,000	1,978,980	1,969,839	947,839	1,978,808	1,299,685	1,341,629	41,944	1,236,099	-63,586	0
MDTS	2,154,000	1,541,238	1,521,941	-632,059	1,444,111	2,885,834	2,366,867	-518,967	2,021,509	-864,325	0
Neurosciences	1,383,000	1,499,336	1,474,976	91,976	789,707	1,306,214	1,731,726	425,512	1,858,277	552,063	0
Surgery	2,039,326	1,985,313	1,980,696	-58,630	1,910,904	2,005,954	2,201,544	195,590	1,824,069	-181,885	0
Corporate facilities	1,214,900	875,514	873,403	-341,497	801,828	1,028,055	1,419,760	391,705	1,298,099	270,044	0
Clinical & Medical Operations	281,400	390,624	390,574	109,174	385,673	139,501	480,640	341,139	450,336	310,835	0
Corporate affairs	152,600	146,635	146,568	-6,032	139,962	104,435	115,975	11,540	99,167	-5,268	0
Estates	749,300	356,265	351,558	-397,742	149,594	871,164	889,400	18,236	763,156	-108,008	0
Finance & ICT	810,082	499,051	481,048	-329,034	217,671	758,649	661,407	-97,242	594,387	-164,262	0
HR & workforce	256,200	206,336	205,253	-50,947	192,039	219,815	173,606	-46,209	150,107	-69,708	0
Nursing & Education	347,200	339,111	337,872	-9,328	240,083	297,815	382,800	84,985	347,265	49,450	0
R&I	53,200	28,000	28,000	-25,200	28,000	80,152	30,000	-50,152	24,000	-56,152	0
Total	**16,718,008**	**14,066,166**	**13,809,099**	**-2,908,909**	**11,281,583**	**16,493,935**	**16,873,148**	**379,213**	**15,263,735**	**-1,230,200**	**0**
			83%		**67%**				**93%**		**0%**

Delivery 2012/13

At month 11, the value of identified CRES schemes for 12/13 is £14.1m, down from £649k over the past month. Despite this, the risk adjusted figure of £13.8m indicates that the Trust remains on track to deliver the £13.3m required by the financial plan.

The Critical Care and Cardiorespiratory Division continues to have the largest gap, however efforts to recruit more critical care nurses are progressing well and enabling the Division to open additional beds. A lack of growth has also contributed to the large CRES gaps in the ICI-LM and MDTS divisions, though it should be noted that ICI-LM were set a stretch target of a 7% CRES and would be on target to deliver against 5%.

Corporate Facilities, Finance and ICT and Estates have the largest CRES gaps amongst the corporate divisions. The Estates CRES plan was heavily reliant on savings from the implementation of the combined heat and power system which has not delivered, however a more diverse CRES plan has been developed for 13/14.

Planning 2013/14

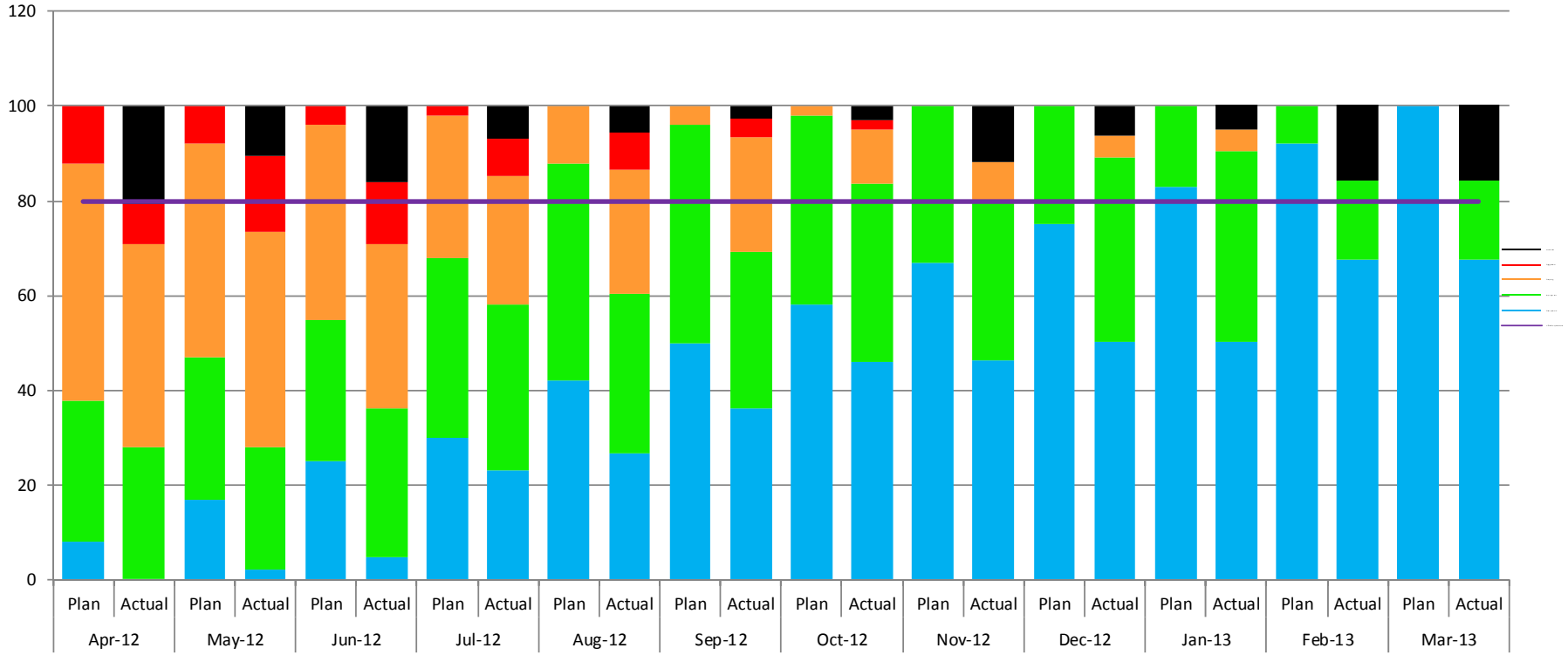
The Trust will need to achieve a CRES of £13.5m in 13/14 to deliver the financial plan, equivalent to 5% of expenditure. In addition, units that have not fully delivered against 12/13 CRES targets will be asked to recover the shortfall, although the proportion of the CCC under-achievement that is linked to NICU/NICU and CATS will be deferred to 14/15. The target based on outturn 12/13 delivery is therefore likely to be £16.5m. Corporate divisions will not be asked to deliver a higher target than clinical divisions in 13/14, however the International Division will be asked to deliver 7%.

The Trust is in a good position with £16.9m identified and there has been a significant progress in the status of schemes, 50% of which are now rated green. ICI-LM and MDTS units currently have the biggest gaps and are developing new schemes to fill them. As these are added to the plan the Trust total should increase beyond the target, building in some contingency against slippage.

Where units do not have sufficient plans in place starting from April 2013 they are being asked to implement additional cost control measures such as vacancy freezes to mitigate against overspending at the start of the new financial year.

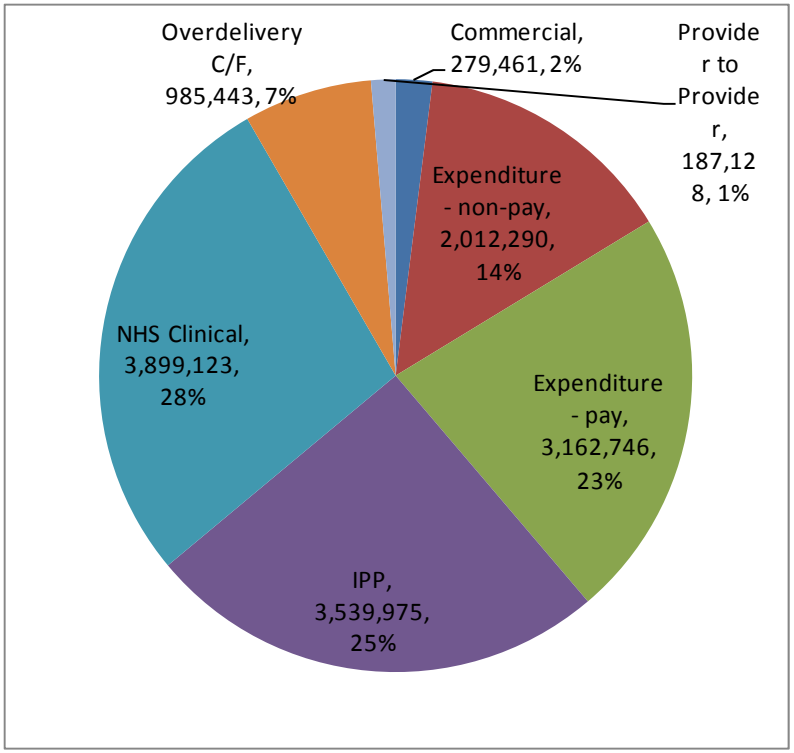
CRES programme, saving trajectory 2012 / 13

Savings are shown as a percentage of target, use the yellow cell at the bottom to view data by unit or the total

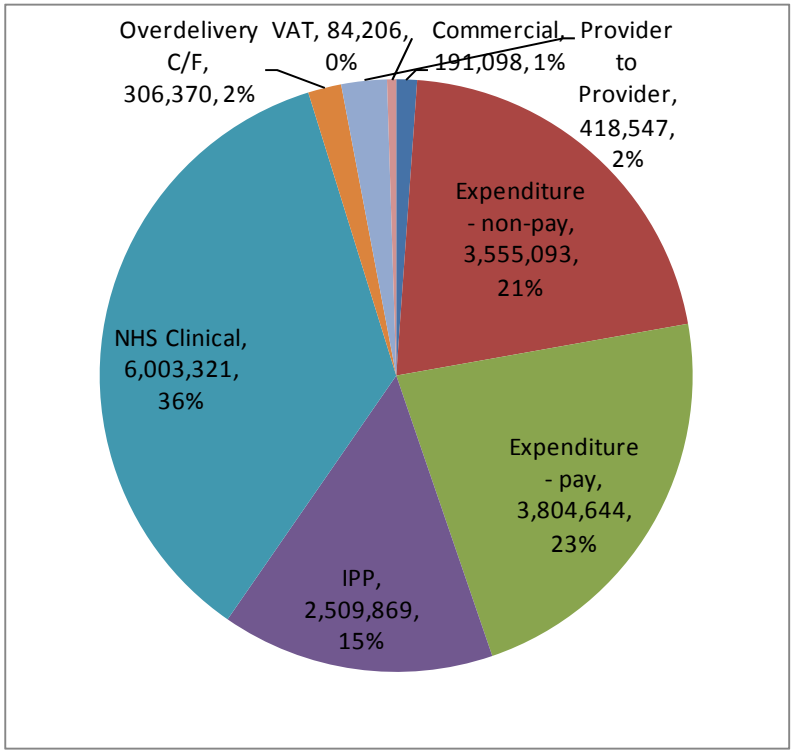


	Apr-12		May-12		Jun-12		Jul-12		Aug-12		Sep-12		Oct-12		Nov-12		Dec-12		Jan-13		Feb-13		Mar-13	
Unfound	0	20	0	11	0	16	0	7	0	6	0	3	0	3	0	12	0	6	0	5	0	16	0	16
Suggested	12	9	8	16	4	13	2	8	0	8	0	4	0	2	0	0	0	0	0	0	0	0	0	0
Scoping	50	43	45	45	41	35	30	27	12	26	4	24	2	11	0	8	0	5	0	5	0	0	0	0
In progress	30	28	30	26	30	31	38	35	46	34	46	33	40	38	33	34	25	39	17	40	8	17	0	17
Completed	8	0	17	2	25	5	30	23	42	27	50	36	58	46	67	46	75	50	83	50	92	67	100	67

CRES by category 2012/13



CRES by category 2013/14



ATTACHMENT Uiii

Finance and Activity

The appended financial information has been significantly reduced this month to show key indicators only. The full financial monthly report is available on request.

- EBITDA for Month 11 was £2.8m, 8.8% margin; Year to date £26.1m, 8.0% margin.
- The FRR remains at 4
- NHS clinical activity was below plan in all areas but non NHS clinical income continued to outperform. NHS clinical income was only just below plan due to the recording of an improvement in estimates for previous quarter's CQUIN
- R&D income was over plan with a corresponding increase in R&D expenditure (see below)
- Cash levels peaked at the highest month end level during the year as a result of some significant debt receipts and lower than planned capital expenditure
- Depreciation was higher than plan in the month due to the catch up on accelerated depreciation on the Cardiac wing

The overall trend is similar to previous months with the exception of the following items:

- NHS clinical income included additional CQUIN funding following the commissioners agreement to the full achievement of targets in Q2 and a provisional assessment of full achievement in Q3
- R&D funding was significantly higher than plan in Month 11 due to the release of deferred BRC income to match the additional value of grant expenditure in the month following the BRC board in December.
- There was above average monthly expenditure on property refurbishment relating to prior months and an increase in the general debt provision was made due to the higher levels of overdue debt. The level of provisioning is being reviewed prior to the year end.

Staffing levels have remained fairly constant during the year but have now increased for two consecutive months. This is primarily in units who are targeting increased activity.

Great Ormond Street Hospital for Children NHS Foundation Trust
Abridged Financial Performance Report - 11 months to 28th February 2013

Narrative Overview (by exception)

NHS income and activity: All units except Neurosciences reported lower NHS activity than plan & last year. The major adverse variance on activity and income were in NCG services, bed days and outpatients. Average pricing on bed days is also lower than plan due to contract mix and the HDU contract change.

CQUIN income was higher than plan due to the release of provisions for potential underperformance in Q2&3.
Non pay - other expenses is showing an adverse variance in the month due in part to a high level of BRC grant expenditure , relating to prior periods estates maintenance expenditure

and an increased provision for overdue debt

Average WTE has increased for the second month,the highest increases being in C&CC, R&I and Surgery

Cash levels peaked, helped by strong debt collection and lower than average capital expenditure

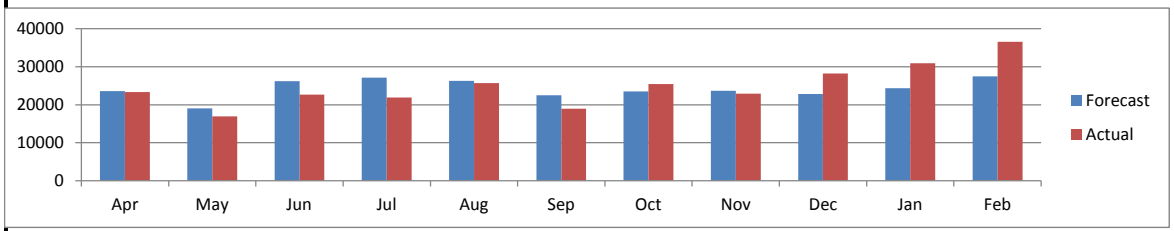
Statement of Financial Position	31-Mar-12 £m	31-Jan-13 £m	28-Feb-13 £m
Non-Current Assets	340.6	342.5	340.6
Current Assets (exc Cash)	39.5	49.2	44.1
Cash & Cash Equivalents	26.6	31.0	36.6
Current Liabilities	(47.4)	(47.6)	(46.0)
Non-Current Assets	(8.2)	(7.9)	(7.8)
Total Assets Employed	**351.1**	**367.2**	**367.5**

Income & Expenditure	Current Month Budget (£m)	Actual (£m)	Variance (£m)	Year to Date Budget (£m)	Actual (£m)	Variance (£m)	RAG Rating
NHS Clinical Revenue	18.6	18.4	(0.2)	203.8	201.1	(2.7)	A
Pass Through	3.5	3.9	0.4	40.0	42.5	2.5	G
Private Patient Revenue	2.1	3.7	1.6	26.2	37.9	11.7	G
Non-Clinical Revenue	4.2	5.7	1.5	45.8	45.0	(0.8)	A
Total Operating Revenue	28.4	31.7	3.3	315.8	326.5	10.7	
Permanent Staff	(16.6)	(15.7)	0.9	(178.3)	(168.2)	10.1	G
Agency Staff	(0.0)	(0.3)	(0.3)	(0.5)	(4.7)	(4.2)	A
Bank Staff	(0.0)	(0.9)	(0.9)	(0.2)	(8.4)	(8.2)	
Total Employee Expenses	(16.7)	(16.9)	(0.2)	(179.0)	(181.3)	(2.3)	
Drugs and Blood	(1.1)	(0.8)	0.3	(13.9)	(11.1)	2.8	G
Other Clinical Supplies	(1.6)	(1.8)	(0.2)	(18.7)	(20.1)	(1.4)	A
Other Expenses	(3.9)	(5.5)	(1.6)	(43.1)	(45.4)	(2.3)	A
Pass Through	(3.5)	(3.9)	(0.4)	(40.0)	(42.5)	(2.5)	G
Total Non-Pay Expenses	(10.1)	(12.0)	(1.9)	(115.7)	(119.1)	(3.4)	
EBITDA (exc Capital Donations)	**1.6**	**2.8**	**1.2**	**21.1**	**26.1**	**5.0**	
Depreciation, Interest and PDC	(2.6)	(3.0)	(0.4)	(23.7)	(21.5)	2.2	G
Net Surplus (exc Capital Donations)	(1.0)	(0.2)	0.8	(2.6)	4.6	7.2	
EBITDA %	**5.8%**	**8.8%**		**6.7%**	**8.0%**		A
Capital Donations	3.6	0.5	(3.1)	39.8	11.8	(28.0)	

Capital Expenditure	Annual Plan £m	Actual YTD £m	Forecast Outturn £m
Redevelopment - Donated	32.9	7.4	8.8
Medical Equipment - Donated	9.2	3.6	3.8
Estates - Donated	1.2	0.8	0.7
Total Donated	43.4	11.8	13.3
Estates & Facilities - Trust Funded	5.4	2.8	3.0
IT - Trust Funded	4.5	1.9	3.2
Total Trust Funded	9.9	4.7	6.2
Total Expenditure	**53.3**	**16.5**	**19.5**

Working capital ratios	31-Mar-12	31-Jan-13	28-Feb-13	RAG Rating
NHS Debtor Days (YTD)	8.2	7.5	6.7	G
IPP Debtor Days	86.8	134.4	121.29	A
Creditor Days	32.4	25.6	21.8	G
BPPC (YTD) (number)	85.5%	84.5%	84.1%	A
BPPC (YTD) (£)	84.6%	82.2%	83.0%	A

Closing Cash Balance

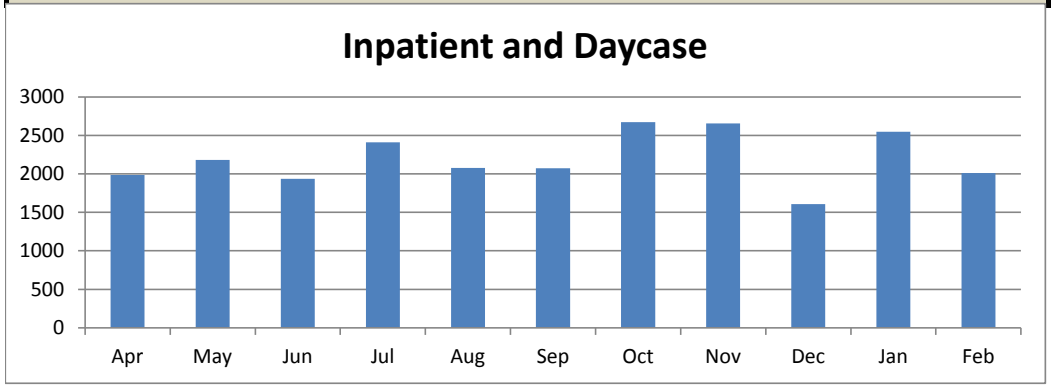


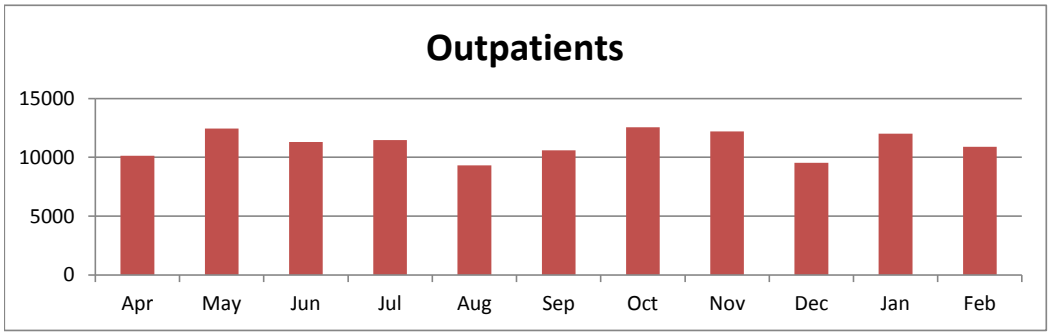
Financial Risk Rating	2012/13 Plan	31-Jan-13	28-Feb-13	RAG Rating
Underlying Performance	3	3	3	G
Achievement of Plan	5	5	5	G
Return on Assets	3	3	3	G
I&E Margin	5	5	5	G
Liquidity	4	4	4	G
Overall	4	4	4	G

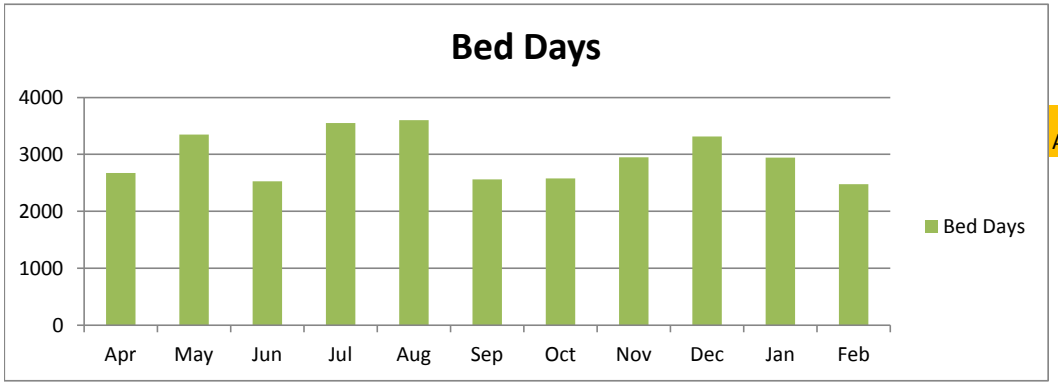
CLINICAL INCOME & ACTIVITY v PLAN AND LAST YEAR

	Income from NHS clinical activity £M year to date					Activity				
	YTD 12/13 Actual	Var v plan	% var	Var v LY	% incr/(dec)	YTD 12/13 Actual	Var v plan	% var	Var v LY	% incr/(dec)
Inpatients/ Daycases	**72.7**	0.7	0.9%	4.2	6.1%	**24,144**	181	0.7%	1,751	7.8%
Bed days	**38.8**	(2.8)	-7.2%	(1.1)	-2.8%	**32,527**	(147)	-0.5%	4,314	15.3%
Outpatients	**31.1**	(1.0)	-3.2%	0.2	0.7%	**122,391**	(4,772)	-3.9%	(8,739)	-6.7%

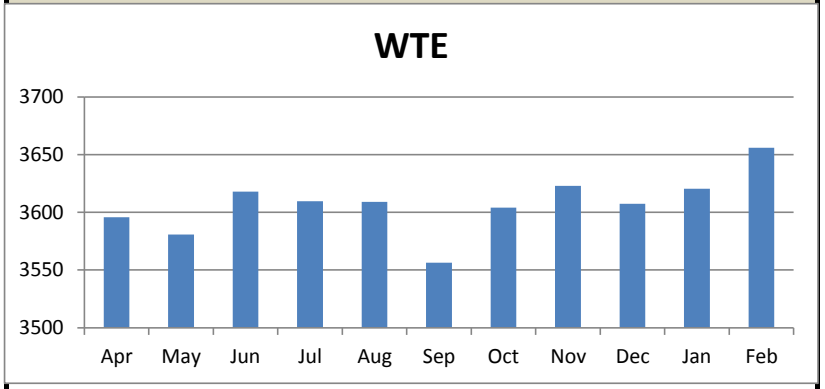
PATIENT ACTIVITY

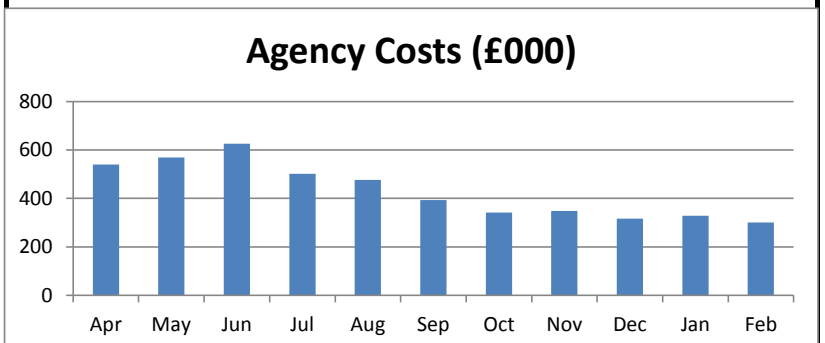






STAFF





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Agency % by Staff Category	Current Month	Year to Date
Junior Doctors	0.5%	1.5%
Admininstration & Estates	7.1%	9.4%
Healthcare Assist & Supp	0.7%	1.1%
Nursing Staff	1.0%	1.9%
Scientific Therap Tech	2.3%	2.6%

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 27th March 2013	
2012 Staff Survey Results **Submitted by** Director of Human Resources and Organisational Development	**Paper No: Attachment V**
Aims / summary To inform Trust Board of the results of 2012 survey, including links with the Francis Report (the Inquiry into Mid-Staffordshire Hospital), and how these will be addressed.	
Action required from the meeting To note results and support actions.	
Contribution to the delivery of NHS / Trust strategies and plans Staff survey results contribute to Quality Accounts and are reviewed by Monitor and are used to inform the Care Quality Commission. They present an opportunity to identify areas of strength and weakness as perceived by staff, and address them through appropriate actions.	
Financial implications Dependent on actions identified within individual action plans, but none identified within this paper.	
Legal issues	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, members, children and families) and what consultation is planned/has taken place? Unit and directorate management teams and all staff.	
Who needs to be told about any decision The results and action plans will be communicated to all staff via Roundabout and the intranet. Groups tasked with delivering key actions will wish to communicate as appropriate. Unit teams will be tasked with developing local action plans and communicating regularly to their staff about progress.	
Who is responsible for implementing the proposals / project and anticipated timescales Helen Cooke, Head of Workforce Planning and Development (with relevant individual for key areas of action)	
Who is accountable for the implementation of the proposal / project Director of HR and OD	

GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

Paper to the Trust Board from the Director of HR and OD
Summary of results from Staff Survey
March 2013

1 Introduction and background

- Our comparators are 19 acute specialist trusts
- Response rate was 42% and below average (46% in 2011 and above average)
- The overall staff engagement score was 3.99 out of 5 (above average and higher than 2011)
- Recommendation of GOSH as a place to work/receive treatment = 4.13 out of 5 (average and higher than 2011)

2 Results

Appendix 1 (below) sets out our 4 lowest and highest scores when compared with the average for acute specialist trusts, and changes in these scores between 2011 and 2012.

Overall score for Staff Engagement

This overall score combines ***staff ability to contribute to improvements at work; staff recommendation of the trust as a place to work or receive treatment; staff motivation at work***.

GOSH in 2012=3.99 GOSH in 2011=3.77 Average=3.92

Quality Account Score

If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation

GOSH in 2012=90% GOSH in 20111=88% Average = 87%

3 Links to issues raised in Francis Report (as suggested by NHS Employers)

Table 1

	Issue	Change since 2011 Survey	Rank, compared with all acute specialist Trusts in 2012
KF4	Effective team working	Increase (better than 2011)	Above (better than) average
KF9	Support from immediate managers	No change	Average
KF13	% witnessing potentially harmful errors, near misses or incidents in last month	No change	Above (worse than average)
KF14	% reporting errors, near misses or incidents witnessed in the last month	Decrease (worse than 2011)	Average
KF15	Fairness and effectiveness of incident reporting procedures	Increase (better than 2011)	Above (better than) average

Table 2 showing individual questions that link with issues raised in Francis report

No.	Issue*	2012	Average (median) for acute specialist trusts	2011
Q7g	"There are enough staff at this organisation for me to do my job properly"	45	40	33
Q11e	"Senior managers where I work are committed to patient care"	64	59	62
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of	90	87	88

No.	Issue*	2012	Average (median) for acute specialist trusts	2011
	care provided by this organisation"			
Q19a	% saying if they were concerned about fraud, malpractice or wrongdoing they would know how to report it	90	90	86
Q19b	% saying they would feel safe in raising their concern	79	74	75
Q19c	% saying they would feel confident that the organisation would address their concern	63	61	56

*A statistical analysis of changes since 2011 or relationship with other acute specialist trusts is not provided for individual questions.

4 Next steps

The Overall Management Group (OMG) have agreed that this year there should be greater emphasis on local actions in order that units and directorates can tailor their action plans to areas of greatest priority for their staff. Management teams will be supported by Human Resources (HR) to identify key themes and develop local action plans. HR will also identify key themes that emerge from local plans in order to facilitate pan-Trust initiatives.

Timetable:

Date	Action	Responsibility
March 2013	Paper to OMG	HR
	Paper to Trust Board	HR
	Units and directorates receive local results and develop action plans	Unit management teams/directors
April 2013	All local action plans presented to OMG Key corporate actions identified (including with respect to Francis Report)	Unit management teams/directors Executive team
	Headline results in Roundabout. Full results document on intranet CEO covers in podcast	Communications team
May 2013	Summary action plans reported to Trust Board	Unit management teams/directors
June 2013	Open briefings for staff of results and action plans Detailed Roundabout summary of plans	HR and Communications team
November 2013	Report on progress against action plans to Trust Board	Unit management teams/directors
November 2013	2013 survey cycle commences, with publicity emphasising actions taken following 2012 survey.	HR and Communications teams

5 Action required

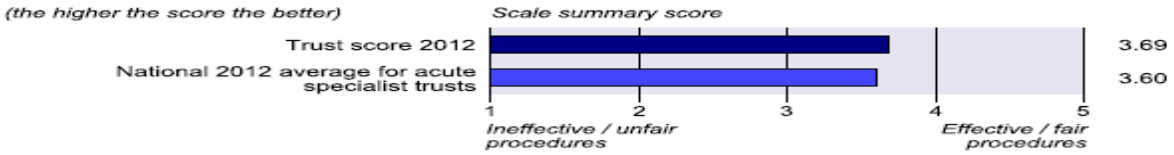
Trust Board are asked to note and support the steps set out above.

Appendix 1

TOP FIVE RANKING SCORES

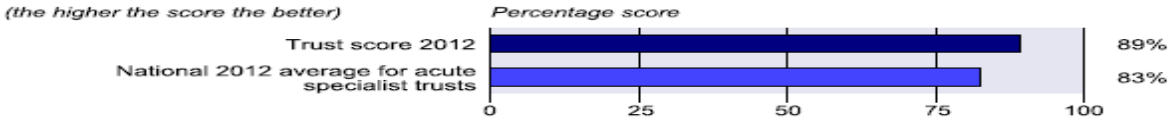
✓ KF15. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)



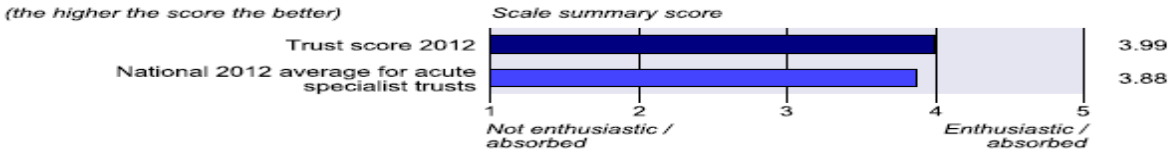
✓ KF7. Percentage of staff appraised in last 12 months

(the higher the score the better)



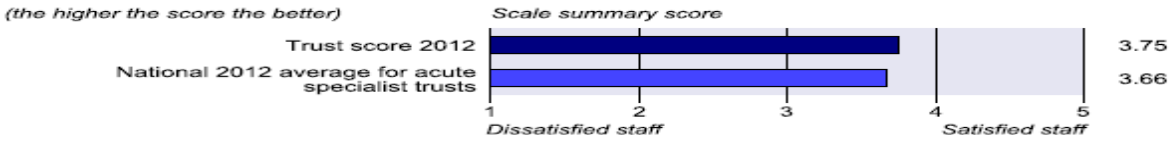
✓ KF25. Staff motivation at work

(the higher the score the better)



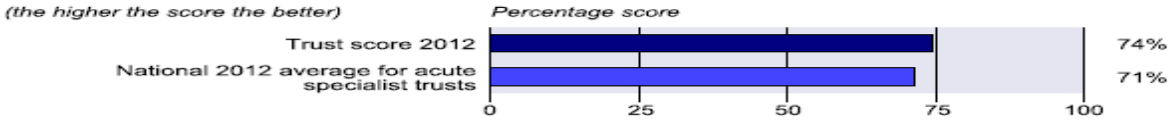
✓ KF23. Staff job satisfaction

(the higher the score the better)



✓ KF22. Percentage of staff able to contribute towards improvements at work

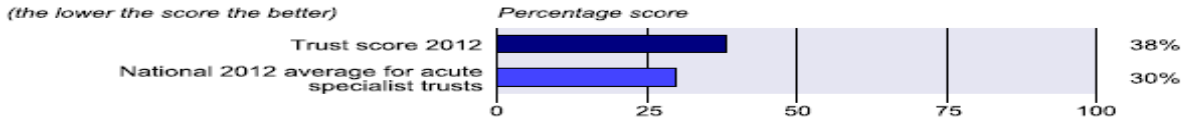
(the higher the score the better)



BOTTOM FIVE RANKING SCORES

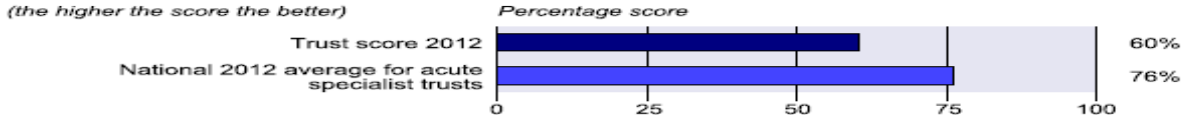
! KF13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



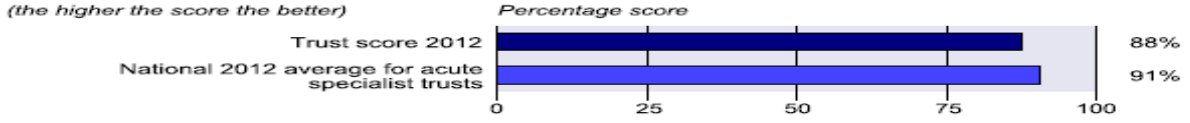
! KF10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



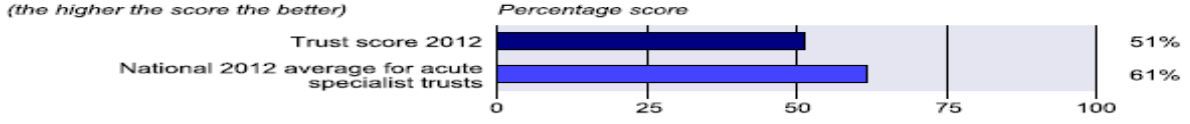
! KF2. Percentage of staff agreeing that their role makes a difference to patients

(the higher the score the better)



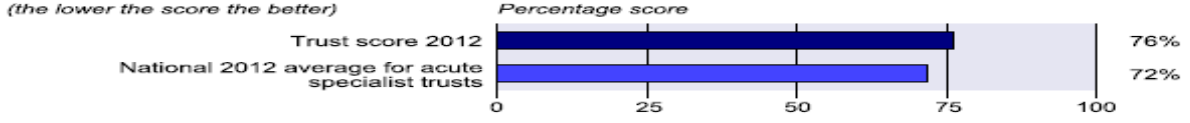
! KF12. Percentage of staff saying hand washing materials are always available

(the higher the score the better)



! KF5. Percentage of staff working extra hours

(the lower the score the better)



Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
27th March 2013

Quality Governance Framework – Deloitte follow up of recommendations made in 2011	**Paper No: Attachment W**
Prepared by: Claire Newton, CFO	FOR INFORMATION & DISCUSSION

Aim

To provide the Board with an overview of the results of the Deloitte follow up of their recommendations in relation to compliance with the Monitor Quality Governance Framework.

Summary

When the Trust was authorised as a Foundation Trust, Monitor sent a side letter to the Board recommending that the Board monitor actions in response to 19 recommendations made by Deloitte as part of their review of the Quality Governance Framework in 2011.

The Board has previously received internal assessments of progress but Monitor expected the Board to seek external assurance from Deloitte that the recommendations had been acted upon.

Deloitte carried out this review in February and have provided a detailed report.

In overall terms, Deloitte has concluded that progress has been made on their recommendations and that there are no material gaps or omissions in relation to progress against the actions. Of the 19 recommendations, they considered 14 had been completed, 5 were underway and one was still open. The Open and Unfinished recommendations are set out below with the accountable executive and assurance committee which will monitor further progress.

Open recommendation:

- *Unit risks should be grouped under strategic corporate headings on unit risk registers so that there is linearity with the Board Assurance Framework.*

  Although effort has been made to match risks on the unit risk registers with the Assurance Framework, we accept that it is not clear on the unit risk registers. (Medical Director -Risk Assurance and Compliance Group)

Unfinished recommendations:

- *Quality scorecard / KPI reports. Deloitte were concerned that in the January 2013 quality reports to the Board, the number of KPIs reported had been significantly reduced and in some cases, forecast trajectories and targets had been removed. They suggested that if the Board members are to be offered alternative access to detailed KPI information that the usage should be monitored.*

  It is intended that Board software be purchased so that some of the detailed reports excluded from Board papers can be readily accessed by NEDs. EDs will also be able to access additional information through a shared drive.

- *For all KPIs in the Trust Board report, there should be data quality assessments evidenced with the KPI. (CFO – Audit Committee)*
- *Where targets or trajectories were included for measures, it is not clear how these targets have been derived from the Trusts strategic objectives (CFO – Audit Committee)*

- *The Quality Strategy does not adequately identify in year goals. (Medical Director – Clinical Governance Committee)*
- *There is no ongoing monitoring that matters raised at Executive Safety walkarounds are being acted upon and monitored. (Head of Transformation – Clinical Governance)*
- *There should be clearer evidence that data quality exception reports are being followed up. (CFO – Audit Committee)*

Progress on these recommendations will be monitored in six months.

Please note that a full self assessment against the Monitor Quality Governance Framework has been carried out this month and will be reported to the Trust Board in April.

Action required from the meeting
To note the results of the review and the further recommendations for consideration by the Board

Contribution to the delivery of NHS Foundation Trust strategies and plans
Good governance

Financial implications
N/A

Legal issues
N/A

Who needs to be / has been consulted about the proposals in the paper and what consultation is planned/has taken place?
N/A

Who needs to be told about any decision?
N/A

Who is responsible?
Executive Team

Who is accountable?
Co- Medical Director

ATTACHMENT X

Great Ormond Street Hospital for Children NHS Foundation Trust

Update from the Audit Committee meeting held on 15th January 2013

Risk Management

The committee noted that the Trust Board would review strategic risks at the Trust Board Strategy Day in February 2013.

Presentation of high level risks

The Chief Operating Officer presented an update on the top three risks from clinical and corporate departments. The themes arising were staffing and resources, including IT. The committee noted that these issues were being addressed and matched reasonably well to the local risk registers.

Assurance Framework

The Chief Operating Officer informed the committee that the Cash Releasing Efficiency Schemes (CRES) risk had moved to a green assurance rating following receipt of a significant assurance report from the internal auditors.

The committee received an update on the following risks:

- Risk 7C The redevelopment of the site may not meet delivery timescales or financial or operational expectations
- Risk 1C Children, staff and parents may be put at risk from failure to adequately maintain the estate and non-clinical equipment

Freezer stock incident

A review was being conducted of all clinical trials to check that the stocks are managed appropriately. The committee was informed that stock is covered by the clinical negligence scheme where the stock is be used in a clinical trial.

Trust Wide Risk Register Analysis

The Head of Risk advised the committee that 87 risks had been closed in the last quarter. There had been a Trust wide work programme to encourage all clinical and corporate teams to enter risk updates onto Datix.

The committee noted that the Rainforest ward had 3 beds closed due to a lack of trained staff available. The beds had been closed in order to ensure that the quality of care on the ward was maintained. Closure of the beds prevented children from accessing the services and was an income risk for the Trust and. Work was underway to review the mix of children (3 different specialities) on the ward.

Update on CRES

The committee was assured that the management team were confident of delivering a 5% efficiency target in 2012/13. For 2013-14, the CRES programme was on track. The

significant assurance outcome from the internal audit of the CRES programme provided the committee with assurance that the relevant controls were in place.

IPP Credit Policy and Working Capital

Communication with international debtor organisations had been increased and monitoring was taking place on a weekly basis.

Referrer's perception of GOSH services

The key findings from the last referrer's survey were availability of key staff to discuss access to services; communication with referrers when a child was an inpatient at the Trust; and communication during discharge. Another survey was due to be conducted in the next few months.

Property Valuation Process

The external auditor confirmed that the process for valuing the estate were appropriate.

Internal audit progress report

The Head of Internal Audit presented the report and informed the committee that the internal auditors had issued nine final reports. Only one report (Rosterpro) had found limited assurance of the processes in place. These gaps had been immediately acted upon and closed down. It was confirmed that an assessment of the controls associated with accessing these systems would be conducted as a result of the audit.

Internal and External Audit Recommendations

The Committee was informed that the Trust had the lowest outstanding number of recommendations for 5 years.

NHS Litigation Authority Update

The committee was reminded that the Trust had achieved NHSLA level 3. The NHSLA was due to return to the trust to review progress on eight of the standards in May 2013.

Internal Audit Tender

The committee noted that the Internal Auditor tender process was underway.

Salary Overpayments

The committee agreed that the Trust needed to determine what salary overpayments could be retrieved and the cost of recovering the monies. Work continued in this area.

Update from the Clinical Governance Committee (CGC)

Ms Yvonne Brown, Non-Executive Director presented the report and highlighted that the CGC had been informed that theatre utilisation had fallen when the new theatre opened in the Morgan Stanley Building. It was noted that a post investment review of phase 2A would take place.

ATTACHMENT Y

Great Ormond Street Hospital for Children NHS Foundation Trust

Update from the Clinical Governance Committee meeting on 15th January 2013

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 received an update on the following risks:

- Risk 1F- We may not be able to recruit and retain key staff
- Risk 1L- Appropriately qualified and trained staff may not always obtain fully informed consent or may not obtain consent
- Risk 2B- Patients may have to wait longer than is reasonable for consultation or treatment (initial proxy being national waiting times)
- Risk 2C- We may not meet referrers and other health and social care expectations around communication and accepting appropriate referrals

Concern was raised about the time taken and support available to managers to recruit staff and the committee requested a review of the process.

The length of time in-patients were waiting for treatments was a risk to the organisation and the committee requested feedback on this at the next meeting.

CRES safety overview

The Committee considered the high value CRES scheme to restructure laboratory staff in Cytogenetic Department. It was noted that the scheme had correlated with a downturn in performance, which was being addressed. It was noted that indicators were agreed for these schemes to help monitor their impact on quality.

Trust Wide Risk Register

The Committee was informed that Eagle Ward no longer had a dedicated play therapist and noted that play services are reliant on funding from the charity. It was agreed that any proposals to reduce the service would be reviewed and reported back to the next meeting.

Care Quality Commission Compliance Report

The committee received feedback from the CQC inspection report, published in January. It was noted that the issues raised in the report about food were subject to an action plan.

Head of Nursing report

Mrs Liz Morgan reported that a plan was in place to review prescribing on Elephant Ward. It was agreed that a report be submitted to the next meeting on progress with this matter.

Child Protection and Safeguarding Update

The CGC noted that, in the context of the revelations in the Savile Report, stringent policies and procedures are in place to manage visitors and celebrities on site.

The Trust was focused on increasing child protection training across all staff groups.

Update on NHSLA Assessment including plan for visit in May 2013

The Trust had achieved NHSLA Level 3 and an action plan was in place for the standards that the Trust had failed. The NHSLA was expected to return in May 2013 to review 8 standards for the remaining six months' worth of evidence and continued compliance.

Health and Safety Update

The committee was advised of the risks arising from the closure of the main reception but assured that controls were being put in place to manage this event.

It was agreed that work should be conducted to highlight to ward staff the systems in place for reporting violence and aggression incidents.

Internal Audit Progress Report

Mr Shah reported that significant assurance had been given for the audit into pre engagement checks for honorary contracts. There was evidence of non- compliance with implementation of occupational health checks for honorary staff but an action plan was in place to address this.

Clinical Audit Progress Report

It was agreed that compliance with the WHO surgical checklist would be revisited by the audit team. The Clinical Audit Manager informed the committee that the quality of the counting process had an effect on the compliance figures. Work was underway to review team briefings and culture in theatres.

Employee relations activity report

The committee requested a review of ethnicity, age and gender of staff taking grievances, and subject to redundancies and disciplinary procedures.

Any Other Business

The committee agreed to receive a report at the next meeting on an in-depth review of clinical ethics work for the year.