Great Ormond Street Hospital for Children NHS Foundation Trust

Meeting of the Trust Board
Wednesday 25th September 2013

Dear Members

There will be a public meeting of the Trust Board on Wednesday 25th September 2013 at 1:30pm in the **York House Conference Room, York House,** Great Ormond Street, London, WC1N 3JH.

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

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Purpose	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 24th July 2013**	Chairman	**Decision**	**F**
3.	**Matters Arising/ Action Checklist**	Chairman	**Discussion**	**G**
	• Updated terms of reference	Company Secretary		**H**
	• Crash calls outside of ICU	Director of Planning and Information		**Verbal**
	• Minute 62.3 – Benchmarking with other trusts on activity outside normal working hours	Director of Planning and Information		**Verbal**
	• Minute 63.3 - Assessment of 2A benefits realisation – red rated benefits	Director of Planning and Information		**Verbal**
	• Minute 64.3 – Update on progress with Francis Report	Co-Medical Director		**Verbal**
4.	**Chief Executive Report** • **Update on Listening Event**	Chief Executive	**Information**	**Verbal** **I**
	PRESENTATIONS			
5.	**Research Performance Report**	Director of Research and Innovation	**Discussion**	**J**
	STRATEGIC ISSUES			
6.	**Investment in respiratory ward on south wood**	Chief Operating Officer/ Director of Planning and Information	**Decision**	**K – to follow**
7.	**Update on Outpatient Improvement Project**	Director of Planning and Information	**Information**	**L**
8.	**Progress with Strategic Review**	Co-Medical Director	**Information**	**M**

9.	**Admission of London School of Hygiene and Tropical Medicine to UCL Partners**	Chairman	**Decision**	**U**
	PERFORMANCE			
10.	**Summary of performance for the period:** • **Quality and Safety** • **Activity** • **Finance**	Chief Executive Co-Medical Director Chief Operating Officer Chief Finance Officer	**Information**	**N**
11.	**Patient Experience, Patient & Public Involvement (PPI) and PALS (Annual Report 2012/13 and Q1 2013 Report)**	Chief Nurse and Families Champion	**Information**	**O**
12.	**Risk Management - the timeliness of risk reviews**	Director of Planning and Information	**Information**	**P**
13.	**Redevelopment Report**	Director of Redevelopment	**Information**	**R**
14.	**Health and Safety Annual Report 2012-13**	Director of Human Resources and OD	**Information**	**S**
	GOVERNANCE			
15.	**CQC Registration Update**	Company Secretary	**Information**	**T**
16.	**Register of Seals**	Company Secretary	**Decision**	**V**
17.	**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.)			
18.	**Next meeting** The next Trust Board meeting will be held on Wednesday 27th November 2013 in the Charles West Room, Level 2, Paul O'Gorman Building, Great Ormond Street, London, WC1N 3JH.			

ATTACHMENT F

Attachment F

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on Wednesday 24th July 2013

Present

Baroness Tessa Blackstone	Chairman
Mr Jan Filochowski	Chief Executive
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Mr John Ripley	Non-Executive Director
Mr David Lomas	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Prof Rosalind Smyth	Non-Executive Director
Mr Robert Burns	Director of Planning and Information
Professor Martin Elliott	Co-Medical Director
Mrs Liz Morgan	Chief Nurse and Families' Champion
Dr Barbara Buckley	Co-Medical Director
Mrs Claire Newton	Chief Finance Officer
Mr Ali Mohammed	Director of Human Resources and OD
Ms Rachel Williams	Chief Operating Officer

In attendance

Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Dr Melanie Hiorns	Divisional Director, MDTS
Dr Elizabeth Jackson	Divisional Director, Surgery

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

55	**Apologies for absence**
55.1	No apologies were received.
56	**Declarations of interest**
56.1	No declarations of interest were received.
57	**Minutes of previous meetings**
57.1	It was noted that Professor Rosalind Smyth, Non Executive Director and Mr David Lomas were present at both the Trust Board meeting on 24th May 2013 and 26th June 2013.
57.2	The minutes of both meetings were **approved** subject to the above amendment.
58	**Action checklist**
58.1	Minute 28.3: Mrs Claire Newton, Chief Finance Officer reported that all off payroll individuals had been reviewed and the correct paperwork was in place. She confirmed that she did not believe there to be a risk to the organisation. She added that a process was in place to review new appointments.

59	**Chief Executive's Report**
59.1	The Chief Executive reported that GOSH won a Patient Safety Award for Patient Safety in Paediatrics. The Board congratulated those involved.
59.2	Mr Filochowski reported that a letter had been sent to all participants from the Listening Event including a list of actions which had arisen from the event.
59.3	It was confirmed that the Trust had been allocation £1.7m of Clinical Research funding from the Life Course Research Network (LCRN) which was a 20% increase on the previous year.
59.4	It was reported that a letter had been received from the newly in post Chief Inspector of Hospitals at CQC. It was confirmed that GOSH would not be inspected as part of the first round in 2013. Dr Buckley suggested that there should be Trust wide agreement on managing staff who would take part in inspections of other hospitals as they could last 10 days.
59.5	The Board **noted** the verbal report.
60	**Trust Board Terms of Reference and Work Plan**
60.1	The Company Secretary presented the reviewed Trust Board Terms of Reference and workplan.
60.2	**Action:** It was agreed that the workplan would be reformatted to fit onto one page.
60.3	**Action:** Mr Charles Tilley, Non-Executive Director suggested that the importance of learning from mistakes should be emphasised. It was agreed that he would provide further comments outside the meeting.
60.4	Professor Elliott suggested that it was important to ensure that a Non Executive Director with a medical background was part of the Board to ensure a clinical challenge.
60.5	The Board **approved** the documents subject to the above amendments.
61	**Members' Council Update June 2013**
61.1	The Board **noted** the update.
62	**Offering more elective activity outside traditional hours**
62.1	Mr Robert Burns, Director of Planning and Information reported that a detailed look at extending elective working outside traditional hours had focused on theatres, MRI scanners and Outpatients as they were areas with excess demand.
62.2	Mr Burns confirmed that the Trust was keen to expand these services and constraints were around workforce and financial issues.
62.3	**Action:** Non-Executive Directors expressed some concern that the paper presented a slightly negative point of view and suggested that it would be helpful to engage with hospitals who already offered activity outside traditional hours.

62.4	Mr Charles Tilley, Non-Executive Director stressed the importance of having a vision and developing an action plan to achieve that. He added that the Trust had extremely expensive assets and it was vital to ensure that they were being used efficiently.
62.5	The Chief Executive stressed that executives and others had taken part in in-depth discussions to ensure that all feasible options had been considered. Mr Filochowski added that there was not additional demand in all areas and that work had taken place to ensure clarity around areas of high demand.
62.6	Non-Executive Directors stressed that capacity must be increased as fewer Trusts carried out particular procedures and that this increase took time to achieve.
62.7	Baroness Blackstone, Chair thanked those who had worked on the paper.
62.8	The Trust Board **agreed** that work would continue to begin the processes set out in the paper in relation to the services which had been deemed as high demand.
63	**Assessment of 2A benefits realisation**
63.1	Mr Robert Burns, Director of Planning and Information reported that the paper had been presented to GOSHCC Special Trustees on 23rd July.
63.2	Mr John Ripley, Non-Executive Director stressed the importance of measuring baselines accurately. He asked for a steer on the number of benefits which had not yet been achieved due to timescales.
63.3	**Action:** The Board asked the Chief Executive to develop a list of benefits which were rated as red due to timing which would be considered under matters arising at the next meeting.
63.4	**Action:** Mrs Mary MacLeod, Non-Executive Director queried whether there had been a change in the number of crash calls outside of ICU. Mr Burns said that he believed there had been a small reduction. It was agreed that this would be confirmed at the next meeting.
63.5	Professor Rosalind Smyth, Non-Executive Director cautioned the difficulty of attributing changes in results to the completion of the Morgan Stanley Clinical Building alone.
63.6	The Board **noted** the report.
64	**Update on response to the report of the public enquiry into Mid Staffordshire NHS Foundation Trust**
64.1	Professor Martin Elliott, Co-Medical Director confirmed that the Trust was drawing together the themes of the report. He added that a number of recommendations had implications for Boards and health as a whole.
64.2	The Board acknowledged the importance of working with consultants as team managers to ensure that Doctors were encouraged to speak up when mistakes had been made.

64.3	**Action:** It was agreed that the Trust Board would receive an update on actions which had been taken as a result of the Francis Report. It was agreed that this would also be considered at Audit and Clinical Governance Committees.
64.4	The Board thanked Ms Sarah Dobbing, Divisional Manager of Neurosciences for her work in this area.
64.5	The Board **approved** the proposed action plan and response to recommendations and **noted** the update.
65	**Summary of performance for the period**
65.1	Targets and Indicators
65.2	The Board congratulated the MDTS and CCCR division on their increased rate of discharge summary completeness.
65.3	Finance and Activity
65.4	Mrs Claire Newton, Chief Finance Officer reported that activity growth and clinical income was at a higher level than at the same point in 2012/13 although was still below plan.
65.5	Mrs Newton added that there were still significant gaps in risk adjusted CRES values and that an independent consultant was looking at the Trust's CRES plans overall.
65.6	Quality and Safety
65.7	Professor Martin Elliott, Co-Medical Director reported that there had been no statistical change in the number of incidents despite an increase in activity. He added that the number of complaints remained low when compared with other Trusts.
65.8	The Board **noted** the update.
66	**Patient Experience and PALS Annual Report 2012/13**
66.1	This item was deferred to the next meeting.
67	**Annual Health and Safety Report**
67.1	This item was deferred to the next meeting.
68	**Quarter 1 Monitor Return**
68.1	The Board **approved** the governance statement for submission to Monitor.
69	**2013 Annual Infection Prevention and Control Report**
69.1	Dr John Hartley, Director of Infection Prevention and Control reported that responsibility for surgical site infection prevention and surveillance (SSIP&S) had

	been handed back to divisions as funding had ceased. He added that this had been slow to establish.
69.2	Dr Hartley said that following the resignation of a practice educator in July 2012 there had been significant restraints to the activities of the team and it had not been possible to undertake all planned activities.
69.3	It was confirmed that the Trust did not achieve its MRSA target as 3 cases were reported against a target of 0. Dr Hartley confirmed that there was a low rate of serious infection overall at 6%.
69.4	**Action:** Mrs Liz Morgan, Chief Nurse stressed that the additional post would be extremely valuable to the team and agreed to discuss funding with the Director of Planning and Information.
69.5	The Board **approved** the report for public access and **noted** its content.
70	**Summary reports from Board committees**
70.1	Audit Committee June 2013
70.2	The Board **noted** the report.
70.3	Clinical Governance Committee June 2013
70.4	The Board **noted** the report.
70.5	Finance and Investment Committee May 2013
70.6	The Board **noted** the report.
71	**Any Other Business**
71.1	There were no other items of business.
72	**Next meeting**
72.1	It was noted that the next meeting would take place on Wednesday, 25th September 2013.

ATTACHMENT G

Attachment G

TRUST BOARD - ACTION CHECKLIST
September 2013

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
31.8	24/05/2013	It was agreed that Meridian would be asked to present their findings to the Board when the project was more advanced.	RB	September 2013	On agenda
34.2	24/05/2013	It was agreed that a paper would come to the Board in September about the timeliness of reviews of risks.	RB	September 2013	On agenda
42.10	26/06/2013	Mr Charles Tilley, Non-Executive Director asked that a pro forma be agreed with Board members for presentation of future business cases.	RB	September 2013	To be considered by Finance and Investment Committee in November 2013.
60.2	24/07/13	It was agreed that the workplan would be reformatted to fit onto one page.	AF	September 2013	Actioned
60.3	24/07/13	Mr Charles Tilley, Non-Executive Director suggested that the importance of learning from mistakes should be emphasised in the Board Terms of Reference. It was agreed that he would provide further comments outside the meeting.	CT&AF	September 2013	On agenda under matters arising
62.3	24/07/13	Non-Executive Directors expressed some concern that the paper presented a slightly negative point of view and suggested that it would be helpful to engage with hospitals who already offered activity outside traditional hours.	RB	September 2013	On agenda

Attachment G

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
63.3	24/07/13	Assessment of 2A benefits realisation - Mr John Ripley, Non-Executive Director stressed the importance of measuring baselines accurately. He asked for a steer on the number of benefits which had not yet been achieved due to timescales. The Board asked the Chief Executive to develop a list of benefits which were rated as red due to timing which would be considered under matters arising at the next meeting.	RB	September 2013	On agenda
63.4	24/07/13	Mrs Mary MacLeod, Non-Executive Director queried whether there had been a change in the number of crash calls outside of ICU. Mr Burns said that he believed there had been a small reduction. It was agreed that this would be confirmed at the next meeting.	RB	September 2013	On agenda under matters arising
64.3	24/07/13	It was agreed that the Trust Board would receive an update on actions which had been taken as a result of the Francis Report. It was agreed that this would also be considered at Audit and Clinical Governance Committees.	ME	September 2013	On agenda under matters arising
69.4	24/07/13	Mrs Liz Morgan, Chief Nurse stressed that the additional post of practice educator would be extremely valuable to the Infection Prevention and Control team and agreed to discuss funding with the Director of Planning and Information.	LM	September 2013	The Infection control team have benchmarked their resources with other comparable teams. GOSH team significantly under-resourced. Business case to be developed to address this directly for the IC team. The proposed Transformation model will not meet the needs of the

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
					Infection Control team however they are continuing to consider the development of a Zero harm Improvement post to support Trust-wide clinical improvement developments.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 25th September 2013	
Trust Board terms of Reference **Submitted by: Anna Ferrant, Company Secretary**	**Attachment H** For approval
Aims / summary The terms of reference have been reviewed and updated following the July meeting of the Trust Board at which it was stressed that learning from mistakes should be emphasised in the terms of reference. Additional comments received from directors outside of the meeting have also been reflected in the revised version. A revised version of the terms of reference is attached at appendix 1. Amendments are shown in blue text.	
Action required from the meeting To ratify the amendments to the terms of reference.	
Contribution to the delivery of NHS / Trust strategies and plans This report demonstrates that the Trust Board has complied with its Terms of Reference and adequately demonstrated its accountability.	
Financial implications No direct financial implications.	
Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, children and families) and what consultation is planned/has taken place? N/A	
Who needs to be told about any decision N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? All members of the Trust Board.	
Who is accountable for the implementation of the proposal / project Chief Executive	

Attachment H

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT BOARD OF DIRECTORS' TERMS OF REFERENCE

The Trust has Standing Orders for the practice and procedures of the Board of Directors (Annex 9 of the Constitution). For the avoidance of doubt, those Standing Orders take precedence over these Terms of Reference, which do not form part of the Trust's Constitution.

1. Constitution

The Trust is governed by the NHS Act 2006 (as amended by the Health and Social Care Act 2012), its Constitution and its Terms of Authorisation granted by the Independent Regulator (the Regulatory Framework).

2. Role

The role of the Great Ormond Street Hospital NHS Foundation Board of Directors is:

- To provide leadership in establishing and promoting the values and standards of conduct and ethical behaviour for the Trust and its staff;
- To establish a clear strategic direction, by setting strategic objectives that are reflected in an explicit set of key deliverables and performance indicators;
- To seek and receive assurance on the quality of the Trust's services, promoting high standards of effectiveness, patient safety and patient experience;
- To monitor the Trust's performance, ensuring that the necessary financial and human resources are in place for the organisation to meet its objectives; that systems are in place to minimise the risk of adverse performance; and, to take account of independent scrutiny of performance including scrutiny from councillors, regulators and other external stakeholders;
- To ensure the Trust develops and implements appropriate risk management strategies and policies to deliver its Annual Plan and comply with its Care Quality Commission registration and Monitor's Terms of Authorisation and licence conditions, systematically assessing and managing its clinical, financial and corporate risks.
- To ensure that strategic development proposals have been informed by open and accountable consultation and involvement processes with staff, patients, councillors, members, the wider community and other key external stakeholders, as appropriate.
- To exercise financial stewardship, ensuring that the Trust is operating effectively, efficiently and economically and with probity in the use of resources;

- To demonstrate a commitment to learning and improvement and development of extensive internal and external feedback systems.

- To demonstrate a commitment to openness and transparency in the Trust's relationship with staff, patients, the public, councillors, members and other stakeholders;

- To ensure that the Trust is operating within the law and in accordance with its statutory duties and the principles of good corporate governance.

The annual work-plan documents the Board of Directors' reporting and monitoring arrangements, including reporting from the following committees:

- Audit Committee
- Clinical Governance Committee
- Finance and Investment Committee

In addition, a report of the business conducted at each of the Members' Council meetings shall be presented at a meeting of the Board of Directors for information.

3. Membership

The Board of Directors shall comprise 12 directors excluding the Chairman.

There shall be 6 non-executive directors. The Deputy Chairman may deputise for the Chairman. No other person will be authorised to deputise for a non-executive director.

There shall be 6 executive directors:

- the Chief Executive
- Chief Finance Officer
- Chief Operating Officer
- Co - Medical Directors (2) (Co-Medical Director) – joint appointment and vote
- Chief Nurse and Families' Champion
- Director of Human Resources and Organisational Development

The Non-Executive and Executive Directors listed above hold a vote.

The Board may approve deputies with formal acting up status.

4. Attendance at meetings

The Board of Directors is committed to openness and transparency**.**

The main body of the meeting shall be held in public and representatives of the press and any other members of the public or staff shall be entitled to attend.

Members of the public and staff shall be excluded from the first part of the meeting due to the confidential nature of business to be transacted, or due to special reasons stated in the resolution and arising from the nature of the business of the proceedings.

In addition to Board of Directors' members, the following individuals shall be entitled to remain during confidential business:

- Director of Planning and Information
- Director of Redevelopment

- Director of Research and Innovation

Other senior members of staff may be requested to attend the confidential session by invitation of the Chairman.

These invited individuals do not hold a vote.

5. Quorum

No business shall be transacted at a meeting unless at least five directors are present including not less than two independent non-executive directors, one of whom must be the Chairman of the Trust or the Deputy Chairman of the Board; and not less than two executive directors, one of whom must be the Chief Executive or another executive director nominated by the Chief Executive.

An officer in attendance for an executive director but without formal acting up status may not count towards the quorum.

Participation in a meeting by telephone, video or computer link shall constitute presence in person at the meeting.

6. Frequency of meetings

The Board of Directors shall normally hold 6 formal Board meetings a year

In addition to the above meetings, the Board of Directors shall reserve the right to convene additional meetings as appropriate.

Executive directors and non-executive directors are expected to attend a minimum of 4 formal Board meetings per year.

7. Performance evaluation

The Board of Directors will undertake an evaluation of its own performance on an annual basis. Every third year evaluation of the Board will be led by an external facilitator.

Directors will be subject to individual performance evaluation on an annual basis:

- The Chief Executive will evaluate the performance of the executive directors;
- The Chairman will evaluate the performance of the non-executive directors and the chief executive;
- The Senior Independent director will evaluate the performance of the Chairman.

Committees of the Board will conduct an evaluation of their effectiveness on an annual basis.

Appropriate action will be taken where recommendations are highlighted.

8. Secretariat

The Company Secretary shall act as Secretary to the Board of Directors.

The minutes of the proceedings of Board of Directors meetings shall be drawn up for agreement and signature at the following meeting.

Signed minutes shall be maintained by the Secretariat.

Agendas and papers for the public section of all Board meetings shall be placed on the Trust website two working days prior to the meeting.

9. Review of the terms of reference

These Terms of Reference shall be reviewed annually by the Board of Directors or following amendments to the Trust's Standing Orders, Reservation and Delegation of Powers.

September 2013

ATTACHMENT I

Attachment I

Great Ormond Street Hospital for Children NHS Foundation Trust

Update on progress following the Listening Event held in June 2013

Following the successful Listening Event held on June 22 which brought together over 80 staff, patients, parents and members, the Chief Executive wrote to all staff, and attendees to the event identifying key themes that emerged, next steps and promising to update them again by the end of September 2013. This work is on track.

Our Commitment

GOSH received feedback about the types of behaviours, attitudes and values that are essential to underpin and reinforce a positive experience for all. A working group has met regularly over the summer to develop a draft Commitment between patients, families, staff and visitors that we can all agree on, sign up to, implement and embed. This draft will be subject to a major, co-ordinated engagement/consultation exercise with all parties from October – December and it is anticipated that agreement and adoption will take place early in the New Year. Our Commitment will be embedded within the Trust as part of the People's strategy and is expected to become a key component of the Trust's approach to human resources.

This work is being jointly led by Ali Mohammed, Director of HR and Liz Morgan, Chief Nurse & Families Champion

Improvements/changes that need making now

Workstreams were identified and matched to Executive leads to make progress on an Action Plan to improve the following:

- **Lagoon** – more convenient opening hours, better choice and quality of food, affordability, better food labelling and better provision for those who have particular dietary requirements, better customer care
- **Hospital shop** – better merchandise, more convenient opening, better ambience, better customer care
- **Signage and Navigation** – better signposts to the hospital and within the hospital
- **Better communication with patients and families** – clearer and timely letters, communicating test results, provision of contact details
- **Improved Transition** – earlier engagement of patients and families, a more planned approach, more communication and information
- **Better information to patients and families** – to meet the needs of complex and long term patients
- **Better designed reception** desks and quiet zones

Progress has been made in all areas and an update will be reported to attendees and publicly at the end of September. This work is being monitored by Liz Morgan, Chief Nurse & Families Champion.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **25th September 2013**	
Research Performance Report **Submitted by: Professor** David Goldblatt, Director of Research and Innovation	**Paper No: Attachment J**
Aims / summary To provide the Board with an overview of research performance. This is the first such report to the Board.	
Action required from the meeting For information. Recommendations for future reports required so as reports are fit for purpose.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Research is one of the Trust's strategic objectives: *With partners maintain and develop our position as the UK's top children's research and innovation organisation*.	
Financial implications Loss of income if NIHR metrics not met by the Trust.	
Who needs to be told about any decision? Director of Clinical Research and Development	
Who is responsible for implementing the proposals / project and anticipated timescales? Deputy Director of Research and Innovation	
Who is accountable for the implementation of the proposal / project? Director of Clinical Research and Development	

Attachment J

Purpose

The purpose of this report is to provide an overview of research performance at GOSH to date. In addition to this report we have provided an accompanying background document to research at GOSH. A separate research strategy document is currently under development and will be presented at a future Board meeting.

In this report we have reported activity in terms of projects, patient recruitment, funding and outputs.

In summary: At any one time there are over 600 active research projects across GOSH and UCL-ICH (this will range from basic science projects to Clinical Trials of Investigational Medicinal Projects). The majority of projects are externally funded (either non-commercial, where funding has been awarded through a competitive peer review process or commercially funded, primarily contract research where the company looks to work with a leading clinical academic). A small percentage are "own account", small projects without external funding which use trust resources[1]. Research funding direct to GOSH is in the region of 15m per annum (see Section B for details).

A Research Activity

(i) Projects:

Of relevance to GOSH is research activity that generates additional income. The National Institute for Health Research (NIHR) provides funding to Trusts to compensate for patients enrolled in research. Budgets are held within the Comprehensive Research Networks (CRN). The key driver for allocating funding is successful patient recruitment; however only patients on eligible projects attract funding. Principal Investigators thus apply to have their research projects adopted onto the NIHR CRN portfolio of studies. The funding is allocated by the Local CRN (CLRN) to Trusts (via a research Division structure) in the most for named posts (primarily research nurses and data managers) and pharmacy and radiology support. (See Table 3 for details of our LCRN award over the last five years).

The table below indicates the number of Portfolio-adopted studies at GOSH which commenced recruitment in the last three financial years and in the first quarter of 13/14.As a comparator, data is provided for all Trusts (16) within our CLRN, the Central and East London Network (CEL). At present we do not have quarterly comparator data for previous years but will aim to provide this in future reports.

Table 1: Number of portfolio studies commencing recruitment at GOSH compared with CEL, annual data for the last three years and quarter 1 data for 13/14

	APR 10 - MAR 11			APR 11 – MAR 12			APR 12 – MAR 13			*APR 13-MAR 14 (Q1)*		
	CEL	GOSH	%	CEL	GOSH	%	CEL	GOSH	%	*CEL*	*GOSH*	*%*
Portfolio studies commencing recruitment	284	37	13.0%	372	41	11.0%	377	44	11.7%	*91*	*7*	*7.7%*
Commercial	69	11	15.9%	88	9	10.2%	121	14	11.6%	*35*	*2*	*5.7%*
Non-Commercial	215	26	12.1%	284	32	11.3%	256	30	11.7%	*56*	*5*	*8.9%*

1. These projects are reviewed and approved by the GOSH Clinical Research Adoptions Committee

(ii) Recruitment:

a) Portfolio studies

Currently the most accurate recruitment data is available for participants recruited to CRN Portfolio studies (accurate data critical for calculating our CLRN income). However our aim is, in the fullness of time, to hold accurate recruitment data for all clinical studies at GOSH. The table below provides a comparison of GOSH recruitment compared to recruitment across the Central and East London Network for open portfolio studies. In looking at the recruitment data it is important to note that other Trusts within the Central and East London Network include for very large Trusts, for example UCLH, Barts Health NHS Trust and NoCLOR and that their research portfolios will include high recruiting studies. In contrast, GOSH is a specialist site where a high proportion of studies will involve children with rare diseases and therefore will be low numbers.

Table 2: Recruitment to Portfolio studies

Year	CEL Recruitment	GOSH Recruitment	%
APR 10 – MAR 11	41,872	2,407	5.7%
APR 11 – MAR 12	50,209	1,718	3.4%
APR 12 – MAR 13	48,208	2,698	5.6%
APR 13 – MAR 14 (Q1)	*11,922*	*686*	*5.6%*

b) Clinical Research Facility

A further indicator of GOSH activity relates to research within our Clinical Research Facility (CRF). Activity within the CRF is a sub set of research activity at GOSH. The figure below shows activity for the period Aug 12 to Aug 13; during this period the CRF has seen a 25% growth in the number of clinical research studies conducted in the facility.

Figure 1 CRF based active projects at the end of each month

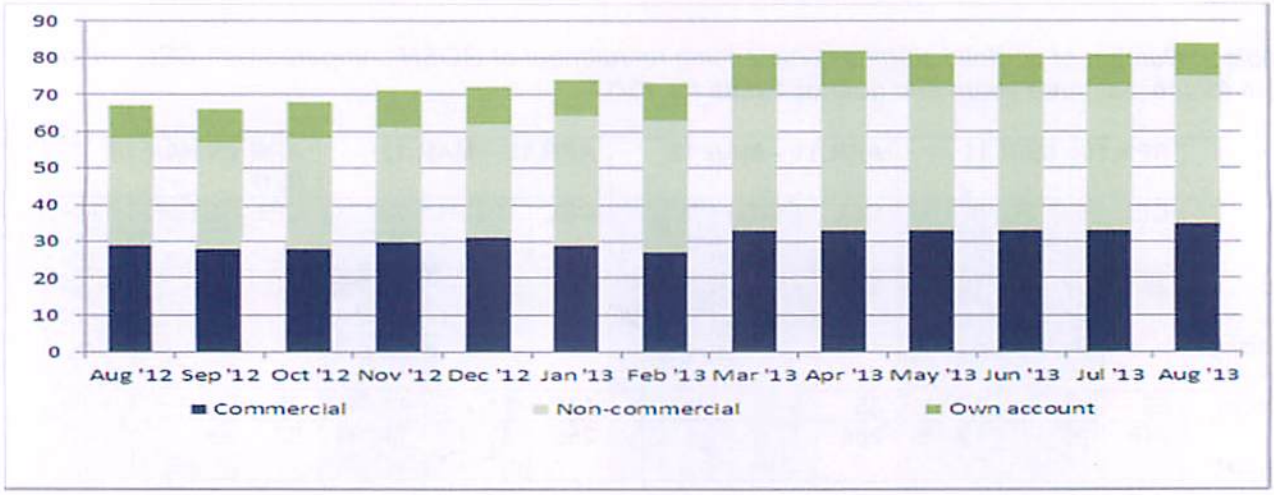
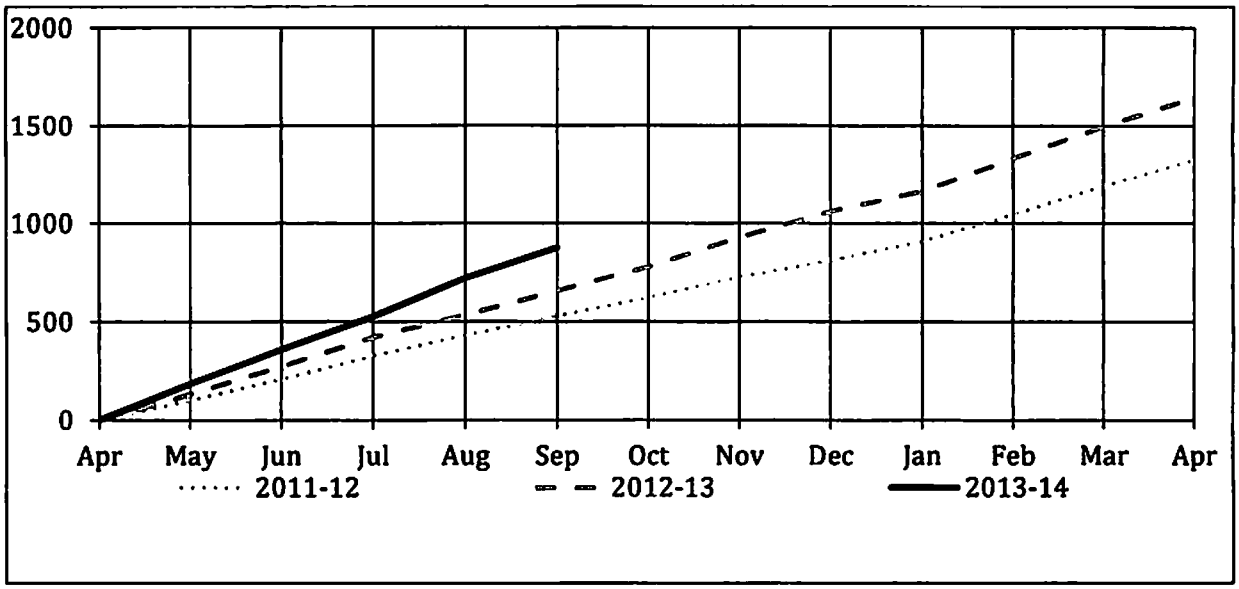


Figure 2 CRF participant visits year to date compared to the last two financial years



B Research Income Direct to GOSH:

Total research income in 11/12 was 14.09m, in 12/13 14.31m and for 13/14 is projected as 15.19m. A detailed breakdown can be found below.

Table 3: Actual research income to GOSH broken down by the key funders

	Actual (£M)	Actual (£M)	Actual (£M)	Actual Year (£M)	Forecast (£M)
	2009/2010	**2010/2011**	**2011/2012**	**2012/2013**	**2013/2014**
National Institute for Health Research					
Biomedical Research Centre	7.93	8.32	7.57	7.13	7.13
Project Specific grants	0.14	0.79	1.10	1.31	1.12
Local Comprehensive Research Network	1.28	1.55	0.95	1.29	1.71
Research Capability Funding (NB. This was previously Flexibility and Sustainability Funding, RCF replaced FSF in April 2012)	3.46	2.50	2.46	2.26	1.97
National Institute for Health Research Total	**12.81**	**13.16**	**12.08**	**11.99**	**11.93**
Charity Funded (Primarily Great Ormond Street Charity)	2.41	2.65	0.84	1.45	2.12
Commercial Trials	0.00	0.39	0.93	0.79	0.85
European Union	0.00	0.00	0.01	0.07	0.1
Other Research Income	0.22	0.00	0.23	0.01	0.19
Total Research and Innovation Income	**15.44**	**16.20**	**14.09**	**14.31**	**15.19**

Points to note are: (1) Commercial Income prior to 2010/2011 was awarded to UCL-ICH and the funds transferred to departments in GOSH based on activity, for example pharmacy. (2) The 13/14 forecast figures are based on known live projects, known awards for Local Comprehensive Research Network, BRC and RCF and an assumption of approximately 12% growth on commercial income from the 12/13 forecasted outturn. This table does not include recharge income directly to GOSH departments where the main contract is held with UCL-ICH.

C Research Performance: NIHR Metrics

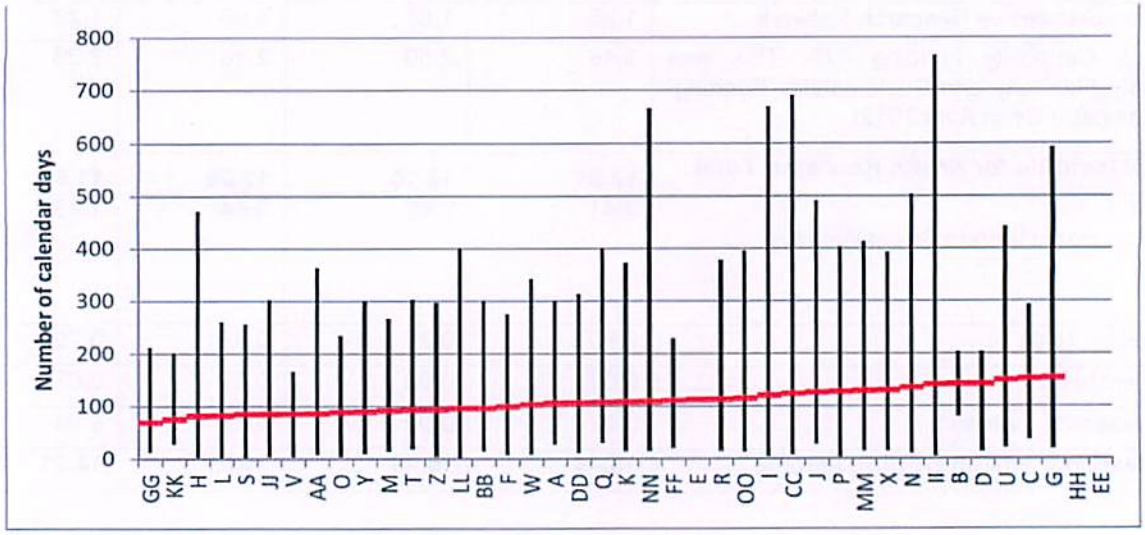
As a Trust in receipt of NIHR funding we are expected to meet NIHR performance metrics for the Initiation and Delivery of Clinical Research:

1. 70-day benchmark for governance approval and first patient recruitment.
2. All industry sponsored clinical studies to reach their patient recruitment targets within the agreed timeframe.

Trusts in receipt of NIHR funding are required to submit quarterly reports to the NIHR. To aid analysis, the NIHR split providers into quartiles based on the number of trials given NHS permission in the last 12 months. In the last reporting period, Quarter 4 12/13, GOSH was in the third quartile ("league 3" - 31-56 trials), along with 9 other providers. Key points to note from the last report are:

- In 2012-13, GOSH approved 43 high-impact clinical projects, this is 27.7% of all projects approved by GOSH (The Division of Research & Innovation) in that period (155). 34.9% of these (15/43) recruited their first participant within 70 days of submitting a valid research application. This ranks GOSH 2nd in quartile 3 (quartile average: 27.5%), and 12th overall, ahead of the overall average of 26.1%.
- The mean time to recruitment of first participant at GOSH was 85.1 days, and the median 51.5 days. These rank GOSH 2nd in quartile and 5th overall, ahead of both the overall mean (108.7 days) and median (86 days). Of the studies that missed the 70 day benchmark, at least 9 were due to set-up issues outside the Joint Research and Development Office's control; another 7 did not see any eligible patients within the reporting period (not uncommon for rare disease studies).

Figure 4: Min, Max and Mean Days between Valid Research Application and First Patient Recruitment (GOSH is Trust 'S')



- 67.9% of closed GOSH commercial projects recruited to time and target. This ranks GOSH 3rd overall. The overall average was 38.4%.
- Over the last four quarters, the overall percentage of trials meeting the 70 day benchmark has risen from 15.0% to 26.1%. GOSH has been ahead of this average in every quarter.

Data for quarter 1 of 13/14 was submitted to the NIHR in July 13 and feedback is expected in October 13. The proportion of trials recruiting within 70 days in this period was 36.6% and the proportion of commercial trials recruiting patients to time and target in Q1 of 13/14 is 40.4%

In addition to the national NIHR metrics we have set performance metrics for the GOSH-UCL BRC; performance against these metrics is reviewed quarterly by the BRC Governance Board. Further details can be found in Appendix 6 of the supplementary report.

D Output: Publications, Impact and Innovation

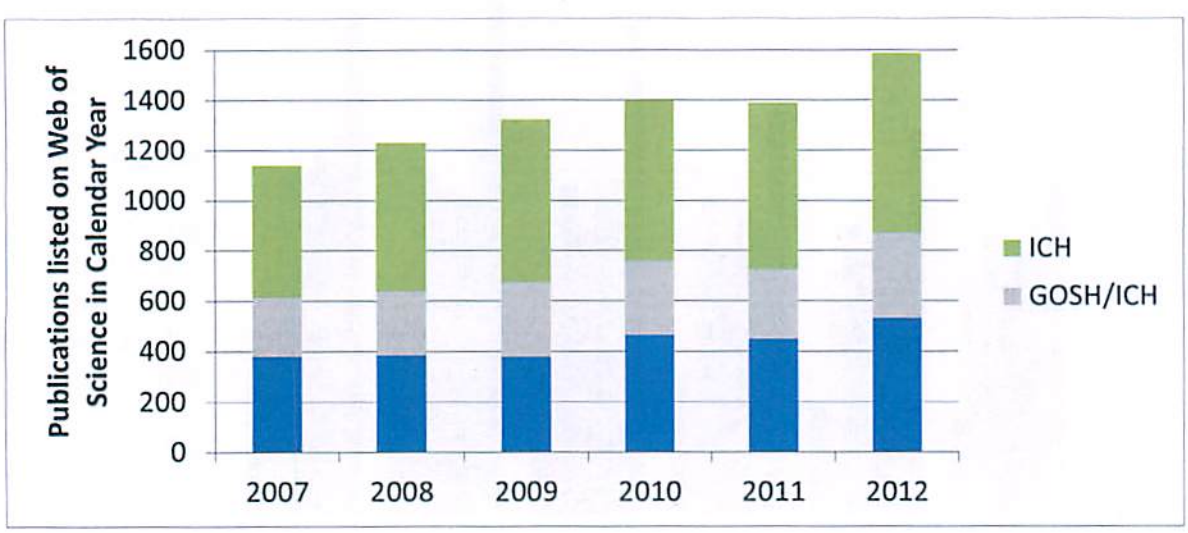
Output can be measured in terms of publications, impact *(See Appendix 7 of the supplementary report for examples)* and innovation. We are aware that volume alone is not a good indicator of performance and quality and have commissioned a detailed bibilometric analysis; this will be undertaken in collaboration with Thomson Reuters.

(i) Publications:

In absence of a full bibliometric analysis we have included a comparison of publication numbers with other paediatric centres in the UK and Internationally. The data presented is taken from Web of Science (a database which holds all peer reviewed publications). Data is presented by annual year rather than financial year.

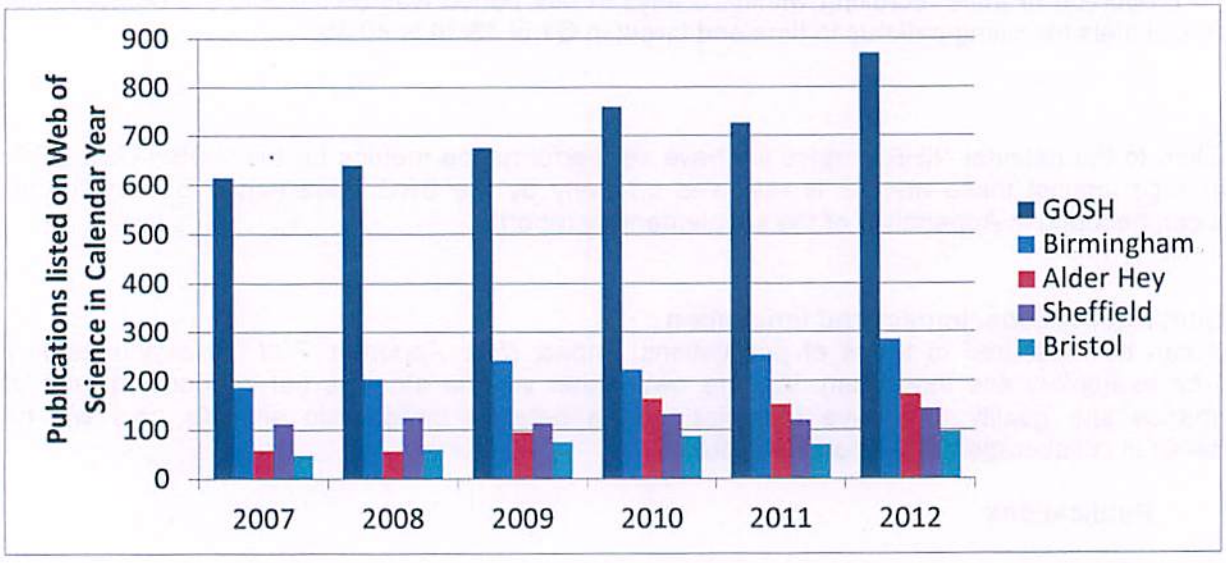
a) **GOSH and ICH Publications:** For the purpose of this graph we have included publications where the affiliation is either GOSH, GOSH and ICH or ICH alone (some journals only allow a single affiliation for each author thus ICH alone is included to ensure the data is as complete as possible).

Figure 4: GOSH and ICH publications by annual year



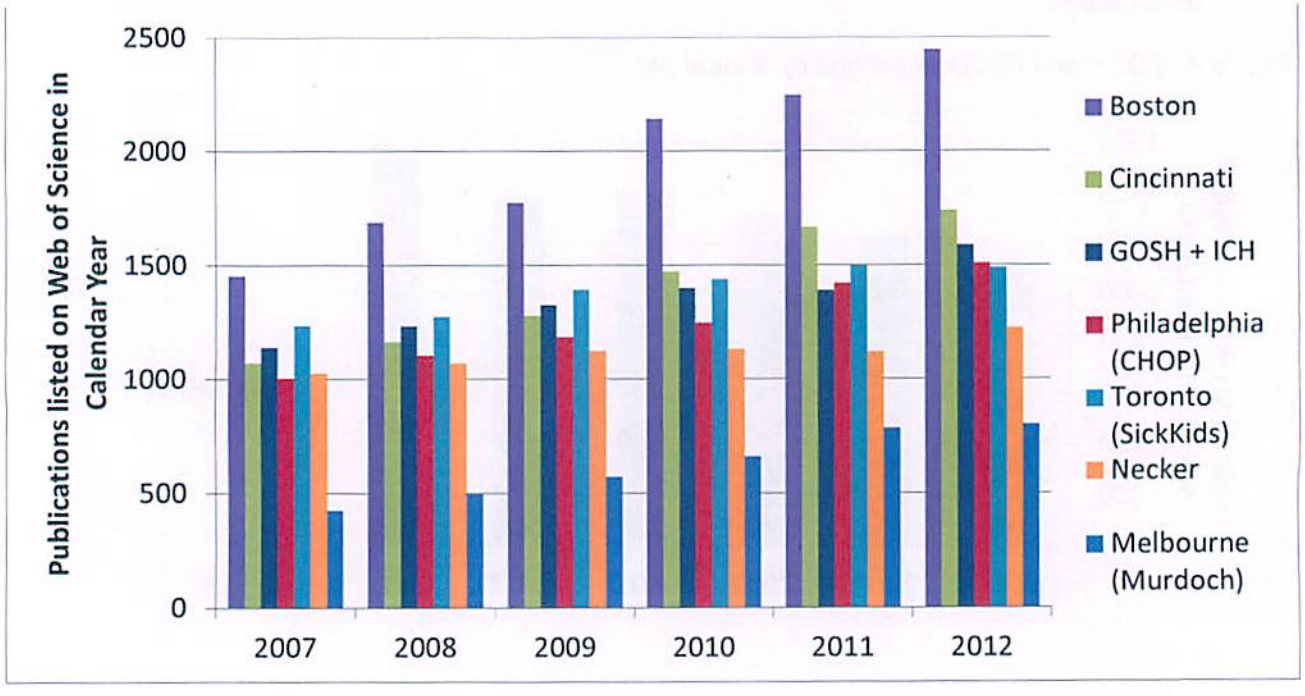
b) **GOSH comparison with the major UK Children's NHS Trusts**: This includes publications which acknowledge GOSH and GOSH/ICH but not those which only acknowledge ICH and compares them to the other major children's NHS Trusts in England doing comparable work. This data does not take into account Trust size.

Figure 5: GOSH publications compared to other major UK Children's NHS Trust by annual year



c) **GOSH/ICH comparison with international benchmark centers:** This graph includes all GOSH/ICH publications and a comparison with our main international competitors, equivalent hospitals with attached Research institutions focused on children's health. GOSH and ICH together are consistently in the top three (based on volume). This does not take into account organisational size.

Figure 6: GOSH and ICH publications compared with international benchmark centers by annual year



(ii) Innovation:

The Trust, through the Division of Research and Innovation is committed to encouraging the successful exploitation of intellectual property by its staff and maximising the value of intellectual property benefit for all. In April 2011, in an effort to achieve greater alignment in commercialisation of ideas across the GOSH UCL-ICH partnership, UCLB took on responsibility for management and exploitation of GOSH IP alongside their continued support to the UCL ICH. Activity within GOSH is steadily growing, however we need to consider how to further increase IP awareness across the Trust, one possibility being the appointment of Innovation Champions within Divisions.

ATTACHMENT K

TO FOLLOW

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **25th September 2013**	
Update on Outpatient Improvement Project **Submitted by:** Mr Robert Burns Director of Planning and Information	**Paper No: Attachment L** **For information**
Aims / summary This paper is to inform the Trust Board of the progress on Outpatient Improvement Project including the benefits identified from the Meridian Specialty reviews.	
Action required from the meeting To note the report.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Consistently deliver an excellent and compassionate experience for our patients and their families. Be a financially stable organisation and promote the sustainable use of resources.	
Financial implications Potential financial benefits from the project	
Who needs to be told about any decision? Clinical Divisions	
Who is responsible for implementing the proposals / project and anticipated timescales? Mr Robert Burns, Director of Planning and Information	
Who is accountable for the implementation of the proposal / project? Mr Robert Burns, Director of Planning and Information	

Great Ormond Street Hospital for Children NHS Foundation Trust

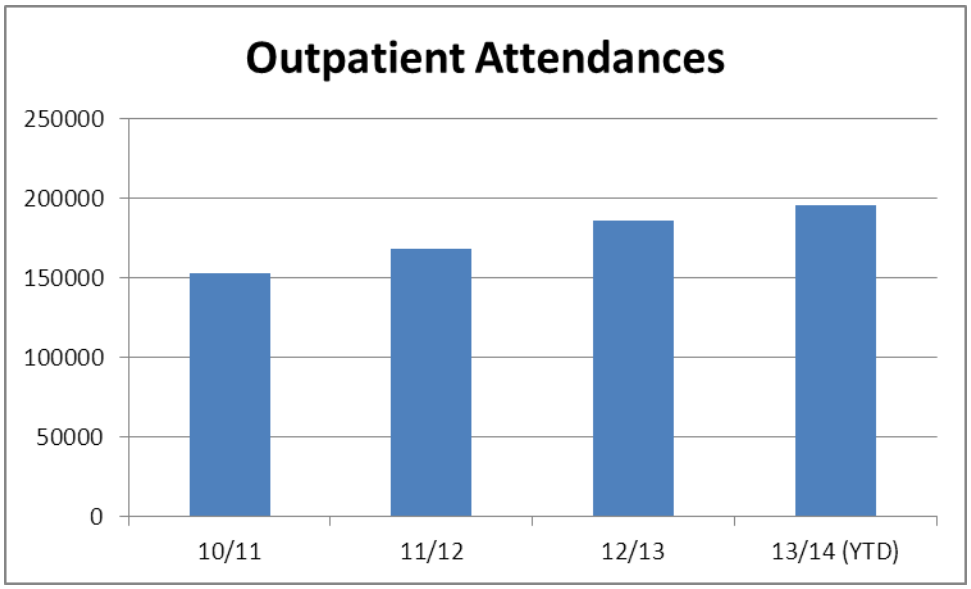
Outpatient Improvement Project

1. Introduction

GOSH currently has 90 rooms available for outpatient clinic appointments across 8 different locations. The location of the rooms is shown in the table below;

Locations Included Within the Review:	Total Number of rooms
Level 1, Royal London Hospital for Integrated Medicine	14
Level 2, Royal London Hospital for Integrated Medicine	6
Level 4, Royal London Hospital for Integrated Medicine	19
Surgical Outpatients, Level 2, VCB, GOSH	12
Level 1 Frontage Building, GOSH	11
Level 2 Frontage Building, GOSH	13
Safari Outpatients, level 2, Southwood Building, GOSH	6
Meerkat Outpatients, Level 2, Cardiac Wing, GOSH	9
Total Outpatient Consulting Rooms	**90**

Locations not included in the above table are those with less flexibility for traditional NHS outpatient provision; IPP outpatients, CAMHs, Lung Function and Walrus (non-invasive Cardiology diagnostics).



The above chart shows the growth in the number of outpatients over the past few years, this has been around 10% per year, but the growth is decelerating due to the limits of physical capacity.

The last IPSOS Mori Outpatient Survey showed that 95% of our families surveyed are satisfied with the service provided by GOSH.

Although overall satisfaction was high, areas for improvement were found. For families who identified that they were dissatisfied the top reason was waiting times for actual appointments. They also felt that staff inefficiencies and lack of information regarding appointments were the main reasons.

We currently have 783 outpatient sessions allocated to the 900 available slots (each room is assumed to have 10 slots per week, 2 per day). This gives an allocation utilisation of 87%. At the same time we have an outstanding waiting list of clinics to allocate rooms to of 82 so in theory these should be able to be allocated a room. This has not been possible due to the lack of suitable co-located space at the required time in the week.

Additionally we need to exit the 9 outpatient rooms in Meerkat by November to enable the 2B redevelopment to proceed, which is a larger level of capacity than our whole waiting list.

2. Improvement Project

The impending requirement to decant Meerkat, coupled with the growing waiting list for new clinics alongside increasing anecdotal evidence of inefficiencies in outpatient lead us to establish an outpatient improvement programme. Firstly we invited an external management consultancy, Meridian to undertake an analysis of the outpatient service incorporating observational studies, management system studies, patient journeys and clinic utilisation. Approximately 250 patient journeys were tracked, highlighting that patients on average arrived on time, but faced an average waiting time of 45 minutes. In addition, there was clear disparity between booked room time, job-planned clinician time and clinic template time. Significant financial opportunity existed within the department. In summary, the analysis showed that:

- In general, specialities were not optimising their clinic access times
- Booking templates were weak, confusing and out of date
- Central booking team struggled to understand and comply with clinic rules
- Clinic productivity and utilisation was not routinely known

We proceeded to commission Meridian to undertake a more detailed piece of work with all specialties in the hospital to develop proposals for improvements within their own services. Work was carried out to establish planning discrepancies, clinic utilisation figures, capacity/demand imbalances and clinic punctuality – all of which were used to feed the discussions on areas of potential opportunity.

The proposals submitted by each of the specialties spanned a wide variety of solutions and improvements. The agreed proposals for improvements are summarised in the table below:

Improvement Delivered / Proposed	Value £k or Sessions/ Week
Sessions released (but activity maintained)	22 Sessions / Week
Increased activity in the same allocation of space (immediate delivery possible)	£510k
Increased activity in the same allocation of space (requires infrastructure support / changes to flow)	£210k
Increased activity if additional clinic rooms can be delivered (some cross over with the current clinic waiting list) (1)	£650k

(1) Estimated to be an additional 36 clinic sessions above the current waiting list

Following the Trust wide specialty review Meridian advised us on their further key observations;

- Outpatient staffing is currently insufficient (and in some examples unsafe) for the range, number and complexity of outpatient appointments and many of the proposed financial benefits will not be delivered without investment
- Some specialties have poor co-localities of key diagnostic services which hampers the efficient running of clinics (e.g. Cardiology and ECHO)
- Standard clinic letters are of variable quality and fail to highlight key points.

The Outpatient Improvement Project has also made some other key changes to improve the quality and efficiency of services, including;

- Transferred the managerial report lines of outpatients from Corporate Facilities to a Clinical Division (Neurosciences)
- Established a monthly outpatient stakeholders meeting which includes consultants and parent representatives.
- Made some initial clinic room transfers which improves co-locality and allocation utilisation
- Plans have almost been finalised to completely decant Meerkat.

4. On-going Improvement Work

There is still much to complete in the Outpatient Improvement Project and we will continue with a dedicated project manager (Olivia Waller) and executive lead (Robert Burns). The ongoing focus of the work will be to;

- Deliver all the agreed actions from the Meridian specialty reviews
- Support the development of a new staffing model to optimise the safe and efficient flow of patients through the service.
- Address the outstanding flow issues (mostly linkages to imaging)
- Commence regular performance monitoring

- Continue to improve utilisation with allocation of waiting list clinics and improved use of space (See section 5).

5. Future Capacity Requirements

The table below shows the predicted demand and capacity for clinic rooms.

Capacity Following the Closure of Meerkat (95% allocation %) (1)	**770**
Current Demand	783
Current Waiting List	82
Meridian Identified opportunities	36
Meridian Identified liberated sessions	(22)
Total Demand	**879**
Capacity Shortfall	**109 (2)**

(1) Expected allocation utilisation following current review

(2) Equivalent of over 10 clinic rooms all day every day

Despite the improvement process liberating some clinic rooms and increasing the utilisation rate of session allocation we still fall short of sufficient space for all the current demand and future growth.

We have considered numerous options for expanding clinic capacity (for major capital options see Appendix 1) and following a workshop to discuss these we concluded the following;

- The main entrance outpatient facility should be developed
- Current cochlear office space should be considered and scoped for conversion into an outpatient facility
- Space created following the opening of the SADU/PACU should be considered for outpatient space

In addition we have agreed that in two current locations some capacity is available for additional clinics, however, due to the nature of the facilities and the patient case mix the scope is limited. The locations and limitations are;

- Level 4 Frontage (CAMHS) – Clinics that do not require a physical examination (i.e. the rooms have no couches or sinks)
- Level 1 Frontage (Neuro disability and SALT) – Clinics that have low volume patients with complex physical or emotional needs.

We will be able to transfer some clinics into these locations and as such we will reduce the demand shortfall slightly.

Additionally we are developing some clinics on a Saturday and this will reduce the shortfall further. This is something we will strongly encourage specialties to do, but at present for

existing consultants it can only be on a voluntary basis. During the specialty review process several specialties have indicated their willingness to either transfer from a weekday or commence new clinics on a Saturday.

6. Recommendations (for OMG)

At this interim stage of the Outpatient Improvement Project sufficient information has been obtained to make some clear recommendations;

- Increased capacity is required and the capacity developments outlined in Section 5 should be pursued
- Additional investment in outpatient staffing (and some equipment) is required to improve efficiency, safety and patient experience. This will also be essential to deliver many of the benefits (increased revenue) identified in the project.
- Regular Saturday clinics on the main GOSH site should be actively encouraged and pursued
- The Outpatient Improvement Project should continue to run until at least the end of the financial year

Appendix 1

Option	Rooms provided	Costs	Pros	Cons	Programme
1. Level 6 Southwood	7 clinic rooms Phlebotomy Measurement Waiting area	£1.2M (includes refit of external offices) £168K revenue for external offices	• Earliest delivery	• Displaces facilities • Proximity to current Outpatients • Rooms small • SWD infrastructure poor • Displaces extended Miffy option	• Deliverable July 2014
2. Level 3 Frontage East	6 clinic rooms Measurement Waiting area	£1.7M (includes refit of external offices and lift repairs) £168K revenue for external offices	• Proximity good • Layout acceptable	• Displaces portex • Frontage infrastructure poor • Lift repairs required. • Dead-end condition emergency access restrictions	• Deliverable August 2014 • Dependent on Level 9 Main nurses home
3. Level 3 Frontage West	8 clinic rooms Phlebotomy Measurement Waiting area	£1.7M (includes lift repairs)	• Proximity good • Layout would be good	• Displaces Flintoff Gym project • Frontage infrastructure poor • Lift repairs required	• Deliverable September 2014 • Dependent on emptying medical records
4. Main entrance shell space	9 clinic rooms Phlebotomy Measurement	£1.8M	• Proximity excellent • Ground floor access • Easy access to diagnostics	• Planning permission required • Latest delivery • Increased activity in main entrance.	• Deliverable October 2014 • Dependent on main entrance

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 25th September 2013	
Strategic Review Update **Submitted by:** Professor Martin Elliot, Co-Medical Director	**Paper No: Attachment M**
Aims / summary The aim of this paper is to provide an update to the Board on the review of the Trust's strategy; to receive a progress update on each of the individual strategic strands; and to note the agenda items for the October Board Strategy session.	
Action required from the meeting Trust Board to note the information contained within the report.	
Contribution to the delivery of NHS Foundation Trust strategies and plans To redefine and confirm the strategic direction of the Trust.	
Financial implications N/A	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Executive Directors.	
Who is accountable for the implementation of the proposal / project? Executive Directors.	

Strategy Review Update

1. Purpose

The purpose of this paper is to provide an update to the Board on the review of the Trust's strategy, and specifically to provide:

- An overview of the whole strategic direction
- The format and approach of the review
- Summary high level detail of each strategic strand, including Executive owners
- The timescales for reviewing each strand
- A proposed outline of the October Strategy Seminar.

2. Overview of the Strategy Review

In April 2013 a review of the strategic direction was commissioned. The purpose of this review was to:

- Critique the existing strategies, including those written to inform and ensure successful authorisation as a Foundation Trust
- Redraft them using an agreed methodology
- Ensure that they were aligned and linked.

In June 2013 the Trust Board received a presentation from Jan Filochowski which identified the strands as programmes with executive director owners, and set out a broad timescale for the review.

All of the strands are informed by the Quality Strategy and the Resourcing Strategy which provide the framework for everything that we do. The two pivotal strands are the Clinical Services Strategy which details the services that we offer and the People Strategy which sets out the core values and behaviours of the Trust both for the people we serve and the people who work for us.

3. Format and Approach

A strategy group consisting of the relevant executives and including Non-Executive Director (NED) representation was established to provide oversight and programme management.

An agreed format and standard template is being completed for each strand. This will include sections:

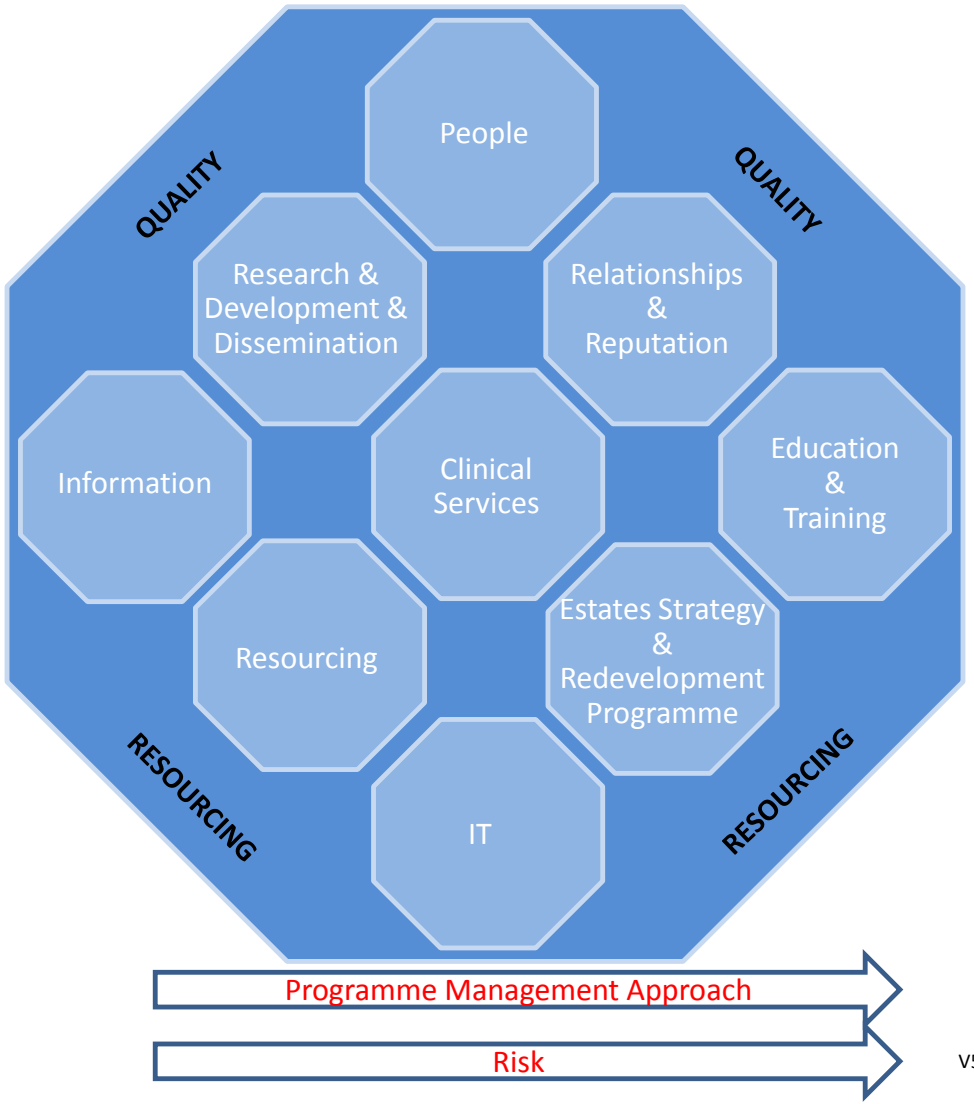
- Purpose
- Context, how this strategy fits with others and the wider context
- Clear and measurable deliverables, i.e. what the strategy intends to achieve
- SWOT analyses
- Segmentation
- Prioritised implementation plans with agreed milestones, success criteria and identified risk and mitigation plans

Each document will have a similar tone and style, will be concise and has been designed to be appropriate for use with wide and varied audiences.

This format and approach will enable the Board to easily assess the impact of future decisions across multiple strands, ensuring that they remained aligned and linked.

Attachment M

3.1. Strategy Honeycomb



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4. Strategic Strands

4.1. Clinical Services Strategy
Executive Lead – Robbie Burns, Director of Planning and Information

Great Ormond Street Hospital provides quaternary, tertiary and specialist secondary services so this strategy is at the centre of everything that we do as providers of clinical services to children, young people and their families. It will enable us to plan for innovation and to manage our future by making the right business decisions for services and supporting functions. It will inform our allocation of resources, be they financial, human or physical and support us in our management and governance of the services we provide. Within it the current operating model and the framework for future business planning and decision making is described. The clinical services that we offer are regulated and governed nationally and through clinical networks.

Clinical Divisions have been consulted on the proposed business model approach contained within this strategy.

It is proposed that the Board considers this strategy in detail at the October Strategy Session.

4.2. People Strategy
Executive Lead – Ali Mohammed, Director of HR and OD

The People Strategy outlines our approach to both the people that we serve and our staff. It describes how we will work with and through staff to deliver best care and services to our patients. The approach to and principles for this strategy were discussed by the Board in June 2013. A consultation and engagement programme with staff, patients and their families on the values underpinning the strategy is underway.

It is proposed that the Board signs off the values and behaviours at the October Strategy Session.

4.3. Quality Strategy
Executive Lead – Martin Elliot, Co-Medical Director

This strategy has been reviewed and will be redrafted using the standard format.

4.4. Resourcing Strategy
Executive Lead – Claire Newton, Chief Finance Officer

The purpose of the resourcing strategy is to ensure that the Trust has a long term sustainable funding model for each of its businesses, and to determine the allocation of resources according to strategic importance or financial viability.

A subcommittee has been formed to draft this strategy. An extended and facilitated meeting of the Overall Management Group is planned for October 2013 which will outline and discuss the strategic choices available to the Trust and the resulting resourcing implications.

4.5. Single Research (& Development & Dissemination) Strategy
Sub Committee jointly commissioned by GOSH and ICH

The purpose of this strategy is to promote and maintain high quality research from both organisations, GOSH and the Institute of Child Health (ICH). A steering group is in place to design the strategy jointly chaired by Andrew Taylor and Bobby Gaspar and is writing the draft strategy. This has been the subject of detailed discussion and there is a programme for wider consultation with both organisations during the final quarter of the year.

4.6. Information Technology
Executive Lead – Martin Elliot, Co-Medical Director.

An external company has been appointed to draft the strategy and a programme manager is in place. The eight week programme is expected to produce a draft strategy in mid-November.

4.7. Information
Executive Lead – Martin Elliot, Co-Medical Director.

This strategy has been reviewed and will be redrafted using the standard format.

4.8. Relationships and Reputation
Executive Lead – Jan Filochowski, Chief Executive.

This strategy sets out our relationships with key partners and how we will develop, maintain and maximise them. It also governs and informs our reputation.

4.9. Estates Strategy and Redevelopment Programme
Executive Lead – Rachel Williams, Chief Operating Officer.

The Clinical Services strategy will drive the Estates Strategy which will in turn be underpinned and supported by the existing and established Redevelopment Programme. This Strategy will be revisited in light the other strategic strands.

4.10. Education and Training
Executive Lead – Ali Mohammed, Director of HR and OD

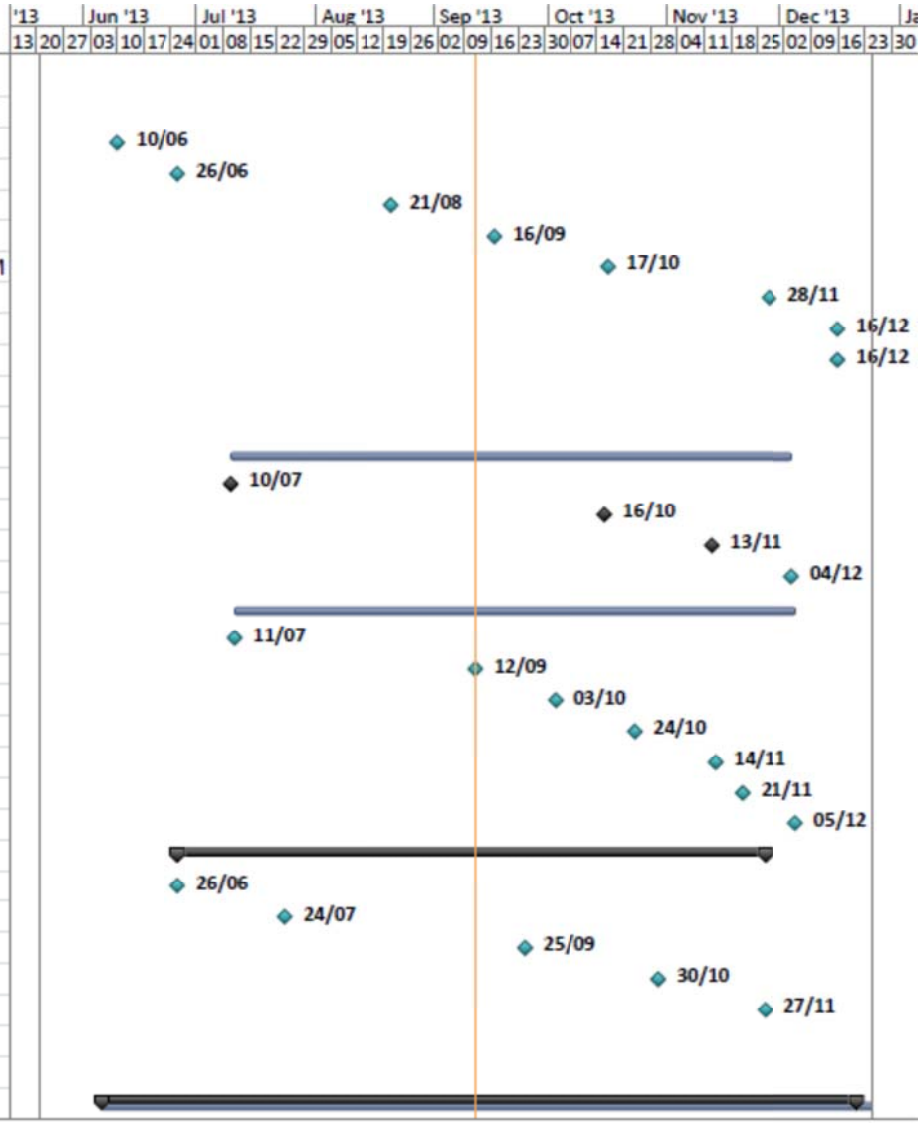
This strategy is being informed by wide debate with key interested groups. A scoping exercise is underway to define our strategy in the following categories:

- Business strategy and related training needs
- As a provider to the wider NHS within the new commissioning landscape
- CPD, revalidation and assuring professionalism
- Patient Safety (e.g. post Francis Report, real time training and equipment use)
- Leadership development, including Board development.

It is proposed that the Board discusses and agrees the proposed scope and programme plan at the October Strategy Session.

5. Programme Gantt Chart

ID	Task Name	Text1	Text2
1	**Strategy**	Meeting focus	Lead
2	Core group = JF, ME, JR, LR, AM		
3	Strategy group initial meeting	Overview	ME
4	Facilitated Board discussion	Set the direction	JF
5	Strategy group core + RB & RW	Services Strategy	RB
6	Strategy group core + RB	Relationships Strategy (deferred)	JF
7	Strategy group core + exec	Resourcing and People	CN / AM
8	Strategy group core + sub group	Research Strategy	JF
9	Strategy group core + exec	IT & Information Strategies	ME
10	Strategy group core + exec	Sign off / publication	All
11			
12	Existing Meetings		
13	Exec		
14	Meeting 1	Confirm the programme	
15	Meeting 2	Prep for October away day	
16	Meeting 3	IT and Information strategies	
17	Meeting 4	Refine and Test	
18	OMG		
19	Meeting 1	Update from the Board	
20	Research OMG	DGB leads	
21	Meeting 2	Consultation & discussion	
22	Meeting 3	Consultation & discussion	
23	Research OMG	DGB leads	
24	Meeting 4	IT and information strategies	
25	Meeting 5	Consultation & discussion	
26	Trust Board		
27	June Meeting	Facilitated Board Discussion	
28	July Meeting	Updates as appropriate	
29	September Meeting	Full update on progress	
30	October Strategy day	Presentation and discussion	
31	November Meeting	Updates as appropriate	
32	December Meeting	Adopt the Strategy	
33			
34	Additional meetings		



6. October Board Strategy Seminar Proposed Agenda

It is proposed that the Board Strategy Seminar to be held in October focusses on discussion and full review of the Clinical Services Strategy.

In addition the Board will:

- Agree and sign off the values and behaviours set out in the People Strategy and
- Agree the proposed programme for the development of the Education Strategy

7. Recommendation

The Board is asked to note the information contained within this report and confirm the agenda for the Board Strategy discussion in October 2013.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
25th September 2013

London School of Hygiene and Tropical Medicine request for admission to UCL Partners **Submitted by: Tessa Blackstone, Chairman**	**Paper No: Attachment U**

Aims / summary

At its latest meeting, on 23rd July 2013, the company Board of UCL Partners endorsed a request from the London School of Hygiene and Tropical Medicine for admission as a 'Founding Member' of UCL Partners (the status currently held by UCL, Queen Mary University of London, Barts Health NHS Trust, Great Ormond Street Hospital for Children NHS Foundation Trust, Moorfields Eye Hospital NHS Foundation Trust, Royal Free London NHS Foundation Trust, and University College Hospitals NHS Foundation Trust).

The company's articles require that any expansion of membership is approved by every current company director. Those directors who represent each organisation on UCLP are seeking that organisation's endorsement of the proposal.

The information attached provides a summary of LSHTM's strategy, academic performance and current links with UCL Partners and other key partners.

Action required from the meeting

The Board is asked to support the endorsement of the proposal for London School of Health and Tropical Medicine to be admitted to UCLP as a 'Founding Member'.

Contribution to the delivery of NHS Foundation Trust strategies and plans
To work in partnership with other key stakeholders to improve children's health.

Financial implications
N/A

Who needs to be told about any decision?
UCL Partners

Who is responsible for implementing the proposals / project and anticipated timescales?
N/A to GOSH – UCL Partners

Who is accountable for the implementation of the proposal / project?
N/A to GOSH – UCL Partners

LSHTM request for admission to UCL Partners as a 'Founding Partner'.

Summary

At its latest meeting, on 23rd July 2013, the company Board of UCL Partners enthusiastically endorsed a request from the London School of Hygiene and Tropical Medicine for admission as a 'Founding Member' of UCL Partners (the status currently held by UCL, Queen Mary University of London, Barts Health NHS Trust, Great Ormond Street Hospital for Children NHS Trust, Moorfields Eye Hospital NHS Foundation Trust, Royal Free London NHS Foundation Trust, and University College Hospitals NHS Foundation Trust.

The company's articles require that any expansion of membership is approved by every current company director. Those directors who represent an organisation are therefore seeking that organisation's endorsement of the proposal. The information that follows is a summary of LSHTM's current strategy, academic performance and current links with UCL Partners and other key partners.

Strategy: http://www.lshtm.ac.uk/aboutus/introducing/mission/strategy_2012_17.pdf

RAE 2008 results:

Unit of assessment	FTE Category A staff submitted	4*	3*	2*	1*	Unclassified	Average ranking	LSHTM Rank	UCL Rank
Epidemiology and Public Health	135.37	35	35	25	5	0	3.000	5th	7th
Infection and Immunology	30.8	20	60	15	5	0	2.950	4th	5th
Health Services Research	43.65	30	35	30	5	0	2.900	5th	19th

Research Income: grants and contracts by source 2011/12 (£m):

(Research income represented 63% of total income in 2011/12)

Charities based outside the UK	20.1
UK Charities	17.7
UK Government departments and health authorities	12.8
UK Research Councils	6.7
Other sources outside the UK	5.7
EU Commission and other government bodies	5.2
Industry and commerce outside the EU	2.0
UK other	1.0
EU Other	0.6

Faculties:

- **Faculty of Epidemiology and Population Health:** To inform biological understanding of diseases and to provide evidence for decision-making in global public health through innovative and rigorous research and excellence in teaching.
- **Faculty of Infectious and Tropical Diseases:** The Faculty of ITD encompasses all of the laboratory-based research in the School as well as that on the clinical and epidemiological aspects of infectious and tropical diseases.
- **Faculty of Public Health and Policy:** The Faculty is the largest multi-disciplinary public health group in Europe, aiming to improve global health through research, teaching and the provision of advice in health policy, systems and services.

Research Centres:

- Bloomsbury Centre for Genetic Epidemiology and Statistics joint with UCL

- Centre for Evaluation
- Centre for Global Mental Health
- Centre for Global NCDs
- Centre for History in Public Health
- Centre for Statistical Methodology
- Centre for the Mathematical Modelling of Infectious Diseases
- Clinical Trials Unit
- European Centre on Health of Societies in Transition
- Gender, Violence and Health Centre
- International Centre for Evidence in Disability (ICED)
- London International Development Centre (LIDC)
- Malaria Centre
- MARCH Centre for Maternal Reproductive, Newborn and Child Health
- TB Centre
- Trials Coordinating Centre

Significant Partnerships:

***With UCLP*:**

- **BRI:** The Bloomsbury Research Institute is a joint initiative between the London School of Hygiene & Tropical Medicine and University College London to develop a global centre for excellence in experimental medicine. The Institute translates research on bacteria, parasites and viruses into new modes of detection, treatment and control.
- **The Wellcome Trust Bloomsbury Centre for Research in Clinical Tropical Medicine:** A partnership between LSHTM, UCL Institute of Child Health, Institute of Psychiatry, Barts and The London School of Medicine and Dentistry, St. George's University of London. These five institutions provide expertise in Tropical Medicine in its broadest sense, and the opportunity for clinical training in a wide variety of disciplines, including infectious diseases and tropical medicine, but also paediatrics, gastroenterology, respiratory medicine, GU medicine, microbiology, neurology, nutrition, public health medicine and ophthalmology, among others.
- **CHAPTER** The Centre for Health service and Academic Partnership in Translational E-Health Research (CHAPTER) is one of four E-Health Informatics Research Centres funded by the Medical Research Council, in partnership with Arthritis Research UK, the British Heart Foundation, Cancer Research UK, the Economic and Social Research Council, The Engineering and Physical Sciences Research Council, The National Institute of Health Research, the National Institute for Social Care and Health Research (Welsh Assembly Government), the Chief Scientist Office (Scottish Government Health Directorates) and the Wellcome Trust.
- **NIHR School for Public Health Research:** LSHTM and UCL are two of eight partners in applied public health research in England
- Partnerships and collaborations with UCL Institute for Global Health and in Health Economics

Projects in Development:

- **Public Health England** LSHTM named as key collaborator on UCL Applications on Sexual health and Respiratory infections and UCL named on LSHTM application on Immunisation
- **Application for CLHARC**
- **Joint Centre on Adolescent Health and Development**
- **CeLSIUS:** ESRC-funded academic support for the ONS Longitudinal Study, relocated from LSHTM to UCL in August 2012

With funders:

- **The Malaria Capacity Development Consortium (MCDC)** is supporting able and motivated African scientists to undertake high-quality malaria research that will enhance the research capacity of their home institutions. Funded by the Wellcome Trust and the Bill & Melinda Gates Foundation, the programme undertakes capacity

development in African universities that will not only lead to improvements in the malaria control measures available in Africa, but also stimulate research into the development of new ways to control the disease. http://www.mcdconsortium.org/

- **HPV in Africa Research Partnership (HARP):** EU-FP7 project to guide future cervical cancer screening programmes for HIV women in Africa.
- **MRC International Nutrition Group:** is based in the Nutrition & Public Health Intervention Research Unit at LSHTM and has a major research centre at MRC Keneba in The Gambia, West Africa. The group is also active in Kenya and Tanzania, with additional collaborative studies in other low-income countries, especially Bangladesh. The primary collaborative centre in the UK is MRC Human Nutrition Research in Cambridge, through which comparative studies are run in China. The centre's research focuses largely on maternal and child health and has four major research themes concentrating on: nutritional immunology, micronutrient interventions, nutritional genetics and bone health.
- **The ALPHA Network:** aims to maximise the usefulness of data generated in community-based longitudinal HIV studies in sub-Saharan Africa for national and international agencies involved in designing or monitoring interventions and epidemiological forecasting. The network is funded by The Wellcome Trust and is in its second phase (2010-15), additional funding from the Bill & Melinda Gates Foundation supports investigations into the pattern of mortality among HIV positive adults in Eastern and Southern Africa in the era of antiretroviral therapy. Collaborative links are in place with The HIV modelling Consortium.
- **NIHR School for Public Health Research:** Launched in 2012 with a budget of £20 million over five years the school aims to enable development of the public health system by:

  • narrowing the gap between the users and suppliers of research
  • increasing the evidence base for effective public health practice
  • undertaking applied translational research
  • considering local public health needs and evaluating innovative local practices with potential for wider population benefit

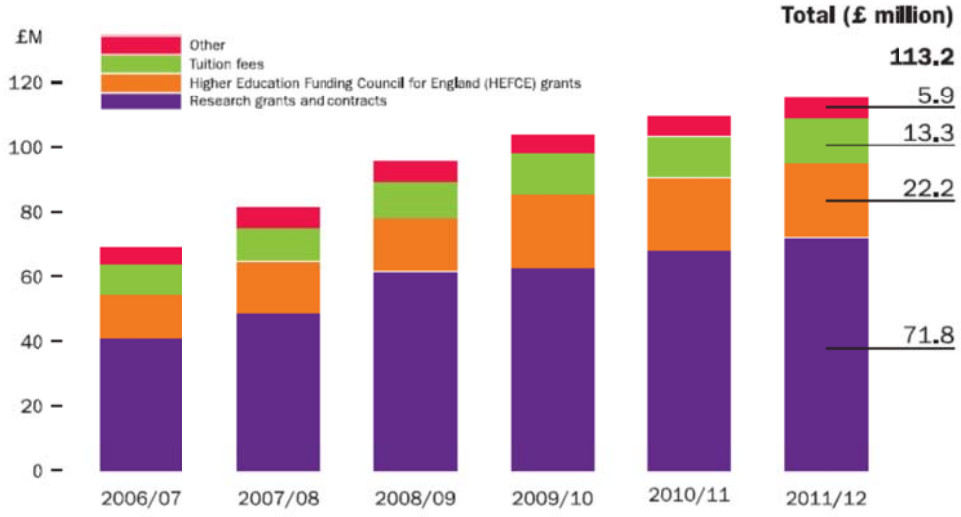
  Partner organisations include: The University of Sheffield, University College London, The University of Bristol, The University of Cambridge, The LiLaC collaboration between the University of Liverpool and the University of Lancaster, Fuse, The Centre for Translational Research in Public Health: a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside universities, The Peninsula College of Medicine and Dentistry, The London School of Hygiene and Tropical Medicine

- **Tropical Epidemiology Group:** The Tropical Epidemiology Group (TEG) aims to improve the health of people in developing countries by identifying effective interventions. The Group was established in 1972 and currently comprises 25 researchers with expertise in epidemiology, statistics and public health. The group has received long-term support from the Medical Research Council (MRC), which currently funds 5 academic posts. Other group members are funded from a variety of sources including the Bill & Melinda Gates Foundation, World Health Organisation (WHO), Wellcome Trust and The Higher Education Funding Council for England (HEFCE)

Excerpt from 2012 Annual report – Facts and Figures

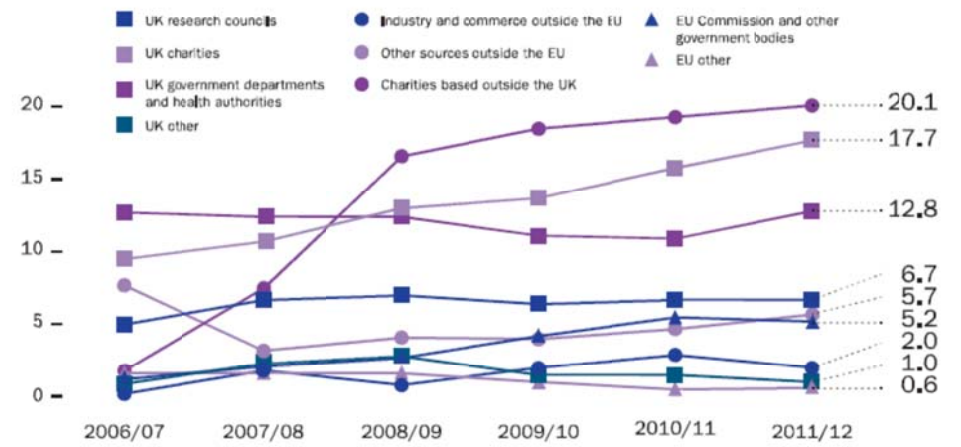
Research

Income from all sources 2006/07 to 2011/12



Research income has increased over recent years and represents 63% of our total income, amongst the highest proportion of any UK higher education institution. School staff have been successful in generating research grant income, with an above average success rate for UK research council funding. In addition, the School has a broad portfolio of funders, including large charitable organisations like the Wellcome Trust and the Bill and Melinda Gates Foundation, the UK research councils and government departments, the USA's National Institute for Health, the European Union, industry, small charities and individual donors.

Research income: grants and contracts



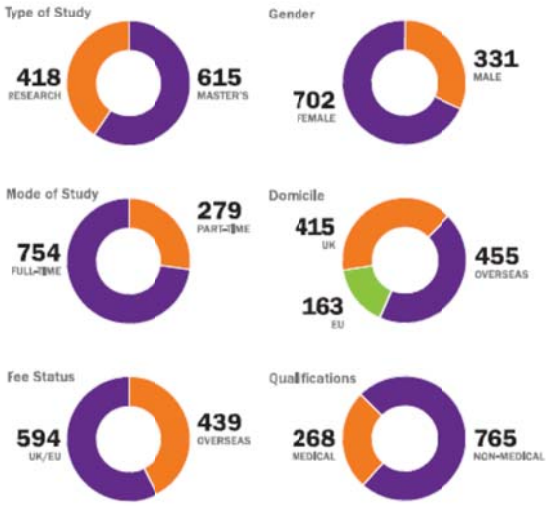
The School's research encompasses a spectrum from fundamental laboratory research in infectious diseases and studies of disease causation, through development and assessment of novel interventions and services, to advising on implementation in real life settings of interventions, service and system reforms, and evaluation that informs policy and practice.

RESEARCH GRANTS AWARDED 2011/12: TOP 10 BY VALUE	FUNDER	GRANT
1. Pathways HIV Research Programme Consortium: to understand and tackle the key structural drivers of HIV risk and vulnerability, and produce high quality evidence that improves the health of the poorest in developing countries	Department for International Development, UK	£6.0 million
2. PopART: Cluster randomised trial of the impact of a combination prevention package on population-level HIV incidence in Zambia and South Africa	National Institutes of Health, USA	$6.5 million (2012/13)
3. HALT IT Trial: the effect of tranexamic acid (TXA) on gastrointestinal bleeding	National Institute of Health Research, UK	£3.4 million
4. Fast Track TB: to rapidly identify individuals at high risk of TB and ensure they start TB treament	Medical Research Council, Department for International Development and The Wellcome Trust, UK	£3.2 million
5. Defining risk factors for human infection with *Plasmodium knowlesi*	Medical Research Council, UK	£2.9 million
6. School of Public Health Research: to build the evidence base for effective public health practice, support adoption of healthy lifestyles by individuals and provide evidence to inform decision making	National Institute of Health Research, Department of Health, UK	£2.2 million
7. Prevention of Maternal Death from Unwanted Pregnancy in Africa and Asia	Department for International Development, UK	£2.2 million
8. Improving the health systems response to chronic diseases in Africa	Medical Research Council, UK	£2.0 million
9. Parasite population genomics and functional studies towards development of a blood stage malaria vaccine	European Research Council (ERC) GENINVADE	EUR 2.3 million
10. Developing tools for optimizing school-based deworming in the context of integrated neglected tropical diseases	Bill & Melinda Gates Foundation	US$ 2.2 million

Education

TOTAL STUDENTS ENROLLED 2011/12	3583
London-based Master's and research (all)	1033
Distance-learning	2550

TOTAL LONDON-BASED STUDENTS 1033



LONDON-BASED MASTER'S STUDENTS 615

COURSE	UK/EU	OVERSEAS	TOTAL	% MEDICALLY QUALIFIED	% FEMALE	# NUMBER OF COUNTRIES
Biology & Control of Disease Vectors	2	0	2	0	0	1
Control of Infectious Diseases	23	17	40	8	88	16
Demography & Health	16	2	18	11	94	3
Epidemiology	35	16	51	49	59	20
Health Policy, Planning & Financing	26	37	63	80	68	26
Immunology of Infectious Diseases	14	6	20	24	65	10
Molecular Biology of Infectious Diseases	10	4	14	5	50	6
Medical Microbiology	17	10	27	0	67	13
Medical Parasitology	9	2	11	15	64	3
Medical Statistics	31	3	34	0	56	11
Public Health	116	63	179	34	78	30
Public Health in Developing Countries	29	22	51	9	78	24
Public Health: Eye Care	3	12	15	25	40	11
Public Health: Nutrition	12	10	22	9	95	10
Reproductive & Sexual Health Research	11	9	20	25	100	9
Sexually Transmitted Infections & HIV	1	0	1	0	100	1
Tropical Medicine & International Health	19	16	35	100	63	16
Veterinary Epidemiology	9	3	12	8	67	8
Total	383	232	615	26	73	67

DISTANCE-LEARNING STUDENTS 2550

COURSE	TOTAL NO. OF STUDENTS ON COURSE (CONT. & NEW)	% FEMALE	NUMBER OF COUNTRIES REPRESENTED
Clinical Trials	300	55	53
Epidemiology	492	52	76
Global Health Policy	74	78	33
Infectious Diseases	388	60	61
Public Health (all streams together)	1123	70	118
Individual courses	173	69	49
Total	2550	63	143

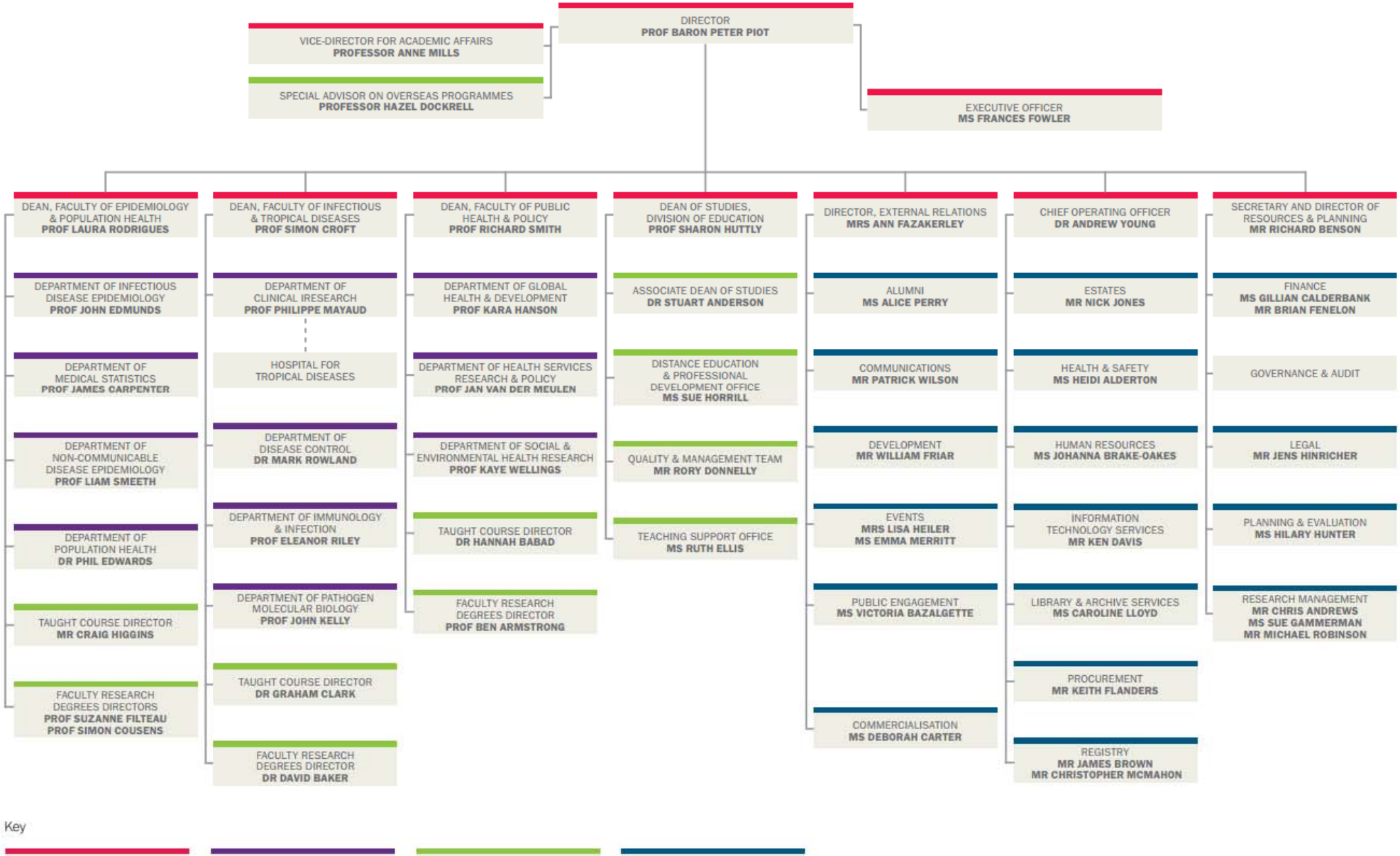
RESEARCH DEGREE STUDENTS 418

FACULTY	UK/EU	OVERSEAS	TOTAL	% MEDICALLY QUALIFIED	% FEMALE	# NUMBER OF COUNTRIES
Epidemiology and Population Health	68	61	129	26	64	39
Infectious and Tropical Diseases	70	82	152	23	55	40
Public Health and Policy	73	64	137	14	66	34
Total	211	207	418	21	61	62

SHORT STUDY PROGRAMME 1097

Adolescent Health in Low & Middle Income Countries	15
Advanced Course in Epidemiological Analysis	65
Advanced Stata: Programming and other Techniques to Make Your Life Easier	28
Cancer Survival: Principles, Methods and Applications	32
Causal Inference in Epidemiology: Recent Methodological Developments	29
Certificate in Pharmacoepidemiology & Pharmacovigilance	19
Diploma in Tropical Medicine & Hygiene	70
Diploma in Tropical Nursing	128
East African Diploma in Tropical Medicine & Hygiene	61
Epidemiological Evaluation of Vaccines	14
Factor Analysis & Structural Equation Modelling	32
Health Sector Reform and Sustainable Financing	59
High Throughput Sequencing in Disease Studies	30
Infectious Diseases in Humanitarian Emergencies	22
Intensive Course In Epidemiology & Medical Statistics	40
Introduction to Genetic Epidemiology in the GWAS Era	24
Introduction to Infectious Disease Modelling & its Applications	41
Laboratory Diagnosis of Malaria	10
Laboratory Diagnosis of Parasites	16
Methods for Addressing Selection Bias in Health Economic Evaluation	13
MSc Modules	135
Pathogen Genomics & Genomic Epidemiology	22
Practical Pharmacoepidemiology	21
Public Health Planning for Hearing Impairment	16
Statistical Analysis with Missing Data Using Multiple Imputation and Inverse Probability Weighting	30
Systematic Reviews and Meta-Analyses of Health Research	31
Travel Medicine	33
Travel Medicine – Online	53
Understanding an Eye Health System in Order to Achieve Vision 2020	8

Organisational structure from January 2013



Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 25th September 2013	
Performance Summary Report **Submitted by:** Jan Filochowski, Chief Executive	**Paper No: Attachment N**

Overview (Jan Filochowski)
Performance is sustained with the exception of a small number of measures. The area of greatest concern for the Board to note is increasing infection rates, including the nationally monitored C.difficile rate.

We are in the early stages of improving discharge summary completion rates with an improvement plan and more robust monitoring arrangements in place. However, we need to keep working on this to ensure that improved performance is sustained.

We are on target financially but need to improve our CRES position.

A number of external reviews are currently in progress across the organisation including Meridian's review of outpatient services, which is beginning to demonstrate tangible benefits.

Quality and Safety (Co-Medical Director)
The Trust has reached the contractual year-end trajectory for C.difficile at month 5, reporting a total of 7 cases. Further reported cases would ordinarily be subject to a contractual fine. However, given the implication of C.difficile in children (compared to adults) the Trust has agreed with commissioners that further cases will instead be independently reviewed to identify any system weaknesses or poor provision of care that might have contributed to infection. Action plans to resolve any findings would then be expected to be put in place and appropriately resourced. Historically the Trust has reported approximately 12 cases each year with rates fluctuating across the period.

There has been a marked increase in Central Venous Line (CVL) infections this financial year, notably within ICI-LM and the Intensive Care Units (ICU). Key factors contributing to this increase are nurse staffing issues, changes in the patient case mix and reduced compliance with the CVL care bundle. ICI-LM has introduced a re-education campaign for all nursing staff and continues to roll out the use of Parafilm. ICU is focusing on ensuring that all nursing staff clean the hub of the line for 30 seconds prior to use. The nurse bank is also reviewing how they can provide assurance to the Trust regarding intravenous update training among the non-substantive bank staff.

The Infection, Prevention & Control (IPC) team are developing a business case to appoint a Practice Educator post to support Divisions in implementing and sustaining improvements, including intravenous practice. The Transformation & Improvement team are additionally in the process of recruiting a 'Zero Harm Improvement Manager'. This post holder will work with clinical staff to identify opportunities for improvement in close liaison with the IPC team. Reducing CVL infections will be key aim for this post holder.

Targets and Activity (Chief Operating Officer)
Outpatient attendances remain above plan year to date. However, there has been a significant drop in the number of attendances in month. This is due to the holiday period, which is consistent with previous seasonal variation. The Trust delivered the

highest ever number of ICU bed days in August, reflecting the first signs of delivery from our drive to increase ICU beds.

Discharge summary completion rates increased across June and July as a result of implemented improvement plans and closer monitoring arrangements. However, there was a drop in the performance in August. This related to high staff and consultant leave as well as an annual change of junior doctors. Performance continues to be closely monitored and we are about to trial a new automated discharge summary template within Rheumatology.

The CQUIN quarter 1 position has been signed off as 100% compliant against all milestones within the period.

Finance and CRES (Chief Finance Officer)
Overall performance for the first five months was better than plan. Although total income, excluding capital donations, was £0.9m behind Plan at £153.1m, this was primarily due to lower revenue on pass through items which is directly offset by a favourable expenditure variance. EBITDA was £10.1m, £0.7m ahead of plan; the EBITDA margin was 6.6%, 0.5% ahead of plan.

The forecast risk adjusted CRES value for the year is below plan by £2.5m. Meetings are currently taking place with all Divisions with significant shortfalls in order to identify new CRES schemes for delivery in year by reviewing in detail all items of their income and expenditure and activity or identifying temporary measures which might be taken to reduce the shortfall.

Capital donations and redevelopment expenditure is £3.8m behind plan due to slippages, primarily the Angio PACU element of the 2B enabling project.

Amounts of non-NHS outstanding debt have increased since the beginning of the financial year. Collections were delayed in August due to customer staff being away and we have had some large collections in September. A full review of all major overdue balances is taking place.

Action required from the meeting
Trust Board to note performance for the period.

Contribution to the delivery of NHS Foundation Trust strategies and plans
To assist in monitoring performance across external and internal objectives.

Financial implications
Failure to achieve contractual performance measures may result in financial penalties.

Legal issues
N/A

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 Members' Council receive a copy of the performance report and Commissioners receive a sub-section of the performance report monthly.

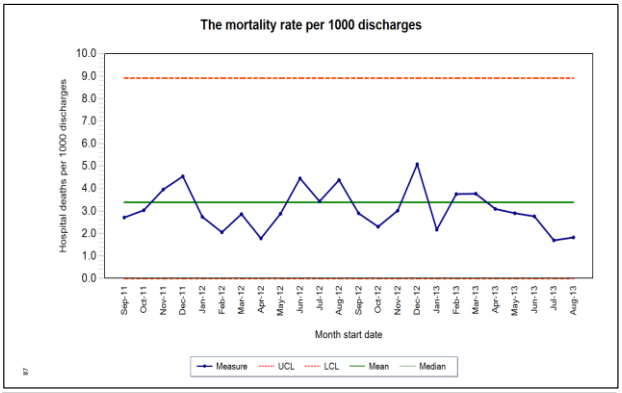
Who needs to be told about any decision?
Executive Directors.

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

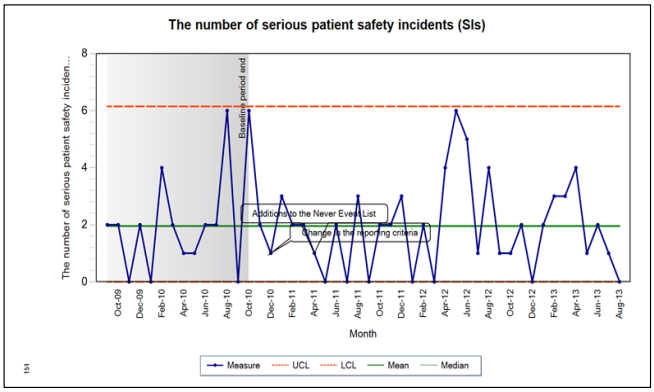
Who is accountable for the implementation of the proposal / project?
Executive Directors.

Quality and Safety
Report to Trust Board September 2013

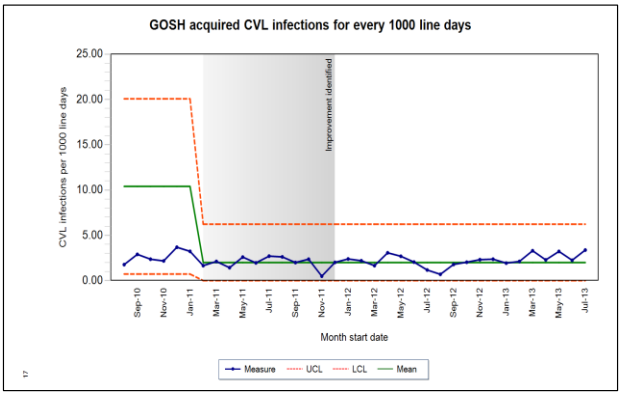
Quality and Safety Indicators



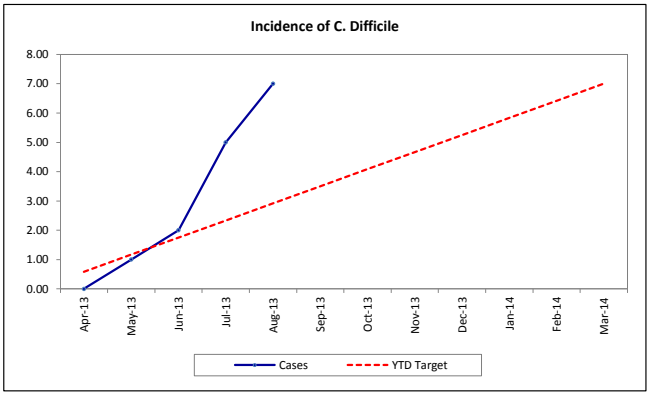
Description: The mortality rate per 1000 discharges
Target: Internal target: Year on year reduction
Trend: Performance sustained
Comment: Performance remains within statistical tolerance



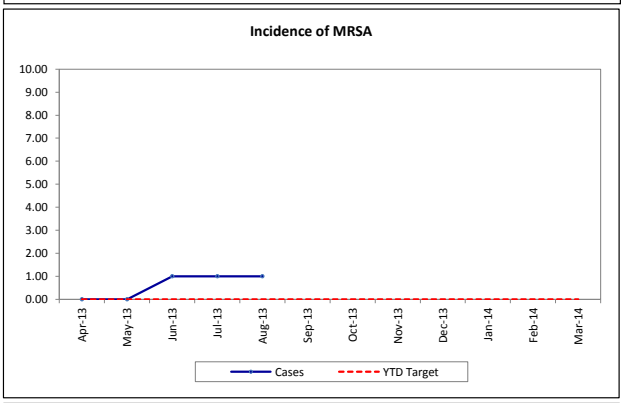
Description: Defined as either - Unexpected/avoidable death of patient(s), staff visitors or members of public. Serious harm to patient(s), staff, visitors or members of public. Allegations of abuse. One of the core sets of 'Never Events'
Target: Internal target: To remain within control limits
Trend: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



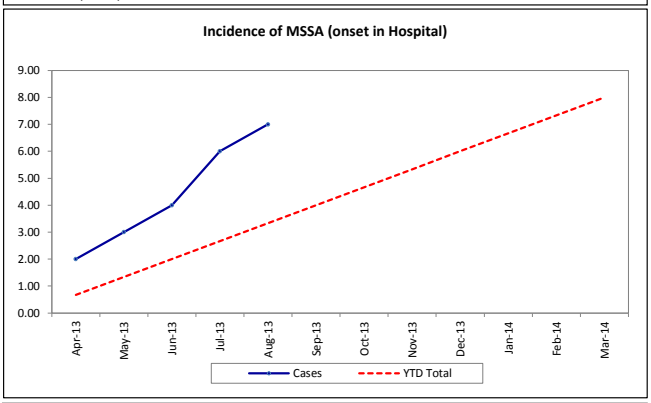
Description: The number of CVLInfections for every 1000 Bed Days acquired at the Trust
Target: Internal target: <=1.5
Trend: Negative movement in performance. If the next month's figure is greater than 1.99, statistical significance will be met and the mean will rise accordingly.
Comment: Performance remains within tolerance.



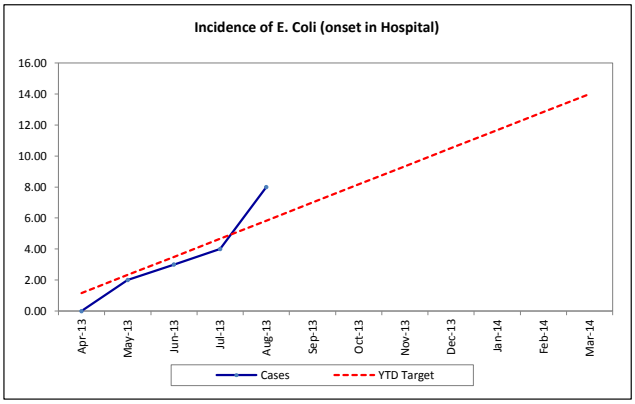
Description: **Cases detected after 3 days (admission day = day 1) are assigned against trust trajectory**
Target: No more than seven cases per year
Trend: Trend above trajectory
Comment: 7 cases reported at m5. Further reported cases will be reviewed by NHS England to identify any weakness in systems and care provided. An action plan to resolve any findings will need to be put in place and resourced.



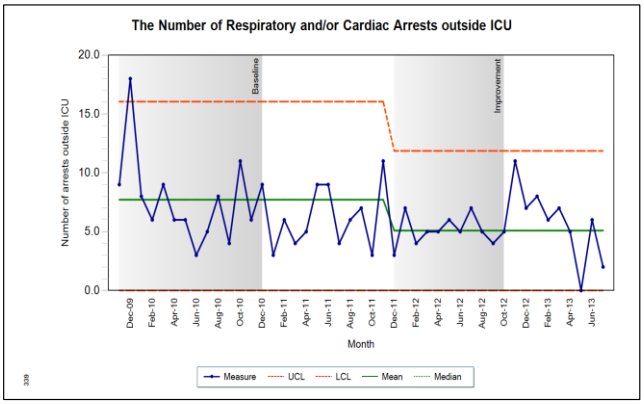
Description: MRSA bacteraemias
Target: Zero cases
Trend: One case reported to date
Comment: Over contractual target of zero. No financial penalty. However within Monitor de minimus level.



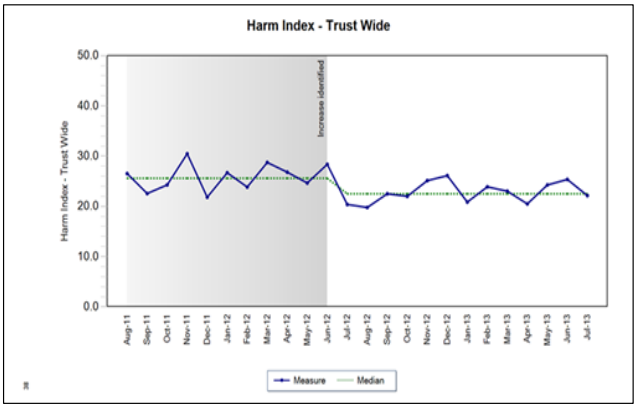
Description: Cumulative incidence of MSSA bacteraemia episodes (Methicillin sensitive S. aureus)
Target: Internal Target no more than eight cases
Trend: Performance continues above trajectory
Comment: Performance being monitored closely



Description: **Cumulative incidence of E. coli bacteraemia**
Target: Internal Target no more than fourteen cases
Trend: Performance reported above trajectory at m5
Comment: Performance being monitored closely



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: Performance sustained
Comment: Incidents of arrests being investigated



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: Performance sustained
Comment: Performance remains within statistical tolerance

Targets & Indicators Report - September 2013

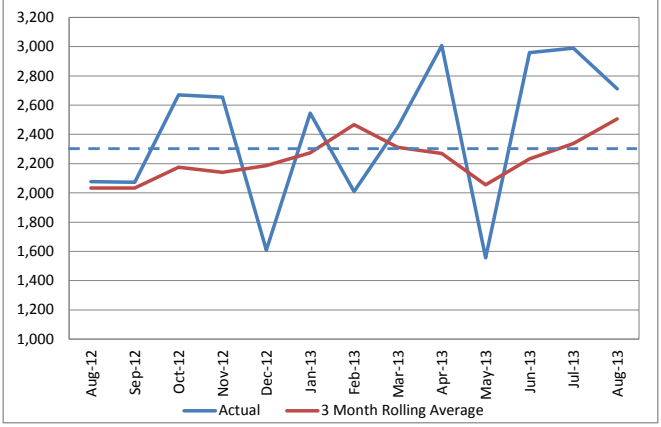
	Indicator	Graph	YTD Target	YTD Performance	Monthly Trend													
					Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Activity & Use of Resources	Number of patient spells	1	11,625	**13,223**	2,545	2,010	2,452	3,007	1,555	2,960	2,990	2,711							
	Number of outpatient attendances	2	59,915	**59,983**	12,010	10,887	10,742	11,857	12,106	11,729	13,891	10,400							
	DNA rate (new & f/up) (%)		<10	**8.4**	9.5	8.7	8.8	8.5	8.5	8.0	7.8	8.3							
	Number of ITU bed days	3	4,106	**3,933**	791	664	802	738	679	826	812	878							
	Number of unusued theatre sessions		98	**58**	14	16	8	26	25	7	15	14							
Patient Access	18 week referral to treatment time performance - Admitted (%)	4	90	**90.4**	91.1	90.1	92.0	90.4	90.3	90.7	90.5								
	18 week referral to treatment time performance - Non-Admitted (%)	4	95	**95.2**	95.4	97.1	95.7	95.3	95.9	95.3	95.4								
	18 week referral to treatment time performance - Incomplete Pathways (%)	4	92	**92.2**	93.7	92.8	92.9	92.5	92.8	92.9	93.9								
	Cancer patients waiting no more than 31 days for second of subsequent treatment (%)		98	**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 (%)	5	<=1	**0.47**	0.57	0.28	0.75	0.54	0.36	0.65	0.50	0.28							
Patient / Referrer Experience	Number of complaints		51	**52**	5	9	17	6	10	12	14	10							
	Number of complaints - high grade		4	**5**	0	0	1	0	0	0	2	3							
	Discharge summary completion (%)	6	85	**80.9**	77.4	76.3	72.7	77.1	77.1	81.4	87.8	80.5							
	Clinic Letter Turnaround, % letters on CDD - sent within 5 working days	7	50	**19.4**	19.0	17.6	15.2	19.4	20.7	22.7									
	Clinic Letter Turnaround, letters on CDD - average no. working days sent	8	To reduce	**15.6**	20.6	19.1	17.5	16.8	16.2	17.7									
	Patient refusals		173	**128**	37	43	35	43	36	49	28								
Work - force	Sickness Rate (%)		2.78	**2.7**	3.0	2.9	2.9	2.9	2.8	2.7	2.6	2.8							
	Trust Turnover (%)		13.37	**17.4**	16.3	16.5	16.7	16.8	17.0	17.5	17.9	18.1							

Monitor		YTD Target	YTD Performance	Quarter 4			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Monitor governance risk rating 13/14		0 - 0.9	0	0	0	Green	0	0	Green	0								

Activity and Use of Resources

1. Patient spells

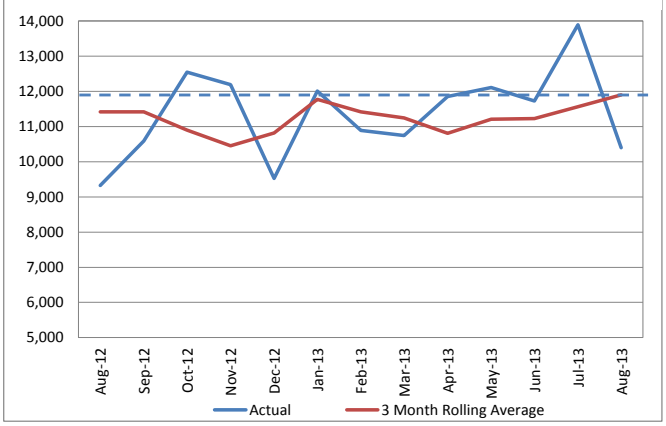
Desired direction of travel ↑



Description: **The total number of patient spells (including day case, elective and non-elective)**
Target: *Contractual target:* 2325 spells per month
Trend: Upward Trend
Comment: Performance remains above plan year to date, which is largely due to a significant increase in daycases

2. Outpatient Attendances

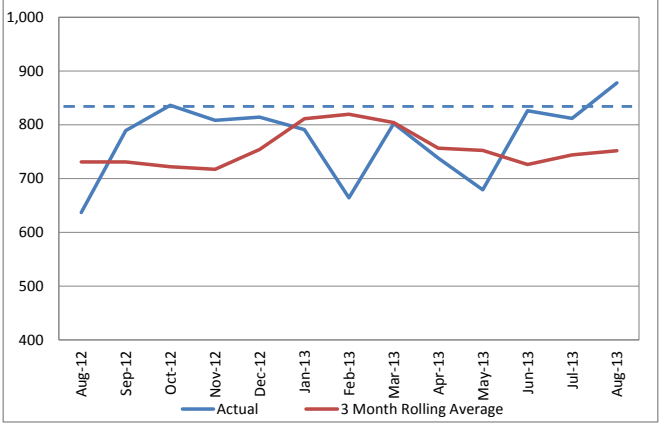
Desired direction of travel ↑



Description: **Total number of new & follow-up consultant-led chargeable appointments**
Target: *Contractual target:* 11,983 attendances per month
Trend: Downward trend against previous month
Comment: This is thought to be an exception due to the holiday period, which is consistent with previous seasonal variation

3. ITU Bed Days

Desired direction of travel ↑

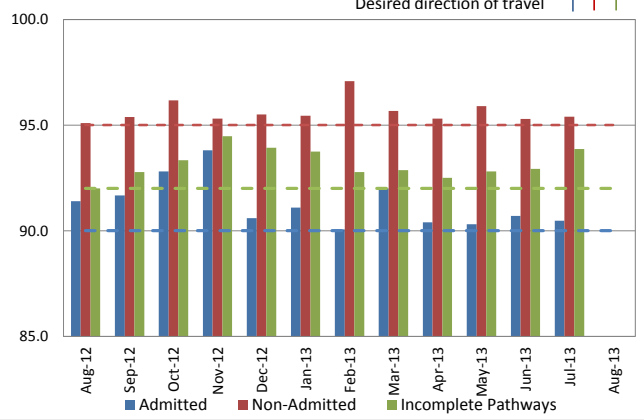


Description: **Total number of ITU bed days used per month**
Target: *Contractual target:* 821 bed days per month
Trend: Increase in ITU Bed days since May 13
Comment: Increase in activity against the previous month. Year to date performance remains slightly below plan

Patient Access

4. Referral to Treatment Waiting Times (% within 18 weeks)

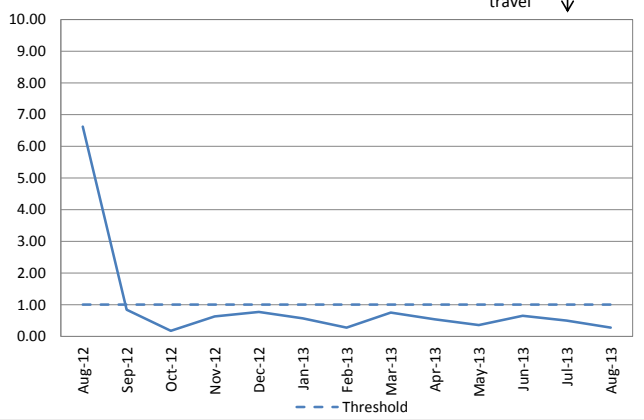
Desired direction of travel ↑ ↑ ↑



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 Surgery impacting on performance. Plan in place to reduce

5. Diagnostic Waiting Times - % not seen within 6 wks

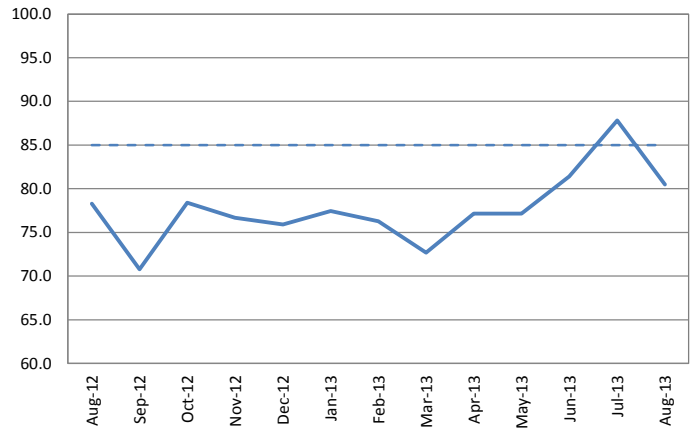
Desired direction of travel ↓



Description: **The proportion of patients waiting no more than 6 weeks for diagnostic test (across 15 national key diagnostic areas)**
Threshold: *Contractual target* <1%
Trend: Small positive movement against previous month
Comment: Performance sustained under 1% threshold. Recommended that this measure be removed in September if performance is sustained.

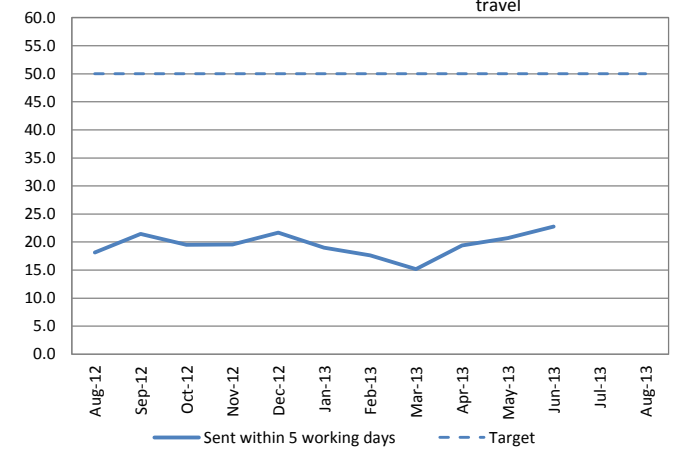
Patient / Referrer Experience

6. Discharge Summary Completeness (%) Desired direction of travel ↑



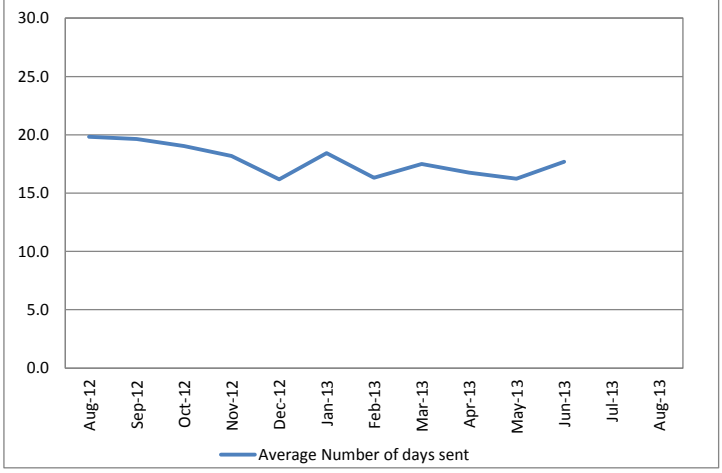
Description:	**The percentage discharge summaries completed and sent within 24 hours of patient discharge**
Target:	*Internal target:* 85%
Trend:	General improvement since March 13 across all Clinical Divisions.
Comment:	August drop in performance thought to be related to high staff and consultant leave as well as the annual change of junior doctors.

7. Clinic Letter Turnaround - % sent within 5 days 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:	Small improvement on previous month
Comment:	The project team continue to progress performance with the aim of achieving the 50% target by year end.

8. Clinic Letter Turnaround - Average Number of Days sent ↓



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:	Small increase in the average number of days a letter is sent.
Comment:	A working group is in place to progress performance. In month dip in performance is being investigated.

Great Ormond Street Hospital for Children NHS Foundation Trust
Financial Performance Report - Five months to 31 August 2013

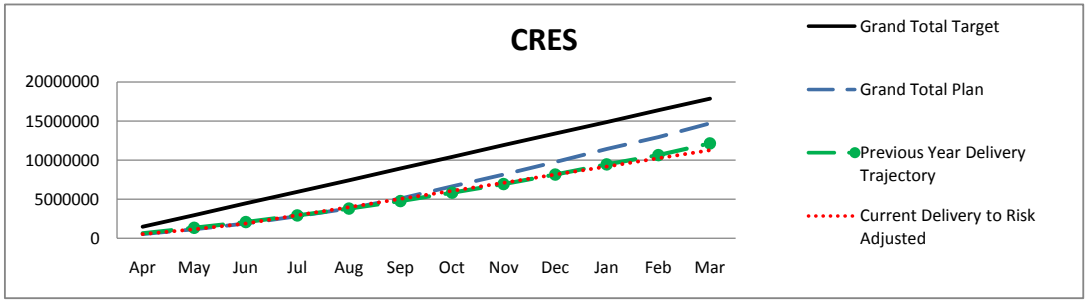
Commentary:	
NHS activity and income	This is in line with plan in overall terms. Higher Inpatient activity is offsetting lower bed day activity
Private patient activity and income	This is 2% higher than Plan
Expenditure	Expenditure is below plan but there are some adverse variances on clinical supplies arising due to above plan activity in certain specialties which are high consumers
EBITDA	This continues to be higher than plan at 6.6% v Plan of 6.1%
CRES	Forecast full year delivery based on the risk adjusted value of schemes identified is lower than plan
Cash flow	Cash flow continues to be strong although there is some major trust funded capital expenditure scheduled for later in the year
Working capital	Non NHS debtors have increased and are subject to review

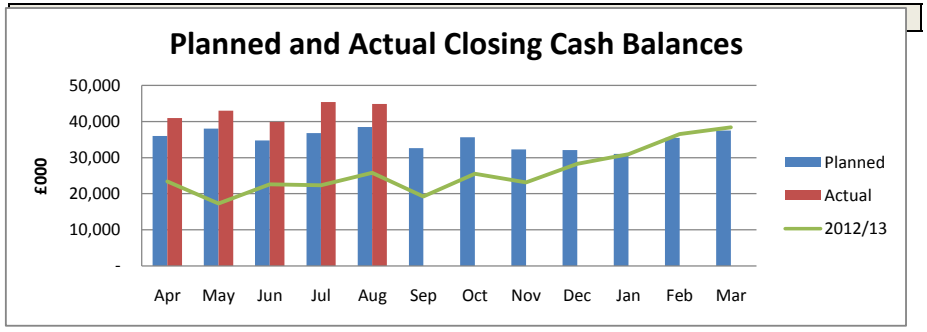
Statement of Financial Position	**31-Mar-13**	**31-Jul-13**	**31-Aug-13**
	£m	**£m**	**£m**
Non-Current Assets	336.5	335.5	335.6
Current Assets (exc Cash)	39.9	48.6	50.5
Cash & Cash Equivalents	38.4	45.3	44.8
Current Liabilities	(43.9)	(54.6)	(56.4)
Non-Current Liabilities	(7.8)	(7.6)	(7.6)
Total Assets Employed	**363.1**	**367.2**	**366.9**

I&E	**Current Month**			**Year to Date**			**RAG**
	Budget (£m)	**Actual (£m)**	**Variance (£m)**	**Budget (£m)**	**Actual (£m)**	**Variance (£m)**	**Rating**
NHS Clinical Revenue	18.5	18.6	0.1	94.5	94.6	0.1	G
Pass Through	3.8	3.8	0.0	19.3	18.3	(1.0)	
Private Patient Revenue	3.5	3.4	(0.1)	18.1	18.5	0.4	G
Non-Clinical Revenue	4.4	4.3	(0.1)	22.1	21.7	(0.4)	A
Total Operating Revenue	30.2	30.1	(0.1)	154.0	153.1	(0.9)	
Permanent Staff	(17.2)	(15.5)	1.7	(86.1)	(78.2)	7.9	G
Agency Staff	0.0	(0.4)	(0.4)	(0.2)	(1.9)	(1.7)	R
Bank Staff	(0.1)	(1.1)	(1.0)	(0.3)	(5.0)	(4.7)	G
Total Employee Expenses	(17.3)	(17.0)	0.3	(86.6)	(85.1)	1.5	
Drugs and Blood	(1.2)	(1.0)	0.2	(6.2)	(5.9)	0.3	G
Other Clinical Supplies	(1.9)	(2.5)	(0.6)	(9.7)	(10.5)	(0.8)	A
Other Expenses	(4.6)	(4.7)	(0.1)	(22.8)	(23.2)	(0.4)	A
Pass Through	(3.8)	(3.8)	0.0	(19.3)	(18.3)	1.0	
Total Non-Pay Expenses	(11.5)	(12.0)	(0.5)	(58.0)	(57.9)	0.1	
EBITDA (exc Capital Donations)	**1.4**	**1.1**	**(0.3)**	**9.4**	**10.1**	**0.7**	
Depreciation, Interest and PDC	(2.7)	(2.5)	0.2	(13.4)	(12.4)	1.0	G
Net Surplus (exc Capital Donations)	(1.3)	(1.4)	(0.1)	(4.0)	(2.3)	1.7	
EBITDA %				6.1%	6.6%		
Capital Donations	2.4	1.1	(1.3)	10.0	6.2	(3.8)	

Capital Expenditure	**Annual Plan £m**	**Actual YTD £m**	**Forecast Outturn £m**
Redevelopment - Donated	24.2	4.6	24.2
Medical Equipment - Donated	9.1	1.2	6.5
Estates - Donated	1.2	0.4	0.7
Total Donated	34.5	6.2	31.4
Estates & Facilities - Trust Funded	6.7	1.5	6.7
IT - Trust Funded	6.5	1.6	7.8
Medical Equipment - Trust Funded	2.3	0.0	1.9
Total Trust Funded	15.5	3.1	16.4
Total Expenditure	**50.0**	**9.3**	**47.8**

Financial Risk Rating	**2013/14 Plan**	**31-Jul-13**	**31-Aug-13**	**RAG Rating**
Underlying Performance	3	3	3	G
Achievement of Plan	5	5	5	G
Return on Assets	2	2	2	G
I&E Margin	5	5	4	G
Liquidity	4	4	4	G
Overall	4	4	4	G





Financial Performance Report - Five months to 31 August 2013

ACTIVITY AND INCOME

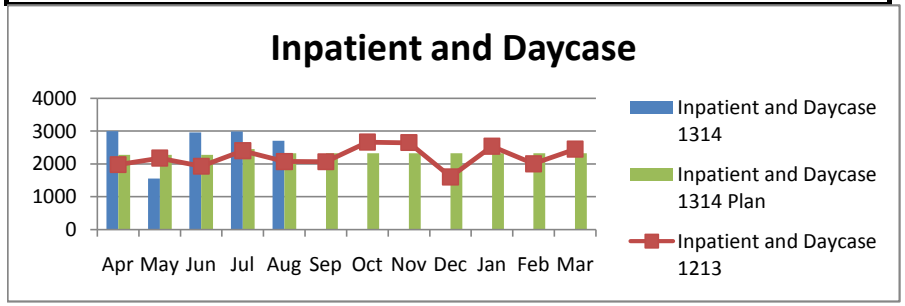
Income from NHS clinical activity £M year to date

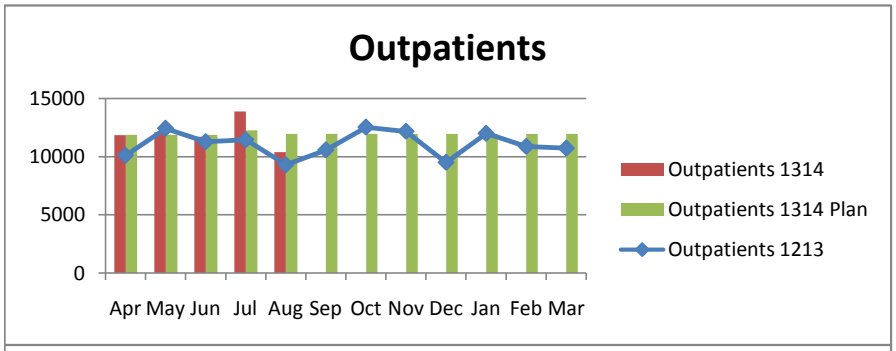
	YTD 13/14 Actual	Var v plan		
Inpatients/ Daycases	**38.3**	0.6	1.6%	
Bed days	**18.1**	(0.5)	-2.8%	
Outpatients	**14.9**	(0.2)	-1.0%	
Other eg. Highly Specialised	**23.4**	0.1	-2.1%	
Total	**94.6**	**0.1**	**-0.6%**	

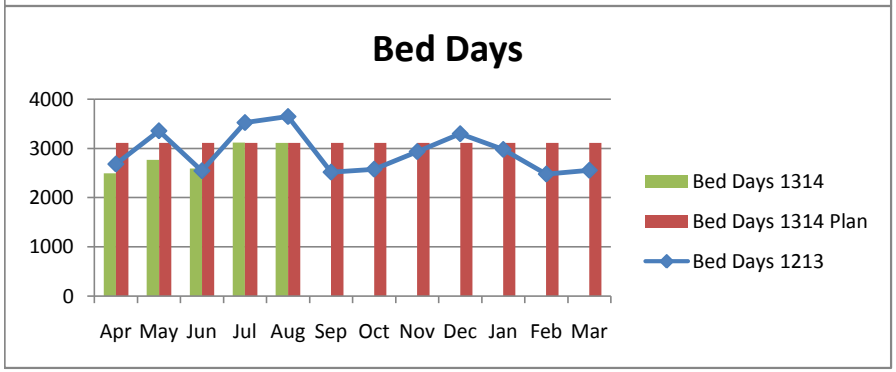
Activity

YTD 13/14 Actual	Var v plan		
13,223	1,598	12.1%	
14,066	(1,463)	-10.4%	
59,983	203	0.3%	

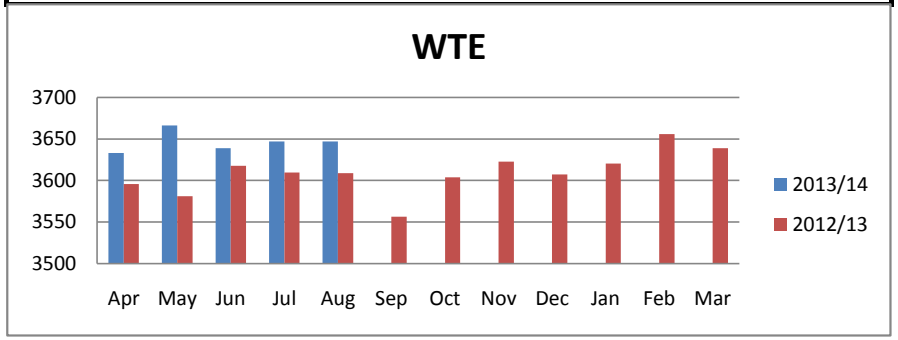
PATIENT ACTIVITY

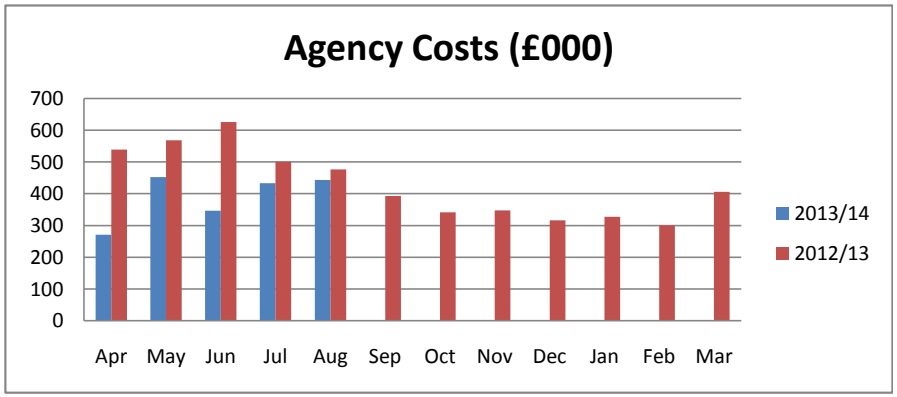






STAFF





	31-Mar-13	31-Jul-13	31-Aug-13	RAG Rating
NHS Debtor Days (YTD)	9.87	9.25	9.09	G
IPP Debtor Days	130.92	140.97	150.35	R
Creditor Days	29.88	24.63	28.30	G
BPPC (YTD) (number)	83.9%	84.4%	83.3%	A
BPPC (YTD) (£)	83.4%	87.1%	90.3%	G

Trust Board
24th July 2013

Patient Experience, Patient & Public Involvement (PPI) and PALS (Annual Report 2012/13 and Q1 2013 Report) **Submitted by:** Liz Morgan, Chief Nurse & Families' Champion	**Attachment O**

Aims / summary
To update the Board on

- Trust-wide patient experience, PPI and Pals activity and achievements in 2012/13 and
- progress in relation to the Trust's PPI & Patient Experience Plan for 2013/14 which includes brief extracts from the regular quarterly report of the PALS service for Q1

Action required from the meeting
None

Contribution to the delivery of NHS Foundation Trust strategies and plans
This work is central to Trust objectives which recognises that a positive patient experience is as important as patient safety and clinical excellence in providing a quality service, and listening and responding well to all stakeholders is key to improving services.

Financial implications
None

Legal issues
None

Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place?
This work is monitored by the Trust's Patient and Public Involvement & Experience committee (PPIEC) which includes both parent representatives, and Members Council representation. Pals work was also monitored in 2012/13 by the Trust's Quality & Safety Committee.

Who is responsible for implementing the proposals / project and anticipated timescales?
Grainne Morby, Head of Pals & PPI

Who is accountable for the implementation of the proposal / project?
Liz Morgan, Chief Nurse and Families Champion

Attachment O

Patient Experience, Patient & Public Involvement and Pals
Annual Report 2012/2013

1. Summary

'What happened to me and how I feel about it', GOSH's definition of patient experience, is broad and deliberately subjective as every single staff member in every service area can make a difference to the way in which a family experiences their visit, as do the expectations and past experiences brought with every visitor.

This report brings together highlights of some of the work done in 2012/13 at a Trust-wide level on improving patient experience, engaging patients, parents and membership and in listening to, and responding to the concerns voiced by users of GOSH services. This report no longer includes details of divisional or specialty patient and public involvement and experience work as this is are now firmly embedded in divisional plans and reports.

This report also draws on the Pals Annual Report 2012/13 by including the key themes identified by Pals from its casework, and the Trust's response.

2. Trust-wide highlights

2.1. A new 3 year Patient & Public Involvement & Experience strategic plan

This was approved by Trust Board and Management Board in January 2012 and positive results for Year One's Action Plan were received, reviewed and monitored by the Patient and Public Involvement & Experience Committee (PPIEC). The following was achieved:

2.2. Young People's Forum

A key focus of the strategic plan was to place the voices of children and young people at the heart of involvement work. We knew that previous attempts to sustain children's and young people's participation had proved short-lived. We wanted young people to create their own agenda and work programme but to also advise clinical divisions and its specialties in improving services.

The first meeting of the Young People's Forum took place in August 2012 and three further meetings took place in-year. The enthusiasm and commitment of the members has been overwhelming and a work programme focussing on helping the Trust improve transition to adult services, and a decision to set up a Facebook site were agreed. The Trust is being assisted by Changemakers to ensure that the young people learn skills of leadership, participation and teamwork in recognition of their contribution to improving services.

2.3. Real Time Patient Experience

The Transformation Board discussed the evaluation of a pilot using volunteers and i-pads to collect 'real-time ' parent/patient views on four wards in June 2012. It decided then that it did not require a 'clinical dashboard' approach to the collection and reporting of patient experience and would favour a more face-to-face 'ward tailored' approach using other media such as focus groups, regular teas/meetings, comment cards and the '15 Step' approach piloted by the Nursing Team's Visible leadership programme. However, this strategy has been reviewed to take account of the need to publish Friends and Family' test data for all in-patients, out-patients and day case patients from April 2014 and the recognition that this would be more easily achieved with a trust-wide IT supported patient feedback system. Funding for a dedicated project worker was successfully achieved by year end.

2.4. Main reception refurbishment and front of house service standards

Bespoke customer service training workshops have been delivered following a volunteer-aided participant observation survey of main reception, accommodation and transport reimbursement services. Service standards have been developed taking into account family and staff feedback and work has started to roll them out. This includes the feasibility of promoting them during

Induction and having bespoke sessions with staff other than those who work on main and Outpatients receptions.
A consultation exercise took place in December 2012 to obtain views and preferences about the refurbishment plans for reception. The feedback was largely positive, however, there was some concern that there needs to be space and quiet zones and textures for those with special needs and learning disabilities. Also older patients wanted space and facilities. Parents were keen to point out that the reception area should allow and facilitate way finding and navigation to the rest of the hospital. The project team working on the refurbishment has welcomed the feedback and will continue to work with the PPI team to ensure feedback is acted on.

2.5. The needs of Orthodox Jewish families
To gain a deeper insight into the issues faced by or those from another culture or language, we started a programme of focus groups. In 2012/13 we concentrated on the needs of Orthodox Jewish families. Topics covered include communication and information, the time and attention received, how involved patients and families were in decisions about care and treatment, how well personal and spiritual needs were met, food and general comments on staying with us. A task and finish group for one year (2013/14) will prioritise issues and work on implementing the findings.

2.6. The needs of patients and families living with Autism
To gain a deeper insight into the issues faced by families with children with special needs, a targeted focus group was held with parents and young people living with autism.
Findings and recommendations have been reflected in and will be implemented through the Trust's Learning Disabilities Action Plan and Charity funding for a part time Learning disability Nurse Consultant was obtained.

2.7. Response to Survey of Nationally Commissioned Services (NCS) by Picker Institute
A patient survey, commissioned by the Department of Health from Picker, of specialist services nationally included five services offered at GOSH (lysomal storage disorder, heart & lung transplantation, epidermis bullosa, rare neuromuscular disorder and Bardet Biedl). Overall the results were clinically positive although families need better information and support on social care. A response from GOSH, including action plans for each service was put in place.

2.8. Patient Experience Project with UCL Partners
GOSH collaborated with UCL Partners in new project called 'Listening to Patients' which involves a series of short seminars for junior (S/CT1) trainees to meet patients and listen to their stories. Over 150 trainees will attend the seminars and each will undertake a project in their own workplace to improve patient experience. The first seminars took place in February 2013.

2.9. Outpatient Survey
The bi-annual patient and family outpatient experience survey, drawn from patients who used Outpatients in June and July 2012, was commissioned from Ipsos Mori and the results were presented to Trust board. Once again we achieved very high levels of satisfaction generally, sustaining the 95% overall satisfaction achieved in the 2010 survey**.** Key areas highlighted for improvement are appointment arrangements, knowing how to complain, ensuring that the needs of patients with special needs are better catered for and giving young people the opportunity to talk to a doctor or nurse on their own during a consultation, as well as with their parents. Action plans have been put in place to address these issues.

2.10. Inpatient Survey
Ipsos Mori was commissioned to undertake the annual inpatient survey for 2012 with field work completed in January/February 2013. The results were presented to Trust Board and an action plan to address the findings has been put in place. Patient and family satisfaction rates remain very strong, despite a small year on year decrease (93% 2013 vs 96% 2012). Patient and family advocacy rates (friends and family test) are very high at 96%. This is complemented by a 90% score from Trust staff in the staff survey and this benchmarks very well against other Trusts in

the UK (only 8 trusts had staff advocacy scores of 90%+). Confidence in doctors (97%) and nurses (94%) remains extremely high - in previous work to identify the most important criteria for parents and young people, this was the most important driver of satisfaction. Improvements are needed generally for patients with special needs, the provision of play and activities, the quality of food, discharge processes and information. We also need to increase awareness amongst parents/patients about how to complain, give feedback, the availability of Pals, and hand washing.

2.11. Focus Groups on use of Patient experience outcome measures (PROMs) and Patient Experience measures (PREMs)

Two focus groups were organised, one with young people who are currently GOSH patients, the other with their parents/carers to capture service users' views on PROMs and PREMs, on how best to use these in a clinical setting and how to engage effectively with parents and patients so they understand the importance of completing these questionnaires as part of routine clinical care. These focus groups were funded by an MRC Public Engagement fund.

2.12. Patient led inspections of the care environment (PLACE)

There was a very positive response from patients and parents to participate in PLACE inspections of ward environments and food. Training took place in March 2013 prior to the first inspection due to take place in June 2013. The inspections will comprise 5 teams of 6 people and there is a requirement for 50% of the team to be made up of patients.

2.13 Support to divisions

The PPIE Officer provided advice and practical help to all divisions in 2012/13. Highlights included research to improve the care pathway for Duchenne Muscular dystrophy patients, support to the Complaints teams in making the process more 'patient and family friendly', support for a surgery workflow survey, the Panda daycentre playroom refurbishment, a parent reporting adverse events project, patient focus groups in Cardio-Respiratory and help to develop a measurement tool to assess the patient experience of being treated for conditions within Endocrinology.

3. Patient Advice and Liaison Service

3.1. Activity 2012/13

Pals helped over 2.800 families and patients during the course of the year and its casework provides the Trust with a useful barometer of patient experience. Pals recorded 1,139 cases and overwhelmingly these were parents who had problems, concerns or complaints that needed to be resolved.

A separate and more detailed Pals Annual Report for 2012/13 is available. However the following 'themes/issues' were identified in year and reported to both the Trust's Quality & Safety Committee and the Patient and Public Involvement and Experience Committee.

4. Key Issues for Improvement identified by Pals in 2012/13

4.1. Clinical units not following MRSA policy on removal of alerts

Pals provided evidence that there was 'confusion' as to whose responsibility it is to remove an MRSA alert from the patient information system. In addition many families find isolation to be a distressing and humiliating experience, however sensitively this is done by staff. Parents do not always accept the necessity for isolation, and many GOSH patients are frequent attendees at local hospitals and therefore find it hard to meet the criteria for removal of the alert.
It was clarified that clinical divisions are responsible for alerting infection control to when MRSA alerts should be removed and The Head of Infection Control agree to highlight this element of long-standing policy again at relevant committee meetings.

4.2. Eligibility for NHS treatment (and the consequences of giving wrong advice)

Three cases were highlighted in–year which showed the need for staff to seek the advice of Legal services when interpreting guidance, and for Legal Services to take a proactive role in ensuring that clinical managers understand their responsibilities and have accessible guidance.

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

4.3 Communications between staff, patients and families in Rheumatology/ Physiotherapy

Pals provided details of several cases brought to Pals by families who were unhappy/'felt intimidated' with service communications in order to evidence the complexity of some of the issues that families raised and that staff grapple with. This provided a good example of the many services at GOSH that provide care for complex patients, some with family psycho-social issues, where expectations need to be managed with care and where pre-admission information and continuing clear communication needs to be of the highest order.

4. 4. Problems caused for families as a result of the move of the Fares Reimbursement Desk to a main hospital corridor

The temporary relocation of the desk to the busy Lagoon corridor which took place over the Christmas period was never going to be popular but could have been better planned. However, since the move the installation of a ticket machine and a defined, dedicated waiting area, the queue management system works. Installation of informative signage was installed following feedback from families and Volunteer Services identified GOSH Guides who now provide both directional support to our families on the location of the office, and further information on the process of obtaining a fares reimbursement. It is reluctantly accepted that there was not a better alternative available at the time but Pals is still recommending a location that allows more privacy and dignity.

4.5. Problems caused for families as a result of the move of the Family Accommodation Office

The temporary relocation of the Family Accommodation Office from the ground floor to an upstairs office in the Cardiac wing is also not popular with families. All Trust wayfinding was updated for Accommodation's new location and the Trust's Manual Handling Trainer produced a risk assessment on the layout of the office. However it remains inconveniently sited for families with buggies and suitcases and breast-feeding mothers attending for vouchers. There is no plan to move the office until the new main reception area opens.

4.6. Problems with making clinic appointments and availability of clinic slots

Since raising family concerns the appointment lines have relocated from the various locations of reception areas in Outpatients (OPD) to one designated location following the opening of the new OPD area in the Frontage Building in January 2013. This has provided a quiet environment for calls to be received. The volume of calls continues to be monitored on a daily basis and during busy times an additional member of staff provides support from the level 1, Frontage Building reception. All receptionists are fully trained in covering the appointment lines in order to ensure flexibility of cover and consistency of service. Demand and capacity for clinic appointments continues to be a concern that will be addressed by an Outpatients Improvement Project which will include two parent representatives on its Stakeholder Board.

4.7. Problems caused for families by GOSH cancelling clinic appointments in many specialties at short notice

There has been an increase in families raising this as a concern, occasionally having arrived at GOSH to find the appointment has been cancelled. Families have usually booked tickets in advance to get cheaper deals which they cannot always get refunded; they often take time off work not always paid, and some have made considerable efforts to organise transport, occasionally overnight accommodation and sibling care. A family can be many hundreds of pounds out of pocket, the overwhelming costs of which are borne by the family.

Cancelling appointments is wasteful of families' time and creates logjams for the future. This will be addressed in more detail as part of an Outpatients Improvement project for 2013/14 which includes two parent representatives on its Stakeholder Board.

4.8. Gastroenterology service

Pals has raised a range of family concerns with many aspects of the gastroenterology service over the last three years. Although the service continued to attract a disproportionate number of concerns in 2012/13 it has become apparent that the improvement project and new referral and admission processes and criteria that have been put into place are beginning to have a positive effect. An analysis of recent gastroenterology service enquiries to Pals shows that there has been a marked decrease in complex and long-term cases and a corresponding increase in promptly resolved cases – suggesting that the service as a whole is becoming increasingly responsive. Pals continues to actively support the improvement plan (which is available on GOSH web), monitor enquiries closely and ensure relevant managers are kept informed.

5. Concluding Remarks

Overall the Trust is making good progress in ensuring that a positive patient experience is seen as complementary to keeping patients safe and providing clinical excellence. There is greater

commitment than ever before to engage Members, patients, parents, public and staff, particularly at Divisional and specialty level. It is anticipated that as the Members Council begins to settle in, extend its knowledge base and councillor involvement, it will help us to ensure that we focus on what matters most to our users and how we can listen better to improve more.

Attachment O

Patient Experience and PALS Report – Update on plan and Q1 2013 Report

1. Introduction

GOSH's 3 year Patient & Public Involvement & Patient Experience plan, agreed by Trust Board in January 2012, is monitored by the Patient & Public Involvement & Experience Committee (PPIEC). This report highlights recent activity to assure Trust Board of our commitment to improve the patient experience through engagement and involvement with patients and their families.

This report also includes themes identified through Pals Q1 casework (April - June 2013) and brief details on case activity. Pals role is to resolve concerns informally for patients and families and to ensure that the Trust is made aware of issues where services could be improved. It is therefore a useful barometer of patient experience.

2. Patient and Public Involvement & Patient Experience activity

2.1. Young People's Forum

The fifth and sixth meetings of the Young People's Forum have focused on branding and Identity, advice to Paediatric Intensive Care Unit on privacy and dignity issues, merchandise and the hospital shop, advising on research into eating for children with cancer and transition to adult services. The Forum now has its own Facebook page and has over 20 active members.

2.2. Listening Event

The major work undertaken Trust-wide on patient experience during the period has been in relation to planning, holding and responding to feedback from a very successful Listening Event that took place on June 22. The event brought together over 80 staff, patients, children and young people and was attended by the Chief Executive and other senior managers. Response to the feedback will be subject to separate and more detailed reports to Trust Board.

2.3. Patient led inspections of the care environment (PLACE)

There was a very positive response from patients and parents to participate in PLACE inspections of ward environments and food. Training took place in March 2013 prior to the first inspection which took place in June 2013.

3. PALS April 2013 – June 2013

The following issues /themes were identified from Pals Q1 casework and discussed at July's Patient and Public Involvement & Experience Committee.

3.1. Issue: Cardiac surgery cancellations and poor communications (18 families raised concerns re cancellations, and an additional 13 families had expectations which could have been better managed or where communications could have been better)

Cardiac	**Cancellations**	**Response from service manager**
cases 9536, 9512	The effect on families ranges from their incurring additional, sometimes substantial costs and	Cardiac are recruiting nurses and growing the Cardiac Intensive

9760, 9573 9807, 9697 9600, 9509 9577, 9609 9483, 9507 9514, 9576 9695, 9524 9614, 9632	the psychological effects of having 'steeled ourselves for an operation and then we have to do it all over again'. Cardiac had an issue this quarter with high numbers of patients cancelled for Cardiac surgery either shortly before, or unfortunately on the day. This is to do with • having to prioritise a significant number of urgent cardiac cases • Cardiac intensive care being very busy • Insufficient staff to open to full capacity sometimes so difficult to manage the number of surgical cases booked.	care capacity but that takes time. We do everything we can to inform patients before they come to GOSH of surgery cancellations but it is not always possible. We have informed staff who have to inform these patients/families that they have been cancelled to focus on the needs of the patient in front of them i.e. "you are at no risk from waiting slightly longer for your procedure" rather than on the patient who is having the surgery "a more urgent patient was seen instead of your son/daughter". Also we are trying to ensure that clinical staff deliver this news and not administrative staff.
9580, 9517	**Expectations** Frustration that patient not seen by the clinician the family expected.	We are working with the clinical teams to ensure that expectations are set that patients are seen by 'a team' rather than "the consultant".
9551, 9537, 9699, 9518, 9743, 9569, 9547, 9501 9628, 9714 9749.	**Communication** Several patients complained they are not contacted by the booking office when they expect to be. This is often because the patient has understood from Cardiac staff that they would be contacted before the booking office would normally expect to make contact.	At the weekly Multi-disciplinary team (MDT) meeting we intend to provide rolling data showing the next available elective cardiac surgery slot so that the Cardiologists know how long it is likely to take for a patient to have 'routine' surgery to better inform their discussions with patients and families.

3.2. Issue : Poor communications and admission delays/cancellations within the Surgery Division – notably in General surgery, Orthopaedics and Spinal

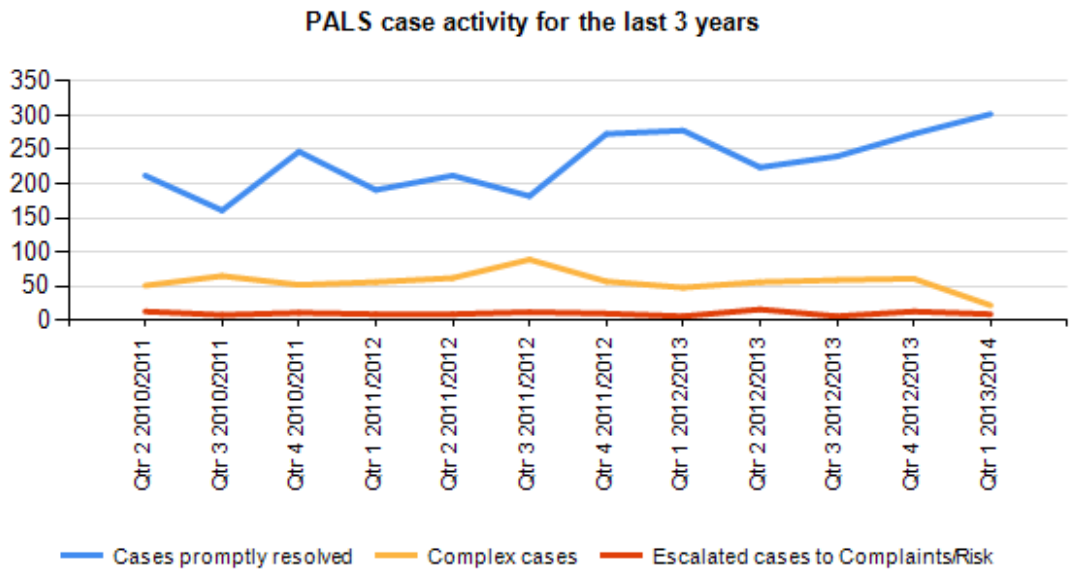
General Surgery, Orthopaedics Spinal	**Poor Communications**	**Response from Service manager**
9774, 9612, 9727, 9761, 9805, 9768, 9497, 9701, 9808, 9548, 9575, 9816 9559, 9827, 9711, 9812,9544, 9686,	Pals has seen a marked increase in the number of concerns raised by families about the surgical division in the last quarter. This was particularly high within	This is highly regrettable but was due to staff sickness, and annual leave. Surgery has also had a number of new employees join the team, and at the same time.

9698, 9766, 9793 9667, 9504, 9753 9719, 9800, 9527 9770, 9645, 9604 9786, 9525, 9775 9689, 9709, 9781 9796, 9763, 9706 9846, 9767, 9754 9598, 9552, 9120 Admission 'delays' or cancellations: 9742, 9560, 9702 9803, 9716, 9740 9802, 9759, 9747 9596, 9758,9733 9721, 9562	General Surgery, Orthopaedics and Spinal specialities The key theme was one of a lack of communication, and failing to answer telephones and return calls to families. A common theme was a lack of response from a 'secretary ' or that a patient had been waiting for, and enquiring about an out-patient appointment.	In the last two weeks (July) Surgery has appointed a further employee through bank, to help cover the long term sickness absence. Surgery has also had a new office Manager start work on 1 July. Surgery has put systems in place to ensure that the phones are covered, and that messages left are returned in timely manner. The Office Manager plans to monitor this carefully over the next few weeks.

4. PALS Casework Activity in Q1

- 303 Information enquiries
- 301 Promptly resolved cases
- 23 Complex cases
- 9 Formally escalated cases to Complaints/Patient Safety

4.2. Pals case activity for the last 3 years (not including Whites)



4.3. Complex cases were resolved in liaison with staff – but a flavour is given below.

Communication includes parent of children under Gastroenterology needing to have children's care plans explained to her by the Service manager
Clinical Care includes parent wishing to change Consultant as 'very unhappy' with care plan and communications.
Inpatient experience includes family very upset as they felt Consultant had blamed them for surgery cancellation due to patient having eaten whereas this was a ward error; poor nursing experience on cleft ward; father concerned that he did not understand 'known side effects' as there was no interpreter and child ended up in intensive care; parent concerned to know more as incident forms filled out when child without IV access for several hours and with 'skin viability issues'; parent querying whether all teams correctly recording child's weight as discrepancies occurred prior to surgery; family concerned re possible infection following platelets transfusion.
Out-patient experience includes patient/family returning to repeat tests as bloods and biopsy results were lost only to discover that they weren't on ward list so had to be relocated to another ward – all these errors compounding their nervousness over our ability to do second set of tests successfully; Consultant asked to review notes /care plan as father feels that son has been on steroids too long.
Admission/Discharge includes support/liaison and meetings with a parent with a very difficult decision to make and live with, in relation to her child's care; a parent refusing discharge from GI suite despite their being no clinical reason for the child to stay at GOSH; a family on PICU who do not want to return to local hospital who they feel failed their child leading to respiratory arrest and transfer to GOSH..

5. Update from relevant Service Managers on 'themes' identified by Pals in Q4 January - March 2013

Issue : Problems caused for families by GOSH cancelling clinic appointments at short notice raised by 29 families.	**Update**: GOSH has set up an Outpatients Improvement project to explore ways to improve capacity, throughput and the patient experience. The Board will meet monthly and has recruited two parent representatives to contribute to the work which is expected to continue throughout 2013.

6. Cases formally escalated to Complaints or Risk teams

Pals identified 9 cases in Q1 which were escalated to Formal Complaints or Risk teams under agreed protocols. These cases and their outcomes will be reported to committee under Complaints and Risk reporting protocols.

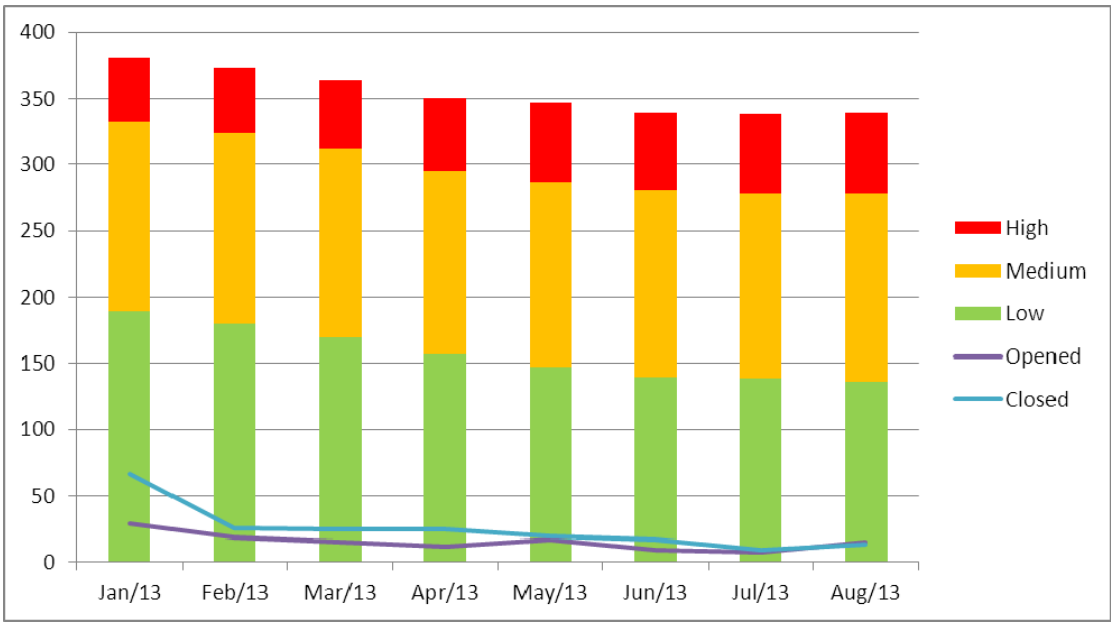
Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **25th September 2013**	
Risk Management with a focus on the timeliness of risk reviews **Submitted by:** Mr Robert Burns Director of Planning and Information	**Paper No: Attachment P**
Aims / summary This paper is to inform the Trust Board of the timeliness of risk reviews as agreed in the previous Trust Board meeting.	
Action required from the meeting To note the report and feedback any comments	
Contribution to the delivery of NHS Foundation Trust strategies and plans This report indicates the monitoring of the Risk Management process as outlined in the Risk Management Strategy.	
Financial implications N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Salina Parkyn, Assistant Head of Quality and Safety	
Who is accountable for the implementation of the proposal / project? Salina Parkyn, Assistant Head of Quality and Safety	

Attachment P

Risk Management Report: January – August 2013

1. Trust Risk Register Summary

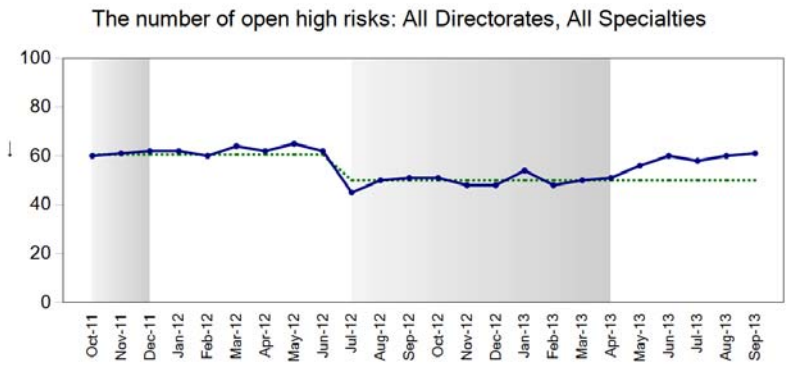


Description: Total Trust risk register by month and risk level, including opened and closed risks. There are currently 326 open risks on the risk register in total (at10/09/13)

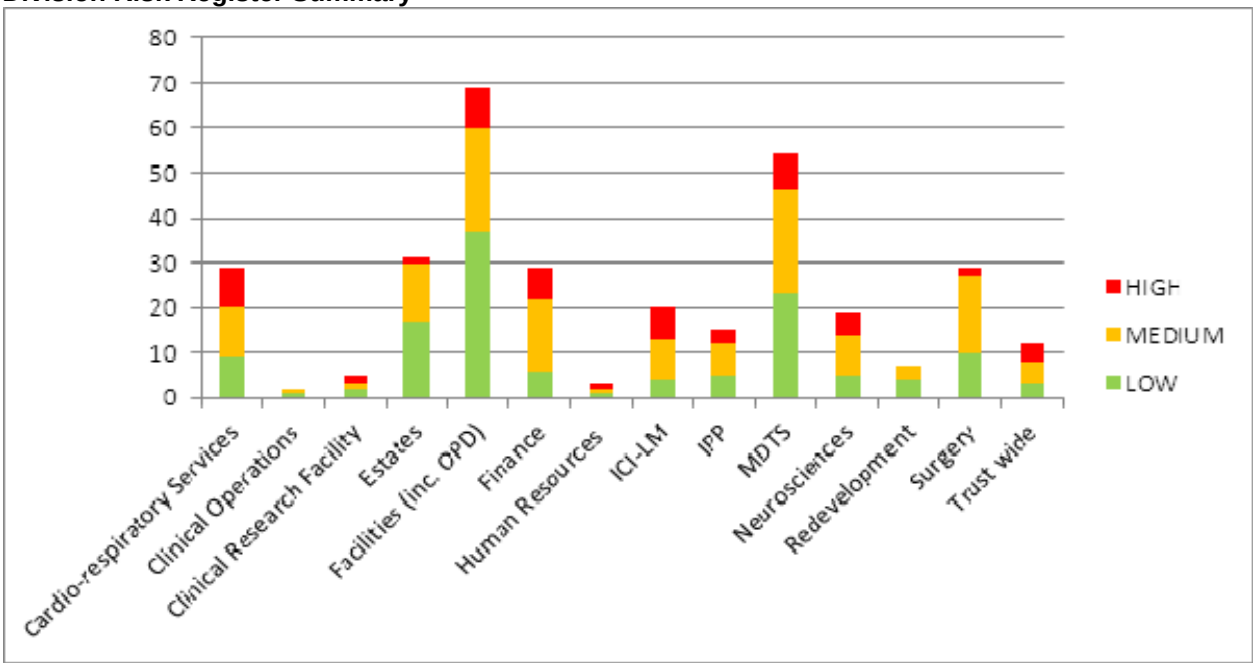
Comment: The number of medium / low risks has reduced (see Fig 1). This could be attributed to the increased effort to reduce the amount of aged risks. The process for managing "Accepted Risk" has recently been agreed and, once implemented fully will contribute further to a reduction in risks on local risk registers. It should be noted that the number of high risks is two data points away from a statistically significant increase (see Fig 2). This is due to the work being carried out to encourage all areas to use Datix to record and monitor their risks and not use local excel or word documents which requires a further step of somebody updating Datix at a later date.

Fig 1

Fig 2

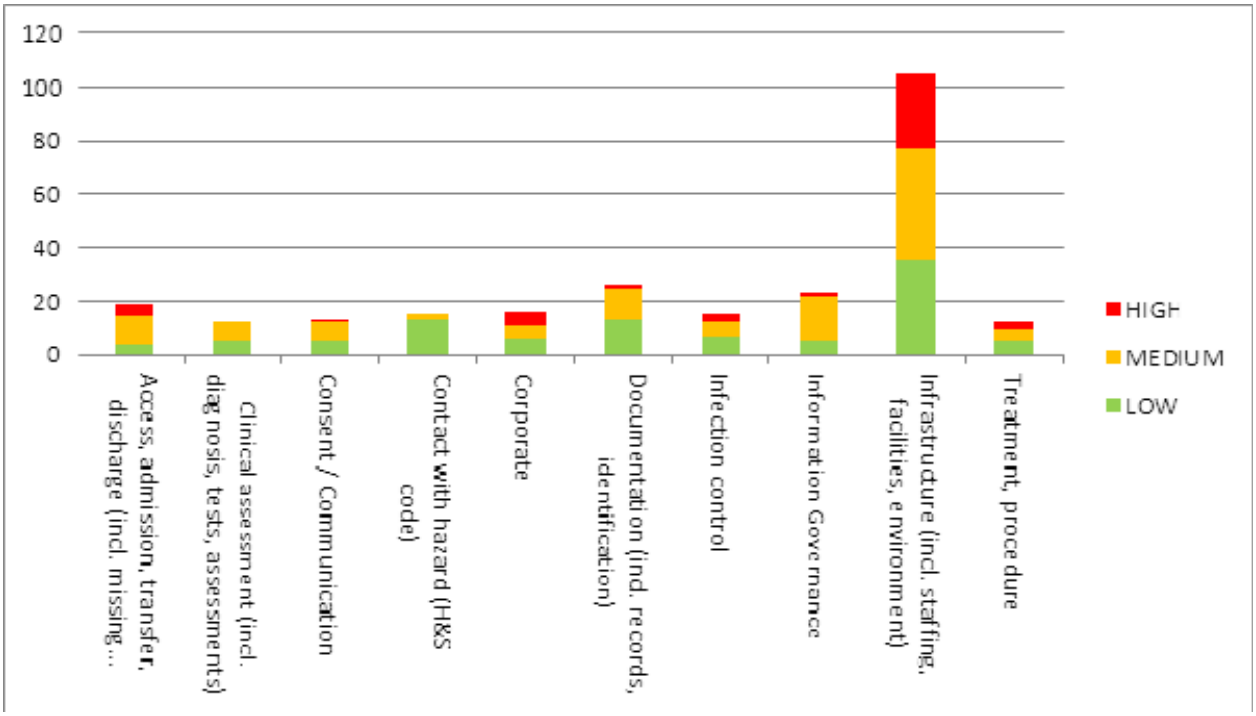


Division Risk Register Summary



Description: Division risk register for August split by low/medium/high
Comment: The graph above evidences that the corporate areas are now using Datix to manage their risk registers which could explain the increase in the number of high risks on the register, the additions to Datix include Estates, Facilities, Human Resources and Finance who previously managed their risks on local designed databases.

Attachment P



Description: Top ten risks open by risk type (theme) and grade
Comment: Infrastructure is the largest risk type of high rated risks making up 33% of the Trusts overall risks. 106 risks are categorised as 'Infrastructure', 28 of these are graded as high.
The top 3 high risk rated Infrastructure risks currently open are:

- Delay/standards of cleaning
- Environment – temperature
- ICT capacity/services

In July 2013 the Facilities team tasked MITIE to deliver a transformation project to address the concerns raised regarding the standard of cleaning. Facilities and MITIE are due to meet at the end of September 2013 to review the improvements and assess outstanding concerns.

The Health and Safety team will continue to work alongside the Estates team to support staff manage temperature issues during weather extremes, whilst accepting the limitations of the infrastructure.

There is currently a strategic review and remedial improvement programme in place to address the ICT capacity and service issues.

2. Management of Risks

The Trust's Risk Management Strategy dictates that risks graded as high must be reviewed every 4 weeks, medium risks must be reviewed every 8 weeks and low risks must be reviewed every 12 weeks.

The risks are reviewed at the Risk Action Groups, the majority of which are held monthly. The Risk Action Groups have all agreed to use Datix to maintain and monitor their risks. There are still divisions and corporate areas who are not updating their Risk register 'live' in their Risk Action Group meetings, requiring hand written notes to be taken in the meeting and Datix being updated at a later stage. This is evidenced in the graph below, the Risk Management team can confirm that high risks were reviewed within the last 4 weeks in many of the divisions (ICI-LM and Neuro) but Datix has yet to be updated. The Risk Management Team will continue to work with their Divisional colleagues to ensure the transition is efficient and timely.

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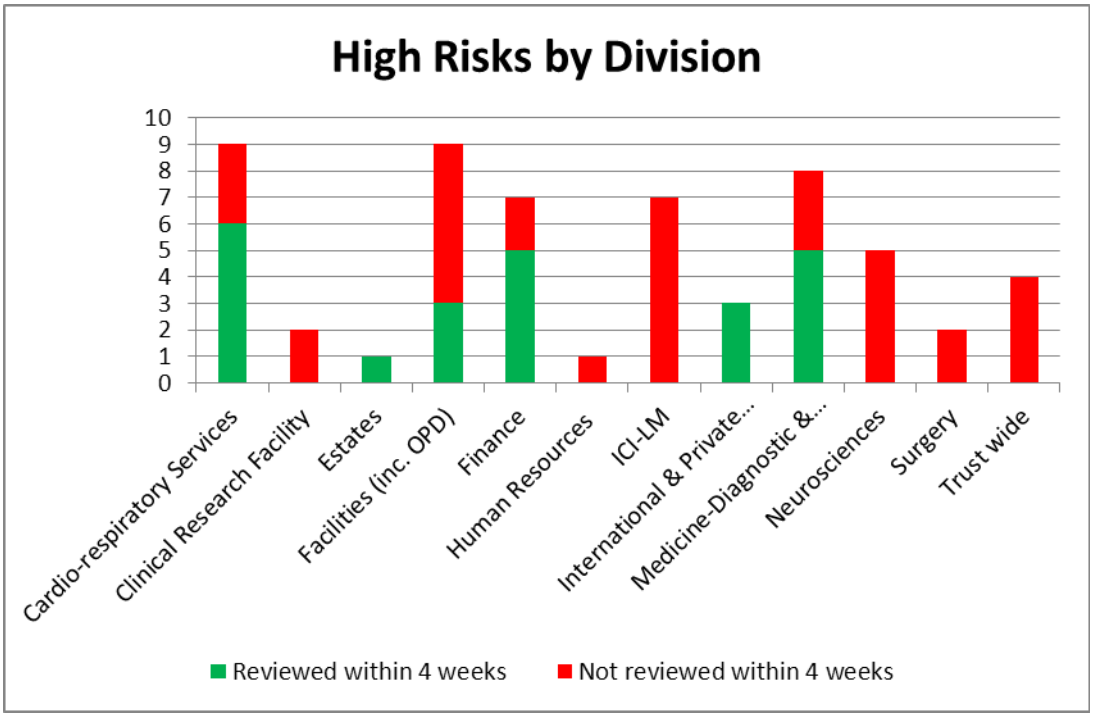
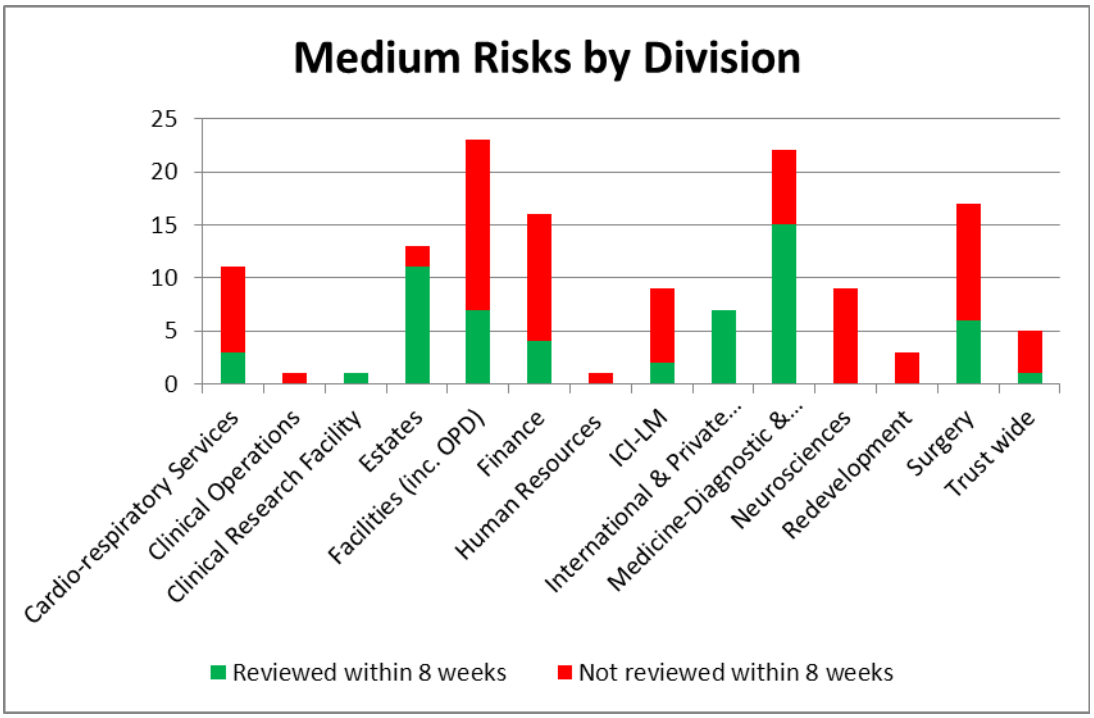


Description: Number of high risks by division split into those reviewed within policy and those not reviewed within policy.

Comment: Current number of open high risks is 58 and the percentage reviewed in last 4 weeks is 39.66%



Description: Number of medium risks by division split into those reviewed within policy and those not reviewed within policy.

Comment: Current number of open medium risks is 138 and the percentage reviewed in last 8 weeks is 41%

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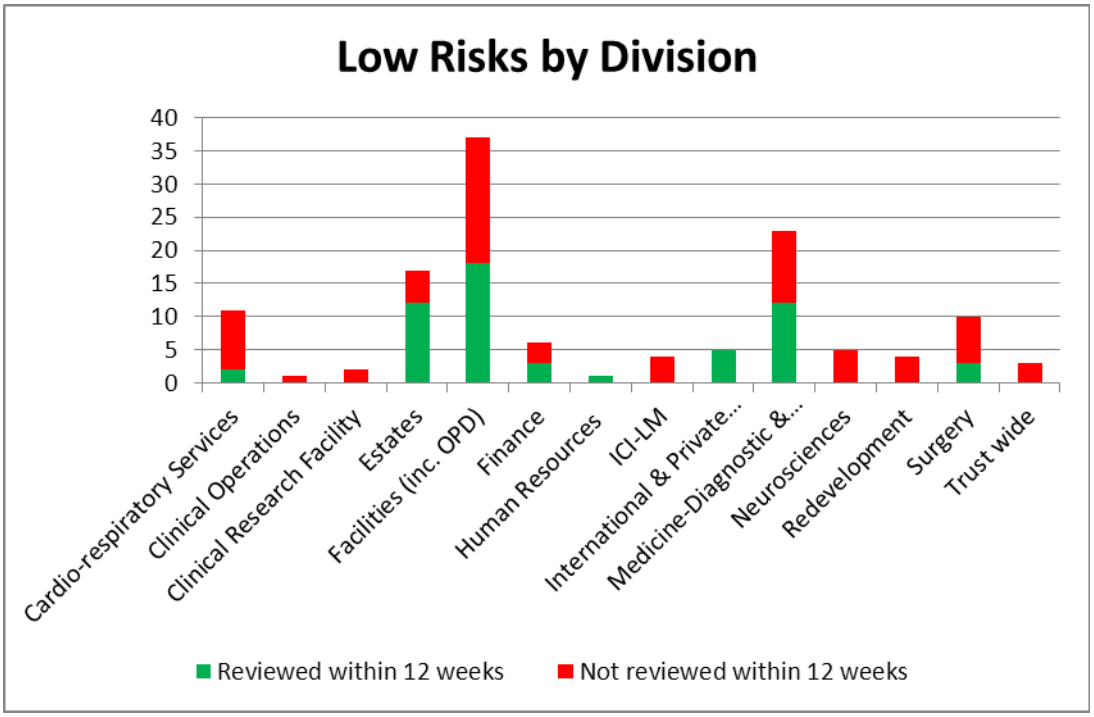

Description: Number of low risks by division split into those reviewed within policy and those not reviewed within policy.
Comment: Current number of open low risks is 129 and the percentage reviewed in last 12 weeks is 43%

3. Management of Risks

The Risk Management team will continue to work alongside the Divisions and Corporate areas to ensure that risks are reviewed in a timely manner is line with the Risk Management Strategy.

The Risk Assurance and Compliance Group (RACG) receives a monthly report on the risks graded 12 and above. The annual work plan has been amended to include a rotation of Divisional Managers attending the RACG to review their risks and the management of their risks.

General Managers and Heads of Department will also be asked to attend the group to provide assurance when risks have not been reviewed in the required timeframe and when the risks are graded at 20 and 25.

4. Board Assurance Framework Management of Risks

The Board Assurance Framework (BAF) is a key mechanism which boards should be using to reinforce strategic focus and better management of risk. The risks on the BAF are those that have been assessed to compromise our Strategic Objectives.

The BAF is managed and monitored through the Risk Assurance and Compliance Group (RACG). The group meets monthly and seeks assurance on the controls and mitigations for the identified risks. These risks have an Executive Director who is responsible for ensuring that the risks are reviewed and updated on a quarterly basis. The table below indicates the compliance with this process.

Attachment P

Director Responsible	Number of BAF Risks	Number of Responses Post 01.07.2013	%
Chief Finance Officer	5	5	100%
Chief Nurse	2	2	100%
Chief Operating Officer	12	12	100%
Director of Human Resources	6	6	100%
Director of International Private Patients	1	1	100%
Director of Planning & Information	9	9	100%
Director of Redevelopment	2	2	100%
Director of Research & Innovation	1	1	100%
Medical Director	5	5	100%
Total	**43**	**43**	**100%**

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **25th September 2013**	
Redevelopment report **Submitted by:** Matthew Tulley, Director of Redevelopment	**Paper No: Attachment R**
Aims / summary Provides a progress report on the current position of the redevelopment programme highlighting specific risks and issues that may impact on successful completion of current projects.	
Action required from the meeting None this meeting	
Contribution to the delivery of NHS Foundation Trust strategies and plans Contributes to the delivery of objectives 1, 7 and 8.	
Financial implications None	
Who needs to be told about any decision? Project boards for 2b enabling, 2b and 3a.	
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	

Attachment R

Redevelopment Report (September 2013)

Executive Summary

1.1 The main 2b enabling works are now progressing well. However, previous delays and uncertainty regarding the decant plan for a small number of current occupants in the Cardiac Wing mean that there is a considerable risk to the planned handover of Cardiac Wing on May 6th to the main 2b contractor.

1.2 The 2b competition is progressing to plan. All three contractors continue to display considerable appetite for the scheme. Bids will be received on the 11th October. The project remains within the agreed budget.

1.3 The feasibility study for phase 3a has identified an elegant solution to meet the existing brief. However, due to uncertainties regarding elements of the brief and the need to confirm the overall budget the Strategy Group meeting in July was not able to recommend that the project proceeded to the next stage of design. Further work has addressed these issues and it is anticipated the project will proceed to the next design phase. The 3a OBC has not progressed as much quickly as anticipated and requires further work before a draft can be circulated.

2.0 Morgan Stanley Clinical Building

2.1 There remain a very small number of minor snags and defects that the Trust and BAM are working on to resolve. Therefore the final completion certificate has not been approved and the retention not authorised. This process is anticipated to complete in the next 4-6 weeks.

2.2 The Post Occupancy Evaluation is at mid-point. The Medical Architectural Research Unit (MARU) from Southbank University is undertaking this work. The review looks at the planning and implementation of the MSCB scheme and the subsequent use of the building. Data is being gathered from interviews and observational studies of operations. The review is progressing well. The report should be available for distribution and discussion in November/December

3.0 2b enabling works

3.1 The enabling works programme continues to represent a significant logistical and delivery hurdle for the Trust to achieve. However, all of the major schemes are now progressing and works have started on site. The angio/PACU scheme, following the reported ground works issues, is 20 weeks behind programme. It is now making good progress with the major steel structures having been installed.

3.2 The significant risk for the programme is the relatively large number of small projects and the fact that the GOSH site is at capacity. Minor changes to operational requirements can have a disproportionate impact on the ability to deliver the enabling works. The key decision to be made by the Trust relates to the requirement for additional outpatient space in the short to medium term and the location for of this. A decision is expected by 20th September.

3.3 The programme is still working to a handover date for the Cardiac Wing of 6th May 2014. The enabling board has recognised the risk around delivery of this date and mitigation measures are being included in the 2b contract.

4.0 Phase 2b – Premier Inn Clinical Building

4.1 The procurement process continues. A short list of three bidders (BAM, Brookfield Multiplex and Skanska) were invited to take part in the second stage of the dialogue process. This process has now been officially completed and contractors have been invited to submit tenders. The return date is 11th October.

4.2 The evaluation process is scheduled to make a recommendation to the November Trust Board for approval. This timetable anticipates the finance agreement being completed by November 1st.

4.3 The project budget remains within the approved FBC figure of £103m.

4.4 Following the earlier liquidation of the project architects design team appointments have been confirmed for structural and MEP services. The contract for architectural services is still to be finalised.

4.5 Final design information will be submitted to bidders on 13th September. We know, and bidders have been made aware, that following some changes to clinical practice and guidance, there will be further minor changes to the design. In overall terms this is immaterial.

5.0 Phase 3a – Centre for Children's Rare Diseases Research

5.1 The 3a feasibility study was delivered in July and debated at the July meeting of the CCRDR Strategy Group. The study is a comprehensive piece of work detailing the opportunities to maximise the development of the site and meet the GOSH and UCL briefs. The cost estimate for the scheme detailed in the feasibility study was £73.6m.

5.2 The design team has looked at a number of ways to maximise the development potential of the site. A key feature has been the introduction of laboratory space in the lower ground floor, making the habitable area of the building greater and making the introduction of a second basement possible.

5.3 The study raised a number of issues for the client team to respond to. These included confirmation of some elements of the brief, notably the requirement for laboratory space, confirmation of the massing option to be progressed, views on the access and egress routes, the use of lower ground floor space as habitable lab space and the attitude to risk regarding rights of light.

5.4 During the ensuing debate a numbers of points were raised the most important of which were confirmation from GOSHCC that the budget is £70m and UCL stating they believed the laboratory provision is under resourced. It was agreed that the Strategy Group could not recommend proceeding to stage C design.

5.5 Subsequent work has looked at both of these issues;

5.5.1 Additional laboratory space. UCL has re-examined their lab requirements and requested a near doubling of the lab provision. A space analysis shows this can be accommodated within the CCRDR on the basis that an equal amount of space is removed from the brief. UCL has identified two services that they will no longer look to move to the CCRDR, enabling the additional space to be provided. In cost terms the extra over cost of the additional lab space is estimated at between £1.5-£2m.

5.5.2 Cost analysis. A review of the cost allowances (for the original brief) has identified a number of opportunities to reduce the specification of certain cost headings. (Note the instruction was not to do this at the expense of increasing revenue (lifecycle) costs.) The cost analysis suggests that there are controllable factors that can be amended that will deliver the project within the £70m budget.

5.5.3 As noted in 5.5.1 the cost of the additional lab space has not been included within the revised cost analysis. A paper has been produced for discussion by the strategy group as to how the project should proceed with this. Options include GOSHCC increasing the budget, UCL providing the additional funding support or leaving the additional lab space shelled until funding is identified to fit-out this space.

5.6 It is anticipated, based on the revised information available to the Strategy Group, that a recommendation will be made to proceed to the next stage of design development. The GOSHCC Property and Development Committee has been asked to consider approving the funds to take the project through the next stage of design. The stage C design process is programmed for seventeen weeks.

5.7 The development of the GOSH OBC has not progressed as quickly as anticipated. The key issue is the financial position. Although Phase 3a contributes to meeting several of the Trust's overall objectives it currently shows a negative financial contribution. Work continues on developing the OBC, with particular attention to the financial analysis, and a draft will be shared when it is suitably developed.

6.0 Queen's Square Neurosciences Project

6.1 A detailed feasibility study is being progressed to understand the opportunities around the QS project. Clinical planning consultants have been engaged by GOSH to assist in creating the GOSH requirements for this scheme. UCL lead the project with support from UCLH and GOSH. Hawkins Brown have been appointed to compile the feasibility study. It is planned to report in November.

7.0 Southwood Imaging Suite

7.1 Following approval by the Trust Board and Special Trustees the 3T MRI/CT project is progressing. The procurement process for the 3T MRI is nearing completion with a recommendation due by the end of September.

8.0 Recommendations/Approvals

8.1 No approvals required this meeting.

Matthew Tulley

Director of Redevelopment

16th September 2013

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 25th September 2013	
Health and Safety Annual Report 2012-13 **Submitted by:** Ali Mohammed, Director of HR and OD	**Paper No: Attachment S**
Aims / summary This report provides a summary and overview of health and safety activity over the last year.	
Action required from the meeting To note the content of the report	
Contribution to the delivery of NHS Foundation Trust strategies and plans Contributes to the zero harm agenda	
Financial implications None of note	
Legal issues None of note	
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? Aidan Holmes, Health and Safety Advisor	
Who is responsible for implementing the proposals / project and anticipated timescales? Aidan Holmes, Health and Safety Advisor	
Who is accountable for the implementation of the proposal / project? Trust Executive through Director of HR and OD and Chief Operating Officer	

Health and Safety Annual Report 2012 -2013 (Trust Board)

1.0 Introduction

The annual Health and Safety report provides information about health and safety incidents across the Trust for the Health and Safety Committee (HSC), an update on involvement with external agencies and information about key work undertaken by the Health and Safety Team during the previous financial year.

2.0 Context

- The team is made up of two, an advisor and an assistant, whose role is to advise the entire Trust on all health and safety matters.
- The Health and Safety Team sits within the Quality and Safety Department.
- There is no specific budget for health and safety within the department.
- Health and safety issues are reported to the Health and Safety Committee with appropriate issues being escalated to the Overall Management Group.
- The Director of Human Resources and Organisational Development is the new executive director responsible for Health and Safety (with effect from June 2013).

3.0 Achievements

- The number of incidents reported remains steady after the introduction of the online reporting system in 2011

- The Trust must be compliant with the EU Safer Sharps Directive by May 2013. The Trust is currently compliant with this

- The Health and Safety intranet site is complete and will be overseen by the Health and Safety Team

- The Health and Safety Team now benchmark the Trust's health and safety data against other Paediatric Trusts. This will continue in the future with a view to increasing the number of Trusts and data compared.

- The annual audit has been improved and simplified to reduce the workload on the local teams and buttress safety culture.

- The process for assessing the risks associated with the COSHH has been simplified and individual assessments will be placed on the intranet sites for corresponding wards or departments.

4.0 Issues

- A need to introduce *mandatory* risk assessment training for some staff groups has been identified and a plan for implementation is being agreed.

- The on-going redevelopment work will place a strain on the day to day workings of the Trust. All construction work must have a Risk Impact Assessment in place to mitigate the risks associated with patient care and any significant impact on the Trust.

- The permit to work system is being reviewed by the Estates Department as there is a need for the Trust to have greater control of the work undertaken across the Trust.

4.0 Priorities

4.1 Incident Reporting: Regular incident reporting throughout the Trust allows the Health and Safety Team to investigate incidents and accidents and identify themes that may be prevalent. GOSH employees reported 919 Health and Safety incidents from the 1st of April 2012 to the 31st of March 2013 including 100 patient safety incidents. To help the learning process; the Health and Safety Team contact the reporter of incidents to ascertain the wellbeing of those involved in the incident and to establish whether there is an opportunity for learning. Subsequent learning is then spread to the relevant individuals/groups either through the Risk Action Groups, QST Times, Safety Alerts or training sessions/tool box talks.

4.2 Training: Over the past two years, the staff survey has shown that only 60% of staff perceived that they received health and safety training over the last 12 months. The national average was 78%. In response to this there is an aim to make Risk Assessment Training mandatory for relevant groups of staff across the Trust. The groups will be formalised by the 1st of August 2013.

Greater emphasis has been placed on enhancing the safety culture within the whole of the Estates Directorate. Part of this has been an increase in safety training. Staff are openly encouraged to undertake relevant courses incorporating safety aspects which include: Conflict Resolution training, Institute of Occupational Safety and Health training, Ladder training, Site Specific Generator training, Release of Trapped Person training, Asbestos Training, High Voltage Authorised Person training, Power Electronics Generator training, Authorised Person LV (Healthcare) training and Eclipse training (Building System Management).

4.3 Control of Substances Hazardous to Health: COSHH issues within the Trust continue to evolve as newer, safer substances become available. COSHH folders have been implemented for staff on the Wards for a number of years and are a source of knowledge relating to substances and processes. COSHH information is in the process of being ported onto the intranet where each individual Ward has a site contained within the health and safety site. This will allow the Health and Safety Team to update information as and when necessary.

4.4 Redevelopment Work – Phase 2B: Further redevelopment work will take place over the next financial year. It is important that the Health and Safety Team continue to build constructive relationships with our primary contractors and that safety information is acted upon. This should help to keep accidents to a minimum and ensure that any accidents that do occur are investigated thoroughly and openly.

5.0 Progress

5.1 Successes:

- Positive evolution of the Estates department safety culture. This has continued to progress.
- The building of the MSCB with limited health and safety issues.
- Close working relationship with Mansells contractors.

- Achieving Level 3 NHSLA.
- Zero severe incidents reported over the timeframe.
- Overall, the results of the audit improved on the previous year particularly with regards to the Estates Department.
- The Health and Safety Team currently facilitate 17 monthly Risk Action Groups across the corporate areas of the Trust.
- A new Trust Fire officer was appointed further to the previous long standing post holder leaving.

5.2 Concerns:

- Concerns regarding the lack of system for implementing widespread changes in Departments which have a direct impact on safety. Systems need to be in place to assess the validity of changes which may affect the safety of patients/staff and visitors. The Laboratories are an example of good practice in this regard.
- Communication: this is a trend throughout every RCA and SI. This is not exclusively a Health and Safety issue. There are still some issues and incidents that are not always communicated or reported to the Safety Team.
- Some of the buildings on the site are too hot in summer and too cold in winter. There is often a reactionary response to these issues which are re-occurring and yet fail to adequately plan for.
- Accidents reported under RIDDOR have increased from 7 to 9. The prevention of serious incidents is a priority for the Health and Safety Team.
- The hospital has recently (late June 2013) discovered shortcomings in its fire response capability and these will remain the subject of senior management attention and action until resolved.

6.0 Conclusions

The HSE state that if an organisational reporting profile does not comprise of at least 70% near misses/no harm events, there is a need to raise awareness of the importance of reporting near misses. Near misses and no harm events are free safety lessons. The percentage of all health and safety incidents at GOSH comprising of near misses and no harm events is 96.5%. This would seem to indicate that GOSH has a positive reporting culture and staff are aware of their health and safety responsibilities. During a benchmarking session with some of the other Paediatric Trusts in the United Kingdom, our incident reporting rates were found to be very high, particularly the proportion of near misses that we received. The number of incidents reported under RIDDOR has increased however, which highlights there is no room for complacency.

Events over the time period have also highlighted issues relating to a change in a procedure which has caused a great deal of confusion. A major factor in this has been a lack of communication. This is also a factor in the vast majority of safety investigations undertaken by the Safety Team. A more robust approach is required to improve communication and also to put checks in place to prevent people from making wholesale changes that affect safety.

Overall, the Trust was compliant with its statutory requirements during the reporting period, had no health and safety incidents classified as severe and has had a small increase in the amount of health and safety incidents reported. This has been achieved whilst a brand new clinical building has been completed within a working

hospital. There are some areas of concern outlined above that can be improved but overall the Health and Safety performance of the Trust has been good.

7.0 Recommendations

Recommendation	Action Required	Lead for Action	Due for Completion	Date Completed	Plan for on-going monitoring of compliance
Publicise the Trusts Incident Reporting system Datix and continue to encourage an open no blame culture. This allows the maximum amount of data and information to be collected and investigated	Work with the Datix Administrator to continue to allow Datix to evolve to make reporting easier and more accessible.	Chris Ingram	31/8/13		Monitored via the Trust H&S Committee. Local risk registers.
Raise the profile and improved branding of the health and safety training available to staff.	Work with the Education and Training Department to implement new training courses and materials and help staff to recognise the training that they do receive.	Aidan Holmes	31/8/13		Monitored via Health and Safety Committee.
Introduce new COSHH assessments and re-audit the Trust to investigate what hazardous substances are in the Trust at the present time. Try to substitute hazardous substances where possible.	COSHH Audit 2013	Aidan Holmes	31/8/13		Monitored via Health and Safety Committee. All information fed back to senior nursing staff.
Continued communication and engagement with the Redevelopment team particularly regarding Phase 2B.	Continued attendance at Project meetings. Auditing of Risk Impact Assessments. On-going communication with Redevelopment team	Aidan Holmes / Chris Ingram	2013 / 14		Monitored via Projects Health and safety Committee and the Trust Health and Safety Committee.
Annual Health and safety Audit of the whole Trust due August 2013.	Audit of Trust	Aidan Holmes / Chris Ingram	31/8/13		Monitored via Health and Safety Committee.
Further benchmarking of health and safety issues and incidents with other paediatric trusts.	Renewed communication and sharing of information with other Trusts	Chris Ingram	31/8/13		Monitored via Health and Safety Committee and Audit Committee.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **25th September 2013**	
CQC Compliance Summary Report **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment T**
Aims / summary To update the Trust Board on the current status on the Care Quality Commission (CQC) Quality & Risk Profile (QRP) July 2013 data and the review of the internal CQC Assurance of Compliance Database.	
Action required from the meeting To note the current status of registration against the 16 essential outcomes and the information gathered against these 16 outcomes by the Trust and the Care Quality Commission. To note the new CQC inspection regime.	
Contribution to the delivery of NHS Foundation Trust strategies and plans It is a requirement under the Health & Social Care Act that the Trust is registered for the services it provides and that it actively seeks to maintain this registration.	
Financial implications Should deficits be identified, registration can be removed or maintained with conditions. This can have financial penalties for the Trust including damage to reputation.	
Who needs to be told about any decision? To note.	
Who is responsible for implementing the proposals / project and anticipated timescales? Executive Team and Company Secretary	
Who is accountable for the implementation of the proposal / project? Chief Executive	

Great Ormond Street Hospital for Children NHS Foundation Trust

CQC Compliance Summary Update Report
(including the Quality & Risk Profile)– September 2013

Background

The Trust is registered as one location with services delivered on the Great Ormond Street Hospital main site with the CQC for provision of the following four regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Transport services

The types of services provided are declared as:

- Acute – providing medical and/or surgical investigations, diagnosis and treatment for physical illness or condition, injury or disease.
- Transport – the Children's' Acute Ambulance service which the Trust hosts.

Quality and Risk Profile

The Quality & Risk Profile (QRP) is produced by the CQC on a 4-6 weekly basis and brings together a wide range of information about a provider. It has been used by the CQC to prioritise any areas identified as being at risk, and may trigger a responsive review of compliance with registration. The QRP has also been used by commissioners in assessing quality of service provision and to identify areas of lower or higher than expected levels of performance.

Appendix 1 provides the risk estimates over the past 6 months.

In summary the following changes have occurred in the QRP:

- Outcome 2 – improved from High Green to Low Green. There have been no changes in the data items or the detail contained within them.

- Outcome 8 – improved from Low Yellow to High Green. There have been no changes in the data items or the detail contained within them.

- Outcome 9 – improved from Low Yellow to High Green. There have been no changes in the data items or the detail contained within them.

- Outcome 16 – improved from Low Yellow to Low Green. There has been no changed in the data items or the detail contained within them.

Please note that no QRP was published by the CQC for April or August 2013.

GOSH CQC Assurance of Compliance Database

The GOSH CQC Assurance of Compliance Database monitors the CQC outcomes using a similar format to the Assurance Framework, highlighting GOSH internal controls, internal and external assurances and any gaps and actions to be taken to close these gaps.

The Risk Assurance and Compliance Group monitors the GOSH CQC Assurance and Compliance Database ensuring that all outcomes are reviewed at least annually with the Operational Lead and Director Lead presenting this information to the Group.

The Group have so far reviewed:

- Outcome 4 – Care and Welfare of Services Users (reviewed September 2013)
- Outcome 7 – Safeguarding People Who Use Services From Abuse (reviewed July 2013)
- Outcome 13 – Staffing (reviewed July 2013)
- Outcome 17 – Complaints (reviewed September 2013)

Other Information

There have been no CQC inspections or visits since September 2012.

New CQC Inspection Regime

The CQC has consulted on a new inspection regime based upon three revised sets of standards:

- Fundamentals of care
- Expected standards
- High-quality care.

The Quality and Risk Profile will no longer exist in its current format under the new inspection regime.

<u>Fundamentals of care</u>

All care services will be required by law to meet the fundamentals of care and the expected standards (see below for these). There will be immediate, serious consequences for services where care falls below these levels, including possible prosecution. CQC states that anyone should be able to recognise a breach of the fundamentals of care, even in the absence of specific guidance. New legislation will be issued to allow CQC to prosecute without the need to issue a warning notice.

A statutory duty of candour will be introduced, requiring providers to be open with patients and families about failings in care. The CQC propose to be able to prosecute on this without having to issue a warning notice.

<u>Expected standards</u>

Expected standards set out what anyone using a service can expect as a matter of course. They set a higher bar than the fundamentals of care and will relate directly to whether a service is:

- Safe
- Effective
- Caring
- Responsive
- Well-led

Where services do not meet these standards, the CQC will require improvements to be made, using legal powers as necessary.

The fundamentals of care and the expected standards will form the registration baseline for trusts.

High-quality care

Inspectors will use good practice guidelines such as NICE guidelines to identify and describe whether a service is providing high quality care. Innovative practice will be shared.

Monitoring

Information and evidence will be monitored by the CQC. Indicators will be used to raise questions about the quality of care provided – seen as '*smoke detectors'*. The indicators will be mapped to the five main questions (see under expected standards) and have been grouped into three tiers:

- The first set of indicators will be the centrepiece of the new model. It will include data and evidence such as mortality rates, never events, specific results from the national NHS staff and patient surveys, information from whistle-blowers, information from individual members of the public who make complaints, raise concerns and provide feedback, and information from Quality Surveillance Groups.

- The second set of indicators will include a much wider range of intelligence which on their own may not trigger action. CQC will check them if the first set of indicators signal a concern, to help understand the issues raised and decide what an inspection should focus on. This second set of indicators will include nationally comparable data such as results from National Clinical Audits, admission profiles for each NHS trust, wider sets of patient and survey results, and information from accreditation schemes.

- The third set will include indicators that are not yet nationally comparable, are not routinely available or which are the result of 'one-off' data collections. CQC will use this set to horizon scan for those indicators which may be useful in the future as part of the first or second set of indicators.

Inspections

Before carrying out any inspection, CQC inspectors will review all the information we hold about a hospital, plan which parts of the hospital they will inspect, and bring together the independent experts they need to make up their inspection team. For example, they may include clinical consultants, directors of nursing, chief executives or board members of other hospitals, and trained members of the public who have a lot of experience of hospital care. Some of the inspection team will be CQC employees, others will be independent experts who join the inspection team for a certain number of days each year. The teams will vary in size but will usually be larger than previously.

The CQC's expectation is that the majority of inspections will remain unannounced.

How often the CQC carries out inspections will vary based on each hospital's performance. It will inspect as often as is needed to follow up on any concerns and to make sure the rating is up to date. It will inspect at weekends or during the night where it is needed. A hospital with a lower rating will be inspected more often than a hospital with a higher rating.

Inspections of hospitals will vary in terms of the things they look at and the time they take, but they will take as long as is needed – typically 15 days, with an average of 6-7 days on site – to make a thorough assessment of the quality and safety of care. In the vast majority of cases, inspections will be longer and more thorough than the current approach of a small team of inspectors being on site for one or two days. Inspectors will spend more time talking to people who use the service, to staff, senior managers and members.

The first 18 inspections commenced on 17th September 2013.

Ratings

A rating will be issued which will highlight good and outstanding care, expose mediocre and inadequate care and encourage services to improve.

Meeting with CQC in August 2013

The Chief Executive and other directors met with the Compliance Manager and Compliance Inspector from CQC on 12th August. The purpose of the meeting was to provide information on the new inspection regime. No significant issues were raised about GOSH by the inspectors.

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix 2: Risk Estimates Past 6 Months

Outcome	July 2013	June 2013	May 2013	March 2013	February 2013	January 2013
Outcome 1: Respecting and Involving People Who Use Services	Low Green	Low Green	Low Green	Low Green	Low Green	Low Green
Outcome 2: Consent to Care and Treatment	Low Green	High Green	High Green	Low Green	Low Green	Low Yellow
Outcome 4: Care and Welfare of People Who Use Services	Low Green	Low Green	Low Green	Low Green	Low Green	Low Green
Outcome 5: Meeting Nutritional Needs	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow
Outcome 6: Cooperating With Other Providers	High Yellow	High Yellow	High Yellow	High Yellow	High Yellow	High Yellow
Outcome 7: Safeguarding People Who Use Services from Abuse	High Yellow	High Yellow	High Yellow	Low Yellow	Low Yellow	Low Yellow
Outcome 8: Cleanliness and Infection Control	High Green	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow
Outcome 9: Management of Medicines	High Green	Low Yellow	Low Yellow	Low Yellow	Low Yellow	Low Yellow
Outcome 10: Safety and Suitability of Premises	High Green	High Green	High Green	Low Yellow	High Green	Low Yellow
Outcome 11: Safety, Availability and Suitability of Equipment	Low Green	Low Green	Low Green	High Green	Low Green	Low Yellow
Outcome 12: Requirements Relating to Workers	Low Yellow	Low Yellow	Low Yellow	High Green	Low Yellow	Low Yellow
Outcome 13: Staffing	High Yellow	High Yellow	High Yellow	Low Yellow	Low Yellow	Low Yellow
Outcome 14: Supporting Staff	Low Yellow	Low Yellow	Low Yellow	High Green	High Green	Low Yellow
Outcome 16: Assessing and Monitoring the Quality of Service Provision	Low Green	Low Yellow	Low Green	Low Green	Low Green	Low Green
Outcome 17: Complaints	Low Green	Low Green	Low Green	Low Green	Low Green	Low Green
Outcome 21: Records	Low Yellow	Low Yellow	High Green	Low Green	Low Green	Low Green

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
25th September 2013

Register of Seals **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment V**

Aims / summary
Under paragraph 39 of the NHS Foundation Trust Standing Orders, the Trust is required to keep a register of the sealing of documents. The attached table details the seal affixed and authorised since end April 2013.

Date	Description	Signed by
20/09/13	Agreement for the appointment of structural engineers (WSP UK Limited) in connection with construction of the Phase 2b Redevelopment	Claire Newton and Matthew Tulley
20/09/13	Agreement for the appointment of services engineers (WSP UK Limited) in connection with construction of the Phase 2b Redevelopment	Claire Newton and Matthew Tulley

Action required from the meeting
To endorse the application of the common seal and executive signatures.

Contribution to the delivery of NHS / Trust strategies and plans
Compliance with Standing Orders and the Constitution

Financial implications
N/A

Legal issues
Compliance with Standing Orders and the Constitution

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

Who is accountable for the implementation of the proposal / project
Anna Ferrant, Company Secretary oversees the register of seals