

**Meeting of the Trust Board  
Wednesday 25<sup>th</sup> March 2015**

Dear Members

There will be a public meeting of the Trust Board on Wednesday 25<sup>th</sup> March 2015 at 2:15pm in the **Charles West Room**, Great Ormond Street, London, WC1N 3JH.

Company Secretary

Direct Line: 020 7813 8230

Fax: 020 7813 8218

**AGENDA**

	<b>Agenda Item</b> <b><u>STANDARD ITEMS</u></b>	<b>Presented by</b>	<b>Author</b>	<b>Attachment</b>
1.	<b>Apologies for absence</b>	Chairman		
<b>Declarations of Interest</b> 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.	<b>Minutes of Meeting held on 28<sup>th</sup> January 2015</b>	Chairman	<b>Decision</b>	<b>I</b>
3.	<b>Matters Arising/ Action Checklist</b>	Chairman	<b>Discussion</b>	<b>J</b>
4.	<b>Chief Executive Report</b>	Chief Executive	<b>Information</b>	<b>Verbal</b>
<b><u>STRATEGIC ISSUES</u></b>				
5.	<b>Board Assurance Framework Summary</b>	Director of Planning and Information	<b>Discussion</b>	<b>L</b>
6.	<b>Nurse Revalidation</b>	Chief Nurse	<b>Discussion</b>	<b>M</b>
<b><u>PERFORMANCE</u></b>				
7.	<b>Quality and Safety and Targets and Activity Summary Report</b>	Co-Medical Director	<b>Discussion</b>	<b>N</b>
8.	<b>Workforce Summary Report</b>	Director of HR and OD	<b>Discussion</b>	<b>2</b>
9.	<b>Finance Summary Report</b>	Chief Finance Officer	<b>Discussion</b>	<b>3</b>
10.	<b>CQC Update</b>	Chief Operating Officer	<b>Discussion</b>	<b>O</b>
11.	<b>Infection Control Report</b>	Director of Infection Prevention and Control	<b>Discussion</b>	<b>P</b>
12.	<b>Safe Nurse Staffing Report</b> <ul style="list-style-type: none"> <li>• January 2015</li> <li>• February 2015</li> </ul>	Chief Nurse	<b>Discussion</b>	<b>Q</b>

13.	<b>Staff Survey Results 2014</b>	Director of HR and OD	<b>Information</b>	<b>R</b>
	<b><u>GOVERNANCE</u></b>			
14.	<b>Registers:</b>  <b>Register of Interests</b>  <b>Register of Gifts and Hospitality</b>	Company Secretary	<b>Information</b>	<b>U</b>  <b>V</b>
15.	<b>Members' Council Update – January 2015</b>	Company Secretary	<b>Information</b>	<b>W</b>
16.	<b>Update from the Audit Committee in January 2015</b>	Chair of the Audit Committee	<b>Discussion</b>	<b>X</b>
17.	<b>Update from the Clinical Governance Committee in January 2015</b>	Chair of the Clinical Governance Committee	<b>Discussion</b>	<b>Y</b>
18.	<b>Update from the Finance &amp; Investment Committee</b>	Chair of the Finance and Investment Committee	<b>Discussion</b>	<b>Z</b>
19.	<b>Register of Seals</b>	Company Secretary	<b>Decision</b>	<b>1</b>
20.	<b>Any Other Business</b> (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.)			
21.	<b>Next meeting</b> The next Trust Board meeting will be held on Friday 22 <sup>nd</sup> May 2015 in the Charles West Room, Great Ormond Street, London, WC1N 3JH.			

# ATTACHMENT I

**DRAFT Minutes of the meeting of Trust Board on  
 28<sup>th</sup> January 2015**

**Present**

Baroness Tessa Blackstone	Chairman
Mr Julian Nettel	Interim Chief Executive
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Mr John Ripley	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr David Lomas	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Dr Catherine Cale	Interim Co-Medical Director
Professor Martin Elliott	Co-Medical Director
Mr Ali Mohammed	Director of Human Resources and OD
Mrs Liz Morgan	Chief Nurse and Families' Champion
Mrs Claire Newton	Chief Finance Officer

**In attendance**

Mr Robert Burns	Director of Planning and Information
Mr Matthew Tulley	Director of Redevelopment
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Cymbeline Moore	Director of Communications
Professor Sir John Tooke	Vice Provost (Health), Head of the UCL School of Life & Medical Sciences

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

<b>169</b>	<b>Apologies for absence</b>
169.1	Apologies for absence were received from Ms Rachel Williams, Chief Operating Officer.
169.2	Baroness Blackstone, Chairman welcomed Dr Peter Steer, Chief Executive to his first public meeting of the Trust Board.
<b>170</b>	<b>Declarations of interest</b>
170.1	No declarations of interest were received.
<b>171</b>	<b>GOSH, UCL and world class status: Harnessing academia to eclipse the world's best for the benefit of population health and wealth</b>
171.1	Professor Sir John Tooke, Vice Provost (Health), Head of the UCL School of Life & Medical Sciences said that GOSH and UCL were interdependent if they were to achieve their aspiration of world class status. Professor Tooke outlined the research achievements of the two organisations and noted that in terms of child health research publication, UCL Partners ranked second in the world after Harvard Medical School and Massachusetts General Hospital. The partnership also ranked highly in terms of citation impact.

171.2	Professor Tooke told the Board that it was vital to be leaders in setting a new benchmark for success by working with new advancing medicine in order to be predictive and aiming to develop personalised medicine. He added that GOSH was in a positive place to lead this work as a result of the Centre for Research into Rare Disease in Children and the successful bid to become a NHS Genomics Medicine Centre. Professor Tooke cautioned that there was a deficiency in informatics capability but added that the NHS provided a positive framework for the work as a whole.
171.3	Professor Tooke said that it was important to look at education long term, particularly in the current climate to ensure that education strategies were not only responding to short term workforce challenges, but also looked to develop innovative individuals.
171.4	Professor Tooke emphasised that there would be significant changes to services in the next ten years and it was vital that GOSH sustained its world class status and sought to move ahead of international competition.
171.5	Baroness Blackstone asked for a steer on Professor Tooke's view of GOSH's weaknesses.
171.6	Professor Tooke cautioned that it would prove impossible for GOSH to be world class in every domain. He suggested that the Trust should focus on achieving excellence in areas that cut through many specialties such as genomics and rare disease.
171.7	Professor Tooke said that GOSH could make better use of partnership working with UCL and network effectively with other academic medical centres in the UK.
171.8	Dr Steer asked what an academic partner could bring to the informatics agenda in comparison to GOSH as a health partner.
171.9	Professor Tooke said that the difficulties lay in each partner looking for a slightly different outcome which did not necessarily work together. He added that being able to capture data once and use it in a number of ways would be more efficient but would raise other issues such consent to use the data in this way.
171.10	It was noted that the Biomedical Research Centre (BRC) renewal provided the opportunity to focus on bringing partnerships together with maximum effect as the collective BRC funding was significant and partnership working was important to leverage this.
171.11	The Board <b>noted</b> the update.
<b>172</b>	<b>Minutes of Meeting held on 26th November 2014</b>
172.1	The minutes were <b>approved</b> .
<b>173</b>	<b>Matters Arising/ Action Checklist</b>
173.1	The actions taken were <b>noted</b> .
<b>174</b>	<b>Chief Executive Report</b>

174.1	Dr Peter Steer, Chief Executive reported that the Executive Team had taken part in a positive half day meeting which had focused on ensuring the quality and safety agenda was the top priority and that it was clear that finance, education, ICT and redevelopment which must run in parallel and had interdependencies.
174.2	Dr Steer said that the team discussed Simon Stevens' five year NHS plan and agreed that it was important to develop considered new partnerships.
174.3	The Board noted that the Trust would be subject to a planned CQC inspection from 14 <sup>th</sup> April 2015 and Dr Steer stressed that it was important to get as many benefits as possible from the process.
174.4	<b>Action:</b> It was agreed that a discussion about readiness for the CQC inspection would take place at the March Trust Board meeting.
174.5	The Board <b>noted</b> the update.
<b>175</b>	<b>Strategic Objectives – Progress with goals</b>
175.1	Mr Robert Burns, Director of Planning and Information presented an update on progress in the following areas in progress with goals in each of the Trust's objectives.
175.2	Mr John Ripley, Non-Executive Director expressed some concern about the year to date performance, and that each individual quarter had been rag rated red in patient experience. He queried whether the overall performance could be amber rated if patient experience, a key factor in the Trust's performance, was red.
175.3	Baroness Blackstone said that she was concerned that the report showed a large proportion of amber and red ratings.
175.4	Mr Burns said that it was important to note that the Trust had set high targets and was endeavouring to be considered the leading children's hospital in the world in each area. Baroness Blackstone asked that the targets were reconsidered and emphasised that it was important that they were achievable.
175.5	Professor Smyth said that the Trust was world leading in a number of areas but agreed that it was important to look closely at the areas which had been rated red.
175.6	<b>Action:</b> It was agreed that an update would be considered at the next meeting and that a list of acronyms would be provided with the paper.
175.7	Baroness Blackstone commented that the hospital was often extremely warm and this presented inefficiencies in energy usage.
175.8	Mr Tulley said that a site wide energy audit would be completed in the next week to assess where energy was being used. He added that the Trust's total energy usage was on a downward trend despite the increase in the overall size of the hospital.
<b>176</b>	<b>Equality and Diversity Annual Report 2014</b>
176.1	Mr Ali Mohammed, Director of HR and OD said that work had been on-going to focus on raising appraisal rates among black and minority ethnic staff. He said that work should move on to look at whether this has had an impact on the mix of staff

	in the hospital.
176.2	Mrs Liz Morgan, Chief Nurse told the Board that the Family Equality Group (FEG) was working to support staff in recognising the culture and customs of families. She added that the Chaplaincy Team had reported that they felt that families should receive chaplaincy support earlier.
176.3	Mrs Morgan said that work was on-going to understand the needs of children with a learning disability. It was noted that the Members' Council had received a presentation of the work in this area and significant progress had been made.
176.4	The Board discussed whether it was appropriate to ask families about their religion when coming to hospital. Mrs Morgan said that the FEG had discussed the issue and felt that information, collected sensitively, would allow staff to better support families.
176.5	<b>Action:</b> The Board stressed that religion was often a private matter for families and it was agreed that Mrs Morgan would confirm which information which the Trust was required to collect so that the level of priority which should be given to this could be determined.
<b>177</b>	<b>Performance Report</b>
177.1	<b>Action:</b> It was agreed that consideration would be given to the format of future performance reports outside the meeting.
177.2	<u>Quality and Safety</u>
177.3	Mr Robert Burns, Director of Planning and Information said that following discussion with Monitor, it had been noted that the requirement to report cases of Clostridium Difficile (C. Diff) only existed when cases were as a result of a lapse in care. Mr Burns said that it was still necessary to learn from these cases but the Trust would no longer exceed the di minimis target for C.Diff cases.
177.4	Mr Burns noted the 18 week referral to treatment time performance in admitted patients had been below target in four of the previous five months. He told the Board that this was as a result of a focus on the Trust's longest waiting patients.
177.5	<u>Targets and Indicators Report</u>
177.6	<b>Action:</b> Mr David Lomas, Non-Executive Director said that in the current environment it was important to monitor the number of patient refusals and requested that this metric was reinstated to the targets and indicators report. This was agreed.
177.7	<b>Action:</b> It was agreed that in future reports the Trust's staff turnover rate would be reported both in its current format and excluding the turnover as a result of the expiration of fixed term contracts.
177.8	<u>Workforce</u>
177.9	Mr Mohammed said that the Trust's agency spend continued to be low however issues with the nursing bank were being looked at.
177.10	It was reported that although PDR rates had risen, they were unlikely to reach 95%

	by year end. Mr Mohammed said it was important to reinforce the importance of completing appraisals.
177.11	The Board discussed the levels of red and amber ratings for statutory and mandatory training within the divisions and stressed that it was a staff member's responsibility to ensure training was up to date. Mr Mohammed confirmed that training was easily accessible on line.
177.12	<b>Action:</b> It was agreed that Mr Mohammed would consider whether it was possible to remove safeguarding adults from statutory and mandatory training as much of the information was covered under safeguarding children.
177.13	<u>Finance</u>
177.14	Mrs Claire Newton, Chief Finance Officer said that the overall financial position was similar to that of previous months. She said that activity during December had been lower than in 2013/14.
177.15	Mr David Lomas, Non-Executive Director noted that overall staff numbers had risen by approximately 5% whilst activity had dropped and headcount in non-clinical activity had risen faster than in clinical activity.
177.16	Mrs Newton said that each post had been reviewed individually by a vacancy review panel but agreed that staff numbers should also be considered in the round.
177.17	The Board <b>noted</b> the performance updates.
<b>178</b>	<b>Monitor Self Certification Q3 2014/15</b>
178.1	Mrs Claire Newton, Chief Finance Officer told the Board that the Executive Team were confident that there would be no further breaches of referral to treatment time targets. She therefore recommended the Monitor return for approval.
178.2	The Board <b>approved</b> the Quarter 3 'In-Year Governance Statement' prior to submission to Monitor.
<b>179</b>	<b>Update on patient experience at GOSH:</b>
179.1	<u>Friends and Family Test Results</u>
179.2	Mrs Liz Morgan, Chief Nurse said that the Trust had been set a CQUIN target for 25% completion rate which had been achieved in December and also had 'an overall likelihood to recommend GOSH' of 99%.
179.3	<u>PALS report Q3 2014/15</u>
179.4	It was reported that contact with the PALS team had continue to increase however the severity of issues was reducing. Mrs Morgan said that a key theme arising from issues was around giving families information, involving them in decision making and responding to queries.
179.5	<u>Complaints Report Q3 2014/15</u>
179.6	It was reported that there had been a significant increase in the number of complaints with communications arising as a key theme.



179.7	Dr Catherine Cale, Co-Medical Director said that the complaints team had been helpful in highlighting where there had been more than one complaint made about an individual to allow early intervention by the Medical Directors.
179.8	<b>Action:</b> It was agreed that GOSH social media accounts should be monitored as there was often high activity around particular cases which was distressing and difficult for staff.
<b>180</b>	<b>Safe Nurse Staffing Report – December 2014</b>
180.1	Mrs Morgan said that Nurse Recruitment was continuing to be a challenge across the country. She added that focused work had taken place on both recruitment and retention which had proved successful with vacancies decreasing steadily.
180.2	It was confirmed that there had been no reports of any unsafely staffed wards during December.
180.3	The Board <b>noted</b> the update.
<b>181</b>	<b>Redevelopment Update (including sustainable development plan)</b>
181.1	Mr Matthew Tulley, Director of Redevelopment reported that the Premier Inn Clinical Building was progressing well and the second public consultation for the Centre for Research into Rare Diseases in Children (CRRDC) was due to close on 29 <sup>th</sup> January 2015. Mr Tulley said that budget for the CRRDC was under pressure and the team would be considering how to bridge the current cost plan to the budget.
181.2	Mr Tulley told the Board that the Trust was seeking to improve its sustainability and was involved with a project with Camden Council and the Greater London Authority to improve air quality in Great Ormond Street.
181.3	The Board <b>noted</b> the update.
<b>182</b>	<b>Overview and plans for the Well Led Governance review at GOSH</b>
182.1	Dr Anna Ferrant, Company Secretary reported that the Trust was required to carry out Board governance reviews every three years under Monitor guidance “Well-led framework for governance reviews: guidance for NHS Foundation Trusts”.
182.2	Dr Ferrant stated that the Audit Committee had recommended that GOSH carry out an externally led well led assessment in 2015/16 and an internal evaluation for 2014/15.
182.3	The Board <b>approved</b> the Audit Committee recommendations.
<b>183</b>	<b>Members’ Council Update – November 2014</b>
183.1	The Board <b>noted</b> the update.
<b>184</b>	<b>Update from the Audit Committee in January 2015</b>
184.1	Mr Charles Tilley, Chair of the Audit Committee said that there had recently been a lot of changes to the Board Assurance Framework (BAF) and it was important that

Attachment I

	the Committee focused on this area, particularly the link between mitigated risk and risk appetite.
184.2	Mr Tilley said that the Committee had requested a table top business continuity review by April 2015 along with the collation of learning from business continuity incidents as a review had not been undertaken since 2012.
184.3	The Board <b>noted</b> the update.
<b>185</b>	<b>Update from the Clinical Governance Committee in January 2015</b>
185.1	The Board <b>noted</b> the update.
<b>186</b>	<b>Update from the Finance &amp; Investment Committee in January 2015</b>
186.1	The Board <b>noted</b> the update.
<b>187</b>	<b>Register of Seals</b>
187.1	The Board <b>endorsed</b> the use of the company seal.
<b>188</b>	<b>Any other business</b>
188.1	The Board congratulated Professor Rosalind Smyth on being awarded a CBE.

# ATTACHMENT J

**TRUST BOARD – PUBLIC ACTION CHECKLIST**  
**March 2015**

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
138.2	26/11/14	Baroness Blackstone agreed that play was a very important part of therapy for children and requested a paper to set out the costs of the service, the number of staff, the space involved and therefore opportunity costs. It was agreed that this would be brought to the Board following the completion of work which was being done with Manchester Children's Hospital at the March meeting.	LM	March 2015	A review of play services at GOSH will be brought back to the Board following the appointment of and discussion with the new Chief Nurse.
174.4	28/01/15	It was agreed that a discussion about readiness for the CQC inspection would take place at the March Trust Board meeting.	RW	March 2015	On agenda
175.6	28/01/15	It was agreed that an update on progress with goals towards the strategic objectives would be considered at the next meeting and that a list of acronyms would be provided with the paper.	RB	March 2015	This will be deferred to the April 2015 meeting.
176.5	28/01/15	<u>Equality and Diversity Annual Report 2014</u> The Board stressed that religion was often a private matter for families and it was agreed that Mrs Morgan would confirm which information which the Trust was required to collect so that the level of	LM	March 2015	Under the Public Sector Equality Duty the Trust is required to demonstrate that it meets the needs of the Equality Act 2010 to ensure that we eliminate harassment, promote equality of opportunity and foster good relations between those with a protected characteristic and those that don't, of which religion is one. The Trust is

Attachment J

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		priority which should be given to this could be determined.			<p>unable to fulfil its obligations without collecting information about such protected characteristics. It is well established as good nursing practice to do and feedback from families demonstrates that collecting information about their religion is important to them. Staff have also informed us that this information is valuable for professionals in order to be able to meet patients and families spiritual needs and to ensure respect for a person's faith particularly on key days such as the Sabbath and religious festivals.</p> <p>The information enables the Trust to ensure that appropriate food e.g. kosher or halal is provided. Such information is particularly important when a Child is dying to ensure that the needs of their faith are respected with regards to last rights, and how the body is managed afterwards.</p> <p>The information is also important to enable religious leaders to operate efficiently and appropriately when visiting families avoiding last minute and out of hours' calls when staff require advice and support for families in respect of their religious needs. Families are given a choice in whether to provide this information and their preference not to do so is always respected.</p>
177.1	28/01/15	It was agreed that consideration would be given to the format of future performance reports outside the meeting.	PS/RB	March 2015	The papers have been revised so that each performance report has its own coversheet and explains the gaps in performance
177.6	28/01/15	Mr David Lomas, Non-Executive Director said that in the current environment it was important to monitor the number of patient refusals and requested that this metric	RW	March 2015	Actioned in activity report

Attachment J

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		was reinstated to the targets and indicators report. This was agreed.			
177.7	28/01/15	It was agreed that in future reports the Trust's staff turnover rate would be reported both in its current format and excluding the turnover as a result of the expiration of fixed term contracts.	AM	March 2015	Actioned in workforce report
177.12	28/01/15	It was agreed that Mr Mohammed would consider whether it was possible to remove safeguarding adults from statutory and mandatory training as much of the information was covered under safeguarding children.	AM	March 2015	This is being considered and will involve a review of the regulations and actual impact around this issue prior to substantially changing/ discontinuing current training practice. This will be resolved by the end of May and will take into consideration the view of the incoming Chief Nurse.
179.8	28/01/15	It was agreed that GOSH social media accounts should be monitored as there was often high activity around particular cases which was distressing and difficult for staff.	CM	On-going	Social media accounts are monitored on an on-going basis by the social media team at GOSHCC and daily updates are provided to the Director of Communications

<b>Trust Board</b> <b>25<sup>th</sup> March 2015</b>	
<b>New Board Assurance Framework (BAF)</b>  <b>Submitted by:</b> Robert Burns, Director of Planning & Information	<b>Paper No: Attachment L</b>
<b>Aims / summary</b>  To deliver an update to the Trust Board on the new format of Board Assurance Framework (BAF). This comprises of the top operational and strategic risks to the delivery of the Trust's current plans.  For all risks, where the <b>net risk score</b> and the <b>risk acceptance score</b> is different, risk owners have been asked to produce a paragraph outlining the work underway to mitigate the risk of not delivering to plan.  <b>NHS Funding – Score Difference = 8</b>  <b>Reduction in funding available to NHS organisations coupled with the high costs of maintaining delivery of specialised services</b>  This has a high post mitigation risk score due to the external funding challenges created by the cap on funding available to the NHS as a whole and the competition for these funds from other parts of the NHS sector, supported by DH or NHSE policy priorities. The risk has crystallised through the adverse impact of the amended 1516 tariff proposals. We are now on the default tariff arrangements for 1516 which when compared with 1415 income levels results in the loss of our CQUIN funding (-2.5% of clinical income) coupled with having to bear the full cost of the CNST premium increase (-0.6%) as well as the loss of Project Diamond Funding in 1415 (-1.7%) and are at risk of further changes to tariff later in the financial year. Our productivity and efficiency savings initiatives will require a change in the way some of our services, including internal support services, operate. We are actively discussing the contract for 1516 NHSE commissioners and also working with the other Trusts to highlight the issues for specialised services and seek a fairer approach to the redistribution of funding in the future. We are also represented either directly or indirectly on tariff groups. We cannot mitigate the full scale of this issue in 1516 and expect to operate at a deficit in 1516. There remains considerable uncertainty as to the approach to tariff setting in the future both as a result of political uncertainty and the fallout from the issues for 1516  <b>Productivity &amp; Efficiency – Score Difference = 7</b>  <b>Delivery of productivity and efficiency (P &amp; E) targets</b>  In order to minimise the risk of under delivery of P & E targets in 2015/16 a multi-faceted action plan has been expedited. This involves continuous communication around the financial challenge facing GOSH, robust monitoring and delivery of local P & E schemes, three fully resourced central P & E themes and in order to immediately reduce costs a	

recruitment freeze on all non rostered staff.

#### **Digital Transformation – Score Difference = 4**

##### **Trust wide agreement and alignment on the changes required to transform our process using IT**

Following the creation of a new Information Vision in 2013, the Trust undertook the development of a new IM&T Strategy to deliver the vision. One of the key recommendations of the nascent strategy was that the Trust should replace existing clinical systems with a new integrated “Clinical Backbone” comprising a number of integrated clinical modules. In order that this is achieved the Trust would need to procure and implement an Electronic Patient Record (EPR) system and this approach was approved by the Trust Board in January 2014.

This work has been progressed during 2014/15 through the generation of an outline business case. However as part of the business case work senior clinical staff and members of the executive team has spent time looking at successful EPR implementations both in USA and here in the UK. A consistent theme of all such implementations has been the need for an Enterprise Transformation programme to be undertaken ahead of the EPR going live.

However delivery of an Enterprise Transformation programme is a very significant undertaking as it involves almost every member of clinical staff across the Trust along with a significant number of support staff. It requires a clearly defined vision of what the programme is to achieve that is communicated to, and understood by, everyone involved in the programme. Strong leadership and a consistent message are keys to the success of the programme which must be patient centred and designed to delivery significant of process standardisation which in turn with enable improved efficiency as the EPR becomes operational.

It is proposed that the Trust enable the programme through two approaches: the first being to encourage many small, local transformation projects at grass roots; and the second to drive a large top down central project focussed on a key clinical area such as Outpatients. Using data to make evidence based decisions and establishing key performance indicators (KPI) to monitor the rate and success of change are also critical success factors. However GOSH has never attempted a change project on this scale and so the risk to organisation is substantial.

As a result the Governance structure has recently been updated, improved clinical engagement is being facilitated and the use of skilled and experienced specialists who have successfully completed Digital Transformation is a strategic component of the GOSH approach. It is clear that further risk assessment, mitigation and monitoring will be required as the scope of the programme is finalised and formal work commences. However it is these as yet undefined element that result in the mismatch between the net and appetite scores on the strategic risk framework.

#### **Contracted Out – Score Difference = 3**

##### **Failure to effectively specify and manage commercial and contracted-out services.**

All suppliers over 250K have now been reviewed in addition to the previous exercise for those over £500K. The trust is moving to a sign off process for high value procurement specifications and will work with all managers to ensure all contracts are appropriately



managed in line with the terms of the contract.

**Tracking – Score Difference = 2**

**Failure to adequately schedule and track patients**

The working group ('Open Pathway Review Group') established in September continues to meet weekly with all service managers and information services representatives. The group is chaired by the Head of Performance & Planning and has established two reports: 'open pathway review forward log' (to review pathways from 1st September onwards) and 'open pathway review backlog' (to review prior to 1st September pathways). The group review all pathways from 1st September onwards and are responsible for managing the backlog. The team recruited an additional administrative member of staff, fully trained to support validations and closing agreed pathways. He focussed on cleft and plastics pathways before leaving the organisation. There were no patients found to be on open pathways that needed urgent review. The next step is to review a small random sample of the backlog from across all specialties to further assess the risk; this will be completed in March and April. To date approximately 15,000 pathways have been closed.

**Action required from the meeting**

To note the new format of the BAF document and the largest risks to delivering our current plans

**Contribution to the delivery of NHS / Trust strategies and plans**

Receipt and review of effective risk management systems and assurances is a primary role of the committee

**Financial implications**

N/A

**Who needs to be told about any decision?**

**Legal issues**

N/A

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

N/A

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

Director of Planning & Information

# Board Assurance Framework - Summary

Short Title	Risk type and description		Gross Risk Score					Net Risk Score					Risk Acceptance Score					Net - Acceptance Variance	Director Lead	Reviewed By	Assurance Committee
			L	x	C	=	T	L	x	C	=	T	L	x	C	=	T				
Medical Cover	Operational	All patients at all times receive safe medical cover.	4	x	5	=	20	4	x	4	=	16	4	x	4	=	16	0	Co-Medical Director (CC)	Lisa Kelly, Assistant Chief Operating Officer	Clinical Governance
NHS Funding	Strategic & Operational	Reduction in funding available to NHS organisations coupled with the high costs of maintaining delivery of specialised services	5	x	4	=	20	5	x	4	=	20	4	x	3	=	12	8	Chief Executive	Claire Newton, Chief Finance Officer	Audit
Productivity	Operational	Delivery of Productivity & Efficiency targets	5	x	4	=	20	4	x	4	=	16	3	x	3	=	9	7	Chief Operating Officer	Graham Terry, Head of Planning & Performance	Audit
IPP Income	Operational & Strategic	Delivery of IPP income targets	5	x	3	=	15	3	x	3	=	9	3	x	3	=	9	0	Chief Operating Officer	Trevor Clark, Director of International & Private Patients	Audit
Contracted Out	Operational	Failure to effectively specify and manage commercial and contracted-out services.	4	x	4	=	16	4	x	3	=	12	3	x	3	=	9	3	Chief Finance Officer	Andy Needham, Deputy Director of Finance	Audit
Capacity	Strategic & Operational	Provide sufficient capacity to meet existing and future demands.	4	x	4	=	16	3	x	4	=	12	3	x	4	=	12	0	Chief Operating Officer	Lisa Kelly, Assistant Chief Operating Officer	Clinical Governance
Staffing	Operational	Recruitment and retention of sufficient highly skilled staff with specific experience	4	x	4	=	16	3	x	3	=	9	3	x	3	=	9	0	Director of Human Resources	Helen Cooke, Assistant Director of Organisational Development	Clinical Governance
Research Income	Strategic	Research funding available to GOSH	4	x	3	=	12	3	x	3	=	9	3	x	3	=	9	0	Director of Research & Innovation	Emma Pendleton, Deputy Director of Research & Innovation	Audit
Digital Transformation	Strategic	Trust wide agreement and alignment on the changes required to transform our process using IT	5	x	4	=	20	4	x	4	=	16	4	x	3	=	12	4	Chief Operating Officer	Mike Bone, Director of ICT	Audit
Tracking	Operational	Adequately schedule and track patients.	4	x	4	=	16	2	x	4	=	8	2	x	3	=	6	2	Chief Operating Officer	Lisa Kelly, Assistant Chief Operating Officer	Clinical Governance
Reputation	Strategic	Patient referrals and staff recruitment is affected by issues which attract considerable negative media coverage	3	x	3	=	9	2	x	3	=	6	2	x	3	=	6	0	Director of Communications	Caroline Butcher, Media Relations Manager	Clinical Governance
Commissioners	Strategic	Commissioner's role in strategic decision making regarding service provision	5	x	3	=	15	3	x	3	=	9	3	x	3	=	9	0	Director of Planning & Information	Sarah Scrase, Clinical Service Strategy Project Manager	Clinical Governance

Visual Summary of Risks

Risk Score Difference (Decending order of concern)	Operational Risks	Strategic Risks
8	NHS Funding	
7	P & E	
4		Digital Transformation
3	Contracted Out	
2	Tracking	
0	IPP Income	
	Capacity	
	Staffing	Commissioners
	Medical Cover	Research Funding
		Reputation

# Gross Score Summary

		Consequence				
		1 Negligible (Minimal injury requiring no / minimal intervention or treatment)	2 Minor (Minor injury or illness, requiring minor intervention)	3 Moderate (Moderate injury requiring professional intervention)	4 Major (Major injury leading to long-term incapacity / disability)	5 Catastrophic (Incident leading to death)
Likelihood	5 Almost Certain (Will undoubtedly happen / recur, possibly frequently)			Commissioners  IPP Income	NHS Funding Productivity  Digital Transformation	
	4 Likely (Will probably happen / recur but it is not a persisting issue)			Research Income	Contracted Out Capacity  Staffing Tracking	Medical Cover
	3 Possible (Might happen or recur occasionally)			Reputation		
	2 Unlikely (Do not expect it to happen / recur but it may do so)					
	1 Rare (This will probably never happen / recur)					

# Current Net Score Summary

		Consequence				
		1 Negligible (Minimal injury requiring no / minimal intervention or treatment)	2 Minor (Minor injury or illness, requiring minor intervention)	3 Moderate (Moderate injury requiring professional intervention)	4 Major (Major injury leading to long-term incapacity / disability)	5 Catastrophic (Incident leading to death)
Likelihood	5 <b>Almost Certain</b> (Will undoubtedly happen / recur, possibly frequently)				NHS Funding	
	4 <b>Likely</b> (Will probably happen / recur but it is not a persisting issue)			Contracted Out	Productivity Digital Transformation Medical Cover	
	3 <b>Possible</b> (Might happen or recur occasionally)			Research Income Staffing IPP Income Commissioners	Capacity	
	2 <b>Unlikely</b> (Do not expect it to happen / recur but it may do so)			Reputation	Tracking	
	1 <b>Rare</b> (This will probably never happen / recur)					

# Acceptable Score Summary

		Consequence				
		1 Negligible (Minimal injury requiring no / minimal intervention or treatment)	2 Minor (Minor injury or illness, requiring minor intervention)	3 Moderate (Moderate injury requiring professional intervention)	4 Major (Major injury leading to long-term incapacity / disability)	5 Catastrophic (Incident leading to death)
Likelihood	5 Almost Certain (Will undoubtedly happen / recur, possibly frequently)					
	4 Likely (Will probably happen / recur but it is not a persisting issue)			NHS Funding  Digital Transformation	Medical Cover	
	3 Possible (Might happen or recur occasionally)			Staffing  IPP Income  Contracted Out  Productivity  Research Income  Commissioners	Capacity	
	2 Unlikely (Do not expect it to happen / recur but it may do so)			Reputation  Tracking		
	1 Rare (This will probably never happen / recur)					

<b>Trust Board</b> <b>25<sup>th</sup> March 2015</b>	
<b>Nurse revalidation</b>  <b>Submitted by: Liz Morgan, Chief Nurse</b>	<b>Paper No: Attachment M</b>
<b>Aims / summary</b> To update the board about the new requirements for nurse revalidation to be introduced by the NMC from 31.12.15	
<b>Action required from the meeting</b>  To note the report	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> Ensure all registered nurses remain able to practice	
<b>Financial implications</b> To be determined following the self-assessment	
<b>Who needs to be told about any decision?</b> All nursing staff	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Chief Nurse and Director of HR and OD	
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse and Director of HR and OD	

## **Nursing and Midwifery Revalidation**

**March 2015**

The Nursing and Midwifery council (NMC) are changing the requirements that nurses and midwives must meet when they renew their registration every three years. The NMC have committed to introducing a proportionate and effective system of revalidation which will enhance public protection by the end of 2015.

### **Revalidation**

Revalidation is being introduced to meet the public expectation that individual nurses and midwives are up to date and fit to practise at all times. Both the Department of Health (England) and the Professional Standards Authority have recommended that a continuing fitness to practise measurement such as revalidation is necessary for all healthcare professions. In addition, recent high profile reports into the delivery of healthcare in the UK have made recommendations for the NMC, which include developing a model of revalidation to improve public protection.

Revalidation will aim to:

- Increase public confidence in nurses and midwives by requiring them to demonstrate on an on-going basis that they are fit to practise.
- Enable nurses and midwives to be accountable for demonstrating their continuing fitness to practise.
- Promote a culture of professionalism and accountability.

### **Current registration renewal process**

Currently nurses and midwives maintain their registration through payment of an annual registration fee and renew every three years by completing a Notification of Practice (NoP) declaration in line with 'Post Registration Education Practice (PREP) Standards. The NoP requires a self-declaration, confirming that the registrant has practised for 450 hours and has undertaken 35 hours of continuing professional development (CPD) during those three years and that they hold appropriate cover under an indemnity arrangement. The GOSH workforce team has a robust system in place to ensure we monitor individuals registration status.

### **Proposed revalidation model**

Revalidation aims to improve upon the PREP system by setting new requirements for nurses and midwives. Revalidation will replace the PREP standards from 31 December 2015. Revalidation will take place at the point of renewal, i.e. every 3 years.

Under the proposed model of revalidation, nurses and midwives will be required to declare that they:

- Continue to remain fit to practise.



## Attachment M

- Have met the requirements for practice hours (450 hours over three years) and continuing professional development (increased from the current 35 hours to 40 hours over three years). This does not include statutory and mandatory training.
- Have reflected on their practice based on the requirements of the revised Code (effective from April 2015), using feedback from service users, patients, relatives, colleagues and others. This must be evidenced by at least five pieces of practice related feedback from a variety of sources from the three year renewal period. The nurse must also record a minimum of five written reflections on the Code, CPD and practice related feedback.
- Have received confirmation from a third party (manager, another registrant or a supervisor) that their declaration is reliable in accordance with the NMC's revised Code. This third party must discuss the registrants professional development with them covering their reflections on the Code, CPD and practice related feedback.
- Have to provide a health and character declaration
- Have to declare any convictions or formal cautions.
- Have appropriate cover under an indemnity arrangement

The three year registration renewal period, the requirement to undertake 450 practice hours, the declarations around health and character and convictions and the need for indemnity arrangements all remain unchanged.

### **Pilot phase**

The NMC engaged with a wide range of stakeholders in the four countries of the UK to develop the principles of revalidation. There are a number of organisations piloting the proposed model between January – June 2015 and are due to report in autumn 2015. All nurses and midwives renewing their registration on or after 31 December 2015 will need to comply with the new system.

### **GOSH readiness**

The Nursing and Midwifery Revalidation Programme Board for England has developed a tool to help organisations self-assess their readiness for nursing and midwifery revalidation. On receipt of the tool we will assess the organisations readiness and develop an action plan to ensure we take action to fill any gaps. This will include associated costs that are required to enable the delivery of nurse revalidation for the organisation. Close working with HR will be required to ensure there is a robust process in place to ensure all nurses demonstrate they have re-validated.

### **Recommendation**

Trust Board is asked to note the report.

**Trust Board  
 25<sup>th</sup> March 2014**

**Quality and Safety and Targets and Activity  
 Summary Report**

**Paper No: Attachment N**

**Submitted by:** Martin Elliot – Medical Director  
 Rachel Williams – Chief Operating Officer

**Quality and Safety**

In February, the Trust reported 2 cases of C.Difficile, leaving our year to date total of assigned cases in patients aged two and over, tested on third day or later, to 14 cases. Of these 14 cases, one has been attributed to a lapse of care outlined in the assessment criteria from Monitor and agreed with NHS England.

No cases of MRSA were reported in February, which continued the year to date position.

**Targets and Activity**

Patient spells remain above plan year to date and the Trust continues to deliver above plan on Intensive Care Unit bed days reflecting the successful implementation of our plan to increase Intensive Care Unit beds. The number of outpatient attendances remains significantly above plan.

Discharge summary completion rates decreased to 79.0% in February. The drop in performance has been attributed to a decline across a number of our Clinical Divisions including ICI, Surgery and Neurosciences. A Trust wide improvement project for Discharge Summary completion is currently underway and introduction across all Specialties within the Hospital will be completed by the end of July 2015. This is being led by the Quality Improvement team.

In relation to 18 week Referral to Treatment Time measures, the Trust achieved the Admitted, Non-Admitted and Incomplete performance standards in January. The February position is unavailable at the time of reporting.

In addition, the Trust maintained compliance against all other service performance measures including Cancer Wait times and the 1% threshold for the proportion of patients waiting no more than 6 weeks for Diagnostic Testing (within the national 15 key diagnostic tests).

**Complaints**

The Trust received 9 complaints in February.

Communication continues to be a key theme featuring in complaints along with a lack of information or incorrect information being given to families. The Complaints team monitor all open complaints in order to ensure responses are sent in a timely manner. When actions are identified as a result of complaints the Complaints team also monitor these to ensure they are completed and learning is shared across the Trust.

A detailed quarterly report of complaints, trends and action plans is presented to the Learning, Implementation and Monitoring Board in addition to ad-hoc reports as issues arise for example as a result of recommendations from the Health Service Ombudsman.

**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.

## Targets & Indicators Report

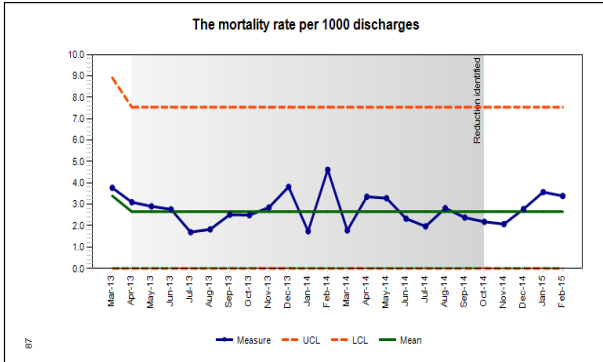
	Indicator	YTD Target	YTD Performance	Monthly Trend											
				Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	
Activity & Use of Resources	Number of patient spells	29,782	30,417	2,672	2,763	2,666	2,863	2,625	2,540	3,052	2,854	2,751	2,829	2,802	
	Number of outpatient attendances	136,948	142,378	12,224	12,475	13,333	14,409	11,548	13,771	14,468	11,719	12,286	13,234	12,911	
	DNA rate (new & f/up) (%)	<10	7.9	8.1	7.5	7.7	8.7	8.6	8.3	7.6	7.6	8.6	7.3	7.4	
	Number of ITU bed days	9,618	9,714	798	831	1,017	871	820	979	946	1019	819	840	774	
	Number of unused theatre sessions	201	191	14	17	15	14	19	10	15	11	59	12	5	
	Average number of beds closed - Total Ward	-	18	26.3	18.8	18.0	20.7	21.1	16.8	11.7	10.7	24.2	14.1	10.5	
	Average number of beds closed - Total ICU	-	0.6	1.9	1.3	0.9	0.2	0.1	0.3	0.3	0.7	1.0	0.0	0.5	
Patient Access	18 week referral to treatment time performance - Admitted (%)	90	88.0	92.0	91.2	90.3	87.8	90.3	89.8	81.8	86.4	80.3	90.4		
	18 week referral to treatment time performance - Non-Admitted (%)	95	94.9	95.5	97.0	95.5	95.3	95.2	95.0	92.3	94.5	93.1	95.2		
	18 week referral to treatment time performance - Incomplete Pathways (%)	92	92.5	92.6	92.2	92.7	92.3	92.1	92.2	92.0	92.0	92.7	94.6		
	Patient Refused Admissions - Trust Total Excluding PICU/NICU & CATS*	90	86	12	16	8	6	5	6	9	12	5	4	3	
	PICU/NICU & CATS General refusals	<286	264	28	24	21	17	6	15	22	37	62	12	20	
	Cancer patients waiting no more than 31 days for second of subsequent treatment (%)	98	100	100	100	100	100	100	100	100	100	100	100	100	
	Proportion of patients waiting no more than 6 weeks for diagnostic testing in 15 key diagnostic tests (%)	<=1	0.50	0.82	0.65	0.19	0.98	0.00	0.43	0.75	0.55	0.20	0.90	0.00	
Patient / Referrer Experience	Number of complaints	108	133	12	12	16	13	8	12	15	8	17	11	9	
	Number of complaints - high grade	12	14	0	2	2	0	0	2	3	0	3	1	1	
	Friends & Family Test (% of those Likely & Extremely Likely to recommend)	-	96.8	92.7	93.8	97.5	96.5	99.6	96.3	97.4	96.2	99.3	97.5	97.8	
	Discharge summary completion (%)	85	81.3	82.2	81.1	85.1	84.9	77.7	80.6	83.4	81.2	78.8	80.3	79.0	
	Clinic Letter Turnaround, % letters on CDD - sent within 5 working days	50	27.1	23.5	24.4	27.0	30.2	28.2	26.6	29.6	27.3	26.7			
	Clinic Letter Turnaround, Average Days Letter Sent	-	13.2	14.7	13.9	12.9	11.1	14.0	15.4	11.9	12.0	13.1			

Indicator		YTD Target	YTD Performance	Monthly Trend											
				Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	
Work-force	Sickness Rate (%)	2.99	2.5	2.5	2.5	2.5	2.6	2.5	2.5	2.6	2.5	2.4	2.6	2.5	
	Trust Turnover (%)	14.13	17.3	17.3	17.5	17.1	16.8	16.5	17.1	17.5	17.4	17.7	17.6	17.7	
Monitor		YTD Target	YTD Performance	Quarter 1			Quarter 2			Quarter 3			Q4		
Monitor governance risk rating 14/15		0 - 0.9	0	0	0	Green	0	0	Green	0	0	Green	0	0	

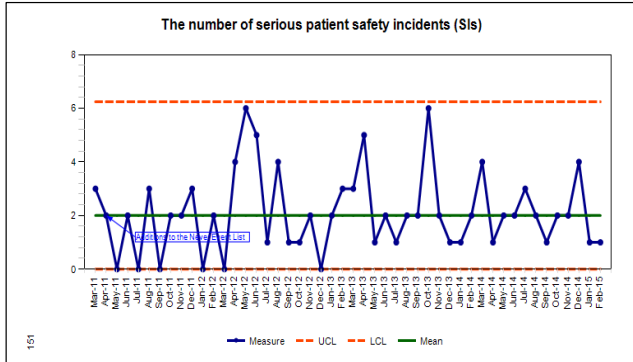
\*Patient Refused Admissions figure is the total received at the time of reporting and may be subject to change as further data is collated

# Quality and Safety report

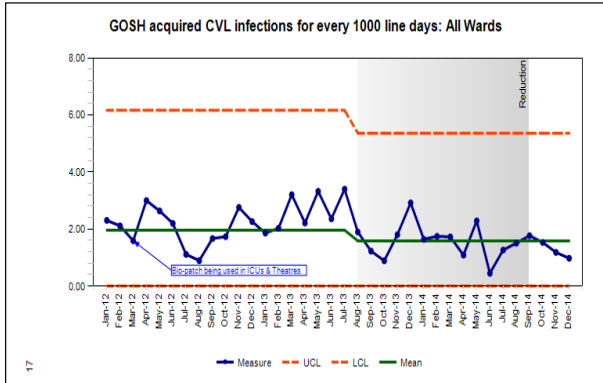
## Quality and Safety Indicators



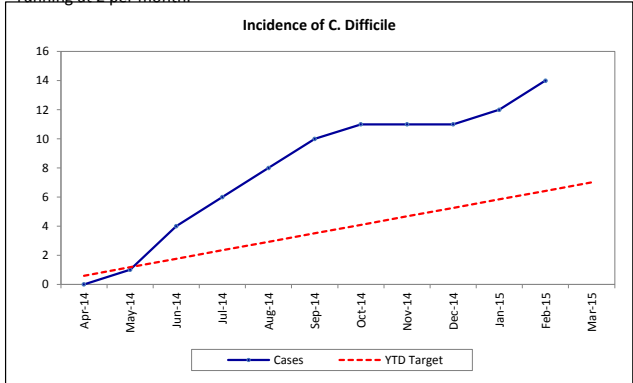
**Description:** The mortality rate per 1000 discharges  
**Target:** Internal target: Year on year reduction  
**Trend:** The current rate is 2.5 deaths per 1000 discharges.  
**Aim:** To make statistically significant reductions in the mortality rate.  
**Comment:** We will continue to measure, looking for a further reduction in the mortality rate.



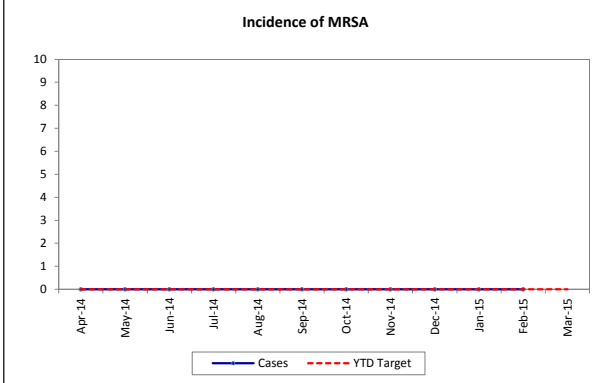
**Description:** Defined as either - Unexpected/avoidable death of patient(s), staff visitors or members of public. Serious harm to patient(s), staff, visitors or members of public. Allegations of abuse. One of the core sets of 'Never Events'  
**Target:** Internal target: To remain within control limits  
**Trend:** Performance sustained  
**Comment:** There has been no statistical change in the number of SIs – we are still running at 2 per month.



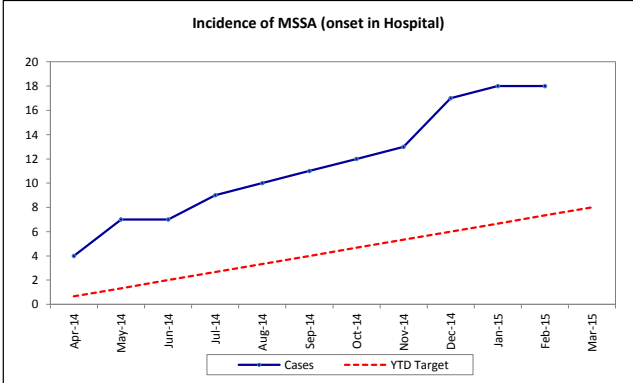
**Description:** The number of CVL infections for every 1000 Bed Days acquired at the Trust  
**Target:** Internal target: <=1.5  
**Trend:** Performance sustained.  
**Comments:** There has been no statistical change in the number of CVL infections – we are still running at 1.6 per 1000 line days



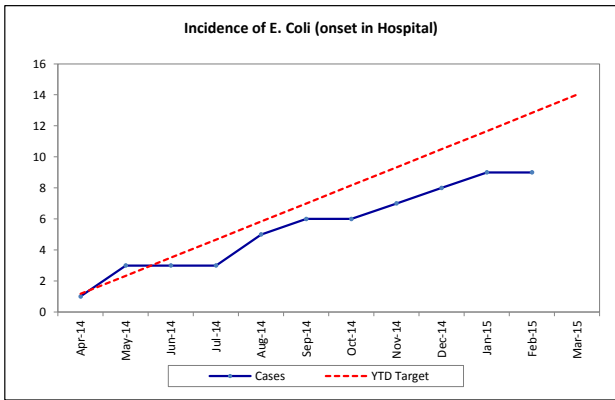
**Description:** Cases detected after 3 days (admission day = day 1) are assigned against trust trajectory  
**Target:** No more than seven cases per year  
**Trend:** Trend above trajectory  
**Comment:** The Trust has attributed 1 case to a lapse of care for the YTD.



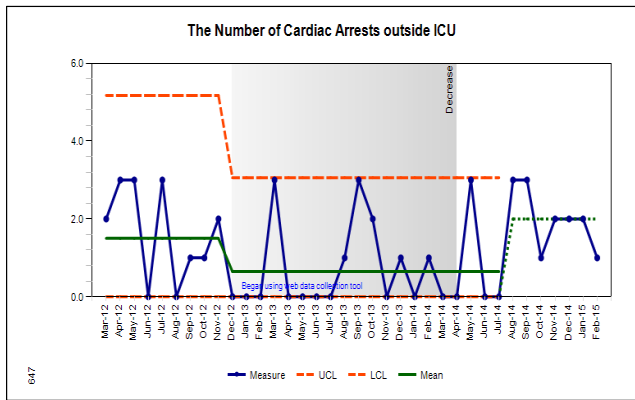
**Description:** MRSA bacteraemias  
**Target:** Zero cases  
**Trend:** 0 cases reported to date  
**Comment:** Performance sustained at zero cases



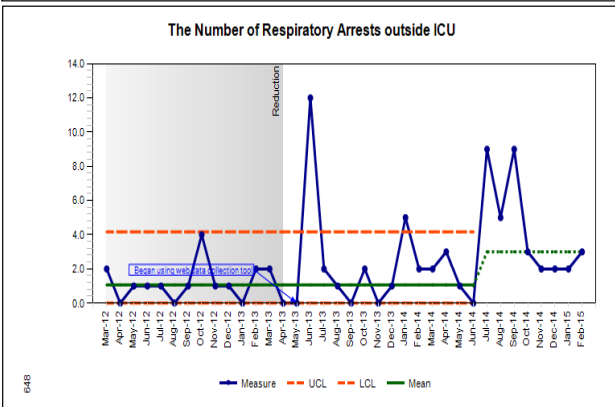
**Description:** Cumulative incidence of MSSA bacteraemia episodes (Methicillin sensitive S. aureus)  
**Target:** Internal Target no more than eight cases  
**Trend:** Performance continues above trajectory  
**Comment:** Performance being monitored closely



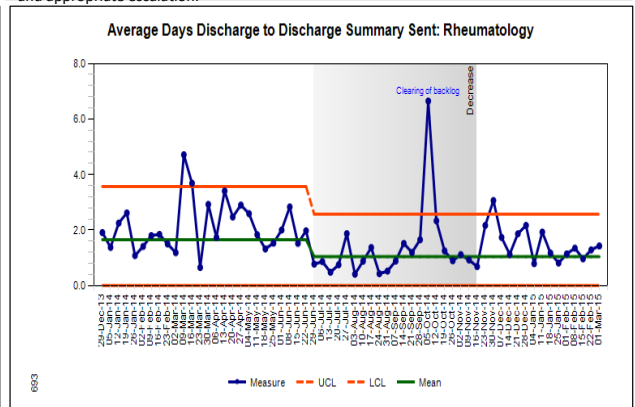
**Description:** Cumulative incidence of E. coli bacteraemia  
**Target:** Internal Target no more than fourteen cases  
**Trend:** Performance reported below trajectory at M7  
**Comment:** Performance being monitored closely



**Description:** The monthly number of arrests (cardiac) outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team)  
**Target:** Internal target: 50% reduction  
**Comment:** We have seen an increase in the number of respiratory and cardiac arrests over the last 6 months. It is difficult to attribute these to any one particular cause. We have seen an increase in calls from Theatres, IR and Squirrel ward. With regards to appropriate recognition of the deteriorating patient we have noticed a number of these calls were sudden neuro events but we continue to review all 2222 calls to assess recognition skills and appropriate escalation.



**Description:** The monthly number of arrests (respiratory) outside of ICU wards (recorded from calls made to the 2222 Clinical Emergency Team)  
**Target:** Internal target: 50% reduction  
**Trend:** Performance sustained  
**Comment:** We have seen an increase in the number of respiratory and cardiac arrests over the last 6 months. It is difficult to attribute these to any one particular cause. We have seen an increase in calls from Theatres, IR and Squirrel ward. With regards to appropriate recognition of the deteriorating patient we have noticed a number of these calls were sudden neuro events but we continue to review all 2222 calls to assess recognition skills and appropriate escalation.



**Description:** Harm index comprised of hospital acquired infections (CVL, serious incidents, non-ICU arrests, medication errors, falls, and pressure ulcers)  
**Trend:** Performance sustained  
**Comment:** For Rheumatology the time taken from discharge to completing the discharge summary was reduced back in September 2013 and has remained steady at less than 2 days. More specialties have joined the project with plans to spread across the remaining specialties with project end in July 2015

Monitor Governance Risk Rating

Targets - weighted (national requirements)		Threshold	Score Weighting	Reporting Frequency	Score Weighting Q1				Score Weighting Q2				Score Weighting Q3				Score Weighting Q4			
					M1	M2	M3	Q1	M4	M5	M6	Q2	M7	M8	M9	Q3	M10	M11	M12	Q4
1	MRSA - meeting the MRSA objective *	0	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Clostridium difficile year on year reduction (to fit with trajectory for the year as agreed with PCT)**	0	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	All cancers: 31-day wait for second or subsequent treatment comprising either:	100%	1	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Surgery	94%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Anti cancer drug treatments	98%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Radiotherapy (from 1 Jan 2011)	94%			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4	Admitted within 18 weeks	90%	1	Quarterly	0	0	0	0	1	0	1	2	1	1	1	3	0	-	0	
5	Non-Admitted within 18 weeks	95%	1	Quarterly	0	0	0	0	0	0	0	0	1	1	1	3	0	-	0	
6	Referral to treatment time Incomplete Pathways Performance	92%		Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7	Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	Quarterly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	0.5	Annual	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total</b>					<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>		
<b>Overall governance risk rating</b>					<b>Green</b>	<b>Green</b>	<b>Green</b>		<b>Green</b>	<b>Green</b>	<b>Green</b>		<b>Green</b>	<b>Green</b>	<b>Green</b>		<b>Green</b>	<b>Green</b>		

Monitor governance rating matrix	
Green	from 0 to 0.9
Red	0.9 or more

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

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



**Trust Board  
 25<sup>th</sup> March 2014**

**Workforce Summary Report**

**Submitted by:** Ali Mohammed – Director of Human Resources

**Paper No: Attachment 2**

GOSH increased its contractual FTE (full-time equivalent) figure by 2 in February to 3719. This change is within anticipated levels and is 122 FTE higher than the same point in 2014.

Sickness absence has decreased to 2.51% and remains significantly below the London average figure of 3.71% (a significant increase).

Turnover is now being reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 15.7% and will be reported and compared on a monthly basis; this new reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) is broadly stable – currently at 17.66% (+0.07%) in February; this remains similar to the same point in 2014 where turnover was 17.81%. The (unadjusted) London benchmark figure is 10.64% (which includes voluntary and non-voluntary leavers).

The reported vacancy rate has decreased to 4.7% in February.

Agency usage is not available for February at the time of reporting. This will be circulated on receipt.

PDR completion rates The Trust overall appraisal rate stands at 78.30% - unchanged compared to previous month. Two directorates are now meeting the target of 95% (Estates and HR & OD).

Inclusion of 'CQC Intelligent Monitoring' measures to the sickness, turnover and vacancy reports. These are consistent with the calculations used by the CQC as a measure of risk. Comparison of month-on-month changes to made from next report.

Statutory and mandatory training compliance rates are reported against a number of key mandatory training subjects. The required training compliance for any of the courses is 95%; currently the Trust is compliant with one (safeguarding children level 1) of the reported seven topic areas. All topics areas in February 2015 have either reported an increase in compliance or remain unchanged.

**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.

## TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – FEBRUARY 2015

### Introduction

This suite of workforce reports includes:

- Turnover (now including separate charts for voluntary turnover);
- Sickness absence;
- Vacancy rates;
- PDR rates;
- Agency usage as a percentage of paybill (currently unavailable for February);
- Statutory and mandatory training compliance (at Trust level only).

Each report shows divisional and directorate performance, and an exception report that indicates the cost centres which are the most statistically significant outliers against average performance. Where data exists to provide an external comparator (London trusts) this is indicated on each graph.

### Headlines

GOSH increased its contractual FTE (full-time equivalent) figure by 2 in February to 3719. This change is within anticipated levels and is 122 FTE higher than the same point in 2014. The month by month comparison of growth since February 2014 is displayed in the metrics section.

**Sickness absence** has decreased to 2.51% and remains significantly below the London average figure of 3.71% (a significant increase).

**Turnover** is now being reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 15.7% and will be reported and compared on a monthly basis; this new reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) is broadly stable – currently at 17.66% (+0.07%) in February; this remains similar to the same point in 2014 where turnover was 17.81%. The (unadjusted) London benchmark figure is 10.64% (which includes voluntary and non-voluntary leavers).

The reported **vacancy rate** has decreased to 4.7% in February.

**Agency usage** has not been made available for February. This will be circulated on receipt.

**PDR completion rates** The Trust overall appraisal rate stands at 78.30% - unchanged compared to previous month. Two directorates are now meeting the target of 95% (Estates and HR & OD).

Inclusion of 'CQC Intelligent Monitoring' measures to the sickness, turnover and vacancy reports. These are consistent with the calculations used by the CQC as a measure of risk. Comparison of month-on-month changes to made from next report.

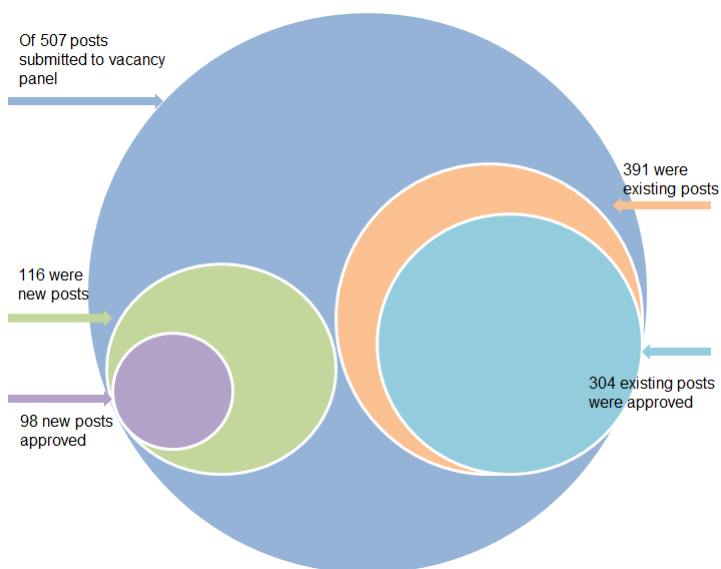
**Statutory and mandatory training compliance rates** are reported below against a number of key mandatory training subjects (this is the first time training data has been reported in 12-months and represents in-depth training reporting, please note that this may be subject to some delay between training completion and reporting – data validation to be completed by March 2015). The required training compliance for any of the courses is 95%; currently the Trust is compliant with one (safeguarding children level 1) of the reported seven topic areas. All topics areas in February 2015 have either reported an increase in compliance or remain unchanged.

Training Topic	Trust Training Compliance (%)
Information Governance - current	91
Safeguarding Children – level 1	96
Fire Safety Overall	63
Counter Fraud	86
Equality, Diversity and Human Rights	89
Health Safety and Welfare	87
Infection Prevention and Control Level 1	87

**Key issues**

Executive level scrutiny of all posts continues. The executive vacancy panel meets on a weekly basis to review jobs requesting to be recruited to (this excludes some key roles e.g. rostered nursing roles).

The graphic (right) demonstrates the volume and outcomes of roles considered by the vacancy panel from 1 April 2014 to 28 February 2015.



A total of 105 roles were not approved from the 507 submitted.

Vacancy control period	Approval rate
April 14 to October 14	92%
April 14 to December 14	81%
Year to date (Apr 14 to Feb 15)	79%

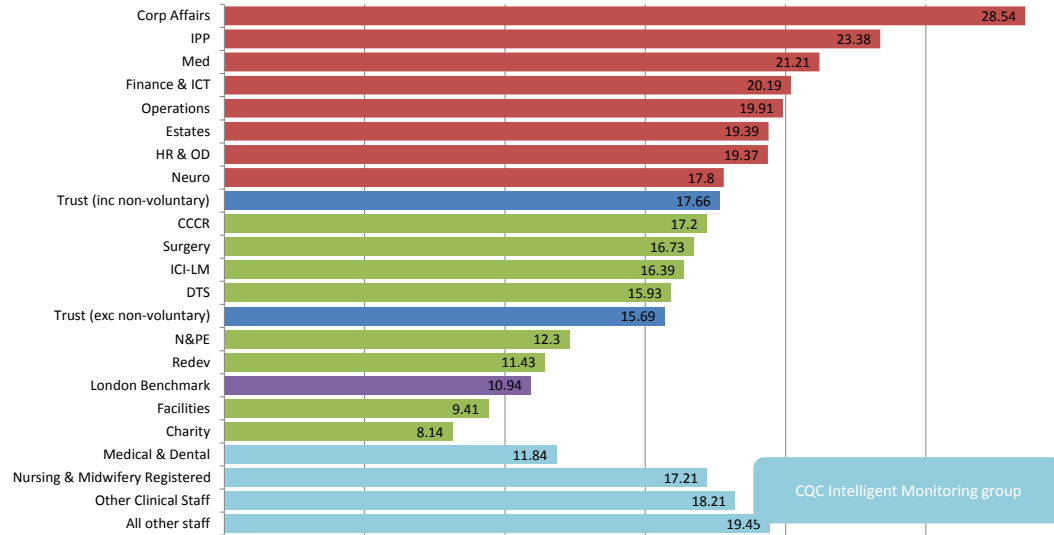
**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT**  
**WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2015 REPORT**

Division	Contractual Staff in Post (FTE)	Voluntary Turnover Rate (%) (voluntary leavers in 12-months in brackets)	Total Turnover Rate (%) (number of leavers in 12-months in brackets)	Sickness Rate (%)	PDR Completion (%) (target 95%)	Vacancy Rate (%) (Unfilled vacancies, 0-10% green; overestablished white)	Agency (as % of total paybill)
Critical Care & Cardio-Respiratory	714	16.5% (101.3)	17.2% (105.8)	2.7	83.2%	5.6%	Unavailable at date of publish
Diagnostic & Therapeutic Services	451	11.6% (52.1)	15.9% (71.4)	2.6	73.0%	8.8%	
Infection, Cancer & Immunity	680	15.4% (96.1)	16.4% (102.1)	2.4	82.0%	3.8%	
International	153	22.0% (31.9)	23.4% (33.9)	4.4	85.8%	11.5%	
Medicine	260	19.8% (45.1)	21.2% (48.2)	3.2	83.3%	1.6%	
Neurosciences	391	14.5% (50.3)	17.8% (61.6)	1.7	79.6%	2.2%	
Surgery	548	14.7% (70.7)	16.7% (80.5)	2.6	85.7%	7.1%	
Clinical & Medical Operations	62	18.3% (11.0)	19.9% (12.0)	0.8	64.7%	5.0%	
Corporate Affairs	9	19.9% (1.6)	28.5% (2.3)	0.2	75.0%	31.2%	
Corporate Facilities	85	8.3% (6.9)	9.4% (7.9)	3.4	56.1%	1.6%	
Estates	29	19.4% (6.0)	19.4% (6.0)	2.7	96.6%	23.7%	
Finance & ICT	95	20.2% (17.8)	20.2% (17.8)	2.5	36.8%	18.0%	
Human Resources & OD	107	16.0% (16.0)	19.4% (19.4)	2.0	95.5%	-4.2%	
Nursing & Patient Experience	31	7.2% (2.0)	12.3% (3.4)	0.8	90.9%	5.4%	
Redevelopment	22	11.4% (2.0)	11.4% (2.0)	2.6	94.7%	0.0%	
Research & Innovation	71	26.6% (19.7)	30.9% (22.9)	1.4	56.9%	-0.8%	
<b>Trust</b>	3719	<b>15.7% ▲ (531.3)</b>	<b>17.7% ▲ (598.0)</b>	<b>2.5 ▼</b>	<b>78.3% ►</b>	<b>4.7% ▼</b>	

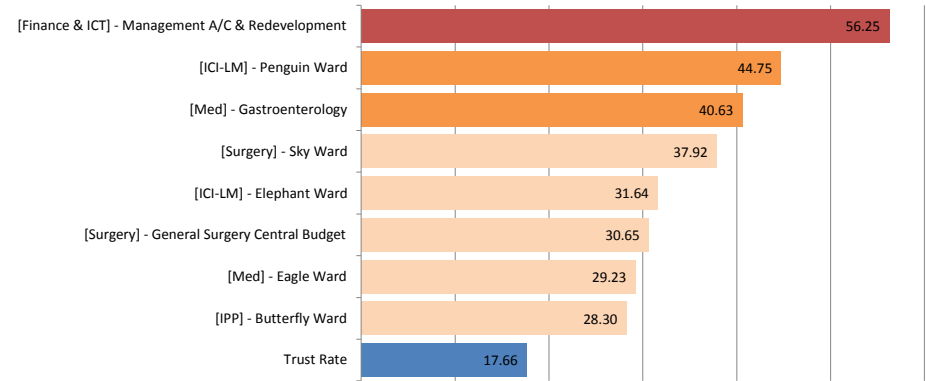
**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT  
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2015 REPORT**

Division	Red Metrics / DoT	Metric	DoT	Actions & Comments
International	4 (previously 4)	Voluntary turnover stands at 22%		Explanation to divisions regarding the definition of voluntary and accuracy of leaving reason
		Sickness unchanged at 4.4%		Regular meetings scheduled with managers to discuss absence , managers reminded importance of consistent abs mgt
		PDR rate improved from 83.8% to 85.8%		Managers reminded regularly of the importance of completing PDRs for staff.
		Vacancy rate worsened from 11% to 11.5%		Regular performance meetings in place to discuss vacancy rate
Estates	3 (previously 4)	Voluntary turnover stands at 19.4%		Explanation to divisions regarding the definition of voluntary and accuracy of leaving reason
		Sickness improved from 2.8% to 2.7%		Regular meetings scheduled with managers; currently managerial vacancies
		Vacancy rate worsened from 13.4% to 15.4%		Currently holding vacancies pending consultation.
Medicine	3 (previously 3)	Voluntary turnover stands at 19.8%		Explanation to divisions regarding the definition of voluntary and accuracy of leaving reason
		Sickness unchanged at 3.2%		Explanation to divisions regarding the definition of voluntary and accuracy of leaving reason
		PDR rate worsened from 85.4% to 83.3%		Managers regularly reminded of the importance of completing PDRs for staff.
Corporate Affairs	3 (previously 3)	Voluntary turnover stands at 19.9%		Small department group (9)
		PDR rate worsened from 87.5% to 75%		
		Vacancy rate unchanged at 31.2%		
Finance & ICT	3 (previously 3)	Voluntary turnover stands at 20.2%		Explanation to divisions regarding the definition of voluntary and accuracy of leaving reason
		PDR rate worsened from 54.8% to 36.8%		
		Vacancy rate improved from 20.8% to 18%		Specialist recruitment episode being undertaken to address vacancies.
Critical Care & Cardio-Respiratory	3 (previously 3)	Voluntary turnover stands at 16.5%		Explanation to divisions regarding the definition of voluntary and accuracy of leaving reason
		Sickness improved from 2.8% to 2.7%		Regular monthly meetings scheduled with managers to address absence
		PDR rate improved from 76.4% to 83.2%		

### Divisional Turnover (Voluntary & Non-Voluntary)

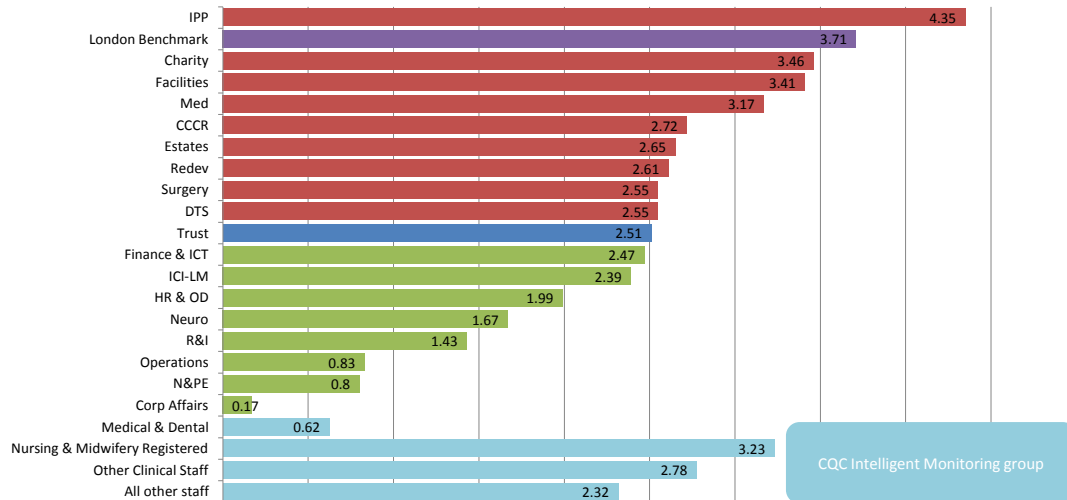


### Exception Reporting Turnover

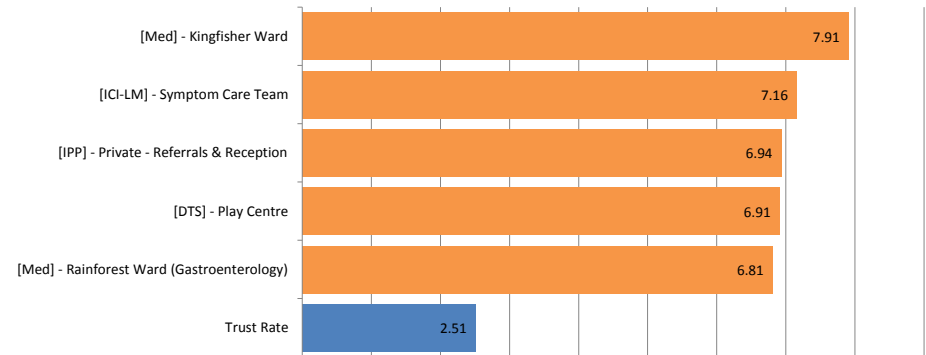


DTS (pharmacy) – pre reg pharmacists are on 12 month fixed term contracts around 20 staff on average; Surgery (Anaesthetic Staff Theatres) – majority of the staff are ODPs come and work at the Trust for 6 months to develop, the band 6 roles have low turnover so they are appointed to band 6 and 7 roles externally as there are limited opportunities elsewhere in the Trust. R&I (CRF) – research funding, majority of staff on fixed term contracts in line with funding

### Divisional Sickness

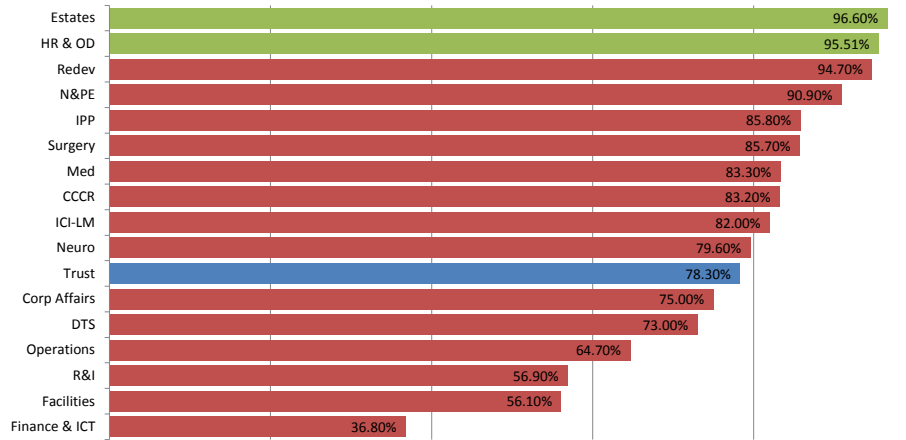


### Exception Reporting Sickness

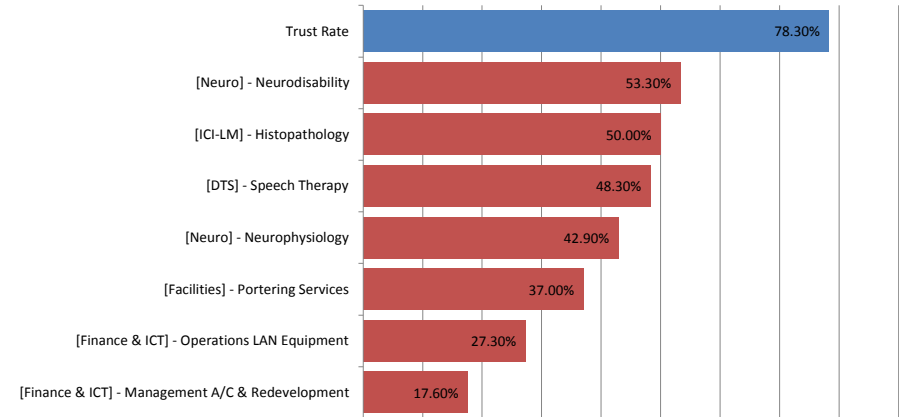


**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT  
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2015 REPORT**

**Divisional PDR (Target 95%)**

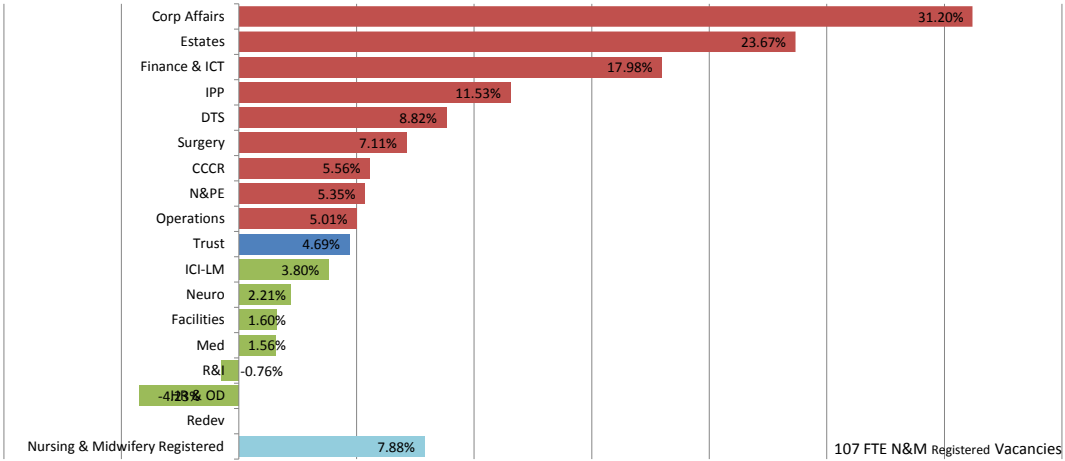


**Exception Reporting PDR**

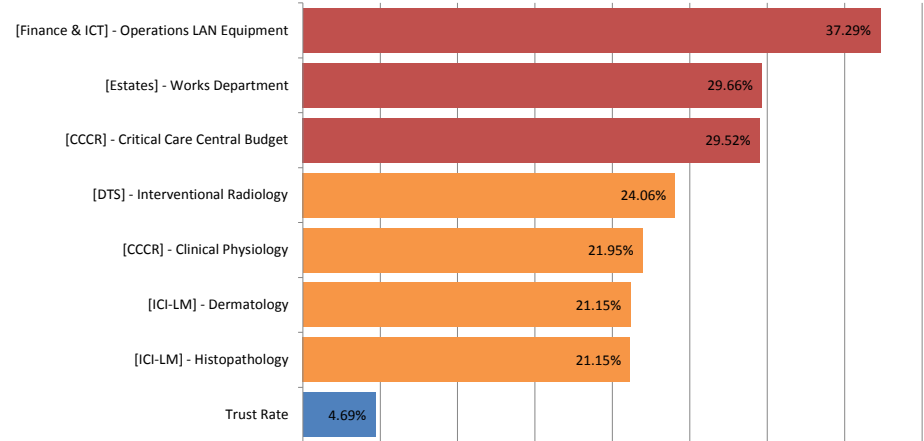


**HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT  
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2015 REPORT**

**Divisional Vacancy Rate**



**Exception Reporting Vacancy Rate**



**Divisional Agency as % of Paybill**

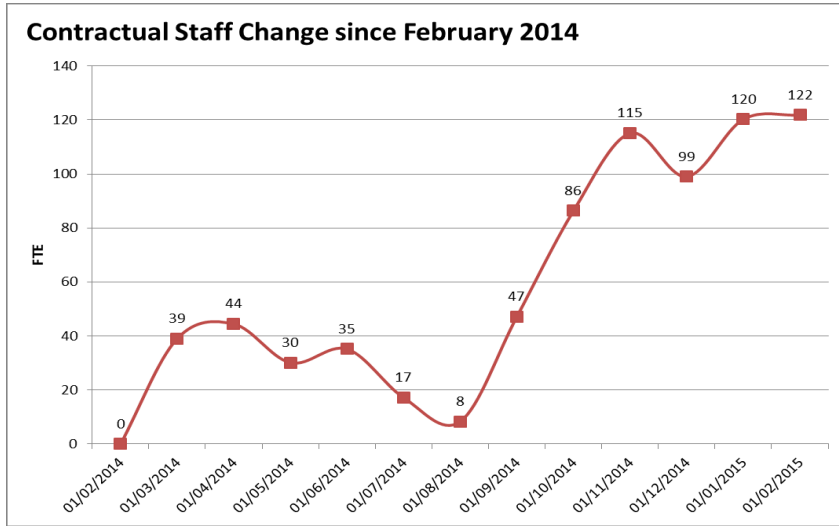
Data unavailable at date of publish

**Exception Reporting Agency as % of Paybill**

Data unavailable at date of publish



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT  
WORKFORCE METRICS EXCEPTION REPORTING - FEBRUARY 2015 REPORT



**Trust Board**  
**25<sup>th</sup> March 2014**

**Finance Summary Report**

**Submitted by:** Claire Newton – Chief Finance Officer

**Paper No: Attachment 3**

**Finance and Productivity & Efficiency (Chief Finance Officer)**

The Trust is reporting a net deficit of £(1.2)M, £(6.7)M worse than Plan

EBITDA of £20.9m 6.0% is £(7.6)m below the planned EBITDA of £28.5m (7.9%)

Total income excluding pass through is £(12.6m) below plan principally due to doubt over the receipt of £4.3m of specialist funding from NHSE, £3.4m lower private patient activity, and £2.4m due to the late start of the education contract. In month, private patient income was £1.2m below plan.

All NHS inpatient income is below plan although bed day funded activity and outpatients are above plan

Cash levels are above plan, primarily due to capital expenditure being below plan.

**Additional Challenges**

Productivity & Efficiency scheme values indicate that the annual target will not be met although this is partially offset by short term cost savings.

Agency cost levels are higher than in the previous year but are at lower average levels than earlier in the year.

**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.

# Great Ormond Street Hospital for Children NHS FT - Summary Financial Performance Report. 11 Months to 28 February 2015

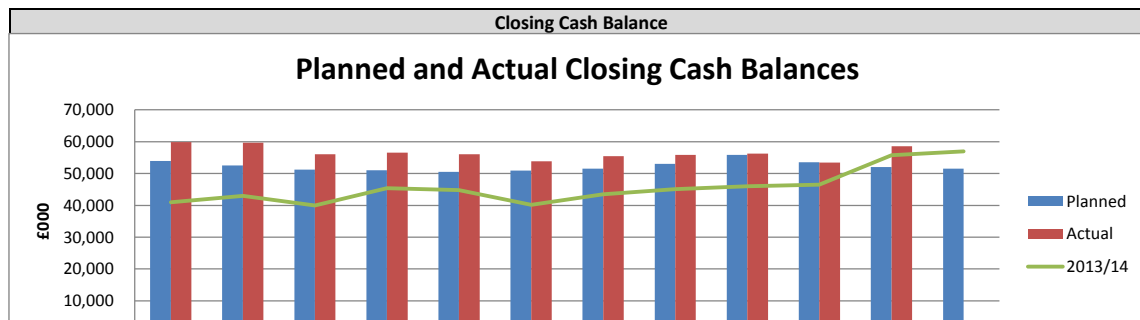
## Commentary :

- \* The Trust is reporting a net deficit of £(1.2)M , £(6.7)M worse than Plan
- \* EBITDA of £20.9m 6.0% is £(7.6)m below the planned EBITDA of £28.5m (7.9%)
- \* Total income excluding pass through is £(12.6m) below plan principally due to doubt over the receipt of £4.3m of specialist funding from NHSE, £3.4m lower private patient activity, and £2.4m due to the late start of the education contract. In month, private patient income was £1.2m below plan.
- \* All NHS inpatient income is below plan although bed day funded activity and outpatients are above plan
- \* Cash levels are above plan, primarily due to capital expenditure being below plan.

## Other Challenges:

- # Productivity & Efficiency scheme values indicate that the annual target will not be met although this is partially offset by short term cost savings.
- # Agency cost levels are higher than in the previous year but are at lower average levels than earlier in the year

I&E	Current Month			Current Year Year to Date			YTD Prior Year Year to Date		RAG Rating Current Year
	Budget	Actual	Variance	Budget	Actual	Variance	Actual	Variance	
	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	2013/14	CY vs PY	
NHS & Other Clinical Revenue	20.7	19.7	(1.0)	225.7	224.1	(1.6)	219.9	4.3	A
Pass Through	3.9	4.2	0.3	44.6	46.3	1.8	42.6	3.7	G
Private Patient Revenue	3.9	2.7	(1.2)	41.9	38.5	(3.4)	38.1	0.4	A
Non-Clinical Revenue	4.3	3.4	(1.0)	49.7	42.1	(7.6)	44.5	(2.4)	R
<b>Total Operating Revenue</b>	<b>32.8</b>	<b>29.9</b>	<b>(2.8)</b>	<b>361.9</b>	<b>351.0</b>	<b>(10.8)</b>	<b>345.1</b>	<b>5.9</b>	
Permanent Staff	(16.7)	(16.2)	0.5	(181.9)	(178.3)	3.6	(172.9)	(5.4)	G
Agency Staff	(0.4)	(0.4)	(0.0)	(4.5)	(4.9)	(0.4)	(4.6)	(0.2)	A
Bank Staff	(1.0)	(1.0)	0.0	(11.3)	(11.5)	(0.2)	(11.4)	(0.1)	A
<b>Total Employee Expenses</b>	<b>(18.1)</b>	<b>(17.7)</b>	<b>0.5</b>	<b>(197.7)</b>	<b>(194.6)</b>	<b>3.1</b>	<b>(188.9)</b>	<b>(5.7)</b>	
Drugs and Blood	(1.3)	(0.7)	0.6	(11.4)	(9.7)	1.7	(11.4)	1.7	G
Other Clinical Supplies	(3.1)	(3.1)	0.0	(33.2)	(34.1)	(0.9)	(32.2)	(1.9)	A
Other Expenses	(4.0)	(4.7)	(0.7)	(46.5)	(45.3)	1.2	(39.4)	(5.9)	G
Pass Through	(3.7)	(4.2)	(0.5)	(44.4)	(46.3)	(1.9)	(42.6)	(3.7)	A
<b>Total Non-Pay Expenses</b>	<b>(12.2)</b>	<b>(12.7)</b>	<b>(0.5)</b>	<b>(135.6)</b>	<b>(135.5)</b>	<b>0.2</b>	<b>(125.7)</b>	<b>(9.8)</b>	
<b>EBITDA (exc Capital Donations)</b>	<b>2.5</b>	<b>(0.4)</b>	<b>(2.9)</b>	<b>28.5</b>	<b>20.9</b>	<b>(7.6)</b>	<b>30.5</b>	<b>(9.6)</b>	
Depreciation, Interest and PDC	(2.0)	(1.9)	0.1	(22.9)	(22.1)	0.8	(27.4)	5.3	
Net (Deficit)/Surplus (exc Cap. Don.)	0.4	(2.3)	(2.7)	5.6	(1.2)	(6.7)	3.1	(4.3)	
<b>EBITDA %</b>	<b>7.5%</b>	<b>-1.3%</b>		<b>7.9%</b>	<b>6.0%</b>				
Capital Donations	1.8	1.4	(0.4)	32.0	15.2	(16.7)	19.3	(4.0)	

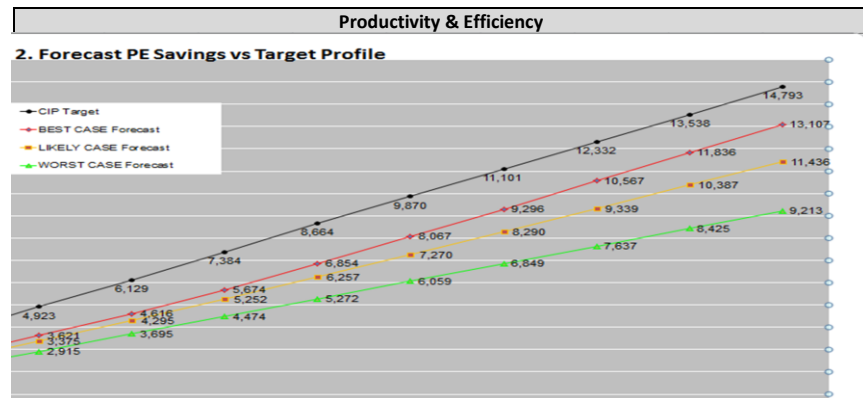


Statement of Financial Position	31 March 2014 Actual	28 Feb 2015 Planned	28 Feb 2015 Actual
	£m	£m	£m
Non-Current Assets	371.0	420.2	378.9
Current Assets (exc Cash)	58.2	54.8	55.2
Cash & Cash Equivalents	57.0	52.0	58.6
Current Liabilities	(56.8)	(52.4)	(50.5)
Non-Current Liabilities	(7.3)	(6.9)	(6.8)
<b>Total Assets Employed</b>	<b>422.1</b>	<b>467.7</b>	<b>435.4</b>

Capital Expenditure	Annual Plan	28 Feb 2015 Reforecast	28 Feb 2015 Actual
	£m	£m	£m
Redevelopment - Donated	18.8	13.7	12.1
Medical Equipment - Donated	8.9	3.0	3.0
Estates - Donated	1.2	0.0	0.0
ICT - Donated	0.0	0.1	0.1
<b>Total Donated</b>	<b>28.9</b>	<b>16.8</b>	<b>15.2</b>
Redevelopment - Trust Funded	0.0	6.2	4.6
Estates & Facilities - Trust Funded	6.4	3.4	2.3
ICT - Trust Funded	8.5	7.3	4.0
Medical Equipment - Trust Funded	6.6	0.2	0.0
<b>Total Trust Funded</b>	<b>21.5</b>	<b>17.1</b>	<b>10.9</b>
<b>Total Expenditure</b>	<b>50.4</b>	<b>33.9</b>	<b>26.1</b>

Continuity of Service Risk Rating	2014/15 Plan	31-Jan-15	28-Feb-15	RAG Rating
Liquidity	4	4	4	G
Capital Servicing Capacity	4	4	4	G

	31-Mar-14	31-Jan-15	28-Feb-15	RAG Rating
NHS Debtor Days (YTD)	17.35	15.34	16.84	G
IPP Debtor Days	116.40	149.90	154.20	R
IPP Overdue Debt (£m)	5.95	6.93	9.55	R
Creditor Days	35.65	17.70	25.00	G
BPPC - Non-NHS (YTD) (number)	86.8%	88.1%	88.3%	A
BPPC - Non-NHS (YTD) (£)	90.8%	91.4%	91.5%	G

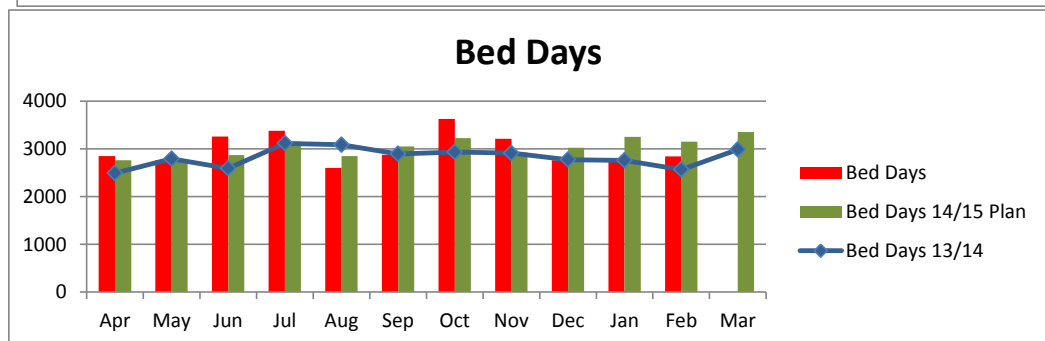
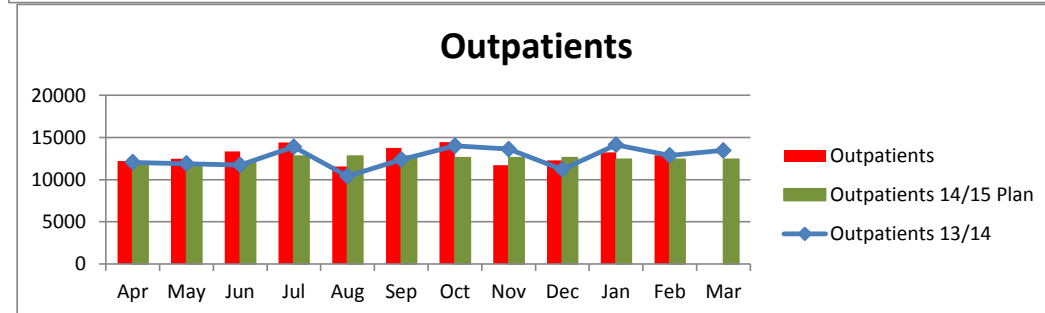
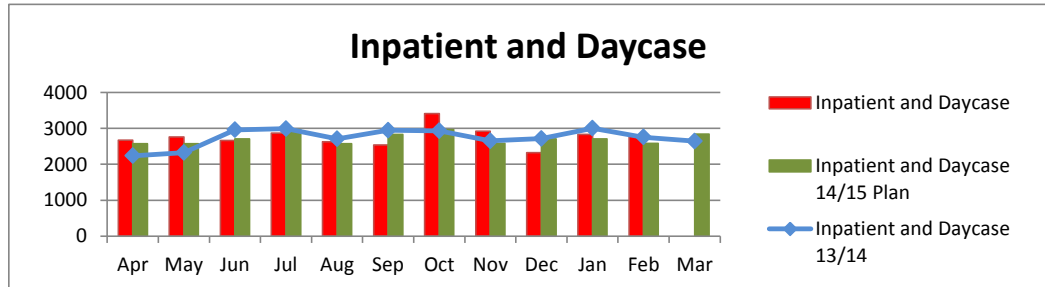


### ACTIVITY AND INCOME

	Income from NHS & Other Clinical Activity £M year to date				
	YTD Actual (£m)	Variance to plan (£m)	Variance to plan (%)	Variance to Prior Year (£m)	Variance to Prior Year (%)
Daycases	21.6	(0.7)	-2.2%	0.9	5.6%
Elective Inpatients	49.6	(4.3)	-8.3%	(1.9)	-3.4%
Non-Elective Inpatients	12.7	(0.7)	-4.4%	(0.6)	-3.8%
Bed days	41.1	(0.0)	0.9%	0.9	3.2%
Outpatients	35.6	1.3	3.7%	0.7	2.9%
Other eg. Highly Specialised	63.6	2.8	2.4%	4.3	4.8%
<b>Total</b>	<b>224.1</b>	<b>(1.6)</b>	<b>-0.9%</b>	<b>4.3</b>	<b>1.9%</b>

	Activity				
	YTD Actual	Variance to plan	Variance to plan (%)	Variance to Prior	Variance to Prior Year (%)
Daycases	17,399	1,852	10.6%	743	4.5%
Elective Inpatients	11,428	(1,134)	-9.9%	(212)	-1.8%
Non-Elective Inpatients	1,590	(83)	-5.2%	(58)	-3.5%
Bed days	32,884	(25)	-0.1%	2,068	6.7%
Outpatients	142,378	5,430	3.8%	4,155	3.0%

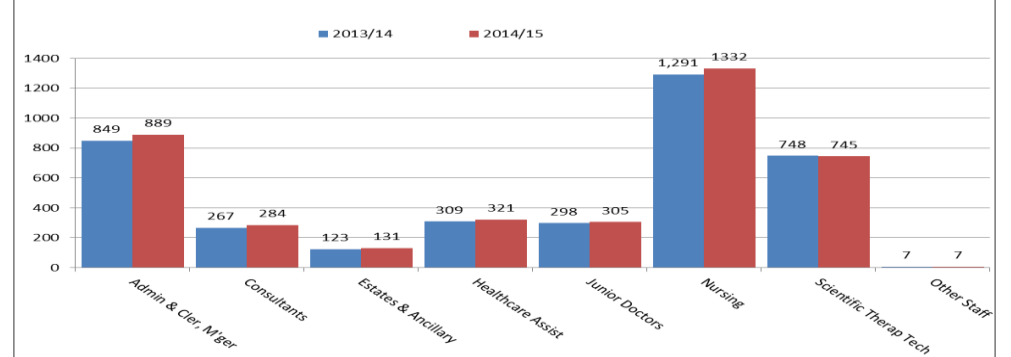
#### PATIENT ACTIVITY



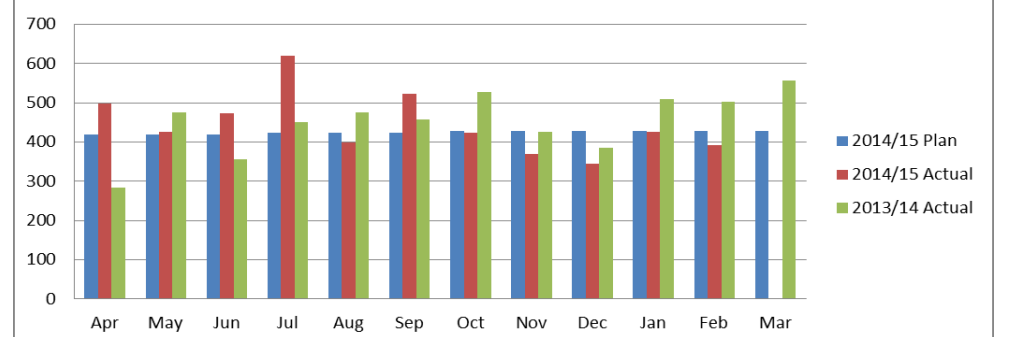
#### STAFF

Year	WTE Average	YTD Total Pay (£m)	YTD Agency (£m)	Agency as % of Total Pay	YTD Bank (£m)	Bank as % of Total Pay
2014/15	4,014	194.6	4.9	2.5%	11.5	5.9%
2013/14	3,892	188.9	4.6	2.5%	11.4	6.0%
Movement	122	5.7	0.2	0.00	0.1	-0.00

Average WTE by staff category for M1 to M11 2013-14 & 2014-15



#### Agency Costs M1 - M11 (£000)



<b>Trust Board 25<sup>th</sup> March 2014</b>	
<b>CQC Summary Report – Trust Board - March 2015</b>	<b>Paper No: Attachment O</b>
<b>Submitted by:</b> Anna Ferrant, Company Secretary	
<b>Aims / summary</b> To provide an update to the Board on the new CQC Inspection regime, and the work being undertaken both corporately and within divisions to prepare for the scheduled CQC inspection on April 14 <sup>th</sup> – 17 <sup>th</sup> 2015.  The report also provides details of the Public Listening Event on Wednesday 25th March, and some high level findings from the programme of mock inspections being undertaken within the divisions.	
<b>Action required from the meeting</b> To note the new CQC inspection regime and the work being undertaken to help prepare the Trust for the scheduled inspection in April 2015.	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> To assist in the monitoring or regulatory compliance	
<b>Financial implications</b> N/A	
<b>Who needs to be told about any decision?</b> Executive Directors	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> N/A	
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Executive	

## CQC Summary Report – Trust Board - March 2015

### Introduction

The Trust has been advised by CQC that a scheduled inspection will take place on 14<sup>th</sup> – 17<sup>th</sup> April 2015.

### Background

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

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

### CQC Intelligent monitoring

- Intelligence monitoring is the CQC's model for monitoring a range of key indicators about NHS acute and specialist hospitals. The CQC has categorised trusts into one of six summary bands, with band 1 representing the highest risk and band 6 the lowest risk.
- Bands are assigned based on the proportion of indicators that have been identified as 'risk' or 'elevated risk' or if the trust is known to have serious concerns (e.g. trusts with special measures applied), they will be categorised as band 1.
- The Trust's summary band for December 2014 is band 6, and the following risk areas were identified for the Trust, and followed up with the relevant owners/ appropriate persons:

Risk	Composite of Central Alerting System (CAS) safety alerts indicators (01-Apr-04 to 31-Aug-14)
Risk	GMC - Enhanced monitoring (01-Mar-09 to 22-Jul-14)

The Trust's next CQC Intelligent Monitoring report will be published in May 2015.

### Inspection Framework Overview

The Trust expects approximately 50- 60 inspectors on site for the inspection over the duration, and a subsequent unannounced inspection within two to four weeks after the announced inspection has been undertaken.

The CQC inspection team will include a national team of expert hospital inspectors and clinical and other experts, including service users and those with experience of receiving care, or caring for

someone who uses services (Experts by Experience).

The CQC have confirmed that they will be inspecting the following eight core services:

1. Medical Care
2. Surgery
3. Critical Care, Cardio-respiratory, CATS
4. Neonatal services
5. Palliative care and End of Life
6. Outpatients and diagnostic imaging
7. Transition services
8. CAMHS

Inspectors will use professional judgement, supported by objective measures and evidence to assess these core services against the 5 key questions:

No.	Question	What this means
1	<b>Are services safe?</b>	Are people protected from abuse and avoidable harm?
2	<b>Are services effective?</b>	Does care, treatment and support achieve good outcomes, promote a good quality of life based on the best available evidence?
3	<b>Are services caring?</b>	Do staff involve and treat people with compassion, kindness, dignity and respect
4	<b>Are services responsive?</b>	Are services organised so that they meet people's needs?
5	<b>Are services well- led?</b>	Does the leadership, management and governance of the Trust assure the delivery of high quality person centred care, support learning and innovation and promote an open and fair culture?

### **CQC Provider Information Request**

In preparation for the scheduled inspection, the Trust was asked to provide a pack of documents to the CQC detailing information on the care and services provided by the Trust.

The CQC has now reviewed this information and sent a collated data pack to the Trust, which is currently being checked for factual inaccuracies.

### **Public listening event**

The CQC will undertake a scheduled public listening event on Wednesday 25<sup>th</sup> March 2015, in the Lagoon (Main Dining Area) for both current and past patient and their families and carers. This event gives patients and carers the opportunity to meet the CQC inspectors and share their experiences of the services and care provided in the last year.

Posters for this event will be disseminated around the hospital the, and also contain a website address for patients and their families and carers to share their experiences anonymously.

The scheduled CQC inspection has also been communicated on GOSH's live Twitter feed and Facebook page, reminding patients and their parents/ carers that the CQC will be inspecting GOSH and how they can share their experiences of the hospital.

### **Mock inspection programme**

In order to support the teams, a programme of mock inspections is being carried out across the Trust, which will help prepare and familiarise staff with the inspection process. The mock inspections have been organised around the 8 core services to be inspected. Whilst some of these services are confined to a single division, others will be spread over several divisions.

To date, mock inspections have been undertaken within outpatients, surgery, mental health services and medicine. Initial feedback includes:

	<u>Positive</u>	<u>Areas for Improvement</u>
<u>Safe</u>	<p>Staff know how to report incidents which have occurred</p> <p>Areas generally clean.</p> <p>Overall medicines are kept safe and secure, and policies and procedures are adhered to</p> <p>All staff members were able to describe how they would report a safeguarding concern- all responses were appropriate to the discipline and seniority of the staff members asked</p> <p>Ward staff members were able to describe how they would respond to, or escalate a child that was deteriorating- all responses were appropriate to the discipline and seniority of the staff members asked</p>	<p>Overall environment within certain areas can be cramped and challenging for patients and carers to navigate (frontage building and Peter Pan)</p> <p>PAT testing</p> <p>Stickers on beds and trolleys</p> <p>Storage in clinical areas.</p> <p>Loose filing in records</p>
<u>Effective</u>	<p>All staff reported that they had undergone a local induction and had completed their mandatory training</p> <p>There was a strong sense of team work, and children/young people and families reported that staff within and between specialities worked well</p>	<p>Minor comments on the induction programme</p>



	<u>Positive</u>	<u>Areas for Improvement</u>
	together	
<u>Caring</u>	<p>Parents felt that the healthcare team looking after them were both helpful and responsive</p> <p>Children/young people and families felt part of the team and fully involved in decision-making. They all understood why they were here and what their condition was</p> <p>There was good emotional support for children/young people and families. The play specialist and play workers were responsive and attentive, always alert to children/YP and families who might be distressed</p>	None
<u>Responsive</u>	<p>Overall staff worked hard to meet individual needs for children/young people and families</p> <p>Children/young people and families felt well supported and there were lots of comments about the high standard of care and the dedication of the staff</p>	Parents are not provided with any information on what to bring for an overnight stay or arrangements for food brought from home (theatres)
<u>Well led</u>	<p>All staff reported a strong, responsive and high quality leadership</p> <p>All staff members expressed a positive and supportive culture</p>	None

### GOSH Communications Plan

Communications about the impending inspection have been cascaded to all staff via the GOSH Newsletter and the senior management team.

The Trust's Compliance and Governance Manager has presented the CQC's new inspection framework to the Senior Management Team and is in the process of cascading it to all divisional board meetings and specialist services management teams, to ensure senior clinicians and managers have the necessary knowledge of the framework.

**Policies listed on GOSH Web**

The policies section on GOSH has recently been updated to include new key work and A-Z search functionality, with a new category listing to help staff members find the policies they require.

The Trust is working towards reviewing and ratifying all corporate policies which have surpassed their review date.

<b>Trust Board</b> <b>25<sup>th</sup> March 2015</b>	
<b>Regular report on Infection Prevention and Control</b>  <b>Submitted by: Dr John Hartley, DIPC</b>	<b>Paper No: Attachment P</b>
<b>Aims / summary</b> To inform Board of progress with the annual infection prevention and control plan and important issues which have arisen in IPC since last report	
<b>Action required from the meeting</b> Feedback from Board.	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> Essential to achieve zero harm; minimising risk of infection is a central Trust goal	
<b>Financial implications</b> Failure to prevent or control infections leads to harm and cost. Individual penalties may follow specific HCAs in future.	
<b>Who needs to be told about any decision?</b> Infection prevention and control is responsibility of all staff.	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Divisional and Corporate Units and all staff Infection Prevention and Control Team.	
<b>Who is accountable for the implementation of the proposal / project?</b> Director of Infection Prevention and Control	

## Regular Infection Prevention & Control Report to Trust Board

### Infection Prevention and Control (IPC) management arrangements

**Staff** – Since the last report in November, we have appointed a 0.4 wte band 7 clinical scientist to work on environmental monitoring and control. Retirement of the senior laboratory staff responsible for data production has exposed a significant shortfall not yet filled.

**Electronic infection prevention management system** – A Nursing Technology Fund (NTF) bid was submitted nationally for consideration. This bid was not successful so IPCT will be submitting a business case to the I, M & T board for capital funding.

**Antibiotic stewardship** – We continue to implement a Trust programme (which was a CQUIN this year) and a mandatory field update in the electronic prescribing has facilitated this.

### Health care associated infection (HCAI) statistics and prevention programmes

#### 1. HCAI mandatory reporting for financial year 2014/15, after 11.5 months (at 16/3/2014):

- a. **MRSA bacteraemia** (Target = 0) – cases = 0. (No case for 20 months)
- b. **C. difficile infection** (Target  $\leq 7$ ) – Trust ‘apportioned’ = 14.  
Lapse in care – (cases reviewed Apr – Nov 14) = 1
- c. **Methicillin sensitive S. aureus (MSSA) bacteraemia** (no national ‘target’) – 25 cases.
- d. **E. coli bacteraemia** (no national ‘target’) – 19 cases this financial year

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

Rate per 1000 line days (11 months data) = 1.4  
 (Rate last financial year = 2.1; CQUIN target = 2.0)  
 This is the lowest rate we have achieved.

#### 3. Surgical site infection prevention and surveillance

The three Divisions undertaking surgery perform surveillance. A cluster of infections related to spinal implant surgery was investigated; infections occurred across surgical team and procedures. Standardisation of surgical pathway is being undertaken.

#### 4. Outbreaks – ‘Carbapenemase producing enterobacteriaceae’

There has been an outbreak of a multi-drug resistant *Klebsiella pneumoniae* (carrying the oxa48 gene, therefore a ‘CPE’) in the haematology/oncology ward, with cross transmission to 3 children in late November/early December 2014. An extensive outbreak control programme was instigated involving children, their families and shared care units. No further transmissions have occurred but a risk remains from this and other multi-drug resistant strains.

#### 5. Viral episodes and drug resistant bacteria

In addition to the CPE outbreak two other episodes of cross transmission of MDR gram negatives have been detected. **We continue to remind staff regarding the need for risk assessment of every child (and family) and the continuous need to implementation of Standard and Isolation precautions.**

### Cleaning

Environmental and equipment decontamination remains essential. MITIE remain under an improvement programme by Facilities and cleaning improved.

### Implementation of isolation precautions and ‘infection cleans’

Disruption to patient care or provision of services remains a risk due to the implementation of isolation precautions and ‘infection cleans’ in ‘alerted’ children. Balance of maintaining capacity and

## Attachment P

risk reduction requires continuous support and review. There is better co-ordination for the process but further work is needed in the stringent methods.

Concerns have been raised by families regarding the lack of isolation facilities in areas such as outpatients and radiology. Further risk assessment was undertaken in outpatients and a new flow chart introduced, however more work is needed as 'alerted' children may outnumber the available rooms. **All risk of cross transmission cannot be eliminated (as in the out of hospital situation).**

### **Infection prevention and control regular audits and data display**

Regular planned audit cycle continues with additional results displayed on dashboard and feed back to Divisions for action. The IPCT are also assisting ward with a refresh of their infection control noticeboards for patient/carer use.

### **Isolation & sink audit**

IPC team have visited all clinical areas in recent sink and isolation audits. Results have been fed back to individual areas; areas for improvement included staff knowing the reason as to why patients are isolated and the consistent use of Personal Protective Equipment (PPE).

A trust wide refresher in standard precautions is about to be launched.

## **Estates**

a. Legionella control in tap water – some issues have arisen following extensive building works involving movement of services. Increased collaborative work is required between estates and re-development to minimise this. The Frontage continues to have failures and additional work is underway.

b. Implementing 'HTM 04-01 Addendum: Pseudomonas aeruginosa – advice for augmented care units.' Case surveillance and water testing continue. We continue to have difficulty co-ordinating clinical use of outlets, testing and collation of results from the currently used external companies. The first step in the implementation of a business case to bring services in house has been implemented (see staff) but finance issues require further review before we can progress.

c. Critical ventilation systems –Regular verification is now scheduled in all specialised areas but requires extensive planning and does disrupt clinical areas. Work continues on manuals for all areas but insufficient time has arisen to complete this.

## **Training, updates and competencies**

IPC induction is still being revised.

Work is now well underway developing a new interactive 'game' for all staff at induction with scenario based learning. Non-clinical staff will now receive online training at induction and update, with assessment by online questions. Clinical staff will still receive a face to face induction (provided by IPC) but updates will be locally annually and online.

Electronic recording of training may not be complete, especially for medical staff.

Competencies for all staff on common procedures – Individual Divisions are expected to implement this for IV line care and access; work still in progress.

## **Ebola**

While this is a low risk to the trust it represents a major hazard if a case were to occur. A large amount of work is continually underway to reduce that risk:

1. Patients are screened by questionnaire at first contact.
2. There is a pathway if a suspected case is detected.
3. Staff have been trained in enhanced use of PPE.

J C Hartley Consultant Microbiologist and DIPC

H Dunn Lead Nurse in Infection Prevention and Control 17/03/2015

<b>Trust Board March 25<sup>th</sup> 2015</b>	
<b>Safe Staffing Report January 2015 and February 2015</b>	<b>Paper No: Attachment Q</b>
<b>Submitted by: Liz Morgan Chief Nurse and Families Champion</b>	
<b>Aims / summary</b> This paper provides assurance that the Trust has safe nurse staffing levels on our in-patient wards and systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes nurse quality measures and details of ward safe staffing reports. The paper includes an overview of vacancies and nurse recruitment.	
<b>Action required from the meeting</b> The Board is asked to note: <ul style="list-style-type: none"> <li>• The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.</li> <li>• The information on safe staffing and the impact on quality of care.</li> <li>• To note the key challenges around recruitment and the actions being taken.</li> </ul>	
<b>Contribution to the delivery of NHS Foundation Trust strategies and plans</b> Safe levels of nurse staffing are essential to the delivery of safe patient care and experience.  <i>Compliance with <i>How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing and capability</i> (NHS England, Nov 2013) and the <i>'Hard Truths Commitments Regarding the Publishing of Staffing Data'</i> issued by the Care Quality Commission in March 2014.</i>	
<b>Financial implications</b> Already incorporated into 14/15 Division budgets	
<b>Who needs to be told about any decision?</b> Division Management Teams Finance Department	
<b>Who is responsible for implementing the proposals / project and anticipated timescales?</b> Chief Nurse; Assistant Chief Nurse – Workforce; Heads of Nursing	
<b>Who is accountable for the implementation of the proposal / project?</b> Chief Nurse; Division Management Teams	

## **GOSH NURSE SAFE STAFFING REPORT**

**January 2015**

### **1. Introduction**

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of January 2015. The report follows the same format as previous submissions providing information on staff in post, safe staffing incidents, nurse vacancies, quality measures are reported by exception.

### **2. Context and Background**

2.1 The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.

2.2 Monthly nurse staffing updates are submitted to NHS England and the Trust Board with the following information:

1. The number of staff on duty the previous month compared to planned staffing levels.
2. The reasons for any gaps, highlighting those wards where this is a consistent feature and impacts on the quality of care, to include actions being taken to address issues.
3. The impact on key quality and safety measures.

### **3. GOSH Ward Nurse Staffing Information for Trust Board**

#### **3.1 Safe Staffing**

3.1.1 The UNIFY Fill Rate Indicator for January is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours, the Heads of Nursing provide this figure based on an average safe staffing level for each of their wards. These figures are fixed i.e. do not alter month on month. Bed closure information is used to adjust the planned staffing levels.
- Total monthly actual staff hours worked, this information is taken from RosterPro, and includes supervisory roles, staff working additional hours, CNS shifts, extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. This may exceed 100% to meet the demands of increased dependency and acuity.
- Average fill rate of planned shifts. It must be noted that the presentation of data in this way is open to misinterpretation as the non registered pool is small in comparison to the registered pool, therefore one HCA vacancy or extra shifts worked will have a disproportionate effect on the % level.

3.1.2 Commentary:

- Heads of Nursing are asked to comment on percentage scores of less than 90% or greater than 110%, and declare any unsafe staffing situations that have occurred during the month in question including action taken to make the situation safe.
- During the early part of January some wards/beds were closed for a period due to reduction in clinical activity.

<p><b><u>ICI – No unsafe shifts reported in January</u></b></p> <p>Fox Ward had beds closed periodically due to maintenance work, accounting for the reduction in planned staff. Giraffe have recruited new HCAs commencing in March 2015. Wards have experienced peaks and troughs in patient acuity and dependency, staff have been moved across wards to meet the needs of the patient population. Penguin ward planned bed closures over New Year holiday period, staff redeployed across the division.</p>
<p><b><u>Surgery No unsafe shifts reported in January</u></b></p> <p>Sky Ward - Increase in patient acuity requiring a number of 1:1 specials. HCA used for 1:1 specialising duties, increasing planned hours of 173 to an actual of 701 hours which is represented as 405% fill rate. This equates to 46 shifts extra booked. This is an example of the disproportionate effect mentioned earlier. Peter Pan bed closures were mainly due to post New Year planned closures.</p>
<p><b><u>CCCR – No unsafe shifts reported in January</u></b></p> <p>Badger - Continued high patient dependency and acuity, up to 8 HDU patients (establishment for 4). When isolated in cubicles HDU patients often require 1:1 care and are classed as Ward Intensive Care. HCA staff recruited. Two extra beds now funded (but are reported as closed). A number of Miffy ward patients have increased dependency and nursing needs hence the increase in hours. Flamingo (CICU) staffed for 17 beds when staff available to work Bank shifts 1 – 2 further beds opened. NICU and PICU - Continue to flex above their funded beds to facilitate an increase in demand. Staff working flexibly across the ITU's to manage the winter pressures. Bear has several Band 4 vacancies, which would account for the lower non registered numbers in this area. The Division has a high number of new starters both registered and non registered, recruitment of HCAs will recommence in March to fill the outstanding vacancies.</p>
<p><b><u>MDTS - No unsafe shifts reported in January</u></b></p> <p>Staff moved within the division to areas of greatest clinical need and used Bank HCA's where appropriate. HCA's recruited for Eagle, Kingfisher and Rainforest wards now on induction and orientation. The variation on Kingfisher is due to a HCA vacancy which is in the HCA cohort recruitment pipeline. Registered Nurse establishment increased by 2 WTE on Rainforest Gastro to increase ward night nursing numbers. New starters account for the increase in registered nurses these at this stage are supernumerary on day shift.</p>
<p><b><u>Neurosciences - No unsafe shifts reported in January</u></b></p> <p>Koala - Increased registered nurse requirement due patient dependency and acuity and an increase in elective neurosurgery, several of these patients required 1:1 nursing. HCAs will commence working night shifts following outcome of staff consultation. Mildred Creak Unit - Levels of staff adjusted due clinical requirement and manage patient at risk of self-harming. Reduction in Registered at night due to less interventions required at night, increase in specialising by HCAs.</p>
<p><b><u>IPP - No unsafe shifts reported in January</u></b></p> <p>Bumblebee - Increased HCA numbers to meet acuity and dependency of patients e.g. 1:1 care of</p>



tracheostomy.

Butterfly – decrease in patient numbers, no BMT undertaken in this period, staffing levels adjusted to accommodate these changes.

- 3.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during this period, however there were 3 occasions in January where staff were moved between wards for part or a whole shift to maintain safe care. A further 3 occasions are noted where 3 wards reported being short of staff but safety was not compromised.

### **3.2 General Staffing Information**

- 3.2.1 Appendix 2 – Ward Nurse Staffing overview for January. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information. 14 out of 23 inpatient wards closed beds at various points during January. An average of 9 beds were closed each day in January, 4 of which were planned closures, 1 bed for planned maintenance. On average 3 beds were closed for acute staffing problems, 2 new Beds on Badger Ward remain closed for on-going recruitment. A new bed closure form detailing reasons for closure is currently being piloted.
- 3.2.2 For the inpatient wards, registered and non-registered vacancies for January have increased to 124 (12%) Whole Time Equivalents (WTE), 86 registered (10% of RN total) and 37 non registered staff (23% of HCA total). The increase in vacancies is in keeping with seasonal trends. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 88 WTE the net vacancy rate was therefore 41 WTE for January. Several new posts have been created on Badger Ward, IPP wards, and Rainforest to manage growth and increase resilience on these wards, this has impacted on the vacancy rate.
- 3.2.3 New starters progressing through pre-employment checks for January total 47 registered nurses and 13 non registered staff, totalling 60 WTE. The majority of the registered starters are newly qualified and will commence employment in early April 2015.
- 3.2.4 For the period June 2014 to January 2015 161 WTE have been recruited, 132 Registered Nurses and 29 HCAs. Turnover for registered nurses is currently 17%, the pace of recruitment is ahead of turnover.
- 3.2.5 We are planning recruitment activity for the forthcoming year which includes attending a number of job fairs
- 3.2.6 The majority of HCA vacancies (21) are within CCCR, working with CCCR staff we will focus the next round of HCA recruitment on this Division.

## **4 Key Challenges**

- Recruitment of HCAs in CCCR.
- Recruitment of Band 6 Nurses.

## **5. Key Quality and Safety Measures and Information**

- 5.1 Hard Truths (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.' In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during January 2015.

5.2 The following quality measures provide a base line report for Trust Board. A number are Key Performance Indicators (KPIs) which are regularly monitored, poor results are challenged and investigated through the Nursing quarterly performance reviews led by the Chief Nurse and Families Champion with each Divisional Nursing team.

### 5.3 Infection control

<b>C Difficile</b>	0	
<b>MRSA Bacteraemias</b>	0	
<b>MSSA Bacteraemias</b>	5	1 within 48hours of admission
<b>E Coli Bacteraemia</b>	2	
<b>D &amp; V and other outbreaks</b>	1	Beds closed for a short period on L6VCB to new admissions
<b>Carbopenamase resistance</b>	2	2 HAI as part of L6VCB outbreak

5.3.1 All incidents are investigated via a root cause analysis and additional support put in place by the Infection Prevention and Control team. In addition, those areas that experienced small outbreaks of infection are subject to comprehensive chlorine clean.

### 5.4 Pressure ulcers

	<b>Number</b>	<b>Ward</b>
<b>Grade 3</b>	<b>0</b>	
<b>Grade 2</b>	<b>2</b>	<b>1 – PICU 1 - NICU</b>

5.4.1 The Trust has achieved a 52% reduction in pressure ulcers in the last 2 years, statistically this is significant, reducing our mean pressure ulcers from 0.8 per 1000 bed days to 0.39 per 1000 bed days. There has not been a grade 3 pressure ulcer since February 2014.

### 5.5 Deteriorating patient

5.5.1 For the month of January (excluding the Intensive Care areas) 8 patient related emergency calls were received, 2 of these were cardiac arrests.

### 5.6 Numbers of safety incidents reported about inadequate nurse staffing levels

0 Incidents reported in January.

### 5.7 Pals concerns raised by families

PALS recorded 3 family concerns related to late postponement of treatment, requesting travel fare reimbursement.

### 5.8 Complaints re safe staffing

0 PALS complaints received about safe nurse staffing

### 5.9 Friends and family test (FFT) data

- Overall response rate target is 25%, for January this was 28% compared with 30.47% in December. The FFT score was 82 in January compared with 84 in December.
- No wards scored below a "0" FFT score for January.

- Families that were extremely likely to recommend their friends and family was 83.5% (228) with 13.9% (38) likely to recommend.
- 1 response of extremely unlikely (0.4%) was received, this relates to Squirrel Ward where care was reported as excellent but communication between teams and information given by the team was conflicting causing stress and confusion. In January there were 4 (1.5%) that responded neither likely nor unlikely.

## **6. Conclusion**

- 6.1 This paper has provided Trust Board with a general overview and assurance that all wards were safely staffed during January, appropriate actions were taken when concerns were raised. We are required to ensure the validity of data by triangulating information from different sources, this has been key to compiling this report.

## **7. Recommendations**

Trust Board to note:

- 7.1 The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
- 7.2 The information on safe staffing and the impact on quality of care.
- 7.3 To note the key challenges around recruitment and the actions being taken e.g. CCR HCA recruitment.

Attachment Q

Appendix 1: UNIFY Safe Staffing Submission January 2015

**Fill rate indicator return  
Staffing: Nursing, midwifery and care staff**

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust  
Period: January\_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

Validation alerts (see control panel)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
RP401	Great Ormond Street Hospital Central London	Badger Ward	340 - RESPIRATORY MEDICINE	321 - PAEDIATRIC CARDIOLOGY	1825	2211.05	304	422.05	1521	2003.3	304	66.2	121.2%	138.8%	131.7%	21.8%
RP401	Great Ormond Street Hospital Central London	Bear Ward	170 - CARDIOTHORACIC SURGERY		2839	3037.6	606	372	2839	2574	354	293.7	107.0%	61.4%	90.7%	83.0%
RP401	Great Ormond Street Hospital Central London	Flamingo Ward	192 - CRITICAL CARE MEDICINE		5600	7623.62	356	241.5	5347	6936.7	195	174.9	136.1%	67.8%	129.7%	89.7%
RP401	Great Ormond Street Hospital Central London	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		874	1081.45	416	530.5	645	560.6	322	359.6	123.7%	127.5%	86.9%	111.7%
RP401	Great Ormond Street Hospital Central London	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2852	3227.7		115	2495	3174.1		185.7	130.5%		127.2%	
RP401	Great Ormond Street Hospital Central London	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6661.55	356	529	6060	5651.59	356	302.4	109.9%	148.6%	93.3%	84.9%
RP401	Great Ormond Street Hospital Central London	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1679	1856.2	356	417	1426	1294.3	356	410.65	110.6%	117.1%	90.8%	115.4%
RP401	Great Ormond Street Hospital Central London	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2232	1825.5	332	259.75	1846	1405.8	332	274.6	81.8%	78.2%	76.2%	82.7%
RP401	Great Ormond Street Hospital Central London	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1045.8	356	88.25	713	717.769	356	126.5	97.8%	24.8%	100.7%	35.5%
RP401	Great Ormond Street Hospital Central London	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1426	1780.25	356	368.55	1426	1417	356	219.5	124.8%	103.5%	99.4%	61.7%
RP401	Great Ormond Street Hospital Central London	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	884	1060.5	326	345	652	548.75	326	32.4	120.0%	105.8%	84.2%	9.9%
RP401	Great Ormond Street Hospital Central London	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	2035	1805.5	356	241.5	1782	1368.5	356	326.8	88.7%	67.8%	76.8%	91.8%
RP401	Great Ormond Street Hospital Central London	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2489	2610	355	628.2	2134	1975.2	711	486.7	104.9%	177.0%	92.6%	68.5%
RP401	Great Ormond Street Hospital Central London	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2353	2378.35	701	614	2104	1449.2	350	260.6	101.1%	87.6%	68.9%	74.5%
RP401	Great Ormond Street Hospital Central London	Eagle Ward	361 - NEPHROLOGY		2226	1777.9	693	397	1387	1348.72	346	308	79.9%	57.3%	97.2%	89.0%
RP401	Great Ormond Street Hospital Central London	Kingfisher Ward	420 - PAEDIATRICS		1451	1704.1	870	471.5	297	347.7		10.8	117.4%	54.2%	117.1%	
RP401	Great Ormond Street Hospital Central London	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		679	1014.65	679	406.55	679	610.7	679	282.21	149.4%	59.9%	89.9%	41.6%
RP401	Great Ormond Street Hospital Central London	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1050	1184.3	700	310.5	1050	748.7	350	298.6	112.8%	44.4%	71.3%	85.3%
RP401	Great Ormond Street Hospital Central London	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1063	1170.05	583	400	483	370.7	432	537.6	110.1%	68.6%	76.7%	124.4%
RP401	Great Ormond Street Hospital Central London	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	2644	3194.9	314	399.45	2998	2996.6		21.6	120.8%	127.2%	100.0%	
RP401	Great Ormond Street Hospital Central London	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1312	1616.5	507	368	1217	1082.5			123.2%	72.6%	88.9%	
RP401	Great Ormond Street Hospital Central London	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	2035	2122.65	173	701.5	1978	1531.2			104.3%	405.5%	77.4%	
RP401	Great Ormond Street Hospital Central London	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2917	2917.18	692	598	2615	2597.4		11.5	100.0%	86.4%	99.3%	

Attachment Q

Appendix 2: Overview of Ward Nurse Staffing– January 2015

Division	Ward	Registered Nursing staff				Non Registered				Recruitment Pipeline						
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Establishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
CCCR	Badger	15	39.5	29.4	10.1	7.5	5.0	2.5	47.0	12.6	2.0	10.6	3.0		0	1.9
	Bear	22	47.8	43.8	4.0	9.0	4.0	5.0	56.8	9.0	0.2	8.8	6.0		0	0.1
	Flamingo	17	121.0	108.7	12.3	10.8	6.0	4.8	131.8	17.1	19.9	-2.8	6.0	4	0	0.0
	Miffy (TCU)	5	14.0	10.5	3.5	7.8	5.0	2.8	21.8	6.3	4.0	2.3	1.0		0	0.5
	NICU	8	51.5	40.8	10.7	5.2	1.0	4.2	56.7	14.9	11.6	3.3	2.0		0	0.0
	PICU	13	83.0	91.5	-8.5	8.9	6.0	2.9	91.9	-5.6	8.0	-13.6	4.0		0	0.0
ICI-IM	Elephant	13	25.7	23.7	2.0	4.9	4.0	0.9	30.6	2.9	3.4	-0.5	1.0		0	0.0
	Fox	10	31.0	28.5	2.5	5.2	4.0	1.2	36.2	3.7	3.6	0.1	1.0	1	0	0.7
	Giraffe	7	19.0	16.1	2.9	1.0	0.5	0.5	20.0	3.4	2.1	1.3	1.0	2	0	0.0
	Lion	11	22.0	20.8	1.2	5.2	4.0	1.2	27.2	2.4	3.4	-1.0			0	0.0
	Penguin	9	15.2	13.3	1.9	5.5	5.4	0.1	20.7	2.0	0.6	1.4	2.0		0	0.5
	Robin	10	27.2	24.0	3.2	5.2	4.4	0.8	32.4	4.0	1.1	2.9			0	0.0
IPP	Bumblebee	21	38.3	31.0	7.3	9.7	10.0	-0.3	48.0	7.0	5.7	1.4	3.0	1	0	0.1
	Butterfly	18	37.2	26.4	10.8	10.5	8.9	1.6	47.7	12.4	4.3	8.1	3.0	2	0	0.2
MDTS	Eagle	21	39.5	32.6	6.9	10.5	10.0	0.5	50.0	7.4	2.9	4.5	4.0		0	0.2
	Kingfisher	16	18.2	18.0	0.2	6.2	3.8	2.4	24.4	2.6	0.6	2.0		1	0	0.0
	Rainforest Gastro	8	16.0	12.4	3.6	5.2	4.5	0.7	21.2	4.3	1.3	3.0	2.0		0	0.3
	Rainforest Endo/Met	8	15.7	14.1	1.6	5.2	5.0	0.2	20.9	1.8	1.7	0.1	1.0		0	0.2
Neuro-science	Mildred Creak	10	11.8	12.2	-0.4	7.8	6.3	1.5	19.6	1.1	1.9	-0.8			0	0.2
	Koala	24	44.7	45.6	-0.9	7.1	5.9	1.2	51.8	0.3	4.3	-4.0			0	2.3
Surgery	Peter Pan	16	24.5	22.6	1.9	5.0	4.0	1.0	29.5	2.9	0.4	2.6	2.0	1	0	1.3
	Sky	18	31.0	24.0	7.0	5.2	5.0	0.2	36.2	7.2	1.6	5.6	4.0		0	0.0
	Squirrel	22	43.6	40.6	3.0	7.0	5.0	2.0	50.6	5.0	3.6	1.4	1.0		0	0.6
<b>TRUST TOTAL:</b>		<b>322</b>	<b>817.4</b>	<b>730.6</b>	<b>86.8</b>	<b>155.6</b>	<b>117.7</b>	<b>37.9</b>	<b>973.0</b>	<b>124.7</b>	<b>88.0</b>	<b>36.7</b>	<b>47.0</b>	<b>12.0</b>	<b>0.0</b>	<b>9.1</b>

## **GOSH NURSE SAFE STAFFING REPORT**

**February 2015**

### **1. Introduction**

- 1.1 This report on GOSH Safe Nurse Staffing contains information from the month of February 2015. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception.

### **2. Context and Background**

- 2.1 The expectation is the Board 'take full responsibility for the care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing care capacity and capability'.
- 2.2 Monthly nurse staffing updates are submitted to NHS England and the Trust Board with the following information:
1. The number of staff on duty the previous month compared to planned staffing levels.
  2. The reasons for any gaps, highlighting those wards where this is a consistent feature and impacts on the quality of care, to include actions being taken to address issues.
  3. The impact on key quality and safety measures.

### **3. GOSH Ward Nurse Staffing Information for Trust Board**

#### **3.1 Safe Staffing**

- 3.1.1 The UNIFY Fill Rate Indicator for February is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours, the Heads of Nursing provide this figure based on an average safe staffing level for each of their wards. These figures are fixed i.e. do not alter month on month. Bed closure information is used to adjust the planned staffing levels.
- Total monthly actual staff hours worked, this information is taken from RosterPro, and includes supervisory roles, staff working additional hours, CNS shifts, extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. This may exceed 100% to meet the demands of increased patient activity, dependency and acuity.
- Average fill rate of planned shifts. It must be noted that the presentation of data in this way is open to misinterpretation as the non registered pool is small in comparison to the registered pool, therefore one HCA vacancy or extra shifts worked will have a disproportionate effect on the % level.

- 3.1.2 Commentary:

- Heads of Nursing are asked to comment on percentage scores of less than 90% or greater than 110%, and declare any unsafe staffing situations that have occurred during the month in question including action taken to make the situation safe.
- For 2014 GOSH is reported as 102% staffed on NHS Choices, which compares to Bristol at 99% and Birmingham at 98%. Sheffield is reported at 87% with Alderhey at 89%.

<p><b><u>ICI – No unsafe shifts reported in February</u></b></p> <p>Fox Ward had beds closed periodically due to maintenance work, this accounts for the reduction in planned staff. In addition a number of patients on Fox and Robin were unfit to commence treatment therefore staffing numbers were reduced and staff redeployed across the division. Lion Ward has had increased patient throughput requiring extra staff. Penguin has had several children requiring 1:1 care increasing staffing above plan. Wards have experienced peaks and troughs in patient acuity and dependency, staff have been moved across wards to meet the needs of the patient population.</p>
<p><b><u>Surgery No unsafe shifts reported in February</u></b></p> <p>Sky Ward – reduced night staff due to bed closures. The wards are now almost up to complement with HCAs who are currently on induction to the Division. A Datix report received regarding staffing on Peter Pan Ward on one night shift, under investigation by Head of Nursing.</p>
<p><b><u>CCCR – No unsafe shifts reported in February</u></b></p> <p>Badger - Continued high patient dependency and acuity. When isolated in cubicles HDU patients often require 1:1 care and are classed as Ward Intensive Care. Two funded extra beds are reported as closed.</p> <p>A number of Miffy ward patients have increased dependency and nursing needs hence the increase in hours.</p> <p>Flamingo (CICU) staffed for 17 beds, up to 3 additional beds are opened when staff available, concerns over Band 6 vacancies and level of supervision that can be provided.</p> <p>PICU utilising more non registered on days to facilitate discharges.</p> <p>Staff working flexibly across the ITU's to manage the winter pressures.</p> <p>The Division has a high number of new starters both registered and non-registered, recruitment of HCAs will recommence in March to fill the outstanding vacancies.</p>
<p><b><u>MDTS - No unsafe shifts reported in February</u></b></p> <p>Sickness on Eagle Ward has impacted on day staffing numbers, patient care was not compromised.</p> <p>Kingfisher - increase in patient acuity and numbers requiring extra staff.</p> <p>Rainforest Gastro numbers include new starters not working fully rostered shifts.</p>
<p><b><u>Neurosciences - No unsafe shifts reported in February</u></b></p> <p>Koala – a number of shifts where staff to patient ratio were lower than expected combined with increased acuity has resulted in short term bed closures. Elective cases have been cancelled. Although no shifts are reported as unsafe a Datix form has been submitted and being investigated by the Head of Nursing.</p> <p>Mildred Creak Unit - Reduction in Registered planned hours at night due to less interventions required by current patient cohort.</p>
<p><b><u>IPP - No unsafe shifts reported in February</u></b></p> <p>Bumblebee - Increased HCA numbers to meet acuity and dependency of patients e.g. 1:1 care of tracheostomy. Also new recruits working supernumerary.</p> <p>Butterfly – reports reduced activity over this period and therefore reduced registered nurses on nights shift.</p>

- 3.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during this period, however there were 6 occasions in February where staff were moved between wards for part or a whole shift to maintain safe care. A further 3 occasions are noted where wards reported being short of staff but safety was not compromised.

### **3.2 General Staffing Information**

- 3.2.1 Appendix 2 – Ward Nurse Staffing overview for January. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information. 17 out of 23 inpatient wards closed beds at various points during February. An average of 11.3 beds were closed each day, planned closures for maintenance accounts for 2 beds, 2 beds on Badger Ward remain closed for on-going recruitment. 7 beds were closed for acute staff sickness. A new bed closure form detailing reasons for closure is currently being piloted.
- 3.2.2 For the inpatient wards, registered and non-registered vacancies for February have reduced to 121 (12%) Whole Time Equivalents (WTE), this breaks down to 92 registered nurse vacancies (12% of RN total) an increase of 2 from January. 29 non registered vacancies (18% of HCA total) a reduction 9 from January. The slight increase in registered nurses vacancies is in keeping with seasonal trends. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 104 WTE the net vacancy rate was therefore 17 WTE for February.
- 3.2.3 New starters progressing through pre-employment checks for total 51 registered nurses and 4 non registered staff, totalling 55 WTE. The majority of the registered starters are newly qualified and will commence employment in early April 2015.
- 3.2.4 We are planning recruitment activity for the forthcoming year which includes attending a number of job fairs, these include universities, national fairs and fairs hosted at GOSH. We are planning to interview a number of overseas recruitment agencies who may be able to offer an alternative to our current provider.
- 3.2.5 Since May 2014 the Board has received this report, Appendix 3 provides an over view of establishments, recruitment and vacancies from this date for all in patient wards. The information is presented as ward totals and further broken down into the registered and non-registered components. 156 Band 5 and 6 Nurses were recruited in 2013/14, a target of 200 was set for 2014/15, from April 2014 to February 2015 160 nurses have been recruited with a further 56 due to start at the beginning of April.
- 3.2.6 Due in part to the success of centralised recruitment the non registered vacancy rate is reducing, 28 vacancies are reported for February 2015, vacancies peaked at 50 in September 2014. The majority of HCA vacancies (20) are within CCCR, working with CCCR staff the focus of the current HCA recruitment drive is on this Division. A total of 39 non registered staff have been recruited since April 2014
- 3.2.7 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.
- 3.2.8 The next 6 monthly establishment review will commence in April 2015.

## **4 Key Challenges**

- Recruitment of HCAs in CCCR.
- Recruitment of Band 6 Nurses.

## **5. Key Quality and Safety Measures and Information**

- 5.1 Hard Truths (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing



levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.' In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during February 2015.

5.2 The following quality measures provide a base line report for Trust Board. A number are Key Performance Indicators (KPIs) which are regularly monitored, poor results are challenged and investigated through the Nursing quarterly performance reviews led by the Chief Nurse and Families Champion with each Divisional Nursing team.

### 5.3 Infection control

<b>C Difficile</b>	3	
<b>MRSA Bacteraemias</b>	0	
<b>MSSA Bacteraemias</b>	0	
<b>E Coli Bacteraemia</b>	1	
<b>D &amp; V and other outbreaks</b>	1	
<b>Carbopenamase resistance</b>	0	

5.3.1 All incidents are investigated via a route cause analysis and additional support put in place by the Infection Prevention and Control team. In addition, those areas that experienced small outbreaks of infection are subject to comprehensive chlorine clean.

### 5.4 Pressure ulcers

	<b>Number</b>	<b>Ward</b>
<b>Grade 3</b>	<b>0</b>	
<b>Grade 2</b>	<b>7</b>	This is an increase on previous months, of the seven four ulcers relate to 2 extremely sick patients on PICU.

### 5.5 Deteriorating patient

5.5.1 For the month of February (excluding the Intensive Care areas) 4 patient related emergency calls were received, 1 cardiac arrest and 3 respiratory arrests.

### 5.6 Numbers of safety incidents reported about inadequate nurse staffing levels

2 Incidents reported in February (included in the HoN report).

### 5.7 Pals concerns raised by families

PALS recorded 3 family concerns: i) delay in admission to Badger Ward ii) patient admitted to IPP when expected to be admitted to Koala iii) delay in test results being available and lack of bed on Kingfisher Ward.

### 5.8 Complaints re safe staffing

2 complaints relating to nurse staffing; the complainants highlighted poor preparation for an admission to IPP, and a delay in call bells being answered in the Gastro service.

### 5.9 Friends and family test (FFT) data

- Overall response rate target is 33% for February this is an increase of 5% from January. (Target 25%)
- The FFT score was 81 in February compared with 82 in January.
- No wards scored below a "0" FFT score for February.

- Families that were extremely likely to recommend their friends and family was 83.1% (265) with 14.7% (47) likely to recommend.
- 0 response of extremely unlikely, 4 (0.9%) responded unlikely these relate to Koala, Rainforest Endo/Met (complaint lodged) and 2 on the Respiratory Sleep Unit. A further 3 (0.9%) responses were neither likely nor unlikely.

## **6. Conclusion**

- 6.1 This paper has provided Trust Board with a general overview and assurance that all wards were safely staffed during February, appropriate actions were taken when concerns were raised. We are required to ensure the validity of data by triangulating information from different sources, this has been key to compiling this report.

## **7. Recommendations**

Trust Board to note:

- 7.1 The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.
- 7.2 The information on safe staffing and the impact on quality of care.
- 7.3 To note the key challenges around recruitment and the actions being taken e.g. CCR HCA recruitment.
- 7.4 The bi annual establishment review process will commence in April 2015.

Attachment Q

Appendix 1: UNIFY Safe Staffing Submission - February 2015

**Fill rate indicator return**  
**Staffing: Nursing, midwifery and care staff**

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust  
Period: February\_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

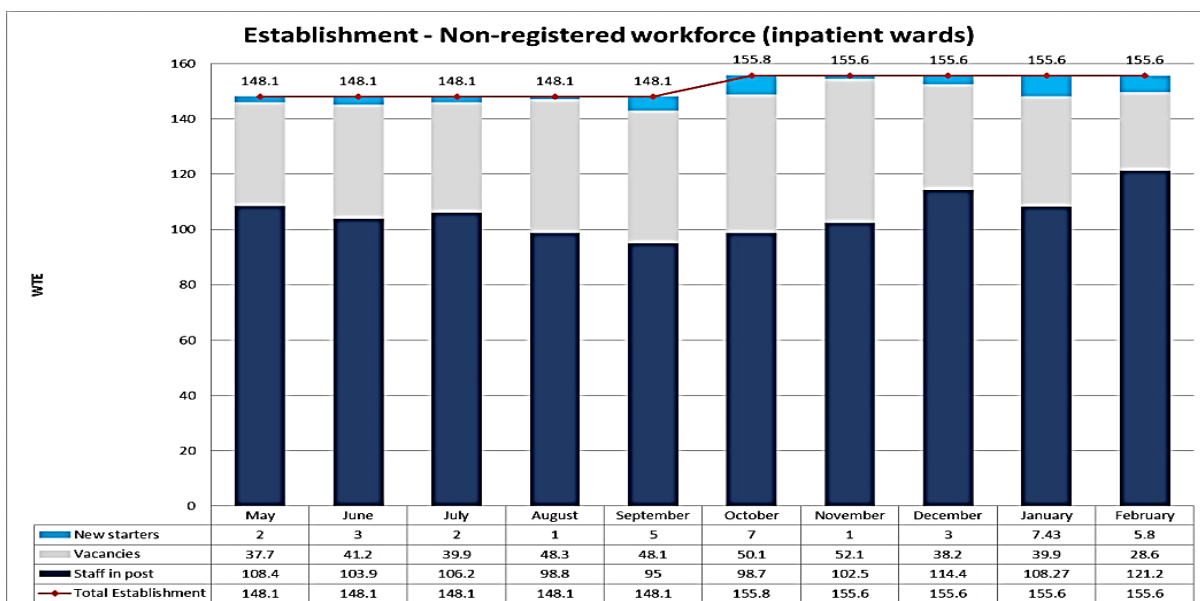
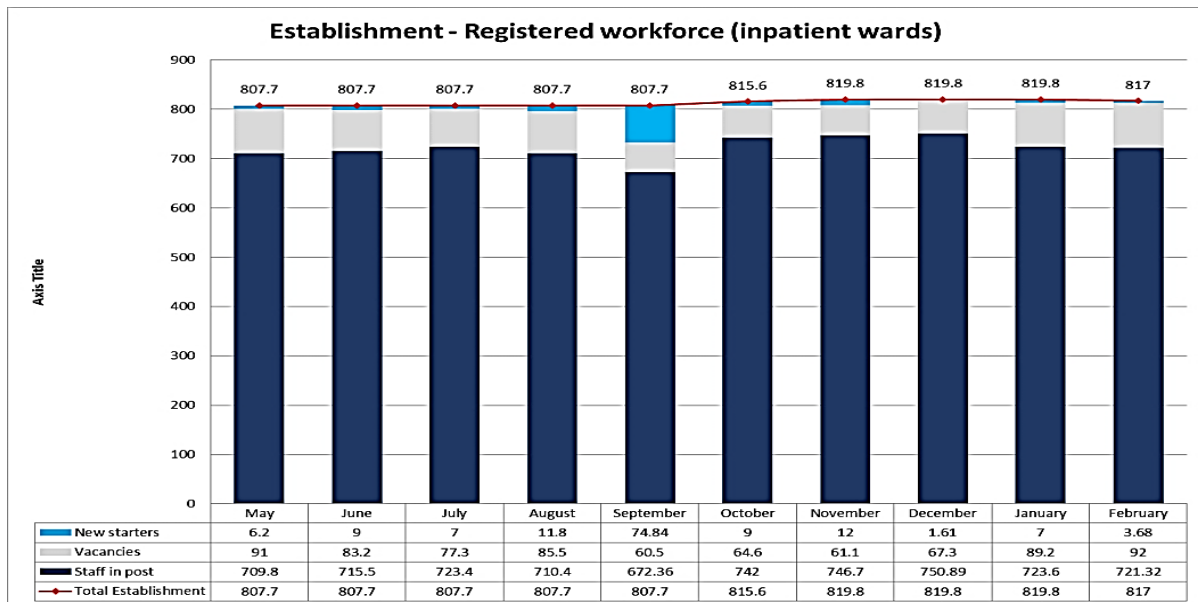
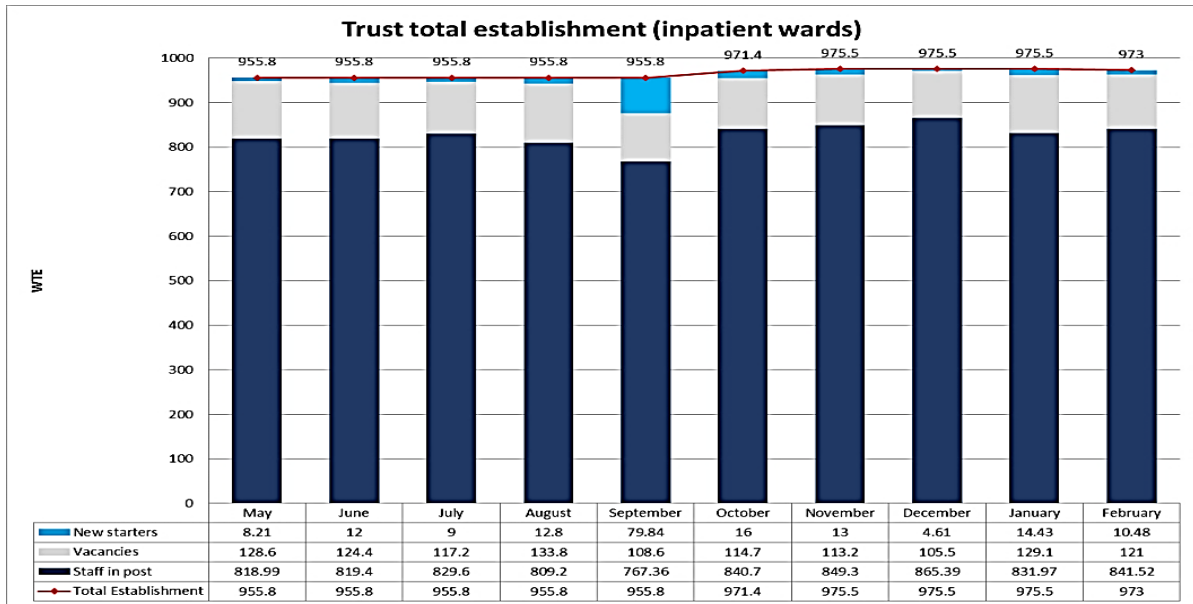
Validation alerts (see control panel)

Hospital Site Details			Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
RP401	Great Ormond Street Hospital Central London	Badger Ward	340 - RESPIRATORY MEDICINE	321 - PAEDIATRIC CARDIOLOGY	1619	2272.3	269	379.5	1349	2048.3	269	100	140.4%	141.1%	151.8%	37.2%
RP401	Great Ormond Street Hospital Central London	Bear Ward	170 - CARDIOTHORACIC SURGERY		2523	2576.75	540	577.7	2523	2454.2	315	260.6	102.1%	107.0%	97.3%	82.7%
RP401	Great Ormond Street Hospital Central London	Flamingo Ward	192 - CRITICAL CARE MEDICINE		5060	6495.25	322	184	4830	5715.4	184	118.8	128.4%	57.1%	118.3%	64.6%
RP401	Great Ormond Street Hospital Central London	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		865	893.2	409	608.5	637	629.35	318	602.1	103.3%	148.8%	98.8%	189.3%
RP401	Great Ormond Street Hospital Central London	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2431	2899.52		115	2127	2590.9		86.4	119.3%		121.8%	
RP401	Great Ormond Street Hospital Central London	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5452	5827.1	320	437	5452	5055.35	320	334.8	106.9%	136.6%	92.7%	104.6%
RP401	Great Ormond Street Hospital Central London	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOTOLOGY	1518	1603.3	322	471.5	1288	1309.1	322	316	105.6%	146.4%	101.6%	98.1%
RP401	Great Ormond Street Hospital Central London	Fox Ward	303 - CLINICAL HAEMATOTOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	1945	1572.75	289	157	1614	1183.9	289	229.15	80.9%	54.3%	73.4%	79.3%
RP401	Great Ormond Street Hospital Central London	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	952	935	317	268.42	634	703.1	317	217.1	98.2%	84.7%	110.9%	68.5%
RP401	Great Ormond Street Hospital Central London	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOTOLOGY	1288	1648.28	322	287.5	1288	1202.7	322	231	128.0%	89.3%	93.4%	71.7%
RP401	Great Ormond Street Hospital Central London	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	869	1087.05	320	386.5	640	607.3	320	123.7	125.1%	120.8%	94.9%	38.7%
RP401	Great Ormond Street Hospital Central London	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1840	1391.5	322	312.85	1610	1211.4	322	287.1	75.6%	97.2%	75.2%	89.2%
RP401	Great Ormond Street Hospital Central London	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2227	2009.85	318	571	1909	1826.85	636	380.1	90.2%	179.6%	95.7%	59.8%
RP401	Great Ormond Street Hospital Central London	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2131	2038.92	635	711	1905	1304.5	317	249.1	95.7%	112.0%	68.5%	78.6%
RP401	Great Ormond Street Hospital Central London	Eagle Ward	361 - NEPHROLOGY		1988	1712.4	618	379.5	1237	1236.8	309	297.9	86.1%	61.4%	100.0%	96.4%
RP401	Great Ormond Street Hospital Central London	Kingfisher Ward	420 - PAEDIATRICS		1380	1648.4	828	478.75	294	391.6		67.6	119.4%	57.8%	133.2%	
RP401	Great Ormond Street Hospital Central London	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		639	847.7	639	396.5	639	560.57	639	295.1	132.7%	62.1%	87.7%	46.2%
RP401	Great Ormond Street Hospital Central London	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		966	1168	644	230	966	696.1	322	297.2	120.9%	35.7%	72.1%	92.3%
RP401	Great Ormond Street Hospital Central London	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		984	1212	542	504.5	448	345.1	403	492.3	123.2%	93.1%	77.0%	122.2%
RP401	Great Ormond Street Hospital Central London	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	2476	2890.07	293	416	2812	2664.6		21.6	116.7%	142.0%	94.8%	
RP401	Great Ormond Street Hospital Central London	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1381	1511.9	534	368	1292	1119.4		23	109.5%	68.9%	86.6%	
RP401	Great Ormond Street Hospital Central London	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1717	1739.8	601	594	1674	1320.85			101.3%	98.8%	78.9%	
RP401	Great Ormond Street Hospital Central London	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2541	2432.85	603	709.55	2282	2280.97		40.5	95.7%	117.7%	100.0%	

Attachment Q

Appendix 2: Overview of Ward Nurse Staffing - February 2015

Division	Ward	Registered Nursing staff				Non Registered				Recruitment Pipeline						
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Establishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
CCCR	Badger	15	39.5	32.3	7.2	7.5	5.0	2.5	47.0	9.7	4.4	5.3	2.0		0	2.1
	Bear	22	47.8	41.0	6.8	9.0	6.0	3.0	56.8	9.8	5.8	4.0	5.0		0	0.5
	Flamingo	17	121.0	107.6	13.4	10.8	6.0	4.8	131.8	18.2	17.5	0.8	4.0	1	0	0.0
	Miffy (TCU)	5	14.0	10.1	3.9	7.8	5.5	2.3	21.8	6.2	5.4	0.8	2.0		0	0.1
	NICU	8	51.5	39.0	12.5	5.2	1.0	4.2	56.7	16.7	11.0	5.7	5.0		0	0.5
	PICU	13	83.0	91.0	-8.0	8.9	6.0	2.9	91.9	-5.1	9.2	-14.3	4.0		0	0.1
ICI-IM	Elephant	13	25.7	24.8	0.9	4.9	5.1	-0.2	30.6	0.7	3.0	-2.3	1.0		0	0.0
	Fox	10	31.0	25.9	5.1	5.2	5.0	0.2	36.2	5.3	3.2	2.2	4.0		0	1.0
	Giraffe	7	19.0	17.3	1.7	1.0	1.5	-0.5	20.0	1.2	3.6	-2.4	1.0	2		0.1
	Lion	11	22.0	23.6	-1.6	5.2	4.0	1.2	27.2	-0.4	3.3	-3.7	0.0		0	0.0
	Penguin	9	15.2	12.6	2.6	5.5	5.0	0.5	20.7	3.1	3.2	-0.1	1.0		0	0.1
	Robin	10	27.2	24.4	2.8	5.2	4.5	0.7	32.4	3.5	2.3	1.2	4.0		0	0.0
IPP	Bumblebee	21	38.3	31.3	7.0	9.7	10.0	-0.3	48.0	6.7	6.0	0.7	3.0		0	0.3
	Butterfly	18	37.2	26.4	10.8	10.5	7.9	2.6	47.7	13.4	5.1	8.3	3.0		0	0.3
MDTS	Eagle	21	39.5	32.6	6.9	10.5	10.0	0.5	50.0	7.4	1.9	5.5			0	0.6
	Kingfisher	16	18.2	17.2	1.0	6.2	4.8	1.4	24.4	2.4	1.5	0.9			0	0.0
	Rainforest Gastro	8	16.0	9.4	6.6	5.2	5.0	0.2	21.2	6.8	1.7	5.1	2.0		0	0.1
	Rainforest Endo/Met	8	15.7	14.1	1.6	5.2	5.0	0.2	20.9	1.8	1.4	0.4	3.0		0	0.0
Neuro-sciences	Mildred Creak	10	11.8	13.2	-1.4	7.8	7.6	0.2	19.6	-1.2	1.2	-2.4			0	0.3
	Koala	24	44.7	44.2	0.5	7.1	5.9	1.2	51.8	1.7	4.8	-3.1			0	2.1
Surgery	Peter Pan	16	24.5	22.6	1.9	5.0	5.0	0.0	29.5	1.9	1.0	0.9	1.0		0	0.5
	Sky	18	31.0	24.0	7.0	5.2	5.0	0.2	36.2	7.2	2.4	4.8	5.0	1	0	1.2
	Squirrel	22	43.6	40.6	3.0	7.0	6.0	1.0	50.6	4.0	5.1	-1.1	1.0		0	1.4
<b>TRUST TOTAL:</b>		<b>322</b>	<b>817.4</b>	<b>725.2</b>	<b>92.2</b>	<b>155.6</b>	<b>126.8</b>	<b>28.8</b>	<b>973.0</b>	<b>121.0</b>	<b>103.8</b>	<b>17.2</b>	<b>51.0</b>	<b>4.0</b>	<b>0.0</b>	<b>11.3</b>





<b>Trust Board Meeting 25<sup>th</sup> March 2015</b>	
<b>2014 Staff Survey Results</b>	<b>Paper No: Attachment R</b>
<b>Submitted by</b> Ali Mohammed, Director of Human Resources and Organisational Development	
<b>Aims / summary</b> To inform Trust Board of the results of 2043 survey, and how areas for action will be addressed.	
<b>Action required from the meeting</b> To note results and support actions.	
<b>Contribution to the delivery of NHS / Trust strategies and plans</b> Staff survey results are reviewed by Monitor and are used to inform Care Quality Commission reviews. They present an opportunity to identify areas of strength and weakness as perceived by staff, and address them through appropriate actions. They also provide feedback on our progress with initiatives such as Our Always Values.	
<b>Financial implications</b> Dependent on actions identified within individual action plans, but none identified within this paper.	
<b>Legal issues</b>	
<b>Who needs to be / has been consulted about the proposals in the paper (staff, commissioners, members, children and families) and what consultation is planned/has taken place?</b> Divisional and directorate management teams and all staff.	
<b>Who needs to be told about any decision</b> The results and action plans will be communicated to all staff via Roundabout and the intranet. Staff will be asked to contribute their ideas for improving the two specific action areas around Communication with Senior Management, and Teamworking.	
<b>Who is responsible for implementing the proposals / project and anticipated timescales</b> Helen Cooke, Assistant Director of Organisational Development	
<b>Who is accountable for the implementation of the proposal / project</b> Director of HR and OD	

## GREAT ORMOND STREET HOSPITAL FOR CHILDREN NHS FOUNDATION TRUST

Trust Board meeting  
25<sup>th</sup> March 2015

### Paper from the Director of HR and OD Summary of results from 2014 Staff Survey

#### 1 Key points to note

- ❖ The survey took place between October-early December 2014
- ❖ Response rate reduced slightly to 60% from 62% in 2013. The response rate is amongst the highest in the country.
- ❖ Our comparators are 18 other acute specialist trusts, which are regularly amongst the highest performing NHS organisations in this process
- ❖ Out of 29 “Key Finding” scores, 0 showed an improvement compared to 2013, one showed a deterioration. 6 were better than average, 8 were worse than average and 15 were average.
- ❖ The overall staff engagement score was 3.96 out of 5 (very slightly above average when compared to 18 acute specialist trusts, and statistically unchanged compared to 2013)
- ❖ Recommendation of GOSH as a place to work/receive treatment was 4.07 out of 5 (average and statistically unchanged from 2013)

#### 2 Results

**Appendix 1** summarises the main results

#### Top and Bottom Ranking Scores (reported as required by Monitor)

	2013		2014		Trust Improvement/ Deterioration/No Change
	GOSH	National Average	GOSH	National Average	
<b>Top 5 Ranking Scores</b>					
Percentage of staff agreeing that their role makes a difference to patients	93%	91%	95%	92%	No significant change ( <i>highest score nationally</i> )
Percentage of staff receiving job-relevant training, learning or development in last 12 months	84%	80	85%	81%	No significant change
Staff motivation at work	3.88	3.91	3.97	3.90	No significant change
Percentage of staff reporting errors, near misses or incidents witnessed in last 12 months	93%	92	96%	92%	No significant change ( <i>highest score nationally</i> )
Percentage of staff able to contribute towards improvements at work	74%	71%	75%	71%	No significant change



	2013		2014		Trust Improvement/ Deterioration/ No Change
	GOSH	National Average	GOSH	National Average	
<b>Bottom 5 Ranking Scores</b>					
Percentage of staff reporting good communication between senior management and staff	33%	35%	29%	37%	No significant change
Percentage of staff having equality and diversity training in last 12 months	64%	52%	54%	68%	Deterioration
Percentage of staff receiving health and safety training in last 12 months	69%	76%	63%	78%	No significant change
Percentage of staff witnessing potentially harmful errors, near misses, or incidents in last month	37%	29%	40%	29%	No significant change
Effective team working	3.76	3.80	3.76	3.83	No significant change

#### 4 Update on actions taken since 2013 scores

AREA FOR ACTION	UPDATE for 2014 survey
<b>Maintain response rate</b>	Dropped by 2%. This is against a backdrop of implementation of quarterly staff Friends and Family test and sending of surveys to staff on maternity leave. Picker report a significant deterioration in response rates nationally
<b>Introduce local action plans</b>	Divisions and directorates found these very difficult to implement in a meaningful way. Responses could not be attributed to specific departments.
<b>Availability of handwashing materials</b>	These questions were removed from the 2014 staff survey.
<b>Health and safety training</b>	The drive to improve statutory and mandatory training overall should have addressed this figure. Figures for 25 <sup>th</sup> February 2015 show that 84% of staff have completed the Health, Safety and Welfare module of mandatory training. It is possible that staff do not recognise they have had this training. Skills for Health require an update to be provided once every 3 years, and GOSH has made this a requirement once every 2 years; the question asks if staff have received training in the last year.
<b>Witnessing errors and near misses</b>	The QST team report that our highly skilled staff recognise errors and near misses when they witness them, and note that the survey results consistently show that staff report these incidents, and that they also have very high levels of confidence in the reporting processes. However, the Assistant COO will review this position with the team.
<b>Embedding the values</b>	Work has been underway to develop an infrastructure, including training leaders, for the roll out of Our Always Values in March 2015.
<b>Staff Friends and Family test</b>	This has been run for two quarters and will run again in March 2015. The results are consistent with results in the annual staff survey and the test

	will be used following the launch of Our Always Values to monitor perceived changes on the ground.
--	--

## 5 Proposed actions in response to 2014 staff survey

The table below summarises the proposed actions in response to the 2014 staff survey results.

Bottom 5 scores in 2014	Summary of action to be taken
Percentage of staff reporting good communication between senior management and staff	Engagement with staff to identify key actions to improve these areas, in conjunction with work on Our Always Values (see outline action plan below)
Effective team working	
Percentage of staff receiving health and safety training in last 12 months	Figures for 25 <sup>th</sup> February show that 84% of staff have completed the Health, Safety and Welfare module, and 87% Equality and Diversity. Continue to improve our take up of statutory and mandatory training; ensure equality and diversity training continues to be bled into our training portfolio; understand from NHS England the mismatch between the requirements of Skills for Health and the question in the survey
Percentage of staff having equality and diversity training in last 12 months	
Percentage of staff witnessing potentially harmful errors, near misses, or incidents in last month	Assistant COO to work with QST team to ensure this response does not indicate a high risk that is not being addressed.

The following factors have been taken into account in developing the proposed actions:

- Launch of the Trust's Our Always Values in March 2015
- The need to prioritise work in order to shift long-standing areas of concern
- 2 clear indicators in the lowest 5 scores that are critical to strategic and operational effectiveness (teamworking and communication between staff and senior managers)
- Variable action planning and follow through in previous years
- Results that do not show significant change (including improvement) from year-to-year
- Availability of Staff Friends and Family Test to act as a pulse survey.
- Existing work streams

### Outline action plan

The proposed actions (below) have been developed in conjunction with the General Managers. They are as follows:

1. Focus on taking action to address the two scores that are considered to be most critical in the bottom 5:
  - Percentage of staff reporting good communication between senior management and staff
  - Effective team working
2. Engage with GOSH staff via existing staff meetings, newsletter, survey monkey questionnaires and existing staff survey lead network to communicate the key results, and to identify what would improve the scores
3. Identify a set of actions to be implemented at corporate and local level
4. Communicate these actions
5. Provide divisions and directorates with the breakdown of their own scores across ALL key findings from the staff survey, and work with individual senior teams if there are additional areas for urgent action
6. Monitor delivery via Staff FFT, divisional reviews, other forms of feedback
7. Link this work to the roll out and embedding of Our Always Values

## 6 Action required

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

### 3.4. Summary of all Key Findings for Great Ormond Street Hospital for Children NHS Foundation Trust

#### KEY

✓ Green = Positive finding, e.g. better than average, better than 2013.

! Red = Negative finding, e.g. worse than average, worse than 2013.

'Change since 2013 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2013 survey.

– Because of changes to the format of the survey questions this year, comparisons with the 2013 score are not possible.

\* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2013 survey	Ranking, compared with all acute specialist trusts in 2014
<b>STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.</b>		
KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	• Average
KF2. % agreeing that their role makes a difference to patients	• No change	✓ Above (better than) average
* <i>KF3. Work pressure felt by staff</i>	• No change	• Average
KF4. Effective team working	• No change	! Below (worse than) average
* <i>KF5. % working extra hours</i>	• No change	! Above (worse than) average
<b>STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.</b>		
KF6. % receiving job-relevant training, learning or development in last 12 mths	• No change	✓ Above (better than) average
KF7. % appraised in last 12 mths	• No change	✓ Above (better than) average
KF8. % having well structured appraisals in last 12 mths	• No change	• Average
KF9. Support from immediate managers	• No change	• Average
<b>STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.</b>		
<b>Occupational health and safety</b>		
KF10. % receiving health and safety training in last 12 mths	• No change	! Below (worse than) average
* <i>KF11. % suffering work-related stress in last 12 mths</i>	• No change	• Average
<b>Errors and incidents</b>		
* <i>KF12. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	! Above (worse than) average
KF13. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Above (better than) average
KF14. Fairness and effectiveness of incident reporting procedures	• No change	• Average
KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice	–	• Average

### 3.4. Summary of all Key Findings for Great Ormond Street Hospital for Children NHS Foundation Trust (cont)

	Change since 2013 survey	Ranking, compared with all acute specialist trusts in 2014
<b>Violence and harassment</b>		
* KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	• Average
* KF17. % experiencing physical violence from staff in last 12 mths	• No change	• Average
* KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	! Above (worse than) average
<b>Health and well-being</b>		
* KF20. % feeling pressure in last 3 mths to attend work when feeling unwell	• No change	• Average
<b>STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.</b>		
KF21. % reporting good communication between senior management and staff	• No change	! Below (worse than) average
KF22. % able to contribute towards improvements at work	• No change	✓ Above (better than) average
<b>ADDITIONAL THEME: Staff satisfaction</b>		
KF23. Staff job satisfaction	• No change	• Average
KF24. Staff recommendation of the trust as a place to work or receive treatment	• No change	• Average
KF25. Staff motivation at work	• No change	✓ Above (better than) average
<b>ADDITIONAL THEME: Equality and diversity</b>		
KF26. % having equality and diversity training in last 12 mths	! Decrease (worse than 13)	! Below (worse than) average
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	• Average
* KF28. % experiencing discrimination at work in last 12 mths	• No change	• Average
<b>ADDITIONAL THEME: Patient experience measures</b>		
<b>Patient/Service user experience Feedback</b>		
KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/deparment	--	! Below (worse than) average

<b>Trust Board</b> <b>25<sup>th</sup> March 2015</b>	
<b>Register of Interests (Directors and Staff)</b>  <b>Submitted by:</b> Anna Ferrant, Company Secretary	<b>Attachment U</b>
<b>Aims / summary</b> <p>Great Ormond Street Hospital's Declaration of Interest Policy requires that all members of staff (including temporary and agency staff) and directors of the Board declare any potential or actual conflict on joining the organisation or when the potential for conflict arises.</p> <p>Paragraph 31 of the Board of Director's Standing Orders outlines the requirements for directors to disclose any pecuniary, personal or family interest, whether that interest is direct or indirect, in any proposed contract or other matter that is under consideration or is to be considered by the Board</p> <p>A conflict of interest occurs when the private or personal interests of a member of staff/ member of the Board could affect their role at the Trust in terms of bringing some possible advantage to them or close relatives.</p> <p>Any declared interests are reconfirmed annually until such time as either the member of staff/ member of the Board leaves GOSH or the potential for a conflict of interest no longer exists.</p> <p>Details and examples of potential conflicts of interests are set out in the Declaration of Interest Policy.</p> <p>The Company Secretary is required to draw up a register of interests declared by members of staff and members of the Board and to report on this annually in the public part of a Trust Board meeting. The returns are maintained in a register which is open for inspection. The registers for Trust Board members and staff are attached with this report.</p>	
<b>Action required from the meeting</b> To note the content of the report.	
<b>Contribution to the delivery of NHS / Trust strategies and plans</b> Transparency	
<b>Financial implications</b> None	
<b>Who needs to be told about any decisions</b> N/A	
<b>Who is responsible for implementing the proposals / project and anticipated timescales</b> The Company Secretary	
<b>Who is accountable for the implementation of the proposal / project</b> The Company Secretary	

Name	Role	Declaration	Declared/Renewed
ASHWORTH, Michael	Consultant, Histopathology	I pay my private earnings into a private company known as 'Repath' of which I am a director. The income is derived entirely from the International Private Patients Wing, which is managed by the NHS. The fees are for expert opinion. The Company is essentially a handling mechanism for the consultants' private fees. The accounts are audited and subjected to company tax. The fees are used to pay for expenses in the Histopathology Department, e.g. training fees for non-medical staff. The remainder is paid to the consultants as annual dividends. I declare these earnings in my own income tax return. This is a longstanding arrangement of which managers are aware, and it has been suggested as a model for others. However, it has come to my attention that a formal declaration should be made to the Trust, and this I now do.	Feb-15
BARNACLE, Alex	Consultant Paediatric Radiologist	<p>I have practising privileges at the Portland Hospital for Women and Children. I undertake diagnostic imaging sessions at the Portland Hospital averaging 3 hours per fortnight, which is done in my own time. I now also run a regular interventional radiology (IR) operating list in my own time at the Portland Hospital, which takes place approximately once per month and is almost exclusively for the treatment of vascular malformations. I do occasional ad hoc IR procedures for other clinical teams at the Portland Hospital when referred specific patients.</p> <p>I am currently the lead clinician for the Radiology department at the Portland Hospital and represent the department on the Portland Hospital Medical Advisory Committee.</p> <p>I have no involvement in any financial institutions that would cause a conflict of interest.</p>	Mar-14
BRIERLEY, Joe	Consultant Paediatric Intensivist	I undertake private practice at the Portland Hospital PICU. This is undertaken outside my GOSH hours and I do not personally perceive a conflict as I also undertake private practice within GOSH itself.	Feb-14
BRYON, Mandy	Consultant Clinical Psychologist	I offer a private clinical psychology practice in an office in Wimbledon but see patients that would not normally access clinical psychology by me as part of my post at Great Ormond Street Hospital. I have been requested on occasions to give advice to television companies on recruitment policies when using children in programmes, BBC and Channel 4. I have been given payment for this service.	Feb-15
CALDER, Alistair Duncan	Consultant Paediatric Radiologist	Undertakes sessions at the Portland Hospital in paediatric Radiology, averaging 3 sessions per month. These do not occur during scheduled NHS sessions, are included in my job plan and do not otherwise conflict with work at GOSH.	Feb-14

CHUGH, Deepti	Highly specialist physiotherapist (NDS&SDR service)	I provide domiciliary physiotherapy services (2-3 hours/wk). This work is conducted outside of the NHS contracted hours.	Feb-15
DUNAWAY, David	Consultant Plastic Surgeon, Craniofacial Department	I am a Trustee of Facing Africa (a charity providing care to children in Africa). I am a Director and 25% shareholder of 152 Harley Street Ltd (A registered day hospital providing consulting facilities, radiology and local anaesthetic and sedation operating facilities and also registered for paediatric care). I am a Director and 50% shareholder of the London Craniofacial Unit Ltd (a company co-ordinating local, private and overseas craniofacial care).	Feb-14
EASTWOOD, Deborah	Consultant, Orthopaedics	Trustee of registered Charity Humanitas.	Feb-15
EASTY, Marina	Consultant Paediatric Radiologist	Takes sessions at the Portland Hospital, performing ultrasound scans, screening, general reporting and MRI. Also GOSH in-house private patient work, as requested by the referring clinicians. There is no conflict of interest because the work is done out of NHS time.	Feb-15
FANE, Andrew	Lay Chair for Advisory Appointments Committee	I hereby declare that with effect from Thursday, 10 July 2014 my wife became President of Royal College of Surgeons of England.  I will make this declaration briefly at the outset of all future AACs making a surgical appointment.	Jul-14
GOLDMAN, Allan	Paediatric Intensivist; Divisional Director Critical Care	I have been the Conference Director of an International Patient Safety Conference called Risky Business which has been not for profit run through ICH Courses and Conference with full backing of GOSH CEOs. I have recently, last year, formed a company called Risky Business Conferences and Consultancies with the other three Founder Members of this international series of events. They are all outside of GOSH. At the present time this company does not generate any income at all and is just registered. We are exploring future partnerships with GOSH and BMJ and Medical Protection Society in joint venture for the Risky Business Conferences in the future.	Feb-15
GOLDMAN, Allan	Paediatric Intensivist; Divisional Director Critical Care	I run a Neonatal and Paediatric Ventilator Course (2 day course) twice a year at ICH. This is a for profit course in which we pay for all venue and course fees and pay speakers. This is joint venture with a colleague who has now moved from Kings College Neonatal Unit to GOSH. I always take the four days as annual leave. I also do not partake in any way in choosing which companies we buy ventilators from at GOSH. I have always informed my appraisers of this at every annual appraisal session.	Feb-15
HALL, Andrew	Pre-registration trainee pharmacy technician	My mother and brother also work in pharmacy.	Aug-14

HARTLEY, Benjamin	ENT Consultant	I do private practice at the Portland Hospital	Feb-15
HIORNS, Melanie	Consultant Radiologist, Radiology	Carries out some limited private practice at the Portland Hospital, which in no way conflicts with her work at Great Ormond Street Hospital.	Feb-15
HUDSON, Lee	Consultant General Paediatrician	I work occasionally on an ad hoc basis in a private capacity, outside of my contracted NHS hours, for Ellern Mede Eating Disorder Unit as a paediatric consultant	Mar-14
ISWORTH, Jane	Band 5 newly qualified staff nurse, Recovery	I was a patient at GOSH in the summer of 2007 for spinal surgery. I have not been placed here as a student during my training for this reason	Feb-15
JACKSON, Elizabeth	Consultant Anaesthetist/Divisional Director, Surgery	I have practicing privileges and undertake private anaesthetic practice at HCA hospitals in London within the times stated in my job plan.	Feb-15
JACQUES, Thomas	Honorary Consultant, Histopathology	<p>I am an executive editor at the journal, Neuropathology and Applied Neurobiology. This is a medical and scientific journal and is the journal of the British Neuropathological Society. I am paid a fee for each manuscript I handle at the journal and have the potential to access travels funds from the journal.</p> <p>I am one of the pathologists responsible for reviewing cases as part of the HERBY trial. The trial is sponsored by Roche. When I take part in meetings related to this trial, the costs associated with my travel and accommodation are met by Roche. I am involved in pathology review for a number of additional European trials.</p> <p>I derive some income from royalties from authoring medical books or chapters thereof.</p> <p>I pay my private earnings into a private company known as 'Repath Ltd' of which all the consultant histopathologists, including myself are directors and shareholders. I am the Company Secretary. The Company is a mechanism for handling the consultants' private fees. Some of these fees are paid through Repath Ltd but most are paid into a second company, Neuropath Ltd for which I am also a director and shareholder. My wife is also a shareholder and director at Neuropath Ltd.</p>	Feb-15
JACQUES, Thomas	Honorary Consultant, Histopathology	<p>I am the secretary of the Clinical Practices Committee of the British Neuropathological Society. This is the committee of my professional society responsible for leading on clinical matters. There is no remuneration for this work.</p> <p>I am the chief investigator and chair of the scientific committee of the Children's Cancer Leukaemia Group (CCLG) national tissue bank. There is no remuneration for this work.</p> <p>I am an elected committee member and trustee of the Pathological Society of Great Britain and Ireland. There is no remuneration for this work.</p>	Feb-15



JONES, Alison	Consultant Immunologist	Consultant for Baxter Commercial Development meeting	Sep-14
LENCH, Nicholas	Genetics	<p>I am an Executive Director and Shareholder in Congenica Ltd. Concerns have been raised regarding my involvement with Congenica and the potential conflict of interest that may arise. A conflict arises if my professional judgement is impaired due to my involvement with Congenica.</p> <p>The proposal from Congenica to GOSH is to partner, such that GOSH becomes an equity stakeholder in Congenica. This approach has been taken with the Wellcome Trust Sanger Institute and the parent company of the Sanger, GRL, has approved a shareholding in Congenica.</p> <p>Potential Conflict: If I unfairly influence GOSH's decision whether or not to partner with Congenica.</p> <p>Resolution of conflict: I will not be involved in the decision making process.</p> <p>Potential conflict: If I unfairly influence GOSH's decision to procure products and / or services from COngenica.</p> <p>Resolution of Conflict: I will not be involved in the decision making process. The point has been raised that I would normally be the person advising the Trust on the procurement of such products and services; however, this is always a joint decision making process and the members of my senior staff are very capable of making an independent, informed decision.</p> <p>Potential Conflict: Congenica works with other UK Regional Genetics Services and as a result my involvement in Congenica directly disadvantages GOSH. Congenica has signed Heads of Terms with the Northern Health Sciences Alliance and will work with Manchester. The point that has been raised is that I may divert P2P business away from GOSH in favour of Manchester.</p> <p>Resolution of Conflict: Under the proposed NHS England new service specification for Genetics and Genomics Services, if GOSH and Manchester are designated as Genomics Centralised Hubs they will be operating in distinct, separate regions with dedicated, commissioned funding. Under the new commissioning proposals NHS P2P income is likely to reduce significantly and I would not be in a position to influence a purchaser's choice of service.</p>	Jun-14
LISTER, Paula	Consultant Paediatric Intensivist	I have begun private practice at the Portland Hospital PICU. The work will be entered on my new Job Plan (currently waiting for Zircadian to complete the proforma for PICU and NICU. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	May-12
LOCCI, Annarita	Receptionist, Outpatients	My husband is currently employed by the bank staff and he is working for the catering department	Jul-14

MALONE, Marian	Consultant Histopathologist	I pay my private earnings into a private company known as 'Repath' of which all the consultant histopathologists are directors. The Company is essentially a handling mechanism for the consultants' private fees, which are requests for expert opinions. The income is derived from the International Private Patients Wing, which is managed by the NHS. The accounts are audited and subjected to company tax. The fees are used to pay for expenses in the Histopathology Department, such as training fees for non-medical staff. The remainder of the income is paid to the consultants as annual dividends. I declare these earnings in my own income tax return. This is a longstanding arrangement of which managers are aware, and it has been suggested as a model for others. However, it has come to my attention that a formal declaration should be made to the Trust, and this I now do.	Mar-14
MANGWIRO, Raviro	Specialist Registrar, Anaesthetics	I am a member of Friends of Great Ormond Street since 2009 when my son had an operation on his kidney in that year	May-14
MCHUGH, Kieran	Consultant Paediatric Radiologist	Occasionally reports MRIs, x-rays and ultrasounds at the Portland Hospital. Occasional radiology reporting within formal trials for Hoffman La Roche (BERNIE study) for which Hoffman La Roche pay 250 Swiss Francs per hour.	Feb-15
MELLERIO, Jemima	Constulant Dermatologist	I undertake private dermatology clinics at The London Skin and Hair Clinic, 19 Cavendish Square, London. I have a limited company Mellerio Dermatology Ltd	Nov-14
MUNTONI, FRANCESCO	Professor/Honorary Consultant, Neurosciences	<p>Since end of 2013 I have provided ad-hoc consultations for the following companies:  NICOX: 1 SAB meeting regarding preclinical data and trial design (2014)  Italfarmaco: 1 SAB meeting regarding assessment of data from a phase I study (2014)</p> <p>I have provided lectures at the following industry sponsored symposia in the course of International Meetings:  Sarepta symposium (International Neuromuscular Meeting, Nice July 2014)  PTC symposium (International Neuromuscular Meeting, Nice 2014)  Sarepta symposium: World Muscle Society meeting (Berlin 2014)</p> <p>I have served (and continue to serve) in the following Scientific Advisory Boards:  Scientific Foundation Telethon (Muscular Dystrophy Research Charity, Italy)  Myotubular Trust UK (Scientific foundation, I chair the SAB)  Pfizer Rare disease SAB (1 meeting in 2014; one meeting in 2015).</p> <p>Finally I am involved in the current clinical trials, in which GOSH and UCL receive funds:  Prosensa; Summitt; British Heart Foundation; MRC; Wellcome Trust; Association Francaise Muscular Dystrophy; NIH; Muscular Dystrophy Campaign; ISIS; Roche; European Commission (in collaboration with Sarepta)</p>	Feb-15
MUSHTAQ, Imran	Consultant Urologist	I participate in private practice both within this Trust and outside	Dec-14

OLSEN, Oystein	Consultant, Radiology	I have admission rights at The Portland Hospital for Women and Children where, along with colleagues in Radiology I provide an average of 3 hours per fortnight of paediatric plain film reporting, ultrasound, fluoroscopy and MRI reports. I have acted as a consultant for Bayer-Schering Healthcare and Guerbut Laboratories. This does not conflict on either a financial or a time basis with any of my work at GOSH. I therefore have no conflict of interest.	Mar-07
OWENS, Catherine	Consultant Radiologist	Employed at the Portland Hospital where, along with her colleagues in Radiology, she provides an average of 3 hours per fortnight of paediatric plain film reporting, ultrasound and fluoroscopy, and occasional MRI/CT reports. Not perceived as a conflict to GOSH Practice as declared in job plan	Feb-15
OXLEY, Cat	Learning Innovations Lead	Jonathan Tait who is working for learning and development on a temporary basis as Digital Producer is my step nephew.	Nov-14
PAYNE, Julie	Clinical Specialist Occupational Therapist - Rheumatology	I engage in private occupational therapy work outside of GOSH contracted hours and not involving any patients initially seen through the NHS as part of my GOSH employment. On some occasions the patients seen privately are admitted for rehabilitations as private patients to GOSH (by other members of the team). I continue to see these patients in my own time and bill separately for this through private patients.  Rheumatologists, GPs and Pediatricians, some of whom hold employment contracts with GOSH but see patients privately, refer private patients to me.	May-14
PETERS, Mark	Senior Lecturer in Paediatric and Neonatal ICU	I provide occasional medical expert witness reports for a variety of legal cases including medical negligence cases within my expertise. I have provided professional and expert reports to the family, criminal and appeal courts in response to both prosecution and defence instructions predominantly in cases of suspected inflicted head injury. I now undertake private practice as a Paediatric Intensivist at the Portland Hospital as one of a team of 8. This work is conducted entirely outside of my contracted time to ICH/Great Ormond Street and does not conflict with my University/NHS work and is not detrimental to it.	Feb-15
PETROS, Andy	Consultant PICU	I undertake private practice intensive care and anaesthesia at the Portland Hospital and private anaesthesia at the Harley Street Clinic. This work forms part of my new job Plan and I do not believe there to be any conflict of interests in these roles.  I am very careful to be as open and transparent as possible in separating out my various activities to avoid any conflict of interests. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-15
RAGLAN, Ewa	Consultant Audiovestibula Physician	I have private practice, I consult my patients at GOSH, London Hearing and Balance Centre, Parkside Hospitals and St Anthony's Hospital	Dec-14

RAMNARAYAN, Padmanabhan	Consultant, CATS	I act as a part-time Medical Advisor for Isabel Healthcare Ltd, a diagnostic software system I have begun private practice at the Portland Hospital PICU. This will be entered on my Zircadian Job Plan. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-15
REAVELEY, Mark	CATS retrieval registrar	Medical officer serving with the British Army Reserve Medical Services (144 Parachute Medical Squadron (volunteers)) Territorial Army.	Jun-14
SAMUELS, Martin	Locum Consultant in Respiratory Paediatrics, Paediatric Respiratory Medicine	I am a Trustee for the charity Advanced Life Support Group, based in Manchester. This organisation provides hospital and community trusts around the UK with educational courses for staff. I receive no financial remuneration from the charity. I am medical advisor to two other UK charities: Breathe On (a charity for children receiving long term ventilation) and the UK CCHS Family Support Network. I do not receive any financial remuneration from these organisations. I have no other declarations of interest.	Feb-15
SEBIRE, Neil	Consultant, Histopathology	I pay my private earnings into a private company known as 'Repath' of which all the consultant histopathologists, including myself are directors and shareholders. The Company is essentially a mechanism for handling the consultants' private fees, which are requests for opinions regarding reporting of specimens. The income is primarily derived from the International Private Patients Wing of GOSH, which is managed by the NHS. I also perform occasional reporting work to cover for colleagues in other centres who may be off-work, for which I also get paid on a case by case basis. The accounts are audited and subjected to company tax. The fees are used to pay for expenses in the Histopathology Department, such as training fees for non-medical staff. The remainder of the income is paid to the consultants as annual dividends. I declare these earnings in my own income tax return. This is a longstanding arrangement of which managers are aware, and it has been suggested as a model for others. However, it has come to my attention that a formal declaration should be made to the Trust, and this I now do.	Feb-15
SHAH, Neil	Consultant Gastroenterologist	Consultant Medical Advisor Mead Johnson Nutrition	Feb-15
SHARMA, Sanjiv	Consultant Paediatric Intensivist	I continue to do private work at the Portland Hospital PICU and this has been recorded on my job plan. The work continues to be done outside of the time I am contracted to Great Ormond Street Hospital NHS Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Feb-15
SIRIMANNA, Tony	Consultant Audiological Physician	That I have private practice privileges at The Portland Hospital, 234 Great Portland Street, London where I hold a clinic on a few Monday mornings	Nov-14
SKELLETT, Sophie	Consultant Paediatric Intensivist	I have begun private practice at the Portland Hospital PICU. The work has been entered on my new Job Plan. This work is conducted outside of the time I am contracted to Great Ormond Street Foundation Trust. It does not conflict with my NHS work and is not detrimental to it.	Mar-14

THOMAS, Mark	Consultant Anaesthetist	That I undertake occasional private practice cases within my clinical scope of expertise in private hospitals (The Cromwell and The Portland). This is always done in non-clinical time and does not interfere with my GOSH NHS work.	Nov-14
UTRILLA, Iris Vera	Administrator	I am in a relationship with a member of my team	Oct-13
VELLODI, Ashok	Consultant, Metabolic	I have received grants and sponsored invitations to attend and speak at conferences from Actelion Pharmaceuticals, Shire HGT, Genzyme Corporation and Biomarin.	Feb-15
WATERS, Jonathan	Consultant Clinical Scientist and Head of Service (Cytogenetics), NE Thames Regional Genetics Laboratory	At the invitation of Dr Sandra Edwards, Head of Laboratory, Cytogenetics Laboratory, Norfolk and Norwich Hospital, Norwich, Norfolk, I act as a Consultant to the Cytogenetics laboratory on an occasional basis. This involves advising of the content of complex reports and e-authorisation (electronic authorisation) of reports viewed by secure means (via nhs.net) as requested by the Head of Service in her absence. There is no managerial involvement or responsibility. I am confident that providing this service does not constitute a direct conflict of interest for the Trust.	Feb-15
WATERS, Jonathan	Consultant Clinical Scientist and Head of Service (Cytogenetics), NE Thames Regional Genetics Laboratory	At the invitation of Dr Sandra Edwards, Head of Laboratory, Cytogenetics Laboratory, Norfolk and Norwich Hospital, Norwich, Norfolk, I act as a Consultant to the Cytogenetics laboratory on an occasional basis. This involves advising of the content of complex reports and e-authorisation (electronic authorisation) of reports viewed by secure means (via nhs.net) as requested by the Head of Service in her absence. There is no managerial involvement or responsibility. I am confident that providing this service does not constitute a direct conflict of interest for the this Trust.	Feb-14
WELLESEY, Hugo	Consultant Anaesthetist	I undertake some private practice on an ad hoc basis at The Portland Hospital in my spare time	Dec-14
WILLIAMS, David Glyn	Consultant in Anaesthesia and Pain Medicine	I do limited private practice outside of this Trust. I do this on an ad hoc basis in my own time	Nov-14
WYATT, Michelle	Consultant ENT Surgeon	I hereby declare that I undertake private practice at the Portland Hospital, London W1W 5QT	Feb-15
WYNDHAM LEWIS, David	Service Improvement Manager	I would like to make you aware of the fact that, as of Wednesday 5th June 2014, I have taken directorship of Cloud21 Limited (registered in England - company number 06907257); I will be performing the role of Chief Technical Officer. I therefore declare my potential conflict of interest.	Feb-15

**Attachment U****Register of Interests: Great Ormond Street Hospital for Children NHS  
Foundation Trust****Directors 2014-15****Non – Executive Directors**

Name	Declared Interests
Baroness Tessa Blackstone	Member, House of Lords Chair, British Library Board Director of UCL Partners Chair Orbit Group Co-Chair of the Franco-British Council
Ms Yvonne Brown	None
Mr David Lomas	None
Mrs Mary MacLeod OBE	Deputy Chair, Cafcass (Child and Family Court Advisory and support service) Vice Chair, Internet Watch Foundation Non-Executive Director Video Standards Council Trustee Columba 1400 Occasional family policy consultancy
Mr John Ripley	Director of CAB International Governor of Kingston University Director / governor of The Howard Partnership Governor of Eastwick Schools (Junior + Infants) Director / trustee of Church Mission Society and The South American Mission Society Director / trustee of Feba Radio Member of the Christian Association of Business Executives
Professor Rosalind Smyth	Director, UCL Institute of Child Health (ICH)  As Director of ICH, I have overall responsibility for all research funding applications and awards to staff in ICH.  Honorary Consultant, Great Ormond Street Hospital for Children NHS FT  Board Director, Public Library of Science  Honorary Professor, University of Liverpool
Mr Charles Tilley	Chief Executive, Chartered Institute of Management Accountants Director (Corporate representative) CIMA China Ltd Director (Corporate representative) CIMA Enterprises Limited (CEL) Board member of the Association of International Certified Professional Accountants Non-Executive Director and Member of Asset and Liability and Chairman of the Audit Committees – Ipswich Building Society Director of Seaview Yacht Club Limited

**Attachment U****Register of Interests: Great Ormond Street Hospital for Children NHS  
Foundation Trust****Directors 2014-15**

Name	Declared Interests
	Also corporate representative of the following: Corporate society of financial management ltd Institute of cost and works accountants ltd Global professional accountants in business ltd Professional accountants in business ltd Management accountants in business ltd Global management accountants in business ltd

**Executive Directors**

Name	Declared Interests
Dr Catherine Cale	None  [Husband is a corporate account manager for Thermo Fisher Scientific who supply GOSH with laboratory equipment and consumable.]
Professor Martin Elliott	Professor of Physic, Gresham College, London (2014-2017) to deliver 6 public lectures per annum.  Principal Investigator on Grant V1202 from GOSHCC researching Tracheal Transplantation.
Mr Ali Mohammed	None
Mrs Liz Morgan	Member of Well Child Research Strategy Advisory Panel. Visiting Professor in Department of Child and Adolescent Health, Kings College London (honorary appointment). Trustee Well Child Charity CQC Specialist Advisor
Mrs Claire Newton	None  [Niece worked for bank for two months. Nephew is currently working on the staff bank in a fixed term role.]
Mr Julian Nettel (until 31 <sup>st</sup> December 2014)	Trustee, Wimbledon College of Art Member, Royal Thames Yacht Club Director, Julian Nettel Consulting Limited  [Son is Deputy Director of HR & Corporate Affairs at Royal National Orthopaedic Hospital NHS Trust]  [Wife is; Trustee & Treasurer, Breakthrough Breast Cancer Member of Independent Audit Committee for the following organisations: <ul style="list-style-type: none"> <li>• Corporation of London, Department of Environment &amp; Climate Change</li> <li>• Food Standards Agency</li> </ul>

## Attachment U

### Register of Interests: Great Ormond Street Hospital for Children NHS Foundation Trust

#### Directors 2014-15

Name	Declared Interests
	<ul style="list-style-type: none"> <li>• Debt Management Office, HM Treasury</li> <li>• EU Commission</li> </ul>
Dr Peter Steer (from 1 <sup>st</sup> January 2015)	None
Ms Rachel Williams	None
Mr Robert Burns	<p>Member of the London Children's Strategic Clinical Network Member of the Somerville Foundation</p> <p>[Wife is a GP Partner at Stokewood and Old Anchors Surgeries, Hampshire. She is the practice's commissioning lead for West Hampshire CCG Dermatology working group. She is also a GPwSI in Dermatology for Solent Medical Services. She is a member of the Royal College of General Practitioners, The Primary Care Dermatology Society and Wessex Local Medical Committees.]</p>
Mr Trevor Clarke	None
Professor David Goldblatt	<p>Sub-Committee member, Department of Health Joint Committee on Vaccination and Immunisation – Pneumococcal and Meningococcal Subcommittees</p> <p>UCL-ICH Laboratory performs contract research for GSK, Sanofi Pasteur, Novartis, Merck</p> <p>Occasional role as member of Expert Panel Advisory Board/Consultant or in receipt of speaker honorariums from Pfizer, Sanofi Pasteur, Novartis, Merck, and GlaxosmithKline, Glycovaxn and ImmBio.</p>
Mr Matthew Tulley	None
Mr Michael Bone	<p>Managing Director A&amp;M Informatics Limited</p> <p>[Wife is Company Secretary A&amp;M Informatics Limited and Senior Finance Manager, Pioneer Care Partnership.]</p>



# Great Ormond Street Hospital for Children



NHS Foundation Trust

<b>Trust Board</b> <b>25<sup>th</sup> March 2015</b>	
<b>Register of Gifts and Hospitality</b>	<b>Paper no: Attachment V</b>
<b>Submitted by:</b> Anna Ferrant, Company Secretary	
<b>Aims / summary</b> The Trust is directly responsible for ensuring that staff and board members are impartial and honest in the conduct of their official business, and that they do not abuse their official positions for personal gain or to the benefit of their family and friends.  The Trust complies with the requirement in the Constitution that board members and members of staff are required to declare hospitality and sponsorship offered by and accepted from contractors, suppliers and others.  The Company Secretary holds and maintains the Trust's 'Register of Gifts and Hospitality'. All staff should complete the "Gifts, Hospitality and Sponsorship Form" if they accept or refuse any gifts, inducement or hospitality.  The Register of Gifts and Hospitality for 2014/15 is attached to this report.	
<b>Action required from the meeting</b> The Board is asked to note the entries in the Register.	
<b>Contribution to the delivery of NHS / Trust strategies and plans</b> Transparency where gifts/ hospitality are offered	
<b>Financial implications</b> None	
<b>Who needs to be told about any decision</b> N/A	
<b>Who is responsible for implementing the proposals / project and anticipated timescales</b> N/A	
<b>Who is accountable for the implementation of the proposal / project</b> N/A	

**Register of Gifts and Hospitality 2014-15**

<b>Name of recipient</b>	<b>Name of Authoriser</b>	<b>Host</b>	<b>Event (for sponsorship/ hospitality)</b>	<b>Accepted/declined</b>	<b>Date</b>
Ahsan, Gulrukh	Christine Morris	BMT Team	£50 gift voucher for working late so many times	Accepted	Mar-15
Andre, Liesje	John Courney	Phillips	Supper during international conference for Denise Welsby, Liesje Andre and Sophie Skellet x1 occasion Supper was an informal occasion during a resuscitation conference in Bilbao. However I am aware that Phillips sell defibs and we will soon be reviewing companies for a new contract.	Accepted	May-14
Bathgate, Fiona	Lindsey Edwards	Med-EI	To attend american cochlear implant conference and give poster presentation: Conference fee Flights Accommodation All paid for by Med-EI	Accepted	11-13 December 2014
Bone, Michael	Claire Newton	Deloitte Deloitte are the Trust Auditors and it was agreed at Executive level to accept their offer to organise the EPR visit to 3 US hospitals	Pre US EPR visit planning dinner Post US EPR visit wash-up dinner	Accepted Accepted	01/07/2014 04/08/2014
Bone, Michael	Claire Newton	Methods Consulting	Working lunch as part of the Analytics and Data Warehouse Outline Business Case development (use of premises)	Accepted (note bill paid by ICT)	Jul-14

Bone, Michael	Claire Newton	Caradigm Caradigm are a leading data warehouse and analytics toolset provider	Working lunch with Analytics and Data Warehouse supplier to receive product update and brief supplier on progress of Digital Strategy	Accepted (note bill paid by ICT)	Aug-14
Bone, Michael	Claire Newton	EMC Limited EMC are an Enterprise Storage solution provider	Working lunch to agree technical specification for Digital Image storage solution	Accepted	Aug-14
Bone, Michael	Claire Newton	EMC Limited EMC are an Enterprise Storage solution provider	EHI NHS Technology awards dinner	Accepted	Oct-14
Bone, Michael	Claire Newton	NDL Network Design Limited are suppliers of communications and process management software	Working lunch to catch up on progress of Integration Engine project following annual leave	Accepted (note bill paid by ICT)	Sep-14
Bone, Michael	Claire Newton	System C System C are an Electronic Patient Record (EPR) system supplier	Working lunch with EPR supplier vendor to receive product update and brief supplier on progress of digital strategy	Accepted	Sep-14
Brocklesby, Margaret	Christine Morris	BMT Team	£50 gift voucher and box of chocolates for working late on numerous occasions	Accepted	Mar-15
Bryant, Beaux	Geoff Speed	Sidhil	Visit to Yorkshire factory with a stay at a hotel overnight. The travel and overnight stay being paid for by Sidhil	Accepted	Jul-14

Burns, Robert	Peter Steer	Meridian Productivity	"Thank you for acting as a referee" £100 Virgin Wines gift certificate	Declined	Dec-14
Devine, James	Ali Mohammed	DAC Beachcroft	Heathcare People Management Association Annual Awards Event (tickets normally £100 plus VAT)	Accepted	Jun-14
Edwards, Lindsey	Kaurab Rajput	Med-EI	Sponsorship to attend Cochlear Implant Conference in Munich	Accepted	18th - 21st June 2014
Elliott, Martin	Julian Nettel	American Association of Thoracic Surgeons	Received \$2000 towards travel and accommodation expenses as Invited Speaker at American Association of Thoracic Surgeons meeting in Toronto	Accepted	April 2014
		Baltic Association of Paediatric Surgeons	Return flights London - Vilnius, Lithuania as Principle Guest Speaker, the Baltic Association of Paediatric Surgeons, flights booked by organisers	Accepted	September 2014
		Medical University of South Carolina	Return flights London - Charleston, SC USA paid for and booked by Medical University of South Carolina; visiting professor and to deliver the 'Smithy' Lecture	Accepted	Ocotober 2014
		Vanderbilt University	Return flights London to Nashville, TN, USA paid for and booked by Vanderbilt University and to deliver the 'Rollins Daniel' lecture.	Accepted	November 2014
Fitzsimmons, Georgiana	Vanessa Shaw	SHS Nutrica	4th Global symposium for Epilepsy	Accepted	Apr-14
Gilligan, Catherine	Jim Linthicum	Mother of patient	I, Catherine Gilligan received from a mother of a patient a table ornament. It is of no monetary value. The gift is in the hospital Chaplaincy Office. She also enclosed a very nice thank you card.	Accepted	Aug-14
Goddard, Victoria	Anna Ferrant	GOSHCC	x2 Comedy Gala Tickets	Accepted	May-14
Hadley, Simon	J G Campbell	GE Healthcare	UKRC Congress Dinner Invitation	Accepted	Jun-14

Jacques, Thomas	Michael Ashworth	A relative of a patient	I was given a gift of Lauren-Perrier Cuvee Rose Champagne NV 75cl - £57.99 & Hotel Chocolat chocolate box £22.00.	Accepted	Dec-14
Khan, Tehmoor	Anna Ferrant	GOSHCC	x2 Comedy Gala Tickets	Accepted	May-14
Mathias, Mary	Ri Leisner	Bayer	Expert Clotters Meeting. Hotel La Tour, Birmingham	Accepted	16-17th January 2014
Mathias, Mary	Ri Leisner	Baxter	Travel and accommodation costs to ISTH meeting in Amsterdam	Accepted	28th June 2013 - 3rd July 2013
Mathias, Mary	Ri Leisner	Novo Nordisk	Unrestricted grant for ROTEM machine for the haemophilia centre	Accepted	Mar-14
Mohammed, Ali	Julian Nettel	DAC Beachcroft	Heathcare People Management Association Annual Awards Event (tickets normally £100 plus VAT)	Accepted	Jun-14
Nettel, Julian	Tessa Blackstone	Harvey Nash Plc	Annual NHS Chief Executive Dinner	Accepted	Sep-14
Oguz, Mine	Sophie Pownall	39 Essex Street Chambers	Seminar exploring the implications of recent decision of Tracey	Accepted	Jul-14
Owen, Kathleen	Geoff Speed	Sidhil	Visit to Yorkshire factory with a stay at a hotel overnight. The travel and overnight stay being paid for by Sidhil	Accepted	Jul-14
Pownall, Sophie	Catherine Cale	39 Essex Street Chambers	Lecture: Implications of Tracey judgement	Accepted	Jul-14

Robertson, Alex	Anne Layther	Chalice	Euro ELSE ECMO Conference, Rome	Accepted	May 2012
				Accepted	Nov 2011
		Medtronic	Rigshospitalet pediatric perfusion symposium, Copenhagen	Accepted	May 2013
				Accepted	Sep 2013
		Heartwave	Heartware VAD training course, Oslo	Accepted	Oct 2013
				Accepted	Oct 2013
		Chalice	NIRS monitor review, Belgium		
				Accepted	Sept 2014
		Medtronic	Society of Perfusionists AGM, Manchester		
		Accepted	Oct 2014		
		Maquet	International Pediatric perfusion symposium, Singapore	Accepted	Oct 2014
			AmSECT pediatric?ELSE ECMO conference, Michigan USA		
		Terumo	Society of Perfusionists AGM, Bristol		
		Terumo	International pediatric perfusion symposium, Berlin		
		Maquet			
Sewell, Marian	Vanessa Shaw	Nutrica	4th Global symposium for Epilepsy	Accepted	Apr-14
Sharples, Amy	S Gardiner	Parent of a patient on the ward	On 29/07/2014 a parent of a child under our care approached me with a bag of gifts for the nursing staff. She explained that she worked for an advertising and marketing company. She mentioned that she had told them she was coming to GOSH for visiting; the company had then given her 'freebies' to give to the nursing staff. Each staff member had an envelope with their name on. In each there was a gift consisting of either: perfume, toiletries or teabags	Box of items for whole nursing teams accepting by Amy Sharples SSN	Aug-14

Sharples, Amy	S Gardiner	Parent of a patient on the ward	The same parent bought in more sample product for the nursing team. Included make up (foundation) and body creams. Two members of staff had brand new 100ml bottle of new perfume on the market retailing at £69.99 allocated to them. No other staff members had specific gift. This is reported to staff on shift to be because they had less in their envelope last time.	Accepted into nursing office by staff on shift then removed by me (S Gardiner) pending declaration of hospitality. Items are currently in manager's office	Aug-14
Williams, Rachel	Julian Nettel	GOSHCC	Channel 4 Comedy Gala tickets at the O2	Accepted	May-14

# ATTACHMENT W



## Members' Council update

### A Members' Council meeting was held on Wednesday, 28<sup>th</sup> January 2015

The Council welcomed the new Chief Executive and received an update on his first few weeks at GOSH.

The Members' Council discussed an update on the implementation of the IPP strategy. Some concern was raised that the preferred option of increasing the number of IPP beds had changed since the last meeting of the IPP strategy working group and that the group had not been made aware of the content of the paper prior to it being shared at the Council meeting. The Director of Planning and Information said that the changes had been made as the previous preferred option would have been to the detriment of NHS patients which was clearly unacceptable. The Council stressed the importance of meeting the 18 week referral to treatment target prior to any additional IPP beds being opened. The Board confirmed that this was being closely monitored and it was expected that it would improve from the next month.

The Council received a presentation on the 100,000 Genome Project and the UCL Partners successful bid, for which GOSH was the lead organisation, to become an NHS Genomic Medicine Centre. It was noted that it was vital that GOSH was at the forefront of work to use genome sequencing to provide faster and more accurate diagnoses as this would be the way NHS patients were treated in the future. The Council discussed the financial implications of the project both in terms of infrastructure required and income received. It was noted that additional IT requirements must be met for which NHS England were developing a template. It was reported that IT leads for a number of organisations were in contact to discuss working together on the development. The Council noted that the project was likely to be an overall cost pressure however it was vital that GOSH took part.

It was confirmed that the Members' Council sub-group to look at developing the Annual Plan would be contacted in the coming weeks to look at the Trust's requirement to submit to Monitor a one year plan covering sustainability and resilience, ensuring that the Trust can achieve its quality, operational and financial targets for the year.

It was reported that the Care Quality Commission (CQC) would be making a scheduled inspection of the Trust in the week commencing 13<sup>th</sup> April and that GOSH would be using the process as an opportunity to reflect upon and improve practice.

The Members' Council approved the appointment of Mr Akhter Mateen to the role of Non-Executive Director.

The Council approved the process for the appointment of the Lead Councillor. The Council discussed the possibility of reducing the term of Lead Councillor to 18 months along with the terms of other Councillor appointments and synchronising start dates. It was agreed that the Lead Councillor role would continue to be for a term of three years, however a re-approval process, to be determined by the Council, would take place on an annual basis to provide the opportunity to change the Lead Councillor if absolutely necessary.

Updates were provided on the Trust's performance in the following areas: quality and safety, including infection rates; activity, including discharge summary performance; workforce and finance.

Updates were received on patient experience in terms of contact with PALS and complaints. It was noted that communication continued to be a key theme in terms of face to face and written communication. The Council expressed some concern that the Patient and Public Involvement strategy was due to expire in March 2015 and would not be renewed.

The Chair of the Membership and Engagement Committee reported that the Trust's membership stood at over 8,700 and that the recruitment target set by the committee for the year had been surpassed. The Committee had received a presentation on the use of social media from the GOSH Children's Charity and had noted that whilst the Charity had a clear strategy in this area, the hospital did not. It was reported that a pilot Facebook page would be set up for the Members' Council initially with the intention to roll this out to the membership as a whole.

The Chair of the Young People's Forum said that the Forum had discussed a document produced by the British Youth Council and NHS England giving guidance on setting up youth forums in the health service. He confirmed that further work would be done to map the work of the YPF to the British Youth Council's guidance.

The Council received updates on the following Trust Board subcommittee meetings:

- Audit Committee, January 2015
- Clinical Governance Committee, January 2015
- Finance and Investment Committee, January 2015

# ATTACHMENT X

## Update from the Audit Committee meeting held on 19<sup>th</sup> January 2015

### Risk Management

The Committee reviewed the following strategic and operational risks:

#### Reduction in funding available to NHS organisations (operational risk)

The Committee noted that the tariff had been announced and contract negotiations were at an early stage. It was stressed that the scale of the impact on the Trust as a result of the tariff must be understood as it was currently greater than plan. The Committee noted the levels of uncertainty involved but stressed that the Board must use scenario planning to give clarity about the steps that would be taken to address the issue and to avoid as far as possible the effective penalty for growth.

#### Productivity and Efficiency Strategy including risks to delivering the P&E strategy and as a result of delivery of the strategy

The Committee emphasised the importance of engaging effectively with staff and providing clear messages through a robust communications plan. It was noted that the Trust had been heavily reliant on increasing activity to reach efficiency targets in previous years. It was stressed that employing the correct skills in project management and transformation was key.

#### NHS debtors

The Trust's external auditors confirmed that GOSH's position with respect to NHS debtors was consistent across many Trusts. The Committee emphasised the importance of escalating issues where they existed.

#### Business continuity at GOSH

The Audit Committee expressed some concern that a table top business continuity exercise had not been completed since 2012 and emphasised the importance of this taking place as soon as possible. The Committee also requested that learning from real incidents was incorporated into the planning through a gap analysis. It was stressed that it was important to know the leads for business continuity in each area which would be a key part of their role. It was requested that a live test of business continuity plans should take place as soon as possible. The Committee requested an update on progress at the next meeting.

#### Procurement and contracts

The Committee noted that the review of the Trust's largest contracts had been completed and had shown that a number of contracts had been extended. It was reported that discussions were on-going with the learning and development team to look at skills training in contract management.

The Committee discussed the potential efficiency savings which would be made in procurement and it was noted that further discussions would be taking place at the Finance and Investment Committee.

### Assurance Framework

The Committee expressed some concern that the current risk score for operational risk 4: risk that all patients at all times don't receive safe medical cover, was 15 with a risk appetite score of 5 and it was agreed that further discussions on this risk should take place at Trust Board. (February meeting)

It was agreed that the Executive Team would have further discussions around risk appetites and consider if the current appetite scores were too low given the complexity of the organisation. Further work would take place at the Trust Board Strategy Day in February.

### **Internal Audit Progress Report**

It was reported that KPMG had issued three final reports which provided the following levels of assurance:

- Health and Safety – Significant assurance with minor improvement potential
- International and Private Patient Income - Significant assurance with minor improvement potential
- Core Financial Systems - Significant assurance with minor improvement potential

KPMG noted that the Core Financial Systems audit had been critically rated and significant assurance should have been provided.

The Committee requested that work was done to ensure financial information was disseminated widely across the organisation to ensure that it was received by all budget holders.

### **Definition of significant transaction**

The Committee requested that a half page document was developed to highlight the circumstances under which the definition of a significant transaction would need to be considered. It was emphasised that the relevant executives must be involved and a communications plan should be developed to ensure all relevant people were given the information. It was confirmed that training would be provided to the Members' Council as part of the induction programme for new Councillors.

# ATTACHMENT Y

**Update from the Clinical Governance Committee meeting  
held on 23<sup>rd</sup> January 2015**

Patient Story

The Committee received a positive patient story on a patient and family's experience with transition. The Committee emphasised the importance of a positive transition experience and requested a report from the Young People's Forum who had undertaken work in this area.

Update on medical staffing out of hours

The Committee noted that the Trust had completed the immediate requirements set out of Health Education North Central and East London and was working towards fulfilling the medium and long term requirements. The Committee agreed that it was important to reflect on good practice in areas which had garnered praise from HENCEL such as the anaesthetic department. It was stressed that there was no evidence that there were more incidents or deteriorating children at night in comparison to day time.

The Committee noted the changes that had been implemented to ensure there was sufficient cover such as a trial of increased provision of phlebotomy services and additional work on handovers, particularly between 5:00pm – 8:00pm.

Update on review of gastroenterology service

The Committee discussed the proposal to conduct an external review of the gastroenterology service. It was noted that the number of PALS contacts and complaints related to gastroenterology had been benchmarked against those at another similar hospital and had been found to be significantly higher. The Committee supported the proposal for an external review.

Assurance Framework

The Committee reviewed the following risks:

- Risks to implementing the Clinical Services Strategy;
- Failure to provide sufficient capacity to meet existing and future demands (operational risk).

Update on quality and safety impact of Productivity & Efficiency (P&E) programme

The Committee agreed that there had been no adverse impact on quality and safety as a result of the efficiency schemes reviewed and noted that patient experience had been improved in addition to the efficiencies made.

### CQC Compliance Summary Report

It was reported that the CQC would be visiting the hospital to conduct an announced inspection in April and that evidence of controls and assurance were being collated centrally. It was confirmed that an internal and external communications plan was in place.

### Head of Nursing Report

Some concern was expressed that audit results revealed that only 63% of patients met the requirements of the identification policy by wearing an identity wristband or having a photograph. It was noted, however that the majority of the patients were identified however the identification was occasionally not worn on the body in line with the policy.

### Learning Disabilities Annual Report

The Committee noted that a system to flag patients with a learning disability on PIMS was working well and the introduction of the 'hospital passport' had resulted in an increase in the confidence of members of staff in supporting a patient with a learning disability.

### Update from Learning, Improvement and Monitoring Board (LIMB)

It was reported that results had been positive from an effectiveness survey of the 'learning from' flyer which was circulated following each LIMB meeting. It was confirmed that evidence was in place that learning had influenced practice where necessary.

### Internal Audit Progress Report

It was noted that the following final reports had been provided:

- Health and Safety Arrangements – Significant assurance with minor improvement potential
- International and Private Patient Income Arrangements – Significant assurance with minor improvement potential

### Clinical Audit update October - December 2014

It was confirmed that improvements were being made in managing neonatal jaundice and also identification arrangements were children were not able to wear wristbands.

### Matters to be raised at Trust Board

It was agreed that following issues would be raised at Trust Board:

- Medical cover out of hours, hospital at night and handovers
- IT
- Gastroenterology service review
- The work that was being undertaken in Outpatients
- Assurance on preparations for the forthcoming CQC visit.



# ATTACHMENT Z

**Update from the Finance and Investment Committee meeting held on 17<sup>th</sup>  
February 2015**

**2014/15 Q3 Financial Performance**

The Committee reviewed the Trust's financial performance to 31 December 2014. The non-executive directors questioned trends in the reduction of elective activity and the differences in growth of bed day activity compared to the growth in Inpatient activity.

**Service Line Reporting/Patient-Level Information and Costing – BMT & SCIDS  
Deep Dive**

The Committee heard a presentation from Professor Paul Veys, Clinical lead for Bone Marrow Transplants ("BMT") which showed trends over time in activity, case mix, treatment category and outcomes. It also included an analysis of the Service Line Reporting information for BMT and Severe Combined ImmunoDeficiency ("SCIDS") two overlapping service lines.

**Productivity and Capacity**

The Committee reviewed productivity statistics. The non-executive directors asked whether Divisions were aware of and used the statistics and suggested that the approval process for new or replacement WTE should include consideration of the workforce productivity metrics for the relevant Division.

**Annual Plan Submission**

The Committee was informed that guidance on planning assumptions had not yet been published by Monitor. The Committee agreed that regardless of the uncertainties around NHS clinical income, the Trust must focus on reducing its cost base for 2015/16 and beyond.

**Productivity & Efficiency Progress Report**

The Committee reviewed the report and agreed that cost savings need not and should not result in a reduction in quality.

**2015/16 Capital Plan**

The Chief Finance Officer took the Committee through the 2015/16 capital plan and highlighted that the IPP expansion was taking up a large amount of the budget.

**Procurement Performance and KPIs**

The Committee discussed the new procurement dashboard and the non-executive directors raised questions around Procurement's role in finding cost savings and the target that has been set for Procurement-led savings.

**R&D Funding**

## Attachment Z

The Committee discussed R&D funding and questioned how much was received on behalf of the Institute of Child Health.

### **Charity Restructure**

The Committee agreed that it would recommend the draft Deed of Understanding to the Trust Board and also agreed to review branding guidelines at a subsequent meeting.

### **Review of Effectiveness**

The Committee agreed that feedback should be sought from members of the Trust Board and staff attending the F&I committee through the effectiveness survey.

Trust Board 25 <sup>th</sup> March 2015		
<b>Register of Seals</b>		<b>Paper No: Attachment 1</b>
<b>Submitted by:</b> Anna Ferrant, Company Secretary		
<b>Aims / summary</b> 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 November 2013.		
<b>Date</b>	<b>Description</b>	<b>Signed by</b>
12/02/15	Lease of Italian Hospital and Umbrella lease of various GOSH Charity properties	PS & CN
05/03/15	Lease of first floor offices at 55/57 Great Ormond Street	PS & CN
<b>Action required from the meeting</b> To endorse the application of the common seal and executive signatures.		
<b>Contribution to the delivery of NHS / Trust strategies and plans</b> Compliance with Standing Orders and the Constitution		
<b>Financial implications</b> N/A		
<b>Legal issues</b> Compliance with Standing Orders and the Constitution		
<b>Who is responsible for implementing the proposals / project and anticipated timescales</b> N/A		
<b>Who is accountable for the implementation of the proposal / project</b> Anna Ferrant, Company Secretary oversees the register of seals		