Meeting of the Trust Board
30th September 2015

Dear Members

There will be a public meeting of the Trust Board on Wednesday 30th September 2015 at 1:30pm in **Barclay House Conference Room, Barclay House**, Great Ormond Street, London, WC1N 3JH.

Company Secretary

Direct Line: 020 7813 8230

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AGENDA

	Agenda Item STANDARD ITEMS	Presented by	Attachment
1.	**Apologies for absence**	Chairman	**Verbal**
	Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.		
2.	**Minutes of Meeting held on 22nd July 2015**	Chairman	**I**
3.	**Matters Arising/ Action Checklist**	Chairman	**J**
4.	**Chief Executive Report**	Chief Executive	**Verbal**
	STRATEGIC ISSUES		
5.	**Patient Story**	Chief Nurse	**K**
6.	**Update on risks on Board Assurance Framework**	Company Secretary	**L**
7.	**Redevelopment Update**	Director of Redevelopment	**M**
	FOR APPROVAL		
8.	**Acute transport procurement tender**	Chief Finance Officer	**N**
	PERFORMANCE		
9.	**Quality and Safety Update – as at 31st August 2015**	Medical Director	**O**
10.	**Targets and Indicators Update – as at 31st August 2015**	Interim Chief Operating Officer	**P**
11.	**Workforce Metrics & Exception Reporting – as at 31st August 2015**	Director of Human Resources &OD	**Q**
12.	**Financial Performance** – as at 31st August 2015	Chief Finance Officer	**R**
	ASSURANCE		

13.	**CQC National Children's Inpatient and Day Case Survey results 2014**	Chief Nurse	**S**
14.	**Play at GOSH**	Chief Nurse	**T – to follow**
15.	**Staff Friends and Family Test**	Director of HR and OD	**U**
16.	**Update on learning reported at the Learning, Implementation and Monitoring Board**	Chief Nurse	**V**
17.	**Safe Nurse Staffing Report – July & August 2015**	Chief Nurse	**W**
18.	**Emergency Preparedness**	Interim Chief Operating Officer	**X**
	GOVERNANCE		
19.	**Membership and Recruitment Strategy**	Company Secretary	**Y**
20.	**Register of Seals**	Company Secretary	**Z**
	REPORTS FROM COMMITTEES		
21.	**Finance and Investment Committee Update - September 2015**	Chair of the Finance and Investment Committee	**1**

Any Other Business
(Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)

Next meeting
The next Trust Board meeting will be held on Wednesday 25th November 2015 in the Barclay House Conference Room, Great Ormond Street, London, WC1N 3JH.

ATTACHMENT I

Attachment I

DRAFT Minutes of the meeting of Trust Board on
22nd July 2015

Present

Baroness Tessa Blackstone	Chairman
Dr Peter Steer	Interim Chief Executive
Ms Mary MacLeod	Non-Executive Director
Ms Yvonne Brown	Non-Executive Director
Mr Akhter Mateen	Non-Executive Director
Mr David Lomas	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Dr Vinod Diwakar	Medical Director
Ms Dena Marshall	Interim Chief Operating Officer
Mr Ali Mohammed	Director of Human Resources and OD
Ms Juliette Greenwood	Chief Nurse
Mrs Claire Newton	Chief Finance Officer

In attendance

Mr Robert Burns	Director of Planning and Information
Mr Matthew Tulley	Director of Redevelopment
Ms Cymbeline Moore	Director of Communications
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Professor David Goldblatt	Director of Research and Innovation
Ms Emma Pendleton	Deputy Director of Research and Innovation
Dr Sophia Varadkar	Consultant Paediatric Neurologist
Dr Jane Valente	Divisional Director for Neurosciences
Ms Sarah James	Divisional General Manager for Neurosciences
Dr John Hartley	Director of Infection Prevention and Control
2 members of the public	

Denotes a person who was present for part of the meeting

71	**Apologies for absence**
71.1	No apologies for absence were received.
72	**Declarations of Interest**
72.1	No declarations of interest have been received.
73	**Minutes of Meeting held on 22nd May 2015**
73.1	The minutes of the meeting of 22nd May 2015 were **approved.**
74	**Matters Arising/ Action Checklist**
74.1	**Action:** Minute 34.4 – Mr Ali Mohammed, Director of HR and OD said that he was in contact with the ICU at Guy's and St. Thomas' NHS Foundation Trust It was agreed that an update would be provided at the next meeting.

75	**Chief Executive Report**
75.1	Dr Peter Steer, Chief Executive welcomed Dr Vinod Diwakar, Medical Director to his first Board meeting.
75.2	Dr Steer gave an update on the following areas: • Clinical Ethics Symposium: 'Children's right to healthcare; How can we do better?' was hosted by GOSH on 18th June 2015 in collaboration with the Royal College of Paediatrics and Child Health, the Ethics and Law Advisory Committee, and UCL Laws. • Visits to paediatric and specialist Trusts – the Trusts visited had expressed a desire to benchmark and collaborate • Publication of the Paediatric Cardiac Surgery Review – outcomes will be in two phases and will encourage a networking approach for cardiac services across the country going forward. It was confirmed that GOSH met all the standards required. Dr Steer said that there would be a requirement to work with others but it was vital to ensure that these arrangements did not undermine GOSH's efficiency. • The appointment of Thomas Voit Director of the Biomedical Research Centre to join in September. • Congratulations to the Communications team and the GOSH clinical teams on the BBC GOSH documentary series. • A date for the CQC Quality Summit has been set. Prior to this, GOSH will be issued with the draft report and have ten working days to provide comments on factual accuracy.
75.3	It was confirmed that an action plan would be developed in advance of the Quality Summit which would be presented to the Board and relevant assurance committees.
75.4	The Board **noted** the update.
76	**Clinical Presentation – Epilepsy Service**
76.1	Dr Sophia Varadkar, Consultant Paediatric Neurologist provided a presentation on the GOSH Epilepsy Service which was one of four NHS commissioned, nationally designated services for children's epilepsy.
76.2	Dr Varadkar explained that surgical numbers had been increasing year on year and 79% of patients treated experienced a seizure free or worthwhile outcome from surgery. It was added that outcomes showed that patients experienced additional benefits along-side seizure reduction such as an increase in IQ.
76.3	It was reported that focus was being placed on efficient utilisation of capacity and there was appetite within the team to move towards seven day working. Dr Varadkar said that additional theatre capacity had been identified however additional support services would be required to facilitate this.
76.4	Dr Vinod Diwakar, Medical Director said that the service provided at GOSH was world leading with high quality outcomes and facilities. He queried how the service was being communicated to local hospitals, wher clinicians may not be aware of the potential surgical options for patients.

76.5	Dr Varadkar said that information was provided on the GOSH website and the team worked with the Children's Epilepsy Surgery Service (CESS) to provide information to local hospitals.
76.6	Dr Peter Steer, Chief Executive queried the evidence of intraoperative MRI outcomes.
76.7	Dr Varadkar confirmed that this made a significant difference to the outcomes of patients. She added that both Alder Hey Children's Hospital and Bristol Royal Hospital for Children had this capability and it was important for GOSH to continue to be at the forefront of innovation.
76.8	Baroness Blackstone asked whether GOSH epilepsy benchmarking took place against North American organisations. Dr Varadkar said that it did, informally, however formal benchmarking was against hospitals in Europe.
76.9	**Action:** Dr Varadkar told the Board that GOSH was participating in an International League Against Epilepsy (ILEA) survey which was being led by a centre in Australia with international participation. It was agreed that the Board would be updated on the outcome of this work.
76.10	The Board **noted** the presentation.
77	**Update on the scope and progress of the Outpatient project**
77.1	Ms Sarah James, Divisional General Manager for Neurosciences told the Board that the aim of the Access to Outpatients Project was to reduce waste and maximise utilisation across outpatient services.
77.2	Ms James said that GOSH employed significantly fewer people than other organisations in the central booking team and therefore the team was looking to include local administrators in work to standardise processes. It was confirmed that the booking service opening times had been extended and a local reception desk had been opened in outpatients to reduce queuing time and ensure that a greater proportion of patients were able to book a follow up appointment in person. The Board noted that this had significantly reduced the number of appointments which required rescheduling. Ms James added that there had been a decrease in the number of clinic outcome forms which were not completed on the day of a patient's appointment.
77.3	Baroness Blackstone, Chairman welcomed the progress made and Ms Juliette Greenwood, Chief Nurse noted the results of the Friends and Family test which had reported increased positive feedback in the area.
77.4	Mr Charles Tilley, Non-Executive Director queried the way in which the improvements had been made in practise. Ms James said that work had taken place with the Quality Improvement Team to support staff to map current and ideal patient pathways. She said that it was important to ensure that clinic templates were realistic with suitable time slots allocated to complex patients and clinicians were fully engaged in this process.
77.5	Ms Dena Marshall, Interim Chief Operating Officer noted that this was an example of a multidisciplinary approach which should be replicated in other areas and work programmes across the Trust.

Attachment I

77.6	The Board **noted** the update.
78	**Research and Innovation Report July 2015**
78.1	Professor David Goldblatt, Director of Research and Innovation said that in 2013 an analysis of research output was commissioned from Thompson Reuters which had shown that the highest cited papers were produced by ICH, followed by GOSH BRC and then GOSH/ICH in partnership. Professor Goldblatt reported that an updated analysis had shown that there had been a significant increase in the number of papers published and overall citation impact with the Trust moving from third in terms of citation impact to first.
78.2	The Board welcomed the significant increase in citation impact and the increase in collaborative research.
78.3	The Board **noted** the update.
79	**Medical Revalidation Annual Board report and statement of compliance**
79.1	Dr Vinod Diwakar, Medical Director presented the report which was **approved**.
80	**Quality and Safety Update**
80.1	Dr Vinod Diwakar, Medical Director presented the report.
80.2	**Action:** Ms Mary MacLeod, Non-Executive Director queried the reasons for the increase in arrests outside of ICU. Dr Diwakar said that there had been some clinical area moves and situations were being managed in a different but appropriate ways resulting in an increase in crash calls. It was agreed that this would be discussed at the next Clinical Governance Committee meeting.
80.3	The Board **noted** the update.
81	**Targets and Indicators Update**
81.1	Ms Dena Marshall, Interim Chief Operating Officer said that GOSH continued to work on discharge summary completeness and clinic letter turnaround time.
81.2	Ms Marshall said that ICU had reached capacity in terms of open beds however there was additional physical space which had potential to be utilised in the event that a business cases were agreed with commissioners for opening additional beds.
81.3	Dr Peter Steer, Chief Executive said that it was vital for the Trust to agree a robust business and financial plan which would provide confidence to agree sustainable business cases and improve performance.
81.4	Ms Marshall emphasised the importance of increasing activity in the surgery division to get back to activity plan level.
81.5	The Board **noted** the update.
82	**Workforce Metrics & Exception Reporting – June 2015**
82.1	Mr Ali Mohammed, Director of HR and OD said that the Trust continued to focus on

	controlling vacancies and 128 posts had so far been refused.
82.2	Mr Mohammed said that GOSH's staff turnover was below that of other London trusts but should still receive focus in order to reduce the figure further. He added that approximately a third of band 5 nurses had been in post for less than two years which highlighted the need to look at turnover issues in these posts and work on areas such as staff accommodation.
82.3	**Action:** It was reported that work was required on safeguarding training for honorary contract holders and the Clinical Governance Committee would receive updates on this work.
82.4	Ms Mary MacLeod, Non-Executive Director said that the Clinical Governance Committee had discussed nursing turnover following work undertaken to look at the reasons nurses were leaving the Trust. Ms Juliette Greenwood, Chief Nurse said it was important to review this information and target the areas that the Trust was able to influence.
82.5	Mr Mohammed noted that the staff turnover at another nearby trust had a lower turnover rate and said that it would be important to understand how this had been achieved.
82.6	The Board **noted** the update.
83	**Financial Performance 3 months to 30th June 2015**
83.1	Mrs Claire Newton, Chief Finance Officer told the Board that the Trust had reported a £3.5million net deficit in the first quarter which was better than plan. She said that despite significant challenges, activity levels were close to plan, however a strong performance in some divisions had offset weaker performances by others.
83.2	Mrs Newton said that there had been some up-side in non-pay spend as capital expenditure had been lower than plan which was expected to reverse in future quarters.
83.3	**Action:** Mr Charles Tilley, Non-Executive Director noted that overall activity was remaining roughly static when compared to previous years however staff numbers continued to rise and queried the reason for this. It was agreed that the Chief Finance Officer would verify the staff data and would report back to the Board.
83.4	Mr Akhter Mateen, Non-Executive Director reiterated his view that labour costs should not be RAG rated green if they had increased on the previous year. Mrs Newton confirmed that RAG rating was based on performance against plan rather than comparison with previous years.
83.5	Mr David Lomas, Non-Executive Director emphasised the importance of narrowing the gap between activity and staffing levels.
83.6	**Action:** Dr Vinod Diwakar, Medical Director said that he would look into activity levels with the Interim Chief Operating Officer as the reduction in activity appeared significant.
83.7	The Board **noted** the update.

84	**Patient experience Update including PALS annual report 2014/15 and 2015/16 Q1 Report**
84.1	Ms Juliette Greenwood, Chief Nurse presented the update and said that future reports would encompass additional information. She added that the next report would provide an update on the results of the first CQC inpatient questionnaire.
84.2	Ms Greenwood said that the results of the Friends and Family Test had shown that although the response rate had been lower, a higher percentage of respondents were likely to recommend the Trust. The Board noted that patients and families who were receiving care in the Southwood building were less likely to recommend the Trust due to concerns around environment.
84.3	It was reported that there had been a significant increase in the response rate to the outpatient survey and an increase in overall satisfaction.
84.4	The Board welcomed the clear report and **noted** its contents.
85	**Complaints Report Q1 2014/15**
85.1	Dr Vinod Diwakar, Medical Director said that he was reviewing the way in which complaints were handled and the way complaints data could be better integrated with patient experience data.
85.2	The Board **noted** the update.
86	**Annual Infection Prevention and Control Report – Executive Summary 2014/15**
86.1	Dr John Hartley, Director of Infection Prevention and Control highlighted the significant work that was undertaken throughout the Trust to prevent and control infection.
86.2	Professor Rosalind Smyth, Non-Executive Director expressed some concern about the level of hospital acquired infection and queried the measures that would be put in place.
86.3	Dr Hartley said it was vital to reinforce the measures that were currently in place such as identifying potential issues at admission and environmental cleanliness alongside standard precautions such as hand hygiene.
86.4	The Board **noted** the update.
87	**Safe Nurse Staffing Report – May and June 2015**
87.1	Ms Juliette Greenwood, Chief Nurse confirmed that no areas had been identified as having unsafe shifts or concerns around safety. Ms Greenwood highlighted some concerns which had been raised about staffing as a result of the acuity of patients in ICU with a number of patients requiring two nurses for each patient. She stated that this was being looked in to and added that a large number of newly qualified nurses were due to join the Trust in September.
87.2	The Board **noted** the updates.

88	**Nursing Skill Mix and Ward Nursing Establishments**
88.1	Ms Greenwood said that the Trust was required to undertake an annual review of nursing establishments and added that there was a high degree of rigour around the process and this would be more transparent in future reports. Ms Greenwood said that following the approval of establishments, any amendments to these establishments would require approval by the Executive Team.
88.2	It was confirmed that current establishments had been agreed to be appropriate with the exception of Koala Ward where, in line with patient acuity and income, the division had requested an increase of four nurses.
88.3	Ms Greenwood said that GOSH still had a skill mix ratio which was heavily weighted towards qualified nurses and this would be reviewed alongside the principles of the nurse to HCA ratio.
88.4	Dr Peter Steer, Chief Executive welcomed the granularity of the report and noted that the Trust classified a large proportion of its beds as high dependency which would add to issues with funding.
88.5	Professor Rosalind Smyth, Non-Executive Director said that this was very relevant to issues such as SIs and suggested working with other children's hospitals to obtain benchmarking data.
88.6	The Board **noted** the update.
89	**Health and safety Annual Report 2014/15**
89.1	Mr Ali Mohammed, Director of HR and OD said that he was assured that good health and safety arrangements were in place at the Trust following the introduction of a number of systems and process in the last year. He added that there had been a significant increase in compliance with fire safety training and a recent visit from the London Fire Brigade had raised no issues.
89.2	Ms Mary MacLeod, Non-Executive Director queried whether an audit was required around fire safety as it posed a significant risk to the Trust.
89.3	Mr Mohammed said that internal assessments thus far had focussed on areas such as fire evacuation. He added that it was now important to look at overall impact on business continuity of a fire.
89.4	The Board **noted** the update.
90	**Education Annual Report 2014-2015**
90.1	Mr Mohammed presented the report and highlighted that the new appraisal system had received good feedback. He expressed disappointment that sufficient progress had not been made in medical education as a result of delays in the medical learning system.
90.2	Baroness Blackstone, Chairman noted that one of the priorities for 2016/17 was to increase the number of apprenticeships offered by the Trust. She is asked if there was a current view about where these would be and whether GOSH required building contractors to demonstrate that they were working with apprentices.

90.3	Mr Mohammed said that at GOSH all band 2 and 3 posts were required to be offered as apprentices and the Trust was recognised as doing excellent work in this area.
90.4	Mr Matthew Tulley, Director of Redevelopment said that there were a number of areas where compliance was required for contractors around the use of apprentices, using local companies and working with local schools for training.
90.5	Dr Vinod Diwakar, Medical Director stressed that it was vital to have a medical education strategy in place. He added that the Director of Medical Education post would become substantive and the Trust was continuing to work with Health Education North Central and East London (HENCEL) to appropriately rotate junior doctors.
90.6	The Board **noted** the update.
91	**Quarter 1 Monitor Return (3 months to 30 June 2015)**
91.1	Mrs Claire Newton, Chief Finance Officer confirmed that the return was consistent with the Annual Governance Statement.
91.2	The Board **approved** the Quarter 1 in year governance statement prior to submission to Monitor.
92	**Clinical Governance Committee evaluation 2014/15**
92.1	Dr Anna Ferrant, Company Secretary reported that the Clinical Governance Committee had reviewed the outcome of the evaluation and had approved the recommendations. It was noted that future evaluations would be conducted with different categories of attendees in rotation in response to advice from the Trust's internal auditors. Dr Ferrant reported that there would be a resulting change to the Committee's workplan, however the Terms of Reference would require no changes.
92.2	**Action:** It was agreed that the Clinical Audit report to the Clinical Governance Committee would be provided to the Trust Board alongside the Committee update twice per year as a number of Non-Executive Directors had requested a more explicit report of the work undertaken by the clinical audit team.
92.3	The Board **noted** the findings of the evaluation.
93	**Revised Board of Directors' Terms of Reference**
93.1	Dr Ferrant said that the Terms of Reference had been updated in order to align the language used with that of the well led review.
93.2	The Board **approved** the Terms of Reference.
94	**Audit Committee update – May 2015 meeting**
94.1	Mr Charles Tilley, Chair of the Audit Committee said that a Risk Management Meeting had taken place prior to the Board meeting with members of the Clinical Governance Committee and Audit Committee. It was reported that the meeting focussed on the overriding strategic risks to the organisation and addressed how

	these would be managed including implications for the Trust around change management. Mr Tilley said updates to the management of the Board Assurance Framework were also discussed.
94.2	The Board **noted** the update.
95	**Clinical Governance Committee update – July 2015 meeting**
95.1	Ms Mary MacLeod, Chair of the Clinical Governance Committee told the Board that the Committee had received a presentation on Social Work practice and noted the unique nature of the 'in-house' service funded by the Charity. The Committee also received updates on medical staffing out of hours and the gastroenterology review and sought assurance that the productivity and efficiency programme was not having an adverse impact on quality and safety.
96	**Finance and Investment Committee Update – April and June 2015**
96.1	Mr David Lomas, Chair of the Finance and Investment Committee presented the update. It was noted that the Committee had discussed the EPR outline business case and the IPP business case for the creation of 10 additional beds which were required prior to the opening of the Premier Inn Clinical Building.
96.2	The committee reviewed a detailed paper showing the finances of the Trust over a three year period and this included analysis of pay, non-pay and income as well as divisional information, cost pressures, WTE and productivity.
97	**Members' Council**
97.1	Baroness Blackstone, Chairman presented the report and told the Board that the Council had received a presentation on the results of the 2014 Outpatient Experience Survey. Discussion had taken place around the cancellation of some NHS operations following the closure of Island Short Stay in order to increase capacity for IPP beds. The Council had sought assurance that plans were being put in place to mitigate the risk of further cancellations.
97.2	Baroness Blackstone confirmed that the Members' Council had approved the re-appointment of Mr Charles Tilley and Mr David Lomas as Non-Executive Directors on the Board.
98	**Any other business**
98.1	A member of the public asked questions about the services provided at the Trust.

ATTACHMENT J

TRUST BOARD – PUBLIC ACTION CHECKLIST
September 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.	JG	July 2015	On agenda
29.4	22/05/15	Baroness Blackstone, Chairman said that it was important to ensure that the Quality Report and Annual Report documents were as concise as possible in order to ensure that they were able to be read by the public and asked that an exercise was undertaken prior to the preparation of the 2015/16 documents to reduce the length.	AF/ Graham Terry	January 2016	Not yet due
31.3	22/05/15	It was agreed that an opening statement would be included in the progress against strategic objectives document to clarify who the Trust was using as benchmarking comparisons.	RB	September 2015	To be reviewed
36.3	22/05/15	The Board discussed the issue of patients and families smoking in front of the hospital in no smoking areas. It was	JG	September 2015	The Chief Nurse is in correspondence with Camden Council on how to manage this issue

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		suggested that Camden Council should be approached to consider Great Ormond Street becoming a no smoking road and contacting other Trusts to look at how they managed the issue.			
76.9	22/07/15	The Board noted that GOSH was participating in an International League Against Epilepsy (ILEA) survey which was being led by a centre in Australia with international participation. It was agreed that the Board would be updated on the outcome of this work.	VD	September 2015	Verbal Update
80.2	22/07/15	Ms Mary MacLeod, Non-Executive Director queried the reasons for the increase in arrests outside of ICU. Dr Diwakar said that there had been some clinical area moves and situations were being managed in different but appropriate ways resulting in an increase in crash calls. It was agreed that this would be discussed at the next Clinical Governance Committee meeting.	VD	October 2015	On CGC agenda in October 2015
82.3	22/07/15	It was reported that work was required on safeguarding training for honorary contract holders and the Clinical Governance Committee would receive updates on this work.	AM	October 2015	On CGC agenda in October 2015
83.3	22/07/15	Mr Charles Tilley, Non-Executive Director noted that overall activity was remaining	CN	September 2015	The staff data referred to here compares the first three months of the year with the similar

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		roughly static when compared to previous years however staff numbers continued to rise and queried the reason for this. It was agreed that the Chief Finance Officer would verify the staff data and would report back to the Board.			period in the last year. After the first quarter of 2014/15 staff numbers continued to rise and reached a peak in Q4 2014/15. Numbers have come down since then. Although the activity levels look static, this is measured in terms of core elective and outpatient activity. Highly specialised services activity has increased.
83.6	22/07/15	Activity performance: Dr Vinod Diwakar, Medical Director said that he would look into activity levels with the Interim Chief Operating Officer as the reduction in activity appeared significant.	VD&DM	September 2015	There are a variety of reasons for not achieving planned activity levels, including loss of physical capacity. The operational issues are being addressed via the monthly performance review meetings. The underlying capacity shortfall will be picked up as part of business planning for 2016/17.
92.2	22/07/15	It was agreed that the Clinical Audit report to the Clinical Governance Committee would be provided to the Trust Board alongside the Committee update twice per year as a number of Non-Executive Directors had requested a more explicit report of the work undertaken by the clinical audit team.	AF	October and on-going	Actioned – Added to Trust Board Calendar

Trust Board 30th September 2015	
Patient Story **Submitted by: A teenage patient and father supported by the Patient Experience Team.**	**Paper No: Attachment K**
Aims / summary To share a first-hand account from a GOSH patient. This will include both good experiences and examples of what we could improve upon.	
Action required from the meeting To welcome the patient and her father, to hear her experience and to explore how GOSH could build upon the positive experiences and improve on other experiences.	
Contribution to the delivery of NHS Foundation Trust strategies and plans This will contribute to our "Always Values" commitments.	
Financial implications NA	
Who needs to be told about any decision? Clinical Team responsible for patient.	
Who is responsible for implementing the proposals / project and anticipated timescales? NA	
Who is accountable for the implementation of the proposal / project? NA	

Trust Board	
Wednesday 30th September 2015	
Update on risks on Board Assurance Framework	**Paper No: Attachment L**
Submitted by: Anna Ferrant, Company Secretary	

Aims / summary

To provide an update to the Trust Board on the Board Assurance Framework (BAF). Following the meeting of the Risk Management Meeting in July 2015, the Board Assurance Framework has been revised as follows:

- The wording of each risk has been individually reviewed to ensure that it accurately reflects the risk – new wording is shown in red font on the risk overview tab of the BAF
- The BAF document has been reformatted and a diagram inserted in the top right hand corner of each risk to show the movement in risk score pre control (gross) and post control (net).
- A summary of the movement in risk score pre control (gross) and post control (net) has been provided for risks that are reported to the Audit Committee and Clinical Governance Committee (see tabs AC risks - Movement (GR to NR) and CGC risks - Movement (GR to NR).
- Each risk has been aligned with the relevant CQC standard
- Information from any SIs, internal audits, internal and external surveys have and will continue to be referenced as evidence of assurance that the controls are effectively working and will state where negative assurance has been provided
- Risk owners have been asked to report to this Board on progress with plans to close gaps in controls or attain additional assurance (see below paragraphs below).
- In the future, the assurance committees will be presented with a summary of the robustness of the different types of assurance stated under each risk (i.e. local assurance, organisation wide assurance or external assurance) and a rating whether this is provides full assurance of the effectiveness of the controls
- The focus of risk reporting at the assurance committees will depend upon the robustness of the controls in place, as determined by the assurances available. Where gaps in controls or assurances remain, the committee's focus will be on the progress in closing these gaps and timescales expected to move the risk score closer to the agreed risk appetite score
- A revised risk appetite has been drafted and plans are being put in place for the Board to review and agree the corporate risk appetite. For the present time, the rating of the risk appetite has been suspended.
- The risks remain split between operational and strategic risks

A summary of the progress with actions underway to close gaps in control and gaps in assurance is presented for each risk on the BAF below:

Operational risks

1. **All patients at all times receive safe medical cover.**

   There are internal assurances that the risk is partially controlled. Feedback from junior doctors to Health Education England has improved. Datix reports and complaints have not revealed systemic weaknesses in the controls.

   However, Health Education England identified the need for better access to clinical guidelines, clinical handover, and the size and skill mix in the Hospital at Night team

   A SMART action plan has been produced and implementation performance managed by the Postgraduate Medical Education Committee monthly, with reporting by exception to the Executive Management team.

Deadline for all action is 1st December 2015. This includes the addition of two doctors to the existing team on night and weekend shifts from September 2015. The deployment of junior doctors to some of the busier wards at night will be reviewed. Existing sources of assurance (e.g. junior doctor survey, Datix reports, 2222 calls) will be monitored to test whether these have improved control of this risk.

An internal website with links to all clinical guidelines has been implemented. The trust is establishing a central governance process for clinical guidelines, through the Patient Safety and Outcomes Committee.

A Quality Improvement programme, led by the Medical Director, was initiated in August 2015 and is undertaking a systematic assessment of out of hours care in four subgroups: safe staffing, safe processes, safe handover and care of the deteriorating patient. This will include compliance with the Keogh 7 day services standards for emergency care. Outcome measures will be updated for each area and a safety dashboard for out of hours care will be created and monitored, initially, by the Quality Improvement Committee

In 2016, the GMC Annual Trainees' survey and a repeat HENCEL visit will provide external assurance.

3. **Delivery of Productivity & Efficiency targets**

The Trust requires improvement in performance to deliver the required cost reduction savings in 2015/16. Historically, cost improvements have been made by delivering additional activity at a marginal cost - this option no longer exists. Consequently the Trust does not yet have the level of buy-in organisation wide required to reduce costs.

Based on the on-going assurance processes that are currently in place using the existing P&E steering group and Divisional Performance reviews, and with the additional short term PMO resource, the following additional controls and actions are and have been put in place:

• Executive leads have been assigned to the pay work-streams for the remainder of the year to provide a point of escalation and support to the Trust – the roles and the communications and process around these is on-going and now forms part of the routine review and assurance process

• Increased rigour in regard to key deliverable for each Division / Department for material / larger delivery schemes for 15/16. This is an on-going exercise since the additional PMO resource has been identified and is being taken through the P&E Steering Group for monitoring

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

Progress continues on tendering all remaining outstanding contracts. Independent advice was sought during the preparation for the major soft facilities tender and information sought on current market pricing. Contract management training is being arranged for staff who are responsible for managing contracts.

7. **Recruitment and retention of sufficient highly skilled staff with specific experience**

There continues to be a risk around nurse recruitment and retention. To that end, the chief Nurse has set up a task & finish group to review strategies that can be deployed across the hospital. This includes incentives for retention, and working closely with our chosen media organisations, who work with a number of other NHS and non-NHS organisations.

10. **Inconsistent application of Trust Access Policy (New Risk)**

In addition to risks around data quality, the initial IST report highlighted that there was inconsistent application of the Trust's Access Policy.

The following immediate actions are being taken:

- Expert resources have been sourced to lead an improvement programme
- The Access Policy has been redrafted and is being consulted on
- Training is underway - targeted at clinical and non-clinical staff
- Restructuring of the Trust wide PTL meetings
- Referral to Treatment (RTT) Improvement Board has been established chaired by the COO
- On-going work and dialogue with key stakeholders (NHS England and Monitor)

13. **The Trust has minimised the risk of a catastrophic event disrupting business and has reliable plans to continue to operate in the event of a major external event (e.g. power loss) (NEW risk)**

The overall control measures in place are effective and are reducing the gap in non-compliance to NHS core standards:
- The Emergency Planning Officer (EPO) continues to contact departments who have not submitted for their local plans, All plans will be submitted by 31/10/15

- The EPO has met and provided training with all Business Continuity leads for each department across the Trust, on how to complete the revised Business Continuity template. The EPO will progress review of the submissions and work with the Business Continuity leads on finalising there plans (this is scheduled to be completed by 31/12/2015).

The Trust has submitted to NHS England the latest assurance report. The scheduled meeting with NHS England is to confirm the significant works completed and confirm the annual work/action plan. The current status is Partial Compliance, but expected to improve to Substantial compliance.

15. **Failure to have adequate data quality systems and processes amounting to unreliable data. (NEW risk)**

Following the first Intensive Support Team's report, the Trust's information systems and processes were reviewed by the IST. The findings of that second review stated the data to be unreliable.

The following actions are being taken:
- Detailed analysis of current systems and processes with regard to the underlying datasets and reporting
- Additional resource and leadership identified to support the Information Services Team
- Validation of the underlying data - inputting and processing to ensure being inputted and reported correctly
- Clinical review of patients as a consequence of the data validation
- Regular reporting to the RTT Improvement Board and key stakeholders (NHS England and Monitor) on progress

Strategic Risks

2. **Reduction in funding available to NHS organisations coupled with the high costs of maintaining delivery of specialised services**

This remains a material risk. The mitigating actions are to continue to work closely and effectively with our commissioners on the strategic development of our services (see commissioner risk below) and to engage with Monitor's stakeholder groups in order to challenge the key tariff proposals for 2016/17 which will adversely affect our funding levels. We will also work in partnership with the UK Children's Alliance and the London acute specialist Trusts to challenge the tariff proposals in a constructive manner.

Great Ormond Street
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4. **Delivery of IPP contribution target**

IPP income is performing ahead of plan. Relationship management with major referrers and consultant clients and close monitoring of demand is well established. Steps have been taken to maximise capacity in IPP wards over the winter months. A major risk is that the pressure on GOSH bed capacity in coming months will impact our ability to accommodate IPP patients. Additional controls have been implemented to manage the risk of increasing self-pay patient debt.

6. **Provide sufficient capacity to meet current demands and have adequate plans in place to develop and flex capacity to meet future demands.**

It is clear that in some key specialities the Trust does not have sufficient capacity to meet current and future demands. This is evidenced through the increase in cancellations we have experienced this year. To mitigate some of these risks, the Exec Team has agreed a number of business cases this financial year that will create extra capacity in spinal surgery, neurosurgery, MRI, cardiac services, ophthalmology. However, gaps in capacity still remain and these will need to be addressed through the annual business planning process for 2016/17 which will commence in October 2015.

A new risk emerging relates to our ability to recruit and retain nursing and other (non-medical) staff. This is impacting on our ability to open beds and run additional theatre sessions. The Chief Nurse is establishing a task and finish group that will be looking at new and innovative ways to recruit and retain staff at GOSH.

8. **Research funding available to GOSH**

We are currently satisfied that there are appropriate assurances in place. Evidence of this includes:
- A 36% increase in our commercial research income in 14/15 compared to 13/14 and we are projecting a further increase in 15/16
- Our Clinical Research Network funding has remained stable
- Since January 2015 there have been 6 new NIHR awards (project grants) made to GOSH
- GOSH is a partner on 2 newly awarded EU Horizon 2020 awards, a highly competitive funding stream
- A new commercial research funding allocation has been approved which not only improves the transparency of funding but will further incentivise clinical teams to support research

9. **The ability to release sufficient clinical time to support the EPR programme through procurement, design, implementation, commissioning and optimisation**

In the light of key challenges the Trust faces in the current financial year, the Trust's ability to release sufficient clinical and managerial time to support the development of the specification for the EPR is a key risk. An EPR Programme Director has been appointed who will join the Trust at the end of September. The first task of the Programme Director will be to review the timescales for developing the output based specification for the procurement of the new system, in the light of the other challenges the Trust is facing.

11. **Patient referrals and staff recruitment is affected by issues which attract considerable negative media coverage**

The controls in place, namely the right staffing resource, digital capturing systems and regular meetings to discuss live and upcoming issues, are working well. In this financial year there has not been a time that the Trust has been approached for comment or received negative media attention that we had not been aware of previously.

We have taken steps to ensure that out of hours there is better system for dealing with media enquiries and have agreed with the CSPs that the media team, rather than the CSP team, should be the first point of contact. Very good progress has been made on the social media policy and this is scheduled to go to the

Policy Approval Group in October.

In terms of gaps in assurances, discussions are planned with the director of HR and OD and the interim director of information on how data can be triangulated to better assess risk and identify potential issues.

Despite the controls we have in place and the assurances we have, that the current political nature of the NHS coupled with our high profile brand means that we may attract particularly negative media coverage due to circumstances beyond our control.

12. **Commissioner's role in strategic decision making regarding service provision**

A joint strategy group has been set up with commissioners and terms of reference agreed. We are progressing recruitment of a project manager and defining the scope in more detail. Further meetings will be taking place over the course of the next six months. In addition, GOSH is separately working with partners to address the commissioner requirements of the paediatric cardiac strategic work and expects to work with commissioners on the long awaited London strategic review of paediatric cancer.

14. **Sufficient leadership capability to achieve our strategy and deliver the business change required (NEW risk)**

There continues to be much activity with regard to leadership. This has included the appointment of heads of clinical service, clinical leads in IT and the first clinical leaders' forum taking place in September 2015.

The HR&OD team continue also to provide a number of leadership development events for all staff to improve their skills in this regard.

The values based recruitment work has begun, and it is envisaged that this becomes the norm for all roles at GOSH, but with a specific set of requirements in this regard for leadership roles

Action required from the meeting
To note the new format of the BAF document.

Contribution to the delivery of NHS / Trust strategies and plans
Effective management of risk is a primary role of the Board.

Financial implications
N/A

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
Chief Executive

Definitions

Risks	
What is the risk	The risk must be measured against our current plans; for example if our current plan is less than 8 cases of cDiff per year, then it is the risk of having 8 or more cases and **not** the risk of any patient contracting cDiff
Operational Risk	Risks which could impact on our ability to deliver our **current** operational plan (2 year 2014/15 - 2015/16)
Strategic Risk	Risks which could impact on our ability to deliver our **current** strategic plan (5 year 2014/15 - 2018/19)
Risk Scoring	**Each risk has 3 scores as follow:**
Gross Risk	This is the inherent likelihood and consequence of the risk **before** any of our current controls
Net Risk	This is the **current** likelihood and consequence **after** our current controls

Gross Score Summary

Great Ormond Street Hospital for Children — NHS Foundation Trust

		Consequence				
		1 **Negligible** (Minimal injury requiring no / minimal intervention or treatment) (Insignificant financial impact)	**2** **Minor** (Minor injury or illness, requiring minor intervention) (Less than £1m financial under performance)	**3** **Moderate** (Moderate injury requiring professional intervention) (£1m to £2m financial underperformance)	**4** **Major** (Major injury leading to long-term incapacity / disability) (£2m to £5m financial underperformance)	**5** **Catastrophic** (Incident leading to death) (Greater than £5m financial underperformance)
Likelihood	**5** **Almost Certain** (Will undoubtedly happen / recur, possibly frequently)			Commissioners IPP Income	NHS Funding / Productivity	
	4 **Likely** (Will probably happen / recur but it is not a persisting issue)			Research Income	Contracted Out / Capacity / Unreliable data / Staffing / Tracking / Access Policy	Medical Cover
	3 **Possible** (Might happen or recur occasionally)			Reputation / Leadership Capacity	Business Continuity	
	2 **Unlikely** (Do not expect it to happen / recur but it may do so)					
	1 **Rare** (This will probably never happen / recur)					
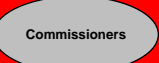
Current Net Score Summary

Great Ormond Street Hospital for Children NHS Foundation Trust

Likelihood	Consequence →	1 Negligible (Minimal injury requiring no / minimal intervention or treatment) (Insignificant financial impact)	2 Minor (Minor injury or illness, requiring minor intervention) (Less than £1m financial under performance)	3 Moderate (Moderate injury requiring professional intervention) (£1m to £2m financial underperformance)	4 Major (Major injury leading to long-term incapacity / disability) (£2m to £5m financial underperformance)	5 Catastrophic (Incident leading to death) (Greater than £5m financial underperformance)
5 Almost Certain (Will undoubtedly happen / recur, possibly frequently)						NHS Funding
4 Likely (Will probably happen / recur but it is not a persisting issue)				Contracted Out; Commissioners	Productivity	
3 Possible (Might happen or recur occasionally)				Research Income; IPP Income; Staffing	Capacity; Access Policy; Medical Cover; Unreliable data	
2 Unlikely (Do not expect it to happen / recur but it may do so)				Reputation; Leadership Capacity	Tracking; Business Continuity	
1 Rare (This will probably never happen / recur)						

Audit Committee Risks - Gross to Net risk score movement Summary (September 2015)

Likelihood	Consequence				
	1 Negligible (Minimal injury requiring no / minimal intervention or treatment) (Insignificant financial impact)	2 Minor (Minor injury or illness, requiring minor intervention) (Less than £1m financial under performance)	3 Moderate (Moderate injury requiring professional intervention) (£1m to £2m financial underperformance)	4 Major (Major injury leading to long-term incapacity / disability) (£2m to £5m financial underperformance)	5 Catastrophic (Incident leading to death) (Greater than £5m financial underperformance)
5 Almost Certain (Will undoubtedly happen / recur, possibly frequently)			IPP Income	Productivity	Financial Sustainabiliy (no movement)
4 Likely (Will probably happen / recur but it is not a persisting issue)				Productivity; Unreliable data; Contracted Out; Research Income	
3 Possible (Might happen or recur occasionally)			IPP Income; Leadership Capacity	Unreliable data; Contracted Out; Research Income; Business Continuity	
2 Unlikely (Do not expect it to happen / recur but it may do so)			Leadership Capacity	Business Continuity	
1 Rare (This will probably never happen / recur)					

Clinical Governance Committee Risks - Gross to Net risk score movement Summary
(September 2015)

		Consequence			
		1 **Negligible** (Minimal injury requiring no / minimal intervention or treatment) (Insignificant financial impact)	**2** **Minor** (Minor injury or illness, requiring minor intervention) (Less than £1m financial under performance)	**3** **Moderate** (Moderate injury requiring professional intervention) (£1m to £2m financial underperformance)	**4** **Major** (Major injury leading to long-term incapacity / disability) (£2m to £5m financial underperformance)	**5** **Catastrophic** (Incident leading to death) (Greater than £5m financial underperformance)
Likelihood	**5** **Almost Certain** (Will undoubtedly happen / recur, possibly frequently)			Commissioners		
	4 **Likely** (Will probably happen / recur but it is not a persisting issue)			Commissioners / Medical Cover	Medical Cover / Tracking / Staffing / Capacity / Access Policy	
	3 **Possible** (Might happen or recur occasionally)		Reputation	Reputation / Access Policy	Staffing / Capacity	
	2 **Unlikely** (Do not expect it to happen / recur but it may do so)				Tracking	
	1 **Rare** (This will probably never happen / recur)					

Board Assurance Framework - Summary (September 2015)

Great Ormond Street NHS
Hospital for Children
NHS Foundation Trust

Short Title	Risk type and description		Gross Risk Score					Net Risk Score					Director Lead	Assurance Committee	Last reviewed
			L	x	C	=	T	L	x	C	=	T			
Medical Cover	Operational	All patients at all times receive safe medical cover.	4	x	4	=	16	3	x	4	=	12	Medical Director	Clinical Governance	24/09/2015
Financial Sustainability	Strategic & Operational	Reduction in funding available to NHS organisations coupled with the high costs of maintaining delivery of specialised services	5	x	5	=	25	5	x	5	=	25	Chief Executive	Audit	15/09/2015
Productivity	Operational	Delivery of Productivity & Efficiency targets	5	x	4	=	20	4	x	4	=	16	Interim Chief Operating Officer	Audit	10/09/2015
IPP Contribution	Operational & Strategic	Delivery of IPP contribution targets	5	x	3	=	15	3	x	3	=	9	Interim Chief Operating Officer	Audit	14/09/2015
Contracted Out	Operational	Failure to effectively specify and manage commercial and contracted-out services.	4	x	4	=	16	3	x	4	=	12	Chief Finance Officer	Audit	Sep-15
Capacity	Strategic & Operational	Provide sufficient capacity to meet -current demands and have adequate plans in place to develop and flex capacity to meet future demands.	4	x	4	=	16	3	x	4	=	12	Interim Chief Operating Officer	Clinical Governance	24/06/2015
Staffing	Operational	Recruitment and retention of suffcient highly skilled staff with specific experience	4	x	4	=	16	3	x	4	=	12	Director of Human Resources	Clinical Governance	16/09/2015
Research Income	Strategic	Research funding available to GOSH	4	x	3	=	12	3	x	3	=	9	Director of Research & Innovation	Audit	21/09/2015
EPR Programme	Strategic	The ability to release sufficient clinical time to support the EPR programme through procurement, design, implementation, commissioning and optimisation	4	x	4	=	16	3	x	4	=	12	Interim Chief Operating Officer	Audit	07/09/2015
Access Policy	Operational	Inconsistent application of Trust Access Policy	4	x	4	=	16	3	x	4	=	12	Interim Chief Operating Officer	Clinical Governance	Sep-15

Short Title	Risk type and description		Gross Risk Score					Net Risk Score					Director Lead	Assurance Committee	Last reviewed
			L	x	C	=	T	L	x	C	=	T			
Reputation	Strategic	Patient referrals and staff recruitment is affected by issues which attract considerable negative media coverage	3	x	3	=	9	3	x	3	=	9	Director of Communications	Clinical Governance	01/09/2015
Commissioners	Strategic	Commissioner's role in strategic decision making regarding service provision	5	x	3	=	15	4	x	3	=	12	Interim Chief Operating Officer	Clinical Governance	Sep-15
Business Continuity	Operational	The Trust has minimised the risk of a catastrophic event (e.g. cyber-attack) disrupting business and has reliable plans to continue to operate in the event of a major external event (e.g. power loss)	3	x	4	=	12	2	x	4	=	8	Interim Chief Operating Officer	Audit Committee	15/09/2015
Leadership Capacity	Strategic	Sufficient leadership capability to achieve our strategy and deliver the business change required	3	x	3	=	9	2	x	3	=	6	Director of HR and OD	Audit Committee	Sep-15
Unreliable data	Operational	Failure to have adequate data quality systems and processes amounting to unreliable data.	4	x	4	=	16	3	x	4	=	12	Interim Chief Operating Officer	Audit Committee	Sep-15

Risk:	1	Risk that all patients at all times don't receive safe medical cover.

Director Lead:	Medical Director	Reviewed By:	TBC	Strategic or Operational:	Operational	Risk Appetite	Low	Assurance status	TBC

Background to the risk

Concerns were raised by external bodies (HENCEL) at a visit 06 11 14.Immediate actions were taken.An additional registrar has been added to the night rota. Some specialties have introduced an extended working day (till 2100) for their registrars. A night surgical SHO rota is being established (Oct 2015). General Paediatric consultants attend all weekday handovers to the night team at 2100 & 13:00 on Saturday mornings. Junior Doctor rotas all filled with substantive or GOSH Bank staff with a big reduction in use of locums. ICON provides ICU Outreach with some gaps in the service. Oncology consultants resident till 2030

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)

All specialties have consultant level cover in the day, with on call arrangements at night. Safety of care overnight is strengthened by handovers, which occur with consultant presence on weekday evenings and the use of flagged patients and SBARD. CSPs provide additional support in the day and evening. The likelihood score is currently 3 becuase of concerns about the high volume of work at night, especially in some areas. Additional registrar and SHO only added to night team in Sep 2015 so impact needs to be reassessed in 3 months. Consequence of not providing this are high both from a patient harm and reputational viewpoint.

Consequence — 1 Negligible, 2 Minor, 3 Moderate, 4 Major, 5 Catastrophic

Likelihood — 5 Almost Certain, 4 Likely, 3 Possible, 2 Unlikely, 1 Rare

Gross risk score · Net risk score · Risk Appetite TBC

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. Handover at night focusses on recognition and discussion of "flagged" patients and robust records of attendance at handover kept so that feedback can be given to specialties.	1. 4th registrar covering oncology wards and IPP starts Sep 15	Medical Director	Sep-15
2. Policy for Hospital at Night	2. Recruitment to new surgical rota underway.	Medical Director	Oct-15
3.ICON team available within and out of hours, CSP team available 24/7	3.. Out of hours quality improvement programme established & will identify & implement improvements in safe staffing, safe systems, care of the deteriorating child, and safe handover	Medical Director	Apr-16
4. All inpatient specialties have 24/7 on call arrangements at consultant level	4.		
5. Clear escalation policies (CEWS)so that input can be appropriately provided early	5.		

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCES: What additional assurances are planned or required?	Owner	Date of Completion
1. Information from external visits - recent follow up visit - verbal feedback positive - awaiting final report	1. Action plan to implement recommendations from most recent HENCEL visit and GMC Trainees Survey to be monitored by SMT	Medical Director	Oct 2016
2.Analysis of SIs, complaints and incident reports with particular reference to out of hours show no evidence of serious harm due to poor medical cover	2. Specific review of neuro and respiratory roster	Medical Director	Feb 2016
3. Junior doctor rotas compliant with European Working Time Regulations	3. Nerve Centre software to be assessed for implementation as e-handover and workflow management tool which will allow audit of workload and response times	Medical Director	Feb 2016
4.Regular meetings with DocReps	4. .Internal GOSH junior doctor survey	Medical Director	Feb-16
5.	5. Audit against Keogh Seven Day Services standards	Medical Director	Dec 2015

Assurance Committee:	Clinical Goverance	Date Last Reviewed by Assurance Committee:	23.01.2015	Relevant CQC question	Safe		Date last updated by lead	24.09.15

Risk:	2 Reduction in funding available to NHS organisations coupled with the high costs of maintaining delivery of specialised services			
Director Lead:	Chief Executive	**Reviewed By:**	Claire Newton, Chief Finance Officer	**Strategic or Operational:** Operational/ Strategic

Overarching Issues / Narrative

The 2015/16 tariff and contract rules and loss of Project Diamond Funding reduced our overall clinical income, measured against 2014/15, by 5%.   For 2016/17 the national tariff is being restructured and initial indications suggest that we have a significant risk of losing a disproportionate level of NHS clincial income. This coupled with limits on activity growth and challenging P&E targets to be delivered solely through cost reduction has and will continue to cause a serious deterioration of the Trust's financial position.

As a high cost low volume provider of very specialised services, involving multi disciplinary case, based in London, it is not possible to match cost structures of other hospitals and set relevant productivity measures

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)

The current assessment of the potential adverse change in the Trust's financial position when viewed over a one and three year period is significant

CONTROLS: An outline of the controls that are in place	**GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?**	**Owner**	**Date of Completion**
1. Robust financial planning including downside contingency planning & regular performance reviews & links to P&E programme risks	1. Reduce the scope of non essential loss making activities where it is appropriate provided the cost can be taken out	TBC	31.03.16
2. Development of IPP and other commercial strategies.	2. Commercial strategy being further progressed	TBC	31.03.16
3. Capital expenditure is monitored monthly and accountable manager are aware of their financial envelope.	3. N/A		
4. Ensuring Commissioners support the Trust's service and growth strategy	4. Meetings set up with Commissioners to develop services more strategically	PS/CN	Ongoing
5. Involvement in forums for influencing tariff discussions relating to paediatrics.	5. N/A		
6. Effective cost benchmarking	6 Review of cost structure in conjunction with P&E strategic review	DM	Q3
ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	**GAPS IN ASSURANCE: What additional assurances are planned or required?**	**Owner**	**Date of Completion**
1. Three year financial plan demonstrates how Trust can remain sustainable and highlights key assumptions. This will be updated with the new tariff assumptions although these will only be in place for a maximum of one year	1 Continuing to work with other organisations (providers and regulators) on future tariff changes	CN	Ongoing
2. IPP strategy presented at TB and business case for new capacity being developed	2. Commercial Strategy to be further developed	TBC	31.03.16
3. Capital reforecast are reviewed regularly by CASP and executives.	3.		
4. Internal audits on financial matters provided significant assurance in 1314	4. Internal audit for 2014/15 completed satisfactorily	CN/KPMG	31.03.15
5. Reports to F&I Committee	5. none available		
6. Review of reference costs and cost structures being carried out	6. Results of review	CN	Ongoing
Assurance Committee:	Audit	**Date Last Reviewed by Assurance Committee:**	19.01.2015	**CQC Question**	Well Led	**Date last updated by lead**	15.09.15

	Risk:	3 Delivery of the productivity & efficiency targets						

Director Lead:	Chief Operating Officer	Reviewed By:	Graham Terry, Head of Planning and Performance	Strategic or Operational:	Operational

		Consequence						
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic	Gross risk score	**Overarching Issues / Narrative** The Trust requires an improvement in performance to deliver the required cost reduction savings in 2015/16. Historically cost improvements have been made by delivering additional activity at a marginal cost, this option no longer exists. Consequently the organisation does not currently have the culture or indeed acceptance of the requirement to reduce costs
Likelihood	5 Almost Certain							
	4 Likely						Net risk score	**Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)** **Under delivery of P & E target in 2014/15 and organisational acceptance**
	3 Possible							
	2 Unlikely						Risk Appetite TBC	
	1 Rare							

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. Weekly Executive lead steering group to review delivery, reviewing regular reporting from all Trust areas on P&E delivery	1 No gap	Exec Leads	On going
2. . Executive leads assigned to Pay Workstreams for the remainder of the year	2 Communication / Engagement Plan under continual review	Director of Comms	on-going
3. Additional PMO resource secured to provide further support and rigour to the PMO function	3. Review delivery requirements of the largest schemes for 15/16 to ensure continue to be on track to deliver	PMO	on-going
4. Increased rigour and scrutiny on recruitment of all non rostered staff			

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. Assessed and reviewed all schemes rated Red and Amber, to ensure focus on those that will deliver for 2015/16	1. Poor performance escalation to CEO to be implemented	Dena Marshall	on-going
3. P and E performance reviewed in monthly Divisional Performance Reviews	3. Divisional / Departments progressing further mitigation where requried of specific schemes	Dena Marshall	fortnightly
3.	2. Internal audit reviewing processes currently		

Assurance Committee:	Audit	Date Last Reviewed by Assurance Committee:	19.01.2015	CQC Question	Well Led	Date last updated by lead	10/09/2015

Risk:	4	Delivery of IPP contribution targets

Director Lead:	Chief Operating Officer	Reviewed By:		Trevor Clark, Director of International Private Patients	Strategic or Operational:	Operational

Consequence / Likelihood matrix

		Consequence				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain			●		
	4 Likely					
	3 Possible			●		
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Overarching Issues / Narrative
The income delivery for 2014/15 materially under-performed target by £4.9m, although the year on year variance was £0.5m lower in 2014/15 than 2013/14. The under-delivery was due to historic targets that had not previously been delivered in PICU and also Medicine (£2.8m) along with a change in case-mix and lower activity in the private patient bed pool in the final quarter.

The targets for 2015/16 have been reset at outturn for outlier divisions. The only growth applied has been in the focused areas of Cardiac and Spinal surgery, for which both showed continued growth in 2014/15 and for which patients have agreed pathways through outlier wards. This growth is also based upon agreement from clinicians to repatriate their work from other London centres so this reduces the risk attached to creating demand for services, to one of servicing the clinicians needs.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
The gross risk variance is due to the reduction of long-stay patients during 2014/15, which had created capacity and generated the under-performance. The likelihood has reduced from the previous report from 5 to 4 on the basis the outlier targets have been realigned to 2014/15 outturn (plus aforementioned focused growth).
The net risk is below the acceptable risk on the basis the YTD financial performance (£1.4m ahead of plan), levels of referrals being received and a delay to the planned redevelopment closure of four cubicles (enabling over-performance of original targets). Whilst we continue to experience significant embassy referrals, there will always be a risk that the case-mix or referrals revert to lower levels than we have been experiencing, as the nature of private activity will mean across the financial year there will be peaks and troughs in activity levels but as far as possible these have been factored into the phasing of targets. The key to delivery of targets is to ensure access to outlier beds when demand exceeds the IPP bed pool and to facilitate access for patients on agreed care pathways, this along with the below mitigating actions should enable achievement of annual income target.

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. Referral and capacity management.	1. Referrals along with activity are monitored by the IPP General Manager along with IPP Patient Services Manager and IPP Business Development Manager on a weekly basis to identify trends that require intervention. This weekly report and meeting focuses on case-mix and high income generating services, it also reviews source of referral which enable the responsible officers to ensure appropriate actions at the earliest opportunity. It also enables further information gathering from external stakeholders.	TC	Completed and on-going weekly review
2. Regular monitoring meetings with Divisions and Finance	2. Bed day targets and income targets have been set with other Division GMs and these are reviewed on a quarterly basis (monthly by exception), at this point we also discuss capacity issues, potential service improvements and if required recovery plans.	TC/DM	Completed and on-going quarterly review
3. Operational Report	3. The monthly operational report and subsequent meetings provided an opportunity to review performance and to audit and reconcile the newly implement weekly referral and activity report. Where subsequent mitigation is required this is managed via the regular meetings with Divisions and Finance.	TC	Completed and on-going monthly review

4. Increased marketing activities	4. Marketing presentation has been undertaken in key hospitals in the Middle East and future visits will occur in the coming months. Continued marketing in existing Midldle Eastern markets to develop greater clinical relationships to ensure referrals to GOSH. Scheduled visits to London health attaché to ensure all London bound paediatric referrals are directed to GOSH.New markets are being explored (e.g. Peru) to secure additional patient flows.Discussions with consultants re: transfer of work from other London private facilities.Increased use of Kuwait PR agency to release GOSH stories and patient case studies to improve brand awareness and patient choice in favour of GOSH. Attendance at Arab Health in Januray 2016 (biggest annual healthcare event in MENA region. Update of website and development of App in progress to improve ease of referral.		TC	Completed and on-going review of opportunities
5. Recruitment and Retention Strategy	5. Monthly monitoring within the Operational report. Workforce working group established and led by Head of Nursing to review strategy with aim of improving recruitment and retention: The working group is reviewing increased Divisional based nurse rotational posts, adult nurses, overseas nurses, recruitment agencies and Divisional marketing literature. There are separate streams for retention including the use of survey monkey and support nurses.		TC	Completed and on-going monthly review

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. The referral activity has been maitained at increased levels. The mix is still a combination of short-stay and long-stay patients.	1. Continued access to outlier ward beds to maintain referrer relationship as demand is greater than can be accomodated in dedicated IPP beds especially during Winter pressures and with the potential impact of RTT. IPP have mitigated full impact by delaying redevelopment of four cubicles until new bed capacity is available (Apr-2016).	TC / DM	Apr-2016
2. During August all Divisions over-delivered income plan. Total YTD IPP income is £1.4m positive to plan at month 5.	2. No gaps		
3. The total IPP income is above plan; and OBW occupancy is in line with plan and access is being maintained to outlier wards.	3. No gaps.		
4. Repatriation of surgical activity from London competitor. Increased press stories when compared to last year with focus on patient case studies and clinical development and achievements.	4. No gaps.		
5. Higher number of starters compared to leavers, actively opeartionalising strategy and improved compliance with mandatory training indicators (4 of 5 are now green)	5. To engage with Trustwide initatives and central staff to maximise benefit to Division on all Trust recruitment and retention projects. The Division will continue focus on staff PDR to ensure all indicators are green.	TC / DM	Dec-2015

Assurance Committee:	Audit	Date Last Reviewed by Assurance Committee:	30.12.14	CQC Question	Well Led	Date last updated by lead	14.09.2015

Risk:	5 Failure to effectively specify and manage commercial and contracted-out services.						

Director Lead:	Chief Finance Officer	Reviewed By:	Andy Needham, Deputy Director of Finance	Strategic or Operational:	Operational

Consequence

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic

Likelihood	5 Almost Certain					
	4 Likely				(Gross risk score)	
	3 Possible				(Net risk score)	
	2 Unlikely					
	1 Rare					

Gross risk score
Net risk score
Risk Appetite TBC

Overarching Issues / Narrative
The Trust should through its Procurement and Legal teams have the skills to ensure that Specifications are clear and it should through effective management arrangements be able to ensure that contracts are managed effectively.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
There are weaknesses in the current contract management process, a number of large contracts are being renewed on a temporary basis

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. Procurement service aim to keep a list of all non-pay contracts and when they should be retendered and renegotiated	1. Procurement Support for Specifications - UCLP PPS to review.	CN	On-going
2. Procurement team support the agreement of many contracts and NHS standard contract used	2. Further commercial support or advice commissioned for major contracts. Training of managers responsible for contracts	CN / PL	On-going
3. Regular contract monitoring meetings & use of contract performance KPIs. Facilities, Estates & IT keep contract registers. All E&F contracts are tracked and are being reviewed and renewed as appropriate.	3.		
4. Legal advice should be sought where contracts are non-routine	4.		
5. Major suppliers are subject to financial checks	5		

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. Contract registers show contracts being retendered and future renewal dates	1. Audit being carried out of completeness of coverage of controls & effectiveness of controls on all major contracts	CN	31.12.14
2. Procurement function performance reviews	2. Dashboard now being monitored	CN	30.09.15
3. Internal Audit review non-pay controls.	3. Ongoing monitoring both of the procurement service and internal contract management	CN	On-going
4. Process for checking financial worth of suppliers on a rotating basis	4.		
5.	5.		

Assurance Committee:	Audit	Date Last Reviewed by Assurance Committee:	19.01.2015	CQC Question	Well Led	Date last updated by lead	03.09.15

Risk:	6 Provide sufficient capacity to meet current demands and have adequate plans in place to develop and flex capacity to meet future demands.

Director Lead:	Chief Operating Officer	Reviewed By:	Lisa Kelly, Deputy Chief Operating Officer	Strategic or Operational:	Strategic & Operational

Consequence

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain					
	4 Likely				(Gross risk score)	
	3 Possible				(Net risk score)	
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Overarching Issues / Narrative
The Trust has a current shortfall of beds to meet current and future demands. In addition, our ability to recruit and retain nursing and other non-medical staff is a key issue for the Trust.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
recommendations. The 'Consequence' remains high as the recommendations are key to achieving world class clinical outcomes.

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occurring?	Owner	Date of Completion
1. COO/ACOO attends daily bed meeting and also daily escalation meeting when held.	1.System difficulties which result in delayed discharges. Need to work more closely with secondary care providers and local commissioners.	Sarah James	On-going
2. Monthly bed management forum established to monitor bed utilisation and workforce	2. Need more consistent pan trust data on demand for beds (moving to intranet based tool; and specific work with CATS)	Sarah James	on-going
3. Critical care flow project.	3. Need to integrate electronic pan Trust bed-management system	Michael Bone	2017
4. Two Bed managers in place and located in Neurosciences, bed closure policy and escalation process	4. Need to improve system of escalating capacity pressures and authorisation process (not just limited to beds)	Lisa Kelly	on-going
5. Programme of work to recruit specialist paediatric nurses - recruitment Fair April 2015. Offers being awarded June 2015.	5. Need to develop process and behaviours for moving of ward nurses to ward of greatest need.	Siobhan lalor-McTague	June 2015
6. Chief Nurse establishing a task & finish group to develop new & innovative ways to recruit and retain nursing staff	6. Ability to recruit and retain nursing and other non-medical staff for beds and theatre sessions	Juliette Greenwood	on-going
	7. Review of demand and capacity modelling as part of the business planning round for 16/17	Peter Hyland / Graham Terry	Dec 2015

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. Within paediatric critical care there are weekly calls with NHSE commissioners.	1. Once work has been completed an independent internal audit will be conducted into the management of beds across the Trust	LK	September 2015
2 A reduction in average numbers of beds closed (20 in May)	2. Benchmarking of workforce and bed closure processes.	LK	September 2015
3. Implementation of critical care electronic bed booking/managing system - spreading demand across the week	3. Review of redevelopment plans in line with demand needs	DM	on-going
4.	4.		
5.	5.		

Assurance Committee:	Clinical Governance	Date Last Reviewed by Assurance Committee:	07.04.2015	CQC Question	Well Led	Date last updated by lead	23/09/2015

Risk:	7	Recruitment and retention of sufficient highly skilled staff with specific experience

Director Lead:	Director of Human Resources	Reviewed By:	Ali Mohammed, Director of HR and OD	Strategic or Operational:	Operational

Consequence

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain					
	4 Likely				● (Gross risk score)	
	3 Possible				● (Net risk score)	
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Headlines
Contractual staff in post GOSH decreased its contractual FTE (full-time equivalent) figure by 36 in August to 3652. The decrease reflects the continuing focus on workforce and vacancy control. The decrease includes 12 FTE fewer administrative staff and 17 FTE fewer nurses.
Sickness absence has remained stable at 2.64% and remains significantly below the London average figure of 3%.
Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 15.9%; this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) has increased – currently at 19.1% (+0.5%) in August. The (unadjusted) London benchmark figure is 14.28% (which includes voluntary and non-voluntary leavers).Overarching Issues / Narrative The reported vacancy rate has increased to 6.5% in August principally reflecting posts being held for intake of newly qualified nurses.
Agency usage for 2015/16 (year to date) stands at 1.96% of total paybill; this is significantly below 2014/15 (at 2.5%) outturn. Estates retains high spend on agency as percentage of paybill at 25.4% (increasing) with Finance & ICT at 13.1% (very significant decrease across both finance and ICT).

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
High likelihood of recruitment / retention difficulties in some key staff groups, with consequent impact on activity / care. Mitigated by monitoring and action plans.

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. Actions to ensure GOSH is an attractive employer	1. Improved relationship with media agency to ensure that GOSH remains active and current in recruitment market	ML	31/3/16
2. Specific action plans for key areas e.g. ICU; annual plan for key nurse recruitment activities Inc. overseas and domestic recruitment campaigns	2.		
3. Tactical use of temporary staff to fill vacancies.	3.		
4. Education commissioning plans to increase numbers of potential staff.	4.		
5. Monitoring of workforce KPIs to identify and address issues.	5		
6. Dedicated Task & Finish group for nursing - led by Chief Nurse	6. Continuing high turnover in nursing needs specifc review to suggest incentives	Owner	Date of Completion

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	JG	Monthly
1. 2014 Staff survey results indicate GOSH is performing 8th best out of the 44 peer teaching Trusts based on independent analysis commissioned by the Association of UK University Hospitals	1. Divisional teams to review the data and devise local plans	CN	Monthly
2.ICU appointed senior nurse dedicated to R&R to provide increased focus in one of the Trust's problem areas.	2.		
3. Monitoring of temporary staffing usage in performance management process - Agency usage for 2015/16 (year to date) stands at 1.96% of total paybill; this is significantly below 2014/15 (at 2.5%) outturn. .	3. GOSH required to comply with nursing agency guidance (from Monitor)	JW and MMc	
4. Education workforce plans submitted to Health Education for education commissioning round	4.		
5. Chief Nurse's team to assess the return on investment of nurse recruitment fairs/events. Results to be reported	5.		
6. Formal monthly monitoring by senior HR & OD team of operational KPIs. Time to hire metric has been closely tracked for medical and non-medical staff and shows an improving trend over the last 12 months.	6.		

Assurance Committee:	Clinical Governance	Date Last Reviewed by Assurance Committee:	23.01.2015	CQC Question	Well Led	Date last updated by lead	21/09/2015

Risk:	8 Research funding available to GOSH.				

Director Lead:	Director of Research & Innovation	Reviewed By:	Emma Pendleton, Deputy Director of Research & Innovation	Strategic or Operational:	Strategic

Consequence / Likelihood Matrix

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain					
	4 Likely			(Gross risk score)		
	3 Possible			(Net risk score)		
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Overarching Issues / Narrative
Research funding directly awarded to GOSH is in the region of 16m per annum which is around 3.5% of the Trust's total annual turnover. The majority of this funding is from a single funder the NIHR (around 11m per annum) our other major funder is GOSHCC and research funding is also received from commercial partners and the EU. Key funding schemes are 1) NIHR Biomedical Research Centre Funding, this is around £7.1m per annum, our current funding runs until 31 March 2017 2) Clinical Research Network funding, this is in the region of £1.9m per annum, funding is allocated on an annual basis, 3) NIHR Research Capability Funding, this in the region of £1.9m per annum although we are aware that there is increasing pressure on this element of the NIHR budget and we may see a reduction in funding in 15/16 [updated figure for 15/16 £1.86m]. There are opportunities to increase our commercial research revenue if we are able to invest initially in capacity building and to seek further funding through NIHR project and programme schemes. In 14/15 we saw a 36% increase in commercial income compared to 13/14.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
The Trust with UCL has received a 5 year award for its Biomedical Research Centre (BRC) starting April 2012 which attracts around 7m per annum. There are opportunities for the Trust to increase its commercial revenue if we are able to invest initially in capacity building (36% increase in income in 14/15). It is agreed that there is scope to improve our research finance procedures to ensure transparency of funding and to further incentivise our teams to engage with research.

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. Research strategies: (i) GOSH research strategy (ii) BRC strategy (iii) Research Hospital 5 year plan (BRC External Advisory Board will complete theme reviews during 2015, this will provide an external view on our view on our strengths and weaknesses and support our future strategy)			
2. Reporting of KPIs to Trust Board, R&I SMT and the BRC Strategy Board and monthly R&I Finance meeting	1. Improve reporting to Clinical Divisions, implement quarterly meetings to review commercial income - these meetings have been set up, productivity of meetings is dependent on the research finance team being able to provide the relevent data, research income will now also be reported at quarterly performance reviews	EP	April 2015
3. Grants advice service with focus on supporting NIHR applications and with built in support from the UCL Translational Research Office and the EU Office	2. Implement a new facilitatory service - Research accelerator - launched September 15	EP	Oct 2015
4. Continued investment in research infrastructure and research training.	3. Review commercial research finance policy in light of new NIHR guidance to consider how we can incentivise and support an increase in commercial research , new policy agreed and implemented 4.Launch the third GOSH Research Capacity Fund round - proposal to be submitted to the Executive committee in June, approved, applications submitted and will be reviewed in Oct 15	EP	1. Sept 2015 2. June 2015
5. NIHR costing template followed for commercial research GOSH is the paediatrics hub for CRN: North Thames.	5. Work with the CRN: North Thames to implement a single costing's and contracts centre - underway, SLA in place to cover employment of staff and SLA for signing of contracts is being drafted by the GOSH research team, SLA now signed	EP	Aug 2015
ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. Reporting to Research and Innovation SMT	1.		
2. Reporting to Trust Board.	2.		
3. Reporting to BRC Strategy Board	3.		
4. GOSH Research Capacity fund reports	4.		
5. Exceeded our commercial income target for 14/15	5.		

Assurance Committee:	Audit	Date Last Reviewed by Assurance Committee:	30.12.14	CQC Question	Well Led	Date last updated by lead	21.06.15

Risk:	9	The ability to release sufficient clinical time to support the EPR programme through procurement, design, implementation, commissioning and optimisation

Director Lead:	Interim Chief Operating Officer	Reviewed By:	Michael Bone, Interim ICT Director	Strategic or Operational:	Operational

Consequence

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain					
	4 Likely				(Gross risk score)	
	3 Possible				(Net risk score)	
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Overarching Issues / Narrative Following the commissioning of the procurement of an Electronic Patient Record (EPR) system there is considerable concern around how the required level of clinical time will be released to suport the project and ensure that the EPR is a success

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?) Many Trust Consultants whose time is needed as input to the EPR programme are paediatric specialists in their field and are therefore few in number globally. As a result the usual approach of using 'backfill' is far less effective as finding qualified locums is extremely difficult

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. The work has been divided into 15 separate teams and each comprises a range of staff from the functional area. Work is underway to identify the best time for meetings based on consultant job plans.	1. One of the early time demands is to generate an OBS for the EPR. One option would be to use a specialist supplier to undertake this work and so reduce the clinical time demands	COO	30/09/15
2. External support is being engaged to assist in information gathering, facilitate meetings and to stitch togther all of the materials into a salient output document	2.		
3.	3.		

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
None as yet as the OBS project is still in the initation phase	Regular checks on the progress of each group against the project plan with reporting back via DST to ETM	COO	31/10/15
2.	2.		
3.	3.		

Assurance Committee:	Audit Committee	Date Last Reviewed by Assurance Committee:	New risk	CQC Question	Well Led	Date last updated by lead	08/09/2015

Risk:	10	Inconsistent application of Trust Access Policy		

Director Lead:	Chief Operating Officer	Reviewed By:	Lisa Kelly, Deputy Chief Operating Officer Graham Terry, Head of Planning &	Strategic or Operational:	Operational

Overarching Issues / Narrative

The Trust invited the National Elective Intensive Support Team (IST) hosted by NHS England in to undertake a review of the management of the Referral to Treatment Time (RTT) / Waiting list practices. The IST reported back to the Trust in June / July that their findings showed inconsistent application of the Trust's Access Policy.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)

A number of the controls and new processes are being urgently implemented and will not yet impact significantly on the Gross Score. At this time therefore the net risk score remains high. Via the RTT Improvement Board the controls and changes are being monitored.

Consequence:
- 1 Negligible
- 2 Minor
- 3 Moderate
- 4 Major
- 5 Catastrophic

Likelihood:
- 5 Almost Certain
- 4 Likely
- 3 Possible
- 2 Unlikely
- 1 Rare

Gross risk score
Net risk score
Risk Appetite TBC

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occurring?	Owner	Date of Completion
1. External expert resource has been secured to implement a change programme across the Trust	Fortnightly RTT Improvement Board to track progress against the programmes key deliverables, reporting into ETM & SMT. Plus additional frequent meetings with Monitor and NHS England	Dena Marshall	on-going January 2016
2. Review and amendment of the Trust's Access Policy (working in collaboration with the National IST)	Currently out across the Trust for consultation and alignment of current practices. Being taken forward by DCOO, RTT Improvement Director and Medical Director (supported by the Trust Performance Team) Once implemented audit and review systems will be in place to ensure consistent on-going application	Lisa Kelly	November 2015
3. Training all appropriate staff (non-clinical and clinical) on the application of the Trust Access Policy and national RTT / Waiting list guidance	Training programmes have been established since September, with targeted Divisional training having taken place prior. These are scheduled to run until November. It is expected that these will then need to be refreshed into the new year (2016).	Deb Sutton	November 2015
4. Weekly Senior Management focus on the waiting lists via Trust-wide PTL Meetings, supported by on-going validation of patient lists and processes	Additional KPIs will need to be developed to assist with the on-going management of the PTL meetings, in addition to the work being undertaken on the risk associated with unreliability of data. These meetings are chaired by the RTT Improvement Director, supported by the DCOO and Head of Planning & Performance	Deb Sutton / Lisa Kelly / Graham Terry	July 2015

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. IST report - all of the measures above reflect the recommendations of the National IST	Further outcome measures / KPIs will be required once the training and access policy have been fully implemented to ensure on-going consistent practice	Dena Marshall / Lisa Kelly	on-going
2. Stakeholder engagement - both NHS England and Monitor have agreed these are required as necessary controls		Dena Marshall / Claire Newton	on-going
3. Fortnightly RTT Improvement Board (chaired by COO) - monitors and reports on the delivery of the controls outlined above.		Dena Marshall	on-going

Assurance Committee:	Clinical Governance	Date Last Reviewed by Assurance Committee:		CQC Question	Responsive	Date last updated by lead	18/09/2015

Risk:	11	Patient referrals and staff recruitment is affected by issues which attract considerable negative media coverage

Director Lead:	Director of Communications	Reviewed By:	Cymbeline Moore, Director of Comms	Strategic or Operational:	Strategic

Overarching Issues / Narrative
Because of GOSH's high public profile there is always a risk that where things have not gone as well as we would have liked clinically they are newsworthy. Similarly beacuse of its repuation for excellence and the expectations that come with this, when patients or their parents are unhappy with the care they feel particularly let down and wish to challenge the perceptions of the institution publiclly. Additionally there are still some members of the media who are interested in historic events which saw the Trust attract sustained adverse publicity.

		Consequence				
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain					
	4 Likely					
	3 Possible					
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
It is difficult to reduce the risk below 2 as our high public profile coupled with the complexity of the cases we see mean that any adverse events may attract national publicity.

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
We have a good system whereby clinical teams and the legal team alert us to any potential incidents that may attarct media attention	Ensure there is a communications and media module as part of the corporate induction	Cymbeline Moore	June 2015
We have a robust media policy	The Trust communications team could be better resourced particularly to monitor and respond to media enquiries and better train and support staff	Cymbeline Moore	June 2015
We have a dedicated crisis comms press manager	A Trust social media policy should be developed to better define the organisations and individual staff members roles and responsibilities and thus further limit the risk of negative media coverage	Cymbeline Moore	Sept 2015
On a weekly basis the director of comms reports to the executive team about all significant media issues	4.		
We have a dedicated digital team who monitor all social media comments and alert us to any negative activity	5		
We produce a media report for the Trust Board which reports on all negative and significant positive coverage			

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
It is extremely rare that we are approached for comment on an issue we are not fully briefed on	1. Additional assurance resource could allow for the triangualtion of complaint data, recruitment data, referral patterns and media issues	Cymbeline Moore	June 2015
Referrals remain strong in areas where there have been media issues	2.		
We have a tool which captures negative enquiries and coverage so we can deliver consistent messages, track trends and outcomes	3.		
	4.		

Assurance Committee:	Clinical Governance	Date Last Reviewed by Assurance Committee:	30.12.14	CQC Question	Well Led	Date last updated by lead	11/06/2015

Risk:	12	Commissioner's role in strategic decision making regarding service provision		

Director Lead:	Director of Planning and Information	Reviewed By:	Robert Burns, Director of Planning and Information	Strategic or Operational:	Strategic

Consequence

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain			⬭		
	4 Likely			⬭		
	3 Possible					
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Overarching Issues / Narrative
In order for GOSH to achieve its Clinical Services Strategy of targetted growth in specific services and moving work out of GOSH that could be undertaken in secondary care Commissioners needs to take active roles

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
Historically commissioners have been very passive in instigating strategic service change. Whilst recent discussions at a senior level of NHS England have shown a committment and willingness to work with GOSH to support change we as yet do not have sufficient evidence to provide assurance that committment will lead to action.

What Current Key Mitigations are in Place	How could we change the current risk profile (e.g. add additional mitigations to lower the likelihood or change the plan to increase the acceptable level of risk)	Owner	Date of Completion
1. Senior level meetings with NHS England, work programme agreed	1. More proactive meetings with key commissioning leaders and other staff of influence	RB, VD and PS	August 2015
2. Commitment from NHS England to fund 50% of a project post holder	2. No Gaps		
3.	3.		
4.	4.		
5.	5		

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. Commissioners are engaged in the strategic aims	1. No gaps		
2. NHS England Forward Plan continues the strategic direction of specilaist service rationalisation	2. No gaps		
3.	3.		
4.	4.		
5.	5.		

Assurance Committee:	Clinical Goverance	Date Last Reviewed by Assurance Committee:	30.12.14	CQC Question	Well Led	Date last updated by lead	21.09.15

Risk:	13 The Trust has minimised the risk of a catastrophic event (e.g. cyber-attack) disrupting business and has reliable plans to continue to operate in the event of a major external event (e.g. power loss)			
Director Lead:	Interim Chief Operating Officer	**Reviewed By:**	Paul Labiche, Director if Estates	**Strategic or Operational:** Operational

		Consequence					
		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic	
Likelihood	5 Almost Certain						Gross risk score
	4 Likely						Net risk score
	3 Possible			(Gross)			
	2 Unlikely			(Net)			Risk Appetite TBC
	1 Rare						

Overarching Issues / Narrative
There was a gap in up to date service continuity plans due to a lack of ownership and no Emergency Planning Officer in post. An Emergency Planning Officer has now been in post since February 2015.There is an Emergency Preparedness Resilience and Response Action Plan is in place and thsi is monitored by the Major Incident Planning Group.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?) TBC

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1.The Major Incident Planning Group terms of reference has been revised and the group meet on a quarterly basis to manage emergency preparedness for the Trust.	1. No gaps	Paul Labiche	30/10/2015
2.The group agreed a revision of the business continuity template for each department/service to complete by the end of July 2015.	2. EPO to review current service plans and provide local training for each business continuity lead. This will ensure ownership of plans at a local level.	Paula Labiche	31/03/2016
3. Table top exercises have started to explore the response to fire on a ward. The exercise will be shared with all wards.	3. Additional exercises will be arranged to test local plans as part of the emergency preparedness training and exercise action plan.	Paul Labiche	16/10/2015
4.Completed a Trust business continuity plan which incorporates the local department/service plans.	4. Not all business continuity plans have been submitted. The Emergency Planning Officer is chasing and progressing.		
5. Full time Emergency Planning Officer employed (February 2015)	5. No gaps		

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. Revision of service plans have been completed and agreed internally.	1.EP core standards submission sent on to NHS England	Paul Labiche	11/09/2015
2. Emergency planning Officer and Deputy COO are monitoring the service plans and reviewing at the Major Incident Planning Group.	2. Feedback from NHS England London on the EP core standards submission.	Paul Labiche	23/10/2015
3. 4. 5.	3. 4. 5.		

| Assurance Committee: | Audit Committee | Date Last Reviewed by Assurance Committee: | | CQC Question | Safe | Date last updated by | 15/09/2015 |

Risk:	14	Sufficient leadership capability to achieve our strategy and deliver the business change required

Director Lead:	Director of HR and OD	**Reviewed By:**	Helen Cooke, Assistant Director of OD	**Strategic or Operational:**	Strategic

Consequence / **Likelihood** risk matrix with:
- Gross risk score
- Net risk score
- Risk Appetite TBC

Overarching Issues / Narrative (note - business change refers to process redesign, innovation, change management)
It is vital that senior staff can demonstrate a broad range of leadership and management skills and experience. Leadership development is core at every stage of the career pathway of all professions and is curcial to delivery of Trust's goals. The context and look of the style of leadership required will change dependent upon role but it is crucial that everyone should have appropriate training at the right point in their career.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
Lack of leadership capacity could have a detrimental impact upon both quality of service and financial position of Trust - score at 3 x 3 for current situatoin as it is more of a contirbuting factor to adverse events rather than sole cause.

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occuring?	Owner	Date of Completion
1. Substantive appointments made to vacanct Exec Director positions with review and recruitment plans in place for outstanding roles	1. Strategy agreed in draft form. Bid to go to Charity for increase in current Leadership Development Fund to suport ambitions of strategy	GS/HC	16.10.15
2. Review of Divisional Structures and leadership planned to conclude April 2016	2.		
3. New PDR process supports talent managment	3.		
4. Establishment and recruitment into Heads of Clinical Service role	4.		
5. Existing GOSH Leadership Development Pathway	5.		
6. Development of Leadership Development Strategy	6		
7. Values based recruitment process in development for leadership & management roles	7		

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. Extremely well evaluated. Clear evidence of programmes supporting career development and/or project delivery. Presentations at end of programme by delegates on projects delivered supported by learning. Annecdotal evidence of career development.	1.		
2. External audits such as CQC assessment (awaiting report from 2015 assessment)	2.		
3. Staff Survey results which indicate local management good (increase in PDRs, access to job relevant training) but a more mixed response in relation to senior managment (drop in areas such as effective comms between senior management and staff; involving staff in important decisions)	3.		
4. In past 12 months 1019 places were taken across internal leadership development programmes - equateing to approx 45% of the workforce where it could be assumed some form of leadership resposibility is a core requirement.	4.		
5. PDR scores for staff at band 7 or above	5.		

Assurance Committee:	**Audit Committee**	**Date Last Reviewed by Assurance Committee:**		**CQC Question**	**Well Led**	**Date last updated by lead**	10/09/2015

Risk:	15 Unreliability of Trust elective care waiting list data								

Director Lead:	Director of Planning and Information	Reviewed By:	Peter Hyland, Interim Director of Information and Planning	Strategic or Operational:	Strategic

Consequence

		1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Likelihood	5 Almost Certain					
	4 Likely				⬭ Gross risk score	
	3 Possible				⬭ Net risk score	
	2 Unlikely					
	1 Rare					

Gross risk score

Net risk score

Risk Appetite TBC

Overarching Issues / Narrative
The Trust invited the National Elective Intensive Support Team (IST) hosted by NHS England in to undertake a review of the management of the Referral to Treatment Time (RTT) / Waiting list practices. Following this review a further investigation was commissioned in relation to the information used to support these processes. The findings of which stated the data to be unreliable.

Rationale for Current Score (If the current score is above the acceptable level then why do we currently believe our plan is at risk?)
A number of the controls and new processes are being urgently implemented and will not yet impact significantly on the Gross Score. At this time therefore the net risk score remains high. Via the RTT Improvement Board the controls and changes are being monitored.

CONTROLS: An outline of the controls that are in place	GAPS IN CONTROL: What additional controls are planned or required to lower the likelihood of the risk occurring?	Owner	Date of Completion
1. Detailed analysis of current systems and processes with regard to the underlying datasets and reporting	Assessment of the PIMs RTT module	Peter Hyland / Geoff	Nov-15
2. Additional resource and leadership identified to support the Information Services Team	Additional capacity (staff) is being secured, albeit creating a cost pressure in the current financial year	Peter Hyland / Dena Marshall	Oct-15
3. Validation of the underlying data - inputting and processing to ensure being inputted and reported correctly	Additional validation resource secured. Scale od validation required to be determined	Deb Sutton	Nov-15
4. Weekly Clinical Review Group	This group (chaired by the Medical Director and Deputy Medical Director) has been established to review any cases highlighted via the validation process	Vinod Diwkar / Catherine Cale	on-going
5. Data Quality policy is in place and a data quality review group exists to formulate a work programme. The work programme is signed-off and monitored by the IGSG.	This group will need to link closely with the outputs and outcomes of the above controls to ensure the Trust has the ability to audit, assess and react to future data quality issues of the Trust's data	Peter Hyland	on-going

ASSURANCES: What does the available assurance information tell us about the effectiveness of these controls?	GAPS IN ASSURANCE: What additional assurances are planned or required?	Owner	Date of Completion
1. IST data report - with the findings being the Trust data is unreliable. The immediate recommendations of the report ate as per the above	The additional control / gaps in controls above provide the additional assurance or resolve the gaps (i.e. level of resource etc.)	Peter Hyland	Oct-15
2. NHS England are reviewing fortnightly (from late September) key outputs associated with the Trust reporting		RTT Improvem ent Board	Sep-15
3. Fortnightly reports to the RTT Improvement Board in relation to the progress being in improving the reliability of the data,		Deb Sutton / Peter	Oct-15
4. Measures in place to assure that data reported from IS data warehouse is exactly as entered into operational systems. Hence quality assured at that level.	Considerable work has been undertaken to ensure this is the case for data specifically related to the Commissioning Data Set. Recent investigations have revealed that some rework needs to be undertaken on waiting list information to gain this assurance.	Geoff Bassett	Nov-15

Assurance Committee:	Audit Committee	Date Last Reviewed by Assurance Committee:		CQC Question	Responsive	Date last updated by lead	18/09/2015

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **30th September 2015**	
Redevelopment Update	**Paper No: Attachment M**
Submitted by: Matthew Tulley, Director of Redevelopment	
Aims / summary Inform the Trust Board of progress with the GOSH redevelopment programme.	
Action required from the meeting **None,**	
Contribution to the delivery of NHS Foundation Trust strategies and plans Delivery of services with appropriate facilities	
Financial implications None	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Timescales detailed in document	
Who is accountable for the implementation of the proposal / project? Director of Redevelopment	

Great Ormond Street Hospital
for Children
NHS Foundation Trust

Great Ormond Street Hospital Redevelopment Programme

Trust Board – 30th September 2015

1.0 Executive Summary

1.1 Premier Inn Clinical Building (PICB) works are progressing well. Topping out was celebrated on 22nd September. The building is still scheduled for occupation during summer of 2017.

1.2 The Centre for Research into Rare Disease in Children (CRRDC) received planning consent in March 2015. Subsequently work has focussed on procuring the main works contract and demolition of the existing building. The construction market is currently exhibiting cost inflation making the finalisation of the works contact complex. The donation agreement for the CRRDC has been finalised.

1.3 The GOSH Trust Board approved the Masterplan 2015 development strategy in February. The strategic case for the investment in Phase 4 is currently being worked up for approval later this year.

2.0 Premier Inn Clinical Building

2.1 Skanska started on site in June 2014 following the handover of the Cardiac Wing. Following a difficult start, the project has progressed well. At one point works were reported to be nine weeks behind programme. Following a good period of work the building structure has been completed. The programme position has improved and the project is now approximately four weeks behind programme.

2.2 The project reached a significant milestone in September with the completion of the concrete frame. A traditional "topping out" event (the Nordic ritual of swinging a fir tree over the building to bring good luck to future inhabitants) was held on the 22nd September. It was an opportunity to thank our major donors for their significant and on-going support and to recognise the achievements of the various contractors in reaching this milestone.

2.3 The internal fit-out has commenced starting with L2 North. The contractors will progressively work up the building. Some opportunity to re-gain programme time has been identified. The technical commissioning process has begun with a number of on-site and off-site inspections. The second combined cooling and heat plant (CCHP) was delivered on-site in August and is currently being commissioned. Flow validation of the services 2a takes from 2b is underway.

2.4   The GOSH Go Create! team worked with a number of our patients and Skanska on an
       art initiative looking at sustainability and the "hospital of 2050." The artwork produced
       has decorated the L2 PICB corridor and been used by Skanska on their Great Ormond
       Street hoardings. The work has been recognised by a number of awards including
       winning the 2degrees award for external communications and runner up in the national
       "Ivor Goodsite" 2015 hoarding competition.

2.5   Preparation has begun for the operational commissioning of PICB. The equipping
       consultants have been appointed and the first meeting of the PICB commissioning
       group has been arranged.

2.6   The project remains within budget.

3.0 Centre for Research into Rare Disease in Children

3.1   The major donor funding agreement for the CRRDC was signed in early September.
       This generous gift from Her Highness Sheikha Fatima Bint Mubarak, wife of the late
       Sheikh Zayed bin Sultan al Nahyan, founder of the Arab Emirates means that we are
       able to plan with confidence for the delivery of this scheme and the future benefits that
       the CRRDC will deliver for children everywhere. The significance of the gift and the
       importance of the relationship between GOSH and the donor is demonstrated by the
       name of the new centre. A naming event is due to take place at Coram's Fields on 28th
       September.

3.2   Planning consent for the CRRDC was granted in March 2015. The s106 planning
       agreement was completed several weeks later.

3.3   Following completion of the planning agreement the demolition contract was agreed
       and works began. The existing building is currently being deconstructed. Soft strip and
       asbestos removal was completed in June and July. Hard demolition commenced in
       August. Works are proceeding well and is due to complete early December.

3.4   Following an OJEU compliant tendering process, Bouygues were appointed as our
       main works contractor at the end of Stage 1 procurement. Bouygues signed a pre-
       construction services agreement to undertake the phase 2 procurement with the intent
       of entering into a works contract if terms and conditions can be agreed. The design
       work is nearing the completion of RIBA Stage F, the detailed production drawings. The
       exception to this is the complex GMP manufacturing area. This is an area of rapidly
       changing technology and works processes and it is important to ensure appropriate
       future flexibility in the design. The GMP user group is working closely with a GMP
       design experts to develop a design which is flexible and will be meet MHRA validation
       standards.

3.5   The key risk to the project is cost. The construction market is experiencing a period of significant inflation and it is within this context that the second phase procurement is being undertaken. All tender returns are carefully reviewed and opportunities for cost reduction are being identified. The programme intent had been to complete the second stage procurement by mid-October. Given the difficult market conditions it is probable this timeline will extended. The CRRDC partners are in continuing discussions to identify remedial measures that can address any affordability shortfall. The planned start on site date remains January 2016.

4.0 GOSH Master Plan 2015

4.1   The GOSH redevelopment programme has been governed by a series of Development Control Plans (DCP) that set a high level strategic approach to the development of the GOSH site. The last DCP was approved in 2010. With the PICB and CRRDC projects developing it was determined that it was the right time to undertake a full review of the DCP and develop a new Master Plan for GOSH.

4.2   A long term strategic estates plan for the future development of the GOSH site was presented to the Trust Board in February. Masterplan 2015 is a thoughtful strategy which looks to sensibly maximise the long term development of the site for future clinical, research and educational services. In the shorter team the plan also addresses the hospitals continuing and pressing need for additional high quality space allowing our old estate to be de-commissioned from clinical use. The Trust Board approved and adopted the strategy.

4.3   Work is now underway to progess the next phase, Phase 4, of the plan. This will see the redevelopment of the Frontage Building and Paul O'Gorman building on Great Ormond Street. A Masterplan Board oversees this first phase of work which will culminate with the production of the Strategic Outline Case in support of the development. Associated work streams include decant planning, funding, and development of the brief. The SOC work is in production. It is anticipated the document will be completed for either the November or January 2016 Trust Boards.

5.0 Major Projects

5.1   The major projects team continues to support the IPP expansion project. Work is underway on the new 10 bedded unit on L3 Southwood. The supporting work to open Woodpecker for same day admissions is progressing well and will be completed in December.

6.0 Queen's Square Neurosciences Project

6.1   The project is subject to internal discussions within UCL and there has been little progress in the last six months. The GOSH position remains unchanged.

Matthew Tulley
Director of Redevelopment
30th September 2015

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **30th September 2015**	
Acute Transport Service (CATS) – retendering of ambulance service provision Submitted by: Claire Newton	**Paper No: Attachment N**
Aims To seek the approval of the Board of the tender recommendations to appoint St John's Ambulance as the provider of acute ambulance services **Summary** A full OJEU process was undertaken by UCL Partners Procurement Service (PPS) in conjunction with the Acute Transport Service Management Team at GOSH and completed in July. Due to the size of the contract and that the combined tendering team choose to appoint a tenderer who did not propose the lowest price, the tender recommendation requires the approval of the Board. Originally 8 bidders expressed interest. This was reduced to four at the tender stage but only two bidders submitted compliant tenders. It is recommended that the tender from St Johns for £3.3m for the duration of the five year contract be accepted. St Johns is the existing supplier. Their tender was 2% higher than the other remaining tenderer but when the qualitative details of the tenderers were evaluated, which included a safety assessment, St Johns better met the service requirements. This was particularly marked in terms of the types of vehicles proposed by St Johns which the team believed justified the price differential. The team which made the recommendation included two members of the service management team, and individuals from finance and procurement. The scoring and decision was reviewed prior to bringing this recommendation to the Board.	
Action required from the meeting To approve the tender recommendation recommendations to appoint St John's Ambulance as the provider of acute ambulance services	
Contribution to the delivery of NHS Foundation Trust strategies and plans – This is an essential service for the Trust's regional acute transport service.	
Financial implications As above	
Who needs to be told about any decision? The procurement team and the successful tenderer	
Who is responsible for implementing the proposals / project and anticipated timescales? The Acute Transport Service Management Team	
Who is accountable for the report CFO	

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **30ᵗʰ September 2015**	
Quality and Safety Update	**Paper No: Attachment O**
Submitted by: Vin Diwakar, Medical Director	

Aims / summary
The purpose of this report is to assure the board that the processes in the organisation are safe and of a high quality. This report is under review and will be redesigned over the next two months. The aim is to report on each of the 12 Quality standards that have been adopted by the Trust. These are:
1. Develop a strong governance structure for Quality and Safety with a Systems approach to quality and safety
2. Maintain high levels of medication safety
3. Decrease and eliminate hospital acquired infections
4. Improve reliability in handover of clinical information at all interactions
5. Eliminate all avoidable pressure injuries occurring in the hospital
6. Recognise and respond to unexpected deterioration of children:
7. Decrease unnecessary delay in all processes in the patient journey:
8. Develop clear measures of clinical outcomes to provide evidence of top 5 children's hospital status
9. Measure and continually improve the experience of children and families:
10. Provide equal access to all children who need our care
11. Accelerate standardisation of clinical care:
12. Develop reliable and accurate documentation of care

Action required from the meeting
For review

Contribution to the delivery of NHS Foundation Trust strategies and plans
The report highlights a number of the quality standards. These will be developed over the next few months with the aim that all standards will have a measure

Financial implications
All QI and safety programmes aim to decrease cost through the standardisation of care. The programmes are funded.

Who needs to be told about any decision?
The Divisions

Who is responsible for implementing the proposals / project and anticipated timescales?
The individual standards are the responsibility of the clinical teams supported by QI and Safety

Who is accountable for the implementation of the proposal / project?
The accountable officer is the Medical Director supported by the Division Directors

Attachment O

GOSH QI
NO WAITS | NO WASTE | ZERO HARM

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Quality and Safety Report for Trust Board
September 2015

<u>Key for Control Charts</u>
Blue line	-	The data itself
Dotted green	-	Median - the middle value in a set of data
Solid green	-	The mean (or average) of a set of data values is the sum of all of the data values divided by the number of data values.
Dotted red	-	Upper control limits and lower control limits L). A data point outside of these limits is extremely unlikely to have happened by chance and is therefore considered to be significant and worthy of investigation. They are drawn at 3 standard deviations from the mean

Standard 1: Serious Incidents

The number of serious patient safety incidents (SIs)
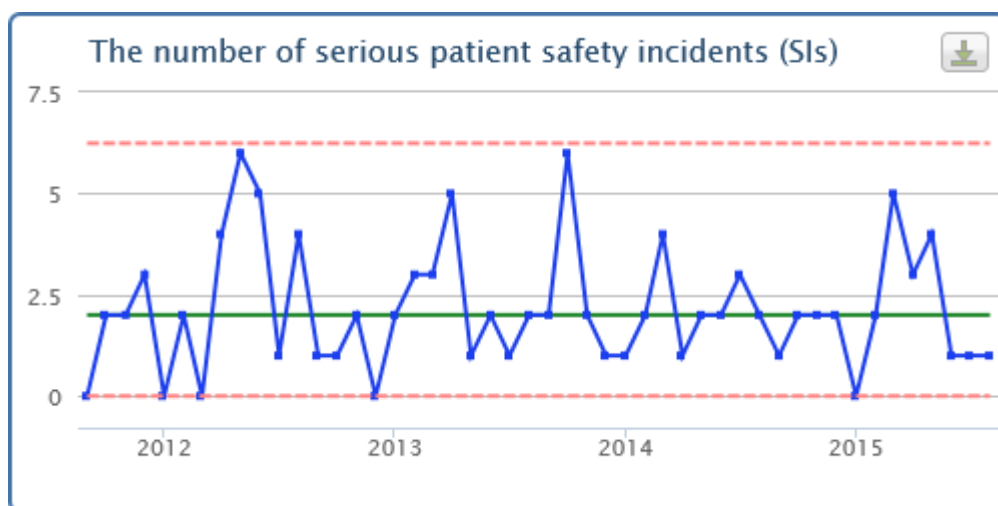
Aim:	To make reductions in the number of Serious Incidents (SIs)
Trend:	Performance is unchanged with all data points inside of the control limits. There has been no statistical change in the number of SIs – we are still running at 2 per month.
Comment:	All incidents which are deemed by the Trust to meet the Serious Incident (SI) definition set down by NHS England are considered by an Executive team member and declared externally where it is felt that the criteria are met. In addition to patient safety incidents, SIs can be declared for incidents relating to loss/misuse of confidential information, fires, child protection, ward closures and incidents likely to attract adverse media attention. For each SI, a Root Cause Analysis is undertaken of the incident, learning identified and shared internally, and the final report submitted to NHS England for review.
Action:	It is proposed that the Trust join a wider collaborative in the USA that has the reduction of SIs as a main objective

Standard 3: CVL Infections
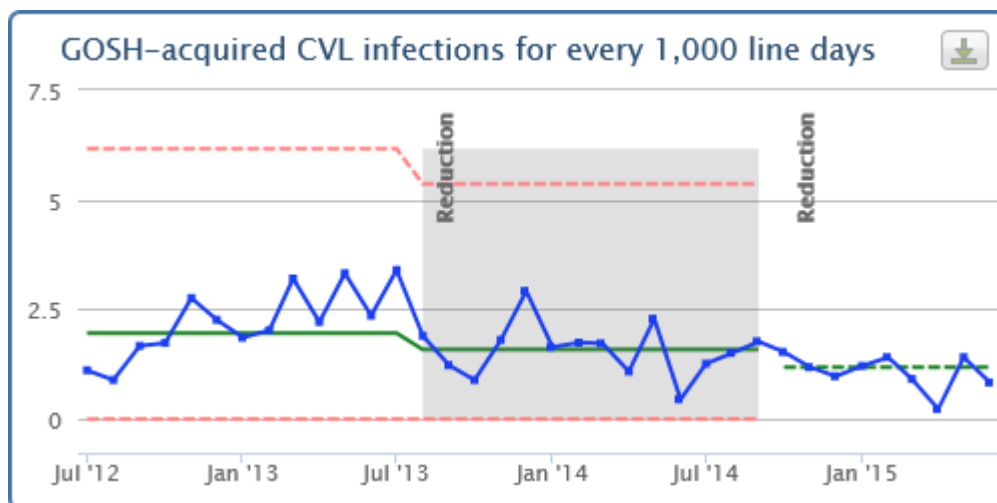
Aim:	To make statistically significant reductions in the rate of CVL infections.
Trend:	There has been a reduction in the CVL infection rate which was seen to have started in October 2014. We continue to measure to ensure the new process is sustained.
What's going well:	The Trust continues to achieve a low rate of GOSH acquired CVL infections across the organisation at 1.2/1000 line days.
What's not going well:	In the last 2 months we have seen a higher number of CVL infections than expected within the Surgery division. These are showing on their chart as outliers which indicates that this is statistically significant and highly unlikely to be by chance alone.
What action is being taken:	There is a review of all CVL infections within the Surgery Division which will result in actions being taken where appropriate.

Standard 6: Mortality
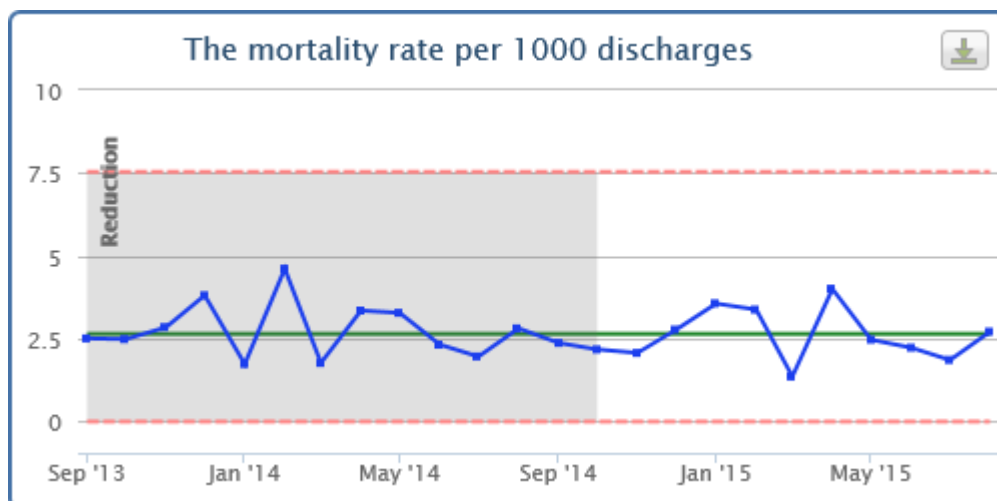
Aim:	To make reductions in the mortality rate
Trend:	The current rate is 2.5 deaths per 1000 discharges with no change. This is to be expected with the current case mix.
What's going well:	We study every death via the mortality review to see if there are specific causes. Unexpected deaths are reviewed.
What's not going well:	Mortality has been constant over the past few years; despite probable increased acuity. As we study the deaths we possibly will see a decrease but there has been no change and feedback loop needs to be enhanced.
What action is being taken:	The S.A.F.E programme aims to decrease unexpected deterioration with the potential to reduce mortality.

Standard 6: Cardiac and Respiratory Arrests
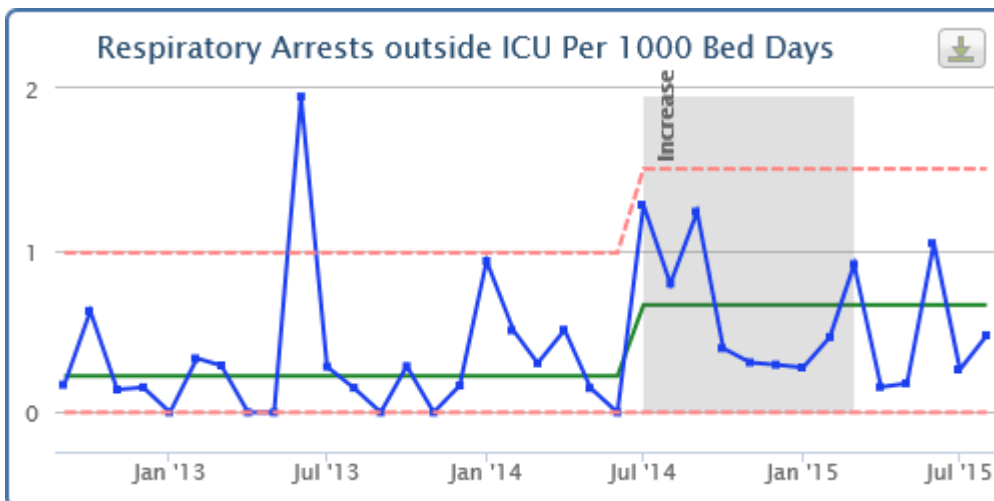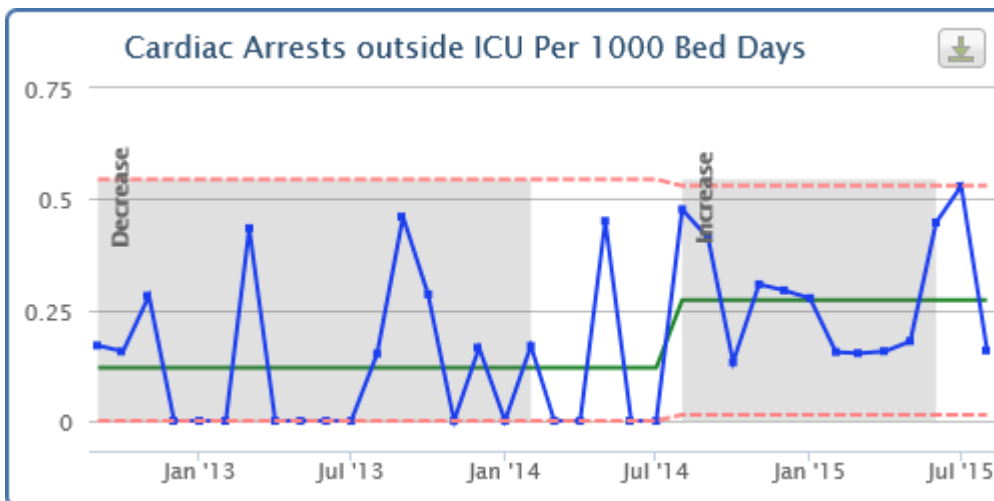
Aim:	To make reductions in the number of cardiac and respiratory arrests outside the ICU.
Trend:	**Please note: these measures have changed and are now reported "per 1000 bed days".**
	Cardiac arrests – the increase seen since August 2014 has sustained. There are now 0.27 arrests per 1000 bed days, up from a previous mean of 0.12 per 1000 bed days.
	Respiratory arrests – have shown a sustained increase since July 2014. They are now 0.66 per 1000 bed days, up from a previous mean of 0.22 per 1000 bed days.
What's going well:	Our Cardiac arrest survival to discharge has increased from 68% to 70%. Respiratory arrest: 91% survival to discharge.
What's not going well:	Our respiratory and cardiac arrests remain high in the ward areas. A full report will be presented in October from the resuscitation committee. Most patients are

classed as HDU but the number of patients deteriorating on the wards is still too high. Although it is vital patients are cared for within their speciality it is also important they are safe and on a few occasions this year we have seen a delay to ICU.

What action is being taken: The Trust-wide escalation policy alongside the electronic observations means we have 100% compliance with escalation of any child with a CEWS > 3, parental or nurse concern.
The SAFE (Situation Awareness) project is now on 3 wards and being launched on Squirrel ward. It is hoped this will improve situational awareness and early detection of deterioration on these wards. We aim to launch the huddles Trust wide this year.

Standard 7: Discharge Summaries
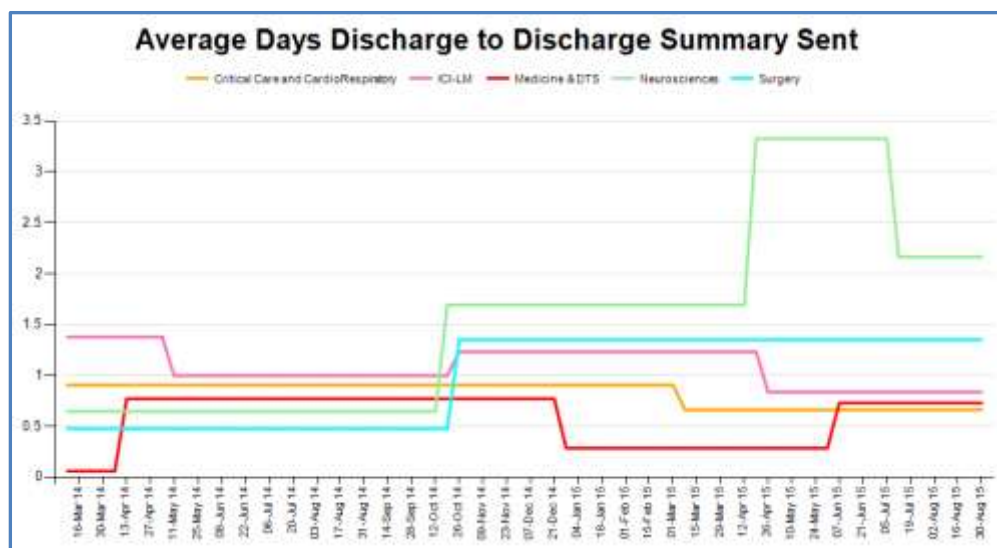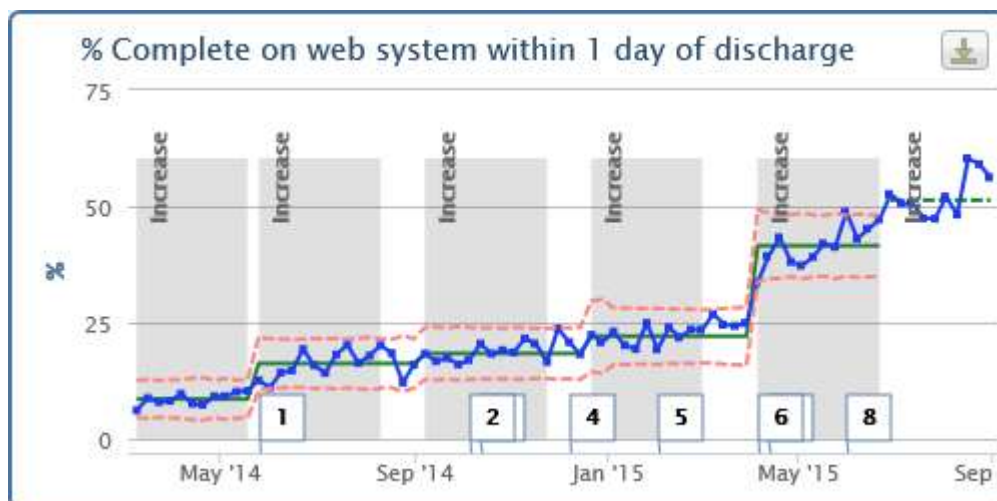
Aim: To make statistically significant reductions in the time taken to complete a discharge summary.

Trends: There have been recent reductions in the time from discharge to sending the summary for:

- Neurosciences division 3.3 days to 2.2 days
- Haematology 0.4 days to 0.2 days
- Rheumatology 1.7 days to 1.2 days

What's going well:

- Spread to gastroenterology, endocrinology and metabolic medicine has progressed well
- Spread of the new discharge summary system is now in progress in all specialties (except nephrology which will begin shortly and PICU/NICU which has been held up due to required development work)

- Clinical engagement has remained high across the board
- Discharge Summaries e-learning has been added to trust induction for incoming junior doctors

What's not going well:

- There are still areas of the trust which are not realising the full benefits of the new discharge summary system due to poor engagement from admin teams. Managing imaging discharge summaries (which are typically not required but not always logged as such, impacting performance data) is also an administrative task which is not managed well in all areas. This means that whilst medics complete discharge summaries quickly, they are not always sent immediately.
- Rollout to PICU/NICU has been delayed due to required development work but this has now been resolved with support from IT

What action is being taken:

- The quality improvement team are continuing to support the rollout and to complete final development work (e.g. ensuring clerking documents created on the new system are available in EDM)
- We consider that further work to address administrative issues is beyond the scope of the project and have escalated this to operational management
- A sustainability plan for the project is in place and will be completed in the next 2 months
- Lessons learned from the project are to be incorporated into a revision of the trust's discharge of patients policy and will be presented to the Quality Improvement Committee and the trust's Members Council

Trust Board **30th September 2015**	
Performance Summary Report **Submitted by:** **Dena Marshall / Vinod Diwakar**	**Paper No: Attachment P**

Aims / summary

Quality and Safety

In August the Trust reported no cases of C.Difficile, assigned in patients aged two and over, tested on third day or later, leaving the total year to date cases recorded at 2 in 15/16

These cases were not attributed to lapses of care outlined in the assessment criteria from Monitor and agreed with NHS England.

One case of MRSA was recorded in August. All episodes of positive blood cultures are reported to the DH via the HCAI submission site as bacteraemias and each case is discussed in detail with NHS England. This is the only case of MRSA reported in the year to date.

One case of E. Coli was reported in August following 48 hours of admission, taking the year to date total to 5 cases in 15/16, as outlined in the graphs in the accompanying report.

No cases of MSSA were reported in August.

Targets and Activity

Patient spells were reported above plan, with ITU Bed days remaining above plan during month 5.

The Number of outpatient attendances remained below plan for the year to date.

Discharge summary completion rates decreased to 79.4% in August. 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 September 2015. This is being led by the Quality Improvement team.

Relating to the percentage of Cancer patients waiting no more than 31 days for second of subsequent treatment, the Trust reported a position of 96%. The dip in performance was attributed to a single 31-day cancer breach due to CT scanner failing.

Complaints

The Trust received 11 formal complaints in August, of these one was investigated as a red complaint in line with the Trusts complaints policy.

Poor communication continues to be a key theme featuring in complaints along with correspondence with 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.

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

Contribution to the delivery of NHS Foundation Trust strategies and plans
N/A

Financial implications
N/A

Who needs to be told about any decision?

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

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

Targets & Indicators Report

Indicator	Target	YTD Performance	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Activity & Use of Resources										
Number of patient spells	14,281	14,212	2,829	2,802	3,137	2,847	2,732	3,057	3,008	2,568
Number of outpatient attendances	66,033	60,781	13,234	12,911	13,733	12,307	10,705	13,053	13,343	11,373
DNA rate (new & f/up) (%)	<10	8.6	7.3	7.4	6.9	7.7	8.1	9.0	9.7	8.5
Number of ITU bed days	4,506	4,758	840	774	856	710	1,221	935	933	959
Number of unused theatre sessions	31	52	12	5	13	22	9	21		
Average number of beds closed - Total Ward	-	13.1	14.1	10.5	13.7	20.2	13.5	15.5	11.1	5.5
Average number of beds closed - Total ICU	-	0.2	0.0	0.5	0.4	0.4	0.1	0.2	0.2	0.0
Patient Access										
Patient Refused Admissions - Trust Total Excluding PICU/NICU & CATS*	90	50	4	3	1	8	9	15	18	
PICU/NICU & CATS General refusals	<235	69	12	20	21	17	21	20	11	
Cancer patients waiting no more than 31 days for second of subsequent treatment (%)	98	99	100	100	100	100	100	100	96	
Patient / Referrer Experience										
Number of complaints	40	68	11	9	13	13	7	16	17	15
Number of complaints - High Grade	4	7	1	1	3	2	0	0	4	1
Friends & Family Test (% of those Likely & Extremely Likely to recommend)	>95	98.1	97.5	97.8	97.4	98.1	96.9	98.9	98.1	98.5
Discharge summary completion (%)	85	80.6	80.3	79.0	80.2	78.6	80.9	83.3	80.8	79.4
Clinic Letter Turnaround, % letters on CDD - sent within 5 working days	50	34.0	31.6	34.9	37.8	36.0	30.0	36.7	33.1	
Clinic Letter Turnaround, Average Days Letter Sent	-	10.7	12.1	11.2	10.0	11.0	10.9	10.6	10.5	
Work - force										
Sickness Rate (%)	2.99	2.6	2.6	2.5	2.6	2.5	2.6	2.6	2.7	2.6
Trust Turnover (%)	14.13	18.5	17.6	17.7	18.9	18.3	18.1	18.3	18.6	19.1

Health Care Associated Infection Indicators

Incidence of MRSA
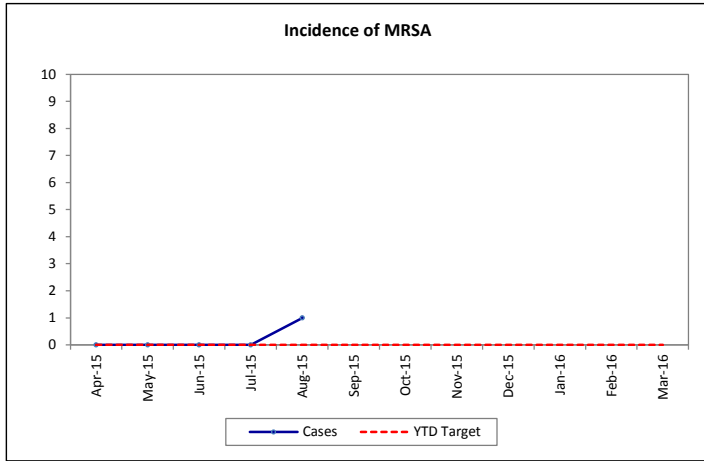
Description: MRSA bacteraemias
Target: Zero cases
Trend: 1 case reported to date
Comment: All episodes of positive blood cultures are reported to DH on HCAI site as bacteraemias

Incidence of C. Difficile
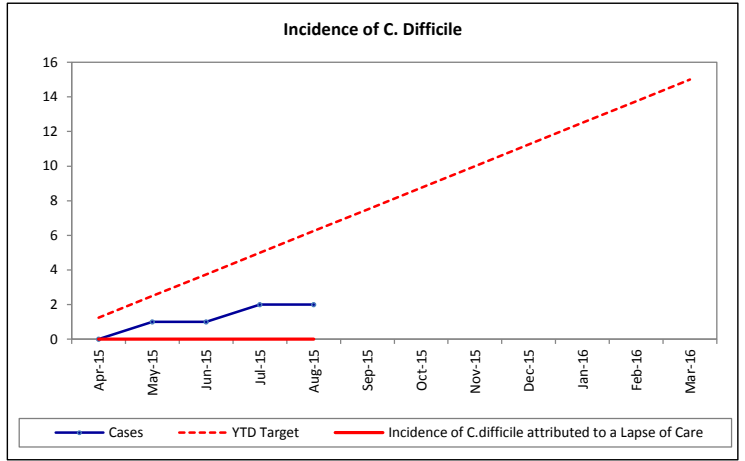
Description: **Cumulative Cases detected after 3 days (admission day = day 1)**
are assigned **against trust trajectory**
Target: No more than seven cases per year
Trend: Trend below trajectory in month 5
Comment: **The Trust has attributed no cases to a laspe of care for the YTD**

Incidence of E. Coli (onset in Hospital)
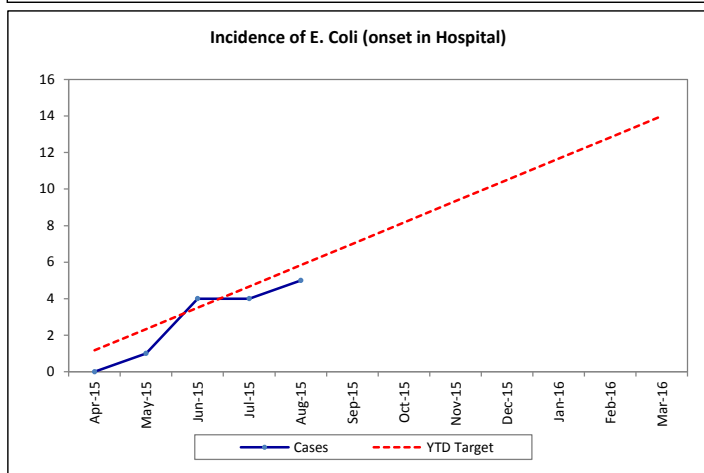
Description: **Cumulative incidence of E. coli bacteraemia**
Target: Internal Target no more than fourteen cases
Trend: Performance delivered below trajectory at M5
Comment: Performance being monitored closely

Incidence of MSSA (onset in Hospital)
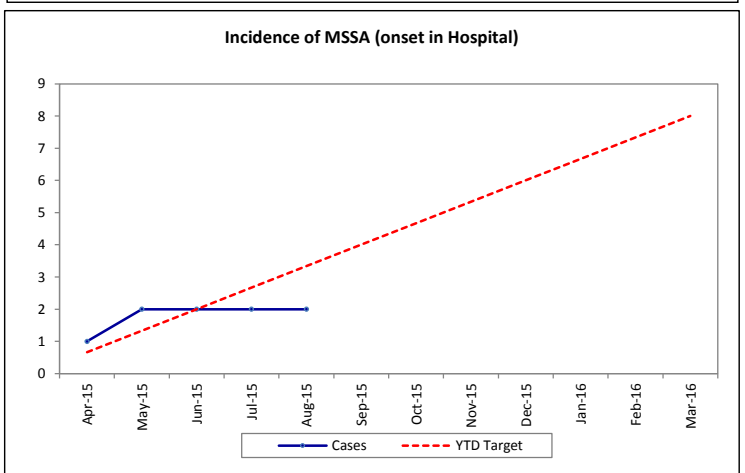
Description: Cumulative incidence of MSSA bacteraemia episodes (Methicillin sensitive S. aureus)
Target: Internal Target no more than eight cases for the year
Trend: Performance has returned below trajectory
Comment: Performance being monitored closely

Monitor Governance Risk Rating

Targets - weighted (national requirements)		Threshold	Score Weighting	Reporting Frequency	Score Weighting Q1				Score Weighting Q2			
					M1	M2	M3	Q1	M4	M5	M6	Q2
1	MRSA - meeting the MRSA objective *	0	1	Quarterly	0	0	0	0	0	1	-	-
2	Clostridium difficile year on year reduction (Against Monitors defined Lapse of Care categorisation)	0	1	Quarterly	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	-	-
	Surgery	94%			0	0	0	0	0	0	-	-
	Anti cancer drug treatments	98%			0	0	0	0	0	0	-	-
	Radiotherapy (from 1 Jan 2011)	94%			0	0	0	0	0	0	-	-
4	Maximum waiting time of 31 days from diagnosis to treatment of all cancers	96%	0.5	Quarterly	0	0	0	0	1	0	-	-
5	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	-	-
	Total				**0**	**0**	**0**	**0**	**1**	**1**	**-**	**-**
	Overall governance risk rating				Green	Green	Green		Green	Green	Green	

*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

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **30th September 2015**	
Workforce Metrics & Exception Reporting – August 2015 **Submitted by:** Ali Mohammed, Director of HR & OD	**Paper No: Attachment Q**
Aims / summary This report provides an updated position of a number of workforce metrics, together with a summary of interventions for those areas of concern.	
Action required from the meeting To note the content of the report.	
Contribution to the delivery of NHS Foundation Trust strategies and plans	
Financial implications The report details metrics on a number of areas which have a direct and indirect financial implication; these include absence (sickness) and the percentage of the total paybill spent on agency usage; the report shows that both of these areas have reduced from the previous month.	
Who needs to be told about any decision? Not applicable.	
Who is responsible for implementing the proposals / project and anticipated timescales? Divisional management teams; supported by members of the HR & OD team.	
Who is accountable for the implementation of the proposal / project? Divisional management teams.	

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – AUGUST 2015

Introduction

This suite of workforce reports includes:

- Voluntary turnover and total turnover;
- Sickness absence;
- Vacancy rates
- PDR appraisal rates (based on new PDR framework);
- Agency usage as a percentage of paybill;
- 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

Contractual staff in post GOSH decreased its contractual FTE (full-time equivalent) figure by 36 in August to 3652. The decrease reflects the continuing focus on workforce and vacancy control. The decrease includes 12 FTE fewer administrative staff and 17 FTE fewer nurses.

Sickness absence has remained stable at 2.64% and remains significantly below the London average figure of 3%.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 15.9%; this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) has increased – currently at 19.1% (+0.5%) in August. The (unadjusted) London benchmark figure is 14.28% (which includes voluntary and non-voluntary leavers).

The reported **vacancy rate** has increased to 6.5% in August principally reflecting posts being held for intake of newly qualified nurses.

Agency usage for 2015/16 (year to date) stands at 1.96% of total paybill; this is significantly below 2014/15 (at 2.5%) outturn. Estates retains high spend on agency as percentage of paybill at 25.4% (increasing) with Finance & ICT at 13.1% (very significant decrease across both finance and ICT).

PDR completion rates The Trust overall appraisal rate stands at 73% - a decrease of over 10% since April. This has been calculated using the new PDR framework calculation (linking increments to

performance outcomes). Currently no divisions/directorates are meeting the Trust requirement. The PDR rate increased to its highest rate in April 2015 (at 84%) based on the revised calculation linking increments to performance. The managers' window (band 7 staff and above) was open for PDR between April to June 2015, low completion of managers' PDRs has contributed to the significant decrease in PDRs in August. Feedback from managers indicates time lag between the PDR meeting taking place and completing/submitting the paperwork; based on this feedback, learning and development have introduced a summary sheet to capture PDR outcome scores and information to facilitate more efficient reporting.

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.

Statutory and mandatory training compliance rates are reported below against a number of key mandatory training subjects as at 28 August 2015. The reporting date is due to the transfer of data to the new Learning Management System (GOLD LMS). The LMS will report mandatory training compliance in a user-friendly way – both for individuals and managers of departments/ divisions/ directorates. In the meantime, the 28th August reports will be used as a baseline whilst testing continues to ensure data integrity on the LMS reports.

Training Topic	Trust Training Compliance (%)
Information Governance – current	89
Safeguarding Children – level 1	94
Fire Safety Overall	78
Counter Fraud	85
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 roles). The current Workforce Control processes came into effect late March 2015.

The graphic (right) demonstrates the volume and outcomes of roles considered by the vacancy panel from 1 April 2014 to 31 August 2015.
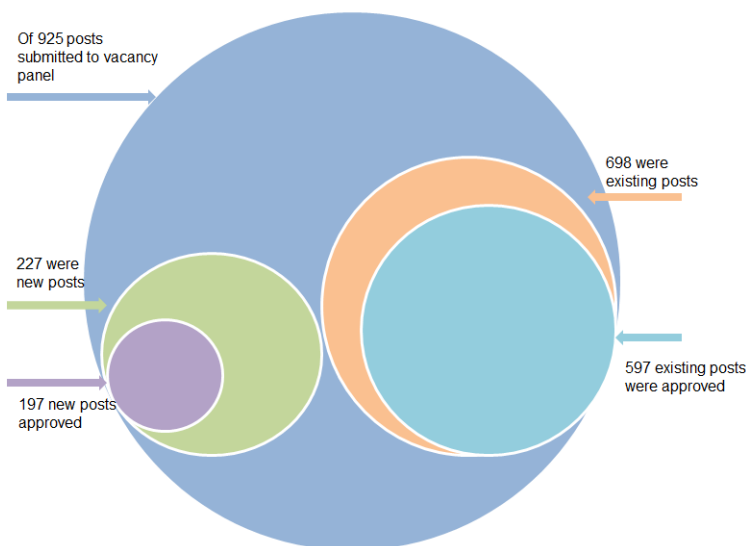
A total of 131 roles were not approved from the 925 submitted.

Of 925 posts submitted to vacancy panel

698 were existing posts

227 were new posts

197 new posts approved

597 existing posts were approved

Vacancy control period	Approval rate
April 14 to October 14	92%
April 14 to December 14	81%
Year to date (Apr 14 to Aug 15)	86%

Time to hire

Following an improvement project in general recruitment, the effect on the average time to hire (from date approved/advertised to hire date agreed) has significantly and consistently reduced by 36% (from 12.7 weeks to 8.1 weeks) between June 2014 and June 2015. July and August data is available, but this is likely to change due to recruitment episodes not yet complete.

Further improvements are being implemented which should further reduce the average time to hire in the forthcoming months.
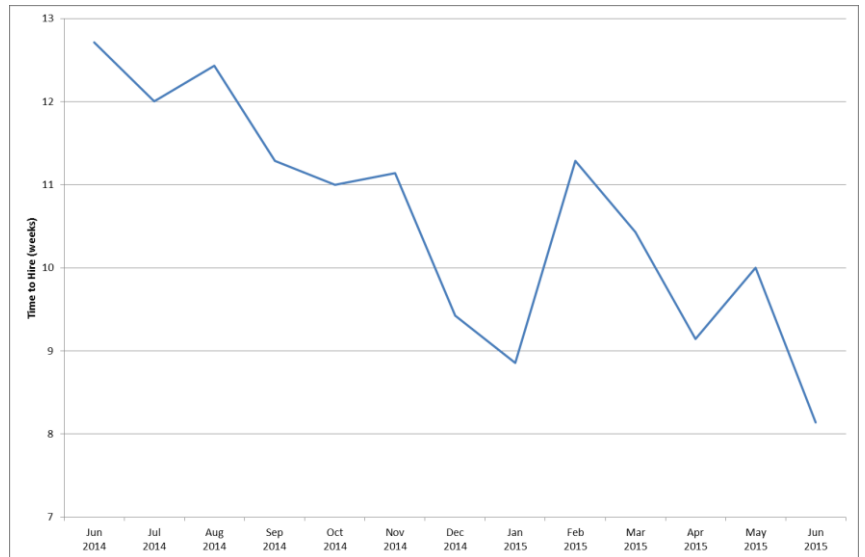
HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2015 REPORT

Division	Contractual Staff in Post (FTE)	Voluntary Turnover Rate (%, FTE) (voluntary leavers in 12-months in brackets, <14% green)	Total Turnover Rate (%, FTE) (number of leavers in 12-months in brackets, <18% green)	Sickness Rate (%) (0-3% green)	PDR Completion (%) (target 95%)	Vacancy Rate (%, FTE) (Unfilled vacancies, 0-10% green)	Agency (as % of total paybill, £) (Max 0.5% Corporate, 2% Clinical)
Critical Care & Cardio-Respiratory	705	16.7% (104.1)	18.4% (114.9)	2.6	65.9%	6.9%	1.0%
Diagnostic & Therapeutic Services	365	15.2% (57.4)	21.6% (81.7)	2.4	75.0%	9.2%	2.8%
Infection, Cancer & Immunity	674	15.5% (99.5)	17.5% (112.3)	2.9	73.2%	6.6%	0.5%
International	151	19.5% (29.2)	20.8% (31.1)	4.5	69.7%	16.9%	4.4%
Medicine	263	16.2% (37.3)	17.8% (40.9)	3.2	75.1%	6.9%	2.8%
Neurosciences	447	16.6% (73.0)	22.0% (96.6)	2.4	67.1%	5.5%	1.0%
Surgery	550	13.1% (63.6)	16.7% (81.5)	2.4	68.1%	2.7%	0.8%
Clinical & Medical Operations	59	19.8% (11.7)	23.1% (13.7)	0.8	52.9%	20.5%	0.0%
Corporate Affairs	8	11.9% (1.0)	20.3% (1.7)	0.2	41.7%	0.8%	0.0%
Corporate Facilities	65	6.0% (4.0)	10.5% (7.0)	1.8	30.0%	13.1%	1.2%
Estates	29	10.3% (3.0)	17.2% (5.0)	7.3	88.0%	25.9%	25.4%
Finance & ICT	97	22.0% (20.6)	22.8% (21.4)	2.5	41.6%	17.3%	13.1%
Human Resources & OD	103	22.3% (22.6)	24.7% (25.0)	2.9	87.4%	8.4%	0.1%
Nursing & Patient Experience	30	10.1% (3.0)	17.2% (5.1)	1.1	68.7%	10.8%	0.0%
Redevelopment	22	0.0% (0.0)	1.0% (0.2)	1.9	72.4%	0.0%	0.0%
Research & Innovation	80	21.6% (15.1)	21.6% (15.1)	1.4	33.3%	0.0%	0.5%
Trust	3652	**15.9%▲ (547.6)**	**19.1%▲ (655.7)**	**2.6▶**	**73.0%▼**	**6.5%▲**	**2.0%▲**

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

Division	Red Metrics / DoT	Metric	DoT	Actions & Comments
International	5 (previously 5)	Voluntary turnover worsened to 29.2%		Will move to monthly HR performance metrics with Director/Deputy Director of HR & OD to support division with range of HR issues.
		Sickness worsened to 4.5%		
		PDR rate worsened to 69.7%		
		Agency usage improved to 4.4%		
		Vacancy rate worsened to 16.9%		
Estates	4 (previously 5)	Sickness worsened to 7.3%		Launch of new sickness policy to work with divisions to provide support with the management of sickness.
		PDR rate worsened to 88%		Introduction of Education Partners to work with divisions to improve PDR compliance and quality.
		Vacancy rate worsened to 25.9%		Recruitment to senior leadership posts following consultation underway.
		Agency usage improved to 25.4%		Indentification of posts filled by temporary staff and the conversion to substantive underway.
Finance & ICT	4 (previously 4)	Voluntary turnover improved to 22%		Exit Interviews held with HR, themed feedback being provided to department.
		PDR rate worsened to 41.6%		Introduction of Education Partners to work with divisions to improve PDR compliance and quality.
		Agency usage improved to 17.3%		Large drive recruitment of substantive staff throughout directorate.
		Vacancy rate improved to 13.1%		Large drive recruitment of substantive staff throughout directorate.
Medicine	4 (previously 4)	Voluntary turnover improved to 16.2%		
		Sickness unchanged at 3.2%		Launch of new sickness policy to work with divisions to provide support with the management of sickness.
		PDR rate worsened to 75.1%		Introduction of Education Partners to work with divisions to improve PDR compliance and quality.
		Agency usage improved to 2.8%		
DTS	3 (previously 3)	Voluntary turnover worsened to 15.2%		
		PDR rate worsened to 75%		Introduction of Education Partners to work with divisions to improve PDR compliance and quality.
		Agency usage worsened to 2.8%		Increased usage of agency radiographers and pharmacy staff (pharmacists and assistants)
Clinical & Medical Operations	3 (previously 3)	Voluntary turnover worsened to 19.8%		
		PDR rate worsened to 52.9%		Introduction of Education Partners to work with divisions to improve PDR compliance and quality.
		Vacancy rate worsened to 20.5%		Recruitment to work with the department to identify if vacancies are appropriate based on the workforce control measures
Corporate Facilities	3 (previously 2)	PDR rate worsened to 30%		Introduction of Education Partners to work with divisions to improve PDR compliance and quality.
		Vacancy rate worsened to 13.1%		Recruitment to senior leadership posts following consultation underway.
		Agency usage worsened to 1.2%		Recruitment to senior leadership posts following consultation underway.

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

Divisional Turnover (Voluntary & Non-Voluntary)

Division	Value
HR & OD	24.68
Operations	23.13
Finance & ICT	22.82
Neuro	22.03
DTS	21.59
R&I	21.55
IPP	20.8
Corp Affairs	20.28
Trust (inc non-voluntary)	19.08
CCCR	18.43
Med	17.79
ICI-LM	17.51
Estates	17.18
N&PE	17.15
Surgery	16.74
Trust (exc non-voluntary)	15.94
London Benchmark	14.28
Facilities	10.49
Redev	0.95
Medical & Dental	9.89
Nursing & Midwifery Registered	17.86
Other Clinical Staff	21.78
All other staff	20.43

CQC Intelligent Monitoring group

Exception Reporting Turnover

Department	Value
[Surgery] - Sky Ward	44.35
[Finance & ICT] - Management A/C & Redevelopment	41.79
[Neuro] - Outpatients Department	36.97
[Operations] - Information Services	33.06
[ICI-LM] - Paediatric Malignancy Unit	31.75
[ICI-LM] - Robin Ward	30.68
[HR & OD] - Staff Nursery	30.2
[Neuro] - CAMHS	29.71
[DTS] - Pharmacy	29.22
[ICI-LM] - Safari Ward	28.95
[CCCR] - Transitional Care Unit (Miffy)	28.73
[DTS] - Physiotherapy	27.99
Trust Rate	19.08

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

Division	Value
Estates	7.29
IPP	4.49
Med	3.24
London Benchmark	3.00
ICI-LM	2.9
HR & OD	2.87
Trust	2.64
CCCR	2.59
Finance & ICT	2.47
DTS	2.43
Surgery	2.39
Neuro	2.37
Redev	1.91
Facilities	1.8
R&I	1.36
N&PE	1.14
Operations	0.78
Charity	0.27
Corp Affairs	0.17
Medical & Dental	0.71
Nursing & Midwifery Registered	3.39
Other Clinical Staff	3.09
All other staff	2.46

CQC Intelligent Monitoring group

Exception Reporting Sickness
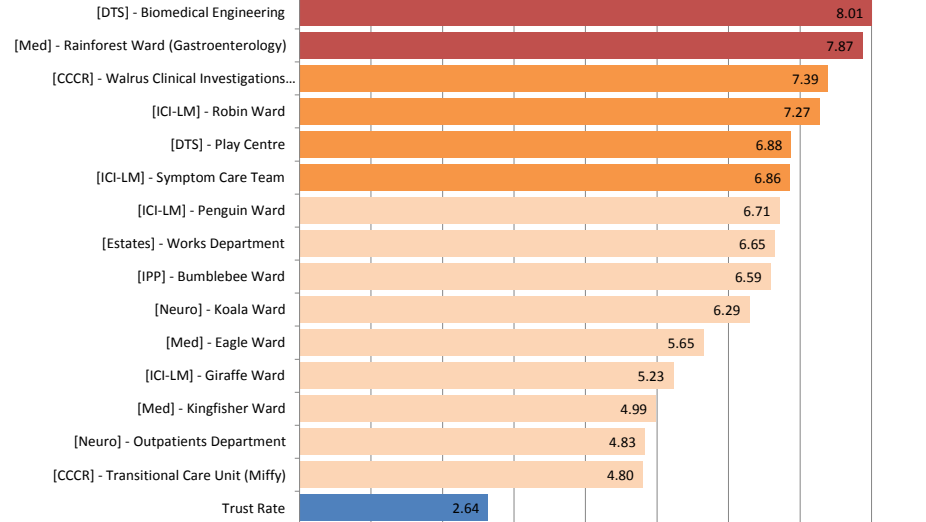
Department	Value
[DTS] - Biomedical Engineering	8.01
[Med] - Rainforest Ward (Gastroenterology)	7.87
[CCCR] - Walrus Clinical Investigations…	7.39
[ICI-LM] - Robin Ward	7.27
[DTS] - Play Centre	6.88
[ICI-LM] - Symptom Care Team	6.86
[ICI-LM] - Penguin Ward	6.71
[Estates] - Works Department	6.65
[IPP] - Bumblebee Ward	6.59
[Neuro] - Koala Ward	6.29
[Med] - Eagle Ward	5.65
[ICI-LM] - Giraffe Ward	5.23
[Med] - Kingfisher Ward	4.99
[Neuro] - Outpatients Department	4.83
[CCCR] - Transitional Care Unit (Miffy)	4.80
Trust Rate	2.64

Divisional PDR (Target 95%)

Division	PDR %
Estates	87.96%
HR & OD	87.40%
Med	75.12%
DTS	75.04%
ICI-LM	73.18%
Trust	73.00%
Redev	72.41%
IPP	69.72%
N&PE	68.69%
Surgery	68.07%
Neuro	67.10%
CCCR	65.88%
Charity	57.00%
Operations	52.88%
Corp Affairs	41.67%
Finance & ICT	41.57%
R&I	33.33%

Exception Reporting PDR

Service	PDR %
Trust Rate	73.00%
[CCCR] - CATS Retrieval	52.94%
[Facilities] - Medical Records	50.00%
[Med] - Gastroenterology	50.00%
[Surgery] - General Surgery Central Budget	50.00%
[Surgery] - Peter Pan Ward	50.00%
[ICI-LM] - Clinical Genetics	50.00%
[ICI-LM] - Histopathology	50.00%
[Neuro] - Neurology	47.06%
[Surgery] - Sky Ward	40.00%
[Operations] - Information Services	37.50%
[CCCR] - Respiratory Medicine	33.33%
[Med] - Renal	33.33%
[Neuro] - Clinical Site Practitioners	33.33%
[Neuro] - Neurodisability	33.33%
[Neuro] - Ophthalmology	33.33%
[Neuro] - Psychosocial Liaison Service	33.33%
[Facilities] - Restaurant	22.22%
[Facilities] - Portering Services	10.71%

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

Divisional Vacancy Rate

Division	Rate
Estates	25.93%
Operations	20.45%
Finance & ICT	17.31%
IPP	16.92%
Facilities	13.09%
N&PE	10.83%
DTS	9.19%
HR & OD	8.43%
CCCR	6.93%
Med	6.92%
ICI-LM	6.55%
Trust	6.51%
Neuro	5.51%
Surgery	2.74%
Corp Affairs	0.89%
R&I	0.00%
Redev	0.00%
Nursing & Midwifery Registered	7.86%

81 FTE N&M Registered Vacancies
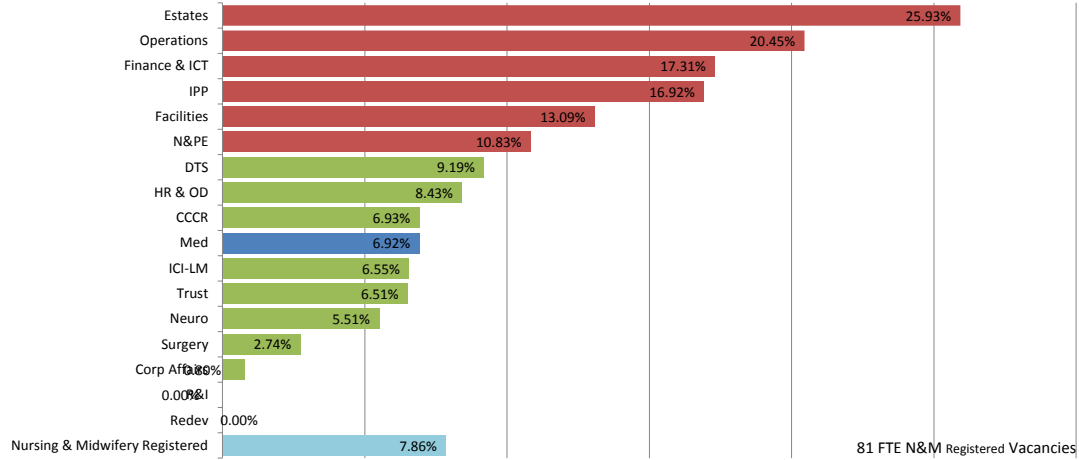
Exception Reporting Vacancy Rate

Department	Rate
[Finance & ICT] - Management A/C & Redevelopment	32.14%
[Finance & ICT] - System Administration	29.93%
[Estates] - Works Department	29.72%
[Surgery] - General Surgery Central Budget	29.35%
[CCCR] - Transitional Care Unit (Miffy)	28.66%
[Operations] - Information Services	22.69%
[Finance & ICT] - Operations LAN Equipment	22.03%
[DTS] - Interventional Radiology	21.85%
Trust Rate	5.25%

Divisional Agency as % of paybill

Division	Rate
Estates	25.39%
Finance & ICT	13.11%
IPP	4.36%
DTS	2.78%
Med	2.78%
Trust	1.96%
Facilities	1.24%
Neuro	1.03%
CCCR	0.97%
Surgery	0.85%
ICI-LM	0.55%
R&I	0.53%
HR & OD	0.05%
N&PE	0.00%
Corp Affairs	0.00%

Exception Reporting Agency as % of Paybill

Department	Rate
[Estates] - Works Department	32.31%
[CCCR] - Clinical Physiology	30.80%
[Finance & ICT] - Management A/C & Redevelopment	17.30%
[Med] - Gastro Suite	12.75%
[DTS] - Pharmacy	11.77%
[Finance & ICT] - Operations LAN Equipment	11.42%
[ICI-LM] - ICI Central Budget	8.26%
Trust Rate	1.86%

Attachment R

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **30th September 2015**	
Financial Performance 5 months to 31st August 2015 **Submitted by:** Claire Newton, Chief Finance Officer	**Paper No: Attachment R**

Aims
To brief the Board on the financial performance for the five months to 30st August 2015

Summary

The attached report shows the financial performance for the month of August and first five months of the financial year.

The overall *net operating deficit of £(2.4)m*, year to date, was ahead of plan by £3.2m for the following key reasons:

- Benefit from final determination of CQUIN and settlement of over-performance invoices for 2014/15
- Private patients activity is now higher than plan.
- After completion of the contract with NHS England commissioners at the end of August there was an uplift in funding for certain services recorded in the month. This was based forecast activity levels being higher than last year.
- Non-pay expenditure, principally clinical consumables and services, is running below plan

Cash levels were above plan due to the delay in Trust funded capital expenditure.

NHS debt was high at the end of August but a large payment was received from NHSE subsequent to the month end.

Non NHS debt has risen sharply over the last few months. This is principally due to higher levels of debts from long standing customers which are not being cleared due to seasonal delays in processing invoices. We are escalating where necessary.

Capital expenditure is below plan due to timing delays in both the redevelopment projects and IT projects.

Action required from the meeting To note the report
Contribution to the delivery of NHS Foundation Trust strategies and plans – Delivering to the financial plan is critical
Financial implications As above
Who needs to be told about any decision? N/A
Who is responsible for implementing the proposals / project and anticipated timescales? N/A
Who is accountable for the report   CFO

Great Ormond Street Hospital for Children NHS FT - Summary Financial Performance Report. 5 Months to 31 August 2015

* The Trust is reporting a net deficit of £(2.4)M , £3.2M better than Plan. This includesa £1.9m increase in the month.

* EBITDA of £7.6m (4.8%) is above the planned EBITDA of £4.4m by £3.1m., a £1.9m increase from Month 4

* NHS clinical income excluding pass through is £(0.2)m lower than plan. This includes an amount pf £0.8m to reflect the final contract terms

* A budget phasing difference on surgical activity now scheduled for later in the year is causing a £(1.5m) to the NHS income variance and £1.5m to the overall expenditure variance.

* Private patient income was £0.9m above plan in the month and now £1.6m year to date.

Cash

Cash levels are £6.0m above plan ; mostly due to delays in Trust funded capital expenditure. However debtor levels are rising. NHS debtors includes a large unsettled amount from NHSE.

Efficiencies

P&E schemes with a potential maximum value of £12.1m have been identified although after risk adjustment are valued at £9.4m.

Pay remains on budget and agency costs are a lower percentage of pay than last year.

Statement of Financial Position	31 March 2015 Actual	31 Aug 2015 Planned	31 Aug 2015 Actual
	£m	£m	£m
Non-Current Assets	372.9	385.3	377.2
Current Assets (exc Cash)	56.3	60.3	66.5
Cash & Cash Equivalents	58.9	55.0	61.0
Current Liabilities	(47.9)	(55.0)	(57.7)
Non-Current Liabilities	(6.7)	(6.5)	(6.5)
Total Assets Employed	**433.5**	**439.1**	**440.5**

Capital Expenditure	Annual Plan	31 Aug 2015 Planned	31 Aug 2015 Actual
	£m	£m	£m
Redevelopment - Donated	37.6	9.0	7.3
Medical Equipment - Donated	4.7	1.2	1.1
Estates - Donated	0.0	0.0	0.0
ICT - Donated	2.0	0.8	0.0
Total Donated	44.3	11.0	8.4
Redevelop& equip - Trust Funded	9.8	5.0	0.9
Estates & Facilities - Trust Funded	4.9	1.3	0.3
ICT - Trust Funded	5.0	3.7	1.9
Total Trust Funded	19.7	10.0	3.1
Total Expenditure	**64.0**	**21.0**	**11.5**

I&E	Current Month			Current Year Year to Date			YTD Prior Year Year to Date		RAG Rating
	Budget	Actual	Variance	Budget	Actual	Variance	Actual 2014/15	Variance CY vs PY	Current Year
	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	(£m)	Variance
NHS & Other Clinical Revenue	19.6	21.2	1.6	101.2	101.1	(0.2)	101.9	(0.9)	A
Pass Through	4.8	4.3	(0.5)	23.7	21.5	(2.2)	19.3	2.2	
Private Patient Revenue	3.6	4.4	0.9	17.7	19.3	1.6	17.0	2.4	G
Non-Clinical Revenue	3.5	3.5	0.0	17.6	17.5	(0.2)	20.2	(2.7)	A
Total Operating Revenue	**31.5**	**33.4**	**2.0**	**160.3**	**159.4**	**(0.9)**	**158.4**	**1.0**	
Permanent Staff	(17.7)	(16.3)	1.4	(88.7)	(81.7)	7.0	(81.1)	(0.7)	
Agency Staff	(0.0)	(0.3)	(0.3)	(0.1)	(1.8)	(1.7)	(2.1)	0.4	
Bank Staff	(0.2)	(1.3)	(1.1)	(0.8)	(6.1)	(5.3)	(5.6)	(0.5)	
Total Employee Expenses	**(17.9)**	**(17.9)**	**0.0**	**(89.6)**	**(89.6)**	**(0.0)**	**(88.7)**	**(0.8)**	G
Drugs and Blood	(0.9)	(0.9)	0.0	(4.7)	(4.2)	0.5	(5.0)	0.8	G
Other Clinical Supplies	(3.2)	(2.9)	0.3	(15.9)	(15.2)	0.7	(16.3)	1.1	G
Other Expenses	(4.4)	(5.2)	(0.8)	(21.9)	(21.3)	0.6	(19.5)	(1.9)	G
Pass Through	(4.8)	(4.3)	0.5	(23.7)	(21.5)	2.2	(19.3)	(2.2)	
Total Non-Pay Expenses	**(13.3)**	**(13.4)**	**(0.1)**	**(66.2)**	**(62.2)**	**4.0**	**(60.1)**	**(2.1)**	
EBITDA (exc Capital Donations)	**0.3**	**2.2**	**1.9**	**4.4**	**7.6**	**3.1**	**9.5**	**(1.9)**	G
Depreciation, Interest and PDC	(2.0)	(2.0)	0.0	(10.1)	(10.0)	0.1	(10.6)	0.6	
Net (Deficit)/Surplus (exc Cap. Don. & Im	(1.7)	0.2	1.9	(5.6)	(2.4)	3.2	(1.1)	(1.3)	G
EBITDA %	**0.9%**	**6.6%**		**2.8%**	**4.8%**				
Estimated impairments									
Capital Donations	2.8	2.3	(0.5)	11.3	8.4	(2.9)			

	31-Mar-15	31-Jul-15	31-Aug-15	RAG
NHS Debtor Days (YTD)	25.53	13.30	23.05	A
IPP Debtor Days	130.73	134.70	154.80	R
IPP Overdue Debt (£m)	6.36	6.75	8.77	R
Creditor Days	33.00	29.90	37.90	R
BPPC - Non-NHS (YTD) (number)	88.3%	85.5%	85.7%	A
BPPC - Non-NHS (YTD) (£)	91.8%	90.9%	90.3%	A

Closing Cash Balance

Planned and Actual Closing Cash Balances

Key Performance Indicators

KPI	Annual Plan	Q1 Plan	YTD Actual	Forecast	Rating
Liquidity	4	4	4	4	G
Capital Service Coverage	3	1	3	3	G
I&E Margin	4	3	4	4	G
Variance in I&E Margin as % of income	4	3	4	4	G
Overall	4	2	4	4	G

Final Calculations have not yet been issued by Monitor and therefore values may vary once official calculations are released
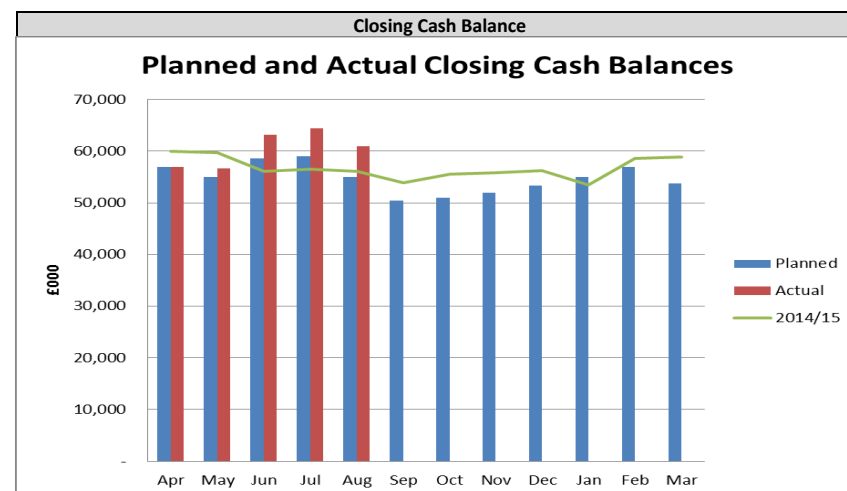
ACTIVITY AND INCOME

	Income from NHS & Other Clinical Activity £M year to date					Activity				
	YTD Actual (£m)	Variance to plan (£m)	Variance to plan (%)	Variance to Prior Year (£m)	Variance to Prior Year (%)	YTD Actual	Variance to plan	Variance to plan (%)	Variance to Prior	Variance to Prior Year (%)
Daycases	10.8	0.4	3.4%	1.4	15.2%	8,375	182	2.2%	593	7.6%
Elective Inpatients	22.0	(0.7)	-3.2%	(0.5)	-2.3%	5,109	(218)	-4.3%	18	0.4%
Non-Elective Inpatients	6.0	0.2	3.9%	0.4	6.2%	728	(33)	-4.5%	12	1.7%
Bed days	18.9	0.2	1.2%	(0.1)	-0.4%	15,334	108	0.7%	488	3.3%
Outpatients	15.3	(1.2)	-7.6%	(0.8)	-4.9%	60,781	(5,252)	-8.6%	(3,209)	-5.0%
Other eg. Highly Specialised	28.1	1.2	4.2%	(1.2)	-4.2%					
Total	101.1	(0.2)	-0.2%	(0.9)	-0.8%					

STAFF

Year	YTD Total Pay (£m)	YTD Agency (£m)	Agency as % of Total Pay	YTD Bank (£m)	Bank as % of Total Pay
2015/16	89.6	1.8	2.0%	6.1	6.8%
2014/15	88.7	2.1	2.4%	5.6	6.3%
Movement	0.8	(0.4)	-0.4%	0.5	0.5%

PATIENT ACTIVITY

Inpatient and Daycase

Outpatients

Bed Days

Staff costs by category M5 2014-15 M5 2015-16 £000s

M5 - Agency Spend % of Total Pay Spend
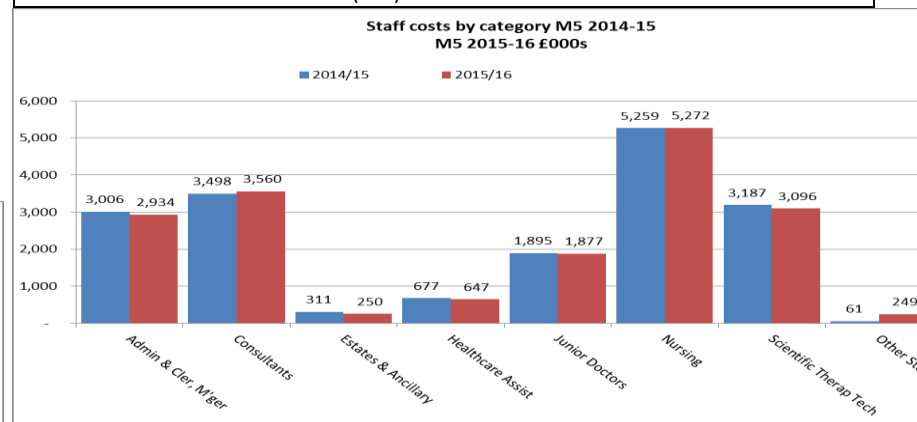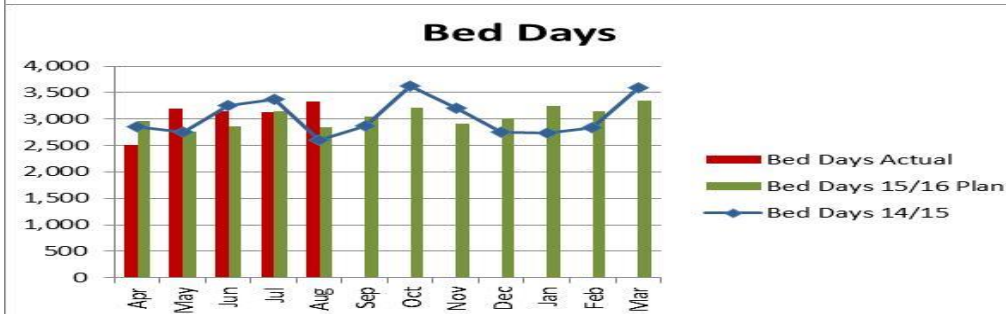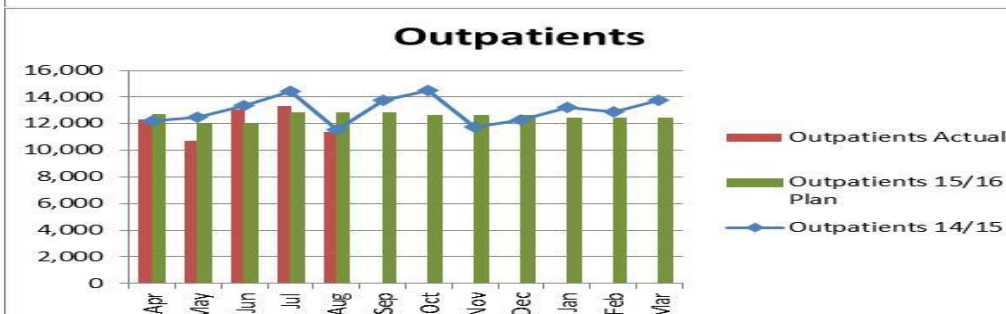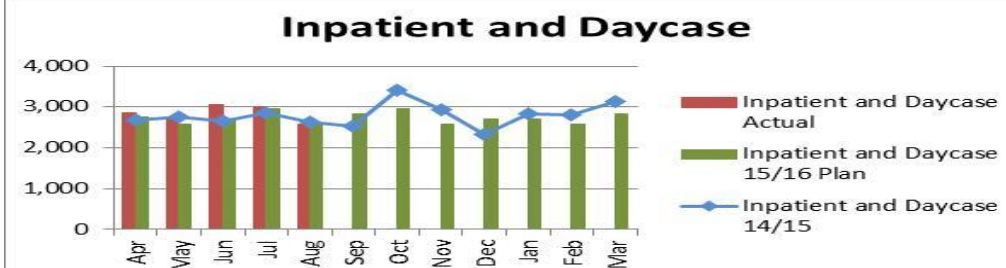
TRADING POSITION AND EXPENDITURE

Trust Pay Position
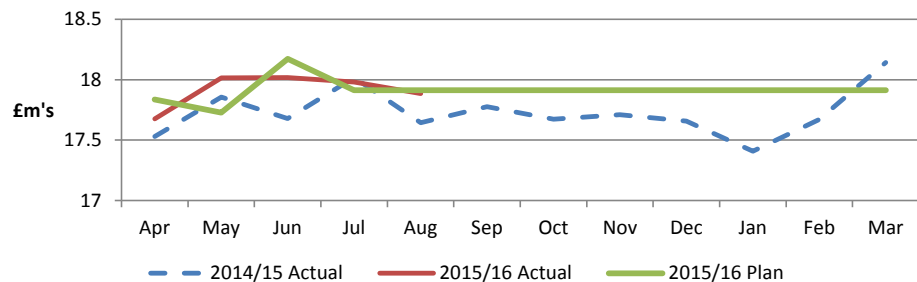
Trust Income Position
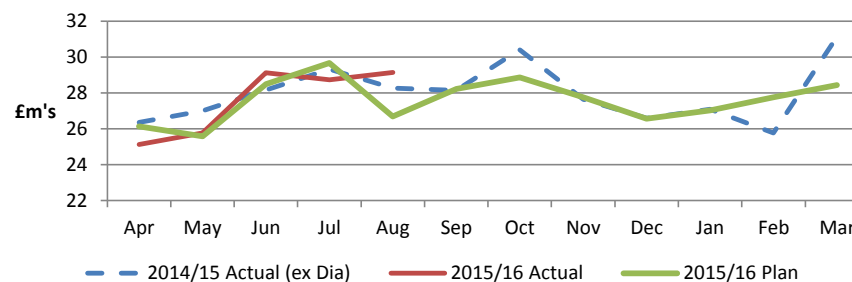
Trust Non-Pay Position (exc. pass through)
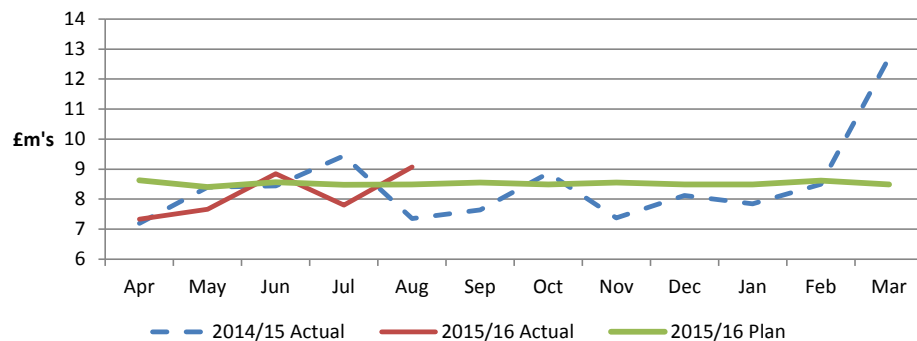
PE Plan 2015/16 - Base & Risk Adjusted
Yearly RAG Rated Plans & Monthly Plans
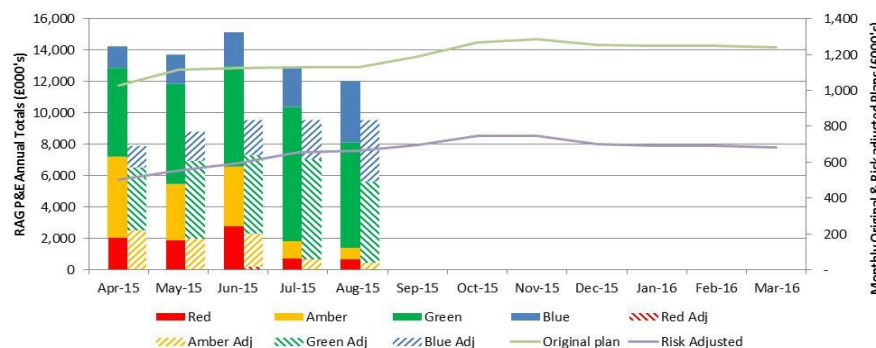
Trading Position - Unit Summary £m		Income		Pay		Non-Pay		Contribution	
		Actual	Variance	Actual	Variance	Actual	Variance	Actual	Variance
CCCR		33.4	0.4	(18.3)	(0.4)	(5.7)	(0.7)	10.7	(0.7)
ICI		18.8	(0.2)	(13.3)	0.1	(1.8)	(0.5)	3.7	(0.6)
MDTS		16.5	0.1	(16.3)	(0.2)	(3.9)	0.2	(3.5)	0.1
Neurosciences		15.8	0.9	(10.5)	(0.4)	(2.0)	0.1	3.3	0.6
Surgery		20.8	(1.8)	(14.3)	(0.9)	(5.2)	(0.2)	2.4	(2.9)
Pass Through		21.5	(2.2)	0.0	0.0	(21.5)	2.2	0.0	0.0
IPP		19.3	1.6	(3.2)	0.0	(4.5)	(1.9)	9.1	(0.2)
Total Clinical Divisions		**146.3**	**(1.1)**	**(75.9)**	**(1.8)**	**(44.7)**	**(0.7)**	**25.6**	**(3.7)**
Research & Innovation		6.5	(0.2)	(3.6)	(0.1)	(1.4)	0.5	1.5	0.2
Corporate Departments		3.2	(0.3)	(9.5)	0.8	(15.3)	(0.0)	(21.7)	0.5
Other		3.4	0.8	(0.5)	1.1	(0.7)	4.2	2.2	6.1
Total Trust		**159.4**	**(0.9)**	**(89.6)**	**0.0**	**(62.2)**	**4.0**	**7.6**	**3.1**

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **30ᵗʰ September 2015**	
CQC National Children's Inpatient and Day Case Survey results 2014 **Submitted by:** Juliette Greenwood Chief Nurse	**Paper No: Attachment S**

Aim
The aim of this report is to provide a summary of the first CQC National Children's Inpatient and Day Case Survey results 2014 and to advise the board of the next steps.

Summary
On the 1st July 2015 the Care Quality Commission published the first national children's inpatient and day case survey results 2014. A full report will be provided to the board in September 2015 but summary results show:-

• Overall response rate of 30% (3% above the national average)
• GOSH were green (amongst the best hospitals) on 4 scores
• GOSH had 0 scores in the red (amongst the worst performing hospitals). Children and young people scored their overall experience as 8.5/10 whilst parents rated their experience as 8.7/10. This is comparable to other children's hospitals but lower than the best performing Trusts who achieved up to 9.4/10 for each.
• Neither GOSH or the other children's hospitals were in the top 5 performing Trusts on the survey and whilst the results were not cause for concern the results were mediocre in comparison to the Trusts ambitions of being the best Children's Hospital in the world and providing an excellent patient experience.

Actions that will be taken in response to the results include:-
1. To develop a business case and secure funding for a real time patient experience system by March 2016. A real time system will enable the Trust to ask more detailed questions of patients and families on an on-going consistent basis, use this information for improvement and track performance over time.

2. Consult with patients and families about what the 'best patient experience' looks like. This will be done using social media and will be undertaken by the end of December 2015 and reported by the end of February 2016.

3. Existing Trust work streams will be reviewed to identify whether any additional actions related to survey feedback can be incorporated. An action plan will be developed for all other areas not covered by existing work streams. This will be completed by the end of November 2015.

4. The new Patient Experience and Engagement Committee will be charged with overseeing the delivery and achievement of the action plan, this will include routine reporting from Divisions in relation to the actions they are taking in response to the survey.

5. The results will be communicated in Roundabout and via relevant committees.

Action required from the meeting
To note the results of the survey and the actions being taken in response to the survey.

Contribution to the delivery of NHS Foundation Trust strategies and plans
This contributes to the Trusts strategic objective to be the number 1 children's hospital in the world and to provide an excellent patient experience.

Financial implications
Not applicable

Who needs to be told about any decision?

Caroline Joyce Assistant Chief Nurse Quality & Patient Experience.

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

Caroline Joyce Assistant Chief Nurse Quality & Patient Experience.

Who is accountable for the implementation of the proposal / project?
Juliette Greenwood Chief Nurse

Attachment S

Great Ormond Street Hospital for Children NHS Foundation Trust

National CQC Children's inpatient and day case survey 2014.

The purpose of this report is to inform Trust Board of the results of the first ever Care Quality Commission (CQC) National Children's Inpatient and Day Case survey 2014. The report includes the analysis of the results and highlights of benchmarking conducted against other children's hospitals and the top five performing hospitals participating in the survey. The report identifies areas for improvement and how the results will be communicated and acted upon.

1. Background
On the 1st July 2015 the CQC published the first mandatory national children's inpatient and day case survey results undertaken in 2014. 137 Trusts participated in the survey including specialist Children's hospital's and paediatric units within general hospitals.

The methodology for the survey is based on the National CQC Adult inpatient survey that is conducted annually, the results of which are used by the CQC, Monitor, Health Watch and other regulatory bodies as part of their inspection and monitoring processes for patient experience within Trusts. NHS England will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health will hold them to account on the outcomes they achieve. The aim of the survey is to drive improvement in patient experience and allow comparability between different organisations.

The Trust was required to follow a standard process as set out by the CQC and were unable to change the questionnaire or process for the conduction of the survey. Four survey providers were identified by the CQC and GOSH chose the Picker Institute Europe who are the leading survey provider for the national surveys. Surveys were conducted via post and online.

Patients and families surveyed were those who had been admitted and discharged within the month of August 2014 as set out in the CQC specification. Questions were asked of

- Children and young people aged 8 – 15 years
- Parents and carers of patients aged 0 – 15 ears
- Some questions were specifically aimed at parents and carers of patients aged 0 – 7 years.

52 Questions were asked in relation to:-

- Going into hospital
- The hospital ward
- Hospital staff
- Speaking with patients and providing information
- Facilities for parents and carers
- Pain
- Operations and procedures
- Being prepared to leave hospital
- Overall experience.

Questionnaires and reminders were sent out between October 2014 and January 2015. The full results were received on the 23rd June 2015.

Attachment S

The CQC converted each Trusts survey responses into a scoring system on a scale of 0 – 10 with results standardised to enable fair comparisons to be made. Results have been standardised in different ways for the different groups that took part in this survey. The data provided by children aged 8-15 has been standardised by route of admission (whether a patient was admitted as an emergency or their admission was planned) and the type of stay (day case or inpatient). The data provided by parents or carers of children aged 0-15 has been standardised by the same two variables plus survey age group (whether the child was aged 0-7 or 8-15). This helps to ensure that each trust's profile reflects the national distribution (based on all of the respondents to the survey). It therefore enables a more accurate comparison of results from trusts with different population profiles. In most cases this will not have a large impact on trust results; it does, however, make comparisons between trusts as fair as possible.

2. Response rate
GOSH achieved an overall response rate of 30% (3% above the national average) with 68% from a white Caucasian background and 31% from a black and ethnic minority (BME) background (10% above the national average for BME responses).

3. Rating of overall experience.

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 – 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the Trust is performing.
GOSH children and young people scored their overall experience as 8.5 out of 10 (0.2 above the median of 8.3) whilst parents rated their experience as 8.7 out of 10 (0.3 above the median of 8.4). This is comparable to other children's hospitals but lower than the best performing Trusts who achieved up to 9.4 out of 10 for each. This is a disappointing result and there is much work to be done to ensure the Trust achieves its objective of being the best children's hospital in the world in relation to patient experience.

A range of factors and aggregated scores impact on the Trusts overall CQC rating following an inspection. In relation to patient experience an overall trust rating will not normally be 'outstanding' unless its score in the most recent national inpatient survey (question relating to overall experience) is higher than the median for the country. In this regard the Trust was above the median score for both children and young people, and parent's feedback.

4. Best and worst performing scores.
The CQC use an analysis technique called the 'expected range' which determines the range within which the trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust and the scores for all other Trusts. If the Trust's performance is outside of this range, it means that it performs significantly above/below what would be expected. If it is within this range, we say that its performance is 'about the same'. This means that where a trust is performing 'better' or 'worse' than the majority of other trusts, it is very unlikely to have occurred by chance.

4.1 Best performing scores

GOSH were green (amongst the best hospitals) on 4 scores (out of 52) and had 0 scores in the red (amongst the worst performing hospitals).

Attachment S

The 4 green scores related to the following questions:-

1. All parents and carers said they were encouraged to be involved in decisions about the child's care and treatment (8.5/10)
2. Parents and carers of 0-7 year olds said the hospital staff played with their child while they were in hospital (9.3/10)
3. Children and young people said hospital staff did everything they could to help their pain (9.4/10)
4. All parents and carers said staff explained to parents and carers what would be done during the operation or procedure (9.8/10)

It should be noted that the Trust only just achieved green on encouraging parental involvement in decisions about their child's care and treatment. This score of 8.5 out of ten was not one of the better performing scores in the context of the overall survey.

In addition the Trust came within 0.1 – 0.2 of green on 11 responses.

4.2 Worst performing scores

The Trust did not have any scores in the red but came very close to being red on the following 4 questions:-

1. Parents and carers of 0-7 year olds said the hospital did not change the admission date 8.5/10 (0.25 away from red)
2. Children and young people said they liked the hospital food 5.4/10 (0.2 away from red)
3. All parents and carers said members of staff caring for their child worked well together 8.5 /10 (0.4 from red)
4. Children and young people said someone at the hospital talked to them about any worries they had 7.3/10 (0.3 from red)

Full analysis of the Trust performance in relation to red and green scores and the number of points away from Top can be found in appendix 1.

5. Benchmarking with other hospitals

GOSH results have been analysed and benchmarked against the performance of 9 other children's hospitals/large Children's units and the top 5 performing Trusts in relation to the survey as identified by the CQC. Neither GOSH or the other children's hospitals were in the top 5 performing Trusts on the survey. Full results of this analysis can be found in appendix 2 and 3.

5.1 The Top 5 performing Trusts on the survey were:-

1. Queen Victoria NHS Foundation Trust (40 green scores)
2. Moorfields Eye Hospital (27 green scores)
3. North Devon Healthcare NHS Trust (22 green scores)
4. Salisbury NHS Foundation Trust 914 (14 green scores)
5. East Lancashire Hospital Trust (13 green scores)

5.2 GOSH ranking against other children's hospitals

GOSH scores were compared to 9 other children's hospitals / large children's units (see appendix 3 for details) Overall the scores were very similar with several Trusts scoring closely on many questions.

Attachment S

 GOSH were top or joint top on 16/53 questions and bottom/joint bottom on 4/53 questions. It should be noted that this includes a score of 9.6 /10 in response to parents and carers said 'Their child was not cared for on an adult ward'. Analysis of the data shows that two GOSH respondents stated that their child was on an adult ward.

The demographics of the GOSH survey results and levels of satisfaction within the questions most closely match with our geographical neighbour the Evelina Children's Hospital who achieved 4 green scores and 1 red.

6. Positive themes and areas for improvement

A summary of the positive themes and areas identified for improvement have been aligned with 'Our Always Values' and are summarised below.

6.1 Positive themes

- Welcoming
- New members of staff introducing themselves
- Staff being friendly
- Staff playing with their child while they were in hospital

Expert – safe

- Patients and families feeling safe on the ward and that their child was well cared for
- Trust and confidence in staff
- Children and young people said hospital staff did everything they could to help their pain
- Satisfaction with cleanliness

One Team

- Staff explained to parents and carers what would be done during the operation or procedure and answered any questions

6.2 Areas identified for improvement

Welcoming

- Management of admission dates i.e. providing a choice of admission date and not changing admission dates

Expert

- Satisfaction with food
- Satisfaction with facilities for staying overnight
- Members of staff's awareness of the child's medical history
- Discharge planning – particularly knowing what would happen next once they leave, provision of written information and talking to children and young people themselves about discharge

One team

- Listening to, and communicating directly with children and young people.
- Consistency of communication with children, young people and their parents
- Members of staff caring for their child working well together.

4

Attachment S

Conclusions

In conclusion whilst it is recognised that there are limitations to this survey in relation to the timing of the survey and the volume of responses received in comparison to the number of patients who use our services, it nevertheless enables the Trust to benchmark our patient experience for the first time. In doing so our performance can best be described as mediocre. Whilst the survey results do not give cause for concern they clearly demonstrate that the Trust has much work to do if it is to achieve its objectives of delivering an excellent patient experience and being the number one children's hospital in the world.

Next steps

1. To develop a business case and secure funding for a real time patient experience system by March 2016 to allow the Trust to more effectively and efficiently collect more detailed feedback about experiences than those collected in the CQC survey and the Friends and Family test. A real time system will enable the Trust to ask more detailed questions of patients and families on an on-going consistent basis, use this information for improvement and track performance over time.

2. Consult with patients and families about what the 'best patient experience' looks like. This will be done using social media and will be undertaken by the end of December 2015 and reported by the end of February 2016.

3. Existing Trust work streams will be reviewed to identify whether any additional actions related to survey feedback can be incorporated. An action plan will be developed for all other areas not covered by existing work streams. This will be completed by the end of November 2015.

4. The new Patient Engagement and Experience Committee will be charged with overseeing the delivery and achievement of the action plan, this will include routine reporting from Divisions in relation to the actions they are taking in response to the survey.

5. The results will be communicated in Roundabout and via relevant committees

Caroline Joyce

Assistant Chief Nurse Quality & Patient Experience.

Appendix 1:- GOSH Analysis

GOSH Analysis

		Great Ormond Street	Lowest trust score achieved	Highest trust score achieved	Points from red	Points from green	Points from top
Going to hospital							
	Children and young people said:						
	When arriving at the hospital, they were told what would happen to them whilst there	8.3	7.3	9.7	1		1.4
	All parents and carers said:						
	Hospital staff told them what would happen to their child in hospital	8.9	7.1	9.9		0.1	1
	Parents and carers of 0 to 7 year olds said:						
	The hospital gave them a choice of admission dates	3.9	1.6	7.1	1.7		3.2
	The hospital did not change the admission date	8.5	7.6	9.9	0.25		1.4
The hospital ward							
	Children and young people said:						
	They felt safe on the hospital ward	9.4	8.7	9.9		0.6	0.5
	They liked the hospital food	5.4	4.9	9.3	0.2		3.9
	They were given enough privacy when receiving care and treatment	8.9	7.7	9.8		0.9	0.9
	All parents and carers said:						
	The ward had appropriate equipment or adaptations for	9.1	7.7	9.9		0.4	0.8

	their child						
	The hospital room or ward their child stayed on was clean	9.2	7.5	9.9		0.3	0.7
	Their child did not stay on an adult ward	9.6	8.6	10			0.4
	Parents and carers of 0 to 7 year olds said:						
	They felt their child was safe on the hospital ward	9.3	8.0	10		0.7	0.7
	Their child was given enough privacy when receiving care and treatment	8.7	8.1	9.9		0.6	1.2
	There were appropriate things for their child to play with on the ward	8.3	6.3	9.7		0.7	1.4
	Their child liked the hospital food	6.0	3.9	7.7	1.1	1.1	1.7
Hospital staff							
	All parents and carers said:						
	A member of staff agreed a plan with them for the child's care	9.3	7.1	10		0.2	0.7
	They had confidence and trust in the members of staff treating their child	9.1	7.5	9.9		0.4	0.8
	They were encouraged to be involved in decisions about the child's care and treatment	8.5	6.7	9.0			0.5
	Members of staff were aware of the child's medical history	7.7	6.6	9.2	0.7		1.5
	Staff knew how to care for the child's individual or special needs	8.5	7.5	9.9		0.5	1.4
	Staff were available when their child needed attention	8.2	7.1	9.7	0.7	0.7	1.5
	Members of staff caring for their child worked well together	8.5	7.4	9.8	0.4		1.3
	Parents and carers of 0 to 7 year olds said:						
	The hospital staff played with their child while they were in hospital	9.3	4.2	9.8			0.5
	Their child was well looked after by hospital staff	9.3	7.9	10		0.3	0.7
Speaking with parents and providing							

information							
	Children and young people said:						
	Staff talked to them in a way they could understand	8.6	7.3	9.9	0.6		1.3
	Someone at the hospital talked to them about any worries they had	7.3	6.3	9.7	0.3		2.4
	The people looking after them listened to them	8.9	7.3	9.6		0.3	0.7
	The people looking after them were friendly	9.5	8.3	10		0.2	0.5
	All parents and carers said:						
	Staff gave them information about the child's condition and treatment in a way they could understand	9.0	8.1	10	0.5	0.5	1
	Hospital staff kept them informed about what was happening whilst the child was in hospital	8.8	7.1	9.4		0.1	0.6
	Staff asked if they had any questions about their child's care	8.6	6.6	9.7		0.2	1.1
	Parents and carers of 0 to 7 year olds said:						
	New members of staff treating the child introduced themselves	9.1	7.4	9.5		0.2	0.4
	Members of staff communicated with the child in a way they could understand	8.2	6.5	9.3		0.5	1.1
	They were not told different things by different people, which left them feeling confused	7.7	6.7	10	0.5		2.3
	The people looking after their child listened to them	8.9	7.2	9.8		0.3	0.9
	The people looking after their child were friendly	9.4	7.7	9.8		0.3	0.4
	Staff treated them with respect and dignity	9.5	8.1	10		0.2	0.5
Facilities for parents and carers							
	All parents and carers said:						
	They had access to hot drinks facilities at the hospital	9.5	6.7	9.9		0.2	0.4

	The facilities for staying overnight for parents and carers were good	7.5	5.2	8.7		0.6	1.2
Pain							
	Children and young people said:						
	Hospital staff did everything they could to help their pain	9.4	7.3	9.9			0.2
	All parents and carers said:						
	Hospital staff did everything they could to ease the child's pain	8.8	7.4	9.8		0.4	1
Operations and procedures							
	Children and young people said:						
	Someone told them what would be done, before the operation or procedure	9.7	8.1	9.9		0.1	0.2
	Someone from the hospital explained how the operation or procedure went, in a way they could understand	8.4	6.6	9.5		0.6	1.1
	All parents and carers said:						
	Staff explained to parents and carers what would be done during the operation or procedure	9.8	8.3	10			0.2
	Staff answered their questions about the operation or procedure, in a way they could understand	9.6	8.4	9.8		0.1	0.2
	Someone from the hospital explained how the operation or procedure had gone, in a way they could understand	9.0	7.6	9.8		0.4	0.8
Being prepared to leave hospital							
	Children and young people said:						
	Hospital staff told them what to do or who to talk to if worried about anything when home	7.9	6.5	9.3	0.5		1.4
	All parents and carers said:						
	They were given enough information on how their child should use and take any new medicine	9.6	8.8	10		0.4	0.4
	They were given advice on how to care for the child	8.7	7.5	9.8		0.5	1.1

	when home						
	They were told what would happen next after the child left hospital	8.1	6.8	9.9		0.5	1.8
	They were given written information about the child's condition or treatment to take home	7.3	4.5	9.7	0.5		2.4
	Parents and carers of 0 to 7 year olds said:						
	They were told what to do or who to talk to, if worried about their child when home	8.8	7.1	9.9		0.4	1.1
Overall experience							
	Children and young people said:						
	They had a good overall experience of care in the hospital	8.5	7.2	9.4		0.5	0.9
	All parents and carers said:						
	They felt their child had a good experience of care in the hospital, overall	8.7	7.3	9.4		0.2	0.7

Appendix 2
Summary Benchmarked Data

	Response rate	% response white Caucasian	%response BME groups	Overall satisfaction - Children & young people	Overall satisfaction – parents/carers	Number of Green scores (Best hospitals)	Number of red scores (worst hospitals)
GOSH	30%	68%	31%	8.5/10	8.7/10	4	0
Alder Hey	25%	86%	13%	8.3/10	8.5/10	3	0
Brighton Children's	39%	89%	11%	8.6/10	8.7/10	1	0
Birmingham Children's	29%	57%	43%	8.3/10	8.3/10	0	2
Bristol Children's	31%	88%	13%	8.5/10	8.5/10	1	0
Evelina	31%	61%	42%	8.4/10	8.7/10	4	1
Manchester Children's	25%	68%	32%	8.1/10	8.0/10	0	2
Nottingham	30%	75%	25%	8.2/10	8.3/10	0	1
Sheffield Children's	31%	83%	17%	8.3/10	8.5/10	1	0
Southampton	28%	87%	13%	7.8/10	8.5/10	1	1
Queen Victoria	37%	87%	14%	9.1/10	9.4/10	40	0
Moorfields Eye	34%	65%	36%	9.4/10	9.3/10	27	0
North Devon	27%	94%	6%	8.9/10	8.9/10	22	0
East Lancashire	23%	53%	47%	9.0/10	8.6/10	13	0
Salisbury	56%	53%	47%	8.6/10	8.8/10	14	0

Appendix 3 Full Benchmarked Data

		Great Ormond Street	Lowest trust score achieved	Highest trust score achieved	Alder Hey	Birmingham	Brighton	Bristol	Evelina	Manchester	Nottingham	Sheffield	Southampton	Queen Victoria	Moorfields	North Devon	East Lancashire	Salisbury	Gosh ranking against children's hospitals
Going to hospital																			
	Children and young people said:																		
	When arriving at the hospital, they were told what would happen to them whilst there	8.3	7.3	9.7	9.1	8.7	8.9	9.0	8.5	8.9	8.4	8.7	8.3	8.6	9.0	9.2	8.3	8.7	Bottom
	All parents and carers said:																		
	Hospital staff told them what would happen to their child in hospital	8.9	7.1	9.9	8.8	8.6	8.7	8.9	8.8	8.5	8.5	8.6	8.4	9.9	9.1	8.9	7.8	8.5	Joint top
	Parents and carers of 0 to 7 year olds said:																		

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	The hospital gave them a choice of admission dates	3.9	1.6	7.1	3.6	2.7	4.1	3.6	4.9	3.0	3.6	3.4	2.0		5.2		5.0	2.6	3rd
	The hospital did not change the admission date	8.5	7.6	9.9	9.0	8.3	9.4	8.6	8.3	8.3	9.1	8.8	8.8		8.8		9.6	8.8	7th
The hospital ward																			
	Children and young people said:																		
	They felt safe on the hospital ward	9.4	8.7	9.9	9.4	9.4	9.6	9.2	9.1	9.5	9.3	9.1	8.8	9.8	9.8	9.5	9.2	9.7	Joint 3rd
	They liked the hospital food	5.4	4.9	9.3	6.6	6.1	6.2	6.2	5.2	5.0	6.5	5.8	5.5	9.3		8.0	5.8	6.5	7th
	They were given enough privacy when receiving care and treatment	8.9	7.7	9.8	9.1	8.5	9.3	8.9	7.7	8.9	8.2	8.6	8.7	9.8	9.6	9.3	9.0	8.8	Joint 3rd
	All parents and carers said:																		
	The ward had appropriate equipment or adaptations for their child	9.1	7.7	9.9	8.6	8.5	9.0	8.9	9.0	8.8	8.6	8.5	8.7	9.9	9.7	9.3	8.6	8.9	Top
	The hospital room or ward their child stayed on was clean	9.2	7.5	9.9	8.4	8.7	8.7	9.2	8.9	8.3	8.4	8.8	8.4	9.9	9.5	9.4	8.5	9.4	Joint top
	Their child did not stay on an adult ward	9.6	8.6	10	10	9.7	9.9	10	9.9	10	10	10	9.8	9.9	10	9.9	9.8	9.2	Bottom
	Parents and carers of 0 to 7 year olds said:																		
	They felt their child was safe on the hospital ward	9.3	8.0	10	9.5	9.3	9.5	9.4	9.5	9.1	9.6	9.6	9.3	10	10	9.8	9.0	9.6	Joint 4th
	Their child was given enough privacy when receiving care and treatment	8.7	8.1	9.9	9.1	8.9	8.7	9.3	9.1	8.6	8.9	9.1	8.8	9.9	8.9	9.4	8.7	9.5	Joint 5th
	There were appropriate things for their child to play with on the ward	8.3	6.3	9.7	6.9	6.4	7.4	7.9	8.4	7.2	7.9	7.8	7.9	9.7	9.6	9.3	7.5	8.2	2nd
	Their child liked the hospital food	6.0	3.9	7.7	5.3	4.8	5.2	5.9	5.5	5.4	5.8	6.2	5.3		6.7	6.0	5.7	6.2	3rd
Hospital staff																			

	All parents and carers said:																		
	A member of staff agreed a plan with them for the child's care	9.3	7.1	10	9.0	8.7	8.7	8.9	9.5	8.8	8.7	8.5	8.9	10	9.7	9.1	8.7	9.0	2nd
	They had confidence and trust in the members of staff treating their child	9.1	7.5	9.9	8.9	8.6	8.7	8.8	8.8	8.8	9.0	9.1	8.7	9.9	9.7	9.4	8.7	9.2	Joint top
	They were encouraged to be involved in decisions about the child's care and treatment	8.5	6.7	9.0	8.4	8.2	7.7	8.2	8.6	7.8	8.1	8.1	7.8	9.0	8.5	8.6	7.7	8.1	2nd
	Members of staff were aware of the child's medical history	7.7	6.6	9.2	7.6	7.2	7.6	7.6	7.5	7.7	7.4	7.2	7.4	9.2	8.0	7.8	7.2	7.9	Joint top
	Staff knew how to care for the child's individual or special needs	8.5	7.5	9.9	8.4	8.1	8.2	8.4	8.6	8.0	8.3	8.1	8.1	9.9	8.9	8.8	7.8	8.9	2nd
	Staff were available when their child needed attention	8.2	7.1	9.7	8.1	8.1	8.3	8.3	8.2	7.4	8.2	8.0	8.3	9.7	8.9	9.0	7.6	8.8	Joint 2nd
	Members of staff caring for their child worked well together	8.5	7.4	9.8	8.6	8.6	8.7	8.7	8.8	8.1	8.6	8.5	8.5	9.8	9.7	9.2	8.1	9.1	Joint 3rd
	Parents and carers of 0 to 7 year olds said:																		
	The hospital staff played with their child while they were in hospital	9.3	4.2	9.8	7.4	7.2	7.1	8.4	8.4	7.1	6.5	6.4	7.7		9.7	7.5	7.9	8.1	Top
	Their child was well looked after by hospital staff	9.3	7.9	10	9.2	8.7	9.2	9.0	9.3	8.8	9.1	9.3	9.1	10	9.7	9.5	9.0	9.6	Joint top
Speaking with parents and providing information																			
	Children and young people said:																		
	Staff talked to them in a way they could understand	8.6	7.3	9.9	9.1	8.8	9.3	9.2	8.7	8.8	8.6	8.2	7.5	9.8	9.3	9.5	8.6	9.3	Joint 6th

Question	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14	C15	C16	C17	Rank
Someone at the hospital talked to them about any worries they had	7.3	6.3	9.7	9.0	8.9	8.6	8.8	8.6	8.5	8.3	7.9	7.8	9.7		9.2	7.4	8.4	Bottom
The people looking after them listened to them	8.9	7.3	9.6	8.4	8.8	9.1	9.0	9.1	8.5	8.6	8.5	8.3	9.5	9.6	9.6	8.6	8.9	3rd
The people looking after them were friendly	9.5	8.3	10	9.2	9.6	9.7	9.5	9.5	9.4	9.2	9.2	8.6	9.9	9.5	9.7	9.3	9.7	Joint 3rd
All parents and carers said:																		
Staff gave them information about the child's condition and treatment in a way they could understand	9.0	8.1	10	9.3	9.0	9.1	9.1	9.3	9.0	9.2	9.2	9.1	10	9.8	9.6	8.7	9.2	Joint bottom
Hospital staff kept them informed about what was happening whilst the child was in hospital	8.8	7.1	9.4	8.8	8.4	8.1	8.4	9.0	8.2	8.4	8.1	8.0	9.4	9.1	9.0	7.8	8.8	Joint 2nd
Staff asked if they had any questions about their child's care	8.6	6.6	9.7	8.3	8.6	8.5	8.4	8.9	8.2	8.2	8.3	8.1	9.7	9.2	9.0	8.0	8.9	Joint 2nd
Parents and carers of 0 to 7 year olds said:																		
New members of staff treating the child introduced themselves	9.1	7.4	9.5	8.8	8.7	8.4	8.6	9.0	8.4	8.7	9.1	8.9	9.5	9.5	8.7	8.1	9.0	Joint top
Members of staff communicated with the child in a way they could understand	8.2	6.5	9.3	8.8	7.9	8.1	7.9	8.1	7.7	7.7	8.0	7.8	9.3	8.9	8.4	7.7	8.7	2nd
They were not told different things by different people, which left them feeling confused	7.7	6.7	10	7.3	7.5	8.2	8.2	8.1	7.7	8.0	8.3	8.4	10.0	8.7	9.0	8.0	8.8	Joint 4th
The people looking after their child listened to them	8.9	7.2	9.8	8.9	8.5	8.5	8.8	8.8	8.2	8.5	8.5	8.9	9.8	9.0	9.0	8.4	9.1	Joint top
The people looking after their child were friendly	9.4	7.7	9.8	9.1	8.6	9.0	9.0	9.2	8.7	9.1	9.2	9.2	9.5	9.6	9.7	8.8	9.5	Top

	Staff treated them with respect and dignity	9.5	8.1	10	9.2	9.0	9.2	9.2	9.3	8.8	9.2	9.3	9.2	10	9.8	9.6	8.9	9.5	Top
Facilities for parents and carers																			
	All parents and carers said:																		
	They had access to hot drinks facilities at the hospital	9.5	6.7	9.9	8.9	9.5	9.4	8.1	8.6	8.3	9.1	8.5	8.8	9.3		8.3	9.4	8.5	8.6	Joint top
	The facilities for staying overnight for parents and carers were good	7.5	5.2	8.7	6.9	6.9	6.9	6.9	7.2	7.6	6.9	7.1	6.9			7.6	6.9	8.6	2nd
Pain																			
	Children and young people said:																		
	Hospital staff did everything they could to help their pain	9.4	7.3	9.9	8.8	9.2	9.2	9.1	8.9	8.8	9.2	8.5	8.0			9.4		9.0	Top
	All parents and carers said:																		
	Hospital staff did everything they could to ease the child's pain	8.8	7.4	9.8	8.6	8.7	8.9	8.7	8.6	8.5	8.4	9.0	8.4	9.8	8.8	9.0	8.5	9.3	2nd
Operations and procedures																			
	Children and young people said:																		
	Someone told them what would be done, before the operation or procedure	9.7	8.1	9.9	9.3	9.5	9.9	9.5	9.6	9.4	9.6	9.4	8.5	9.8	9.5	9.7		9.3	2nd
	Someone from the hospital explained how the operation or procedure went, in a way they could understand	8.4	6.6	9.5	8.4	7.8	7.9	8.4	8.5	8.7	7.9	7.0	6.6	8.5	9.1	8.5		8.2	Joint 3rd
	All parents and carers said:																		
	Staff explained to parents and carers what would be done during the operation or procedure	9.8	8.3	10	9.5	9.4	9.3	9.4	9.1	9.2	9.4	9.4	9.4	9.5	9.7	9.7	9.3	9.5	Top

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	Staff answered their questions about the operation or procedure, in a way they could understand	9.6	8.4	9.8	9.4	9.2	9.5	9.5	9.3	9.3	9.3	9.4	9.4	9.8	9.2	9.7	9.2	9.4	Top
	Someone from the hospital explained how the operation or procedure had gone, in a way they could understand	9.0	7.6	9.8	9.4	8.9	9.1	9.0	9.1	8.7	8.9	8.7	9.4	9.6	9.3	9.5	8.5	9.0	Joint 3rd
Being prepared to leave hospital																			
	Children and young people said:																		
	Hospital staff told them what to do or who to talk to if worried about anything when home	7.9	6.5	9.3	8.4	8.0	8.0	8.3	8.0	7.9	8.3	7.5	7.4	9.3		9.3	8.1	8.7	Joint 5th
	All parents and carers said:																		
	They were given enough information on how their child should use and take any new medicine	9.6	8.8	10	9.6	9.6	9.5	9.4	9.8	9.6	9.4	9.7	9.7	10	9.9	9.8	9.8	9.8	Joint 3rd
	They were given advice on how to care for the child when home	8.7	7.5	9.8	8.9	8.6	8.4	8.4	8.8	8.7	8.6	8.5	8.1	9.8	9.5	9.1	8.4	9.1	Joint 3rd
	They were told what would happen next after the child left hospital	8.1	6.8	9.9	8.2	7.7	7.5	8.3	8.1	8.0	8.0	8.1	8.3	9.9	9.5	8.6	7.8	8.6	Joint 3rd
	They were given written information about the child's condition or treatment to take home	7.3	4.5	9.7	8.1	8.0	8.2	8.8	7.7	8.2	8.1	8.5	7.2	9.6	8.3	8.5	7.5	8.9	7th
	Parents and carers of 0 to 7 year olds said:																		
	They were told what to do or who to talk to, if worried about their	8.8	7.1	9.9	9.1	8.8	8.1	8.7	8.4	8.3	8.7	8.6	9.0	9.9	9.3	8.9	8.8	9.4	Joint 3rd

	child when home																		
Overall experience																			
	Children and young people said:																		
	They had a good overall experience of care in the hospital	8.5	7.2	9.4	8.3	8.3	8.6	8.5	8.4	8.1	8.2	8.3	7.8	9.1	9.4	8.9	8.2	8.6	2nd
	All parents and carers said:																		
	They felt their child had a good experience of care in the hospital, overall	8.7	7.3	9.4	8.5	8.3	8.4	8.5	8.7	8.0	8.3	8.5	8.3	9.4	9.3	8.9	8.1	8.8	Joint top

ATTACHMENT T – to follow

Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

Trust Board **30th September 2015**	
Staff Friends and Family Test Q2 Results **Submitted by:** Ali Mohammed, Director of HR and OD	**Paper No: Attachment U**
Aims / summary To report the latest FFT results.	
Action required from the meeting To note the latest Staff FFT results.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Measuring progress towards our strategic objective to become an excellent place to work and learn.	
Financial implications None	
Who needs to be told about any decision? Feedback is provided to all clinical and corporate management teams.	
Who is responsible for implementing the proposals / project and anticipated timescales? All in management roles.	
Who is accountable for the implementation of the proposal / project? Director of HR and OD	

Great Ormond Street Hospital for Children NHS Foundation Trust
Paper to the Trust Board

Staff Friends and Family Test Results

Introduction and Background
The Staff Friends and Family Test was launched in June 2014. All NHS trusts
must survey their staff each quarter (except Q3, when the annual survey takes
place). The test asks staff if they would recommend the Trust as a place to work,
and as a place to be treated.

Performance to date
The graph below shows performance over the 5 quarters. In both questions
GOSH (represented by the solid lines) has performed significantly better than
average NHS trusts (shown in the graph below by broken lines), and matches the
performance of other specialist trusts (dotted lines).

Likelihood to Recommend – % Extremely Likely / Likely

Legend:
- Care
- Care (England Ave.)
- Care (Specialist Ave.)
- Work
- Work (England Ave.)
- Work (Specialist Ave.)

Care values: 95%, 94%, 94%, 94%, 96%
Work values: 70%, 74%, 73%, 71%, 71%

X-axis: Q1 Apr - Jun 14, Q2 Jul - Sep 14, Q4 Jan - Mar 15, Q1 Apr - Jun 15, Q2 Jul - Sep 15
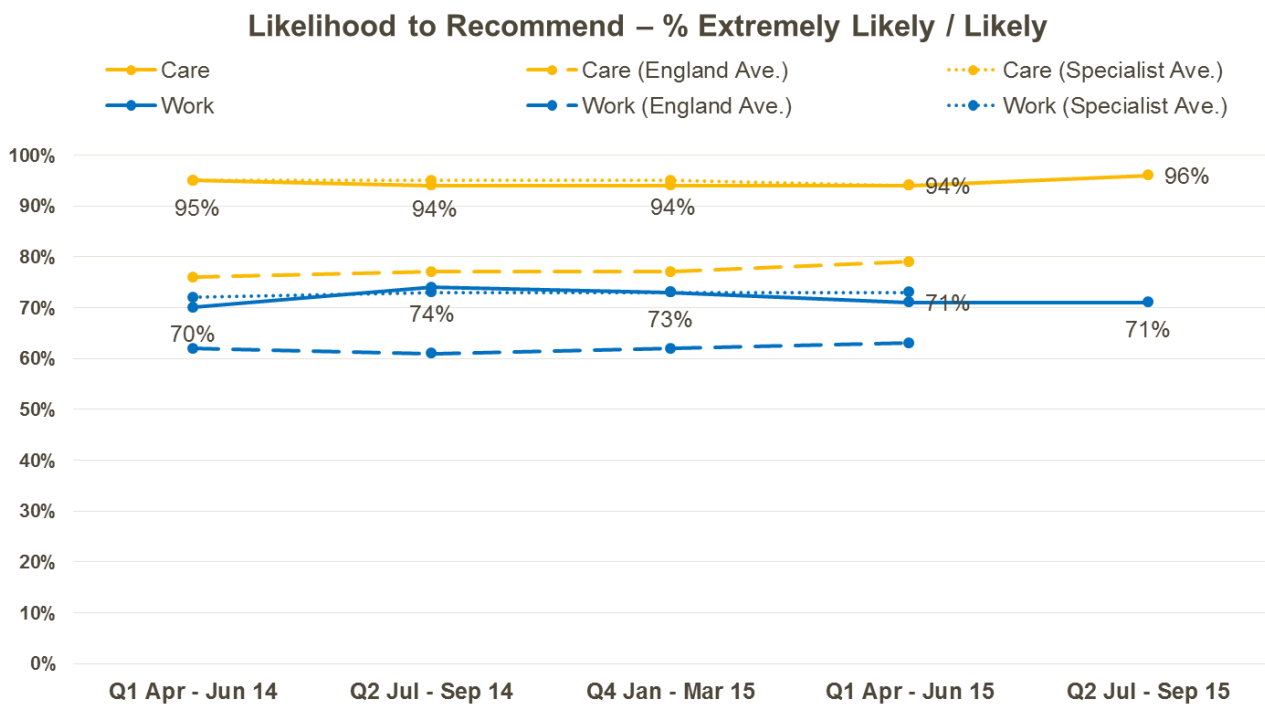
The breakdown of scores in the most recent quarter each *staff group* is as follows:

Care or Treatment

Under 90% Recommending	Between 90% to 94% Recommending	95% or more Recommending

	Q1 2014	Q2 2014	Q4 2015	Q1 2015	Q2 2015
Trust Average	**95%**	**94%**	**94%**	**94%**	**96%**
Add Prof Scientific and Technic	95%	92%	95%	93%	98%
Additional Clinical Services	94%	97%	95%	98%	100%
Administrative and Clerical	93%	92%	92%	94%	93%
Allied Health Professionals	94%	92%	94%	93%	100%
Estates and Ancillary	100%	100%	88%	91%	71%
Healthcare Scientists	100%	100%	97%	92%	100%
Medical and Dental	96%	89%	92%	89%	96%
Nursing and Midwifery Registered	95%	95%	97%	94%	96%

Place to work

Under 70% Recommending	Between 70% and 74% Recommending	75% or more Recommending

	Q1 2014	Q2 2014	Q4 2015	Q1 2015	Q2 2015
Trust Average	**70%**	**74%**	**73%**	**71%**	**71%**
Add Prof Scientific and Technic	57%	58%	58%	62%	50%
Additional Clinical Services	73%	82%	73%	85%	70%
Administrative and Clerical	63%	65%	72%	70%	65%
Allied Health Professionals	74%	69%	78%	65%	87%
Estates and Ancillary	73%	67%	75%	82%	71%
Healthcare Scientists	80%	75%	84%	81%	75%
Medical and Dental	63%	81%	70%	58%	75%
Nursing and Midwifery Registered	77%	81%	78%	72%	78%

Commentary

It is the first time reports have been available in this format, and the following points are noted:

- There are significant fluctuations month-to-month within many staff groups. The survey is sent to one third of staff each month and a relatively small number of responses within any group can therefore significantly affect the results.
- Similarly, significant changes affecting a particular group or department can be reflected in the results. Nonetheless, the overall Trust results each quarter have remained very stable, suggesting that a majority of staff would consistently recommend GOSH.

Actions

The following actions are being taken in response to these results:
- The results are sent to all divisional and directorate management teams.
- In addition to these results, all divisional and directorate management teams also receive a copy of comments staff have made in support of their answers; this is anonymised but allows teams to identify any particular themes for action.
- At their quarterly performance reviews, divisions report on their results for the question "Would you recommend GOSH as a place to work?", and set out actions plans.
- In addition, the breakdown of results by staff group will facilitate action targeted by professional group as appropriate.
- The Trust continues to roll out its programme of work to embed Our Always Values. As well as implementing top down plans, such as improvements in senior level communication, there is increasing emphasis on supporting and promoting local work that demonstrates staff living the values. Staff have also been asked if they are familiar with Our Always Values as part of the last two quarters surveys; **97% of staff in the most recent quarter report they are aware of the values.**
- The annual staff survey, which asks a much larger number of questions, takes place from October-December and will provide further information to use to address concerns of staff.

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board
30th September 2015

Overview of Learning from LIMB	**Paper No: Attachment V**
Submitted by: Salina Parkyn, Head of Clinical Governance and Safety	

Aims / summary

The Learning, Implementation and Monitoring Board (LIMB) was created in April 2014 with a focus on sharing lessons learned from Serious Incidents (SIs), Complaints, Clinical Audit, PALS data and others.

A 'learning from LIMB' flyer was devised to support the committee representatives to disseminate the learning identified and to ensure that all lessons learned were discussed across the Trust and not just in the division where it was identified.

Following a review of the effectiveness of flyer,changes were made to the template and additions were made to the source of the learning, this included learning from M&M's, serious case reviews, internal management reviews and aggregated analysis.

The key learning points in 2015 so far have included:
- the standardisation of crash bells across the Trust following a serious incident;
- a systematic review of the way in which blood glucose monitoring took place in the Trust with changes in practice being made;
- the impact of failing to document information obtained and advice given over the telephone and a standardised process to enable this to happen;
- changes to the end of life care plan, consent process, serious incident reporting requirements were all discussed and communicated out via the limb flyers.

The final meeting of the LIMB was held in August 2015 and will be replaced by the Patient Safety and Outcomes committee (PSOC). The PSOC will have a broader remit and will be reviewing the wider clinical governance agenda.

A one page flyer will continue to be circulated on the Monday following a meeting and a review of effectiveness will take place towards the end of the 2015.

Action required from the meeting
To note the learning identified and support the PSOC.

Contribution to the delivery of NHS Foundation Trust strategies and plans
The LIMB and the PSOC contribute to strategic aims and plans of the Organisation by ensuring that our patient are safe and lessons are learned.

Financial implications

Attachment V

Who needs to be told about any decision?
All Divisions, all corporate teams.
Who is responsible for implementing the proposals / project and anticipated timescales?
Salina Parkyn
Head of Clinical Governance and Safety
Who is accountable for the implementation of the proposal / project?
Salina Parkyn
Head of Clinical Governance and Safety

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board September 30th 2015	
Safe Nurse Staffing Report for July 2105 and August 2015 **Submitted by: Juliette Greenwood Chief Nurse**	**Paper No: Attachment W**

Aims / summary
This paper provides the required assurance that GOSH has safe nurse staffing levels across all in- patient ward areas and appropriate systems in place to manage the demand for nursing staff. In order to provide greater transparency the report also includes appropriate nurse quality measures and details of ward safe staffing reports. The paper includes a brief summary of nursing vacancies and nurse recruitment.

Action required from the meeting
The Board is asked to note:

- The content of the report and be assured that appropriate information is being provided to meet the national and local requirements.

- The information on safe staffing and the impact on quality of care.

- To note the key challenges around recruitment and the actions being taken.

Contribution to the delivery of NHS Foundation Trust strategies and plans
Safe levels of nurse staffing are essential to the delivery of safe patient care and ex- perience.

Compliance with *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 capabil- ity'* (NHS England, Nov 2013) and the *'Hard Truths Commitments Regarding the Publishing of Staffing Data'* issued by the Care Quality Commission in March 2014.

Financial implications
Already incorporated into 15/16 Division budgets

Who needs to be told about any decision?
Divisional Management Teams
Finance Department

Who is responsible for implementing the proposals / project and anticipated timescales?
Chief Nurse; Assistant Chief Nurse, Heads of Nursing

Who is accountable for the implementation of the proposal / project?
Chief Nurse; Divisional Management Teams

GOSH NURSE SAFE STAFFING REPORT

July 2015

1.   Introduction

1.1   This report on GOSH Safe Nurse Staffing contains information from the month of July 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 July is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours; the Heads of Nursing provide this figure based on the agreed 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. A short term change in acuity and dependency requiring more or fewer staff is not reflected in planned hours but in the actual hours.

- Total monthly actual staff hours worked; this information is taken from the electronic rostering system (RosterPro), and includes supervisory roles, staff working additional hours, CNS shifts, and extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. Supernumerary shifts are excluded. In order to meet the fluctuations in acuity and dependency the number may exceed or be below 100%.

- 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 actions taken at the time to rectify and make the situation safe.

- The overall Trust fill rate % for July is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
101.6%	89.5%	92%	69%	95%

<u>ICI – No unsafe shifts reported in July</u>
Fox Ward report 6 RN vacancies hence low fill rate for registered nurses both day and nights, 2 beds have also utilised for more lower dependency patients requiring less nursing input.
ICI also report a high level of short notice sickness impacting on planned numbers, to manage this scenario staff are moved across wards to meet the needs of the care requirements of patients on a shift by shift basis. ICI has implemented a morning staff huddle for Nurses In Charge to plan and reallocate staff across the Division as needed.
One datix report received for Penguin Ward see 5.6 below.
<u>Surgery No unsafe shifts reported in July</u>
Squirrel and Sky report an increased staffing requirement for patients requiring High Dependency care.
<u>CCCR – No unsafe shifts reported in July</u>
Miffy – increase in registered nurse hours on days due to on-going training of staff, and increase in dependency of patients over this period. Two new HCAs are due to commence employment which will boost HCA hours.
Flamingo have 3 HCA vacancies advertised hence the low HCA numbers, likewise Bear Ward night HCA numbers are down due to new starters in the recruitment pipeline. Staff on both Bear and Flamingo have been working hard to accommodate the extra demand for Bridge to Transplant work. Two datix reports were received regarding staffing levels see 5.6. below. NICU- Low HCA numbers due to vacancies and on-going discussion as to the role of non-registered care staff in this environment.
<u>MDTS - No unsafe shifts reported in July</u>
Eagle Ward report that the low percentages are due to 6 staff are on long term absence, reasons are sickness and maternity leave. Rainforest Endocrine/Metabolic has 2 vacant HCA positions, and has had an increased activity during day shifts. Rainforest Gastro has closed two beds due to long term sickness and vacancies, 2 staff are on a phased return to work. Kingfisher has had several patients requiring 1:1 registered nurse care whilst undergoing tests impacting on actual registered nurse hours. 2 Datix forms were received regarding staffing on Rainforest Ward see 5.6 below.
<u>Neurosciences - No unsafe shifts reported in July</u>
Koala reports using HCAs on day shifts for patient pathway work, hence low night numbers. s.
Mildred Creak Unit – for safety reasons the number of inpatient beds has been reduced to 7 beds overnight, hence the reduction in planned staff on night shift.
<u>IPP - No unsafe shifts reported in July</u>   Butterfly and Bumblebee report an increase in day cases and general activity hence the movement of staff from nights to day shifts.

3.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during July, however there were 8 shifts in July where CSPs moved staff between wards for part or a whole shift to maintain safe care. A further 1 shift is noted where 3 wards reported being short of staff, however patient safety was not compromised.

3.2 General Staffing Information

3.2.1 Appendix 2 – Ward Nurse Staffing overview for July. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.

3.2.2 15 out of 23 inpatient wards closed beds at various points during July. An average of 10 beds were closed each day. Badger Ward 2 beds closed whilst staff are recruited and trained. Rainforest Gastro has a number of nurses on maternity leave, this has resulted in 2 closed beds whilst these vacancies are filled. Other reasons for closures cited are infectious cleans, awaiting swab results and beds in bays closed as a result of an infectious patient being nurses in that area. There were a small number closed at times due to acute staff sickness and fluctuations in dependency and acuity.

3.2.3 For the inpatient wards, registered and non-registered vacancies for July total 125 Whole Time Equivalents (WTE) up from 121 in June. This breaks down to 90 (92 in June) registered nurse (RN) vacancies (11% of RN total). HCA vacancies number 34 (21% of HCA total) an increase from 28 reported in June. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 99 WTE, the July position was therefore 26 WTE vacant posts (2.6%).

3.2.4 On the 1st July the number new starters progressing through pre-employment checks totalled 80 registered nurses and 7 HCAs. The majority of the registered recruits will be newly qualified and will not commence in post until September 2015.

3.2.5 The majority of HCA vacancies (20) are within the ICU areas, recruitment has been on hold pending further work on the education pathway due for completion in July. We continue to recruit HCAs to the wards to achieve the target, however high numbers fail to attend the assessment centre or do not meet the requirements of the assessment centre, to compensate we have increased the numbers of candidates invited for the July assessment centre.

3.2.6 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.

4 **Key Challenges**

- Recruitment of HCAs in the Critical Care areas.

- Recruitment of Band 6 Nurses.

- Retention of Band 5 and 6 Nurses.

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

5.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (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 July 2015.

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

5.3   **Infection control**

C Difficile	0	
MRSA Bacteraemias	0	
MSSA Bacteraemias	1	(taken within 48 hrs. of admission)
E Coli Bacteraemia	1	(taken within 48 hrs. of admission)
D & V and other outbreaks	0	
Carbopenamase resistance	4	All admitted with resistant organisms.

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**

	Number	Ward
Grade 3	**0**	
Grade 2	**3**	PICU - all are recorded as avoidable

5.5   **Deteriorating patient**

5.5.1   For the month of July, 10 patient related emergency calls were received of which 4 were cardiac arrests (Flamingo Ward, Bear Ward, Peter Pan and VCB Theatres) and 2 respiratory arrests (1 on Koala and 1 on Badger Wards). In addition 9 patients (15 in June) had unplanned admissions to Intensive Care.

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

- 2 related to Rainforest Wards (weekend shifts), concerns were raised regarding skill mix due to sickness and a temporary worker failing to report for duty. Staff cross covered between Rainforest Wards, although safe this impacted on staff and patient experience.
- 1 related to Penguin (weekend shift), where a Senior Staff Nurse called in sick leaving one newly registered nurse and a HCA, assistance and support were provided by the CSPs.
- 2 related to Flamingo Ward, high levels of acuity were reported alongside patients deteriorating during shift. Cover arrangements and support put in place.

5.7   **Pals concerns raised by families regarding nurse staffing - 0**

5.8   **Complaints re nurse safe staffing in July - 0**

One retrospective complaint was received regarding care on Safari Ward in 2014.

5.9   All issues noted in 5.6 and 5.8 are under investigation by the respective Head of Nursing.

5.10   **Friends and family test (FFT) data**

- Response rate for July was 34% (June 32%), the overall target is currently 40%, increasing to 60% by the end of Quarter 4.
- For July 290 (84%) of families were extremely likely to recommend their friends and family compared to 240 (82%) in June, with 50 (14%) likely to recommend, 51 (17%) in June.

- 3 families provided examples praising staff on Peter Pan, Respiratory Sleep Unit and Puffin Wards. Conversely negative feedback was also received for Peter Pan and Respiratory Sleep Unit regarding communication and compassion, one parent reported alarms on Elephant Ward not being responded to in a timely way.

6. Conclusion

6.1 This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing levels during July, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report.

7. Recommendations - The Board of Directors are asked 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.

7.4 The on-going challenges in recruiting nurses.

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

Org: RP4 Great Ormond Street Hospital For Children NHS Foundation Trust

Period: July_2015-16

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

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

Comments

Validation alerts (see control panel)	Site code	Hospital Site name	Ward name	Specialty 1	Specialty 2	Day Registered midwives/nurses — Total monthly planned staff hours	Day Registered midwives/nurses — Total monthly actual staff hours	Day Care Staff — Total monthly planned staff hours	Day Care Staff — Total monthly actual staff hours	Night Registered midwives/nurses — Total monthly planned staff hours	Night Registered midwives/nurses — Total monthly actual staff hours	Night Care Staff — Total monthly planned staff hours	Night Care Staff — Total monthly actual staff hours	Day Average fill rate - registered nurses/midwives (%)	Day Average fill rate - care staff (%)	Night Average fill rate - registered nurses/midwives (%)	Night Average fill rate - care staff (%)
	RP401	Great Ormond Street Hospital Central London Site - R	Badger Ward	340 - RESPIRATORY MEDICINE		2330	2398.05	345	460	2073	2078.9	345	270.7	102.9%	133.3%	100.3%	78.5%
	RP401	Great Ormond Street Hospital Central London Site - R	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2761	2889.8	601	699	2761	2715.2	345	220.2	104.7%	116.3%	98.3%	63.8%
	RP401	Great Ormond Street Hospital Central London Site - R	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7029	6973.25	356	249	6615	6774.65	206	108	99.2%	69.9%	102.4%	52.4%
	RP401	Great Ormond Street Hospital Central London Site - R	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		647	1007.35	971	617.5	647	723.4	647	491.3	155.7%	63.6%	111.8%	75.9%
	RP401	Great Ormond Street Hospital Central London Site - R	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3164	3100.18	351	138	3164	2982.98	0	43.2	98.0%	39.3%	94.3%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6009	6462.3	353	365.3	6009	5187.25	353	172.8	107.5%	103.5%	86.3%	49.0%
	RP401	Great Ormond Street Hospital Central London Site - R	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1690	1852.25	356	379.5	1426	1281.1	356	354	109.6%	106.6%	89.8%	99.4%
	RP401	Great Ormond Street Hospital Central London Site - R	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2251	1499.25	334	227.85	1864	1286.45	334	302.4	66.6%	68.2%	69.0%	90.5%
	RP401	Great Ormond Street Hospital Central London Site - R	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1204.76	356	263.25	1069	840	356	241.8	112.7%	73.9%	78.6%	67.9%
	RP401	Great Ormond Street Hospital Central London Site - R	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1677	1770.1	353	313.95	1414	1241	353	233.1	105.6%	88.9%	87.8%	66.0%
	RP401	Great Ormond Street Hospital Central London Site - R	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	958	1185.05	349	637.35	699	652.9	349	108	123.7%	182.6%	93.4%	30.9%
	RP401	Great Ormond Street Hospital Central London Site - R	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1993	1507	347	218.5	1736	1241.7	347	297.9	75.6%	63.0%	71.5%	85.9%
	RP401	Great Ormond Street Hospital Central London Site - R	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2337	2418	333	559.5	2003	1987.9	667	481.5	103.5%	168.0%	99.2%	72.2%
	RP401	Great Ormond Street Hospital Central London Site - R	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2628	2202.8	328	813.5	1971	1322.9	328	279.8	83.8%	248.0%	67.1%	85.3%
	RP401	Great Ormond Street Hospital Central London Site - R	Eagle Ward	361 - NEPHROLOGY		2289	2100.5	706	406.25	1412	1335.12	353	131.7	91.8%	57.5%	94.6%	37.3%
	RP401	Great Ormond Street Hospital Central London Site - R	Kingfisher Ward	420 - PAEDIATRICS		1817	2079.65	931	561.5	331	421.9	0	11.5	114.5%	60.3%	127.5%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		714	805.05	521	468.25	521	670.17	521	363.4	112.8%	89.9%	128.6%	69.8%
	RP401	Great Ormond Street Hospital Central London Site - R	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1322.8	713	207	1069	811.4	356	262.6	123.7%	29.0%	75.9%	73.8%
	RP401	Great Ormond Street Hospital Central London Site - R	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1126	1392.55	632	368.5	509	475.2	460	334.8	123.7%	58.3%	93.4%	72.8%
	RP401	Great Ormond Street Hospital Central London Site - R	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3307	3409.1	348	423.5	3195	3105.85	348	77	103.1%	121.7%	97.2%	22.1%
	RP401	Great Ormond Street Hospital Central London Site - R	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1565	1550.25	608	425.5	1453	1376.78	0	34.5	99.1%	70.0%	94.8%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1920	1967.65	669	693	1866	1547.7	0	23	102.5%	103.6%	82.9%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2785	2873.96	656	817	2488	2511.45	0	0	103.2%	124.5%	100.9%	-

Only complete sites your organisation is accountable for

Hospital Site Details — Site code *The Site code is automatically populated when a Site name is selected

Main 2 Specialties on each ward

Appendix 2: Overview of Ward Nurse Staffing – July 2015

Division	Ward	Established Bed Numbers	Registered Nursing staff			Non Registered			Total Establishment	Total Vacancies	Bank Used	Net Vacant	Recruitment Pipeline		Number of unsafe shifts	Average Bed Closures
			Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies					Registered Starters	Non-registered Starters		
CCCR	Badger	15	39.5	34.0	5.5	7.5	5.9	1.6	47.0	7.1	2.5	4.6	6.0	1	0	0.0
CCCR	Bear	22	47.7	40.2	7.5	9.0	8.0	1.0	56.7	8.5	7.3	1.2	7.6	2	0	1.1
CCCR	Flamingo	17	121.0	97.2	23.8	10.8	4.0	6.8	131.8	30.6	20.6	10.0	12.0	0	0	0.0
CCCR	Miffy (TCU)	5	14.1	11.3	2.8	7.8	6.0	1.8	21.9	4.6	3.8	0.8	2.0	1	0	0.0
CCCR	NICU	8	51.5	39.7	11.8	5.2	1.0	4.2	56.7	16.0	10.6	5.4	2.0	0	0	0.1
CCCR	PICU	13	83.0	92.4	-9.4	8.9	4.6	4.3	91.9	-5.1	7.4	-12.5	8.0	0	0	0.2
ICI-LM	Elephant	13	25.0	23.8	1.2	5.0	4.1	0.9	30.0	2.1	4.3	-2.2	2.0	1	0	0.0
ICI-LM	Fox	10	31.0	24.5	6.5	5.0	4.9	0.1	36.0	6.6	2.5	4.1	5.0	0	0	0.8
ICI-LM	Giraffe	7	19.0	16.9	2.1	3.1	3.0	0.1	22.1	2.2	2.4	-0.2	3.0	0	0	0.0
ICI-LM	Lion	11	22.0	21.8	0.2	4.0	3.5	0.5	26.0	0.7	2.6	-1.9	1.0	0	0	0.1
ICI-LM	Penguin	9	15.5	16.6	-1.1	5.8	5.6	0.2	21.3	-0.9	0.9	-1.8	1.0	0	0	0.2
ICI-LM	Robin	10	27.2	24.7	2.5	4.5	3.4	1.1	31.7	3.6	2.6	1.0	1.0	1	0	0.4
IPP	Bumblebee	21	38.3	31.7	6.6	9.7	8.6	1.1	48.0	7.7	5.9	1.8	7.0	0	0	1.4
IPP	Butterfly	18	37.2	26.6	10.6	10.5	8.4	2.1	47.7	12.7	3.9	8.8	2.0	0	0	1.4
MDTS	Eagle	21	39.5	32.6	6.9	10.5	10.0	0.5	50.0	7.4	1.6	5.8	3.0	0	0	0.2
MDTS	Kingfisher	16	17.1	16.2	0.9	6.2	4.8	1.4	23.3	2.3	0.4	1.9	0.0	0	0	0.0
MDTS	Rainforest Gastro	8	17.0	11.0	6.0	4.0	4.5	-0.5	21.0	5.5	3.3	2.2	4.0	0	0	2.2
MDTS	Rainforest Endo/Met	8	15.6	16.4	-0.8	5.2	3.5	1.7	20.8	0.9	0.7	0.2	0.0	1	0	0.0
Neurosciences	Mildred Creak	10	11.8	15.2	-3.4	7.8	6.6	1.2	19.6	-2.2	0.1	-2.3	0.0	0	0	0.0
Neurosciences	Koala	24	48.2	44.3	3.9	7.8	5.5	2.3	56.0	6.2	6.6	-0.4	7.0	0	0	0.3
Surgery	Peter Pan	16	24.5	23.3	1.2	5.0	5.0	0.0	29.5	1.2	2.6	-1.4	2.0	0	0	0.5
Surgery	Sky	18	31.0	25.0	6.0	5.2	4.0	1.2	36.2	7.2	1.8	5.4	2.0	0	0	1.1
Surgery	Squirrel	22	43.6	44.2	-0.6	7.0	6.0	1.0	50.6	0.4	4.4	-4.0	2.0	0	0	0.1
	TRUST TOTAL:	322	820.3	729.6	90.7	155.5	120.9	34.6	975.8	125.3	98.8	26.5	79.6	7.0	0.0	10.1

GOSH NURSE SAFE STAFFING REPORT

August 2015

1.   Introduction

1.1   This report on GOSH Safe Nurse Staffing contains information from the month of August 2015. The report provides information on staff in post, safe staffing incidents, nurse vacancies and includes quality measures which are reported by exception. This months report contains a short update on the next steps to manage retention of staff. The focus to date has been on recruitment, however it is clear that the Trust is able to recruit nurses but struggles at times to keep pace with turnover. Improved retention strategies are required to maintain and sustain the nursing workforce.

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 August is attached as Appendix 1. The spread sheet contains:

*   Total monthly planned staff hours; the Heads of Nursing provide this figure based on the agreed 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. A short term change in acuity and dependency requiring more or fewer staff is not reflected in planned hours but in the actual hours.

*   Total monthly actual staff hours worked; this information is taken from the electronic rostering system (RosterPro), and includes supervisory roles, staff working additional hours, CNS shifts, and extra staff booked to cope with changes in patient dependency and acuity from the Nurse Bank. Supernumerary shifts are excluded. In order to meet the fluctuations in acuity and dependency the number may exceed or be below 100%.

*   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 actions taken at the time to rectify and make the situation safe.

- The overall Trust fill rate % for August is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
99.6%	88.2%	88.2%	67.6%	93%

ICI – No unsafe shifts reported in August

Elephant, Giraffe and Lion Wards report decreased Haematology and Oncology activity throughout August. An increase in day cases resulted in low percentages on night shifts.

Fox Ward and Robin Ward similarly report a variable activity, delayed and rescheduling of admissions, there were several beds closed due to 10 vacant posts between the 2 wards.

Staff are moved across wards to meet the needs of the care requirements of patients on a shift by shift basis. ICI has implemented a morning staff huddle for Nurses In Charge to plan and reallocate staff across the Division as needed.

One datix report received for Fox Ward Ward see 5.6 below.

Surgery No unsafe shifts reported in August

Squirrel and Sky report variable activity throughout August, staffing being adjusted to meet patient demands.

CCCR – No unsafe shifts reported in August

The Head of Nursing reports an increase in activity and acuity in August across the division, mainly impacting on CICU with Acuity, Average Paediatric Intensive Care Society dependency score was the highest recorded this year, this was supported by the use of additional temporary staffing and support from across the ITUs, however this still led us not to achieve the PICS standards for the majority of shifts.

Bear Ward has increased staff above the plan to open additional beds as required to cope with Bridge to transplant Work. A temporary uplift in Bank Nurse pay rates has increased fill rates.

Miffy – increase in registered nurse hours to compensate as need for the HCA shortfall (2 vacancies) on some shifts.

Flamingo have HCA vacancies hence the low percentages. Staff on both Bear and Flamingo have been working hard to accommodate the extra demand for Bridge to Transplant work.
NICU- Low HCA numbers due to vacancies and on-going discussion as to the role of non-registered care staff in this environment.

MDTS - No unsafe shifts reported in August

Eagle Ward report an increase in acuity and has adjusted staffing by using extra bank. HCA sickness has impacted on HCA actual ours.
Rainforest Endocrine/Metabolic and Gastro have adjusted staffing to accommodate extra day case work.
Kingfisher has had several patients requiring 1:1 registered nurse care whilst undergoing tests impacting on actual registered nurse hours.

Neurosciences - No unsafe shifts reported in August

Koala reports using HCAs on day shifts for patient pathway work, hence low night numbers.

Mildred Creak Unit – for safety reasons the number of inpatient beds has been reduced to 7 beds overnight, hence the reduction in planned staff on night shift.

IPP - No unsafe shifts reported in August
Butterfly and Bumblebee report an increase in day cases and general activity hence the movement of staff from nights to day shifts.

3.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during August, however there were 8 shifts in August where CSPs moved staff between wards for part or a whole shift to maintain safe care. A further 6 shifts are noted where a ward reported being short of staff, however patient safety was not compromised.

3.2 General Staffing Information

3.2.1 Appendix 2 – Ward Nurse Staffing overview for August. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.

3.2.2 7 out of 23 inpatient wards closed beds at various points during August. An average of 5 beds were closed each day, the lowest recorded. Reasons cited for closures are infectious patient in bay restricting the use of other beds and maintenance work. There were a small number closed at times due to acute staff sickness and fluctuations in dependency and acuity.

3.2.3 For the inpatient wards, registered and non-registered vacancies for August total 127 Whole Time Equivalents (WTE) up from 125 in July. This breaks down to 91 (90 in July) registered nurse (RN) vacancies (11% of RN total). HCA vacancies number 36 (30% of HCA total) an increase from 34 reported in July. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 102 WTE, the August position was therefore 25 WTE vacant posts (2.5%).

3.2.4 On the 1st August the number new starters progressing through pre-employment checks totalled 90 registered nurses and 10.5 HCAs. The majority of the registered recruits will be newly qualified and will not commence in post until the end of September 2015.

3.2.5 There are 17 HCA vacancies within the ICU areas, recruitment has been on hold pending further work on the education pathway, recruitment will recommence in September. We continue to recruit HCAs to the wards to achieve the target, however high numbers fail to attend the assessment centre or are unsuccessful due to not demonstrating basic numeracy and literacy skills. We have increased the numbers of candidates invited for the September assessment centre.

3.2.6 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages.

3.2.7 With new business cases approved for expansion in Critical Care, theatres and IPP, there are further challenges ahead to provide sufficient staff to keep pace with turnover and recruit to these new nursing posts.

4. Chief Nurse Task and Finish Group

4.1 The Chief Nurse plans to establish a **Task and Finish Group** which will ensure delivery of a range of actions. The group will report to the Executive Team Group and will focus on *retention* and *recruitment* to ensure that both streams are complimentary and delivering in against key objectives in a planned and sustainable way.

4.2 Data indicates that 1 in 3 nurses at band 5 leave GOSH within 2 years of starting, and the Trust needs to recruit a total of 190 nurses each year simply in order to maintain existing numbers. Placing a new emphasis on *retention* is therefore a key underpinning tenet.

4.3 The Trust will continue to actively *recruit* appropriately skilled and qualified staff from across the UK, EU and beyond using a range of methods.

4.4 Using information from a recent leavers survey a number of actions are already underway, with others planned. These include:

Actions on RETENTION

Action	Rationale
Facilitated focus groups to identify drivers of attraction, retention and turnover. TOR agreed dates to be planned.	Provides an evidence-base for actions
Survey Band 5 and 6 staff at 3 months, 6 months and 1 year to identify satisfaction levels and areas of concern. Being piloted in IPP.	Responds to issues prior to them considering leaving the Trust
Map and promote career pathways for staff in bands 5-7. Workshop planned for October.	Promote the philosophy that 'working *at GOSH is more than a job it's a career*'. Supports staff to map their career development at GOSH by accessing training and development opportunities engaging them in a pathway. Also manages staff expectations providing parity across the organisation.
Promote senior nurse "careers advisor" service	Provides a more holistic view of opportunities at GOSH; promotes career progression *within* the Trust; and demonstrates senior staff sponsorship of junior staff
Promote existing Band 5 transfer scheme.	Allows existing staff to transfer between wards without need for full application process, thus promoting personal and professional development.
Training and development of line managers in supporting staff and understanding of family friendly policies. ER team leading.	Recognises that actions and culture created by Ward Sisters/Charge Nurses and other leaders strongly impacts decision to stay. Active modelling of Our Always Values.
Use values based recruitment and accurate job previews.	Ensures staff have realistic expectations of the role/department prior to commencing

Examples of RECRUITMENT initiatives/considerations

Action	Rationale
Co-ordinated job fair (next to take place 13/11/15)	Promotes all nursing vacancies and market the Trust in a co-ordinated manner
Overseas recruitment (Ireland in October 2015; other EU countries October – January 2016)	Overseas recruitment has provided good quality staff, typically for 12-24 months
Utilise social media and other channels to attract staff	Provides additional opportunities to market GOSH to a wider audience
Promote GOSH as an attractive employer (NB this will be based on feedback gathered and will be used to support retention as well as recruitment)	Allows GOSH to respond to needs of staff and compete with other potential employers.
Consider the use of financial incentives to attract experienced staff.	The cost of moving to living and travelling in living in London often precludes staff from considering employment. A financial incentive may help.

The Chief Nurse will report progress to Trust Board each quarter as part of the Safe Staffing Report.

5. Key Challenges

- Recruitment of HCAs in the Critical Care areas.

- Recruitment of Band 6 Nurses.

- Retention of Band 5 and 6 Nurses.

- Recruit staff to meet plans for growth.

6. Key Quality and Safety Measures and Information

6.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (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 August 2015.

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

6.3 **Infection control**

C Difficile	0	
MRSA Bacteraemias	1	Taken 48 hrs. after admission
MSSA Bacteraemias	0	
E Coli Bacteraemia	1	(taken within 48 hrs. of admission)
D & V and other outbreaks	1	MRSA on Bumblebee
Carbopenamase resistance	0	

6.3.1 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.

6.4 **Pressure ulcers**

	Number	Ward
Grade 3	0	
Grade 2	3	1 on admission to PICU 1 on admission to CICU- all are recorded as avoidable
Grade 1	1	PICU

6.5 **Deteriorating patient**

6.5.1 For the month of August, 7 patient related emergency calls were received, 2 were cardiac arrests both on Bear Ward, 3 were respiratory arrests again on Bear Ward (2 relate to the same patient). In addition 4 patients (9 in July) had unplanned admissions to Intensive Care. The two other incidents relate to a patient having a seizure whilst in XRay, and a patient experiencing a desaturation episode (low oxygen) but recovered without ICU intervention.

6.6 **Numbers of safety incidents reported about inadequate nurse staffing levels**

Fox Ward Nights shift (graded low risk) – Staff Nurse reported that patients were at risk if clinical emergency should occur, immediate care was not in question. Staff from Robin assisted as necessary.

6.7 Pals concerns raised by families regarding nurse staffing - 0

5.8 **Complaints re nurse safe staffing**

Koala Ward – Complaint under investigation. Family advised to arrive early to be admitted for a surgical procedure. They report being left waiting 4 hours before nursing staff became aware that the family were waiting to be admitted. Following the procedure the family felt that communication was poor and cited examples where care for their daughter was lacking.

5.9 All issues noted in 5.6 and 5.8 are under investigation by the respective Head of Nursing.

5.10 **Friends and family test (FFT) data**

- Response rate for August was 33% (July 35%), the overall target is currently 40%, increasing to 60% by the end of Quarter 4.
- For August 273 (83%) of families were extremely likely to recommend their friends and family, with 49 (15%) likely to recommend.
- 3 families provided examples praising staff on Bear, Puffin and Koala. Conversely negative feedback was also received for Koala, Robin and the Respiratory Sleep Unit relating to staff being busy and poor communication.

6. Conclusion

6.1 This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing levels during August, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report. Whilst recruitment of staff is a high priority there will be a shift in focus on improving retention rates of nurses, work is underway to plan our strategy.

7. Recommendations - The Board of Directors are asked 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.

7.4 The on-going challenges in retaining and recruiting nurses.

Attachment W
Appendix 1: UNIFY Safe Staffing Submission – August 2015

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

Org: RP4   Great Ormond Street Hospital For Children NHS Foundation Trust

Period: August_2015-16

Please provide the URL to the page on your trust website where your staffing information is available
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/safe-nurse-staffing-report/

Comments

| | | | | | Day | | | | Night | | | | Day | | Night | |
| | Hospital Site Details | | Ward name | Main 2 Specialties on each ward | | 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 (%) |
Validation alerts (see control panel)	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 Site - R	Badger Ward	340 - RESPIRATORY MEDICINE		2380	2516.8	356	460	2139	2140.9	356	285	105.7%	129.2%	100.1%	80.1%
	RP401	Great Ormond Street Hospital Central London Site - R	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2848	3415.5	597	509.3	2848	3000.7	356	339	119.9%	85.3%	105.4%	95.2%
	RP401	Great Ormond Street Hospital Central London Site - R	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7015	7447.5	356	464.5	6612	6761.45	195	64.8	106.2%	130.5%	102.3%	33.2%
	RP401	Great Ormond Street Hospital Central London Site - R	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	918.9	1069	590.75	713	655.7	713	577.7	128.9%	55.3%	92.0%	81.0%
	RP401	Great Ormond Street Hospital Central London Site - R	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3208	3405.2	356	92	3208	3010.65	0	43.2	106.1%	25.8%	93.8%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6169.45	356	241.5	6060	5406.84	356	140.4	101.8%	67.8%	89.2%	39.4%
	RP401	Great Ormond Street Hospital Central London Site - R	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1667	1691.8	356	333.5	1426	1139.6	356	238.3	101.5%	93.7%	79.9%	66.9%
	RP401	Great Ormond Street Hospital Central London Site - R	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2133	1418.05	355	281.55	1973	1070.6	355	270	66.5%	79.3%	54.3%	76.1%
	RP401	Great Ormond Street Hospital Central London Site - R	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1118.1	356	172.5	1069	737.2	356	210.1	104.6%	48.5%	69.0%	59.0%
	RP401	Great Ormond Street Hospital Central London Site - R	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1667	1656	356	342.25	1426	1086.1	356	233.1	99.3%	96.1%	76.2%	65.5%
	RP401	Great Ormond Street Hospital Central London Site - R	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	954	1127	356	613.8	713	672.4	356	44.1	118.1%	172.4%	94.3%	12.4%
	RP401	Great Ormond Street Hospital Central London Site - R	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	2013	1364	354	306.5	1773	1205.8	354	265.5	67.8%	86.6%	68.0%	75.0%
	RP401	Great Ormond Street Hospital Central London Site - R	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2376	2273.42	339	667	2037	1975.62	679	592.45	95.7%	196.8%	97.0%	87.3%
	RP401	Great Ormond Street Hospital Central London Site - R	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2325	2118.5	290	650.75	1743	1241.7	290	162.7	91.1%	224.4%	71.2%	56.1%
	RP401	Great Ormond Street Hospital Central London Site - R	Eagle Ward	361 - NEPHROLOGY		2265	3020.9	713	609.8	1426	1190	356	176.6	133.4%	85.5%	83.5%	49.6%
	RP401	Great Ormond Street Hospital Central London Site - R	Kingfisher Ward	420 - PAEDIATRICS		1736	1699.9	897	511	312	367.2	0	64.8	97.9%	57.0%	117.7%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		894	1032.4	668	287.5	668	631.25	668	306.6	115.5%	43.0%	94.5%	45.9%
	RP401	Great Ormond Street Hospital Central London Site - R	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1163.25	713	354.4	1069	866.8	356	397.9	108.8%	49.7%	81.1%	111.8%
	RP401	Great Ormond Street Hospital Central London Site - R	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1106	1119	592	446.55	507	389.5	454	329.6	101.2%	75.4%	76.8%	72.6%
	RP401	Great Ormond Street Hospital Central London Site - R	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3335	2821.5	356	428.05	3243	2748.05	356	43.2	84.6%	120.2%	84.7%	12.1%
	RP401	Great Ormond Street Hospital Central London Site - R	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1533	1480.2	590	448.5	1442	1399.9	0	56.8	96.6%	76.0%	97.1%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1993	1737.3	702	824	1947	1349.4	0	23	87.2%	117.4%	69.3%	-
	RP401	Great Ormond Street Hospital Central London Site - R	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2968	2372.71	710	768.25	2681	2442.5	0	46	79.9%	108.2%	91.1%	-

Only complete sites your organisation is accountable for

Appendix 2: Overview of Ward Nurse Staffing – August 2015

Division	Ward	Established Bed Numbers	Registered Nursing staff			Non Registered			Total Establishment	Total Vacancies	Bank Used	Net Vacant	Recruitment Pipeline		Number of unsafe shifts	Average Bed Closures
			Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies					Registered Starters	Non-registered Starters		
CCCR	Badger	15	39.5	33.0	6.5	7.5	6.0	1.5	47.0	8.0	2.5	5.5	5	1	0	0.0
	Bear	22	47.7	41.2	6.5	9.0	8.0	1.0	56.7	7.5	9.3	-1.8	6	1	0	0.0
	Flamingo	17	121.0	98.1	22.9	10.8	3.0	7.8	131.8	30.7	22.2	8.5	12		0	0.0
	Miffy (TCU)	5	14.1	10.9	3.2	7.8	5.5	2.3	21.9	5.5	4.6	0.9	2	1	0	0.0
	NICU	8	51.5	44.3	7.2	5.2	1.0	4.2	56.7	11.4	12.2	-0.8	10		0	0.0
	PICU	13	83.0	90.0	-7.0	8.9	4.0	4.9	91.9	-2.1	7.5	-9.6	16		0	0.0
ICI-LM	Elephant	13	25.0	25.7	-0.7	5.0	4.1	0.9	30.0	0.2	1.3	-1.1	1	1	0	0.0
	Fox	10	31.0	24.5	6.5	5.0	4.9	0.1	36.0	6.6	0.4	6.2	4		0	0.0
	Giraffe	7	19.0	17.0	2.0	3.1	3.0	0.1	22.1	2.1	1.5	0.6	3		0	0.0
	Lion	11	22.0	21.0	1.0	4.0	4.0	0.0	26.0	1.0	2.9	-1.9	2		0	0.0
	Penguin	9	15.5	17.0	-1.5	5.8	5.6	0.2	21.3	-1.3	0.8	-2.1	1		0	0.0
	Robin	10	27.2	23.7	3.5	4.5	3.4	1.1	31.7	4.6	2.6	2.0	3	1.5	0	0.1
IPP	Bumblebee	21	38.3	30.5	7.8	9.7	8.0	1.7	48.0	9.5	6.4	3.1	5		0	1.0
	Butterfly	18	37.2	28.4	8.8	10.5	8.0	2.5	47.7	11.3	1.8	9.5	3		0	3.3
MDTS	Eagle	21	39.5	31.6	7.9	10.5	10.0	0.5	50.0	8.4	2.7	5.7	5	1	0	0.0
	Kingfisher	16	17.1	16.3	0.8	6.2	4.8	1.4	23.3	2.2	0.1	2.1			0	0.0
	Rainforest Gastro	8	17.0	11.5	5.5	4.0	3.5	0.5	21.0	6.0	1.8	4.2	3	1	0	0.5
	Rainforest Endo/Met	8	15.6	16.4	-0.8	5.2	3.5	1.7	20.8	0.9	2.9	-2.0			0	0.0
Neurosciences	Mildred Creak	7	11.8	13.2	-1.4	7.8	7.6	0.2	19.6	-1.2	0.6	-1.8		2	0	0.0
	Koala	24	48.2	43.3	4.9	7.8	5.0	2.8	56.0	7.7	3.5	4.2	9		0	0.0
Surgery	Peter Pan	16	24.5	23.9	0.6	5.0	5.0	0.0	29.5	0.6	2.4	-1.8		1	0	0.2
	Sky	18	31.0	25.2	5.8	5.2	5.0	0.2	36.2	6.0	4.4	1.6			0	0.3
	Squirrel	22	43.6	42.6	1.0	7.0	6.0	1.0	50.6	2.0	7.6	-5.6			0	0.1
	TRUST TOTAL:	319	820.3	729.3	91.0	155.5	118.9	36.6	975.8	127.6	102.0	25.6	90.0	10.5	0.0	5.5

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board **30th September 2015**	
Emergency Preparedness **Submitted by:** Noel James, Emergency Planning Officer	**Paper No: Attachment X**
Aims / summary To provide the Board with assurance on current levels of Emergency Preparedness.	
Action required from the meeting To note the 2015/16 Emergency Preparedness work plan.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Education and Training	
Financial implications None.	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Emergency Planning Officer	
Who is accountable for the implementation of the proposal / project? Chief Operating Officer	

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

1. **Introduction**
   The Civil Contingencies Act 2004 identifies the organisation as a Category One responder which compels the need for robust Emergency Preparedness and Business Continuity plans. All staff need to be aware of their role and responsibilities during a significant incident or emergency.

   The NHS England Emergency Preparedness, Resilience and Response (EPRR) framework highlights the responsibilities of all NHS Trusts to be able to respond to major incidents and business continuity issues.

2. **EPRR Assurance**
   The Major Incident Planning Group (MIPG) reviewed the terms of reference and membership in early 2015. The group continue to work towards ensuring robust plans and procedures are in place and regularly tested. The learning from local incidents and planned exercises are captured to help direct future planning and developments.

   The EPRR work plan 2015/16 (attachment) covers the requirements detailed in the NHS England core standards for emergency planning.

   In September the Trust submitted an overall self-assessment score of compliant on our EPRR procedures. NHS England has a planned visit in October 2015 to assess our evidence.

3. **Next steps**
   The MIPG will continue to work towards completing the actions identified in the yearly action plan.

   Once this work is accomplished there will be a significant piece of work to cascade the policies, procedures and learning from exercises to all frontline staff. The Emergency Planning Officer will agree with the MIPG the most suitable way to engage all departments. In addition, the priorities moving forward will focus on delivering further training and organising more 'Live' exercises for staff. This will help build the knowledge for individual services to own and develop their service business continuity plans.

4. **Conclusion**
   Significant steps have been made this year in progressing emergency preparedness. The development of robust plans and procedures are currently ahead of the yearly work plan. However, it is clear there is still a substantial amount of work to be completed in embedding an emergency preparedness and resilience culture across the entire organisation.

Emergency Preparedness, Resilience and Response: Action Plan 2015 to 2016

Topic	Specific Area to Review	Action	Current progress	Lead	Current Risk Rating	Timescale
Governance	Terms of Reference	• Review the terms of reference • Include how the Trust Board is informed of EPRR progress and issues	Terms of Reference completed including Governance arrangements Board paper submitted for September 2015 meeting	EPO		Jan 2015
	Meetings	• Review the frequency of Major Incident Planning Group (MIPG) meetings • Review the membership of the meetings	Dates and membership of the MIPG have been agreed. The group meet on a quarterly basis	EPO		Jan 2015
	Risk Management	• Identify how internal and external risks are identified, reported and monitored • Incorporate the Local Resilience Forum community risk register	Discussed arrangements with the Head of Clinical Governance and included in the EPRR policy. The EPO attends the Camden Borough emergency planning group to ensure joint working.	EPO		Jan 2015
Major Incident Plan	Strategic policy	• Review policy to ensure command and control arrangements are clear • Include the on-call rotas and individual roles and responsibilities • Consider staff welfare during and after an incident • Include procedure when dealing with a Bomb threat or suspect package	The EPRR policy has been reviewed to include new command and control arrangements. A Major Incident Response Plan has been developed to provide clear operational instructions for dealing with a major incident.	EPO		July 2015
	Action cards	• Review the individual role action cards following review of the major incident plan	The specific action cards for key staff have been updated and new roles added.	EPO		July2015
	Training	• Provide awareness training of EPRR for all staff • Develop specific Command and control training for key staff	The EPO has attended EMT, Operational delivery meetings and CSP away days to capture Gold, Silver and Bronze training. Further training is planned for Gold, Silver and Bronze groups.	EPO / All		Aug 2015 On going
	Exercise	• Develop a scenario to test the major incident plan	A 'Live' exercise was completed on 21st Sept '15. To test the command & control arrangements and the	EPO / All		Aug 2015

Topic	Specific Area to Review	Action	Current progress	Lead	Current Risk Rating	Timescale
		• Collate lessons learnt • Develop a training and exercise schedule	evacuation of multiple buildings. A report is currently being completed. Two more exercises are planned for this financial year.			
Business Continuity	Strategic procedure	• Review the alerting of BC incidents • Standardise the definitions used for trigger points • Include specific sections on incidents relating to Fire, Fuel shortage, utility failure and Evacuations	The Trust overarching business continuity plan is currently under review.	EPO		Oct 2015
	Operational plans	• Simplify the business impact assessment template • Complete operational plans for staff to refer to when responding to incidents	A revised template has been developed. All departments have completed individual operational business continuity plans	EPO		Aug 2015
	Training	• Organise specific training on developing operational plans for key staff • Provide generic BC training for key staff	The EPO has provided awareness training for all BC leads	EPO / All		May 2015
	Exercise	• Develop a range of scenarios to test all aspects of the business continuity plan	A table-top exercise exploring the response to a fire on a ward has been completed on PICU. All Band 6 nurses on PICU will complete the exercise by end of October. The table-top exercise will be cascaded to all wards to test evacuation procedures.	EPO / All		Sept 2015 On-going
Loggist	Staff	• Update the Loggist list to ensure there is sufficient cover • Review the log books and the process for dealing with the flow of information	A list of Loggists is now updated and located with the Silver (Duty Manager) on-call Decision Log books and message books have been developed and located in the major incident control room.	EPO		Feb 2015
	Training	• Include the importance of accurate logs. Provide staff with good practice when supporting the incident control room	Currently 15 volunteers have been trained as Loggist. Further workshops have been arranged.	EPO		On going

Topic	Specific Area to Review	Action	Current progress	Lead	Current Risk Rating	Timescale
	Exercise	• Include Loggists in all live exercises	All Loggists have been invited to participate in 'Live' exercises	EPO	🟩	On going
Communications	Strategic procedure	• Develop a policy to include warning and informing of staff, patients and key stakeholders • Include out of hours procedures • Specific guidelines for dealing with the media	A communication action card has been completed as part of the major incident plan. Media training is being organised for the Executive Directors	EPO	🟧	June 2015 Oct 2015
	Exercise	• Involve communications in all live and table top exercises		EPO	🟩	On going
Severe Weather	Strategic procedure	• Review the Heatwave and Severe Cold weather procedures and operational plans	The Heatwave plan has now been revised and tested during the hot spells in July 2015.	EPO	🟩	Sept 2015
	Training	• Train key staff in the response to an incident involving severe weather	Training for key staff completed in Feb '15	EPO	🟩	Feb 2015
	Exercise	• Design an exercise to test the organisations response to a severe weather incident	A 'table-top' exercise was completed on 20th Feb'15	EPO	🟩	Feb 2015
Pandemic flu	Strategic procedure	• Review the pandemic flu procedure and operational plans	Assistant Chief Nurse has updated the plan. NHS England (London) has reviewed the amendments (Feb'15)	JC	🟩	Mar 2016
	Training	• Train key staff in the response to an incident involving an significant outbreak of flu	PPE training including FFP3 fit testing is provided for all new staff members who have a clinical response	EPO	🟧	Mar 2016
	Exercise	• Design an exercise to test the organisations response to a pandemic	A table-top exercise is scheduled for November 2015	EPO	🟧	Nov 2015
Flooding	Strategic procedure	• Review the flooding procedure and operational plans • Include surface water and internal flooding of a trust building • Link to the local authority flood plan		EPO / All	🟧	Feb 2016
	Training	• Train key staff in the response to flooding		EPO	🟧	Feb 2016

Attachment X

Topic	Specific Area to Review	Action	Current progress	Lead	Current Risk Rating	Timescale
	Exercise	• Design an exercise to test the organisations response to a flooding incident		EPO	(Orange)	Feb 2016
HAZMAT	Strategic procedure	• Develop procedures for internal incidents • Consider guidance for public walk-ins with potential hazardous material	A hazardous material action card has been developed as part of the un-booked attender's policy.	EPO	(Green)	Jan 2016
	Training	• Make key staff aware of the actions to take in response to a HAZMAT incident		EPO	(Orange)	Jan 2016
Lockdown	Strategic procedure	• Review the lockdown procedure and operational plans	Lockdown plan has now been revised	EPO	(Green)	Apr 2016
	Training	• Train key staff in the response to a request to lockdown the trust	Training for key staff was completed March '15	EPO	(Green)	Mar 2015
	Exercise	• Exercise the procedures to Lockdown the trust to ensure it is viable.	A 'Live' exercise was completed in March '15	EPO	(Green)	Mar 2015
VIP	Strategic procedure	• Review the VIP procedure and operational plans	Policy reviewed	EPO	(Green)	Mar 2015
	Training	• Train key staff in the response to a VIP attending the Trust		EPO	(Orange)	Dec 2015
	Exercise	• Design an exercise to test the organisations response to dealing with a VIP		EPO	(Orange)	Dec 2015
Major Incident Control room	Strategic procedure	• Assess the current incident control rooms to ensure they are fit for purpose • Develop layout plans for setting up the control rooms • Ensure the IT equipment is suitable	The major incident control room has been relocated to the Charles West Boardroom. Instructions for setting up the ICT equipment within the control room has been developed	EPO	(Green)	Mar 2015
	Training	• Train key staff in the response to a VIP attending the Trust	The CSPs, Duty Managers and Loggists have been shown how to set up the incident control room	EPO	(Green)	Nov 2015
	Exercise	• Test the operational running of the incident control room	The control room was activated during the 'Live' exercise on the 21st September.	EPO	(Green)	Nov 2015
Specific	Security	• Conflict resolution training	Security, CSP lead and Head of Facilities received Criminal	EPO	(Green)	July 2015

Attachment X

Topic	Specific Area to Review	Action	Current progress	Lead	Current Risk Rating	Timescale
training			law and Common law training			
	Counter Terrorism	• General awareness	Local Counter Terrorism officer presented Project Griffin to the MIPG, Heads of Service, Duty Managers and CSPs	EPO		Oct 2015
	Counter Terrorism	• Suspicious packages	Porters, Security and CSPs received awareness training on suspect mail/packages	EPO		Oct 2015
	Counter Terrorism	• Fraudulent documents	HR received training on fraudulent documents	EPO		Oct 2015
Other	Intranet	• Ensure all staff have access to emergency plans, contact details and training	Intranet page for EPRR is currently under development. The specific page will have links to the major incident plan and all supporting documents. Including all training materials.	EPO		Oct 2015

The risk rating for the EPRR action plan is in accordance with the Trusts Health & safety risk matrix and based on completed procedures.

Attachment X

SEVERITY	LIKELIHOOD				
	1 **Very Unlikely** *(Freak event – no known history- 1 in 100,000 or less)*	**2** **Unlikely** *(Unlikely sequence of events1 in 100,000 to 1 in 10,000)*	**3** **Possible** *(Foreseeable under unusual circumstances 1 in 10,000 to 1 in 1000)*	**4** *Likely* *(Easily foreseeable – 1 in 100 - 1000)*	**5** **Very Likely** *(Common occurrence – 1 in 100 chance in any one year)*
1 **Negligible** *(No injury, no treatment required, no financial loss.)*	Low	Low	Low	Low	Low
2 **Minor** *(Short term injury, first aid treatment required, minor financial loss)*	Low	Low	Low	Medium	Medium
3 **Moderate** *(Semi permanent injury, possible litigation, medical treatment required, moderate financial loss)*	Low	Low	Medium	High	High
4 **Major** *(Permanent injury, long term harm or sickness, potential litigation, fire, major financial loss)*	Low	Medium	High	High	High
5 **Catastrophic** *(Unexpected death, potential litigation, catastrophic financial loss)*	Low	Medium	High	High	High

Attachment Y

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Trust Board 30 September 2015	
Membership and Recruitment Strategy **Submitted by:** **Anna Ferrant, Company Secretary**	**Paper No: Attachment Y**
Aims / summary Monitor's Code of Governance states that all Foundation Trusts must have an updated Membership Strategy. GOSH first developed a Membership Strategy in 2006 in preparation for Foundation Trust status and the strategy has since been revised several times. Following the Members' Council Election 2014/2015, the Membership Strategy has been updated to reflect the Trusts developing membership communities and in order to develop our membership action plans and to bench mark our progress. This paper updates the Trust Board on the Membership Strategy 2015-2018 with membership objectives and Key Performance Indicators included. The strategy will be presented for approval at the September Members' Council.	
Action required from the meeting To note and approve the 2015-2018 Membership Strategy	
Contribution to the delivery of NHS Foundation Trust strategies and plans Yes, the Membership Strategy will align with the Trust's 5 year plan and the Patient and Public Involvement Strategy.	
Financial implications None	
Who needs to be told about any decision? The updated Membership Strategy will be taken to the Members' Council on 30 September 2015 The Membership and Engagement Committee will continue to be involved in the implementation of the strategies action plans and will monitor progress.	
Who is responsible for implementing the proposals / project and anticipated timescales? The Membership and Engagement Committee were consulted on the strategy and provided input at two of their meetings. The Membership and Governance Manager will implement the strategy action plans with support from the committee and other councillors. We aim to be efficient in the delivery of our membership objectives and have assigned appropriate timescales against each action plan.	
Who is accountable for the implementation of the proposal / project? The Membership and Governance Manager will take the lead and will consult and engage with the Membership and Engagement Committee on the strategies Action Plans and support the Members' Council to become involved in their implementation.	

Great Ormond Street
Hospital for Children
NHS
NHS Foundation Trust

Recruit	Communicate	Engage
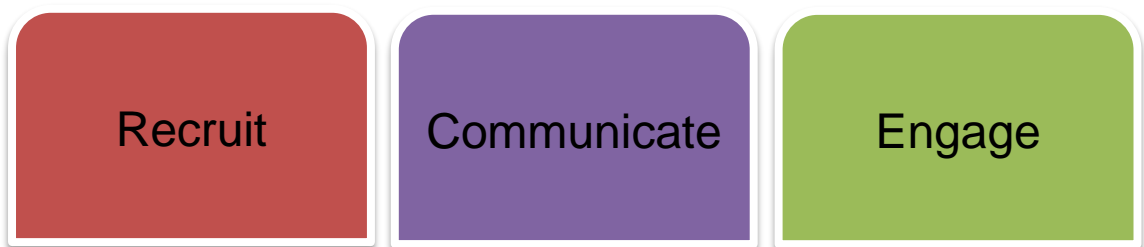
Membership Strategy

2015 - 2018

Table of Contents

1.0 Our Membership Strategy

1.1 Background to the Membership Strategy

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) gained foundation trust status in 2012.

GOSH has a long history of active involvement with patients, the public and its staff in how it plans, develops and delivers services. The organisation has always fostered strong patient and public engagement activity both Trust-wide and through individual service and departmental initiatives. A Members' Forum was established pre foundation trust status and thus the organisation's transition to a Foundation Trust was well founded. Representatives from the Member's Forum sat on the Foundation Trust Steering Board.

Becoming a Foundation Trust served to further strengthen the existing culture of involvement. Our Foundation Trust members and their representatives on the Members' Council are not as a stand-alone consultation group but a truly engaged and involved group through the wider Trust Patient and Public Involvement agenda.

The membership strategy was first developed in 2006 in preparation for submission as part of our application for foundation trust status. It was revised in 2010, 2012 and 2013. This strategy outlines the Trust's vision for membership over the period 2015-2018 and builds on the success of membership management to date.

It sets out the methods that will be used to continue to develop effective, responsive and representative membership communities that will assist in ensuring that our Trust is fit for its future in the changing NHS environment.

1.2 2015-18 Membership Strategy – Key Objectives and Action Plans

There are three strands to the 2015-18 membership strategy:

Recruit	Communicate	Engage
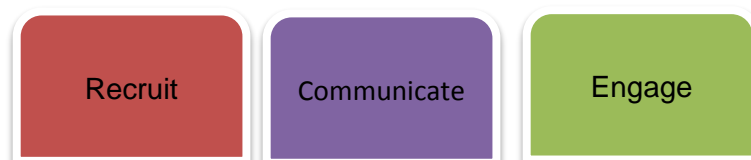
These form the framework for our membership objectives and will be detailed in our yearly membership recruitment, engagement and communication calendars.

These also recognise and build on the systems and processes which the Trust already has in place to maintain and grow, engage and involve its membership.

They will serve to assist the Trust in evaluating its success in delivering this strategy and learn from this process to continue to develop, maintain and engage with its membership.

It should be recognised that this strategy may need to evolve and develop in response to other strategies. These will include:

-     Trust Five Year Organisational Strategy;
-     Patient and Public Involvement Strategy;

- Volunteer Strategy.

1.3 Membership Strategy Objectives

This section outlines the membership objectives that we have set ourselves to achieve in our strategy; and our priorities for delivery over the next three years. The objectives have been developed under the strand headings, in order to provide focus and clarity.

Our approach will take into account the diversity of the population served by the Trust including race, colour, nationality, ethnic origin, religious belief, age, social background, geographical spread and social deprivation.

Recruit

Objective 1: To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation.

Objective 2: Increasing the membership of patients and young people and seeking the participation and views of the children who are not yet eligible to join the Trust by:

- a) achieving marginal growth in overall membership numbers (c.3%);
- b) maintaining face to face and partnership working as the primary means of recruitment;
- c) focussed recruitment drives for patient and youth membership

Objective 3: Outsourcing the membership database to a specialist provider in order to be more responsive to the needs of growing membership communities.

Communicate

Objective 4: To provide appropriate information to members and the Members' Council to promote understanding and ensure they are able to make informed decisions.

Objective 5: To communicate the benefits of membership and create new engagement opportunities to a wider audience.

Objective 6: To build more awareness, communication, and interaction between councillors and their constituents (including events and use of social media).

Engage

Objective 7: To continue to harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities; thus improving governance and enabling the Trust to achieve its objectives.

Objective 8: To support the Trust's Patient & Public Involvement work and enable a single view of Trust, Partnership Organisations and Charity-wide engagement opportunities.

Objective 9: To encourage a partnership approach between the Trust, its membership, and other likeminded organisations, working together for the benefit of the community we serve.

Outlined in Section 2 below is the context to the objectives, the challenges we will overcome and the action plans in place to implement them over the next three years.

2.0 Implementing the objectives - Recruit

2.1   Overview of current membership landscape

As a specialist Trust with a very broad geographical catchment area GOSH does not have a defined 'local community'. We treat patients from across England and internationally, although most come from London, the Eastern Counties and South East England. Our geographically dispersed patient (and their carer) population must however be reflected in our membership base and also members must be drawn from the full range of services.

As a result of an on-going recruitment campaign since 2006, the Trust had an active membership total of 8,832 as at 1 April 2015, (current figure is 8,916).

We have met and exceeded our projected figures for the public constituency in the last financial year and overall we have recruited more patient/carer members. We have also met and exceeded our 2015 projected annual membership target of 8,449, increasing our membership total by 808 in the 2014/15.

2.2   Why do people join as members?

Our members join the Trust to have their voices heard and to help us better understand the views of our hospital community so that we can improve the quality, responsiveness and development of services and ensure that patients and carers needs are met.

2.3   Eligibility

GOSH is a tertiary hospital providing some national services. Our Foundation Trust membership is free and open to anyone who lives in England and Wales aged over 10 years. We want our membership to reflect the broad and diverse communities we serve as well as those patients; their families and carers; members of the public and staff who all share the GOSH vision of 'the child first and always'.

Our Membership constituency breakdown is detailed in Appendix B.

Members may only join the Trust in one category of membership. Should a member of a patient or public constituency subsequently be recruited as an employee of the Trust they will be moved to the staff constituency once they have been in post for more than 12 months. Residents of Scotland and Northern Ireland are not eligible to join the Trust.

2.4   Membership Involvement Levels

The Trust wants its membership communities to be actively involved in its work and for members to have the choice of varying levels of participation according to the interests of individual members. In doing so, we can establish effective ways of engaging and communicating with our members. We also recognise that levels of involvement may change depending on circumstances. Members can be involved as little or as much as they want knowing that all involvement helps make a difference.

The three levels of membership involvement are:

Level 1

- receive newsletters, annual reports, business plans etc.:
- act as a 'barometer' of public opinion on the public's view of the Trust's reputation and services;
- vote in Members' Council elections.

Level 2 (as above, plus):

- participate in surveys, questionnaires, consultations;
- participate in focus/discussion/advisory groups;
- attend open days and other educational events;
- act as an ambassador for the Trust.

Level 3 (as 1 & 2 above, plus):

- stand for election as a councillor and represent the views of their constituency, raising views on behalf of their members;
- councillors collect and channel the views of other members of the public in their constituency on a variety of issues including service quality and service provision;
- attend formal meetings;
- Become a Trust volunteer or a Membership Champion.

2.5 Challenges for membership growth and projected membership figures for 2015/16

Although overall membership is increasing we are still underrepresented by men and ethnic minority groups although these numbers are still increasing. Our 2014/15 Monitor Membership report shows that we are slightly under our projected figures for the patient constituency, but overall we have recruited more patient/carer members. We will continue to monitor our membership growth on a quarterly basis as part of our Membership Recruitment Action Plan.

Of those patients treated at GOSH, 58% are under the age of 10, although we do treat children from birth to nineteen years of age. Membership is open to anyone over the age of 10 so we need to consider this when setting our yearly membership targets for the patient population. It is also important that the patient constituency reflects the breadth of the local and national community served by the Trust. More than half of our patients come from outside London.

2.6 Our Recruitment objectives

Objective 1: To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation

We will identify the most effective means of recruiting, and subsequently engaging and communicating with our geographically dispersed membership base. We also need to ensure that our membership numbers can be resourced appropriately, and reflect the diverse communities we serve.

The Members' Council play an active role in recruiting and building relationships with members and representing their views The Membership and Engagement Committee oversees the recruitment and retention of Trust members.

Whatever the recruitment method used the message is all important. Successful recruitment has been found to rely on establishing a connection and a relationship between the trust and the potential member, and this connection is rooted in communicating the Trust's objectives clearly. This will be reflected in our Communication Action Plan, Appendix E (page 34).

Face to face recruitment by the Members' Council within the hospital, at local organisation events and events run by Great Ormond Street Hospital Children's Charity allows for personal contact, the ability to answer direct questions and enables messages to be targeted to the individual. It also demonstrates public engagement. We will continue to offer councillors the opportunity to recruit members and are looking into expanding the range of methods available to support this.

We are mindful of our geographically dispersed membership base and reaching out to potential members outside our hospital community. In terms of our under-represented groups – face-to-face allows us to present the message in an appropriate way, often through an individual who has an ambassadorial role within the Trust.

We will also strategically bolt membership and membership recruitment onto other key Trust events and information sessions (such as the Trust's Annual Membership Meeting, as part of Black History Month events, Clinical Ethics Symposium, Community Police safety awareness sessions, Redevelopment events, Health Awareness events, Summer Fair).

There are other proven channels to recruit members - via direct marketing from the membership database and also through digital channels such as the Trust website or social networking and our partnership with Great Ormond Street Hospital Children's Charity. Our online membership functionality makes it easy for people to sign up to become a member.

Objective 2: Increasing the membership of patients and young people and seeking the participation and views of the children who are not yet eligible to join the Trust by:

  a) **achieving marginal growth in overall membership numbers (c.3%);**
  b) **maintaining face to face and partnership working as the primary means of recruitment;**
  c) **focussed recruitment drives for patient and youth membership**

Whilst we will continue to welcome new members from all areas our objectives will focus on improving membership representation of young people aged 10-16 years and the patient population - recruiting those who are eligible to join as a member and engaging with those who may in future join the Trust. Our overall aim is to maintain, marginally grow and develop our membership community.

The Membership and Engagement Committee has undertaken a projected recruitment activity exercise to ensure we can meet our targets. For 2015/16 we are projecting an overall growth rate of 8%, a natural attrition rate of 5% and a net growth of 3%.

We are confident that the 2014 pre-election database cleansing exercise has ensured that our data is up to date so an attrition rate of 5% is well within the projected total number forecast.

We will monitor this, report back to the Members' Council at each meeting and repeat this exercise annually.

Due to changes in the make-up of the staff constituency (Appendix C), Trust Agency and Bank staff, Trust volunteers and individuals working on an honorary contract, and those employed by GOSH Children's Charity are now encouraged to join the public constituency. Our recruitment action plan will outline our plans to actively recruit these groups.

Table 2 sets out our projected membership figures for 2015/16.

Table 2 – Projected Membership 2015/16

Constituency	2014/15 (final numbers)	Attrition Rate 5%	Growth Rate 8%	2015/16 (Predicted)	In Year Net Target
Patient	916	46	73	943	27
Parent/Carer	5,217	261	417	5,374	157
Public	2,699	135	216	2,780	81
Total	8,832	442	**707**	9,097	265

A target figure of 9,097 (excluding staff) has been set, based on plans to undertake further membership recruitment drives. This would ensure our membership numbers are comparable with best practice in other Trusts.

It is important that membership recruitment campaigns are reviewed each year to address any membership profile imbalances and compensate for natural attrition.

> **Objective 3: Outsourcing the membership database to a specialist provider in order to be more responsive to the needs of growing membership communities.**

Great Ormond Street Hospital Children's Charity has for the past four years held and managed the Foundation Trust membership database as a secure sub-set on its supporter Customer Relationship Manager (CRM) database, Raisers Edge.

Our membership is growing and we want members to become more engaged in Trust activities. We need to be more responsive to this by outsourcing the management of the membership database to an external specialist provider. We also require a membership database with inbuilt functionality to support our Monitor reporting and to track our progress against projected membership targets.

Outsourcing our membership database will enable the Foundation Trust management team to have direct control over:

- Data Management features to support the development of membership and engagement activity;

- Membership analysis (helping us to gain better insight into the actual engagement and involvement of members and consequently be more responsive to membership communications).

It will also be accessible to a range of users concurrently.

2.7   Summary of Membership Recruitment Action Plan

The Membership Recruitment Action Plan (Appendix D) outlines planned recruitment activity. We will produce a separate yearly recruitment campaign and calendar and develop strategies and plans to identify and address any membership profile imbalances.

3.0 Implementing the objectives - Communicate

3.1   Introduction

Members are the vital link between the Trust and its community, both local and national. We want a thriving membership community; one that is both informed and involved.

Communication with members is via a combination of Trust and Councillor managed communications. It is important to maintain a continual two-way dialogue (both informal and formal) to ensure consistent member engagement. We need to also adapt our communications to meet stakeholder expectations and showcase the benefits of membership more prominently across all our communication channels. Communication with our membership starts straight away with expressions of interest on the membership sign up form.

3.2   Communication methods and the role of the Members' Council

All membership communication activities will be guided by principles e.g.

- Use of Plain English;
- Simple and consistent messages;
- Focus on target audience;
- Messaging is open, honest and delivered to the right people in the right way;
- Facilitate a two way process to encourage feedback.

The Members' Council will receive the necessary training and support for them to communicate with their constituents and the proper tools and platforms to enable two-way communication.

3.3   Challenges and Aims

Responding to the constantly shifting digital landscape is important for all communicators if we are to meet the expectations of those who interact with us. Our aim is for communications to:

- Be both Trust and Councillor led;
- Provide opportunities for education;
- Be disseminated online, by post, face to face and over the phone;
- Keep members up to date on hospital news, forthcoming events and opportunities and FAQs;
- Break down to constituency level (location) where possible and appropriate.

3.4   Our Communication objectives

> **Objective 4: To provide appropriate information to members and the Members' Council to promote understanding and ensure they are able to make informed decisions.**

GOSH has a duty to ensure that membership views and concerns are reflected in our decision-making. Our need to have open discussion and debate with our stakeholders and the public is one of the driving forces behind this Strategy. In order to do this we need to tailor our communications accordingly. Support will continue to be given by our communications colleagues at Great Ormond Street Hospital Children's Charity and we will review our present communication tools and methods.

We will always identify the timeliest and appropriate manner to communicate Trust information to our members and our Members' Council, responding accordingly to feedback. Our information will be disseminated both via email, electronically, and by post where applicable.

We will endeavour to share all documents and consultation papers with our membership and councillors and seek comment where appropriate. Requests for decision making will be timely and the clear two way communications channels we already have in place will be maintained and improved.

Our 2014/2015 Members' Council Election gave us the opportunity to reach out, communicate and engage with members in new ways. Recently, social media has been used to advertise involvement opportunities as well as our Members' Council Election with online nominations and voting opportunities. We want to continue to harness the support and commitment of our hospital community and ensure they are aware that they have a key role in shaping the future of the hospital.

Our communications need to be directed at a range of audiences and we need to refresh our engagement opportunities regularly. We will evaluate our election communication methods and use this to provide a steer on future communication plans.

> **Objective 5: To communicate the benefits of membership and create new engagement opportunities to a wider audience.**

In order to reach the projected rates of growth and attrition set out in this document, recruitment and engagement is key.

We aim to encourage grassroots promotion of membership with our younger members helping to spread the word amongst their peers. Other forums within GOSH, such as the Young People's Forum and the Volunteer Service have also helped with targeted engagement opportunities.

We aim to be as visible and active in the wider community as possible with attendance at events in local communities and beyond. Relationships will continue to be built with partner organisations and other comparable NHS Foundation Trusts across the country. The aim is to share best practice and engage a wider audience.

Our monthly FT Get Involved email to members is currently promoting more opportunities than ever before and will continue to be developed and used as a vital engagement tool.

> **Objective 6: To build more awareness, communication, and interaction between councillors and their constituents (including events and use of social media)**

Councillors have a very important relationship with their constituents and want to represent them fairly and visibly. Acting as a link to the hospital and local community, the Members' Council need to feedback information about the Trust, its vision and its performance to their constituencies and stakeholder organisations, (those that either elected or appointed them).

The Members' Council will continue to write personalised letters to their constituents and our Lead Councillor will continue to introduce members to the Trust by writing personalised letters for Welcome Packs. In order to maximise awareness, communication and interaction we will use a multi-channel approach.

With membership plans focussing on young people we will increase the online presence of our Members' Council. Communications will be tailored to have a more personal feel and target specific audiences directly.

Councillors are present and involved at events within the hospital, the local community and at those of our partner organisations, such as University College London and Great Ormond Street Hospital Children's Charity. Staff surgeries are run in order for the staff membership to meet councillors and get their views heard.

3.5   Summary of Membership Communication Action Plan

The Membership Communication Action Plan will provide a framework for the delivery of effective communications whilst ensuring a two-way dialogue is maintained and developed with our membership. Through this it will encourage members to help influence developments within the Trust (Appendix E).

4.0 Implementing the objectives - Engage

4.1   Introduction

Stakeholder engagement is of paramount importance to GOSH, enabling us to fulfil our role as a locally accountable organisation. The Health and Social Care Act 2012 seeks to improve accountability and strengthen the collective voice of patients. Active and sustained engagement with the membership community will improve governance and enable the Trust to achieve its objectives.

We do feel we have yet to reach our full potential in engaging with members. As a result, the ambition for the next three years is to build on the work to date and focus our energy and resources into increasing the active engagement with existing members, both public, patient and staff, so that membership is even more meaningful.

4.2   Stakeholder Engagement methods and approaches

We wish to engage with and consider the views of our members and stakeholders in the following areas:

- Developing our Annual Plan;
- Major corporate Trust consultations on service provision, planning , improvements and change, e.g. Waiting Times, Out of Hours services; Way finding;
- Redevelopment updates, e.g. Centre for Research into Rare Disease in Children
- Current Trust performance;
- Opportunities to get involved in Trust activities, e.g., volunteering, project and steering groups within the PPI agenda;
- Promoting the Members' Council Election as important events;
- Voting in Members' Council Elections and standing for election.

Our engagement approaches must be innovative and we must tailor opportunities accordingly. We also need to evaluate that we provide value for money.
Our Members' Council Election 2014-2015 enabled us to devise a detailed recruitment, engagement and communication plan. We will review these plans with an aim to increase the involvement of members who see themselves as potential future councillors on the Members' Council. Below is listed the various approaches we will use:

Engagement approach	Description
Partnership and Participation	Two-way engagement within limits of responsibility. Joint learning, decision making and representation, actions. Members' Council and Membership Champions.
Consultation	Involved, but not responsible Limited two-way engagement: GOSH asks questions, members provide feedback.
Push communications	One-way engagement. GOSH may broadcast information to all stakeholders or target particular stakeholder groups using various channels e.g. email, letter, webcasts, podcasts, videos, leaflets.
Pull communications	One-way engagement. Information is made available stakeholder choose whether to engage with it e.g. website, online membership newsletter.

4.3   The role of the Members' Council

The Health and Social Care Act 2012 places a new responsibility upon the Members' Council to represent not only the views of members across all constituencies, but also the views of the public. The Members' Council are an essential resource in the engagement of their constituents and it is essential that their views are reflective of the membership they represent. As part of their duties councillors should feedback information about the trust to members and the public. The Trust views engagement as two-way with its members. Our Appointed councillors are also a valuable link to local communities and our partner organisations.

Our Members' Council Training, Development and Engagement Action Plan (Appendix G) will be developed to provide support and empowerment to our councillors, and to enable them to effectively engage with members and the general public in their local communities.

We must also actively engage with our staff membership and develop new ways to reach out and seek their views. Our staff councillors are fundamental to this process and are already proposing new ways to do this.

4.4   Challenges and Aims

As a children's hospital, it is important that children and young people remain central to our vision and are able to participate in the planning and development of the organisation's services.

Although 58% of our patient population is under 10 and children have to be at least 10 to become a member, we are committed to developing mechanisms to engage with and receive the views of younger children.

Our 2014/15 Monitor Membership report shows that we are slightly under our projected figures for the patient constituency. We will focus on increasing engagement with the hospital's patient community using the engagement plan to tailor the opportunities for the number of young members from this constituency. We aim to develop our partnership and joint working within the hospital and to engage with our patient and young population through:

- GOSH School
- GOSH Activity Centre
- GO Create! Arts Programme at GOSH
- GOSH Play Therapists (and other staff who work directly with patients)
- GOSH Patient and Public Involvement and Engagement in Research team
- Our partners at University College London, Institute of Child Health
- Partnership working with Great Ormond Street Hospital Children's Charity
- Partnership working with Bloomsbury Festival, Coram Fields and other local organisations.

As our aim is to marginally grow our membership our focus is also on better engagement with existing members. We want to enable our membership to reach the status of sustained engagement.

4.5   Our Engagement Objectives

Objective 7: To continue to harness the experience, knowledge and skills of our membership   community and actively engage them in the development of the Trust and its activities; thus improving governance and enabling the Trust to achieve its objectives

The active engagement of our members is paramount to the development of Trust services. As set out in the communication objectives, we will ensure that feedback channels are clear and easy to use. All Trust members regardless of geographic location and age will be able to engage with the Trust's activities.

The experience, knowledge and skills of our members will be garnered in the continued use of surveys, workshops, steering groups, focus groups and the invitation to attend all public meetings. We will ensure that regular and reliable communication is sent out to give our membership plenty of notice to attend and feedback accordingly on any activities concerning the Trust.

Our membership community is growing and our membership voice is strong- as was evident at our 2014/15 Members' Council Election. We are beginning to form a core group of involved members and aim to develop our "membership champions" training for them to become "member get member" volunteers and to enlist their support at events. We have also seen an increase in members wishing to attend Members' Council and Trust Board Meetings.

Objective 8: To support the Trust's Patient & Public Involvement work and enable a single-view of Trust, Partnership Organisations and GOSHCC engagement opportunities.

The Trust and PPI work synonymously to ensure that all engagement opportunities are maximised. Membership sees itself as part of the much wider PPI agenda at GOSH and seeks to work more closely with all other involvement groups across the organisation.

We define patient and public involvement as an on-going dialogue between GOSH and its patients, their families and carers and the public, to gauge their perspectives and opinions on issues which will help shape GOSH strategy and inform GOSH decision-making.

Not only will this help to streamline engagement opportunities it will also enhance the patient experience, in line with the wider organisations values and objectives.

We recognise our colleagues as one of our most valuable membership engagement assets. We want to encourage greater involvement across our services. We will use the staff Intranet, staff Members' Council voice and Roundabout Staff Newsletter to increase awareness amongst key staff about our aims and plans.

We aim to enhance and extend our engagement with members by coordinating a calendar of tailored engagement events which will involve collaborative working with GOSH and local partners.

Objective 9: To encourage a partnership approach between the Trust, its membership, and other likeminded organisations, working together for the benefit of the community we serve.

Foundation Trusts have a duty of partnership. While the Trust is a regional, national and international centre rather than a 'local' hospital, it recognises that it has a role to play in the communities in which it serves and in which the hospital is situated, as well as an employer.

Building on links established through our patient and public involvement activity, we seek to enhance our profile with community groups, charities and other organisations. We will also take into account our geographical spread. Our aim is to broaden the range of people we engage with. Examples of Key partner organisations are listed in Appendix F (p41).

4.6   Working with other Membership Organisations

Other Foundation Trusts

We have already begun to engage with other Foundation Trusts to share best practice, skills and expertise. We have hosted a meeting with our colleagues at The Royal Marsden NHS Foundation Trust and North East London NHS Foundation Trust.

We have received queries from the membership leads at East and North Hertfordshire NHS Trust to support them in their planning of recruitment and engagement with young people. Birmingham's Children Hospital NHS Foundation Trust has made contact asking us for more information/to share best practice.

We intend to further develop existing relationships with other NHS Foundation Trusts to develop a regular forum with other membership departments, especially in Children's Hospitals. We will explore whether there is scope for joint working and engage our Members' Council to help us strengthen existing links with local organisations as well as creating new ones.

NHS Providers

The Trust is a member of NHS Providers, the membership organisation for NHS public provider trusts. We have access to Govern Well - the national training programme for Foundation Trust governors and a library of other resources and training tools.

4.7   Summary of Membership Engagement Action Plan

The Membership Engagement Action Plan will enable us to develop clear engagement and takes into account our need to engage with not only our membership base but with local organisations and partnership groups also.

5.0 Evaluating Success

5.1   Managing the 2015-18 Membership Strategy and the role of the Members' Council

Planned well, evaluation can:
- Help ensure our action plans have clear aims and objectives from the outset;
- Establish the extent to which objectives have been met and with what impact (where this is practical);
- Lead to shared learning across the trust;
- Inform the planning of future membership activities and improve them;
- Encourage more people to take part in membership recruitment, communication and engagement activities.

The Membership and Engagement Committee is a sub-committee of the Members' Council. The Committee delegates authority from the Members' Council to make decisions on behalf of and be accountable to the Members' Council for recruiting, engaging and communicating with the Trust's membership and representing the interests of patients, carers, families and the general public in the areas served by the Trust.

The committee will review the membership strategy and associated plans at an early opportunity and on an on-going basis to ensure that that there is continued commitment to developing, maintaining, extending and communicating with, an active membership.

The Chair of the Membership and Engagement Committee provides a report and a verbal update at every Member's Council Meeting.

Appendix A

5.2   Key Performance Indicators

The Membership and Engagement Committee (MEC) will review each of the objectives at every committee meeting and report back on progress at every Member's Council Meeting.

Objective	How we will monitor
Objective 1: To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation.	- Weekly statistic membership Reports - Quarterly statistic membership reports - Summary statistic membership reports will review statistics against recruitment targets**;** - Annual Report to Monitor will contain projected figures and identify targets for the following year
Objective 2: Increasing the membership of patients and young people and seeking the participation and views of the children who are not yet eligible to join the Trust by: - achieving marginal growth in overall membership numbers (c.3%); - maintaining face to face and partnership working as the primary means of recruitment; - focussed recruitment drives for patient and youth membership	 - MEC will identify yearly projected membership numbers target; - Review quarterly membership reports against projected targets at MEC meetings – 5 times a year; - Agree measures to increase recruitment in underrepresented segments of membership if necessary and report back to MEC and Members' Council- 5 times a year; - Members' Council to recruit 10x new members a year. Report to MEC on progress 5 times a year and reminders to councillors through their monthly e Bulletin on: - Recruitment Event Calendar opportunities Recruitment Calendar outlines recruitment drives, which include: - monthly meetings with PPI Leads to coordinate joint recruitment events - attendance of Membership Manager at 2 x YPF meetings a year to link in with YPF membership recruitment champions; - GOSH School and Activity Centre timetable coordinated to include 3 x recruitment visits from youth councillors; - Meet your councillor sessions run 5

Objective	How we will monitor
	times a year in hospital and outpatients; • Organise 6 x Schools visits a year- 1 local, 1 London, 4- England and Wales.
Objective 3: Outsourcing the membership database to a specialist provider in order to be more responsive to the needs of growing membership communities.	• MEC meetings will provide updates on the tender and outsourcing of the database; • September 2015- establish MEC Membership Database working group to support the database project management group in the tendering and outsourcing process; • Report to Members Council in April 2016 on progress and new database features.
Objective 4: To provide appropriate information to members and the Members' Council to promote understanding and ensure they are able to make informed decisions.	Membership Communication Reports provided to the MEC 5 times a year will include: • Overview of information given to members and take up of opportunities in monthly FT Get Involved emails; • Overview of information given to councillors and take up of opportunities in monthly Members' Council e Bulletin; • Quarterly update on membership website and intranet pages content including links to annual plan and other surveys, and reports; • Members' Council representatives sit on Editorial Committee for Member Matters- twice a year and report back to MEC 5 times a year; • Roundabout Staff Newsletter features articles from staff representatives 10 times a year; • Members' Council linked with NHS Providers and Deloitte Governor Seminars to attend development sessions when invited; • Yearly Members' Council Training and Development Programme; • All communications to be delivered within an agreed timeframe, notice given allowing time for responses, attendance and travel time.
Objective 5: To communicate the benefits of membership and create new engagement opportunities to a wider audience.	• Review and refresh of Member Matters Newsletter (Sept 2015); to reach a younger audience more effectively; • Review and refresh of Membership Application form in autumn 2015.

Objective	How we will monitor
Objective 6: To build more awareness, communication, and interaction between councillors and their constituents (including events and use of social media)	- Invite councillors to write opening articles and individualised letters in Member Matters; twice a year; - Welcome Pack for new members on sign up to include letter from Lead Councillor and Members' Council photo board; - Update of membership website pages to include summary of Members' Council Meetings and Members' Council engagement and involvement activities; - All communications materials to be reviewed to ensure they have the online link to contact a councillor; - Yearly Engagement Calendar to be split into events and opportunities; - Planning meeting with GOSHCC on social media plan for membership in January 2016.
Objective 7: To continue to harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities; thus improving governance and enabling the Trust to achieve its objectives;	- Monthly FT Get Involved email outlines opportunities for the membership community; - PPI and Membership Manager meet monthly to update on engagement opportunities for members.
Objective 8: To support the Trust's Patient & Public Involvement work and enable a single-view of Trust, Partnership Organisations and GOSHCC engagement opportunities.	Report to MEC on : - Monthly meetings with Membership Manager and PPI Leads to update on developments; - Yearly Engagement Calendar and Action Plan updated quarterly to outline engagement opportunities; - Yearly community engagement mapping plan for partnership organisations; - Monthly Ft Get Involved emails to members.
Objective 9: To encourage a partnership approach between the Trust, its membership, and other likeminded organisations, working together for the benefit of the community we serve.	- Complete a Community Engagement mapping exercise to identify opportunities; (Sept 2015); - Develop database of local stakeholder organisations and community groups; (Sept 2015); - Establish a quarterly membership managers forum with other Foundation Trusts; - Members' Council and Membership Manager to attend NHS Providers meetings when invited.

Appendix A - Introduction to Great Ormond Street Hospital for Children NHS Foundation Trust

Background

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) is an international centre of excellence with a total of 50 different paediatric specialties and sub-specialties. GOSH treats children and young people with complex, rare or highly specialised illness and disabilities.
We have more than 220,000 patient visits a year (outpatient appointments and inpatient admissions). We are the largest paediatric centre in the UK for:

- Paediatric intensive care;
- Cardiac surgery – we are one of the largest heart transplant centres for children in the world;
- Neurosurgery – we carry out about 60 per cent of all UK operations for children with epilepsy;
- Paediatric cancer services – with University College London Hospitals (UCLH), we are one of the largest centres in Europe for children with cancer;
- Nephrology and renal transplants;
- Children treated from overseas in our International and Private Patients' (IPP) wing.

GOSH has a dedicated workforce of approx. 3,663 staff on permanent contract or fixed term contracts of one year or more. GOSH staff provide services at more than 67 different hospital locations.

Development

Constantly evolving since it opened in an 18th century townhouse in 1852 we are now halfway through an ambitious four-phase redevelopment programme to rebuild two-thirds of the hospital site over a 20-year period.

Our Partners

GOSH works in partnership with the UK Children's Hospital Alliance. We also work in partnership with the UCL Institute of Child Health (ICH), and Institute of Cardio-Vascular Science (ICS) part of University College London, and together we form the largest centre for paediatric research outside the US. With the Institute and London South Bank University, we play a key role in training children's health specialists for the future. This allows us to uniquely have a pioneering role in the care of children.

Great Ormond Street Hospital Children's Charity is also a key partner for GOSH. It aims to raise more than £50 million a year for GOSH and that money supports the Trust to:

- Carry out ground breaking research into revolutionary treatments and cures
- Redevelop the hospital to treat even more children in comfortable, modern wards
- Fund specialist equipment to improve diagnosis and treatments
- Provide accommodation which allows families to stay together when their children are at GOSH.

Our Mission and Vision

Our mission is to provide world-class clinical care and training, pioneering new research and treatments in partnership with others for the benefit of children in the UK and worldwide:

- To deliver world class clinical care to the children we treat.
- To undertake new research which will lead to new and improved treatments for children everywhere
- To share our expertise through education and the training of children's healthcare professionals so that more children benefit from our work and reciprocally to learn from the paediatric breakthroughs achieved by other institutions.

GOSH's vision is to be the 'leading children's hospital in the world' and has set the following strategic objectives to support the vision:
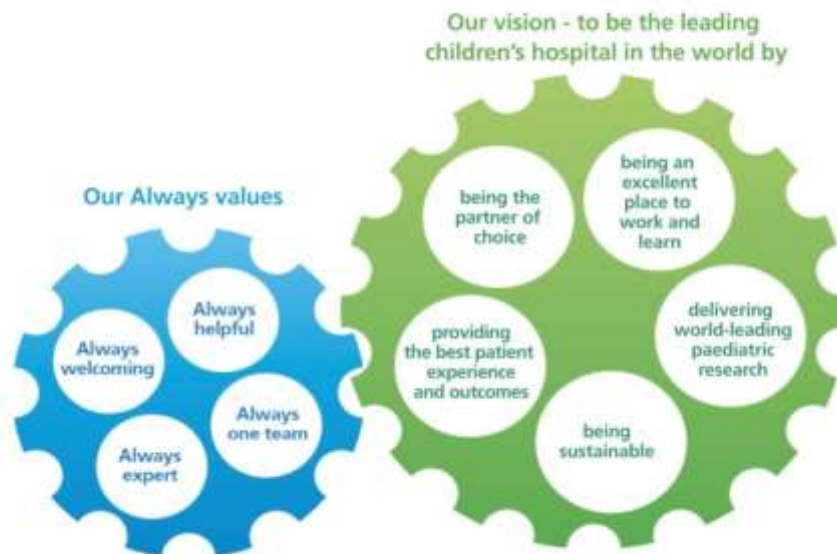
Our 'Always Values'

To reflect and reinforce the Trust's mission and commitment to put children at the heart of everything we do, 'the child first and always', over 2,500 staff, patients, parents, and carers engaged in giving feedback around developing a set of values - we have called these our 'always values'.

Foundation Trust status

GOSH was authorised as a Foundation Trust on 1st March 2012. NHS Foundation Trusts are part of and committed to the NHS and have to meet national standards but are free to decide how best to do this. We experience more financial freedom, which allows us to plan for the longer term and to have some flexibility in managing our future.

As a Public Benefit Corporation we have a duty to engage with our hospital and local Communities and inform them about the work of the hospital and encourage people to join us as members. GOSH also has a framework of local accountability through its membership and its' Members' Council. We want to continue to develop our partnership with members and their representative councillors on the Members' Council.

A representative and active membership is one of the key strengths of GOSH as a Foundation Trust. We want our members to feel a real sense of involvement and to enable them to influence and shape the Trust's services and develop a sense of true social ownership of the organisation.

Appendix B – Membership Constituency Breakdown and Members' Council Representation

Annex 1 The Public Constituency The public constituency is divided into the following classes:

Name	Areas	Councillors
North London and surrounding area	Comprising the following electoral areas in North London: Barking & Dagenham; Barnet; Brent; Camden; City of London; Hackney; Ealing; Enfield; Hammersmith & Fulham; Haringey; Harrow; Havering; Hillingdon; Hounslow; Islington; Kensington & Chelsea; Newham; Redbridge; Tower Hamlets; Waltham Forest; Westminster. Comprising the following electoral areas in Bedfordshire: Bedford; Central Bedfordshire; Luton; Hertfordshire: Broxbourne; Dacorum; East Hertfordshire; Hertfordshire; Hertsmere; North Hertfordshire; St Albans; Stevenage; Three Rivers; Watford; Welwyn Hatfield; Buckinghamshire: Aylesbury Vale; Buckinghamshire; Chiltern; Milton Keynes; South Bucks; Wycombe; Essex: Basildon; Braintree; Brentwood; Castle Point; Chelmsford; Colchester; Epping Forest; Essex: Harlow; Maldon; Rochford; Southend on Sea; Tendring; Thurrock; Uttlesford.	4
South London and surrounding area	Comprising the following electoral areas in South London: Bexley; Bromley; Croydon; Greenwich; Royal Borough of Kingston upon Thames; Lambeth;	1

	Lewisham; Merton; Richmond upon Thames; Southwark; Sutton; Wandsworth. Comprising the following electoral areas in: <u>Surrey:</u> Elmbridge; Epsom and Ewell; Guildford; Mole Valley; Reigate and Banstead; Runnymede; Spelthorne; Surrey Heath; Tandridge; Waverley; Woking; <u>Kent:</u> Ashford; Canterbury; Dartford; Dover; Gravesham; Maidstone; Medway; Sevenoaks; Shepway; Swale; Thanet; Tonbridge and Malling; Tunbridge Wells; <u>Sussex:</u> Brighton and Hove; East Sussex; Eastbourne; Hastings; Lewes; Rother; Wealden; Adur; Arun; Chichester; Crawley; Horsham; Mid Sussex; West Sussex; Worthing.	
Rest of England and Wales	All electoral areas in England and Wales not falling within one of the areas referred to above.	2

ANNEX 2 - The Patient and Carer Constituency
The Patient and Carer constituency is divided into the following classes:

Name of class within the constituency	Councillors
Patients from London	2
Patients from outside London	2
Parents and Carers from London	3
Parents and Carers from outside London	3

ANNEX 3 - The Staff Constituency
5 Staff Councillors

ANNEX 4 - The Appointed Constituency

Name of Organisation	Councillors
UCL Institute of Child Health	1
London Borough of Camden	1
Commissioners	1
Great Ormond Street Hospital School	1
Patient support and voluntary groups	1

Appendix A

ANNEX 5 – Trust Membership Constituencies, actual membership numbers as at 1 April 2015 and our minimum membership numbers required.

Breakdown by constituency	Number of members as at 1 April 2015	Minimum number of members
Patient and carer constituency		
Parent/carer in England and Wales	3155	
Parent/carer in London	2062	600
Patient in England and Wales	483	
Patient in London	433	300
Sub Total	6133	
Public constituency		
Public in England and Wales	642	900
Public in North London	1413	
Public in South London	644	
Staff constituency		2,000
Sub Total	2699	
Grand Total	8832	

Appendix C - Membership Composition

Membership Constituencies

Our membership community is made up of **four** constituencies – patient and carer, public, staff and partners. Appendix 1 sets out the constituency breakdown and its respective Members' Council representation.

Patient and carer constituency

This constituency will be divided into four classes, recognising the breadth of the local and national communities served by the Trust:

- patients from London
- patients from outside London
- parents or carers from London
- parents or carers from outside London

The constituency includes people who have been a patient or carer of a patient of the Trust within 6 years immediately preceding the date of application.

In the case of patient members, they must be a minimum of 10 years old and have received treatment as an inpatient or outpatient within the 6 years immediately preceding the date of application.

In the case of carers they must be the parent or acting in locus parentis for an inpatient or outpatient **of any age** and have attended the Trust with the patient within the 6 years immediately preceding the date of application. We call this the "six year rule".

If a patient or parent / carer member was seen more than six years ago, they are transferred to the public constituency. This is because the Trust wants patient and carer members to be those with more recent experiences of our service.

Table 1 sets out the wide geographical area where tertiary patients come from.

Table 1- Regions where tertiary patients come from

Geographical Region	% of patients
London	47.19%
East of England	22.09%
South East Coast	12.27%
Overseas	5.72%
South Central	5.30%
Other GB	3.89%
South West	1.87%
Wales	0.65%

Public constituency

It is important that the public constituency also reflects the breadth of the local and national community served by the Trust. This constituency is divided into three areas- North London and surrounding area, South London and surrounding area and Rest of England and Wales.

The hospital itself is located in Bloomsbury, North Central London. It is important to consider the specific demographics of this area. North Central London covers the boroughs of Barnet, Enfield, Haringey, Camden and Islington, with a population of 1.27 million people. The area benefits from a rich cultural and ethnic diversity. We wish to engage with the local population and local organisations.

Staff Constituency

In June 2014 the Trust Board and Members' Council agreed to change the make-up of the staff constituency and focus staff membership on all employees who hold a Great Ormond Street Hospital NHS Foundation Trust permanent contract or fixed term contract of 12 months or more.

Prior to this, the staff constituency had also included the following groups: Trust Agency and Bank staff, Trust volunteers and individuals working on an honorary contract, and those employed by GOSH Children's Charity. These staff are now encouraged to join the public constituency and have a voice and we will encourage staff representatives to seek their views. The change was prompted by evidence from the staff by-election in 2013 and the limited nominations from those groups to stand as staff councillor.

There are no sub-divided classes to the staff constituency. The constituency is made up of approximately 3,000 members who elect **5** staff councillors.

The Members' Council

Our 27 elected and appointed councillors (see partnership constituency) represent the interests and views of our patients and their families, the public, staff, and local stakeholders ensuring that the membership voice is heard and reflected in the strategy for the hospital.

We see the Members' Council as our critical friend and guardian of our values. In total, the Members' Council is made up of 27 councillors:
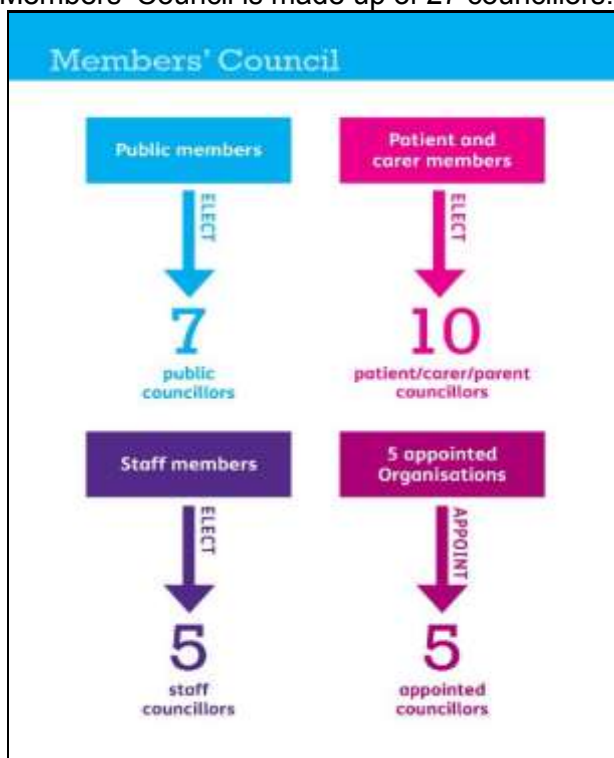
Partnership Constituency

GOSH works closely with a number of partner organisations and so is keen to involve them in the future direction of the Trust. As such, the following partners are represented on the Members' Council (see brackets for the number of councillors for each class of members):

- UCL Institute of Child Health **(1)**
- London Borough of Camden **(1)**
- GOSH School **(1)**
- NHS England (London region) **(1)**
- self management UK **(1)**

The partnership organisations will determine the selection process themselves and then employ that process to select an appointed councillor.

Appendix D   Membership Recruitment Action Plan

Objective 1: To maintain and develop a membership that is representative of the communities the Trust serves including demographic, ethnic minority and socio economic representation.				
Key Tasks	**Sub Task**	**Target group**	**Outline and Timing**	**Lead**
Maintain Membership Database **to evaluate that membership reflects the diversity of the population served by the Trust and eligible membership**	review of membership statistics to identify any membership profile imbalances and monitor of membership numbers	membership constituencies/classes and eligible membership in England and Wales	Outline: **The FT database will have export functionality to support membership profiling under the following headings** (including the ability to run tailored reports as and when required): - FT members spilt by constituency and class - Gender split grouped by constituency - Age band split grouped by constituency - Members split by region - Ethnicity split grouped by constituency and class - Membership compared against eligible membership in England and Wales - Socio-economic status - Membership figures monitored against set recruitment targets Timing: - Membership Statistics Review – Quarterly and tailored reports when required; - Summary Membership Statistics Report to Members Council and MEC, 5 times a year; - Full reporting to comply with Monitor requirements- annually and yearly projected figures - Membership Report in Annual Report and Accounts; - Annual Membership Report and presentation to membership at AGM.	DL, KW.

			- develop a yearly recruitment calendar both face-to-face, postal and online; specific to each constituency/class; - to address any membership profile imbalances; - produce yearly recruitment targets	DL, GOSHCC Communications Team, MEC
	develop strategies and plans to identify and address any membership profile imbalances including the recruitment of younger members	eligible membership, under represented membership	- membership statistic reviews will highlight any emerging trends to be used to develop strategies to address profile imbalances and the recruitment calendar and campaign will be updated accordingly	

Appendix A

Objective 2:	Increasing the membership of patients and young people and seeking the participation and views of the children who are not yet eligible to join the Trust by:

a) Achieving marginal growth in overall membership numbers (c.3%);
b) maintaining face to face and partnership working as the primary means of recruitment;
c) focussed recruitment drives for patient and youth membership.

Key Tasks	Sub Task	Target groups	Outline and Timing	Lead
Utilise Membership Database functions to: - **monitor, maintain and grow membership figures;** - **use statistic report findings to monitor recruitment in the patient and young people classes (10-16);** - **meet the annual projected membership figures as agreed with Monitor and set out in the Trust's Annual Report and Accounts.**	Develop a Yearly Recruitment Calendar including focussed and regular recruitment campaigns (face-face/online/postal): 1. for Public and Patient/Carer Councillors to recruit in their constituencies; for Outreach teams to promote membership to Rest of England and Wales constituency 2. for Appointed Councillors to promote membership through their organisations; 3. for Staff Councillors, membership champions and HR and Volunteer Department to promote membership to the patient/parent community and staff/volunteers who are eligible public members or staff leavers who are eligible	1. all membership constituencies served by the Trust; all hospitals where outreach work is carried out. 2. partner organisations 3. hospital community, honorary contract and bank/agency staff /apprenticeships/volunteers – all eligible for public membership and staff leavers who can re-join the trust as	Outline: **Ensure online sign up details are linked into all recruitment materials;** **Yearly Recruitment Calendar and campaign will:** 1. divide recruitment opportunities for councillors into specific classes (councillors have a set target of recruiting 10 members a year), develop ways to outreach to hospitals outside London served by the Trust; Cross reference the FT social media campaign and online recruitment methods to promote sign up in all constituencies. 2. Include partner organisations from Camden Council, UCL Institute of Child Health, GOSH School, NHS England, self management UK. London South Bank University. 3. provide recruitment and engagement training dates for councillors and membership champions and establish a 'Membership Champions' group to help recruit members at events; outline recruitment communications linked to communications planner for reaching out to new and ex staff (including GOSH tours staff for ex	DL, KW, PPI Team, MEC, MC

	public members	public members	nurses).	
	4a for partnership work with GOSH staff and GOSHCC to engage with and help support the recruitment of the patient/ parent/carer and public	4a GOSH School and Activity Centre, Play Therapy team, Patient and Public Involvement and Engagement in Research team, Chaplaincy team Research Department, Redevelopment and Sustainability team, YPF team, PPI team, Equality and Diversity team, GOSHCC charity desk staff, GOSHCC who work with their charity ambassadors, GOSHCC communications team to encourage sign up from GOSHCC staff	4a. build on GOSH School " My Story" presentations from young councillors; outline ways to link in with teams who already engage with the patient community to promote membership and recruitment and run joint events in the hospital; detail dates of GOSH tours; outline ways in which to establish more concrete links with GOSHCC.	
	4b for partnership working with local organisations, GOSHCC and those affiliated to the Trust	4b. local charities including Coram Fields, local youth groups, local and outside London schools, local scouts and guides, housing associations, and partner organisations such as House of Illustration.	4b. include a calendar of outside events and talks to establish partnerships with organisations affiliated with the Trust to support recruitment efforts (select events and talks to attend and promote membership. Timing: - review of membership statistics and report - quarterly to Members' Council (as outlined in Objective 1); - review Membership recruitment campaigns at each MEC meeting, 5 times a year - regular meetings and updates with PPI team and GOSH staff to review progress and look at new recruitment opportunities.	

Appendix A

Objective 3:	Outsourcing the membership database to a specialist provider in order to be more responsive to the needs of growing membership communities.			
Key Tasks	**Sub Task**	**Target groups**	**Outline and Timing**	**Lead**
Project manage and outsource the membership database to a specialist FT database management service provider	Develop database project plan and establish Members' Council representation through the MEC.	Current membership constituencies and potential members; Monitor; Members' Council.	**The FT database will have full export functionality to enable all necessary reports to be compiled-** (as detailed in Objective 1) Outline/Timing: - Membership Database Internal Audit Tender/September 2015 - External specialist agencies to pitch presentations/October 2015 - Agree provider using assessment against cost and quality criteria and draw up Service Level Agreement/October 2015 - Data Export and Testing /November & December 2015 - New database in place /January 2016	DL, AF, Information Services at FT, Head of Direct Marketing, Senior Marketing Analysis Manager, Governance Manager – GOSHCC, MEC

Appendix E   Membership Communication Action Plan

Objective 4:	To provide appropriate information to members and the Members' Council to promote understanding and ensure they are able to make informed decisions.			
Key Tasks	**Sub Task**	**Target groups**	**Outline and Timing**	**Lead**
A. **Utilise new Membership Database to enable:** easy and accessible membership signup	Database specification to include integrated online membership form	New members	**Linked to new database on sign up. Manually download and data capture from online and hard copy membership forms to the membership database.** From January 2016	DL
data selections and extraction for mail/email to members of: 1. Welcome Pack 2. Member Matters Newsletter 3. FT Get Involved email 4. Trust surveys and consultations	Database providers to give full training on reports and data selections	All members- segmented by constituency, class and age	**New database will enable more personalised communications with members. Communications Calendar will list timings for materials to be updated/distributed including deadlines to the GOSHCC marketing and digital teams.** Outline/Timing: 1. Update Welcome Pack materials quarterly, to include Councillor photo board 2. Member Matters Newsletter- bi-annually (Hospital news, forthcoming involvement opportunities and events, elections to Members' Council, Trust surveys, consultations and FAQs), Councillors write Member Matters opening articles and cover letters for their constituents- on-going. Refresh Sept 2015. 3. FT Get Involved email lists all involvement opportunities, Trust news and some GOSHCC news and events - monthly 4. Annual Plan Survey Example of other surveys- time frames tbc	DL, KW. GOSHCC Design and Digital teams Data selection – DL Postage of Welcome Packs and Newsletters - Database provider Data selection, emailing of FT Get Involved and Surveys- DL, KW

			Out of Hours Survey Food Survey Way Finding Survey Friends and Family Test Other	
5. Meeting and event invites			5 Trust-wide and partnership organisations events and FT AGM/AMM	
6. Members' Council election materials and elections communications	6. Key learning exercise from 2014-15 Members' Council Election to be discussed with the MEC		6 Election nomination and voting materials/personalised communications - every 3 years Key learning exercise – Autumn 2015	DL and Election Providers
B. **Develop the Members' Council e Bulletin**	Work with the MEC on having more Councillor input and with Trust staff to develop opportunities for MC	Members' Council, Key Trust and GOSHCC staff	Monthly updates to all councillors on Trust developments and activity including meetings and engagement opportunities	DL, MEC and GOSHC Digital Marketing team
C. **Refresh Membership communication materials and plan for distribution of membership materials and increase the membership presence in the hospital**			**Communications Calendar will list dates for :** **Membership form and materials distribution within the Trust and at selected local and other organisations and link to Engagement Calendar to ensure materials are available at key engagement events.**	DL, KW, GOSHCC Design team
	Redesign of current Membership form	New/eligible members	Redesign of Membership form following consultation with YPF in June 2015, and using new database form for guidance - Autumn 2015	
	Refresh of Member Matters Newsletter	All members and potential members	Refresh of Member Matters – Autumn 2015 edition	
	Refresh of branding for: Popup Membership Banner FT Get Involved email Membership Posters and Flyers Am Screen Ads in the hospital and at GOSHCC desk in the hospital		Use refresh and redesign of Membership form and Member Matters	

D. **Integrate Membership communications better with other Trust and GOSHCC publications**	Work with other Trust teams and GOSHCC to include Membership articles in other publications and within Trust communications	Members/potential members	V Focus Volunteering Magazine – Quarterly GOSHCC Lifeline Magazine- bi annually Patient and Public Involvement and Engagement in Research Newsletters Gosling News- GOSH School- bi annually Membership forms to be included in Outpatient letters	DL, KW

E. **Develop partnership work with GOSH colleagues and GOSHCC Staff and staff at partner organisations**	Develop a work plan linked to the Communications Calendar	All staff members including potential public members; Staff Councillors; GOSHCC staff.	**Communications Calendar will detail planned yearly activity and link with Recruitment Calendar**
			
			Meet with Staff Councillors quarterly and produce a Staff Councillor Communications tool kit for use when they are meeting staff
			
			Support Staff Councillors to submit articles/updates:
			   - Roundabout Staff Newsletter - 10 a year
			   - GOSH e Newsletter - as necessary
			   - Update Intranet- monthly;
			   - Personalised emails to staff for key events- AMM and Staff Members' Council Elections
			
			Work with HR and GOSH training team to:
			- develop the Staff Welcome Pack
			- have a better Staff Councillor presence at Staff Inductions- either in person or via vox pop video
			- include pay slip messaging for all staff , to encourage sign up of friends and family- timings to be agreed
			- develop communications with staff leavers to encourage sign-up to the public constituency
			- develop communications with UCL to promote membership
			Work with GOSHCC HR Dept./Digital team to promote membership to staff via internal e newsletter and new joiners
				DL, Staff Councillors, GOSHCC Design team
				
				HR Dept. at GOSH and GOSHCC, GOSHCC Digital Marketing team and Design and Publications team

Objective 5: To communicate the benefits of membership and create new engagement opportunities to a wider audience.				
Key Tasks	**Sub Task**	**Target groups**	**Outline and Timing**	**Lead**
Develop the FT Get Involved email	Linking with teams across GOSH and with PPI Lead to look at developing new engagement opportunities	All members who receive the email	Develop communications with the teams who provide engagement opportunities to expand on the opportunities available in: -Redevelopment -Research -PPI Advisory Groups and Forums -HR and recruitment interviews -Volunteering	DL and KW
Develop on partnership work with GOSH colleagues	Establish Staff Membership Champions to promote the benefits of membership and engagement opportunities.	Staff members and eligible members, hospital community	As outlined in Objective 4 (E) and establish Staff Membership Champions from the departments who offer engagement opportunities to members through the FT Get Involved email and within: HR Department, Volunteering Team , PPI Team, YPF Team Learning Disabilities Team, PALS, Chaplaincy Team, Hospitality Team, Redevelopment Team, Research Team, Go Create! Team	DL , MC
Develop on partnership work with local organisations and GOSH partners	Communications Calendar will list organisations.	Local Voluntary Organisations, GOSH Partners	Develop better links with GOSH partners through Appointed Councillors to communicate the benefits of membership; Develop on links we have with local voluntary organisations and charities; Engagement Calendar	DL and Appointed Councillors
Develop communications with Young Members	Young People's Forum Young Councillors	Young members and eligible young members	Develop a Toolkit for YPF members to use when they are at meetings outside the Trust and in their universities - January 2016 Develop the Young Councillor " My Story" presentations	DL ,YPF and Young Councillors
Develop communications with GOSH Outreach teams and hospitals	Establish links with Outreach teams and the hospitals they provide services to.	Public - rest of England and Wales constituency, Patient and carer outside London constituency	Meet with Communications team to develop our communications to these teams and hospitals to promote membership.	DL and GOSHCC Communications team
Share with MEC the key learning's from the 2014/15 Members' Council Election	Use Key learning's to develop our communications.	Potential Councillors and high level involvement members	Autumn 2015 Use to develop communications with members	DL, MEC

Objective 6: To build more awareness, communication, and interaction between councillors and their constituents (including events and use of social media).				
Key Tasks	**Sub Task**	**Target groups**	**Outline and Timing**	**Lead**
Develop and utilise FT database and Trust website membership pages to: promote two-way communication between members and councillors and between members and the Trust; drive members, potential members and staff to the Trust website/intranet to obtain detailed briefings; update members and potential members on Trust strategy and development	data selection to enable personalised communications by councillor/membership class; revise and update membership pages on Trust website; ensure members are provided with the email address for Councillors on sign up, and in FT Get Involved emails.	all members and eligible members	**New database will enable personalised communications to members from their representatives on the Members' Council and from the Trust.** Welcome Packs include letter written by Lead Councillor Member Matters Newsletter has articles and letters written by MC Membership website pages and intranet pages for staff will include: - Get Involved pages, including photos and reports; - Summary of Members' Council Meetings – 5 times a year; - Yearly update on Annual Members Meeting and Annual Membership Report; - Members' Council statements- 3 Yearly update; - Link into redevelopment pages and strategy and survey updates and to Annual Report and Accounts.	DL, KW, MEC, MC.
Develop an Engagement Calendar of events and opportunities to enable face to face communication including integrating with Trust events	All calendars to be shared with MEC who lead on this work	all members and eligible members, all Councillors.	**Links with Members' Council Development Plan and Objective 7.A** Event updates to be made available to all Councillors through their monthly ebulletin and all members through monthly FT Get Involved emails	DL, GOSHCC Digital Marketing Team, MC and MEC.
Developing the use of Social Media	Build on Members' Council Election social media campaign to engage with new audiences	Current and eligible members in all constituencies; Eligible young members	Meet with GOSHCC Digital Marketing teams to develop the social media campaign for membership- November 2015	DL, KW

Appendix F - Membership Engagement Action Plan

Objective 7:	To continue to harness the experience, knowledge and skills of our membership community and actively engage them in the development of the Trust and its activities; thus improving governance and enabling the Trust to achieve its objectives.			
Key Tasks	**Sub Task**	**Target groups**	**Outline and Timing**	**Lead**

A.
Ensure members are provided with a range of effective and meaningful engagement opportunities.
	Develop a Yearly Engagement Calendar which links to PPI engagement calendar and GOSHCC, partner organisations and Trust events.	All members and eligible members, local community, Members' Council, YPF.	**Links with the Recruitment and Communication Calendars linking members with engagement opportunities from initial sign up and through their chosen communication channels.**
			
			Yearly Engagement Calendar to include dates and details for:
			Events:
			   - 'Meet your Councillor' sessions- 5 times a year;
			   - Trust Board and Members' Council Meetings- 5/6 a year
			   - Joint events with GOSHCC (Race for the Kids), tbc
			   - Events run by partner organisations- tbc
			   - Schools visits for young councillors – 6 a year
			   - GOSH School and Activity Centre visits- 3 a year
			   - Annual Members Meeting and Annual General Meeting
			   - YPF meetings
			   - All Trust led events- tbc
			
			Opportunities to support Trust development:
			   - Surveys and Consultations
			   - Workshops
			   - Steering groups
			   - Focus groups.
			   - Friends and Family Test.
				DL, KW and MEC
				
				DL, MEC, Staff Councillors

Engage the skills of the Members' Council: to engage with their constituents	Develop the Members' Council Skills Matrix	All members	- Outline of the key areas where MC want to become involved (including governance areas) from which they can feed back regularly to their constituents; - Support Councillors to attend engagement events via Monthly Members' Council ebulletin updates; - Engaging potential future Councillors who stood for election to attend meetings and events by personalising communications - Support Staff Councillors to communicate and engage with staff	DL, MC and GOSHCC Digital team.

Objective 8: To support the Trust's Patient & Public Involvement work and enable a single-view of Trust, Partnership Organisations and GOSHCC engagement opportunities.				
Key Tasks	**Sub Task**	**Target groups**	**Outline and Timing**	**Lead**
Yearly Engagement Calendar will include PPI and GOSHCC Engagement opportunities	Yearly Engagement Calendar to include shared patient and public engagement opportunities; Utilise FT Get Involved, dedicated website page and Member Matters	Members, stakeholders and potential members	**Objective 7A - Yearly Engagement Calendar will be divided into events and opportunities to:** Promote opportunities and update members- on-going Links with PPI, GOSHCC and partnership organisations- on-going Monthly Meetings with PPI Team	DL & PPI Lead

Objective 9: To encourage a partnership approach between the Trust, its membership, and other likeminded organisations, working together for the benefit of the community we serve.				
Key Tasks	**Sub Task**	**Target group**	**Outline and Timing**	**Lead**
Undertake a Community Engagement Mapping exercise to identify: local community partners, other organisations, GOSH Teams.	develop a stakeholder database; develop links with organisations associated with patients at GOSH: - Cystic Fibrosis Trust - Muscular Dystrophy Campaign - DEBRA - Radio Lollipop - Scouts and Guides And Charities with links to the treatment and research into diseases specialised by the Trust.	Eligible members Partner Organisations	**Yearly Engagement Calendar will use the community engagement mapping exercise to support with events planning and enable the Trust to foster partnerships with likeminded organisations.** **Communications to these organisations will be outlined in the Communications Calendar.** Complete Community Engagement Mapping Exercise- October 2015. Develop a local stakeholder database – November 2015 (A database of community groups, organisations as a result of a mapping exercise. The database supports our aim to broaden the range of people we engage with. Key partner organisations and other groups/contacts include: - Coram Fields Charity and Coram Youth Group - Bloomsbury Festival - Local Voluntary Organisations, Local Community and faith groups, Local Schools, Colleges and Universities; - self management UK - GOSH Research Department - London Southbank University - Public Engagement Unit at University College London - Other Foundation Trusts	DL, MEC

Appendix G Members' Council Training, Development and Engagement Action Plan

Training	Development and Engagement	Time frame	Lead
Members' Council Trust Induction		On beginning Term of Office On re-election	AF, DL ,T&DT
Members' Council Training Pack		To be developed- January 2016	DL, T&DT
Online GOLD training		To be developed – January 2016	DL, T&DT
	Govern Well Programme and NHS Providers seminars and meetings	On invitation	DL
	Trust Committees: - Finance and Investment Committee - Audit Committee - Clinical Governance Committee - Nominations and Remuneration Committee - Membership and Engagement Committee - Quality Strategy Committee - PPIEC - MM Editorial Committee	On going	AF, DL
	- GOSH Summer Fair and Christmas Party - Events in local community and with GOSHCC - Schools visits - Annual Members Meeting and Annual General Meeting - Pre MC Meetings Sessions in the hospital and outpatients	Recruitment , Communications and Engagement Calendars will detail activities and time frames.	DL, KW and GOSHCC and FT Teams

Abbreviations: Staff	Abbreviations: Meetings, Committees, other organisations
AF - Anna Ferrant, Company Secretary	MEC - Membership and Engagement Committee
DL - Deirdre Leyden, Membership, and Governance Manager	MC - Members' Council
KW - Kirsty Woodbridge, Marketing and Stakeholder Communications Manager	MM - Member Matters
T&DT - Training and Development Team	GOSHCC - Great Ormond Street Hospital Children's Charity
	PPI - Patient and Public Involvement
	FT- Foundation Trust
	YPF- Young People's Forum

Appendix H   MEMBERS' COUNCIL ELECTION RESULTS

All elections were conducted using the single transferable vote electoral system.

November 2011

Patients and Carers: Parents or Carers from London

Number of eligible voters:		2171
Total number of votes cast:		281
Turnout:		12.9%
Number of votes found to be invalid:		3
Blank or Spoilt	3	
No declaration form received	0	
Total number of valid votes to be counted:		278

Result (3 to elect)

GOTHARD, Lynne
CHIN-A-YOUNG, Lisa
NORRIS, Matthew

Patients and Carers: Parents or Carers from outside London

Number of eligible voters:		2933
Total number of votes cast:		503
Turnout:		17.1%
Number of votes found to be invalid:		2
Blank or Spoilt	2	
No declaration form received	0	
Total number of valid votes to be counted:		501

Result (3 to elect)

FISHER, Claudia
PEASE, Camilla
CHARNOCK, John

Public: North London and Surrounding Area

Number of eligible voters:		1245
Total number of votes cast:		209
Turnout:		16.8%
Number of votes found to be invalid:		2
Blank or Spoilt	2	
No declaration form received	0	
Total number of valid votes to be counted:		207

Result (4 to elect)

SPITZ, Lewis
FULCHER, Trevor
MILLER, Rebecca
LUSH, Ian

Public: South London and Surrounding Area

Number of eligible voters:		514
Total number of votes cast:		119
Turnout:		23.2%
Number of votes found to be invalid:		0
Blank or Spoilt	0	
No declaration form received	0	
Total number of valid votes to be counted:		119

Result (1 to elect)

CLARK (NÉE PARISH), Louise

Public: Rest of England and Wales

Number of eligible voters:		538
Total number of votes cast:		179
Turnout:		33.3%
Number of votes found to be invalid:		0
Blank or Spoilt	2	
No declaration form received	0	
Total number of valid votes to be counted:		119

Result (2 to elect)

PLAYER, Stuart
OLSZEWSKA, Julia

Staff

Number of eligible voters:		4184
Total number of votes cast:		798
Turnout:		19.1%
Number of votes found to be invalid:		6
Blank or Spoilt	6	
No declaration form received	0	
Total number of valid votes to be counted:		792

Result (5 to elect)

HALE, Jilly
McLAREN, Clare
DACRE, Daniel
PATEL, Dhimple
DE SOUSA, Mary

November 2013

Staff by-election

Number of eligible voters:		4,656
Total number of votes cast:		716
Turnout:		15.4%
Number of votes found to be invalid:		0
Blank or Spoilt	3	
No declaration form received	0	
Total number of valid votes to be counted:		713

Result (1 to elect)

LINTHICUM, James (Jim) Douglas

February 2015

Patient and Carer: Patients from London

Number of eligible voters:		448
Votes cast by post:	20	
Votes cast online:	5	
Total number of votes cast:		25
Turnout:		5.6%
Number of votes found to be invalid:		0
Blank or Spoilt	0	
No declaration form received	0	
Total number of valid votes to be counted:		25

Result (2 to elect)

FANTONI, Susanna
TALIB, Sophie

Patient and Carer: Parents or carers from London

Number of eligible voters:		2,136
Votes cast by post:	149	
Votes cast online:	32	
Total number of votes cast:		181
Turnout:		8.5%
Number of votes found to be invalid:		4
Blank or Spoilt	4	
No declaration form received	0	
Total number of valid votes to be counted:		177

Result (3 to elect)

NORRIS, Matthew
CHIN-A-YOUNG, Lisa
ALI, Mariam

Patient and Carer: Parents or carers from outside London

Number of eligible voters:		3,195
Votes cast by post:	174	
Votes cast online:	59	
Total number of votes cast:		233
Turnout:		7.3%
Number of votes found to be invalid:		0
Blank or Spoilt	0	
No declaration form received	0	
Total number of valid votes to be counted:		233

Result (3 to elect)

FISHER, Claudia
BOWMAN, Carley
PEASE, Camilla

Public: North London, Bedfordshire, Buckinghamshire, Hertfordshire, Essex

Number of eligible voters:		1,423
Votes cast by post:	162	
Votes cast online:	38	
Total number of votes cast:		200
Turnout:		14.1%
Number of votes found to be invalid:		1
Blank or Spoilt	1	
No declaration form received	0	
Total number of valid votes to be counted:		199

Result (4 to elect)

FULCHER, Trevor
MILLER, Rebecca
DE SOUSA, Mary
HAWTREY-WOORE, Simon

Public: South London, Surrey, Kent, Sussex

Number of eligible voters:		651
Votes cast by post:	101	
Votes cast online:	25	
Total number of votes cast:		126
Turnout:		19.4%
Number of votes found to be invalid:		0
Blank or Spoilt	0	
No declaration form received	0	
Total number of valid votes to be counted:		126

Result (1 to elect)

SMITH, Gillian

Public: Rest of England and Wales

Number of eligible voters:		666
Votes cast by post:	117	
Votes cast online:	16	
Total number of votes cast:		133
Turnout:		20%
Number of votes found to be invalid:		0
Blank or Spoilt	0	
No declaration form received	0	
Total number of valid votes to be counted:		133

Result (2 to elect)

PLAYER, Stuart
ROSE, David

Staff

Number of eligible voters:		3,549
Votes cast by post:	465	
Votes cast online:	201	
Total number of votes cast:		666
Turnout:		18.8%
Number of votes found to be invalid:		0
Blank or Spoilt	0	
No declaration form received	0	
Total number of valid votes to be counted:		666

Result (5 to elect)

HALE, Jilly
LINTHICUM, James 'Jim'
McLAREN, Clare
MANNION, Rory
PRABHAKAR, Prab

Appendix I   Equality Impact Assessment

Title of Document:	Membership Strategy
Completed By:	Deirdre Leyden, Membership and Governance Manager
Date Completed:	September 2015
Summary of Stakeholder Feedback:	The Membership and Engagement Committee reviewed progress of the Membership Strategy at its June and September 2015 meetings

Potential Equality Impacts and Issues Identified		
Protected Group	Potential Issues Identified	Actions to Mitigate / Opportunities to Promote
Age	58% of patients at GOSH are under the age of 10 and so not eligible for membership	Opportunities to promote future membership to under 10 age group
Disability (Including Learning Disability)	Not Affected	
Gender Re-Assignment	Not Affected	
Marriage or Civil Partnership	Not Affected	
Pregnancy and Maternity	Not Affected	
Race	Membership must be representative of the Trust's geographical spread	Active monitoring to ensure membership is representative of the Trust's geographical spread.
Religion or Belief	Not Affected	
Sex	Membership must be representative of the Trust's geographical spread	Active monitoring to ensure membership is representative of the Trust's geographical spread.
Sexual Orientation	Not Affected	

ASSESSMENT OF EQUALITY IMPACT
The membership profile will be reviewed annually to ensure that it is representative of the range of ages, area of residence, ethnicity, and gender of the population resident in the areas covered by the Trust.

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Trust Board 30th September 2015	
Register of Seals **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment Z**

Aims / summary
Under paragraph 39 of the NHS Foundation Trust Standing Orders, the Trust is required to keep a register of the sealing of documents. The attached table details the seal affixed and authorised since end May 2015.

Date	Description	Signed by
02/09/2015	Naming Rights Agreement between GOSHCC, GOSHFT, UCL and GOS International Promotions Ltd and Executive Affairs Authority	PS & CN
02/09/2015	Conditional Agreement for lease relating to the Centre for Research in Rare Diseases in Children at Guilford Street, London between GOSHCC and GOSHFT	PS & CN
02/09/2015	Supplemental Deed to limit UCLs liability under the transition documents to the Centre for Research in Rare Diseases in Children between GOSHCC, GOSGFT, UCL and GOS International Promotions Ltd	PS & CN

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

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

Financial implications
N/A

Legal issues
Compliance with Standing Orders and the Constitution

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

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

ATTACHMENT 1

Attachment 1

Great Ormond Street **NHS**
Hospital for Children
NHS Foundation Trust

Finance and Investment Committee meeting held on
11th September 2015
Meeting Notes

Financial Performance including Forecast for the year to Mar 2016
The Committee reviewed a paper on the Trust's financial performance for M1-M4 together with the forecast for the year to March 2016 based on the first three months results.
The following items were discussed:
- delays in settlement of overseas and private patient debt and
- some clinical activity categories are showing a reduction year on year
- increased use of agency staff in the Estates department ;
- reasons why the Better Payment Practice code is below target.

The NEDs queried the process used for forecasting and discussed whether there was any benefit in comparing forecast levels of labour versus activity levels.

Contract and Tariff updates
The Committee was advised that the NHS England contract for 2015/16 was signed on 04/09/2015. The Committee were briefed on the tariff proposals for 2016/17 and the potential impact. The Committee was assured that comparative impact shared between the independent paediatric hospitals.

Monitor Risk Assessment
The Committee discussed the changes in reporting requirements from Monitor for assessing overall Financial Risk and the sensitivities surrounding the calculation of the metrics.

Productivity and Efficiency
The Committee received an update on the P&E programme for 15/16 and was advised that of the £12m cost reduction requirement, the risk adjusted value of the schemes identified is £9.5m. The Committee discussed the proposed strategy for delivery of the P&E targets beyond 2015/16.

EDM and EPR updates
The Committee discussed the status of the EDM project which is due to be completed within budget by Mar 2016.
The Committee received an update on the EPR System. Progress to-date included approval of the OBC by the Trust Board and recruitment of key staff. The committee also discussed the lessons learnt on implementation of the EDM project and the relevance in relation to the EPR project.

Brand Guidelines
The committee discussed the policies for use of the Trust and Charity brands. There was also a discussion on controls currently in place as well as proposals for additional controls for consideration.

Mortuary and Chiller Plant Installation – Brief ahead of OBC
The committee received a brief on the plans for the Mortuary refurbishment and Chiller Plant Upgrade. The Committee discussed the financial implications of the project including the ongoing revenue costs. With regard to the upgrade of the existing Chiller Plant, the committee questioned whether the Trust should aim to address requirements of the current and future capacity and the resultant affordability of completing later phases of the project earlier than planned.

Procurement service options
The Committee reviewed an assessment of the existing arrangements with the Procurement consortium, UCLP, and whether the original objectives are being fully met. The Committee discussed the options available to the Trust for ensuring that the procurement services received in future was efficient and effective.