Great Ormond Street Hospital for Children NHS Foundation Trust

# Meeting of the Trust Board
# Wednesday 25th November 2015

Dear Members

There will be a public meeting of the Trust Board on Wednesday 25th November 2015 at 1:45pm in the **Charles West Room, Paul O'Gorman Building,** Great Ormond Street, London, WC1N 3JH.

Company Secretary
Direct Line: 020 7813 8330
Fax: 020 7813 8218

## AGENDA

| | Agenda Item<br>**STANDARD ITEMS** | Presented by | Author |
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| **1.** | **Apologies for absence** | Chairman | |
| **Declarations of Interest**<br>All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it. | | | |
| **2.** | **Minutes of Meeting held on 30th September 2015** | Chairman | **L** |
| **3.** | **Matters Arising/ Action Checklist**<br><br>**Play at GOSH** | Chairman<br><br>Chief Nurse | **M**<br><br>**N** |
| **4.** | **Chief Executive Report** | Chief Executive | **Verbal** |
| | **STRATEGIC ISSUES** | | |
| **5.** | **Update on access improvement work** | Interim Chief Operating Officer | **O** |
| **6.** | **Update on Education and Development Quarter 1&2 2015/16** | Director of HR and OD | **P** |
| | **PERFORMANCE** | | |
| **7.** | **Progress against Trust Objectives for 2015/16** | Chief Finance Officer | **Q** |
| **8.** | **Quality and Safety Update – as at 31st October 2015** | Medical Director | **S** |
| **9.** | **Targets and Indicators Update – as at 31st October 2015** | Interim Chief Operating Officer | **T** |
| **10.** | **Workforce Metrics & Exception Reporting – as at 31st October 2015** | Director of Human Resources &OD | **U** |
| **11.** | **Financial Performance – as at 31st October 2015** | Chief Finance Officer | **V** |
| **12.** | **Update on patient experience at GOSH:**<br>• **Update on Friends and Family Test** | Chief Nurse | **W – to follow** |

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| | • **PALS report Q2 2015/16**<br>• **Complaints Report Q2 2015/16** | Interim Chief Operating Officer | |
| **13.** | **Safe Nurse Staffing Report – September and October 2015** | Chief Nurse | **X** |
| **14.** | **Infection Control Report** | Director of Infection, Prevention and Control (Mr John Hartley) | **Y** |
| | **GOVERNANCE** | | |
| **15.** | **Update of Standing Financial Instructions and Delegated Financial Limits** | Chief Finance Officer | **1** |
| **16.** | **Update from the Audit Committee in November 2015** | Chair of the Audit Committee | **2** |
| **17.** | **Update from the Clinical Governance Committee in October 2015** | Chair of the Clinical Governance Committee | **3** |
| **18.** | **Update from the Finance & Investment Committee in November 2015** | Chair of the Finance and Investment Committee | **4** |
| **19.** | **Any Other Business**<br>(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 27th January 2016 in the Charles West Room, Paul O'Gorman Building, Great Ormond Street, London, WC1N 3JH.

ATTACHMENT L

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

**DRAFT Minutes of the meeting of Trust Board on**
**30th September 2015**

**Present**

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| 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**

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| Mr Matthew Tulley | Director of Redevelopment |
| Ms Cymbeline Moore | Director of Communications |
| Dr Anna Ferrant | Company Secretary |
| Ms Victoria Goddard | Trust Board Administrator (minutes) |
| Ms Lisa Kelly* | Deputy Chief Operating Officer |
| Miss Charlotte Archer-Gay* | GOSH Patient |
| Mr Phillip Archer* | Parent of a GOSH patient |
| Mrs Archer-Gay* | Parent of a GOSH patient |
| Mr Russ Platt | Head of Engagement and Delivery (North East London), NHS England |
| 3 members of the public | |

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

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| **114** | **Apologies for absence** |
| 114.1 | Apologies for absence were received from Mr Robert Burns, Director of Planning and Information. |
| **115** | **Declarations of Interest** |
| 115.1 | No declarations of interest have been received. |
| 116 | **Patient Story** |
| 116.1 | Miss Charlotte Archer-Gay, GOSH patient told the Board about her largely positive experience at GOSH, beginning in 2011. Miss Archer-Gay said following her diagnosis of Nephrotic Syndrome and a long period of spending the week in hospital and going home at weekends, the use of home dialysis had enabled a significant improvement in her quality of life and allowed her to continue to attend school on a full time basis. |
| 116.2 | **Action:** Miss Archer-Gay said that while she was staying in hospital although she |

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| | had been given activities by the play specialists, she had not been offered the use of the hospital school. It was agreed that the Chief Nurse would follow this up. |
| 116.3 | **Action:** Miss Archer-Gay said that her experience would have been improved if she had not had to walk to theatres in a gown that opened at the back and Ms Juliette Greenwood, Chief Nurse said that this highlighted the possible use of 'dignity suits' and agreed to follow this up with the Medical Director. |
| 116.4 | The Board noted that the family had experienced long waits for transport provided by GOSH and had had to contact the Trust in order to request an appointment to change dialysis when one had not been made. |
| 116.5 | The Board thanked Miss Archer-Gay and her family for attending the meeting and **noted** the patient story. |
| **117** | **Minutes of Meeting held on 22nd July 2015** |
| 117.1 | The minutes were **approved.** |
| **118** | **Matters Arising/ Action Checklist** |
| 118.1 | **Action:** Minute 76.9: Dr Vinod Diwakar, Medical Director said that the outcomes of the questionnaire from the International League Against Epilepsy international survey in which GOSH had participated were currently being analysed and an update would be provided at the next meeting. |
| 118.2 | **Action:** Minute 83.6: Ms Dena Marshall, Interim Chief Operating Officer said that a full update would be provided in February 2016, as part of the broader business planning process for 2016/17, which would identify where there were any systemic gaps between demand and capacity. |
| **119** | **Chief Executive Report** |
| 119.1 | Dr Peter Steer, Chief Executive provided an update on the following matters:<br>• Dr Steer had attended two recent Charity events: the Topping Out Ceremony; and the naming ceremony for the Zayed Centre for Research into Rare Disease in Children both of which were positive events with good engagement from donors.<br>• The continuing complex NHS environment and financial challenges facing GOSH. Dr Steer acknowledged the work of Mrs Claire Newton, Chief Finance Officer to engage with work on the NHS specialist tariff.<br>• The Trust is continuing to wait for the release of the paediatric oncology network review which was likely to influence activity in oncology.<br>• An emerging piece of work on risks around the Trust's access policy. |
| 119.2 | The Board **noted** the update. |
| **120** | **Update on risks on Board Assurance Framework** |
| 120.1 | Dr Anna Ferrant, Company Secretary presented the updated Board Assurance Framework which gave an overview of the 15 Board Assurance risks. She said that all the risks had been reviewed by risk owners and the Risk Assurance and Compliance Group (RACG) with additional vigour around levels of assurance. It |

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| | was reported that two new risks had been identified around data quality and the access policy. It was noted that the Board had agreed to suspend RTT and related diagnostic reporting due to insufficient confidence in the underlying data being reported. |
| 120.2 | **Action:** Dr Ferrant added that risk appetite had been reviewed and would be brought back to the Board to be agreed. |
| 120.3 | It was reported that the risk around achieving the digital strategy had been incorporated into risk 9 which covered the implementation of the Electronic Patient Record. |
| 120.4 | **Action:** It was noted that an error had been made in the placement of the NHS funding risk on the 'gross score' matrix which should have remained at a likelihood and consequence scores of 5. |
| 120.5 | **Action:** Mr Charles Tilley, Non-Executive Director requested that risks be shown in the context of the Trust's business model and this would be considered at the next Audit Committee meeting. |
| 120.6 | **Action:** It was agreed that the Electronic Patient Record project would be reviewed at the November meeting of the Audit Committee. |
| 120.7 | The Board **noted** the update. |
| **121** | **Redevelopment Update** |
| 121.1 | Mr Matthew Tulley, Director of Redevelopment said that the construction market in London was currently very strong with associated high inflation and therefore discussions would be taking place throughout October with the contractor to agree reasonable costs. Mr Tulley said there was a risk of slippage in the timescales. |
| 121.2 | Mr Akhter Mateen, Non-Executive Director queried why no progress had been made with the Queen's Square Neurosciences project. Mr Tulley said that this was a complex project and progress had been made around its potential implementation however the strategic outline case was still being discussed. |
| 121.3 | **Action:** Baroness Blackstone, Chairman said that it was important to discuss the redevelopment of the frontage building as set out in the masterplan as this would involve significant additional funds being raised by the GOSH Children's Charity. |
| 121.4 | **Action:** It was agreed that the Non-Executive Directors would be given a tour of the Premier Inn Clinical Building at an appropriate point in the construction process. |
| 121.5 | The Board **noted** the update. |
| **122** | **Acute transport procurement tender** |
| 122.1 | Mrs Claire Newton, Chief Finance Officer said that the current contract had ended and the tender was being considered at Board level due to the cost over five years and the decision made to accept a tender at a higher cost than the lowest submission. Mrs Newton said that this was due to the types of ambulances proposed for use by the two tenders. |

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| 122.2<br><br><br>122.3 | **Action:** Mrs Newton said that the cost of the previous five year contract was broadly the same as that proposed and agreed to provide the exact figures to the Board.<br><br>The Board **approved** the tender recommendation. |
| **123** | **Quality and Safety Update – as at 31st August 2015** |
| 123.1<br><br><br><br><br>123.2<br><br><br><br><br><br>123.3<br><br><br>123.4<br><br><br><br><br><br><br><br><br>123.5 | Dr Vinod Diwakar, Medical Director said that there had been a rise in the number of Central Venous Line (CVL) infections since the last report. He said that each case had been reviewed and there had been no theme arising however retraining was being provided to nursing staff on the use of the care bundle.<br><br>It was noted that there had been an increase in arrests outside ICU which had been reviewed and was due to an increase in acuity of patients throughout the hospital. Dr Diwakar said that there had been no increase in the early warning score for a number of arresting patients and therefore it would be necessary to review the early warning system used to ensure it was appropriate.<br><br>Mr Akhter Mateen, Non-Executive Director requested an update on discharge summary completion which had seen a reduction in performance since June 2015.<br><br>Dr Diwakar said that the Quality Improvement project to improve completion rates in discharge summaries had been piloted in low performing areas and successfully rolled out to a large number of areas of the Trust following adaptation for each specialty. He added that in some areas there were issues with the time it was taking for discharge summaries to get into the post and this was being considered further. It was noted that was an area of concern to the Members' Council and was being given considerable attention.<br><br>The Board **noted** the update. |
| **124** | **Targets and Indicators Update – as at 31st August 2015** |
| 124.1<br><br><br><br>124.2<br><br><br>124.3<br><br><br>124.4<br><br><br><br>124.5 | Ms Dena Marshall, Interim Chief Operating Officer said that there had been a been a reduction in 31 day cancer waits performance due to the failure of a CT scanner for one patient who could be offered a follow up appointment within 31 day target.<br><br>**Action:** It was agreed that theatre utilisation data would be circulated to the Board and added to future reports.<br><br>Mr Akhter Mateen, Non-Executive Director asked why the number of complaints was not RAG rated.<br><br>Ms Juliette Greenwood, Chief Nurse said that the Trust encouraged patients and families to complain and give feedback in this way and the aim was to reduce the severity of complaints rather than the overall number.<br><br>Ms Marshall said that some progress had been made around the number of beds being closed and added that all bed closures must be approved by the Interim Chief Operating Officer. In recent weeks,, however, the number of bed closures had started to increase again. Ms Marshall said that the limiting factor about keeping beds open was nurse recruitment and retention. She added that work was on-going in this area, led by the Chief Nurse. |

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| 124.6 | **Action:** It was agreed that an update on nurse recruitment and retention would be given at the next meeting. |
| 124.7 | The Board **noted** the update. |
| **125** | **Workforce Metrics & Exception Reporting – as at 31st August 2015** |
| 125.1 | Mr Ali Mohammed, Director of HR and OD said that pay spend to date was on budget and roughly flat with the number of whole time equivalents in the Trust decreasing. He said that a large number of requests for posts had been considered, however only 24 had been approved. Mr Mohammed confirmed that there would be an increase in spend on administration due to the support provided on the work on waiting times. |
| 125.2 | It was noted that the 'time to hire' metric had been included in the report following a significant improvement in the time taken to recruit a member of staff. |
| 125.3 | The Board **noted** the report. |
| **126** | **Financial Performance – as at 31st August 2015** |
| 126.1 | Mrs Claire Newton, Chief Finance Officer said that the Trust's net deficit was currently better than plan, due to non-recurring factors, although significantly worse than at the same point in 2014/15. |
| 126.2 | Mrs Newton highlighted the current IPP debtor status which was high. She said that this was likely to be as a result of the summer period combined with the Eid festival and reported that a similar trend was experienced in 2014/15 which had been significantly reduced by Christmas. It was confirmed that the majority of debt was with long standing customers who recognised that the debt was owed and had a good record of previous payments. |
| 126.3 | **Action:** Mr David Lomas, Non-Executive Director noted that there had been a reduction in outpatient activity based on the figures for 2014/15 and it was agreed that the drivers for this would be discussed at the Finance and Investment Committee. It was noted that there had been some efficiencies made in outpatients, accounting for some of the reduction. |
| 126.4 | Mrs Newton said that Monitor were changing the method used to derive the 2016/17 tariff and were looking to implement marginal prices for activity growth. It was reported that the paediatric top up was likely to be redistributed across all specialist services which would be extremely detrimental to paediatric services. |
| 126.5 | Dr Peter Steer, Chief Executive said that a working group had been formed with NHS England to look at a three year view. He added that it was vital to draw on previous work which looked at the need for a paediatric top up payment. |
| 126.6 | Baroness Blackstone emphasised the need to work with other paediatric Trusts. |
| 126.7 | The Board **noted** the update. |
| **127** | **CQC National Children's Inpatient and Day Case Survey results 2014** |
| 127.1 | Ms Juliette Greenwood, Chief Nurse said that this was the first nationally mandated |

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| | survey for children and young people. |
| 127.2 | Ms Greenwood said that GOSH had performed less well in: choice of admission date, food and being able to talk to someone about concerns. It was noted that neither GOSH nor any other children's hospital had been in the top 5 performing Trusts. Ms Greenwood confirmed that an action plan was in place and the Patient and Family Experience and Engagement Committee would be monitoring its completion. |
| 127.3 | Ms Mary MacLeod, Non-Executive Director noted the 30% response rate achieved by GOSH and asked how this compared to other surveys. |
| 127.4 | Ms Greenwood said that there was concern around the small sample size and also the long delay in receiving the results. She said that it was vital to drive on-going local patient and parent engagement with feedback provided in real time. |
| 127.5 | **Action:** Dr Vinod Diwakar, Medical Director highlighted the good score achieved around pain management. He said that this was a significant achievement and requested that the information was cascaded to the team. |
| 127.6 | The Board **noted** the results. |
| **128** | **Play at GOSH** |
| 128.1 | **Action:** It was agreed that this paper would be considered by the Clinical Governance Committee and deferred to the next Trust Board meeting. |
| 128.2 | Baroness Blackstone, Chairman requested the addition of information such as which children were shown to benefit most based on age, clinical area etc. |
| **129** | **Staff Friends and Family Test** |
| 129.1 | Mr Ali Mohammed, Director of HR and OD presented the report and highlighted the positive results for the recognition of the Always Values. |
| 129.2 | The Board **noted** the update. |
| **130** | **Update on learning reported at the Learning, Implementation and Monitoring Board** |
| 130.1 | Ms Juliette Greenwood, Chief Nurse said that following a review of the Trust's Clinical Governance structure, the Learning, Implementation and Monitoring Board had been disbanded and replaced by the Patient Safety and Outcomes Committee. |
| 130.2 | It was noted that assurance processes had been strengthened and particular focus was being placed on learning. |
| 130.3 | The Board **noted** the update. |
| **131** | **Safe Nurse Staffing Report – July & August 2015** |
| 131.1 | The Chief Nurse told the Board that some incidents had been reported on Datix in relation to staffing however there had been no unsafe staffed shifts recorded. Ms Greenwood said that staffing levels had been stretched due to the policy that beds |

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| | must remain open unless approved for closure by the Interim Chief Operating Officer. |
| 131.2 | It was reported that focus was being placed on retention and career pathways and updates would be given at Senior Management Team meetings and Executive Team meetings. |
| 131.3 | The Board **noted** the report. |
| **132** | **Emergency Preparedness** |
| 132.1 | Ms Lisa Kelly, Deputy Chief Operating Officer presented the paper and the Board agreed that excellent progress had been made. |
| 132.2 | **Action:** It was agreed that an update would be given at the next Audit Committee meeting including an update on the robustness of the recent live test particularly around fire and evacuation. |
| 132.3 | The Board **noted** the update. |
| **133** | **Membership and Recruitment Strategy** |
| 133.1 | Dr Anna Ferrant, Company Secretary presented the updated strategy which had been split into recruitment, engagement and communication sections. She told the Board that it was important to recruit an engaged membership. |
| 133.2 | Baroness Blackstone, Chairman said that the Trust's membership numbers were good and supported the process of face to face recruitment by the membership team and the Members' Council. |
| 133.3 | The Board **approved** the strategy. |
| **134** | **Register of Seals** |
| 134.1 | The Board **endorsed** the use of the company seal. |
| **135** | **Finance and Investment Committee Update - September 2015** |
| 135.1 | Mr David Lomas, Non-Executive Director presented the update which was **noted** by the Board. |
| **136** | **Any Other Business** |
| 136.1 | The Board **endorsed** the appointment of Ellen Schroder as Co-Chair of the Clinical Ethics Committee and Jim Linthicum as Vice Chair. It was noted that Ms Mary MacLeod, Non-Executive Director was stepping down from her role as co-chair but would continue as a member of the committee. |
| 136.2 | Baroness Blackstone thanked Ms Mary MacLeod, Non-Executive Director for her work to Chair the Ethics Committee and to organise two excellent conferences. |
| 136.3 | The Board noted that the GOSH staff nursery had been inspected by OFSTED and a rating of 'good' would be awarded. The Board congratulated the team involved. |

ATTACHMENT M

Attachment M

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

| Paragraph Number | Date of Meeting | Issue | Assigned To | Required By | Action Taken |
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| 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 |
| 118.1 | 30/09/15 | Dr Vinod Diwakar, Medical Director said that the outcomes of the questionnaire from the International League Against Epilepsy international survey in which GOSH had participated were currently being analysed and an update would be provided at the next meeting. | VD | November 2015 | As reported at the Board, initial results had been received and looked very promising but there was still a lot of analysis to do |
| 116.2 | 30/09/15 | Patient Story<br>Miss Archer-Gay said that while she was staying in hospital although she had been given activities by the play specialists, she had not been offered the use of the hospital school. It was agreed that the Chief Nurse would follow this up. | JG | November 2015 | This issue is being picked up in a planned meeting & discussion with the Head of the Hospital School |
| 116.3 | 30/09/15 | Miss Archer-Gay said that her experience would have been improved if she had not had to walk to theatres in a gown and Ms Juliette Greenwood, Chief Nurse said that this highlighted the possible use of 'dignity | JG&VD | November 2015 | Following a meeting on Tuesday 17th Nov the plan is to confirm and roll out a date for the introduction of Dignity Suits across the Surgical Division before the New Year. |

| Paragraph Number | Date of Meeting | Issue | Assigned To | Required By | Action Taken |
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| | | suits' and agreed to follow this up with the Medical Director. | | | |
| 118.2 | 30/09/15 | Ms Dena Marshall, Interim Chief Operating Officer said that a full update would be provided in January 2016 on some systemic gaps which were being identified between activity and capacity. | DM | January 2016 | Not yet due |
| 120.2 | 30/09/15 | It was reported that risk appetite had been reviewed and would be brought back to the Board to be agreed. | AF | January 2016 | Not yet due |
| 120.4 | 30/09/15 | It was noted that an error had been made in the placement of the NHS funding risk on the 'gross score' matrix which should have remained at a likelihood and consequence scores of 5. | AF | November 2015 | Actioned: The BAF risk score has been updated |
| 120.5 | 30/09/15 | Mr Charles Tilley, Non-Executive Director requested that risks on the BAF be shown in the context of the Trust's business model and this would be considered at the next Audit Committee meeting. | CN/AF | November 2015 | Update on the actions from the Risk management meeting in July are being considered at the November Audit Committee. These recommended a review of the business model. This work will be undertaken in parallel with the work on updating the GOSH strategic plan which was discussed at the October Board meeting. |
| 120.6 | 30/09/15 | It was agreed that the Electronic Patient Record project would be reviewed in detail at the November meeting of the Audit Committee. | DM/ Lis Crowe | November 2015 | On the November Audit Committee agenda |

| Paragraph Number | Date of Meeting | Issue | Assigned To | Required By | Action Taken |
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| 121.3 | 30/09/15 | Baroness Blackstone, Chairman said that it was important to discuss the redevelopment of the frontage building as set out in the masterplan as this would involve significant additional funds being raised by the GOSH Children's Charity. | MT | January 2016 | Not yet due |
| 121.4 | 30/09/15 | It was agreed that the Non-Executive Directors would be given a tour of the Premier Inn Clinical Building at an appropriate point in the construction process. | MT | By January 2016 | The Redevelopment Team will confirm a date with the NEDs |
| 122.2 | 30/09/15 | Mrs Newton said that the cost of the previous five year acute transport contract was broadly the same as that proposed and agreed to provide the exact figures to the Board. | CN | November 2015 | Board updated in previous meeting |
| 124.2 | 30/09/15 | It was agreed that theatre utilisation data would be circulated to the Board and added to future reports. | DM | On-going | Actioned |
| 124.6 | 30/09/15 | It was agreed that an update on nurse recruitment and retention would be given at the next meeting. | JG | November 2015 | On agenda |
| 126.3 | 30/09/15 | Mr David Lomas, Non-Executive Director noted that there had been a reduction in outpatient activity based on the figures for 2014/15 and it was agreed that the drivers for this would be discussed at the Finance and Investment Committee. It was noted that there had been some efficiencies made in outpatients, accounting for some of the reduction. | DM&CN | November 2015 | Discussed at the November Finance and Investment Committee |

| Paragraph Number | Date of Meeting | Issue | Assigned To | Required By | Action Taken |
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| 127.5 | 30/09/15 | Dr Vinod Diwakar, Medical Director highlighted the good score achieved around pain management. He said that this was a significant achievement and requested that the information was cascaded to the team. | JG | November 2015 | Actioned |
| 128.1<br><br>128.2 | 30/09/15 | The Play Service at GOSH: It was agreed that this paper would be considered by the Clinical Governance Committee.<br><br>Baroness Blackstone, Chairman requested the addition of information such as which children were shown to benefit most based on age, clinical area etc. | JG | November 2015 | On agenda under 'Matters Arising' |
| 132.2 | 30/09/15 | Emergency Preparedness: It was agreed that an update would be given at the next Audit Committee meeting including an update on the robustness of the recent live emergency preparedness test particularly around fire and evacuation. | DM | November 2015 | Discussed at the November Audit Committee agenda |

Great Ormond Street Hospital for Children NHS Foundation Trust

| Trust Board<br>25th November 2015 | |
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| **GOSH Hospital Play Service**<br><br>**Submitted by:**<br>Juliette Greenwood, Chief Nurse,<br>and Mandy Bryon, Consultant Clinical Psychologist, supported by Mary MacLeod (Non-Executive Director, Chair of Clinical Governance). | **Paper No: Attachment N** |

**Aims / summary**

This report summarises a more detailed report on the GOSH Play Service that was considered at the October CGC. It outlined the value and impact of the Play Service at GOSH, NHS guidance on play provision in children's hospitals, and benchmarked staffing numbers in GOSH Play provision with that of other children's hospitals.

The CGC was assured that GOSH provides a high quality service that supports the Trust's objectives and complies with NHS guidance. An external review (2014) undertaken by the Chair of the National Association of Hospital Play Specialists supported this. However it was clear from the report that while data collection and audit of the service are improving, further work is needed in order to review the range of provision and make certain that provision is coherent and provides value for money and best value for children, families, and the hospital.

**Action required from the meeting**

1. To note the report, and recommendation, and receive assurance about the quality and outcomes of the hospital Play Service.

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

**Improved patient outcomes**: Play Specialists participate in the multidisciplinary team and contribute to the health outcome plans identified at referral and ward meetings. They work with children with sensory deficits and autistic spectrum disorder to enable them to undergo invasive procedures. They contribute to the assessment of particular sensitivities of children with special needs and help guide the clinical team in methods of best approaching children with sensory deficits.

**Better patient experience:** The service provides a range of activities that offer child patients welcome distraction, recreation, comfort and coping strategies. This includes therapeutic play that reduces child and family anxiety and help children cope with the burdens of treatment.

**More children treated:** A primary aim of the Play Service is to reduce fear and anxiety in children facing medical procedures and treatments, and through this to increase likelihood of cooperation and reduce refusal, thus reducing delay, waits and cancellations, enabling more effective use of clinicians' time, and reducing stress and waits for other patients and families. In doing so, the Play Service has an impact on the number of children who can be treated by the medical teams. As NHS Guidance requires, the vast majority of children attending the hospital have contact with the Play Service, evidenced in the activity data (PARS) kept by the Play staff.

**Enhanced experience for families:** Survey data and patient and family feedback show that children and families highly value the service and their experience of it. They say that the service has direct impact on their experience during stressful waiting times, and whilst inpatients on the ward.

**Financial implications**

The Play Service is currently funded by the Charity at a cost of £1.3 million, and has been since 2012. A detailed cost breakdown of the service would be helpful in assessing value.

## 1 Background

**1.1** There has been a professional Play Service at GOSH since the 1970's, following a direction from the then DHSS about play in hospitals. A core aim of the therapeutic play service is to reduce children's anxiety and improve their co-operation with planned treatments and interventions. The other main functions of the service are to:

- Help children and young people to understand why they are in hospital and what will happen and to assist them cope with illness, being in hospital, and treatment,
- Aid in assessment and appropriate treatment approaches especially in children with autistic spectrum disorder and learning disabilities,
- Speed recovery and rehabilitation and help children regain confidence, independence and self-esteem,
- Enhance family involvement in their child's care.

1.2 Since 2012 the service has been funded by the GOSH Charity (unlike play services in other children's hospitals which are supported through NHS funding). The Charity funding covers both staffing and equipment costs.

## 2 Play services in children's hospitals

**2.1** All children having hospital care in the UK are required to have access to a specialist children's hospital play service, which is seen as a core element of their health care and treatment.

**2.2** NHS England: Commissioning Services for Children specifically require a provision of Hospital Play Specialist (HPS) in many services; and, as a minimum, all inpatient wards must have one Hospital Play Specialist to meet the staffing levels outlined in the Royal College of Nursing's "*Defining staffing levels for children and young people's services"* – a requirement that GOSH currently meets.

**2.3** The Shribman report, "*Getting it right for children & young people"* recommended that child inpatients should have access to play specialists and services seven days a week – as yet an aspiration for the GOSH service, but one the service is working towards.

**2.4** The Care Quality Commission (CQC) assesses play provision as part of the 'Caring' domain for children's hospital services. The Trust's forthcoming CQC hospital inspection report will provide a valuable indication of an external assessment of the quality and impact of the play service in line with the quality standards within the national hospital's inspection framework..

## 3 The GOSH Play Service

**3.1** Activities

The GOSH Play Service comprises:

- Therapeutic play that offers preparation for and distraction from procedures and treatments and promotes compliance.
- Creative, recreational, and social activities that afford children engagement, distraction, entertainment and fun in a potentially stressful environment to support children and family members to adjust to the hospital environment.
- Activities that increase children's confidence and help them form their own coping strategies.
- Support and advice to parents/carers on play for sick or injured children.
- Play sessions to help children regain skills lost through illness and hospitalisation.

The service also contributes through teaching and training for other staff, volunteers and supervision of HPS students; clinical assessment and decision-making; play workshops for patients and siblings; regular presentations both to charity staff and potential benefactors throughout the year to support charity fund-raising activities; and advising speciality groups on children's needs such as Infection Control, Arts Committee, and Child Protection.

### 3.2 Staffing

There are currently 42.7wte in the play service: 24 Hospital Play Specialists (HPSs) and 19 play workers. HPSs are required to hold a recognised qualification, a registered foundation degree, in therapeutic approaches to prepare children for medical and surgical procedures.

Appendix 1 benchmarks the staffing of the service with that of other UK children's hospitals in relation to specialist patient spells and staff banding. GOSH provides the largest play service by whole time equivalent staffing, closely matched currently by Birmingham Children's Hospital. Both Birmingham and Alder Hey are increasing staffing following child, family and CQC feedback.

Unlike other children's hospitals, the Play Service workforce at GOSH has a wide spread of roles and banding in the staff team, having the lowest banded posts both in the UK and compared with international comparators like Melbourne and Toronto Children's Hospital's.

### 3.3 Organisation and management

The Play Service is aligned to the Psychology Service, and managed within it, so as to enable greater integration of psychology and play provision, the most effective allocation of resource to specific services and units, and effective decision-making on therapeutic play plans. A bleep system ensures Play Specialists respond to specific urgent needs e.g. child refusing a procedure.

The service also links with the school and other educational and therapeutic resources, like Go Create and music therapy. It is part of a network of provision to meet child patients' educational, developmental, emotional, psychological and recreational needs. Work to better clarify and understand the individual contributions from the Play Service and Go Create is underway to identify areas and opportunities for improved service cohesion and connectivity. The aim is to deliver a play, arts and therapy service that provide a coherent organised service offering best value to patients, families, and clinical teams. Achievement of this will be supported through planned engagement with children and families and development of peer review with comparable services,

### 3.4 Service reach

The service had a total of 23,339 inpatient contacts during the last 5 month period, therefore around 56,000 annually. Data on activity is collected on inpatient contacts – outpatient activity is harder to measure, being often group-based, and also contributes significantly to the patient and family experience. Play Specialists average 70% patient-facing workload and Play Workers achieve an 80% patient-facing workload The vast majority of child patients have contact with the play service.

### 3.5 Funding

The Charity funds staffing and management costs of £1.29 million, and equipment costs, of £90,458. It has not been possible to benchmark costs against other children's hospitals. The cost of the service was removed from core NHS funding to the Charity in 2012 to relieve the NHS budget. The Charity funds staffing and equipment costs and it is a popular service for Charity fundraising.

Contact data collected at present is limited to inpatient contacts so it is not possible to provide a comprehensive analysis. Nor is there a costing for space and facilities.

Nevertheless with 56,000 inpatient contacts per year and likely similar outpatient contacts, the cost per contact from the Charity funding is unlikely to be above £15 per contact. Clearly a more detailed full cost breakdown, alongside benchmarking data, would assist in assessing cost effectiveness.

### 3.6 Outcomes

National and international research into the impact of therapeutic play and play services on children's outcomes has been limited and, of that, a great deal has been qualitative and survey research or patient or family reported experience and outcomes. However, recent randomised control trials have demonstrated therapeutic play having significant impact on compliance and reduced anxiety in children and families, confirming the frontline experience of children, families and clinicians. While the GOSH service does contribute to research and audit to improve knowledge and practice (See Appendix 2), it could aspire to make a greater contribution.

While, as yet, the financial contribution has not been fully assessed and quantified, through its activities the GOSH Play Service directly contributes to the achievement of the following key components of hospital activity and has a direct financial benefit to the hospital:

- Reduced cancelled procedures, reduced use of sedation.
- Earlier patient discharge as a consequence of the implementation of individual patient improvement and coping strategies.
- Assistance in meeting specific external targets (e.g. CQUIN).
- The inclusion of play staff in the wider psychosocial service ensures a better overall skill mix for patients such that costs are reduced in other areas where interventions are more appropriately carried out by HPS or Play Workers.

The Play Service is highly valued by patients, families and staff as evidenced by patient and family feedback. The Friends and Family Test indicted that over 90% of responders reported that Play and play staff were their number one recommendation about their experience at GOSH. The most recent national report from the CQC (Children and Young People Inpatient and Day Care Survey 2014) identified that GOSH scored in the top 20% of all Trusts against the area of play with a score of 9.3/10. This provides assurance from parents of the impact and value of the GOSH play service and its workforce.

### 3.6 Service objectives

The Service sets annual objectives for service improvement. This year, the Service aims to:

- Extend its work to cover all outpatient clinics and radiology.
- Begin Play Worker access on Saturdays to ensure activities are available at weekends when children without carer support have face to face play and stimulation.
- Review the network of provision for children to ensure quality and effectiveness.
- Complete specific projects to test and audit approaches to therapeutic play.

### 4.0 Recommendation

An in-house review of the network of therapeutic and recreational resources and services within the hospital is undertaken to establish more fully the costs and benefits of the services and to make sure the network of provision is value for money and best value for children, families and the hospital.

This should be planned within the management team's work programme and priorities.

### Appendix 1: Numbers of play staff in UK Children's Hospitals against patients activity

| Hospital | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Total wte | No specialist spells |
|---|---|---|---|---|---|---|---|---|---|
| **Belfast** | 0 | 0 | 7.8 | 1.8 | 0 | 0 | 0 | 9.6 | 13,574 |
| **Evelina** | 0 | 0 | 0 | 9.6 | 0 | 0 | 0 | 9.6 | 18,666 |
| **Cardiff** | 0 | 0 | 4.3 | 8.1 | 1.0 | 0 | 0 | 13.3 | 11,441 |
| **Sheffield** | 0 | 0 | 5.9 | 8.7 | 0 | 0 | 0 | 14.6 | 23,927 |
| **Bristol** | 0 | 5.4 | 5.1 | 5.0 | 1.0 | 0 | 0 | 16.5 | 15,344 |
| **Oxford** | 0 | 2.0 | 10.1 | 3.3 | 2.0 | 0 | 0 | 17.3 | 14,725 |
| **Glasgow** | 0 | 0 | 11.8 | 8.6 | 1.0 | 0 | 0 | 21.4 | 22,422 |
| **Manchester** | 0.4 | 0 | 10.4 | 9.8 | 0 | 0.9 | 1.0 | 22.5 | 33,900 |
| **Newcastle** | 0 | 0 | 24.1 | 0 | 0 | 0 | 0 | 24.1 | 25,920 |
| **Birmingham** | 0 | 16.6 | 4 | 13.3 | 3 | 0 | 0 | 36.9 | Awaited |
| **GOSH** | **(1.0)** | **18.9** | **20** | **3.6** | **0** | **0** | **0** | **42.5** | **41,078** |

### Appendix 2: Innovation and publications

- *Model MRI Scan:* The Radiology Play Specialist has been using a specially designed LEGO model of an MRI scan when preparing children for this procedure. Children are asked to rate their anxiety levels pre and post session. Data is currently being collated.
- *App for iPad:* Radiology Play Specialist has contributed to the design of an app for children who have fears about having an MRI scan. The app allows a 360 degree virtual MRI experience with realistic sounds. Currently being audited.
- *Sensory room on Kingfisher*: A sensory room has been designed and installed for the children with special needs who undergo procedures.. The project impact will be audited through patient and parent feedback.
- *"Sammy's Heart Operation":* Two Play Specialists working in the cardio-respiratory unit, collaborated with the British Heart Foundation to update *Sammy's Heart Operation*.

Publications:


- Davies, C (2015) "Clinical Research Trial, The Role of the Play Specialist" National Association of Health Play Specialists (NAHPS) bi-annual journal.
- Dyer, J (2015) "The use of Distraction" British Association of Play Therapy, part 1 Spring edition, part 2 Autumn edition.
- Dyer, J & Clayden R (2015) "Effective use of the Buzzy with a child – A case Study". Presented at the NAHPS 40 year celebration study day.
- GOSH Manual - The Great Ormond Street Hospital Manual of Children's Nursing Practices (2015) Play staff updated chapter on Play as a Therapeutic tool

Great Ormond Street Hospital for Children
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<table>
<tr><td colspan="2">Trust Board<br>25th November 2015</td></tr>
<tr><td>Update on RTT/ Access Improvement<br><br>Submitted by: Dena Marshall, Interim Chief Operating Officer</td><td>Paper no: Attachment O</td></tr>
<tr><td colspan="2">Aims / summary<br>To update Trust Board on progress regarding RTT/ Access Improvement.</td></tr>
<tr><td colspan="2">Action required from the meeting<br>• To note the report</td></tr>
<tr><td colspan="2">Contribution to the delivery of NHS Foundation Trust strategies and plans<br>Delivery of the RTT standard is part of the NHS Constitution.</td></tr>
<tr><td colspan="2">Financial implications<br>There are significant costs associated with implementing the RTT Improvement Plan.</td></tr>
<tr><td colspan="2">Who needs to be told about any decision?<br>All relevant internal and external stakeholders are being consulted.</td></tr>
<tr><td colspan="2">Who is responsible for implementing the proposals / project and anticipated timescales?<br>COO</td></tr>
<tr><td colspan="2">Who is accountable for the implementation of the proposal / project?<br>CEO</td></tr>
</table>

Great Ormond Street Hospital for Children NHS Foundation Trust

# GREAT ORMOND STREET HOSPITAL FOR CHILDREN

# REFERRAL TO TREATMENT (RTT) UPDATE TO TRUST BOARD

# 25th NOVEMBER 2015

## Introduction

Good work continues across the whole organisation in respect of rectifying our RTT data quality issues, improving our operational systems and processes and treating our longest waiting patients. We continue to have excellent engagement from all the clinical and corporate teams.

This report updates the Trust Board on key activities over the last six weeks and performance against key milestones.

## Patient Tracking Lists (PTL)

Our new interim Director of Information, Performance & Planning (on secondment to us for the Elective Intensive Support Team (IST), hosted by NHS England) is working on ensuring that our active waiting list accurately reflects the number of patient pathways we are managing at GOSH. Much progress has been made since his appointment.

We now have a more accurate Patient Tracking List (PTL). This is the list of patients that our clinical teams need to track week by week across their 18 week pathway of care. The PTL contains circa 8,500 patient pathways (an increase on the 2,000 reported historically).

We are also now have a diagnostics PTL (something we did not have previously) across a number of the key diagnostic modalities. There is a significant amount of work to do to roll this out across all diagnostic tests and to validate the patient pathways on this PTL.

## Validation

Unfortunately, due to recruitment delays, we are approximately four to six weeks behind plan due to the length of time it is taking to carry out recruitment checks. In addition, we are working with some validation specialists to see whether we can source further validators to enable us to recover this position. We have alerted commissioners and Monitor to the slippage in our validation plan and we will be

working up with them a trajectory for completing the validation of the historic open pathways.

## Clinical Review

The clinical review panel process is now well established. This group has the primary role of overseeing the review of patients who have waited longer than the nationally required wait times to provide assurance and rigour that the length of time any patient has waited has not been clinically disadvantageous to her/ him. The panel has been meeting weekly for six weeks now.

## Milestones/ performance dashboard

The clinical teams have worked very hard to accommodate their longest waiting patients. We have prioritised operating lists for these patients wherever possible, opened up day case capacity overnight to create more inpatient bed capacity and we are running theatre lists at weekends.

All of these actions mean that for the majority of our specialities we will have treated all of our longest waiting patients by end of December 2015.

Unfortunately, we will, however, still have some long waiting patients at the end of November. Owing to the poor quality of our data, at the point at which we agreed the milestones for clearance of our longest waiting patients with NHS England and Monitor some six weeks ago we were not aware of the total number of patients we would need to treat to achieve these milestones. We have already alerted Monitor and NHS England to this position.

All of the longest waiting patients who will not have been treated by end of December have been clinically reviewed as part of our clinical review process described above. A number of these patients already have treatment dates scheduled for January 2016.

We are developing a performance dashboard that will enable ourselves and Monitor and NHS England to track progress with the validation of the open pathways and reduction in the longest waiting patients.

## Capacity

It has become clear over recent weeks that in certain specialties we will not have the capacity that we need to treat all the long waiting patients. Therefore, we are looking at the option of using the independent sector, where appropriate. This is only likely to be appropriate for relatively small numbers of patients, however, given the specialist nature of the work at GOSH.

We are also working with commissioners to identify other providers who may be

able to help us to treat some of our patients. Owing to the very specialist nature of some of our services this may not be a realistic option for many of our patients. We will need to work with commissioners on a case by case basis.

We are implementing a demand and capacity model which will enable us to better understand the relationship between demand and capacity at both Trust and individual specialty level. The outputs from this modeling will feed into our business planning round for 2016/17 and also into our negotiations with commissioners.

**Data Quality Review**

In the light of the problems we have identified with RTT data, we will be undertaking a comprehensive review of data quality across the organisation. We expect this review to commence at the end of November and to be completed by the end of this calendar year. In parallel, we are working with the Intensive Support Team to review our cancer data quality and processes.

**Communications Plan**

We have agreed with Monitor and NHS England, a comprehensive communications plan use with internal and external stakeholders. This plan has been approved by our local Access Improvement Board and shared with NHS England and Monitor.

**Governance and assurance**

Our internal Access Improvement Board meets fortnightly to track progress against our Improvement Plan. This chaired by the interim Chief Operating Officer and includes Executive Directors, Clinical Directors and General Managers.

The clinical review panel meets weekly, chaired by the Medical Director. The first meeting of the external clinical review group (chaired by NHS England) took place at the end of October 2015.

We continue to update Monitor and NHS England of progress against our improvement plan and the key milestones via the fortnightly tripartite meetings, chaired by the interim Chief Operating Officer.

Our Clinical Governance Committee and Audit Committee have both received updates on RTT since the last Board meeting.

**Summary**

Much progress is being made on a number of fronts. It is disappointing, therefore, that we will not meet the end of November and end of December milestones for all specialties at GOSH. We are working with Monitor and NHS England to agree

realistic trajectories for clearance of the longest waiting patients based on the new information we have about numbers of patients waiting for treatment. In the interests of treating our patients in a timely fashion, we will continue to work with commissioners to identify alternative providers for patients where they are available and this is clinically appropriate.

A further update on RTT improvement will be available at the next Board meeting.

**Dena Marshall**
**Interim Chief Operating Officer**
**November 2015**

Great Ormond Street Hospital for Children
NHS Foundation Trust
NHS

| **Trust Board**<br>**25th November 2015** | |
|---|---|
| **Update on Education and Development Quarter 1&2 2015/16**<br><br>**Submitted by:**<br>Ali Mohammed, Director of HR&OD | **Paper No: Attachment P** |
| **Aims / summary**<br>To provide a summary update on key elements of education, learning and development activity that have taken place in the first 6 months of the year. | |
| **Action required from the meeting**<br>To note the summary | |
| **Contribution to the delivery of NHS Foundation Trust strategies and plans**<br>Demonstrates development towards the Trust's strategic objective to be a great place to work and learn | |
| **Financial implications**<br>None within the paper | |
| **Who needs to be told about any decision?**<br>No decision required | |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Director of HR&OD, Medical Director and Chief Nurse | |
| **Who is accountable for the implementation of the proposal / project?**<br>Director of HR&OD, Medical Director and Chief Nurse | |

## UPDATE ON EDUCATION AND DEVELOPMENT QUARTER 1 & 2 2015/16

This paper summarises key areas of education and development activity over the first half of 2015/16. The report demonstrates a continuing high level of education provision available to all clinical and non-clinical staff; the connection of education to service provision, organisational imperatives and statutory requirements; increasing quality and variety of provision; and innovation and development of learning at GOSH.

### Nursing and non-medical clinical and clinical support staff

#### 1. Ensuring the quality of Bands 2-4 Healthcare Assistant Staff

Following the Francis Report and the Cavendish Review of healthcare assistants (HCAs), a mandatory national Care Certificate for Band 2-4 healthcare support staff was introduced. GOSH has extended this basic provision in recognition of the advanced skills required by HCAs in a tertiary paediatric setting.

#### a) Care certificate

The Care Certificate must be achieved within 12 weeks of a new employee commencing. The national Care Certificate programme was developed to support staff in adult care; GOSH led a HENCEL project to advise on the application of the care certificate for HCAs working within the CYP environment, which was introduced in April 2015. It is proposed to run four cohorts each year, in line with cohort recruitment of HCAs.

| Cohort date | Numbers completing certificate |
|---|---|
| **April 2015** | 26 |
| **June** | 8 |
| **September** | 9 staff currently in progress |

#### b) University Certificate of Competence

In addition to the mandatory requirements of the Care Certificate, GOSH had already designed, accredited and launched (in 2014) a university-accredited certificate of competence which provides a consistent level of education for all HCAs at GOSH regardless of clinical specialty and offers an educational pathway for HCAs. Three cohorts are planned each year.

| Cohort date | Numbers completing certificate |
|---|---|
| **September 2014** | 14 |
| **March 2015** | 13 staff currently in progress |
| **September 2015** | 19 staff currently in progress |

**c) University Foundation Certificate**

In partnership with LSBU, GOSH has designed a course to provide a transition qualification for HCA staff to earn credits towards entry level into a degree in nursing, thus providing career development for HCAs. This is due to commence in September 2016.

## 2. Assuring the quality of support for Pre-registration (i.e. student) nurses

GOSH hosts over 300 student nurses each year. The NMC requires each student to have a mentor, who must be a registered nurse who has completed an NMC-approved mentorship programme. The NMC mandates an annual update for each mentor to maintain skills.

| Date | % of mentors with annual update |
|---|---|
| 2014 | 40 |
| Q1&2 2015 | 90 |

In addition GOSH has implemented an electronic survey for every student to evaluate the quality of each of their placements, to allow GOSH education and ward staff to take action in response to feedback in a timely manner.

## 3. Evaluating the support provided to newly registered nurses – Preceptorship.

A new professional development programme for newly registered nurses was launched in March 2015, building on HENCEL standards for preceptorship and providing newly registered nurses with the support to embed into their roles as professionals and within the organisation. Early indications are that new nurses feel increasingly supported. Progress will be monitored in conjunction with the work on improving retention rates amongst new nurses at GOSH.

## 4. Support for adult nurses to develop paediatric skills

A new programme has been designed to provide standardised development for all adult-registered nurses coming to GOSH. This is intended to support more wards to safely recruit adult-trained staff. Take up of the programme has been small to date: five adverts to recruit adult nurses have been placed since September 2014; three candidates have been appointed and four are currently undergoing pre-employment checks) with the greatest impact being felt in ICU. The next cohort will start in January 2016. *See Appendix 1 for further information on the programme.*

## 5. Education for Healthcare Scientists and Allied Health Professionals (AHPs)

It was recognised that whilst GOSH offers significant clinical education to medical and nursing staff, arrangements for Healthcare Scientists and AHPs was less well developed. The new Lead Healthcare Scientist and Lead AHP roles will have education development as part of their remit, but work has already been underway:

- **Education Network**
  Supported by HENCEL funding, this new GOSH network was established and runs inter-professional monthly events on educational issues.
- **Healthcare Sciences Education Group**
  This group was established to provide a forum to promote the role of education amongst this staff group.
- **Healthcare Scientist in Action programme**
  These events, similar to the medical Grand Round, are open to all scientists at GOSH and have been very well attended.
- **Commissioning of continuing professional development (CPD) for AHPs**
  A formal process to identify development needs and commission appropriate training for AHP staff has now been established. This will ensure prioritisation of development in response to service needs.

**Postgraduate medical education**

**1. Responding to the Coalface report**

The key themes regarding education identified in the Coalface report by junior medical staff in March 2014 were:

- No perceived sense of teaching culture
- Paucity of teaching ward rounds
- No protected SHO teaching
- No Grand Rounds

The report highlighted as a strength the "support from PGME and the teaching and variety of courses". Education provision has since been reviewed, with actions taken to respond to the particular issues raised and reflected below. Many actions have served not only to respond to the specific issues but improve education provisionally more generally, including multi-professional education. The PGME Design team have continued to support of the Postgraduate Training Committee, in particular in responding to the requirements of HENCEL actions and GMC survey outliers, e.g. clinic and access to education audits.

**2. Key developments in postgraduate medical education**

**Improving access to education and information via technology**

- Design and creation of a new Guidebook App called 'PGME Events – launched September 2015 to allow all medical staff to easily access all education activity
- Ongoing development of the PGME website

**Grand Rounds**

- Launch in September of monthly Grand Round lecture series, attended by a wide range of multi-professional staff

**Supporting the development of a teaching culture**

- Success redesign and delivery of the Train the Trainer Programme to a multi-professional audience
- Increased integration with clinical educators for the design and support of clinical training courses including: Non-invasive ventilation, Communication around abuse and neglect, Sharing difficult news in the end of life setting, Getting care right for people with a learning disability, maintaining skin integrity, Speaking without words.

- Increased support for clinical teams in the development of curriculum-based training programmes
- Development of Educational Supervisors, to ensure they are supported to achieve accreditation. The accreditation rate of existing supervisors has increased from 35% to 92% from October 2014 to November 2015.
- Provision of MRCPCH clinical exam preparation support
- Continued support of Paediatric Trust reps and representation at the London School of Paediatrics
- Presentation/publication by PGME team at the Multi-Professional Health Educators of the Future Conference, July 2015 and AMEE, September 2015.

**Trust-wide learning and development**

**1. Activity**

- Number of face to face course places booked and attended from 1st April – 30th September: 9,189.
- Number of e-learning completions: 12,799
- New KPIs agreed to monitor process efficiency, for example course cancellations at short notice; with quality and ROI measures to be developed

**2. E-learning developments**

- 14 new e-learning modules created (nB - some have been prepared in advance of the launch of a new Learning Management System)
- Modules include: *Infection Prevention and Control*; Launch *of HFMA Finance e-learning* to supports managers to increase their knowledge and competence of financial management; *Aspects of Nutritional Care and Management*, which is mandatory for HCAs, housekeepers and nurses to support improved nutrition, and its wider links to the health of our patients.

**3. New developments**

- Procurement of Finance and Commissioning Training workshop which is designed as a highly interactive and engaging game. 5 Finance Managers were trained to deliver this, and the first 30 delegates were trained in September. Will be rolled out this year and next year. Supports the need to improve financial competency of budget holders.
- Commissioning of Clinical Holding Skills training with a new provider. This has been provided to MCU staff.
- In conjunction with PALS and in recognition of recent challenges, development of a Conflict Resolution and Mediation Training strategy aimed at senior staff, followed by a bid to the Trustees to pump prime training that will subsequently be embedded.
- Coordination of five courses for external delegates, promoting GOSH as a centre of excellence and generating income.
- Launch of a new PDR Appraisal Policy, supported by drop-in update sessions designed to facilitate effective use of manager time.

**4. Learning Management System**

- First pilot went live September 2015, which identified key shortfalls in data quality which have resulted in further roll out being suspended. The supplier has appointed new project management and additional technical resource to the project; and GOSH ICT have agreed IT Project Management support. Proposed launch date is scheduled for March 2016 although this may be brought forward subject to successful user testing and pilots.

**Future priorities**

Key actions for the next 6 months are:

- Appointment to key posts including Deputy Medical Director for Medical and Dental Education; the new post of Director of Multi-professional Education; and the new post of Head of Leadership.
- Delivery of a new structure for Education, Learning and Development, which will move nursing and multi-professional education to the Chief Nurse; and responsibility for the PGME design team to the Medical Director; establishment of an Education Board to ensure integration between clinical professional education and the learning and development required of all Trust staff.
- Development of a Leadership Strategy
- Roll out of the Learning Management System

Action Required

The Trust Board are asked to note the contents of this paper.

## APPENDIX 1: ADULT REGISTERED NURSES WORKING WITHIN GOSH

In May 2014, a proposal to increase the number of adult registered nurses working in the ward areas was agreed at nursing board, the aim of the proposal was to recruit RN adult nurses who have specialist knowledge and skills. The recruitment of adult nurses in the ITUs and Theatres is long established practice with CICU having developed the principles of children's care course.

The nursing education team, has undertaken a training needs analysis to assess the education available for adult nurse entering the organisation and have proposed an education pathway, which has been approved by nursing board. The pathways which includes a four-day Introduction to Children's Nursing programme, will assure a robust standardised programme of education, providing adult nurses with the knowledge and skills to care for Children and Young people. The first cohort of the in-house programme is due to start in January 2016.

Adult nurses recruited into the trust will then be seconded to undertake their second registration at LSBU, to become a registered children's nurse with the NMC. The trust is invited to apply for secondment Funding via HENCEL, in the spring each year, this funding is not guaranteed, identifying a financial risk.

## APPENDIX 2: PGME COURSES RUN APRIL-NOVEMBER 2015

| Course | Date | Attendance |
|---|---|---|
| Paediatric teaching/MRCPCH | Apr 15 | 61 |
| Leading Learning in the Workplace | | 6 |
| Paediatric teaching/MRCPCH | May 15 | 24 |
| Politics Power and Persuasion | | 15 |
| Paediatric teaching/MRCPCH | Jun 15 | 27 |
| PNIV Study Day | | 67 |
| Maintaining Skin Integrity | | 14 |
| Getting Care Right Part 1 | | 9 |
| Coaching and Mentoring | | 11 |
| Paediatric teaching/MRCPCH | Jul 15 | 7 |
| Getting Care Right Part 2 | | 14 |
| Educational Supervision | | 11 |
| Educational Supervision | Sept 15 | 16 |
| Train the Trainer | | 21 |
| Sharing Difficult News in the end of life care setting | Oct 15 | 18 |
| Improving Communication Skills | | 15 |
| Coaching and Mentoring | | 10 |
| Politics Power and Persuasion | | 15 |
| Speaking without words | | 13 |
| Maintaining Skin Integrity | | 12 |
| Educational Supervision | Nov 15 | 10 |
| Getting Care Right Part 1 | | 11 |
| | | |
| **Total** | | **407** |

## APPENDIX 3: NEW E-LEARNING MODULES CREATED APRIL – NOVEMBER 2015

- Infection Prevention and Control Level 2 – brand new module;
- Modules to support PiMS training;
- Launch of HFMA Finance e-learning modules. Supports the need for managers to increase their knowledge and competence of financial management in light of all the P&E targets set for the Trust;
- Resuscitation module for non-clinical and clinical staff;
- “Prevent” radicalisation training mandated by government;
- Aspects of Nutritional Care and Management. Mandatory for HCAs, Housekeepers and Nurses to support improving nutrition, and its wider links to supporting the health of our patients;
- Safe Placement of Nasogastric tube – updated;
- Introduction to IG (Interim version) – updated;
- Discharge summaries – aimed at PiMS users who have to record these for patients;
- Carevue ICU e-prescribing for use in the ICU areas;
- Pain Management;
- Safe Prescription and Administration of Insulin – has been completely rewritten to reflect current practice and requirements;
- SBARD – has been completely rewritten to reflect current practice and requirements;
- Datix – reflects the new Datix system which has just been launched.

Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

**Trust Board**
**25th November 2015**

| **Progress against Trust Objectives for 2015/16**<br><br>**Submitted by:**<br>Claire Newton Chief Finance Officer | **Paper No: Attachment Q**<br><br>For Discussion |
|---|---|

## Aims

To report the assessment of progress against the key objectives within the 2015/16 Operating Plan

## Summary


The attached report details progress against the objectives in the first six months of the financial year. Progress is measured, wherever possible, against the measurable targets set at the beginning of the year. The report also includes the actions being taken in the second half of the year in pursuit of the target and highlights risks where they exist of not achieving the target by the end of the year.

Each objective has been assessed with a RAG rating which indicates the risk of not achieving the objective and meeting the targets set by the end of the financial year.

Green = objective should be achieved by end of year.

Amber = there is risk of partial non achievement;

Red = will not be achieved

There are a number of areas where additional effort across the Trust is required in the second half of the year to achieve the objectives. These include: updating our externally reported Clinical Outcomes, PDR completion & Mandatory training completion.

The target for the proportion of patients responding to the Friends and Family survey will need to be changed as the basis of the calculation was changed after the target was set. However for the responses we are receiving we are meeting our target for satisfaction. It is clear from reviewing the published results of other trusts that there is wide variety in the results and how families are surveyed.

The Board will be aware that the waiting list targets will not be achieved. The Access Improvement workstream has also affected the achievement of some other objectives.

There are a number of other objectives which have been affected in the short term by the recent changes in executives. For example, the achievement of the reduction in time taken to respond to complaints has been delayed whilst the processes were changed and the commercial strategy objective has been delayed pending a further strategic assessment as agreed at the strategy workshop in October. Achievement of the Outpatient clinical letter turnaround time is also red rated, although good progress is now being made on Discharge summary completion.

| |
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| **Action required from the meeting** For discussion |
| **Contribution to the delivery of NHS Foundation Trust strategies and plans**<br>Good governance |
| **Financial implications -** No direct implications as a result of this paper |
| **Legal issues** N/A |
| **Who needs to be told about any decision?** SMT |
| **Who is responsible for implementing the proposals ?** All Executive Directors |
| **Who is accountable for the implementation of the proposal / project?**<br><br>CEO |

Attachment Q

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

**Half Year Update on PROGRESS ON STRATEGIC OBJECTIVES 2015/16**

# 1. Provides the best patient experience and outcomes

| 2015/16 Objectives | Respon -sible | R A G | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| 1.1 All specialties to have published a minimum of 2 outcomes each to the Trust website or intranet | Med Dir | A | 300 outcome measures identified<br><br>128 outcome measures reported on website which is at least 2 out comes per specialty<br><br>But 55% of outcome measures out of date | • New specialist in outcome design appointed in QI team<br>• Joining the US Solutions for Patient Safety peer review system<br>• Out of date measures to be addressed progressively<br>• Charity bid to develop outcomes in craniofacial submitted | |
| 1.2 At least 3 benchmarking initiatives active in year (Medical Director) | Med Dir | G | Charity bid to develop outcomes in craniofacial submitted (ICHOM)<br>Joining the US Solutions for Patient Safety peer review system | Appointment of clinical design lead in the QI team | None |
| 1.3 To achieve a 60% FFT response rate | Chief N | R | The Trust set a target of 60% based on the 2014 basis of calculating this ratio. We have been reporting a response rate for inpatients of 33-35% in recent months.<br><br>However the basis of calculation was changed to include daycases resulting in a reduction to 14% (national acute ave. 25%; independent childrens ave 20.8%). | FFT survey volunteers are being recruited to help with the response rate in day care areas and outpatients.<br><br>Increased ownership of FFT and response rate also to be taken by Heads of Nursing | The target needs to be adjusted to reflect the change in the calculation |
| 1.4 95% of respondents would be likely to recommend GOSH to friends and family | Chief N | G | The Trust is consistently achieving 98–99% likelihood to recommend for inpatients (nat ave. 96%, ind childrens 87%) and 95-97% likelihood to recommend for outpatients. (nat ave 92%; childrens 94%) | The Trust remains confident that it will continue to achieve or exceed the target of 95% likely to recommend | No risks have been identified |
| 1.5 Respond to 100% of complaints on time. The | Chief N | R | The Complaints Team received 73% of the draft responses on time from the divisions. | The complaints process, policy and timescales are currently being | The Trust will not achieve the target of 100% by the |

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| objective has been increased from 75% to 100% | | R | 48% of complaint responses were completed within the timescale originally agreed. All families were advised of the reasons for the delay and new timescales were discussed and agreed.<br>A change to the complaints process took place just prior to quarter 2. All responses are now reviewed by the Chief N or Med Dir before the CEO; temporarily extending the timeframe for responding. | reviewed.<br><br>Training is also going to be provided to the Divisional Managers to improve the complaints investigations and responses provided which should enable the Trust to achieve the target. | end of the year but it is anticipated that considerable progress will be made now the process has been redefined |
| 1.6 Achieve all national (RTT, diagnostic & cancer) waiting times targets | | R | SEPARATELY REPORTED | | |
| 1.7 Deliver on the priorities agreed in relation to the 12 standards in the quality strategy. | Med Dir | G | Reported regularly in the Trust Board quality report. Progress maintained or improving in relation to mortality, detecting serious illness, healthcare associated infections, discharge summaries | Review of reports to Trust Board in quality report<br>Actions recommended from annual reviews of mortality and resuscitation being developed | No risks currently identified |
| 1.8 Review our Patient and Family Engagement Strategy and update as appropriate | Chief N | G | A new patient engagement and experience strategy is currently in the process of being developed and written with the aim of being completed by the end of quarter 3. | The new strategy will be consulted on with parents, young people and members' councillors. Aim to have Board approval of strategy before year end. | No risks currently identified |
| 1.9 Ensure that all areas are staffed safely and efficiently with an initial priority on out of core hours provision | Med Dir | A | • HENCEL revisit overall positive with improved GMC Trainees' Survey<br>• Agreement in principle to re-establish national training posts in Oncology<br>• Additional rota for oncology established<br>• Additional SHO rota for surgery established<br>• Steering group and objectives set for Out of Hours Quality Improvement programme<br>• Website established with links to current guidelines | • Deliver objectives to be set by QI programme<br>• Deliver Keogh 7 standards as they apply to GOSH<br>• Appoint new Deputy MD for Medical Education<br>• Re-assess workload out of hours once new surgery and oncology rosters established<br>• Review sensitivity of CEWS score<br>• Review and revise SOPs for OOH | Solutions may not be fully in place by the end of the year |

| 2015/16 Objectives | Respon -sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|

## 2. Is an excellent place to work and learn

| 2015/16 Objectives | Respon -sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| 2.1 95% compliance with statutory & mandatory training | DirHR& OD | A | 80% in September 2015 for compliance of core subjects which include safeguarding, fire and Information Governance. | • Preparation for new Learning Management System (LMS) has meant freezing old training compliance reports.<br>• The new LMS will include dashboards which will enable individuals & Managers to view compliance with all statutory and mandatory topics.<br>• The system will send automated reminders when any given element is due to expire, which will include an automated link to facilitate booking onto an appropriate update course.<br>• Pilot in 1516; Roll out in 1617 | Reversion to manual records may delay process to identify staff not complying |
| 2.2 95% compliance with PDR completion | DirHR& OD | **A** | Apr 2015 = 84%;<br><br>Oct 2015 = 70%. | The new PDR policy was launched in April 2015 and has been supplemented by training. An automated system to send email reminders when an individual's PDR is due will go live in January 2016.<br><br>Nurse revalidation, due for launch from April 2016, will provide further impetus for timely PDRs.<br><br>Weekly reminders to managers and league tables showing response rate. | Progress to date indicates risk in achieving year end target in spite of mitigating actions in second half of year |

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| 2.3 60% staff survey response rate | DirHR& OD | G | 2015 Annual staff survey is currently underway so figures are not complete. Survey closes early December and we're awaiting the final mailing which usually results in a considerable increase. Our response rate today is 40.3% | Weekly reminders to managers and league tables showing response rate. Proactive chasing and promotion. | |
| 2.4 Upper quartile across all Trusts for staff recommending GOSH as place to work / be treated (staff survey) | DirHR& OD | G | Only Q1 15/16 data available.<br>*Recommend as place to work, Upper quartile boundary = 70.9%, GOSH = 71.1%;<br>* Recommend as place to be treated, Upper quartile boundary = 87%, GOSH = 94%. Stable | Further quarterly data will be published and reviewed | |
| 2.5 Sickness below 3% | DirHR& OD | G | 2.63% (as at October) Stable | New sickness and attendance policy launched Sep 15. Major changes include introduction of new trigger tools and streamlined management process. | N/A |
| 2.6 Compliance with student nurse mentorship annual update | DirHR& OD | A | 90% compliance v target of 100% | Continuing to promote mentoring and provide support to staff to achieve update. | Annual update required in order to qualify for NMC registration as mentors |
| 2.7 All healthcare assistants commencing employment from April 2015 will undertake the Care Certificate within 12 weeks | DirHR& OD | G | 100% compliance. The Trust would be in breach of HEE requirements if this is not achieved | Continue to run 4 cohorts each year, in line with recruitment of HCA cohorts. | |
| 2.8 Ensure medical education provision supports the professional development of all levels of the medical workforce and effective service delivery for the Trust | Med Dir | G | • Feedback in national trainees and trainers survey improved<br>• Agreement in principle to re-establish national training grid posts in oncology<br>• Additional rota established with extended working hours for consultants and medical specialties | • Assessment of new arrangements<br>• Review of supervision and workload in cardiology<br>• Agree plans for general trainees<br>• QI programme to improve out of hours provision | Risk remains until work in second half year successfully completed |

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| 2.9 Set out an OD programme which clarifies roles, responsibilities and accountabilities of senior divisional managers and with an appropriate programme of development | DirHR& OD | G | Initial target (re Heads of Clinical Service and Divisional Director role definition) achieved.<br><br>Further work on divisional structures has been launched. | Leadership development work (for example, all HOCS will be matched with an external mentor by end November) is still ongoing.<br><br>Engagement on new divisional structure taking place. New Head of Leadership post being recruited to lead development which will prioritise divisional leaders. | Initial target has been met. The need to develop our leadership capability is the next challenge. |

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
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## 3. Delivering world leading paediatric research

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| 3.1 Remain competitive recruitment site - recruit 3,100 or more patients to NIHR portfolio studies and achieve national agreed metrics | Dir R&I | | Recruitment to date to NIHR portfolio studies is 1649. Our projected 15/16 recruitment based on M1-6 recruitment is 3656<br><br>NIHR Metrics<br><br>• Ensure that all clinical studies being undertaken GOSH / ICH adhere to the NIHR 70-day<br>• benchmark for governance approval and first patient recruitment – Q1 15/16 79.2% (national average for comparable Trust 78.7%)<br>• Ensure that all industry sponsored clinical studies being undertaken at GOSH / ICH reach<br>• their patient recruitment targets within the agreed timeframe – Q1 15/16 68.4% (national average for comparable Trust 45.7%) | Ensure any vacant posts are filled in a timely manner in order not to impact negatively on recruitment | Capacity issues have been identified by some teams, we are aiming to resolve these through our GOSH Research Capacity Fund<br><br>[To note: Overall recruitment across the North Thames CRN partnership is currently lower than 14/15, CRN: North Thames are projecting a decrease in overall funding in 16/17 we therefore need to defend our position to retain funding locally] |
| 3.2 Continue to compete on international scale – remain in top 3 in terms of research outputs | Dir R&I | | Recent Thomas Reuters analysis for publications 2010-2014: GOSH first for citation impact compared to 5 international comparators. 5th in terms of actual numbers | | |
| 3.3 To provide research training opportunities, at least 4 training posts in clinical – academia and 4 | Dir R&I | | One BRC-Francis Crick 1-year Clinical Training Fellowship<br><br>10 PhD students awarded Doctoral Training | | |

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| nurse / AHP posts | | | Support Funding for consumable costs<br><br>8 AHP/nurse Internships awarded (6 mths, I day per week BRC funded)<br><br>1 AHP/nurse Internship awarded (12 mths, I day per week BRC funded) | | |
| 3.4 Implement Research Accelerator program to facilities access to and enable more research | Dir R&I | | New Research Accelerator launched in September 15 | Further promotion of Research Accelerator, funding agreed through GOSH Research Capacity Fund to fund additional support such as statistics | |
| 3.5 Embed research in fabric of Trust (research & comms strategy and scope generic consent) | Dir R&I | | <u>Communications</u><br>Research communications plan on track:<br>- New research posters, banners and screen savers<br>- Research Communications Group bringing together R&I, GOSH CC and Communications staff,<br>- Research Awareness Day in May 2015, BRC Open Day Oct 15<br>- New Parent Group now running<br><br><u>Generic Consent</u><br>Vision scoped, engaged with parent advisory group, 3 work streams now moving forward<br><br><u>Research Capacity Fund</u><br>3rd Research Capacity Fund, £600k matched funding awarded by GOSH CC | <u>Communications</u><br><br>Research leaflet will be launched Nov 15<br>New research video to be launched<br>Research section to be launched on MY GOSH APP<br><br><u>Generic Consent</u><br>Three work streams to move forward – Regulatory, Information, Process<br><br><u>Research Capacity Fund</u><br>Appoint to posts funded, all posts to start by 1 April 16 | The Research Hospital Staff Survey Report (Led by ORCHID and sent out March 15) shows level of work required to increase research awareness (only 29% of those who completed the questionnaire agreed that they would be able to provide relevant information to a family about research taking place in the hospital, this increased, but only to 52%, when specifically asked about research in their own clinical area)<br><br>Wider Trust issues such as RTT impact on delivery of Research Hospital vision |

| 2015/16 Objectives | Respon -sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
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## 4. Is the partner of choice

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| *4.1* Provide clinical communication in a timely manner<br><br>– 85% discharge summaries in 24 hours | *Med Dir* | | Discharge summaries – 81.49%<br><br>Overall the meantime from writing to sending a discharge summary has fallen from 1.1 days to 0.8 days. Learning is being shared between divisions to improve those still below 1. | There are some specialties where there are complex shared care arrangements which have needed to be addressed before targeting the 1. Also, in some medical specialties, investigation results are not available until after discharge and so in order to meet the target, two letters will need to be sent. | |
| - 50% clinic letters in 5 days and | | *R* | Clinic letters in 5 days - 33.64%<br><br>(as of September) | Improvement in timescales continue to be addressed. | Resources are currently directed at the Access Improvement work |
| 4.2 We will review opportunities arising from the 5YFV and Dalton Review | DPI | A | Joint strategic review change programme agreed in principle with NHSE Specialised Commissioning | Review of all major shared care arrangements will take place as part of the change programme<br><br>Likely to upgrade service levels with some key relationships to effect change | Difficult to deliver change across a wider secondary referrer network |
| 4.3 Identify, prioritise and engage with major external stakeholders relevant to GOSHs strategic position | CEO | G | Meeting with a number of major stakeholders have taken place including various key staff within NHSE, UCLP and visits to referring hospitals + overseas | Further progressing and formalisation of stakeholder comms strategy | |
| 4.4 Deliver more care closer to home by exploring partnership and network opportunities | Med Dir | A | Response made to NHSE in relation to future network for congenital cardiac surgery. Otherwise limited work has been carried out in this area due to other priorities and NHSE delaying in issuing key reports | Further workstreams will be identified as part of the joint strategic work programme with NHSE Spec Comm | |

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
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## 5 Is sustainable

| | | | | | |
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| 5.1 Achieve £12m P & E target | COO | R | £8-9m delivery is forecast for 2015/16, short of the target for cost reductions of £12m | Delivery is monitored by the Steering Group | The delivery of some of the targets relating to staff costs may be affected by the additional work required to improve the recording and reporting and treatment of patients on waiting list |
| 5.2 Achieve NHS and IPP income targets | CFO: COO & Dir of IPP | A | The NHSE contract for 2015/16 was completed in August.<br><br>IPP activity has been ahead of plan<br><br>NHS income was broadly in line with plan if phasing differences with the budget are taken into account but this reflects some non recurring income | Both NHS and IPP activity are being closely monitored in the context of ensuring NHS patients are treated in order of the waiting lists | There are risks associated with reprioritising activity to use capacity to treat patients in order of the waiting lists |
| 5.3 Agree a bed model post opening of PICB (COO) | COO | A | Evidence has emerged that bed modelling to date not sufficiently robust | Interim Director of Information & Planning appointed who is working on implementing a demand and capacity model | Insufficient management capacity in information and divisional leadership teams given other (RTT) priorities. |
| 5.4 Develop the Strategic Outline Case for Phase 4 of the Redevelopment Program (Dir of Redevelopment) | D Redev | A | The Masterplan Project Board oversees the development of the SOC. The first draft will be delivered by the end of November. Decant strategy for P4 has been agreed by the MPB. | Take the SOC to Trust Board for approval (target January 2016). Progress design brief and commence the design competition process. Appoint cost and technical advisors. | Aligning the P4 SOC with emerging and evolving clinical strategy. |
| 5.5 Reduce $CO_2$ emissions to 152.78 $CO_2$ / m2 | D Redev | G | We are currently seeing $CO_2$ emissions falling 8% compared to 2014/15. We are on target to hit 138.59 $kgCO_2/m2$. | Continuing to invest last £70,000 CAPEX on LED lighting and Solar PV array. | Installing scaffolding to allow Solar PV to be installed. This will have minimal impact on hitting the target. |

| 2015/16 Objectives | Respon -sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
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| | | | | | |
| 5.6 Work with NHSE and Monitor to develop a sustainable NHS funding model for GOSH | CFO | A | Agreement reached with NHSE for a joint programme of work to review GOSH cost structure and address where services are demonstrably underfunded | Scope agreed; tender for independent consultant's for costing to be issued December | External commissioning and tariff changes may adversely impact this work |
| 5.7 Develop a commercial strategy and internal capability | DPI | R | | New time limited group of execs & NExecs to be formed to assess & re state non NHS income growth strategy | |
| 5.8 Deliver service portfolio changes | DPI/<br><br>COO | A | Chronic fatigue service transferred | Further service portfolio changes will be proposed to commissioners following assessment of access criteria after investigation of corrected waiting list data for each specialty | |
| 5.9 Deliver OBC for Electronic Patient Record system & Data Warehouse and Analytics tools | CFO / COO | G | The OBC for the EPR was approved by the Board. The Data Warehouse OBC was deferred pending EPR supplier selection | N/A | |
| 5.10 Initiate Enterprise Transformation Program | CEO | G | Restructuring of the executive management team was commenced and the initial stage completed | Engagement of staff to agree a new organisation structure for divisional management which better fits with the Trust's strategic objectives | Lack of staff engagement in changes |
| 5.1 Fully implement EDM | CFO & MD | A | Following delays to the project due to issues with supplier delivery, pilots have progressed well and specialty engagement very good.<br><br>Space for scanning bureau expansion identified as a limiting factor but solutions is now being progressed | Implementation Phase 1:<br>*Go-live Urology 07 December to test end to end process if outstanding technical issues resolved with file transfer<br>*Go-live General Surgery February if no issues from Urology<br>*Go-live rest of Surgery March if no new issues<br>Phase 2<br>*Go-live Neurosciences April if new premises ready | At this stage it is difficult to predict how quickly we will progress to the final 3 phases. Staff transition initially dependent on recruitment to temp staff in Health Records and I hear checks are now taking 8 weeks but have not had this confirmed yet! |

| 2015/16 Objectives | Respon -sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
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## Enabling strategies

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| 6 **Resources**:<br><br>We will make the best use of public resources to deliver world class care, research and people | Exec | G | **Board Structure**<br>Consultation took place in September and October 2015 to alter the Board reporting structure; now implemented with vacant posts now being advertised. | Vacant posts will be recruited to with then full implementation of Board structure | |
| | | | **Workforce Control Panel**<br>Panel to review all requests to recruit; April 2015 to October 2015, 86% of posts submitted were approved with improved rigour at divisional level in recent months. | In recognition of improved robustness and rigour, authorisation to approve posts will be devolved to Divisional Directors (equivalent for corporate areas), General Managers and Heads of Nursing with effect from November 2015 | Non-delivery would lead to P&E shortfall requiring Further controls (pay and non-pay) |
| | | | **Divisional Change Programmes**<br>Numerous change programmes have taken place across all divisional and corporate teams in order to better utilise our workforce, bring consistency across divisions, and manage budgets appropriately. | Further local change programmes will commence throughout the remainder of 2015/16 | Lack of strong and skilled leadership will hamper delivery of the Trust objectives |
| | | | **Making Choices Scheme**<br>The scheme was launched in April 2015; total of 41 applications received, with 10 of these approved. The majority of those approved for option 3 (agreed resignation) left between August and December 2015) | The scheme has now closed | None identified |
| | | | **Nursing Workforce Recruitment & Retention Group**<br>Summary paper presented to Execs in August 2015 with proposed membership | The group will be further established during the remainder of 2015/16 with | Risk in not agreeing a clear |

| 2015/16 Objectives | Respon-sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| | | G | and terms of reference circulated in September 2015.<br><br>**Divisional Operational Structure**<br>The initial paper was shared with the Executive Team in August with planned wider discussion taking place in November 2015<br><br>**Recruitment & retention initiatives** particularly in hard to recruit areas | the aim of designing a clear plan to tackle recruitment and retention of the nursing workforce<br><br>Workshop planned for November 2015, with further dialogue and discussion with the aim of agreeing a final divisional model in readiness for the start of 2016/17 | plan relates to continued turnover and difficulty in recruiting nursing workforce required to deliver expansion programme and provide safe level of care |
| **7 Information Technology**:<br><br>Our information and technology systems will be “best in class” | COO/<br><br>CFO | G | Priority has been given to progressing EPR with OBC approved by Board in June & PM joining in October. Some other key projects are still being progressed, EG:<br><br>• In this period: Nervecentre roll out to all wards was successfully completed (patient observations & alerting system)<br>• Patient status at a glance pilot completed & approved roll out | Procurement process for EPR will be started leading to FBC at Trust Board in October<br><br>Major workstreams forming part of the procurement are the development of the Specifications for all key clinical & operational processes | The target is a three year target. There is a risk of slippage if procurement and FBC not completed by Oct 16 |
| | | R | Data recording and reporting issues have been identified as part of Access Improvement work | Independent data quality review<br><br>Further work on expanding internal data quality work programme | |

| 2015/16 Objectives | Respon -sible | RAG | Progress against target specific measures where available | What are the actions being taken in the second half year towards this target? | Risks or issues in not delivering the target by the end of the year |
|---|---|---|---|---|---|
| **8 Estate**:<br><br>Our buildings will meet the needs of our children and young people and our staff | DRedev | | **Redevelopment:**<br>• The Trusts revised Master plan is being progressed.<br>• Demolition of the old Cardiac building to level 3 has been completed and construction of the new PICB (2b) has commenced.<br>• Phase 3a Rare Diseases Centre is progressing on programme<br>• Phase 4 enabling (decant of Frontage building and POG) has started to be developed | Redevelopment projects continue to be monitored against the agreed programme timescales<br><br>The phase 4 decant programme has been developed and is continuing to adjusted following confirmation of the final moves to PICB | Failure to meet the Trusts redevelopment programme affects capacity & quality of care in the remaining old buildings<br><br>Possible delay in 3A<br><br>Delays in progressing Phase 4 |
| | | | **Estates :**<br>The review of Estates Compliance has been completed and an action plan to address identified weaknesses has been developed | The Estates compliance action plan is being progressed and audited by the Director of Estates and Facilities to ensure actions are completed by end of this financial year | Trust continuing to have weaknesses in meeting compliance |
| | | | The 2015 PLACE inspection has been undertaken and the Trust has maintained its improvement against the 2013 scores<br><br>2013 / 2015<br>Cleanliness 89.75% 96.75%<br>Food & Hydration 61.24% 88.40%<br>Privacy & Dignity 73.68% 94.85%<br>Condition 81.48% 91.07% | A revised specification for cleaning has been produced in line with NHS core standards. This is currently being tendered.<br><br>Food User Group has been established and changes to the catering service continues to be monitored to ensure the improvements implemented are consistently being delivered to meet the needs of our patients | Trust will fail continue to meet or exceed the National targets as set out by NHS England and CQC |

Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

**Trust Board**
**25th November 2015**

| **Quality Report**<br>**Including safety, experience and efficiency**<br>Submitted by: Vin Diwakar, Medical Director | **Paper No: Attachment S** |
|---|---|

**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

**Zero Harm**

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 to ensure high quality care 24/7

5. Eliminate all avoidable pressure injuries occurring in the hospital

6. Recognise and respond to unexpected deterioration of children:

**No Waste and Waits**

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

**Working together**

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**

(1) In this report the team proposes a change to the board report. The structure of the Board report will be replicated for each division and ultimately for each clinical team so creating a “Ward to Board” flow of data and quality improvement. A new dashboard for nursing will be developed. The Board is asked to comment on the proposed structure. (2) In addition, our usual report is provided to assure the board that patient safety is being effectively managed in the trust.

GOSH QI
NO WAITS | NO WASTE | ZERO HARM

Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

The Medical Director and Chief Nurse (with the QI and Safety team) have reviewed the way we present data to the Board against best practice. We recommend that the report combine the number of reports on quality, patient experience and peformance.:

Some of the information is already available in the numerous reports we already receive and need integration into a single quality report. Other standards will need new metrics. We will present metrics in the forms of a Vector of Measures based on control charts that could look as follows:

<u>Key for Control Charts</u>

- Blue line is the data itself
- Dotted green is the median - the middle value in a set of data
- Solid green is 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 is the 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

Each month we will also demonstrate where the Trust is performing well as well as where further intervention is needed. In addition to the monthly report we propose to provide in depth reports on key areas as needed on a quarterly basis.

All measures and dashboards will aim to bring the data together so that the Board can be confident that it is fully aware of the quality and safety of care as well as the level of patient experience.

Attachment S

From the safety aspect, the *'What does the board need to know'*, the proposal would be to base the measures on the 'Measuring and monitoring of safety' model from the Health Foundation April 2013:

- The model currently only covers the measurement of safety but the principles could be applied to the other questions and measures determined
- Each dashboard would again be at Trust Level then cascaded to divisional level and specialty and ward level so creating a "Ward to Board" series of measures.
- All measures to be presented in control charts to provide the best potential for improvement, learning and appropriate action

Example measures for the **safety dashboard**:

- Past Harm – has patient care been safe in the past?
  - CVL infections per 1000 line days
  - Severity of harm from medication errors
  - Never Events
  - Red Complaints
  - PALS contacts per 1000 adjusted patient days
  - Arrests outside the ICUs
  - Pressure Ulcers per 1000 bed days
- Reliability – are our clinical systems and processes reliable?
  - CVL bundle compliance
  - Reduction in avoidable hospital acquired pressure ulcers associated with effective risk assessment?
  - Number of programmes to reduce harm
- Sensitivity to operations – is care safe today?
  - Number of closed beds and reasons for closure
  - Staff survey results on huddles and handovers
  - Number of walkrounds completed
- Anticipation and preparedness – will care be safe in the future?
  - Nurse/patient ratio aligned to acuity
  - Safety climate survey results
- Integration and learning
  - Learning implemented from RCAs

Example measures for the **patient experience dashboard**

- Past patient experience – has patient experience been good in the past?
  - Friends and Families test results
- Reliability – are our patient experience systems and processes reliable?
  - Number of suggestions form patients carried out
- Sensitivity to operations – is the patient experience good today?
  - Number of positive comments made to PALS
  - Indications of thank you from patients
- Anticipation and preparedness – will patient experience be good in future?
  - Frequency of asking patients about their experience
  - Number of different ways we ask patients about their experience
- Integration and learning – are we responding and improving?
  - Number of projects aiming to improve patient experience
  - Actions from patient feedback, PALS and complaints

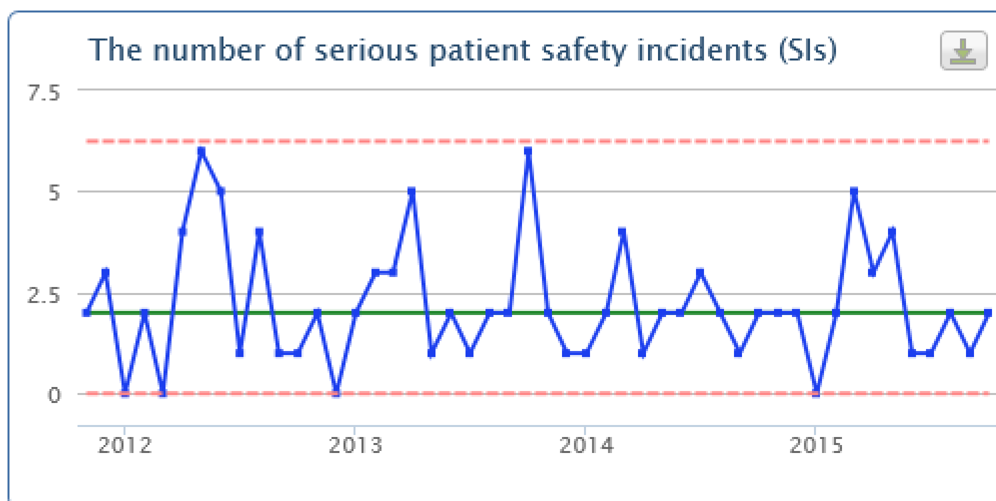
**Note**

The recommendation to use a 'Vector of Measures' supported by best practice in the book and visit to GOSH by Lloyd Provost 'The health care data guide':

*"Displaying vital organisational measures using run charts or Shewhart charts is far more useful for learning by senior leaders. In addition, understanding the performance of a system requires the use of multiple measures; no single measure is adequate to inform leadership of the system performance. Creating and displaying a set of multiple measures with each measure on the appropriate Shewhart chart is a strategic move that enhances leadership's ability to manage, lead and improve the entire system for which they are responsible"*

## 1. Is GOSH safe

**Standard 1: Serious Incidents**



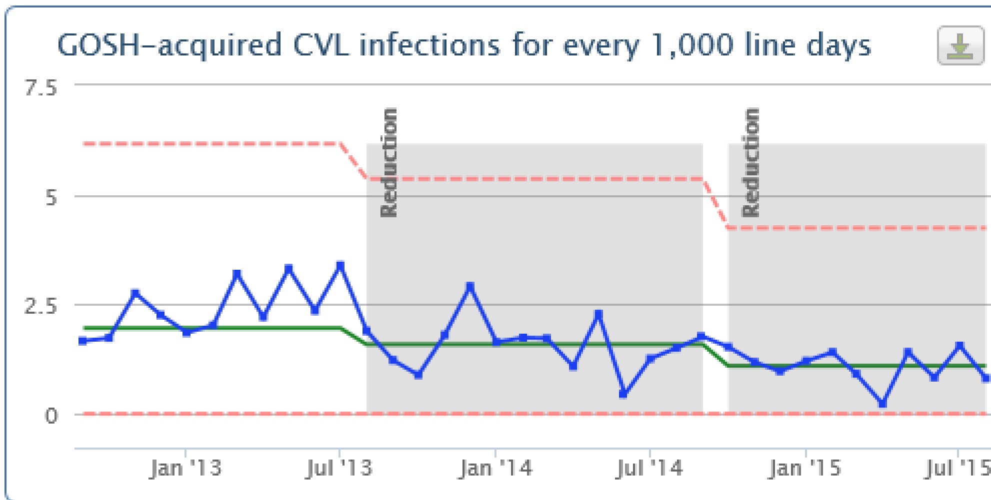

Trend: Performance is unchanged with all data points inside of the control limits. There has been no statistical change in the number of SIs – we are still running at 2 per month.

Comment: All incidents which are deemed by the Trust to meet the Serious Incident (SI) definition set down by NHS England are considered by the Medical Director and Chief Nurse 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.

The Clinical Governance and Safety team are reviewing the process of investigating SIs to improve the timeliness and quality of investigations. The team will also provide the Board with a summary of the learning and the actions taken to address the root causes of SIs.

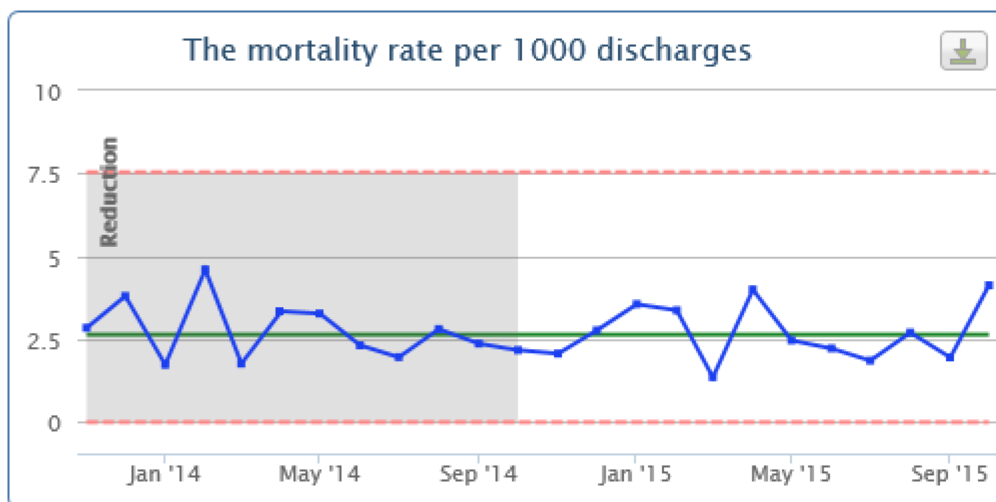
Attachment S

**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 and has subsequently been sustained. |
| What's going well: | The rate remains low at 1.0/1000 line days in September was observed. Rates of line infection within surgery are reducing. We are compliant with our current standard but aim to improve further. The use of Parafim has been an innovation that has accelerated recent improvements. |
| What's not going well: | Completion of line days by some wards has not be carried out |
| What action is being taken: | Action plan is in place to remind wards of the importance of completing line days and compliance will be monitored |

Attachment S
**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.<br>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. |

We will present the first report on deaths at GOSH to the Clinical Governance Committee showing the outcome of reviews of the medical records of 118 children who died at GOSH, during the period June 2014 – July 2015

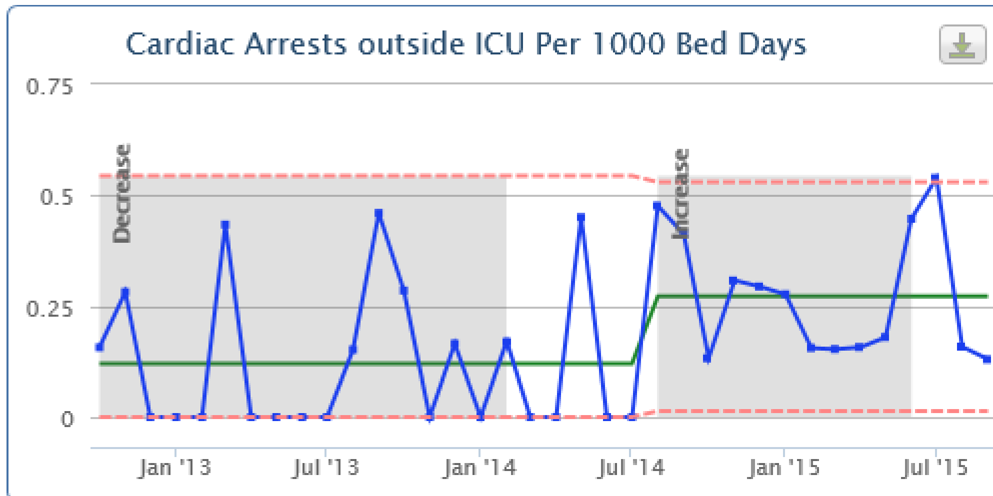
- The main underlying cause of death was categorised as chromosomal, genetic and congenital anomaly (34% of cases), malignancy (20% of cases), acute medical or surgical conditions (16% of cases) or chronic medical conditions (11%).
- Two thirds of deaths were expected; the most common manner in children died was following withdrawal or limitation of life-sustaining treatment (57% of cases)
- There were 27 unplanned deaths during the review period and 13 children died during active resuscitation.
- Modifiable factors were identified in 20 cases (17%) (9 cases at GOSH, 3 cases at GOSH and elsewhere, and 8 cases outside GOSH). Modifiable factors were:
    - Recognition of the acutely ill child. GOSH is participating in a national systematic review of the effectiveness of children's early warning scores in children's hospitals.
    - Communication between teams especially between referring hospitals and GOSH. Systems to record information communicated between trusts are being implemented
    - Assessment of children prior to transfer within the hospital e.g. radiology. Guidelines have been improved for this area.
    - Improved written documentation. The precise issues need to be identified by an audit of medical records to be undertaken by the Patient Safety and Outcomes Committee
- The mortality review process has achieved the following outcomes:
    - More reliable completion of death discharge summaries

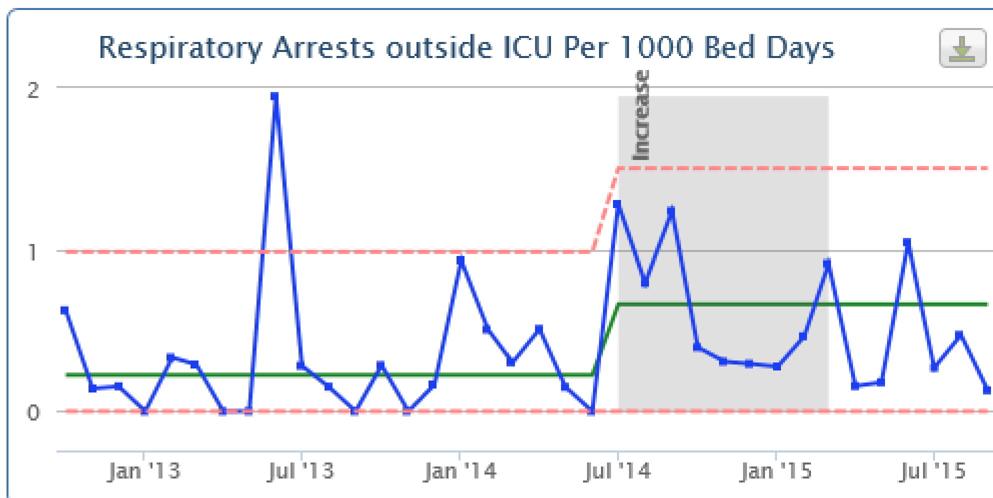
- Improved communication with the Child Death Overview Panels
- Draft proposal to formalise local case reviews in the Trust
- Identified training needs for completion of Medical Certificate of Cause of Death
- Highlighted concerns about the fragmentation of the medical record
- Identified areas where improvements could be made.

Feedback to other trusts is given via CATS.

Standardised mortality reviews and local case reviews will be integrated into the formal clinical governance processes of the Trust.

**Standard 6: Cardiac and Respiratory Arrests**




| | |
|---|---|
| Cardiac arrests | The increase seen since August 2014 has been sustained. There are now 0.27 arrests per 1000 bed days, up from previous mean of 0.12 per 1000 bed days. |
| Respiratory arrests | These 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. |

A full analysis of deterioration has been undertaken and will be presented to the Board's Clinical Governance committee.

We have been recording cardiac and respiratory arrest data electronically since 2010. In November 2012 our cardiac arrest rates significantly reduced and respiratory arrests remained static. However in July 2014 there was a sharp increase in respiratory arrests followed by cardiac arrests in August 2014. These measures have remained high causing concern. Underlying causes have been sought and some interventions (e.g. the introduction of electronic observations on Nerve Centre in 2015) but with limited effect to date. It may be too early to see the impact from SAFE and Nerve-centre.

Key findings from our analysis are:

The aim of the review was to learn from the cases and see if we could prevent more arrests. There is no definite way to determine preventability so the team looked for possible factors or actions that in hindsight could have made a difference. The purpose is not to learn not to apportion blame.

- All patients survived their respiratory arrest
- We reviewed 55 respiratory arrests of which 27 events had potentially preventable factors
- All arrests are investigated within 24 hours by the deterioration team and learning implemented.

Analysis of modifiable factors revealed the following:

1) 75% of collapses do not trigger our CEWS score. We are awaiting an international review of children's early warning scores before making changes to our CEWS scores which have not been validated. In the meantime, "parent or nursing concern" remain an important way of triggering urgent review by the clinical team.

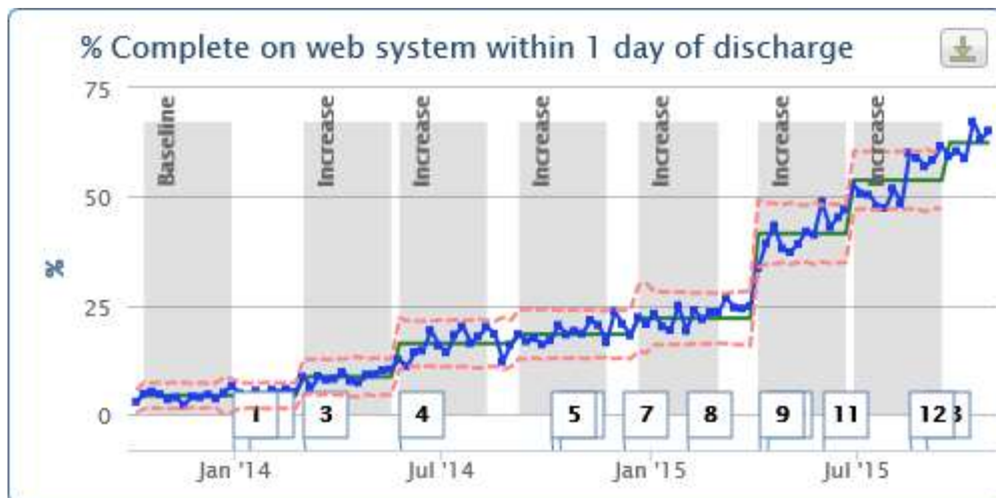
2) New guidelines have been introduced for procedures associated with respiratory arrest (e.g. removal of plaster jackets in vulnerable patients)

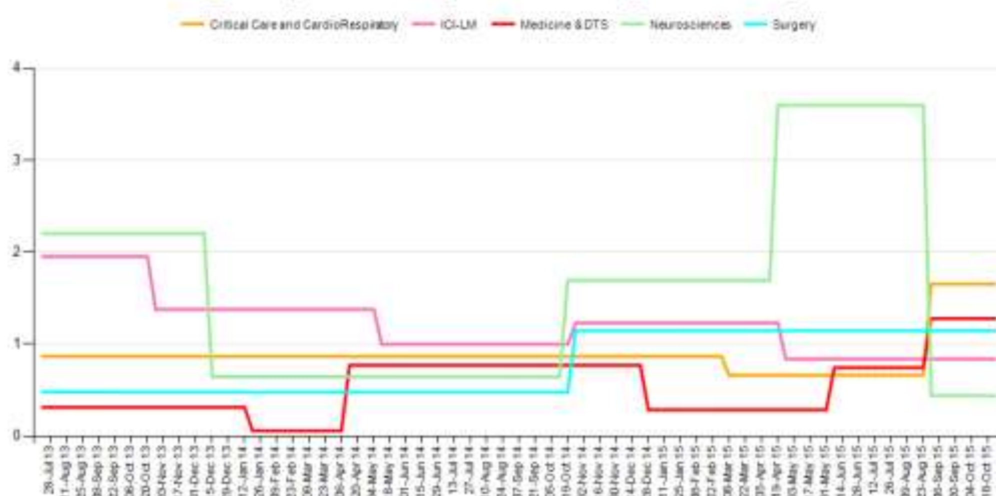
3) High Dependency Care in being reviewed by the Chief Nurse.There were some delays in internal admission to PICU due to lack of beds. We are considering an expansion of PIC beds, and a QI project led by Professor Mark Peters has implemented various measures to improve flow. Also, simulation training for the arrest team continues to be delivered

4) A protocol for the care of children transferred to GOSH for unexplained apnoea (pauses in breathing) is being developed

**2 Are we efficient?**

**Standard 7: Discharge Summaries**




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

Trends: Overall, the mean time from writing to sending a discharge summary has fallen from 1.1 days to 0.8 days from across the trust. Learning is being shared between divisions:

- Significant improvement secondary to patients leaving the wards with their discharge summaries
- Improved administration at the weekend on some wards so that ward clerks know that discharge summaries are awaiting printing
- The discharge summary template has been integrated with admission clerking processes so that the discharge summary is added to throughout the admission
- Oncology and haematology have complex shared care arrangements and delayed implementation until a bespoke

discharge summary was developed. In these specialties, the quality of the summary needed improvement and consultants are training their juniors. The specialties have "derogated" from the trust's internal target to ensure we have accurate, high quality summaries as well as timely ones

- In many medical specialties e.g. metabolic medicine, admissions include the need for investigations where results are not available till after discharge. These specialties are considering whether to send one summary once the results are available, or two, one at discharge and one later.

Great Ormond Street Hospital for Children NHS Foundation Trust

**Trust Board**
**25th November 2015**

| **Performance Summary Report**<br>**Submitted by:**<br>Dena Marshall – Chief Operating Officer,<br>Vinod Diwakar – Medical Director | **Paper No: Attachment T** |
|---|---|

**Quality and Safety**

In October 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.

No cases of MRSA was recorded in October. 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. There has been one case of MRSA reported in the year to date, attributed to an International Private Patient.

One case of E. Coli was reported in October following 48 hours of admission, taking the year to date total to 6 cases in 15/16.

One case of MSSA were reported in October following 48 hours of admission, taking the year to date total to 4 cases in 15/16.

**Targets and Activity**

Patient spells were reported below plan, with ITU Bed days remaining above plan during month 7.

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

Theatre sessions and bed closures have latterly been undergoing closer rigour and scrutiny than previously (with the implementation of a bed closures policy and the review of theatres as part of waiting list management). This is evident this month, particularly with unused Theatre sessions seeing the lowest volume for a number of months. This will be kept under review by the Trust Executive Management Team.

**Complaints**

The Trust received 8 formal complaints in October 2015. There were no complaints graded as red (in line with the Trusts complaints policy).

Cancelled admissions and surgery was a key theme featuring in complaints, many of these complaints also highlighted that families were concerned about the delay to care and treatment as a consequence of these cancellations.

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**

To assist in monitoring performance across external and internal objectives.

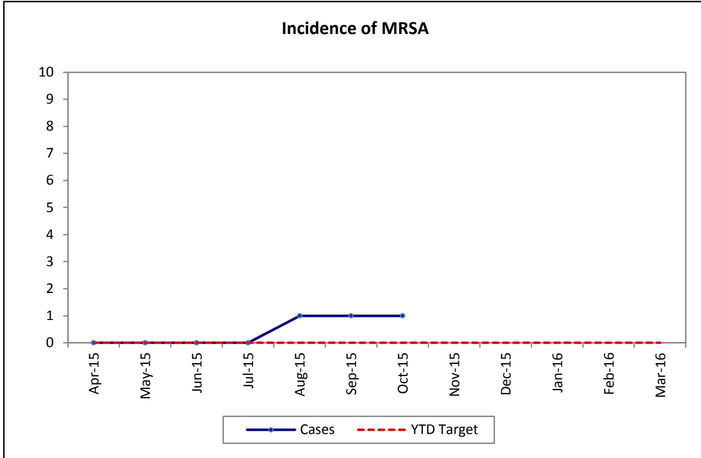
| **Financial implications**<br>Failure to achieve contractual performance measures may result in financial penalties. |
|---|
| **Legal issues -** N/A |
| **Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place?**<br>The Members' Council receive a copy of the performance report and Commissioners receive a sub-section of the performance report monthly. |
| **Who needs to be told about any decision?**<br>Executive Directors. |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Executive Directors. |
| **Who is accountable for the implementation of the proposal / project?**<br>Executive Directors. |

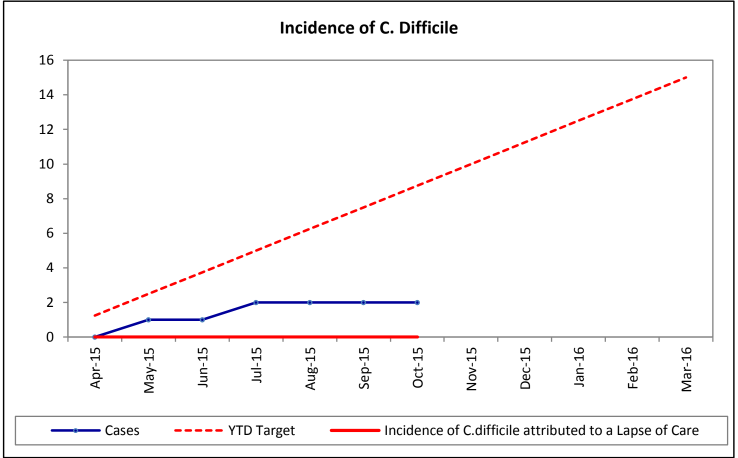
## Targets & Indicators Report

| Section | Indicator | Target | YTD Performance | Jan-15 | Feb-15 | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Activity & Use of Resources | Number of patient spells | 20,323 | **20,071** | 2,829 | 2,802 | 3,137 | 2,847 | 2,732 | 3,057 | 3,008 | 2,568 | 2,892 | 2,967 |
| | Number of outpatient attendances | 93,970 | **87,081** | 13,234 | 12,911 | 13,733 | 12,307 | 10,705 | 13,053 | 13,343 | 11,373 | 13,240 | 13,060 |
| | DNA rate (new & f/up) (%) | <10 | **8.4** | 7.3 | 7.4 | 6.9 | 7.7 | 8.1 | 9.0 | 9.7 | 8.6 | 8.3 | 7.3 |
| | Number of ITU bed days | 6,302 | **6,477** | 840 | 774 | 856 | 710 | 1,221 | 935 | 933 | 959 | 875 | 844 |
| | Number of unused theatre sessions | - | **165** | 12 | 5 | 13 | 22 | 9 | 21 | 29 | 48 | 22 | 14 |
| | Average number of beds closed - Total Ward | - | **10.7** | 14.1 | 10.5 | 13.7 | 20.2 | 13.5 | 15.5 | 11.1 | 5.5 | 4.0 | 5.1 |
| | 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 | 0.2 | 0.2 |
| Patient Access | Patient Refused Admissions - Trust Total Excluding PICU/NICU & CATS* | 90 | **71** | 4 | 3 | 1 | 8 | 5 | 20 | 12 | 7 | 12 | 7 |
| | PICU/NICU & CATS Refusals | <235 | **91** | 12 | 20 | 21 | 17 | 21 | 20 | 11 | 8 | 14 | |
| Patient / Referrer Experience | Number of complaints | 40 | **89** | 11 | 9 | 13 | 13 | 7 | 16 | 17 | 15 | 13 | 8 |
| | Number of complaints - High Grade | 4 | **7** | 1 | 1 | 3 | 2 | 0 | 0 | 4 | 1 | 0 | 0 |
| | Friends & Family Test (% of those Likely & Extremely Likely to recommend) | >95 | **98.3** | 97.5 | 97.8 | 97.4 | 98.1 | 96.9 | 98.9 | 98.1 | 98.5 | 99.0 | 98.5 |
| | Clinic Letter Turnaround, % letters on CDD - sent within 5 working days | 50 | **33.7** | 31.6 | 34.9 | 37.8 | 36.0 | 30.0 | 36.7 | 33.1 | 33.4 | 33.0 | |
| | Clinic Letter Turnaround, Average Days Letter Sent | - | **10.8** | 12.1 | 11.2 | 10.0 | 11.0 | 10.9 | 10.6 | 10.5 | 11.3 | 10.7 | |
| Work - force | Sickness Rate (%) | 2.99 | **2.6** | 2.6 | 2.5 | 2.6 | 2.5 | 2.6 | 2.6 | 2.7 | 2.6 | 2.6 | 2.6 |
| | Trust Turnover (%) | 14.13 | **18.5** | 17.6 | 17.7 | 18.9 | 18.3 | 18.1 | 18.3 | 18.6 | 19.1 | 18.7 | 18.7 |

**Patient Refused Admissions - Trust Total Excluding PICU/NICU & CATS Figure is a live report and totals may be subject to change as Divisions upload dataat different times*

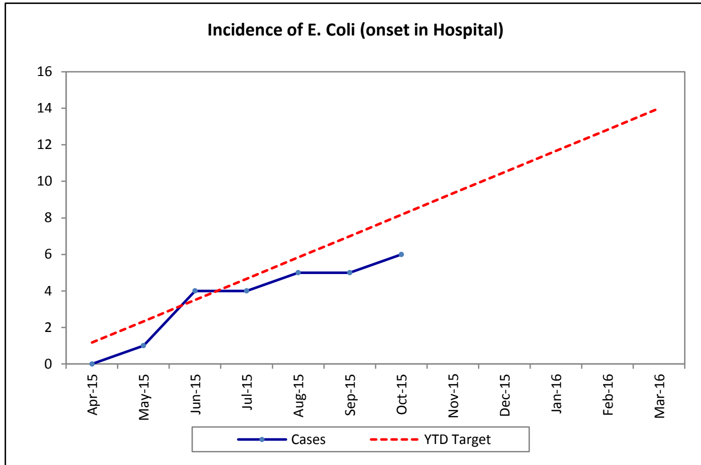
## Health Care Associated Infection Indicators

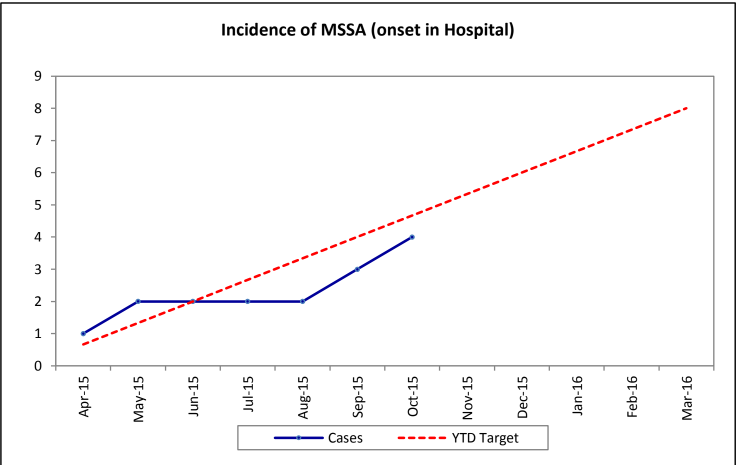



**Description: MRSA bacteraemias**
**Target:** Zero cases
**Trend:** 1 case reported to date
**Comment:** All episodes of positive blood cultures are reported to DH on HCAI site as bacteraemias

**Description: are assigned** **Cumulative Cases detected after 3 days (admission day = day 1) 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**




**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

**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 M1 | M2 | M3 | Q1 | Score Weighting Q2 M4 | M5 | M6 | Q2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | MRSA - meeting the MRSA objective * | 0 | 1 | Quarterly | 0 | 0 | 0 | 0 | 0 | 1 | 0 | - |
| 2 | Clostridium difficile year on year reduction (Against Monitors defined Lapse of Care categorisation) | 0 | 1 | Quarterly | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 3 | All cancers: 31-day wait for second or subsequent treatment comprising either: | 100% | 1 | Quarterly | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | Surgery | 94% | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | Anti cancer drug treatments | 98% | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 4 | Maximum waiting time of 31 days from diagnosis to treatment of all cancers | 96% | 0.5 | Quarterly | 0 | 0 | 0 | 0 | 1 | 0 | 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 | 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 Hospital for Children
NHS Foundation Trust

| **Trust Board**<br>**25th November 2015** | |
|---|---|
| **Workforce Metrics & Exception Reporting – October 2015**<br><br>**Submitted by:**<br>Ali Mohammed, Director of HR & OD | **Paper No: Attachment U** |
| **Aims / summary**<br>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**<br>To note the content of the report. | |
| **Contribution to the delivery of NHS Foundation Trust strategies and plans** | |
| **Financial implications**<br>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?**<br>Not applicable. | |
| **Who is responsible for implementing the proposals / project and anticipated timescales?**<br>Divisional management teams; supported by members of the HR & OD team. | |
| **Who is accountable for the implementation of the proposal / project?**<br>Divisional management teams. | |

## TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – OCTOBER 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.

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 3 in October to 3741. The decrease reflects the continuing focus on workforce and vacancy control.

**Sickness absence** has decreased slightly to 2.56% and remains significantly below the London average figure of 3.1%. Sickness is now also split by short-term (STS) (episodes of sickness up to 4-weeks) and long-term (LTS). The ratio for each division will be reported on a monthly basis.

**Turnover** is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 16.3%; this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) has remained stable – currently at 18.7% in October. The (unadjusted) London benchmark figure is 16.3% (which includes voluntary and non-voluntary leavers) which has risen very sharply to equal the GOSH voluntary turnover rate.

The reported **vacancy rate** has decreased to 4.6% in October.

**Agency usage** for 2015/16 (year to date) stands at 2.12% of total paybill; this is below 2014/15 (at 2.5%) outturn. Finance retains the highest spend on agency staff at 13.5% of total paybill (rising slightly). Sharp rise in agency spend for Clinical & Medical operations to 11.5% of paybill (rising).

**PDR completion rates** The Trust overall appraisal rate stands at 71% - a decrease of over 15% 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, this has not reversed in September nor October. 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.

The vacancy review process has now been devolved to Divisional Director, General Manager and Head of Nursing level to review vacancies at Divisional/Directorate level. The principles applied at the vacancy executive panel have been devolved to this level to ensure continued rigour is applied throughout the process. This will be regularly reviewed to ensure quality and robustness remains in place.

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

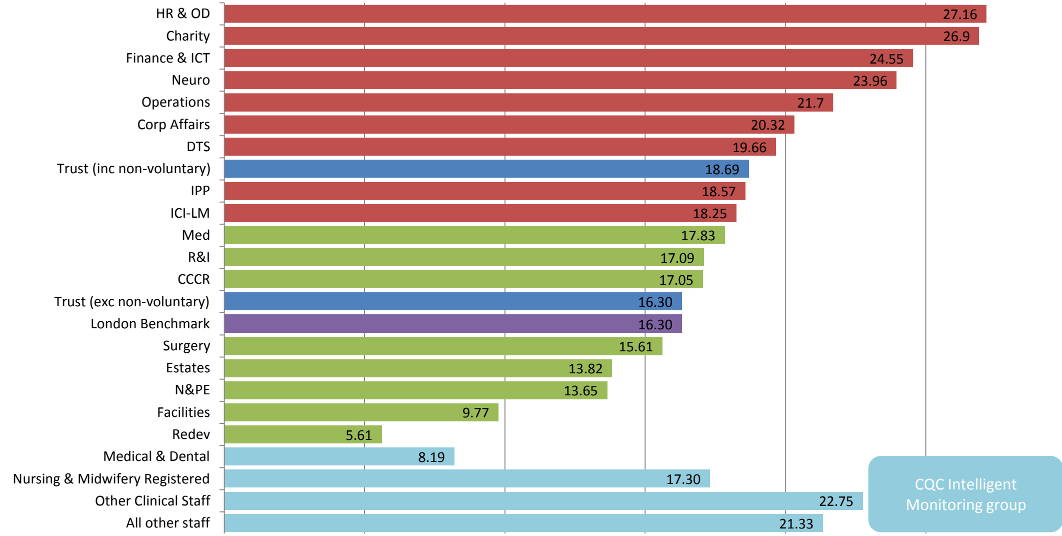
| Division | Contractual Staff in Post (FTE) | Voluntary Turnover Rate (%, FTE) (voluntary leavers in 12-months in brackets, <14% green) | Total Turnover Rate (%, FTE) (number of leavers in 12-months in brackets, <18% green) | Sickness Rate (%) (0-3% green) | PDR Completion (%) (target 95%) | Vacancy Rate (%, FTE) (Unfilled vacancies, 0-10% green) | Agency (as % of total paybill, £) (Max 0.5% Corporate, 2% Clinical) |
|---|---|---|---|---|---|---|---|
| Critical Care & Cardio-Respiratory | 740 | 15.7% (98.9) | 17.1% (107.5) | 2.4 | 67.0% | 4.7% | 1.2% |
| Diagnostic & Therapeutic Services | 354 | 14.3% (52.0) | 19.7% (71.5) | 2.2 | 78.0% | 11.1% | 2.7% |
| Infection, Cancer & Immunity | 679 | 17.2% (110.5) | 18.3% (117.0) | 2.7 | 75.0% | 4.1% | 0.6% |
| International | 157 | 17.3% (26.2) | 18.6% (28.1) | 4.2 | 74.0% | 15.2% | 3.7% |
| Medicine | 270 | 16.5% (38.2) | 17.8% (41.2) | 3.0 | 76.0% | 4.4% | 2.7% |
| Neurosciences | 458 | 19.0% (83.6) | 24.0% (105.4) | 2.4 | 66.0% | 1.7% | 1.1% |
| Surgery | 561 | 13.0% (63.5) | 15.6% (76.2) | 2.4 | 76.0% | 0.0% | 0.9% |
| Clinical & Medical Operations | 60 | 18.3% (10.7) | 21.7% (12.7) | 1.0 | 43.0% | 15.7% | 11.5% |
| Corporate Affairs | 8 | 12.0% (1.0) | 20.3% (1.7) | 0.2 | 71.0% | 0.8% | 0.0% |
| Corporate Facilities | 67 | 5.3% (3.5) | 9.8% (6.5) | 1.9 | 22.0% | 2.1% | 8.6% |
| Estates | 29 | 6.9% (2.0) | 13.8% (4.0) | 7.2 | 62.0% | 34.9% | 8.6% |
| Finance & ICT | 96 | 24.6% (23.4) | 24.6% (23.4) | 3.2 | 53.0% | 14.5% | 13.5% |
| Human Resources & OD | 108 | 25.2% (25.6) | 27.2% (27.6) | 3.4 | 92.0% | 0.0% | 0.5% |
| Nursing & Patient Experience | 41 | 13.7% (5.5) | 13.7% (5.5) | 0.7 | 76.0% | 3.9% | 0.1% |
| Redevelopment | 21 | 4.7% (1.0) | 5.6% (1.2) | 2.6 | 70.0% | 0.0% | 0.0% |
| Research & Innovation | 87 | 17.1% (12.6) | 17.1% (12.6) | 1.3 | 89.0% | 2.2% | 0.4% |
| **Trust** | 3741 | **16.3%► (560.8)** | **18.7%► (644.6)** | **2.6▼** | **71.0%▼** | **4.6%▼** | **2.1%▲** |

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

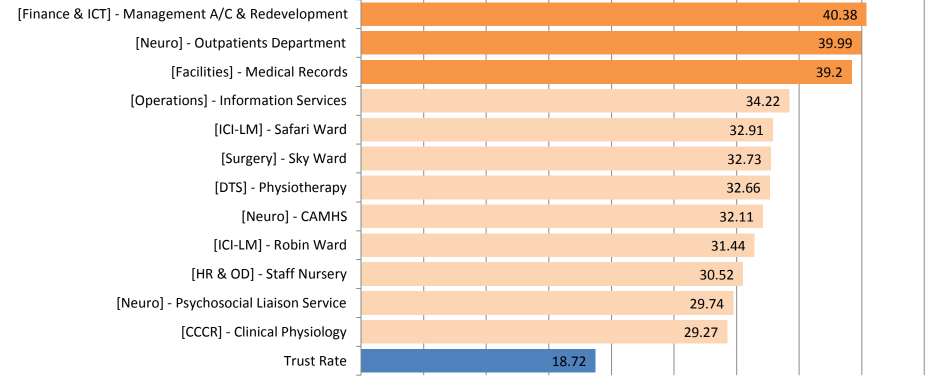
| Division | Red Metrics / DoT | Metric | DoT | Actions & Comments |
|---|---|---|---|---|
| International | 5 (previously 5) | Voluntary turnover improved to 17.3% | | All areas have improved but on-going work to support IPP is occurring, including recruitment campaigns and active management of sickness |
| | | Sickness improved to 4.2% | | |
| | | PDR rate improved to 74% | | |
| | | Agency usage improved to 3.7% | | |
| | | Vacancy rate improved to 15.2% | | |
| Finance & ICT | 5 (previously 4) | Voluntary turnover worsened to 24.6% | | Feedback obtained from exit interviews will be further reviewed to identify trends and appropriate actions |
| | | Sickness worsened to 3.2% | | Focus on high intermittent sickness utilising the new sickness policy |
| | | PDR rate improved to 53% | | Staff without PDRs are to be contacted individually |
| | | Agency usage worsened to 13.5% | | Actions to reduce agency will be aligned to the plan to recruit to vacancies |
| | | Vacancy rate improved to 14.5% | | Support to be provided to identify vacancies and ensure robust recruitment plan is in place to recruit appropriately |
| Estates | 4 (previously 4) | Sickness worsened to 7.2% | | Focus on high intermittent sickness utilising the new sickness policy |
| | | PDR rate worsened to 62% | | Drive in November/December to complete PDRs |
| | | Vacancy rate worsened to 34.9% | | Recruitment to vacancies is occurring and as below conversion of long term bank/agency cover |
| | | Agency usage improved to 8.56% | | Actively converting long term bank/agency to permanent staff to fill the vacancies from November |
| DTS | 4 (previously 3) | Voluntary turnover improved to 14.3% | | Turnover rate has improved |
| | | PDR rate improved to 78% | | On-going focus on completion of PDRs by December |
| | | Vacancy rate worsened to 11.1% | | Support to be provided to identify vacancies and ensure robust recruitment plan is in place to recruit appropriately |
| | | Agency usage improved to 2.7% | | Agency usage has reduced |
| Medicine | 4 (previously 4) | Voluntary turnover worsened to 16.5% | | Feedback obtained from exit interviews will be further reviewed to identify trends and appropriate actions |
| | | Sickness improved to 3% | | Sickness rate has improved |
| | | PDR rate improved to 76% | | On-going focus on completion of PDRs by December |
| | | Agency usage improved to 2.7% | | Agency usage has reduced |
| Clinical & Medical Operations | 4 (previously 3) | Voluntary turnover improved to 18.3% | | Turnover rate has reduced |
| | | PDR rate worsened to 43% | | Staff without PDRs are to be contacted individually |
| | | Vacancy rate worsened to 15.7% | | Support to be provided to identify vacancies and ensure robust recruitment plan is in place to recruit appropriately |
| | | Agency rate worsened to 11.5% | | Active recruitment drive to reduce agency spend to cover vacancies |
| Human Resources & OD | 3 (previously 2) | Voluntary turnover worsened to 25.2% | | Turnover has been planned and recruitment is taking place to fill the vacancies |
| | | Sickness worsened to 3.4% | | Long term sickness and high Bradford scores are being actively managed in line with the new policy |
| | | PDR rate improved to 92% | | Outstanding PDRs to be completed by end of November |

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

## Divisional Turnover (Voluntary & Non-Voluntary)

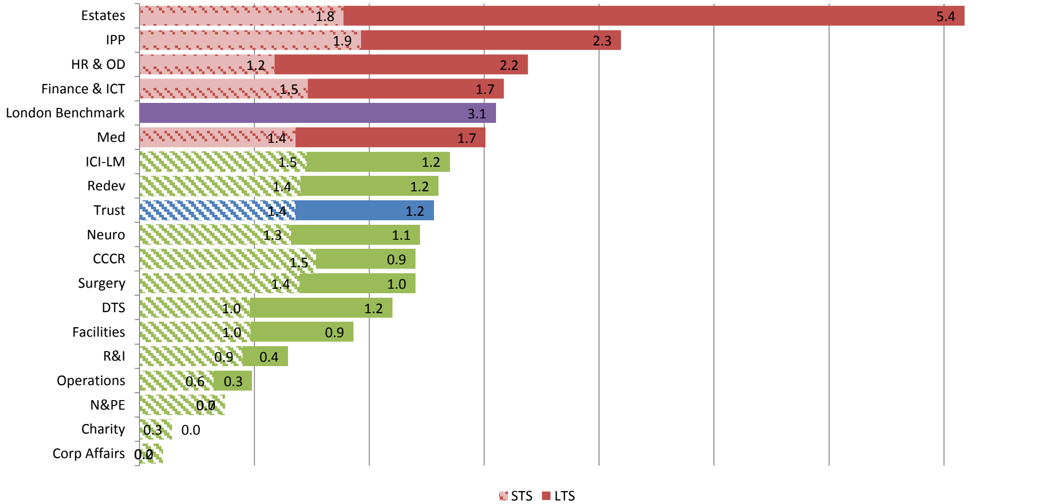



## Exception Reporting Turnover

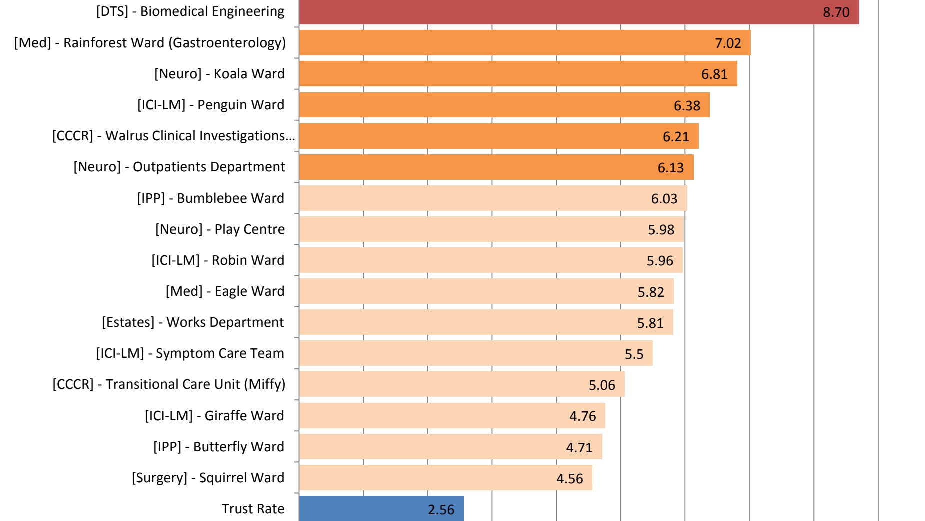



DTS (pharmacy) – pre reg pharmacists are on 12 month fixed term contracts around 20 staff on average; Surgery (Anaesthetic Staff Theatres) – majority of the staff are ODPs come and work at the Trust for 6 months to develop, the band 6 roles have low turnover so they are appointed to band 6 and 7 roles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

## Divisional Sickness

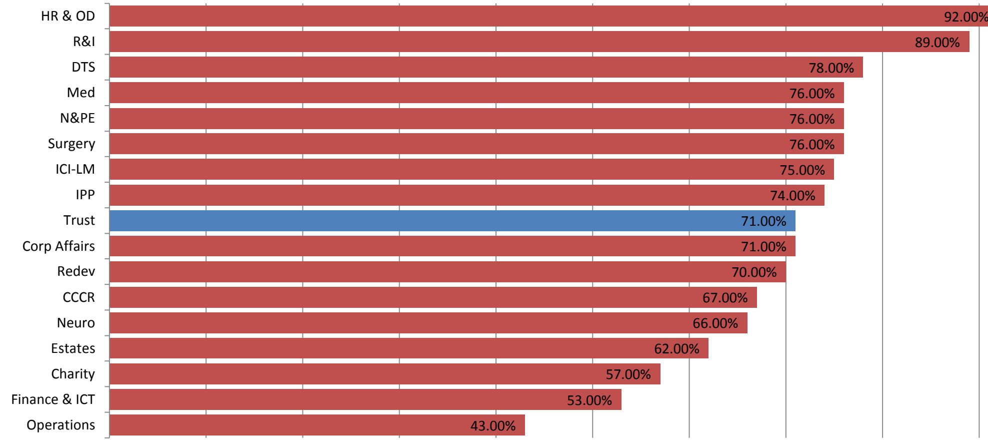



## Exception Reporting Sickness

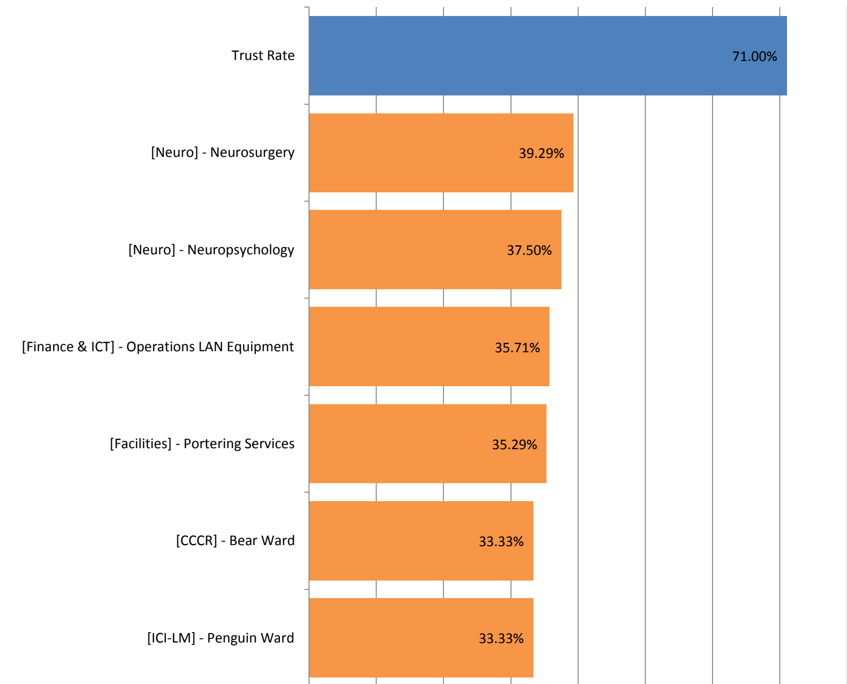


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2015 REPORT

## Divisional PDR (Target 95%)

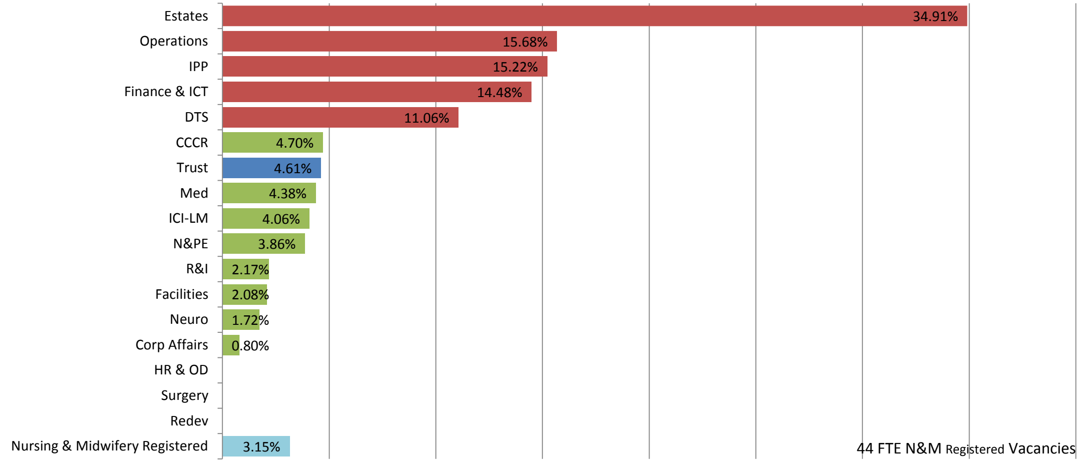



## Exception Reporting PDR

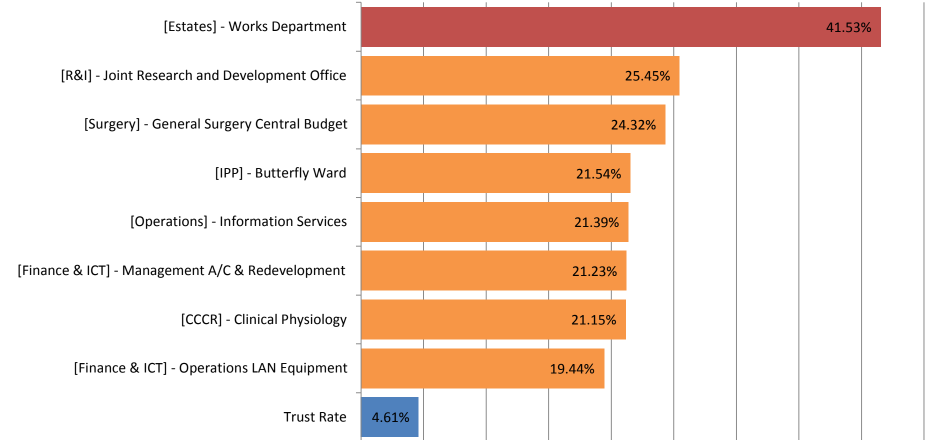


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - OCTOBER 2015 REPORT

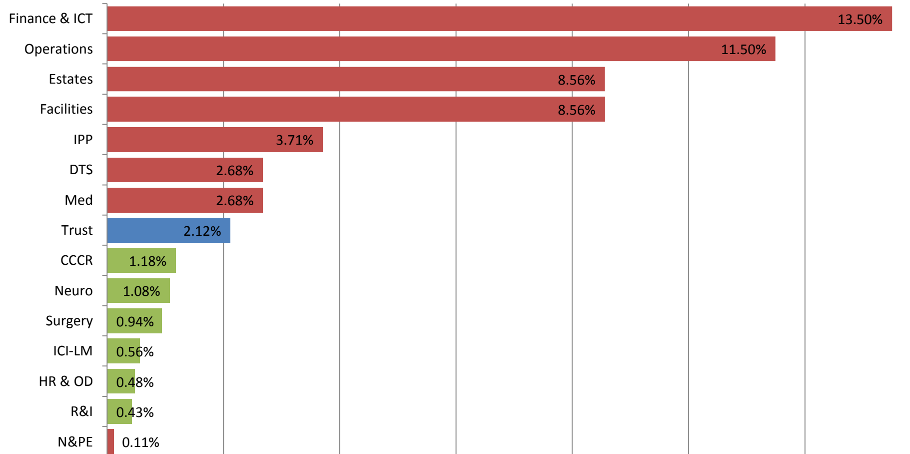
## Divisional Vacancy Rate



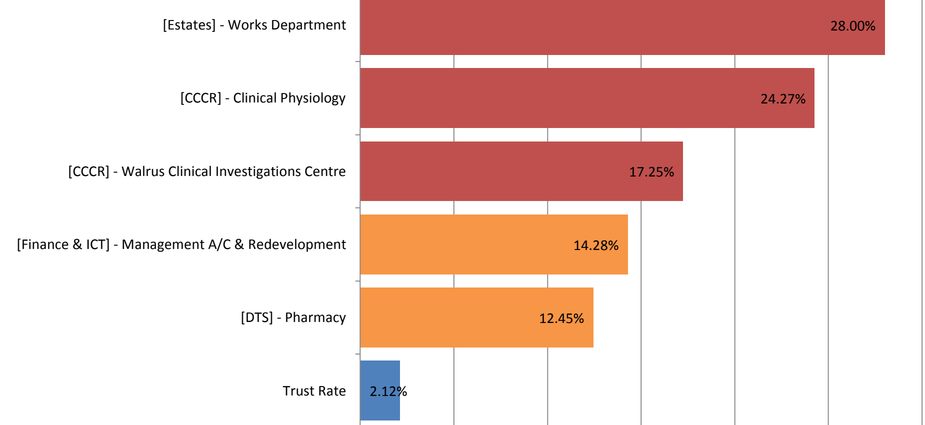

## Exception Reporting Vacancy Rate




## Divisional Agency as % of paybill




## Exception Reporting Agency as % of Paybill



Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

**Trust Board**
**25th November 2015**

| **Financial Performance 7 months to 31st October 2015**<br><br>**Submitted by:**<br>Claire Newton, Chief Finance Officer | **Paper No: Attachment V** |
|---|---|

**Aims**
To brief the Board on the financial performance for the 7 months to 31st October 2015

**Summary**

The attached report shows the financial performance for the month of October and first 7 months of the financial year.

The overall ***net operating deficit of £(1.5)m***, year to date, was ahead of plan by £4.1m for the following key reasons:

- Non-pay expenditure, principally clinical consumables and services, is running below plan
- There is a non-recurring benefit from final determination of CQUIN and settlement of over-performance invoices for 2014/15
- International & Private patients activity is higher than plan.
- After completion of the contract with NHS England commissioners there was an uplift in funding for certain services.
- This offsets the impact of some NHS elective and outpatient activity being below plan.

***Cash levels*** were above plan due to the delay in Trust funded capital expenditure, working capital being below plan and the benefit of the positive EBITDA variance.

***Non NHS debt*** has continued to rise sharply, partly a result of the higher levels of activity. This is principally due to higher levels of debts from long standing customers which are not being cleared. Regular meetings are in place to address this.

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

***Monitor Financial Risk rating*** remains at 4

**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. 7 Months to 31 October 2015

~ The Trust is reporting a deficit of £(1.5)m -excluding capital donations - for the first seven months of 2015/16 which is £4.1m favourable to plan and an improvement of £0.2m in the last month.

~ EBITDA for the first seven months is £12.3m which is £3.7m favourable to plan and is 5.4%.of income . EBITDA in the month of October was £2.6m, which was £0.1 better than plan

* NHS income (excluding pass through) is below plan by £1.1m. This is the net effect of underperformance in surgery, offset by income from the prior years contract settlement and improved tariffs.
* Private patient income is £3.4m above plan.
* Pay is broadly on plan.
* Non pay excluding pass through is £2.5m below plan due to underspends in a number of areas and lower NHS activity

~ Cash is ahead of plan due to the under spend on Trust funded capital, positive EBITDA variance and positive net working capital variance

~ P&E is forecast to deliver £8-£9m for the full year when the value of schemes are adjusted for risk and delays in scheme delivery although there may be some mitigation arising from non recurring underspends

~ International debtor levels are higher than planned due to the high er level of activity and delays in payment. Meetings are taking place with all major debtors.

| I&E | Current Month | | | Current Year | | | YTD Prior Year | | RAG |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Year to Date | | | Year to Date | | 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 | 21.3 | 20.7 | (0.5) | 143.7 | 142.6 | (1.1) | 144.1 | (1.5) | R |
| Pass Through | 4.8 | 4.8 | 0.0 | 33.1 | 31.8 | (1.4) | 27.9 | 3.8 | |
| Private Patient Revenue | 3.8 | 4.8 | 1.0 | 24.9 | 28.2 | 3.4 | 25.5 | 2.7 | G |
| Non-Clinical Revenue | 3.8 | 3.8 | 0.0 | 25.1 | 24.6 | (0.5) | 28.0 | (3.4) | A |
| **Total Operating Revenue** | **33.7** | **34.1** | **0.5** | **226.8** | **227.2** | **0.4** | **225.6** | **1.6** | |
| Permanent Staff | (17.7) | (16.4) | 1.3 | (124.2) | (114.5) | 9.6 | (112.3) | (2.2) | |
| Agency Staff | (0.0) | (0.5) | (0.5) | (0.1) | (2.7) | (2.5) | (3.5) | 0.8 | |
| Bank Staff | (0.2) | (1.3) | (1.2) | (1.1) | (8.8) | (7.7) | (8.4) | (0.4) | |
| **Total Employee Expenses** | **(17.9)** | **(18.3)** | **(0.4)** | **(125.4)** | **(126.0)** | **(0.6)** | **(124.2)** | **(1.8)** | R |
| Drugs and Blood | (0.9) | (0.9) | 0.0 | (6.6) | (5.9) | 0.7 | (6.8) | 0.9 | G |
| Other Clinical Supplies | (3.2) | (3.6) | (0.4) | (22.3) | (21.7) | 0.6 | (22.4) | 0.7 | G |
| Other Expenses | (4.4) | (3.9) | 0.4 | (30.7) | (29.4) | 1.3 | (28.1) | (1.3) | G |
| Pass Through | (4.8) | (4.8) | (0.0) | (33.1) | (31.8) | 1.4 | (27.9) | (3.8) | |
| **Total Non-Pay Expenses** | **(13.3)** | **(13.3)** | **0.0** | **(92.7)** | **(88.8)** | **3.9** | **(85.3)** | **(3.6)** | |
| **EBITDA (exc Capital Donations)** | **2.5** | **2.6** | **0.1** | **8.7** | **12.3** | **3.7** | **16.1** | **(3.8)** | G |
| Depreciation, Interest and PDC | (2.1) | (2.1) | 0.1 | (14.2) | (13.8) | 0.4 | (14.6) | 0.8 | |
| Net (Deficit)/Surplus (exc Cap. Don. & Ir | 0.4 | 0.5 | 0.2 | (5.5) | (1.5) | 4.1 | 1.5 | (3.0) | G |
| **EBITDA %** | **7.3%** | **7.6%** | | **3.8%** | **5.4%** | | | | |
| Estimated impairments | | | | | | | | | |
| Capital Donations | 4.3 | 2.3 | (2.1) | 18.5 | 14.3 | (4.1) | | | |

## Key Performance Indicators

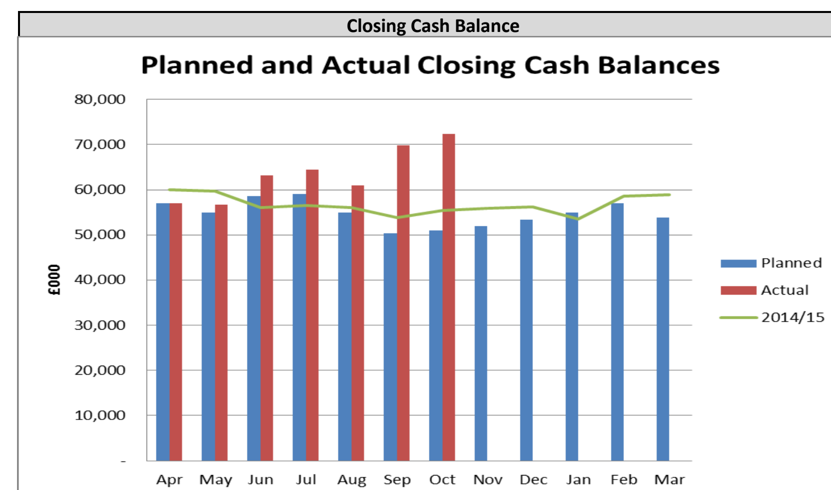
| KPI | Annual Plan | Q3 Plan | YTD Actual | Forecast | Rating |
|---|---|---|---|---|---|
| Liquidity | 4 | 4 | 4 | 4 | G |
| Capital Service Coverage | 3 | 3 | 4 | 3 | G |
| I&E Margin | 4 | 4 | 4 | 4 | G |
| Variance in I&E Margin as % of income | 4 | 4 | 4 | 4 | G |
| Overall | 4 | 4 | 4 | 4 | G |

| Statement of Financial Position | 31 March 2015 Actual | 31 Oct 2015 Planned | 31 Oct 2015 Actual |
|---|---|---|---|
| | £m | £m | £m |
| Non-Current Assets | 372.9 | 392.8 | 382.2 |
| Current Assets (exc Cash) | 56.3 | 61.7 | 57.2 |
| Cash & Cash Equivalents | 58.9 | 51.0 | 72.4 |
| Current Liabilities | (47.9) | (52.7) | (57.9) |
| Non-Current Liabilities | (6.7) | (6.4) | (6.5) |
| **Total Assets Employed** | **433.5** | **446.4** | **447.4** |

| Capital Expenditure | Annual Plan | 31 Oct 2015 Planned | 31 Oct 2015 Actual |
|---|---|---|---|
| | £m | £m | £m |
| Redevelopment - Donated | 37.2 | 14.6 | 12.9 |
| Medical Equipment - Donated | 4.5 | 2.7 | 1.4 |
| Estates - Donated | 0.0 | 0.0 | 0.0 |
| ICT - Donated | 2.0 | 1.2 | 0.0 |
| Total Donated | 43.7 | 18.5 | 14.3 |
| Redevelop& equip - Trust Funded | 9.6 | 6.8 | 2.4 |
| Estates & Facilities - Trust Funded | 4.5 | 2.1 | 1.1 |
| ICT - Trust Funded | 4.6 | 4.3 | 1.8 |
| Total Trust Funded | 18.7 | 13.2 | 5.3 |
| **Total Expenditure** | **62.4** | **31.7** | **19.6** |

| | 31-Mar-15 | 30-Sep-15 | 31-Oct-15 | RAG |
|---|---|---|---|---|
| NHS Debtor Days (YTD) | 25.53 | 6.70 | 3.44 | G |
| IPP Debtor Days | 130.73 | 178.50 | 185.51 | R |
| IPP Overdue Debt (£m) | 6.36 | 11.00 | 11.20 | R |
| Creditor Days | 33.00 | 32.90 | 31.10 | A |
| BPPC - Non-NHS (YTD) (number) | 88.3% | 85.5% | 84.4% | A |
| BPPC - Non-NHS (YTD) (£) | 91.8% | 89.9% | 88.3% | A |

Closing Cash Balance



Great Ormond Street Hospital for Children NHS FT - Summary Financial Performance Report. 7 Months to 31 October 2015

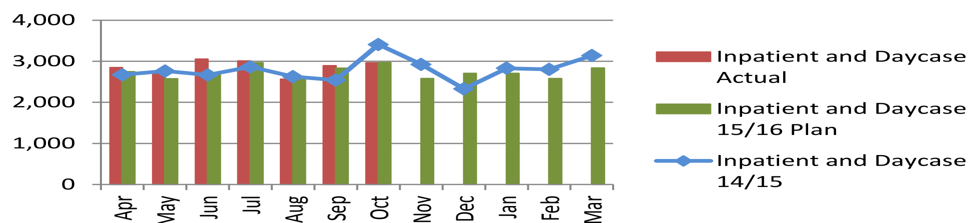
## ACTIVITY AND INCOME

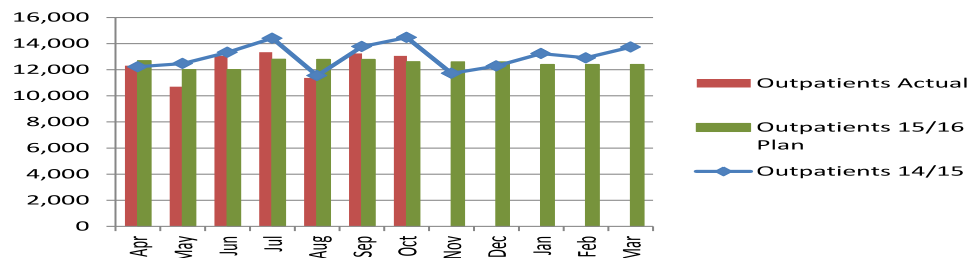
| | Income from NHS & Other Clinical Activity £M year to date | | | | | Activity | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | YTD Actual (£m) | Variance to plan (£m) | Variance to plan (%) | Variance to Prior Year (£m) | Variance to Prior Year (%) | YTD Actual | Variance to plan | Variance to plan (%) | Variance to Prior | Variance to Prior Year (%) |
| Daycases | **15.2** | 0.4 | 2.7% | 1.9 | 14.6% | **11,739** | 80 | 0.7% | 775 | 7.1% |
| Elective Inpatients | **30.7** | (1.6) | -5.3% | (0.9) | -2.9% | **7,319** | (262) | -3.6% | 102 | 1.4% |
| Non-Elective Inpatients | **8.4** | 0.2 | 2.9% | 0.7 | 8.9% | **1,013** | (70) | -6.9% | (343) | -25.3% |
| Bed days | **27.0** | 0.7 | 2.7% | 0.3 | 1.2% | **21,419** | (63) | -0.3% | 74 | 0.3% |
| Outpatients | **22.2** | (1.2) | -5.2% | (0.9) | -3.8% | **87,081** | (6,889) | -7.9% | (5,147) | -5.6% |
| Other eg. Highly Specialised | **39.0** | 2.5 | 6.5% | (2.7) | -6.5% | | | | | |
| **Total** | **142.6** | (1.1) | -0.8% | (1.5) | -1.1% | | | | | |

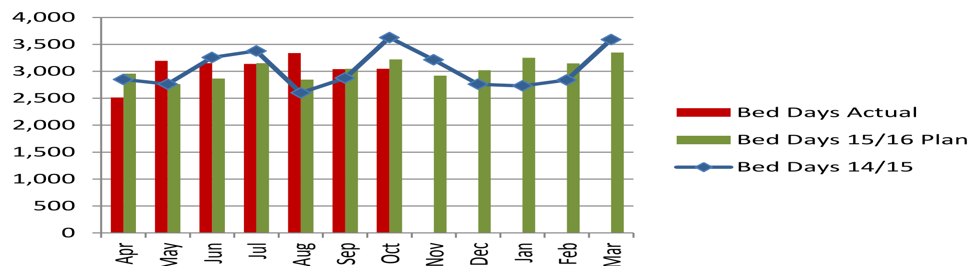
### STAFF

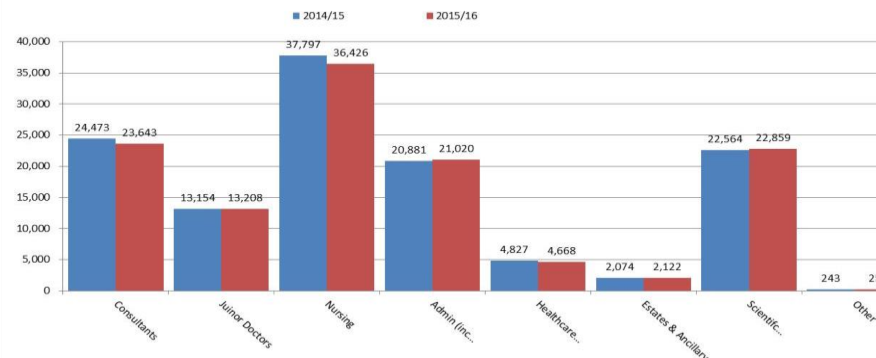
| Year | YTD Total Pay (£m) | YTD Agency (£m) | Agency as % of Total Pay | YTD Bank (£m) | Bank as % of Total Pay |
|---|---|---|---|---|---|
| 2015/16 | 126.0 | 2.7 | 2.1% | 8.8 | 7.0% |
| 2014/15 | 124.2 | 3.5 | 2.8% | 8.4 | 6.8% |
| Movement | 1.8 | (0.8 ) | -0.7% | 0.4 | 0.2% |

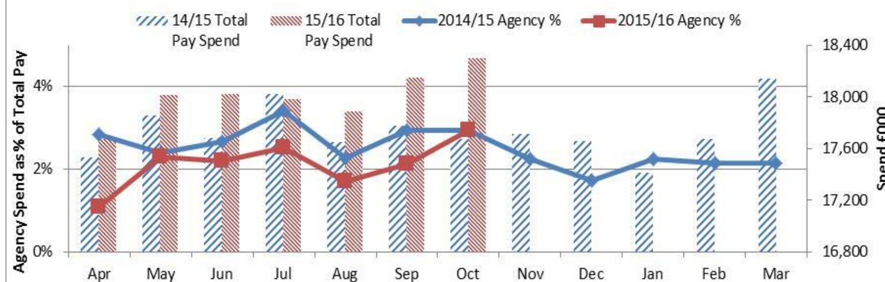
### PATIENT ACTIVITY



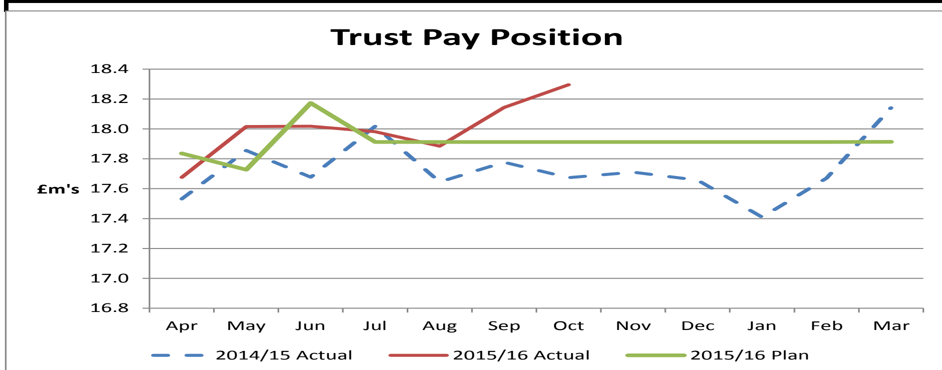



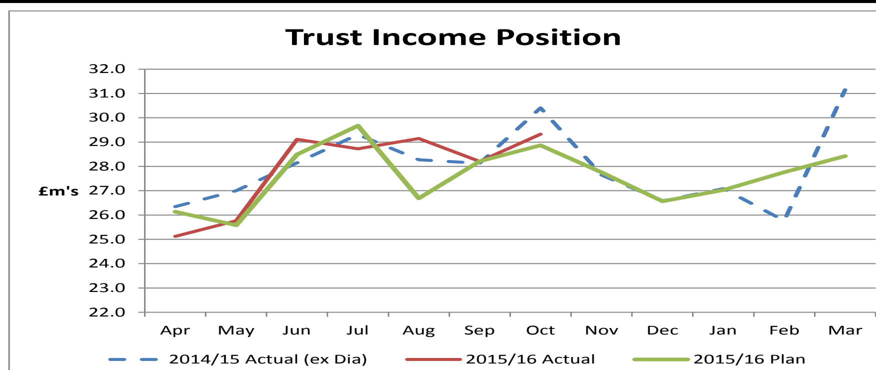



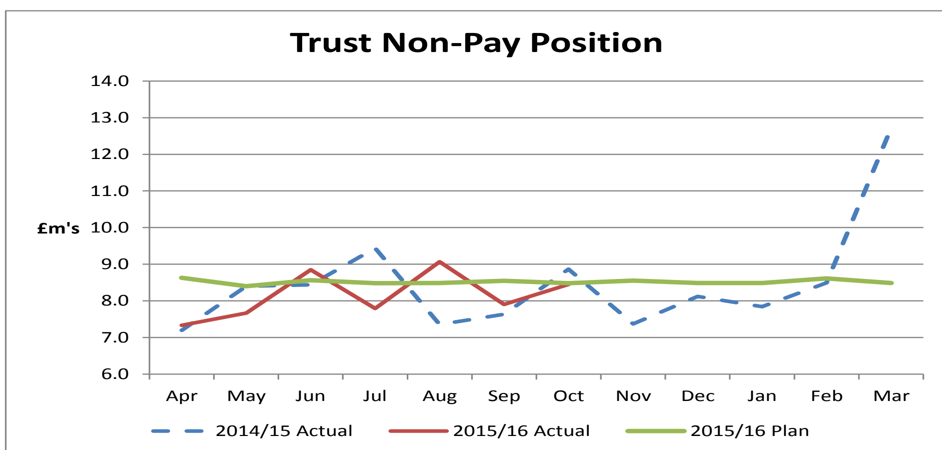



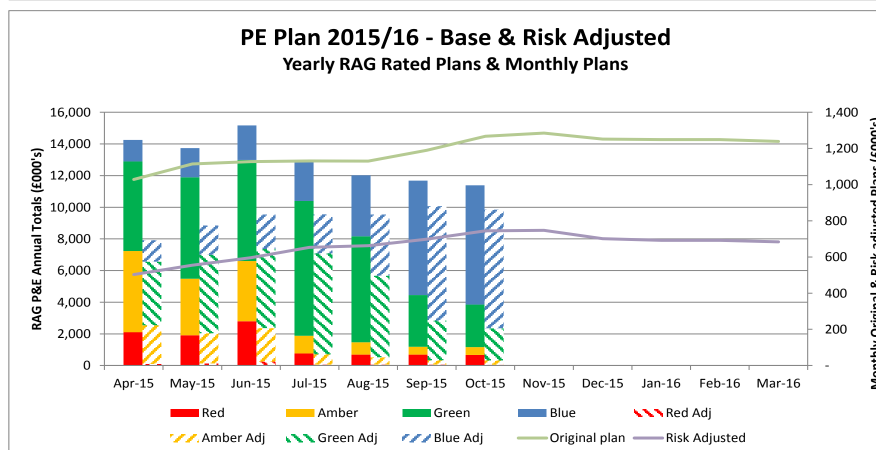
Great Ormond Street Hospital for Children NHS FT - Summary Financial Performance Report. 7 Months to 31 October 2015

## TRADING POSITION AND EXPENDITURE




| Trading Position - Unit Summary £m | Income | | Pay | | Non-Pay | | Contribution | |
|---|---|---|---|---|---|---|---|---|
| | Actual | Variance | Actual | Variance | Actual | Variance | Actual | Variance |
| CCCR | 46.0 | (0.4) | (26.0) | (0.9) | (7.1) | (0.6) | 14.2 | (1.9) |
| ICI | 26.6 | (0.3) | (18.5) | 0.0 | (2.7) | (0.8) | 5.4 | (1.1) |
| MDTS | 23.1 | (0.2) | (24.2) | 0.1 | (5.5) | 0.1 | (6.4) | (0.0) |
| Neurosciences | 22.2 | 1.0 | (13.2) | (0.4) | (2.8) | 0.1 | 6.2 | 0.7 |
| Surgery | 29.7 | (2.5) | (20.0) | (1.4) | (7.6) | (0.5) | 3.2 | (4.4) |
| Pass Through | 31.8 | (1.4) | 0.0 | 0.0 | (31.8) | 1.4 | 0.0 | 0.0 |
| IPP | 28.2 | 2.9 | (4.5) | 0.2 | (5.7) | (1.8) | 15.5 | 1.4 |
| **Total Clinical Divisions** | **207.6** | **(0.9)** | **(106.5)** | **(2.3)** | **(63.1)** | **(2.0)** | **38.0** | **(5.2)** |
| | | | | | | | | |
| Research & Innovation | 9.3 | (0.1) | (5.3) | (0.0) | (2.4) | 0.3 | 1.6 | 0.2 |
| Corporate Departments | 4.6 | (0.2) | (13.7) | 0.4 | (21.0) | 0.9 | (30.1) | 1.1 |
| Other | 5.7 | 1.8 | (0.4) | 1.2 | (2.4) | 4.5 | 2.9 | 7.5 |
| **Total Trust** | **227.2** | **0.4** | **(126.0)** | **(0.6)** | **(88.8)** | **3.9** | **12.3** | **3.7** |

ATTACHMENT W – to follow

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Trust Board**
25th November 2015

| **Safe Nurse Staffing Report for September 2015 and October 2015**<br><br>Submitted by: Juliette Greenwood, Chief Nurse | **Paper No: Attachment X** |
|---|---|

**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, nurse recruitment and this month contains specific information on nurse retention plans and initiatives.

**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 experience.

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 capability'* (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

## September 2015

## 1. Introduction

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

1.2 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'.

1.3 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.

## 2. GOSH Ward Nurse Staffing Information for Trust Board

### 2.1 Safe Staffing

2.1.1 The UNIFY Fill Rate Indicator for September 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.

2.1.2 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 September is:

| RN Day | RN Night | HCA Day | HCA Night | Total Fill Rate |
|---|---|---|---|---|
| 100% | 88.2% | 93.3% | 66% | 86.9% |
| | | | | |

**ICI – No unsafe shifts reported in September**

Elephant, Giraffe and Lion Wards report again a decrease in Haematology and Oncology activity throughout September. Assisting with Trust day cases resulted in low percentages on night shifts.

Fox Ward and Robin Ward similarly report a variable activity, due to being closed to acute BMT, delayed and rescheduling of admissions and assisting with day cases.

Penguin has had an increase in patient's numbers and dependency and has also assisted with day case activity.

Staff were moved across wards to meet the greatest clinical need on a shift by shift basis and support was also provided by CNS/NPE teams.

**Surgery No unsafe shifts reported in September**

The variance is due to vacancies within the division and have utilised bank staff to support. There have been ad hoc bed closures to maintain patient safety across the floor.

**CCCR – No unsafe shifts reported in September**

The Head of Nursing reports an continued increase in activity and acuity in September across the division, mainly impacting on Flamingo, Bear and PICU, this was supported by the use of additional temporary staffing however when bank shifts were unfilled, safety was maintained through skill-mix and support from staff across the ITU's.

Both Flamingo and Bear Ward are staffing additional beds to support the Bridge to Transplant Work. A temporary uplift in Bank Nurse pay rates continues to support the increased fill rates. Flamingo cancelled a surgical case when temporary staff shifts were not filled in order to maintain safety. Flamingo still has HCA vacancies hence the low percentages.

Miffy– Continues to use registered nurse hours to compensate for HCA shortfall (2 vacancies) on some shifts.

NICU- Additional staffing require due to patient acuity and dependency. 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 September**

Eagle Ward reported an increase in acuity and short term staff sickness.

Rainforest Endocrine/Metabolic and Gastro had a slight variance due to patient acuity.

Kingfisher's variance for registered staff was due to Growth Hormone profiling and extra list efficiency.

**Neurosciences - No unsafe shifts reported in September**

Koala reports variances due patient acuity, vacancies, one HCA on long term sick and using staff predominately on days. When temporary staffing shifts were unfilled, ward sisters and CNS's provided support or beds were closed for a short period to maintain safety.

Mildred Creak Unit is transitioning to a long day shift rota and this has changed the staff skill mix on some shifts leading to additional registered staff being on duty, also toward the end of the month they have had to offer 1:1 support to a patient.

**IPP - No unsafe shifts reported in September**

Butterfly and Bumblebee both reported HCA's were rostered to provide maximum support during the busier day periods due to theatre cases etc.

Bumblebee registered staff numbers increased for patient acuity – patients with tracheostomies and artificial airways.

Butterfly Ward reduced registered staff at night due to daycase patients and reduced dependency levels at night.

Staff were flexed across the division to ensure patient safety.

2.1.4 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during September, however there were 7 shifts in September where CSPs moved staff between wards for part or a whole shift to maintain safe care. A further 4 shifts are noted where a ward reported being short of staff, however patient safety was not compromised.

### 3.1 General Staffing Information

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

3.1.2 7 out of 23 inpatient wards closed beds at various points during September. An average of 4.1 beds were closed each day, the lowest recorded. Reasons cited for closures are infectious patient in bay restricting the use of other beds. There were a small number closed at times due to acute staff sickness and fluctuations in patient dependency and acuity.

3.1.3 For the inpatient wards, registered and non-registered vacancies for September total 73 Whole Time Equivalents (WTE) a decrease from 127 in August. This breaks down to 39 (91 in August) registered nurse (RN) vacancies (4.8% of RN total). HCA vacancies number 33 (21% of HCA total) a decrease from 36 reported in August. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 109 WTE, the September position was therefore minus 36 WTE vacant posts.

3.1.4 Approximately 90 newly qualified nurses started on 28th September, they are included in the staff in post figures for September but will initially be supernumerary and on induction. At the beginning of September 10 HCA's commenced the Care Certificate.

3.1.5 There remains 17 HCA vacancies within the ICU areas and 3 within Neurosciences, recruitment has been on hold pending further work on the education pathway and local recruitment plans.

3.1.6 Due to the challenges around recruiting HCAs to the wards, we increased the numbers of candidates invited to the September assessment centre and have successfully recruited 13 candidates who are progressing through pre-employment checks with a planned start in November. An IPP HCA assessment centre is also planned for early October to recruit staff to meet the needs of their expansion plans.

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

3.1.8 With the new business cases approved for expansion and meeting the RTT plans there remains further challenges ahead to provide sufficient staff to keep pace with turnover and recruit to these new nursing posts.

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

### 4. Key Challenges

- Recruitment of HCAs in the Critical Care and Neurosciences areas.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.
- Recruit staff to meet plans for growth.

## 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 September 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 | Not confirmed yet – waiting for Microbiology to confirm |
| **MRSA Bacteraemias** | 1 | (taken 48hrs after admission) |
| **MSSA Bacteraemias** | 4 | |
| **E Coli Bacteraemia** | 0 | (taken within 48hrs of admission) |
| **D & V and other outbreaks** | 1 | Outbreak MRSA on Bumblebee (on-going) |
| **Carbopenamase resistance** | 2 | |

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** | 11 | Across a range of wards predominantly in ITU's.<br>Please note: 4 of the ulcers were on 2 patients |

5.4.1 The Trust has seen an unexpected increase in pressure ulcers in September 2015 which is currently being investigated. We treat all pressure ulcers as avoidable at present. The Tissue Viability Team are calling a meeting of specialists together to discuss pressure ulcers linked to endotracheal ventilation.
October is Tissue Viability Hot Topics Month an initiative run by the Nursing Practice Educators in collaboration with the Tissue Viability Team where all nursing staff will receive 5 key messages about pressure ulcer prevention and management. This will include teaching about prevention, grading and recognition of early pressure damage.

### 5.5 Deteriorating patient

5.5.1 For the month of September, 9 emergency calls were received, 7 of which were patient related. 1 was a cardiac arrest on Badger ward and 1 a respiratory arrest on Koala Ward. The other incidents were 1 incident relate to a patient having desaturation episode during a seizure and 3 patients experiencing a either breathing or desaturation episode (low oxygen), 2 (Outpatients & Manta Ray) recovered without ICU intervention and 1 (Badger) was transferred to PICU later that day. In addition 3 patients (4 in August) had unplanned admissions to Intensive Care (Safari, Fox and Rainforest Gastro).

The resuscitation team review all 2222 calls and unplanned admissions to the ITU and noted several examples of good practice and documentation this month in relation to the management of deteriorating patients

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

There were 5 incidents reported about unsafe staffing levels on the wards:-

- 3 incidents related to staffing on Flamingo ward (CICU) due to volume and acute complexity of patients.
- 1 incident related to Bear Ward due to shortage of staff and dependency of patients
- 1 incident related to Squirrel ward due to staff sickness and 2 patients acuity.

5.6.1 It should be noted that the cardiac unit continue to experience a lot of pressures on nurse staffing levels due to the high volume of patients on the bridge to transplant programme an action plan is in place.

5.7 **Pals concerns raised by families regarding nurse staffing - 2**

Cardiac – Pals referral received from parents of patients who had had their cardiac surgery cancelled due to no being bed. No concerns raised regarding nurse staffing levels.

5.8 **Complaints re nurse safe staffing - 1**

Cardiac - formal complaint received relating to a patients cardiac surgery being cancelled late in the afternoon on the day of surgery due to lack of staff on the intensive care unit.

5.9 All issues noted in 5.4, 5.7, 5.8 and 5.10 are under investigation by the respective Head of Nursing.

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

- Overall response rate for September was 33.09% a very slight increase compared with August 2015 32.96%. (The overall target is 40% response rate increasing to 60% at the end of Quarter 4 2015/16)
- The overall percentage to recommend score is 98.1%
- For September families that were extremely likely to recommend GOSH to their friends and family equalled 276 (86.2%) and 38 (11.9%) responded as likely to recommend compared with 273 (83.5%) and 49 (15%) in August.
- 2 families provided examples praising staff about care, compassion and professionalism on Penguin and Sky. Conversely negative feedback was also received for Badger relating to staff being unprofessional about parental concerns.

## 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 September, 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 X

# Appendix 1: UNIFY Safe Staffing Submission – September 2015

| Only complete sites your organisation is accountable for | | | | | 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 (%) |
| 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 - RI | Badger Ward | 340 - RESPIRATORY MEDICINE | | 2319 | 2341.25 | 344 | 406.5 | 2067 | 2037.8 | 344 | 239 | 101.0% | 118.2% | 98.6% | 69.5% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Bear Ward | 170 - CARDIOTHORACIC SURGERY | 321 - PAEDIATRIC CARDIOLOGY | 2731 | 3060.5 | 591 | 718.15 | 2731 | 2830.9 | 341 | 347 | 112.1% | 121.5% | 103.7% | 101.8% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Flamingo Ward | 192 - CRITICAL CARE MEDICINE | | 6779 | 6987.58 | 343 | 206 | 6390 | 6433.4 | 206 | 108 | 103.1% | 60.1% | 100.7% | 52.4% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Miffy Ward (TCU) | 340 - RESPIRATORY MEDICINE | | 690 | 753.8 | 1035 | 910 | 690 | 629.6 | 690 | 503.5 | 109.2% | 87.9% | 91.2% | 73.0% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Neonatal Intensive Care Unit | 192 - CRITICAL CARE MEDICINE | | 3077 | 3512.3 | 341 | 0 | 3077 | 2680 | 0 | 0 | 114.1% | 0.0% | 87.1% | - |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Paediatric Intensive Care Unit | 192 - CRITICAL CARE MEDICINE | | 5842 | 6556.65 | 343 | 254 | 5842 | 5205.6 | 343 | 108 | 112.2% | 74.1% | 89.1% | 31.5% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Elephant Ward | 370 - MEDICAL ONCOLOGY | 823 - HAEMATOLOGY | 1633 | 1671.05 | 345 | 322 | 1380 | 1153.2 | 345 | 251.9 | 102.3% | 93.3% | 83.6% | 73.0% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Fox Ward | 303 - CLINICAL HAEMATOLOGY | 313 - CLINICAL IMMUNOLOGY and ALLERGY | 2070 | 1631 | 345 | 299 | 1932 | 1255 | 345 | 270.7 | 78.8% | 86.7% | 65.0% | 78.5% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Giraffe Ward | 313 - CLINICAL IMMUNOLOGY and ALLERGY | 350 - INFECTIOUS DISEASES | 1035 | 1116 | 345 | 208.5 | 1035 | 872.4 | 345 | 187.1 | 107.8% | 60.4% | 84.3% | 54.2% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Lion Ward | 370 - MEDICAL ONCOLOGY | 303 - CLINICAL HAEMATOLOGY | 1633 | 1640.32 | 345 | 329.2 | 1380 | 1131.6 | 345 | 302.25 | 100.4% | 95.4% | 82.0% | 87.6% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Penguin Ward | 330 - DERMATOLOGY | 410 - RHEUMATOLOGY | 943 | 1078.6 | 345 | 615.84 | 690 | 590.2 | 345 | 97.2 | 114.4% | 178.5% | 85.5% | 28.2% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Robin Ward | 350 - INFECTIOUS DISEASES | 313 - CLINICAL IMMUNOLOGY and ALLERGY | 1968 | 1386.45 | 343 | 227.75 | 1716 | 1241.15 | 343 | 277 | 70.4% | 66.4% | 72.3% | 80.8% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Bumblebee Ward | 171 - PAEDIATRIC SURGERY | 420 - PAEDIATRICS | 2259 | 2139 | 322 | 512.8 | 1936 | 1914.85 | 645 | 516.75 | 94.7% | 159.3% | 98.9% | 80.1% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Butterfly Ward | 370 - MEDICAL ONCOLOGY | 420 - PAEDIATRICS | 2760 | 2251.25 | 345 | 618 | 2070 | 1283.9 | 345 | 277 | 81.6% | 179.1% | 62.0% | 80.3% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Eagle Ward | 361 - NEPHROLOGY | | 2216 | 2746.3 | 685 | 802.73 | 1371 | 1287.3 | 342 | 209.4 | 123.9% | 117.2% | 93.9% | 61.2% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Kingfisher Ward | 420 - PAEDIATRICS | | 1748 | 1659.4 | 897 | 552.5 | 331 | 411.1 | 0 | 32.4 | 94.9% | 61.6% | 124.2% | - |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Rainforest Ward (Gastro) | 301 - GASTROENTEROLOGY | | 943 | 910.15 | 690 | 333.75 | 690 | 662 | 690 | 302.1 | 96.5% | 48.4% | 95.9% | 43.8% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Rainforest Ward (Endo/Met) | 302 - ENDOCRINOLOGY | | 1035 | 1166.45 | 690 | 207 | 1035 | 858.7 | 345 | 291.3 | 112.7% | 30.0% | 83.0% | 84.4% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Mildred Creak | 711- CHILD and ADOLESCENT PSYCHIATRY | | 1087 | 1225 | 606 | 435.55 | 494 | 421.2 | 448 | 350.5 | 112.7% | 71.9% | 85.3% | 78.2% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Koala Ward | 150 - NEUROSURGERY | 421 - PAEDIATRIC NEUROLOGY | 3129 | 2784.6 | 330 | 389 | 3041 | 2479.6 | 330 | 98.6 | 89.0% | 117.9% | 81.5% | 29.9% |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Peter Pan Ward | 120 - ENT | 160 - PLASTIC SURGERY | 1522 | 1502.5 | 590 | 333.5 | 1431 | 1318.7 | 0 | 22.3 | 98.7% | 56.5% | 92.2% | - |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Sky Ward | 110 - TRAUMA & ORTHOPAEDICS | 171 - PAEDIATRIC SURGERY | 1916 | 1554.2 | 668 | 855.75 | 1871 | 1498.2 | 0 | 22.25 | 81.1% | 128.1% | 80.1% | - |
| RP401 | Great Ormond Street Hospital Central London Site - RI | Squirrel Ward | 171 - PAEDIATRIC SURGERY | 101 - UROLOGY | 2832 | 2478.75 | 668 | 887.25 | 2542 | 2261.87 | 0 | 22.3 | 87.5% | 132.8% | 89.0% | - |

Attachment X

## Appendix 2: Overview of Ward Nurse Staffing – September 2015

| Division | Ward | Established Bed Numbers | Registered Nursing staff: Proposed Funded Establishment | Registered Nursing staff: Staff in Post | Registered Nursing staff: Vacancies | Non Registered: Proposed Funded establishment | Non Registered: Staff in Post | Non Registered: Vacancies | Total Estabslishment | Total Vacancies | Bank Used | Net Vacant | Recruitment Pipeline: Registered Starters | Recruitment Pipeline: Non-registered Starters | Number of unsafe shifts | Average Bed Closures |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CCCR | Badger | 15 | 39.5 | 43.0 | -3.5 | 7.5 | 7.0 | 0.5 | 47.0 | -3.0 | 3.0 | -6.0 | | | 0 | 0.0 |
| | Bear | 22 | 47.7 | 49.8 | -2.1 | 9.0 | 9.0 | 0.0 | 56.7 | -2.1 | 8.4 | -10.5 | 1.0 | | 0 | 0.2 |
| | Flamingo | 17 | 121.0 | 104.4 | 16.6 | 10.8 | 3.0 | 7.8 | 131.8 | 24.4 | 22.7 | 1.7 | 3.0 | 1.0 | 0 | 0.1 |
| | Miffy (TCU) | 5 | 14.1 | 11.4 | 2.7 | 7.8 | 5.0 | 2.8 | 21.9 | 5.5 | 5.2 | 0.3 | 2.0 | 1.0 | 0 | 0.0 |
| | NICU | 8 | 51.5 | 47.0 | 4.5 | 5.2 | 0.0 | 5.2 | 56.7 | 9.7 | 8.7 | 1.0 | | 1.0 | 0 | 0.1 |
| | PICU | 13 | 83.0 | 94.9 | -11.9 | 8.9 | 3.0 | 5.9 | 91.9 | -6.0 | 10.6 | -16.6 | 8.0 | | 0 | 0.0 |
| ICI-LM | Elephant | 13 | 25.0 | 26.7 | -1.7 | 5.0 | 5.1 | -0.1 | 30.0 | -1.8 | 1.9 | -3.7 | | | 0 | 0.0 |
| | Fox | 10 | 31.0 | 28.5 | 2.5 | 5.0 | 4.9 | 0.1 | 36.0 | 2.6 | 1.1 | 1.5 | | | 0 | 0.0 |
| | Giraffe | 7 | 19.0 | 20.0 | -1.0 | 3.1 | 3.0 | 0.1 | 22.1 | -0.9 | 1.9 | -2.8 | | | 0 | 0.0 |
| | Lion | 11 | 22.0 | 23.0 | -1.0 | 4.0 | 4.0 | 0.0 | 26.0 | -1.0 | 3.8 | -4.8 | | 1.0 | 0 | 0.0 |
| | Penguin | 9 | 15.5 | 18.0 | -2.5 | 5.8 | 5.6 | 0.2 | 21.3 | -2.3 | 0.9 | -3.2 | | | 0 | 0.0 |
| | Robin | 10 | 27.2 | 26.7 | 0.5 | 4.5 | 4.9 | -0.4 | 31.7 | 0.1 | 2.7 | -2.6 | | | 0 | 0.0 |
| IPP | Bumblebee | 21 | 38.3 | 32.5 | 5.8 | 9.7 | 9.0 | 0.7 | 48.0 | 6.5 | 6.6 | -0.1 | | 1.0 | 0 | 1.3 |
| | Butterfly | 18 | 37.2 | 28.4 | 8.8 | 10.5 | 7.9 | 2.6 | 47.7 | 11.4 | 3.9 | 7.5 | 2.0 | 2.0 | 0 | 0.0 |
| MDTS | Eagle | 21 | 39.5 | 31.6 | 7.9 | 10.5 | 10.0 | 0.5 | 50.0 | 8.4 | 3.6 | 4.8 | 1.0 | | 0 | 0.1 |
| | Kingfisher | 16 | 17.1 | 15.2 | 1.9 | 6.2 | 3.8 | 2.4 | 23.3 | 4.3 | 0.6 | 3.7 | | 1.0 | 0 | 0.0 |
| | Rainforest Gastro | 8 | 17.0 | 15.0 | 2.0 | 4.0 | 4.5 | -0.5 | 21.0 | 1.5 | 3.6 | -2.1 | | | 0 | 0.0 |
| | Rainforest Endo/Met | 8 | 15.6 | 16.4 | -0.8 | 5.2 | 4.5 | 0.7 | 20.8 | -0.1 | 2.3 | -2.4 | | 1.0 | 0 | 0.0 |
| Neuro-sciences | Mildred Creak | 7 | 11.8 | 12.2 | -0.4 | 7.8 | 6.6 | 1.2 | 19.6 | 0.8 | 0.7 | 0.1 | | | 0 | 0.0 |
| | Koala | 24 | 48.2 | 44.3 | 3.9 | 7.8 | 5.0 | 2.8 | 56.0 | 6.7 | 4.7 | 2.1 | 2.0 | | 0 | 1.0 |
| Surgery | Peter Pan | 16 | 24.5 | 24.0 | 0.5 | 5.0 | 5.0 | 0.0 | 29.5 | 0.5 | 1.4 | -0.9 | | | 0 | 0.2 |
| | Sky | 18 | 31.0 | 25.3 | 5.7 | 5.2 | 5.0 | 0.2 | 36.2 | 5.9 | 4.7 | 1.2 | 1.0 | | 0 | 0.6 |
| | Squirrel | 22 | 43.6 | 42.6 | 1.0 | 7.0 | 6.0 | 1.0 | 50.6 | 2.0 | 6.6 | -4.6 | | | 0 | 0.7 |
| | **TRUST TOTAL:** | **319** | **820.3** | **780.9** | **39.4** | **155.5** | **121.8** | **33.7** | **975.8** | **73.1** | **109.3** | **-36.2** | **20.0** | **9.0** | **0.0** | **4.3** |

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

# GOSH NURSE SAFE STAFFING REPORT

## October 2015

## 1. Introduction

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

1.2 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'.

1.3 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.

## 2. GOSH Ward Nurse Staffing Information for Trust Board

### 2.1 Safe Staffing

2.1.1 The UNIFY Fill Rate Indicator for October is attached as Appendix 1. The spreadsheet 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.
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- 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.

2.1.2 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 October is:

| RN Day | RN Night | HCA Day | HCA Night | Total Fill Rate |
|---|---|---|---|---|
| 105 | 91 | 92 | 67 | 96 |

| **ICI – No unsafe shifts reported in October**<br>Fox and Robin Ward had reduced BMT activity and utilised 2 beds for lower dependency patients reducing nursing numbers. Elsewhere in the division there were varying levels of dependency between days and nights requiring staff to be moved between shifts and Wards across the Division to maintain safety. |
| --- |
| **Surgery No unsafe shifts reported in October**<br>Squirrel ward reports one potential unsafe shift, however contingency plans were put in place to manage the shift safely. |
| **CCCR – No unsafe shifts reported in October**<br>The Head of Nursing reports an continued increase in activity and acuity in October across the division, mainly impacting on Flamingo and Bear, this was supported by the use of additional temporary staffing however when bank shifts were unfilled, safety was maintained through skill-mix and support from staff across the ITU's. Flamingo Ward are under particular pressure, concerns raised about safety and workload has resulted in cases being cancelled when additional staff could not be sourced.<br>Miffy– Continues to use registered nurse hours to compensate for HCA shortfall (2 vacancies) on some shifts. A number of night shifts were short staffed but patients remained safely cared for.<br>NICU- Additional staffing required due to patient acuity and dependency. 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 October**<br>Eagle Ward reports staff redeployment from nights to days to staff the haemodialysis service and as a consequence closing 2 beds. Kingfisher has had an increase in activity and overnight stays requiring extra staff.<br>Rainforest Endocrine/Metabolic a variance due to patient acuity.<br>Rainforest Gastro have HCA vacancies. |
| **Neurosciences - No unsafe shifts reported in October**<br>Koala Ward - more non registered staffing during day, currently consultation in progress for HCA s to work both day and night shifts. MCU providing 1:1 special for a patient and hence the increase in registered staff on duty for days. |
| **IPP - No unsafe shifts reported in October**<br>Butterfly and Bumblebee both reported HCA's were rostered to provide maximum support during the busier day periods due to theatre cases etc. There were several unfilled Bank Nurse requests. Staff were flexed across the division to ensure patient safety. |

2.1.3 The Clinical Site Practitioners (CSPs) report that no wards were declared unsafe during October, however there were 5 shifts in total where CSPs moved staff between wards for part or a whole shift to maintain safe care.

### 3.0 General Staffing Information

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

3.0.2 There has been sustained effort over recent months to reduce the number of beds closed due to nurse staffing issues. 9 out of 23 inpatient wards closed beds at various points during October. An average of 5 beds were closed each day. Reasons cited for closures are infectious patient in bay restricting the use of other beds, also acute staff sickness and

fluctuations in patient dependency and acuity. Four beds were closed on CICU for several days due to problems with infrastructure.

3.0.3 For the inpatient wards, registered and non-registered vacancies for September total 77 Whole Time Equivalents (WTE) a slight increase from 74 in September. This breaks down to 45 (39 in September) registered nurse (RN) vacancies (5% of RN total). HCA vacancies number 32 (20% of HCA total) similar to the September position. Temporary nurses, mainly from GOSH Nurse Bank, employed on wards totalled 116 WTE, the October position was therefore 38 WTE posts above establishment. This is not unusual for this time period, as we have many new starters who are going through orientation, induction and a period of supernumerary practice, during this period Bank staff provide the backup cover. There are 18 RNs and 10 HCAs in the recruitment pipeline going through pre-employment checks.

**3.1 Vacancies and Recruitment**

3.1.1 There remains 32 HCA vacancies, an extra round of recruitment commenced in October, in addition IPP have recruited 5 HCAs for their new ward opening in April 2015.

3.1.2 As a Trust we continue to sustain recruitment against a backdrop of well publicised national nurse shortages. Turnover is currently running at 17%, several wards are at above 22%.

3.1.3 With the new business cases approved for expansion and meeting the RTT plans there remains further challenges ahead to provide sufficient staff to keep pace with turnover and recruit to existing and new nursing posts.

3.1.4 Trust staff recruited 14 nurses from a recent visit to Dublin and a visit to Cork is planned for 25th November.

3.1.5 6 Adult Nurses will commence on the new Adult RN Programme with secondment to LSBU following clinical experience to the Child Branch programme.

3.1.6 An additional Newly Registered Rotation Programme is planned for March 2016.

3.1.7 GOSH hosted a Recruitment Fair on 13th November with good attendance.

3.1.8 The new IPP Ward (Hedgehog) has started recruitment with a planned opening date of April 2016. An open day for staff is planned for 18th November.

3.1.9 Work has been completed on the revised Recruitment Literature for GOSH Wards.

3.1.10 During 2013/14, 156 Band 5 and 6 nurses were recruited to inpatient wards, with a target of 200 nurses for 2014/15 (an increase of 44 staff - 28%), 207 (an increase of 51 staff - 33%) have actually been recruited to the wards, with an additional 50 Health Care Assistants. However the impact of these additional recruits has not been fully appreciated due to the sustained levels of turnover across the Trust.

3.1.11 In addition to the above nurses a further 134 new nurses will have joined the Trust between September 2015 and January 2016, which is testament to the significant and underappreciated levels of recruitment activity targeting both newly qualified nurses (NQN) and experienced nurses and also developing a Health Care Assistant (HCA) workforce.

| Numbers | Nature | Timeframe |
|---|---|---|
| 81 | NQN (await NMC pin before able to work as a NQN) | Commenced September |
| 11 | Experienced Nurses | September |
| 14 | NQN will start late due to late exams | Before December |
| 18 | Experienced Nurses cleared to start | October - January |
| 10 | Experienced Nurses going through pre-employment | Dependant on notice period |

3.1.12 There have been and continue to be, although to a lesser extent, a number of approaches to recruitment of nursing and HCA staff. More coordinated recruitment has yielded good re-

sults. The development of the proposed Nursing Workforce Programme Board (NWPB) will address silo recruitment and seek to strengthen the overall approach to recruitment activity.

3.1.13 From recent discussions the focus has quite rightly shifted to retention of nurses. A key work-stream already being developed is to focus upon engaging with and listening to staff to understand what they appreciate and enjoy about working at GOSH, what are the factors that contribute to why staff consider and do leave – previous work undertaken by the Assistant Chief Nurse (Nursing Workforce) highlights some key areas to focus upon. While work to develop the various career pathways for staff employed at GOSH has commenced to promote '**nursing at GOSH is more than a job it's a career'**.

## 4. Key Challenges

- Recruitment and retention of HCAs.
- Recruitment of Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.
- Recruit staff to meet plans for growth.

## 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 October 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 | |
| **E Coli Bacteraemia** | 1 | |
| **D & V and other outbreaks** | 0 | |
| **Carbopenamase resistance** | 0 | |

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 a comprehensive chlorine clean.

5.4 **Pressure ulcers**

| | **Number** | **Ward** |
|---|---|---|

| Grade 3 | 0 | |
|---|---|---|
| Grade 2 | 6 | 4 Flamingo (equipment/device related), 1 Bear, 1 Sky |

5.4.1 We treat all pressure ulcers as avoidable at present. The Tissue Viability Team are covening a meeting of specialists together to discuss pressure ulcers linked to endotracheal ventilation.

5.5 **Deteriorating patient**

5.5.1 For the month of October, 13 emergency calls were received, 2 were cardiac arrests (Robin and Miffy Wards), there were no respiratory arrests. There were 6 unplanned admissions to PICU – 1 Badger ward, 2 Rainforest, Endocrine/Metabolic, 1 Rainforest Gastro and 2 from Bumblebee.

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

There were 4 incidents reported about unsafe staffing levels on the wards:-

- 1 incident related to staffing on Flamingo ward (CICU) due to volume and acute complexity of patients.
- 3 incidents related to Squirrel ward due to short notice acute staff sickness and patients acuity.

5.6.1 It should be noted that the cardiac unit continue to experience a lot of pressures on nurse staffing levels due to the high volume of patients on the bridge to transplant programme an action plan is in place.

5.7 **Pals concerns raised by families regarding nurse staffing - 3**

Sky Ward – parent reported nurses being stretched and could not give their full attention to their child. Squirrel Ward – concern over administration of medicines and timing. Bear Ward – child discharged and subsequently re admitted. On each occasion a Senior Nurse from the Division met with the parent.

5.8 **Complaints received regarding nurse safe staffing - 0**

5.9 All issues noted in 5.6, 5.7 and 5.10 are under investigation by the respective Head of Nursing.

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

- Overall response rate for October was 17% (September 33.09%), the drop in responses is associated with including the day case areas in the total. The overall target is 40% response rate increasing to 60% at the end of Quarter 4 2015/16.
- The overall percentage to recommend score is 98.3%.
- For October families that were extremely likely to recommend GOSH to their friends and family equalled 460 (89%) (276 (86.2%) for September) and 44 (8.6%) (38 (11.9%) for September) likely to recommend.
- Many comments were received regarding the friendliness of staff, several comments received regarding waiting for medications and treatment.

## 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 October, 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 X

# Appendix 1: UNIFY Safe Staffing Submission – October 2015

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

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

**Period:** October_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**

Only complete sites your organisation is accountable for

| Validation alerts (see control panel) | Hospital Site Details | | | Main 2 Specialties on each ward | | Day | | | | Night | | | | Day | | Night | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Registered midwives/nurses | | Care Staff | | Registered midwives/nurses | | Care Staff | | | | | |
| | Site code *The Site code is automatically populated when a Site name is selected | Hospital Site name | Ward name | Specialty 1 | Specialty 2 | Total monthly planned staff hours | Total monthly actual staff hours | Total monthly planned staff hours | Total monthly actual staff hours | Total monthly planned staff hours | Total monthly actual staff hours | Total monthly planned staff hours | Total monthly actual staff hours | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Badger Ward | 340 - RESPIRATORY MEDICINE | | 2392 | 2348.5 | 356 | 368 | 2139 | 2227.7 | 356 | 162.7 | 98.2% | 103.4% | 104.1% | 45.7% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Bear Ward | 170 - CARDIOTHORACIC SURGERY | 321 - PAEDIATRIC CARDIOLOGY | 2852 | 3410.25 | 609 | 502.45 | 2852 | 3005.8 | 356 | 359.2 | 119.6% | 82.5% | 105.4% | 100.9% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Flamingo Ward | 192 - CRITICAL CARE MEDICINE | | 6951 | 7488.08 | 352 | 349.5 | 6541 | 6977.25 | 193 | 118.8 | 107.7% | 99.3% | 106.7% | 61.6% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Miffy Ward (TCU) | 340 - RESPIRATORY MEDICINE | | 713 | 1033.65 | 1069 | 802.25 | 713 | 649.1 | 713 | 595.65 | 145.0% | 75.0% | 91.0% | 83.5% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Neonatal Intensive Care Unit | 192 - CRITICAL CARE MEDICINE | | 3208 | 3854.5 | 356 | 115 | 3208 | 3219.05 | 0 | 64.8 | 120.2% | 32.3% | 100.3% | - |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Paediatric Intensive Care Unit | 192 - CRITICAL CARE MEDICINE | | 6060 | 6621.3 | 356 | 299 | 6060 | 5561.5 | 356 | 86.4 | 109.3% | 84.0% | 91.8% | 24.3% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Elephant Ward | 370 - MEDICAL ONCOLOGY | 823 - HAEMATOLOGY | 1679 | 1611.35 | 356 | 306.2 | 1426 | 1227.25 | 356 | 228.9 | 96.0% | 86.0% | 86.1% | 64.3% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Fox Ward | 303 - CLINICAL HAEMATOLOGY | 313 - CLINICAL IMMUNOLOGY and ALLERGY | 2090 | 1781.55 | 348 | 310.5 | 1933 | 1417.3 | 348 | 249.8 | 85.2% | 89.2% | 73.3% | 71.8% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Giraffe Ward | 313 - CLINICAL IMMUNOLOGY and ALLERGY | 350 - INFECTIOUS DISEASES | 1066 | 1263.9 | 355 | 222 | 1066 | 725.7 | 355 | 187.8 | 118.6% | 62.5% | 68.1% | 52.9% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Lion Ward | 370 - MEDICAL ONCOLOGY | 303 - CLINICAL HAEMATOLOGY | 1675 | 1678.6 | 355 | 340.7 | 1423 | 1008.6 | 355 | 243.9 | 100.2% | 96.0% | 70.9% | 68.7% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Penguin Ward | 330 - DERMATOLOGY | 410 - RHEUMATOLOGY | 948 | 1090.97 | 350 | 573.25 | 700 | 656.8 | 350 | 10.8 | 115.1% | 163.8% | 93.8% | 3.1% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Robin Ward | 350 - INFECTIOUS DISEASES | 313 - CLINICAL IMMUNOLOGY and ALLERGY | 1993 | 1628.5 | 349 | 310.5 | 1746 | 1276.9 | 349 | 318.75 | 81.7% | 89.0% | 73.1% | 91.3% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Bumblebee Ward | 171 - PAEDIATRIC SURGERY | 420 - PAEDIATRICS | 2433 | 2388.25 | 347 | 621 | 2085 | 2016.55 | 695 | 645.9 | 98.2% | 179.0% | 96.7% | 92.9% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Butterfly Ward | 370 - MEDICAL ONCOLOGY | 420 - PAEDIATRICS | 2852 | 2241.5 | 356 | 566.5 | 2139 | 1313.5 | 356 | 264.8 | 78.6% | 159.1% | 61.4% | 74.4% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Eagle Ward | 361 - NEPHROLOGY | | 2136 | 2846.5 | 665 | 761.5 | 1331 | 1255.6 | 332 | 220.2 | 133.3% | 114.5% | 94.3% | 66.3% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Kingfisher Ward | 420 - PAEDIATRICS | | 1776 | 1748.45 | 914 | 521.15 | 312 | 410.4 | 0 | 33.1 | 98.4% | 57.0% | 131.5% | - |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Rainforest Ward (Gastro) | 301 - GASTROENTEROLOGY | | 966 | 1067.05 | 713 | 274.75 | 713 | 751.3 | 713 | 335.9 | 110.5% | 38.5% | 105.4% | 47.1% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Rainforest Ward (Endo/Met) | 302 - ENDOCRINOLOGY | | 1069 | 1293 | 713 | 287.5 | 1069 | 897.8 | 356 | 166.9 | 121.0% | 40.3% | 84.0% | 46.9% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Mildred Creak | 711- CHILD and ADOLESCENT PSYCHIATRY | | 1116 | 1291 | 612 | 599.45 | 507 | 465.1 | 454 | 421.9 | 115.7% | 97.9% | 91.7% | 92.9% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Koala Ward | 150 - NEUROSURGERY | 421 - PAEDIATRIC NEUROLOGY | 3135 | 2970.29 | 332 | 491 | 3028 | 2627.5 | 332 | 76.3 | 94.7% | 147.9% | 86.8% | 23.0% |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Peter Pan Ward | 120 - ENT | 160 - PLASTIC SURGERY | 1575 | 1612.5 | 609 | 460 | 1460 | 1348.65 | 0 | 0 | 102.4% | 75.5% | 92.4% | - |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Sky Ward | 110 - TRAUMA & ORTHOPAEDICS | 171 - PAEDIATRIC SURGERY | 1886 | 2065.28 | 660 | 992 | 1833 | 1519.4 | 0 | 0 | 109.5% | 150.3% | 82.9% | - |
| | RP401 | Great Ormond Street Hospital Central London Site - RI | Squirrel Ward | 171 - PAEDIATRIC SURGERY | 101 - UROLOGY | 2954 | 3055.22 | 701 | 637 | 2649 | 2468.32 | 0 | 100.7 | 103.4% | 90.9% | 93.2% | - |

Attachment X

## Appendix 2: Overview of Ward Nurse Staffing – October 2015

| | | | Registered Nursing staff | | | Non Registered | | | | | | | Recruitment Pipeline | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Division | Ward | Established Bed Numbers | Proposed Funded Establishment | Staff in Post | Vacancies | Proposed Funded establishment | Staff in Post | Vacancies | Total Estabslishment | Total Vacancies | Bank Used | Net Vacant | Registered Starters | Non-registered Starters | Number of unsafe shifts | Average Bed Closures |
| CCCR | Badger | 15 | 39.5 | 34.6 | 4.9 | 7.5 | 6.7 | 0.8 | 47.0 | 5.7 | 2.9 | 2.8 | 0.0 | 0 | 0 | 0.0 |
| | Bear | 22 | 47.7 | 48.8 | -1.1 | 9.0 | 10.4 | -1.4 | 56.7 | -2.5 | 8.8 | -11.3 | 2.0 | 0 | 0 | 0.0 |
| | Flamingo | 17 | 121.0 | 102.0 | 19.0 | 10.8 | 3.0 | 7.8 | 131.8 | 26.8 | 25.7 | 1.1 | 4.0 | 1 | 0 | 0.2 |
| | Miffy (TCU) | 5 | 14.1 | 13.4 | 0.7 | 7.8 | 5.5 | 2.3 | 21.9 | 3.0 | 6.0 | -3.0 | 0.0 | 1 | 0 | 0.0 |
| | NICU | 8 | 51.5 | 47.8 | 3.7 | 5.2 | 2.0 | 3.2 | 56.7 | 6.9 | 12.2 | -5.3 | 0.0 | 0 | 0 | 0.0 |
| | PICU | 13 | 83.0 | 107.8 | -24.8 | 8.9 | 3.0 | 5.9 | 91.9 | -18.9 | 8.1 | -27.0 | 0.0 | 0 | 0 | 0.0 |
| ICI-LM | Elephant | 13 | 25.0 | 25.6 | -0.6 | 5.0 | 4.1 | 0.9 | 30.0 | 0.3 | 2.2 | -1.9 | 0.0 | 0 | 0 | 0.0 |
| | Fox | 10 | 31.0 | 28.1 | 2.9 | 5.0 | 4.9 | 0.1 | 36.0 | 3.0 | 2.8 | 0.2 | 0.0 | 0 | 0 | 0.2 |
| | Giraffe | 7 | 19.0 | 18.8 | 0.2 | 3.1 | 3.0 | 0.1 | 22.1 | 0.3 | 0.7 | -0.4 | 0.0 | 0 | 0 | 0.0 |
| | Lion | 11 | 22.0 | 22.8 | -0.8 | 4.0 | 3.0 | 1.0 | 26.0 | 0.2 | 2.3 | -2.1 | 0.0 | 0 | 0 | 0.0 |
| | Penguin | 9 | 15.5 | 15.8 | -0.3 | 5.8 | 5.6 | 0.2 | 21.3 | -0.1 | 3.0 | -3.1 | 0.0 | 0 | 0 | 0.2 |
| | Robin | 10 | 27.2 | 25.7 | 1.5 | 4.5 | 4.4 | 0.1 | 31.7 | 1.6 | 2.8 | -1.2 | 0.0 | 0 | 0 | 0.2 |
| IPP | Bumblebee | 21 | 38.3 | 30.4 | 7.9 | 9.7 | 9.0 | 0.7 | 48.0 | 8.6 | 8.1 | 0.5 | 4.0 | 1 | 0 | 0.5 |
| | Butterfly | 18 | 37.2 | 28.3 | 8.9 | 10.5 | 7.9 | 2.6 | 47.7 | 11.5 | 3.5 | 8.0 | 3.0 | 2 | 0 | 0.0 |
| MDTS | Eagle | 21 | 39.5 | 30.9 | 8.6 | 10.5 | 10.0 | 0.5 | 50.0 | 9.1 | 4.0 | 5.1 | 1.0 | 0 | 0 | 0.9 |
| | Kingfisher | 16 | 17.1 | 15.2 | 1.9 | 6.2 | 5.8 | 0.4 | 23.3 | 2.3 | 1.0 | 1.3 | 0.0 | 0 | 0 | 0.0 |
| | Rainforest Gastro | 8 | 17.0 | 14.9 | 2.1 | 4.0 | 3.5 | 0.5 | 21.0 | 2.6 | 3.7 | -1.1 | 3.0 | 1 | 0 | 0.0 |
| | Rainforest Endo/Met | 8 | 15.6 | 15.6 | 0.0 | 5.2 | 3.5 | 1.7 | 20.8 | 1.7 | 0.8 | 0.9 | 0.0 | 1 | 0 | 0.0 |
| Neuro-sciences | Mildred Creak | 10 | 11.8 | 12.2 | -0.4 | 7.8 | 6.6 | 1.2 | 19.6 | 0.8 | 0.4 | 0.4 | | | 0 | 0.0 |
| | Koala | 24 | 48.2 | 47.4 | 0.8 | 7.8 | 5.0 | 2.8 | 56.0 | 3.6 | 5.4 | -1.8 | | | 0 | 1.6 |
| Surgery | Peter Pan | 16 | 24.5 | 21.2 | 3.3 | 5.0 | 5.0 | 0.0 | 29.5 | 3.3 | 1.0 | 2.3 | 0.0 | 1 | 0 | 0.0 |
| | Sky | 18 | 31.0 | 25.6 | 5.4 | 5.2 | 5.0 | 0.2 | 36.2 | 5.6 | 5.1 | 0.5 | 1.0 | 1 | 0 | 1.3 |
| | Squirrel | 22 | 43.6 | 42.2 | 1.4 | 7.0 | 6.0 | 1.0 | 50.6 | 2.4 | 6.0 | -3.6 | 0.0 | 1 | 0 | 0.3 |
| | **TRUST TOTAL:** | **322** | **820.3** | **775.1** | **45.2** | **155.5** | **122.9** | **32.6** | **975.8** | **77.8** | **116.5** | **-38.7** | **18.0** | **10.0** | **0.0** | **5.4** |

Great Ormond Street Hospital for Children
NHS Foundation Trust

**Trust Board**
**25th November 2015**

| Regular report on Infection Prevention and Control<br><br>Submitted by: Dr John Hartley, DIPC | Paper No: Attachment Y |
|---|---|

**Aims / summary**
To inform Board of progress with the annual infection prevention and control plan and important issues which have arisen in IPC since last report

**Action required from the meeting**
Feedback from Board.

**Contribution to the delivery of NHS Foundation Trust strategies and plans**
Essential to achieve zero harm; minimising risk of infection is a central Trust goal

**Financial implications**
Failure to prevent or control infections leads to harm and cost.
Individual penalties may follow specific HCAIs in future.

**Who needs to be told about any decision?**
Infection prevention and control is responsibility of all staff.

**Who is responsible for implementing the proposals / project and anticipated timescales?**
Divisional and Corporate Units and all staff
Infection Prevention and Control Team.

**Who is accountable for the implementation of the proposal / project?**
Director of Infection Prevention and Control

Great Ormond Street Hospital for Children NHS Foundation Trust

**Regular Infection Prevention & Control Report to Trust Board**

**Infection Prevention and Control (IPC) management arrangements**
**Staff –** Full establishment of IPC doctor, nurse and clinical scientist; but vacancy in administration / data management. Short term support for data management being arranged but longer term dependent on IPC information management business case progress.

**Electronic infection prevention management system –**
Bid currently underway; active discussion regarding position within EPR brief.

**Antibiotic stewardship** – AMS Committee has undertaken a review of performance following an NHS England Safety Alert of 18th August, to cover the DH 'Start Smart then focus', updated Health and Social Care Act guidance on antimicrobial use and the Aug 2015 NICE guide on anti-microbial use. An action plan is in preparation.

**Health care associated infection (HCAI) statistics for financial year 2015/16, after 7 months**

1. **HCAI mandatory reporting:**

a. **MRSA bacteraemia** (Target = 0):cases = 1. Detailed analysis determined this was a contaminated blood culture not a clinical infection.
b. ***C. difficile* infection** (Target </= 14) – We have reported 5 possible cases of CDI, of which 2 were assigned to GOSH as onset after 3rd day but not determined to be due to apse in care.
c. **Methicillin sensitive *S. aureus* (MSSA) bacteraemia** (no national 'target') – 11 cases.
d. **E. coli bacteraemia** (no national 'target') – 10 cases this financial year

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

Rate per 1000 line days (after 7 months) = 1.1 (Rate last financial year = 1.3)
This is the lowest rate we have achieved so far (but still represents 37 infections this financial year)

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

A cluster of infections has been detected associated with thoracic wall surgery. Care pathway is under review.

4. **Outbreaks**

MRSA cross-transmission has occurred to 8 children on Bumblebee ward (no infections).

5. **Viral episodes and drug resistant bacteria – detections this financial year (7 months)**

| | Present on admission | Detected during admission |
|---|---|---|
| Enteric viral infection | 109 | 65 |
| Respiratory viral infection | 91 | 66 |
| MDR-GN colonisation (not carbapenemases) | 86 | 24 |
| Carbapenemase producing GN | 5 | |
| MRSA colonisation | 135 | 17 |

**We continue to remind staff regarding the need for risk assessment of every child (and family) and the continuous need to implementation of Standard and Isolation precautions.**

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

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

**All risk of cross transmission cannot be eliminated (as in the out of hospital situation).**

**Infection prevention and control regular audits and data display**
Regular planned audit cycle continues with additional results displayed on dashboard and feed back to Divisions for action. Dashboard displays will be reviewed.

**Trust wide audit report:**

| | Sept 2015 | Oct 2015 |
|---|---|---|
| Hand hygiene compliance | 99% | 97% |
| CVC insertion | 100% | 98% |
| CVC ongoing care | 90% | 90% |
| Peripheral venous catheter insertion | 85% | 86% |
| PIVC ongoing care | 98% | 92% |

**Estates and facilities**
a. Legionella control in tap water –. The Frontage Building continues to have failures and additional work is underway. Clinical risk is not high and the building is in use.

b. Implementing 'HTM 04-01 Addendum: Pseudomonas aeruginosa – advice for augmented care units.' Case surveillance and water testing continue. We continue to have difficulty co-ordinating clinical use of outlets, testing and collation of results from the currently used external companies. Implementation of in house testing has not yet been completed.

c. Critical ventilation systems –Regular verification is now scheduled in all specialised areas but requires extensive planning and does disrupt clinical areas. Estates have found it difficult to keep to schedule, In addition, non-verified lower risk areas (e.g. Bumblebee) have been found to lead to risk and regular verification is required.

d. vCJD – purchase and marking of a total new set of neurosurgical instruments is almost complete to allow implementation of NICE IPG 196 guideline, but not yet complete.

e. Heater cooler units for cardiac bypass- mycobacterium infection risk has been identified in these units (consistent with most other cardiac centres); risk reduction programmes are in place.

**Training, updates and competencies**

IPC induction is being developed and anticipated release in in early 2016. A new online learning package is now live to support clinical staff with annual infection control update.
. Clinical staff will still receive a face to face induction (provided by IPC) but updates will be locally annually and online.

Electronic recording of training will be monitored and fed back to staff at the Infection Control Committee and divisional infection control boards (when the new LMS is live- currently unavailable).
Competencies for all staff on common procedures – Individual Divisions are expected to implement this for IV line care and access; work still in progress.

J C Hartley Consultant Microbiologist and DIPC
H Dunn Lead Nurse in Infection Prevention and Control 16/11/2015

Attachment 1

Great Ormond Street Hospital for Children NHS Foundation Trust

| **Trust Board**<br>**25th November 2015** | |
|---|---|
| **Update of Standing Financial Instructions and Delegated Financial Limits**<br><br>**Submitted on behalf of:**<br>Claire Newton, Chief Finance Officer | **Paper no: Attachment 1**<br><br>*For discussion and approval* |

**Aims**

To obtain Trust Board approval for the proposed changes to the Trust's "Standing Financial Instructions" and "Scheme of Delegation - Financial Limits". These were reviewed by the Audit Committee at their November meeting and recommended for approval by the Board.

**Summary**

The Trust's **Standing Orders**, included as Annex 9 within the Constitution, permit the Chief Executive to prepare a scheme of delegation which is embodied in the Trust's **Schedule of Reservation and Delegation**. This document then includes in Section 8 the items for which authorisation is delegated through **Standing Financial Instructions** and in Section 9 provides for Directors to set out a **Detailed Scheme of Delegation** which sets out the lowest level to which a particular responsibility can be delegated**.**

The attached documents comprise the Standing Financial Instructions and the Detailed scheme of delegation for approving financial items within the Standing Financial Instructions. The proposed changes are shaded and are detailed in this covering paper.

These documents included a provision that they should be reviewed at least every two years and were last reviewed in October 2014 but at that time only changes to nomenclature were made.

The changes proposed in the November 2015 Updated version include:

- Changes to nomenclature to reflect the current governance structure
- Development of the SFIs to address responsibilities in relation to non-finance IT systems
- Some uplifts in financial limits to reflect the current level of operations (these are listed overpage)

**Action required from the meeting**

To discuss and approve the proposed changes

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

The Board is committed to achieving and demonstrating best practice in governance. These documents are a critical component of the Trust's governance processes.

**Financial implications**

No direct financial implications

**Who needs to be / has been consulted about the proposals in the paper?** CEO

**Who needs to be told about any decision** The Trust Board

**Who is responsible for implementing the proposals / project and anticipated timescales?** CFO and Company Secretary

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

Chief Executive Officer

**Attachment 1**
**Update of Standing Financial Instructions (SFIs) & Delegated Financial Limits`**

## A Background Context for these Governance documents

The **Standing Financial Instructions set out** financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the law and with any relevant Regulator's guidance in order to achieve probity, accuracy, economy, efficiency and effectiveness.

The **Scheme of Delegation of Financial Limits** sets out how transactions are delegated by the Board through the Chief Executive depending on the value of the transactions.

## B Summary of proposed changes

### B1 Schedule of Limits

It is proposed that the schedule of limits are updated as follows (in red or shaded in yellow within the draft Updated schedule of limits). The reference numbers are those used in the Schedule of Limits:

***1.6.2 & 1.6.3 Exceptions to normal budgeted expenditure approval limits***

For most expenditure items, the Board delegates authority to executives to approve expenditure commitments up to £2m. However there is a list of high cost, but routine, expenditure items which could be authorised by executives if below £3m in total. These include business rates and the NHSLA premium.

- It is proposed that the permitted exception limit for NHSLA, Business Rates is increased from £3m to £5m.
- A further explicit exception has been introduced for Factor 8 blood and High Cost Drugs, where the budgeted amounts are above the £1m limit. In practice this exception has been operating for several years and was authorised separately. It is now embodied in the Schedule of limits up to £10m per order.

***1.8 Value at which non pay expenditure which was not in the budget requires escalation and reporting to the Audit Committee***
It is proposed that this limit is increased from £100,000 to £500,000 to reflect current expenditure levels of routine operating items arising outside of the budget but which cannot be addressed through budget virement including contingency reserve virement.

***6 Increases in capital budget above the approved plan***
This has been introduced for the first time and requires the approval of the Finance and Investment Committee.

***7 Losses of equipment and property and Claims (net of NHSLA recovery)***
The approval limits for these items have not been changed for some time. It is suggested that the approval of the Audit Committee is sought if the item exceeds £500,000 but any items greater than £100,000 are reported to the Audit Committee.

***15 Clarification in relation to opening of procurement tenders***
To reflect the introduction of electronic tender processes

***15 Increase in the limit above which the Trust Board has to approve Tenders if the lowest cost tender is not accepted from £0.5m to £1m.*** In practice the procurement control processes should ensure that decisions of this sort cannot be made without full detailed justification which has to be approved by the CFO or CEO

## B2 SFIs

The narrative has been updated (shown using track changes) to reflect current governance structures.

- Narrative in relation to non-finance IT systems has been expanded
- The Quality Account has been included alongside responsibilities in relation to annual financial accounts
- A reference to charitable funds has been updated to reflect the recent agreement with the charity ***4.6.1***
- The procurement section has been updated to reference electronic tenders.

A small number of other changes have been made to assist in understanding the intentions of the document.

ATTACHMENT 2

Great Ormond Street Hospital for Children NHS Foundation Trust NHS

# Update from the Audit Committee meeting held on 5th November 2015

## Internal Audit Progress Report and Technical Update October 2015

Two final internal audit reports had been issued: NHS guidance mapping which provided 'significant assurance with minor improvement potential'; and, productivity and efficiency which provided 'partial assurance with improvement required'. It was confirmed that an internal review of productivity and efficiency had identified a number of the issues raised and processes were being put in place to address them. It was noted that these processes had been introduced since April 2015 and were still becoming embedded at the time of the audit.

## Internal and external audit recommendations – update on progress

It was noted that all recommendations from 2013/14 had been closed and one recommendation was outstanding from 2014/15 about productivity and efficiency programme documentation. It was agreed that further information would be provided about the assurance required for an action to be closed and that the internal auditors would review the work in future, prior to sign off. The Committee noted that the scope of internal audit would be reviewed following the outcome of the RTT work.

## Referral to Treatment

A review of data quality would be undertaken by KPMG which would prioritise data reported to the Board and external regulators. It was noted that when auditors had been required to review the 18 week referral to treatment incomplete pathway data across the NHS, approximately 60% of Trust's had received qualifications on their data.

It was reported that although good progress was being made on key enabling actions, there was a risk of slippage in the timelines of treating long waiting patients driven by the unknown gap in capacity. It was confirmed that fortnightly tripartite meetings were taking place with Monitor and NHS England.

## Risk 9: Update on planning and delivery of EPR programme

The Trust was in the initial stage of the Electronic Patient Record (EPR) programme which would run until the end of January 2016. Work on data cleansing and standardisation of practice had been added to the process and it was emphasised that it was important to be be clear about the benefits realisation and where this would be delivered. The Committee welcomed the early meetings being held with the relevant system vendors to assess what was required in terms of readiness. A Board seminar would be held to ensure the Trust Board could provide input prior to the Business Case being considered in 2016.

## Board Assurance Framework Update and Presentation of high level risks (including issues arising from the RACG)

The Risk Assurance and Compliance Group (RACG) had reviewed risks and their controls and the assurances had been updated at their last meeting. Further work would take place to reflect the consideration that was given to Serious Incidents within the BAF.

It was agreed that a BAF workshop would take place with the Committee, led by a Non-Executive Director to review the BAF and agree risk appetite and initial gross and net risk ratings. The Committee agreed that it was vital that scrutiny of the process did not surpass monitoring of the individual risks.

**Update on business continuity planning and assurances on 'live' testing plans**

The good progress made by GOSH in this area had been recognised by NHS England who had provided positive feedback on a recently submitted report.

**Risk Management Report**

A reduction was reported in compliance with risk management standards due to a change of Chair for some Risk Action Groups and Datix not being used. The Committee Chair expressed some disappointment with this reduction and requested an update at the next meeting.

**Debt Write Off Recommendation**

The Committee approved the debt write off recommendations and noted that improvements had been made to systems and processes around lab testing to reduce the risk of further write offs in the area.

**External Audit Planning Report to the Audit Committee on the year ending 31st March 2016 and Sector Update**

The Committee noted that it was likely that risk areas including the 18 week referral to treatment incomplete pathway and data quality would receive additional focus following publication of guidance from the National Audit Office.

The issue of 'going concern' would become more pertinent with time, given the NHS environment and the Committee was advised to provide a full and detailed disclosure of risk as had been done in 2014/15.

The Committee agreed that it was important for the external auditors to continue to review the level of IPP debt due to the significant amounts of debt outstanding at the time of review, despite the fact the level of write off fell below the judged level of materiality.

**Counter Fraud Update**

The Committee discussed the results of the fraud and bribery awareness survey that was conducted in April 2015 and noted that 43% of staff rated fraud controls as strong. It was agreed that profiles of departments where negative feedback had been given would be provided. It was noted that results in other areas of the survey were very positive.

**Update of Standing Financial Instructions and Delegated Financial Limits**

The Committee recommended the amendments made to the Trust Board for approval.

**Salary Overpayment Report**

It was reported that there had been no changes trend and value of overpayments. He confirmed that all possible action was taken to escalate the amounts and payment plans had been initiated in all cases.

**Brief of upcoming audits by regulators**

It was reported that an Information Commissioners Office (ICO) audit was due to be undertaken and GOSH was providing input to an audit of specialist commissioning.

ATTACHMENT 3

Attachment 3

Great Ormond Street Hospital for Children NHS Foundation Trust

**Update from the Clinical Governance Committee meeting held on 19th October 2015**

Update on Gastroenterology Review

The final report from the external review had been received in September with a key recommendation being to commission clinical reviews into the treatment of patients with two specific conditions. This was likely to take longer than the required timeframe. The Committee welcomed the actions that were being taken and agreed that a reduction in complaints and PALS contacts and a defined, nationally agreed investigation protocol would be the measurement of improvement for the team.

Update on Referral to Treatment

It was reported that validation of patient pathways had begun and the Trust was continuing to recruit validators. Focus was being placed on patients who had waited over 40 weeks with a view to securing dates to be seen by the end of November 2015. High numbers of long waiters had been found in Surgery and it was possible that commissioners would be asked to seek additional capacity at other centres in particular specialties. The Committee noted that there were additional long waiters emerging in diagnostics and these patients were being validated on an individual basis. It was agreed that the Chairman of the CGC would be kept updated on the work to review potential harm in long waiting patients.

The Committee discussed the benefits of reviewing the overall mix of patients accepted at GOSH and the current mismatch between capacity and demand. The Committee noted the work that was being done around ‘clinic cashup’ to ensure that issues were resolved going forward.

Overview of Quality and Safety Impact Assessments of P&E programme

It was reported that the current process required a review to ensure delivery of the quality and quantity of quality impact assessments (QIAs) undertaken. Actions had been agreed to complete 2015/16 QIAs, however new processes would be implemented in 2016/17.

It was reported that a Trust wide strategy was required for holding vacancies as a result of P&E schemes. It was confirmed that any quality and safety issues which arose as a result of implementing productivity and efficiency schemes would be reported to the Committee.

Performance Report – August 2015

The Committee agreed that it was critical to keep beds open in the approach to winter however it was reported that there had been an increase in the number of requests to close beds due to recruitment and retention of nurses. The Committee agreed that work to recruit and retain nurses was vital and was key to beds remaining open. It was noted that a number of actions took place before the decision was made to close a bed and all bed closures were required to be signed off by the Interim Chief Operating Officer.

GOSH Hospital Play Service

The Committee agreed that the research into the importance of play in hospital should be included in the report. Discussion took place around the service continuing to be funded by the Charity and the potential vulnerability of this funding. It was suggested that the service should be part of a broader psychosocial service including the hospital school.

Assurance Framework

The Committee discussed whether a specific quality risk should be added to the Board Assurance Framework or whether it was sufficient to consider quality as a contributing factor to each of the existing risks.

It was suggested that the Assurance Framework should be looked at as a whole to determine if the relative ratings of risks were appropriate.

BAF Risk 1: All patients at all times receive safe medical cover

It was reported that new roles had been introduced within the last two months which had allowed extended working days in some specialties and a greater number of senior staff were present until later in the evenings. A Junior Doctor satisfaction audit would be undertaken once the roles had been embedded. It was noted that positive feedback had been received from HENCEL and feedback from Junior Doctors had improved.

Update on CQC inspection report

The Committee noted that the CQC report continued to be delayed..

Summary of changes to key management subcommittees at GOSH (patient safety and experience)

It was reported that the Patient Safety and Outcomes Committee (PSOC) had been developed to strengthen assurance and maintain the learning function that had previously been provided by the Learning, Implementation and Monitoring Board (LIMB).

The changes to the Patient and Family Experience and Engagement Committee (PFEEC) had been made in order to strengthen the reporting connections between committees to better capture the whole patient experience.

The Committee discussed the way in which learning is disseminated throughout the Trust along with learning outcomes from issues arising at other organisations.

Internal Audit Progress Report – October 2015

It was agreed that the IT infrastructure review which had been provisionally issued as ‘amber-red’ would be discussed by the committee.

The Committee noted that all internal and external audit recommendations from 2014/15 relevant to the Clinical Governance Committee had been implemented.

Clinical Audit update July – September 2015

It was reported that there was work to be done around the consent form changeover in older children and around Gillick Competence. Some families had been changing their mind about consent prior to treatment so it is important to review the quality of the consent process.

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

- Update on the gastroenterology review
- New committees structure and its impact on the Clinical Governance Committee
- Referral to Treatment discussion update
- Work on therapeutic play

ATTACHMENT 4

Attachment 4

Great Ormond Street Hospital for Children NHS Foundation Trust

**Update from the Finance and Investment Committee meeting held on 5th November 2015**

**Half year results including Forecast for the year to Mar 2016**
The Committee discussed the Trust's financial performance for M1-M6 as well as the forecast for the year to March 2016 which was £0.3m below plan. The forecast outturn includes estimated costs for the Access Improvement project.

**Capital forecast and Bernard Street lease**
The Committee approved an increase in Trust funded capital expenditure of £1m and also approved the budget being exceeded by £1.551m.

The Committee also approved the lease for Bernard Street office space.

**Productivity and Efficiency**
The committee was advised that £4.6m of efficiency schemes had been started and are now considered unstoppable. The forecast delivery was £8m-£9m.

**International and Private Patients**
The Committee discussed the review of the first half year, an update on the progress of the capacity expansion project and the progress on renewal of the Education contract.

**Debtors and Stock review**
The Committee discussed the level of overdue debt and reasons for the increase in IPP debt.
The mid-year stock take results were presented to the Committee and there was a discussion on effective stock management processes.

**Mortuary and Chiller Plant Installation - OBC**
The Committee approved the Outline Business Case for the Mortuary project and was advised that a funding request was being submitted at the February meeting of the Charity Grants Committee.

The Committee agreed to recommend approval for the Chiller Plant Installation to the Trust Board conditional on affordability.

**Benchmarking data**
The Committee discussed some of the reasons and drivers for the Trust's high cost base compared with other similar NHS organisations and strategies for the Trust to get back to a break even position and work with Commissioners in order to remain sustainable.

**External financial environment**
The Committee discussed the current tariff proposals and the impact on paediatric hospitals.