Great Ormond Street Hospital for Children NHS Foundation Trust

Meeting of the Trust Board
28th September 2016

Dear Members

There will be a public meeting of the Trust Board on Wednesday 28th September 2016 at 11:30am in the **Charles West Room**, Great Ormond Street, London, WC1N 3JH.

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

AGENDA

	Agenda Item **STANDARD ITEMS**	Presented by	Author
1.	**Apologies for absence**	Chairman	**Verbal**
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.			
2.	**Minutes of Meeting held on 20th July 2016**	Chairman	**A**
3.	**Matters Arising/ Action Checklist**	Chairman	**B**
4.	**Chief Executive Report** • **Biomedical Research Centre**	Chief Executive	**Verbal**
5.	**Patient story**	Chief Nurse	**C**
	STRATEGIC ISSUES		
6.	**Referral to Treatment Time (RTT): Returning to Reporting**	Deputy Chief Executive	**D**
7.	**Redevelopment Progress Report**	Director of Development	**E**
	PERFORMANCE		
8.	**Quality and Safety Update – 31 August 2016** **Staff Friends and Family Test results – Quarter 1 2016/17**	Medical Director / Chief Nurse Director of HR and OD	**F** **G**
9.	**Integrated Performance Report: 31 August 2016**	Deputy Chief Executive	**J**
10.	**Workforce Metrics & Exception Reporting – 31 August 2016** **Mandatory Training and PDR Appraisals Update**	Director of Human Resources &OD	**I** **S**
11.	**Finance Update – 31 August 2016**	Chief Finance Officer	**H**

	ASSURANCE		
12.	**Nursing Skill Mix and Ward Establishment**	Chief Nurse	**K**
13.	**Safe Nurse Staffing Report – July and August 2016** **GOSH Nursing Workforce Rules**	Chief Nurse Chief Nurse	**L** **R**
	GOVERNANCE		
14.	**Quarter 2 NHSI Return (3 months to 30 September 2016)**	Chief Finance Officer	**M**
15.	**Schedule of Matters Reserved for the Trust Board and Members' Council**	Company Secretary	**N**
	REPORTS FROM COMMITTEES		
16.	**Quality and Safety Assurance Committee update – July 2016 meeting**	Chair of the Quality and Safety Assurance Committee	**P**
17.	**Finance and Investment Committee Update – August 2016**	Chair of the Finance and Investment Committee	**Q**

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

Next meeting
The next Trust Board meeting will be held on Wednesday 7th December 2016 in the Charles West Room, Great Ormond Street, London, WC1N 3JH.

ATTACHMENT A

Attachment A

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT Minutes of the meeting of Trust Board on 20th July 2016

Present

Baroness Tessa Blackstone	Chairman
Dr Peter Steer	Chief Executive
Mr Akhter Mateen	Non-Executive Director
Ms Mary MacLeod	Non-Executive Director
Mr David Lomas	Non-Executive Director
Professor Stephen Smith	Non-Executive Director
Professor Rosalind Smyth	Non-Executive Director
Mr Charles Tilley	Non-Executive Director
Ms Nicola Grinstead	Deputy Chief Executive
Dr Vinod Diwakar	Medical Director
Mr Ali Mohammed	Director of Human Resources and OD
Ms Juliette Greenwood	Chief Nurse
Ms Loretta Seamer	Chief Finance Officer

In attendance

Mrs Claire Newton	Interim Director of Strategy and Planning
Mr Matthew Tulley	Director of Redevelopment
Ms Cymbeline Moore	Director of Communications
Professor David Goldblatt*	Director of Research and Innovation
Ms Emma Pendelton	Deputy Director of Research and Innovation
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Mr Simon Hawtrey-Woore	Members' Council (observer)
Mr Ashley Rogers	Member of Staff (observer)
One member of the public	

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

46	**Apologies for absence**
46.1	No apologies for absence were received.
47	**Declarations of Interest**
47.1	No declarations of interest were received.
48	**Minutes of Meeting held on 20th May 2016**
48.1	The minutes of the previous meeting were **approved.**
49	**Matters Arising/ Action Checklist**
49.1	The actions that had been taken were **noted.**
50	**Chief Executive Report**
50.1	Dr Peter Steer, Chief Executive gave an update on the following matters:

	• Biomedical Research Centre (BRC) bid: An interview had taken place earlier in the week as part of the bid. The outcome would be announced in September 2016. • Paediatric congenital heart disease services: An announcement had been made by NHS England that specialist cardiac services would no longer be commissioned from three Trusts in London. GOSH had offered support to NHS England on this work and the Children's Alliance network of paediatric hospitals had agreed to write offering their support. A national review of paediatric ICU provision was also taking place which provided opportunities for GOSH. The Trust would be involved in this work for the next six months. • A costing exercise undertaken by PwC was coming to an end and GOSH was satisfied with the outcome which had provided good evidence that the Trust was efficient and would support GOSH in tariff discussions with NHS England. • A name change had been agreed for the Institute of Child Health which would now become the 'UCL Great Ormond Street Institute of Child Health'.
51	**Board Assurance Framework**
51.1	<u>Update from Risk Management Meeting on 20th July 2016</u>
51.2	Mr Charles Tilley, Non-Executive Director said that a positive risk management meeting had taken place that morning which had shown excellent progress with the risk framework since the 2015 meeting.
51.3	Mr Tilley said that discussions had highlighted the uncertainty of the external environment and the importance of ensuring that GOSH's strategy was aligned with that of the NHS as a whole. The importance of a risk escalation process was emphasised along with embedding a risk culture and ensuring that escalation took place when risks were scored higher than the agreed risk appetite.
51.4	The Board welcomed the good progress.
52	**Access Improvement Programme Update**
52.1	Ms Nicola Grinstead, Deputy Chief Executive said that anomalies had been found in 2015 in the way the Trust was reporting RTT data and the decision had been made by the Board to pause reporting while data was reviewed to ensure that patients had not come to any harm. Revised processes had been developed through tripartite meetings with NHS Improvement, NHS England and the CQC.
52.2	GOSH was currently tracking ahead of the agreed trajectory and work was taking place to agree how 'business as usual' would be resumed particularly how training would be delivered to all relevant staff to ensure that improvements were sustained. A standard operating procedure would be published and audits would take place against this procedure to identify any gaps and challenges. Nationally published guidelines around returning to reporting had been reviewed and the Trust was working with NHS England and NHS Improvement on the way these would be applied.
52.3	Ms Grinstead said that the Trust was in a strong position to return to reporting and would be meeting with commissioners to agree the timeline.
52.4	Baroness Blackstone, Chair congratulated Ms Grinstead and her team for the

	significant work to improve performance.
53	**North Central London Sustainability and Transformation Plan (STP)**
53.1	Mrs Claire Newton, Interim Director of Strategy and Planning presented the document and said that although specialist Trusts would not be included in the STP submission it was important that all Trusts were aware of the plan; the document had been provided to all Boards in the North Central London region. Mrs Newton said that although specialist paediatric services were not included in discussions, issues that were discussed such as deprivation did affect children.
53.2	Dr Peter Steer, Chief Executive said that NHS England London region had developed a strategy to address issues for specialist Trusts which included a specialist STP Board. Dr Steer said that following discussions, it had been agreed that GOSH would be represented on the Board at meetings in which matters affecting paediatric services were discussed.
53.3	The Board discussed the NHS England five year forward view which had limited mention of paediatrics despite the potential for significant changes to the way paediatric services would be provided in that time. Baroness Blackstone, Chairman suggested it was important for GOSH to play a national role in leading this debate.
54	**Quality and Safety Update – June 2016**
54.1	Dr Vinod Diwakar, Medical Director presented the paper. Dr Diwakar highlighted the increase in unplanned readmissions to Cardiac ICU from wards and said that there had been an increase in patient acuity and although it had been found that little could be done clinically to reduce these readmissions, more work could be done to support staff caring for very sick patients on wards.
54.2	Dr Diwakar said that a serious incident had taken place in the CAMHS service which had highlighted a culture in the area that had accepted physical assaults on staff by very unwell patients. Dr Diwakar said that there was work to be done to make it clear that this was unacceptable.
54.3	**Action:** Ms Mary MacLeod, Non-Executive Director said that discussion had taken place at the Quality and Safety Assurance Committee (QSAC) around whether GOSH should lead in highlighting the gap in tier 4 mental health services. Dr Peter Steer, Chief Executive said that a call to tender for these services had been expected but there had already been considerable delays. It was agreed that work would take place to investigate the status of the tender and to give consideration to highlighting the gap in services. It was agreed that an update and recommendation on these matters would be provided at the next meeting.
54.4	Dr Diwakar said that the first Never Event for more than a year had occurred which involved the delivery of medication through a misplaced nasogastric tube. It was confirmed that the patient involved was recovering and a full RCA and SI investigation would be undertaken, the results of which would be considered at the Quality and Safety Assurance Committee.
54.5	Professor Rosalind Smyth, Non-Executive Director highlighted that the Never Event and one other Serious Incident had appeared to have occurred due to incorrect interpretation of imaging. Dr Diwakar confirmed that these were separate incidents with no links between the cases.

55	**Integrated Performance Report: May / June 2016**
55.1	**Action:** Ms Nicola Grinstead, Deputy Chief Executive presented the performance report in its new format and it was agreed that future reports would be provided in A3 size.
55.2	Discussion took place around the timing of the information in the report and it was noted that current month data provided in the report would, in some cases be subject to validation and change in future months.
55.3	**Action:** It was agreed that the following information would be included on the scorecard: • Nurse vacancies • Cancelled outpatient appointments • ITU referrals not accepted due to capacity
55.4	The Board welcomed the improved format of the report.
56	**Workforce Metrics & Exception Reporting – June 2016**
56.1	Mr Ali Mohammed, Director of HR and OD said that there had been a slow increase in mandatory training compliance across the Trust. He added that training continued to be reviewed to ensure that relevant, high quality training was provided for all staff.
56.2	**Action:** It was agreed that WTE trend data would be included in future reports.
56.3	**Action:** Discussion took place about PDR rates which were very low in some areas. Baroness Blackstone, Chairman requested that a report be provided on the action that was being taken for those areas with performance less than 50% and suggested that these areas be asked to submit an action plan for improvement.
56.4	**Action:** It was agreed that a deep dive would be reported to the Board on the turnover in a particular staff area including the trend over previous years and the profile of the workforce.
56.5	Mr Charles Tilley, Non-Executive Director noted that within the medical directorate, there was a 27% vacancy rate and a 0% use of agency staff. He queried the necessity of posts that did not require cover when vacant. Dr Vin Diwakar, Medical Director said that the relevant posts had not been appropriate for agency cover and had since been recruited to.
57	**Finance Update - June 2016**
57.1	Ms Loretta Seamer, Chief Finance Officer said that GOSH had now accepted an amended control total proposed by NHS Improvement and based on this acceptance the Trust was able to access Sustainability and Transformation Funds (STF) of £2.4 million if the control total was met. Ms Seamer said that GOSH had been required to resubmit its 2016/17 plan which included an increase in IPP income and Productivity and Efficiency of £0.4million each in order to reach the control total of £6.3million deficit.
57.2	The Trust was currently £1.9million ahead of plan but a more in depth look at risks over the next nine months would be required. Ms Seamer said that a new

	forecasting tool had been implemented and this would be used to review the financial forecast in future months.
57.3	Mr Charles Tilley, Non-Executive Director noted that IPP debtors continued to increase and Ms Seamer said that a new process for escalation had been implemented which included new triggers for escalation.
57.4	**Action:** Mr Akhter Mateen, Non-Executive Director noted that a £3.6million payment had been received but that this was in relation to new rather than old IPP debt. It was agreed that this would be discussed at the next meeting.
57.5	**Action:** Mr David Lomas, Non-Executive Director requested that the Finance Report include further information/charts on patient activity trends for NHS and IPP separately.
58	**Research and Innovation Update – July 2016**
58.1	Professor David Goldblatt, Director of Research and Innovation said that there was a predicted increase of £3million in research income for 2016/17. He said that Britain's exit from the EU was a significant risk and was likely to affect GOSH's leading role within networks as well as enrolling European patients on trials and EU patients being seen at GOSH for pioneering therapies.
58.2	**Action:** It was agreed that the research presentation that was provided to the Board in July 2015 would be recirculated which showed the citation impact of GOSH and ICH research papers.
58.3	**Action:** It was agreed that information would be provided to the Chairman about potential research impact of the EU exit for use in a meeting with external stakeholders.
58.4	The Board congratulated Professor Lynn Chitty and Dr Kate Brown for their excellent research projects and welcomed the case studies provided in the paper.
59	**Education Annual Report 2015/16**
59.1	Mr Ali Mohammed, Director of HR and OD highlighted the increase in education supervisors which had previously been an issue for the Trust. He said that GOSH was seen as a leading Trust in terms of apprenticeships and a valuable collaboration had taken place with Morgan Stanley around mentoring. An internal audit report on education had provided helpful recommendations.
59.2	Mrs Mary MacLeod, Non-Executive Director said that the Quality and Safety Assurance Committee (QSAC) had discussed the risk of being unable to recruit sufficient nurses and although it was clear that a lot of mitigating action was taking place, a serious risk remained with a number of issues outside the Trust's control.
59.3	Baroness Blackstone, Chairman said that the Trust had a long term partnership for nurse recruitment with Southbank University and asked how GOSH was working to increase these partnerships. Ms Juliette Greenwood said that the Trust was now taking nursing students from other universities on placements and broadening relationships.
59.4	Dr Vinod Diwakar, Medical Director said that following a critical report by Health

	Education North Central and East London in 2014/15, significant work had taken place to ensure that GOSH was now achieving the required standards in all areas that had been inspected. Strong educational leadership was in place and a good relationship had been developed with Junior Doctors. A further review from HENCEL reflected the action which had been taken to remove GOSH from 'special measures'.
59.5	**Action:** Professor Rosalind Smyth, Non-Executive Director expressed some disappointment at the report and suggested that the report did not reflect the Trust's aspiration to be the world's leading children's hospital. She said that further work was required to include the ways in which GOSH aspired to be innovative. Professor Smyth requested a strategic education plan by November 2016 and this was agreed.
59.6	**Action:** It was agreed that the Director of PGME, Sanjiv Sharma and Associate Head of Education Lynn Shields would be invited to a future Trust Board meeting to give an update on work that was taking place in Education.
59.7	**Action:** Baroness Blackstone, Chairman, requested that work take place to consider the scope of international education work. She said that this was both a global contribution and a commercial opportunity.
60	**Safe Nurse Staffing Report – May and June 2016**
60.1	**Action:** Ms Juliette Greenwood, Chief Nurse said that new guidance had been published on the Board's responsibilities in terms of safe nurse staffing and said that the next report would provide an update on the change of focus required.
60.2	Ms Greenwood said that May 2016 had seen an overall improvement in fill rate however there had been an increase in the number of wards reporting that there were too few staff. It was confirmed that there were no unsafe shifts however staff had felt under pressure.
60.3	There had been a deterioration of the fill rate in June however it remained within the acceptable range. One shift had been declared unsafe following a review and it was confirmed that there was no harm to patients or an adverse impact on care.
60.4	There had been an increase in nurse vacancies, however 157 newly qualified nurses would be joining the Trust in September 2016 and 25 additional experienced nurses in post between July and August 2016.
60.5	Ms MacLeod said that the QSAC had identified issues with compliance with the central venous line (CVL) bundle, handwashing and mandatory training. She said that this, in addition to the increase in cancellations, raised questions about whether it was becoming difficult for staff to continue to operate at the same standard.
60.6	Ms Greenwood acknowledged the increased activity which had been created by the work to resolve the RTT issues and said that it was clear that staff did feel under pressure. She added that Datix was an important tool to escalate the times when staff did feel under significant pressure.
60.7	**Action:** The Board noted that a new and experienced Assistant Chief Nurse for Workforce was now in post and an update would be provided on the locally adapted rules for staffing numbers would be provided at the September 2016 Trust Board meeting.

61	**Annual Reports**
61.1	Infection Prevention and Control Report – Executive Summary 2015/16
61.2	Ms Juliette Greenwood, Chief Nurse said that all statutory requirements had been met and cardiac surgery surveillance had been maintained throughout the year despite the high levels of activity. Ms Greenwood said that the number of cases of MSSA bacteraemia was higher than it had been previously and work was taking place to improve this.
61.3	It was reported that a revised approach was being taken to hand hygiene audits and education with targeted work taking place.
61.4	Health and Safety Annual Report 2015/16
61.5	**Action:** Mr Ali Mohammed, Director of HR and OD said that new fire officer had been recruited to support compliance in that area. He confirmed that the QSAC would be updated on the work that was taking place to meet occupational health and safety requirements.
61.6	Clinical Audit Annual Report 2015/16
61.7	Dr Vinod Diwakar, Medical Director presented the report and confirmed that the Trust was participating in all national mandatory audits and that the audit cycle was being completed and learning implemented.
61.8	Mrs Mary MacLeod, Non-Executive Director welcomed the report coming annually to the Board and highlighted the importance of the Board continuing to have visibility of clinical audit work.
62	**Quarter 1 Monitor Return (3 months to 30 June 2016)**
62.1	Ms Loretta Seamer, Chief Finance Officer said that the return was consistent with those that had been submitted since the Trust paused RTT reporting with this area being the only 'not confirmed' response.
62.2	The Board agreed to delegate authority to the Chief Executive to approve the return once the performance data for the period had been finalised.
63	**Revised Board of Directors' Terms of Reference**
63.1	Dr Anna Ferrant, Company Secretary said that the Terms of Reference were reviewed on an annual basis and would be reviewed in light of recommendations arising from the Well Led review.
63.2	**Action:** The following amendments were agreed: • Include the Director of Communications role in the list of individuals able to attend the confidential meeting • Amendments to be made to the wording of the section around members of the public attending the public Board meetings
63.3	The Terms of Reference were **approved** subject to the above amendments.

64	**Audit Committee update – May 2016 meeting**
64.1	The Board **noted** the update which had been provided verbally at the previous meeting.
65	**Finance and Investment Committee Update – May and June 2016**
65.1	Mr David Lomas, Chair of the Finance and Investment Committee presented the update which was **noted.**
66	**Clinical Governance Committee update – July 2016 meeting**
66.1	**Action:** Ms Mary MacLeod, Non-Executive Director said that the Committee had received a patient story from a 14 year old patient and suggested that the Members' Council case studies could be considered by the QSAC to ensure that these stories were escalated to the Board. It was agreed that Ms MacLeod and the Chief Nurse would discuss this outside the meeting as it was also highlighted the importance of the committee hearing stories directly from patients and carers.
67	**Members' Council Update –June 2016**
67.1	The Trust Board **noted** the update.
68	**Any Other Business**
68.1	It was noted that it was the last Trust Board meeting for Mr Charles Tilley, Non-Executive Director, and Ms Claire Newton, Interim Director of Strategy and Planning. Baroness Blackstone, Chairman thanked them both for their hard work in support of GOSH.

ATTACHMENT B

Attachment B

TRUST BOARD – PUBLIC ACTION CHECKLIST
September 2016

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
258.1	01/04/16	The Board discussed the number of staff who declared interests and gifts and agreed that it was unlikely that all relevant interests and gifts were being declared. It was agreed that work would take place to look at making declarations of interest and receipt of hospitality part of the appraisal process.	AF&AM	November 2016	Not yet due
261.1	01/04/16	Ms Mary MacLeod, Chair of the Clinical Governance Committee said that the Committee had received a presentation from the mortality review group. She suggested that this presentation should be given at the Members' Council.	AF/ Deirdre Leyden	June 2016	To be presented at the January 2017 Members' Council meeting (due to availability of presenter)
33.3 56.2	20/05/16 20/07/16	It was agreed that future workforce reports would include the number of WTEs by staff group and the trend over time.	AM	September 2016	Item 10: On agenda
36.2	20/05/16	Dr Peter Steer, Chief Executive said that it was important to ensure that a mechanism was in place to capture FFT responses from patients coming to GOSH for the first time. The Board asked that this issue was addressed by the next report.	JG	September 2016	Item 8: On agenda
39.2	20/05/16	It was agreed that the report on the internal safeguarding review would be discussed at Board once complete.	JG	September 2016	Actioned

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
54.3	20/07/16	It was agreed that work would take place to investigate the status of the tier 4 mental health services tender and to give consideration to highlighting the gap in services. It was agreed that an update and recommendation on these matters would be provided at the next meeting.	VD	November 2016	Not yet due
55.3	20/07/16	It was agreed that the performance report would be presented in A3 format. It was agreed that the following information would be included on the scorecard: • Nurse vacancies • Cancelled outpatient appointments • ITU referrals not accepted due to capacity	NG	September 2016	Item 9: On agenda
56.3	20/07/16	Discussion took place about PDR rates which were very low in some areas. Baroness Blackstone, Chairman requested that a report be provided on the action that was being taken for those areas with performance less than 50% and suggested that these areas be asked to submit an action plan for improvement.	AM	September 2016	Item 10: On agenda
56.4	20/07/16	It was agreed that a deep dive would be reported to the Board on the turnover in a particular staff area including the trend over previous years and the profile of the workforce.	AM	November 2016	Not yet due

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
57.4	20/07/16	It was noted that a £3.6million payment had been received but that this was in relation to new rather than old IPP debt. It was agreed that this would be discussed at the next meeting.	LS	September 2016	Item 11:On agenda
57.5	20/07/16	Future finance reports to include further information/charts on patient activity trends for NHS and IPP separately.	LS	September 2016	Item 11: On agenda
58.2	20/07/16	It was agreed that the research presentation that was provided to the Board in July 2015 would be recirculated which showed the citation impact of GOSH and ICH research papers.	AF	September 2016	Presentation circulated to Board members
58.3	20/07/16	It was agreed that information would be provided to the Chairman about potential research impact of the EU exit for use in a meeting with external stakeholders.	DG	July 2016	Actioned
59.5	20/07/16	A strategic education plan was requested by November 2016 and this was agreed.	AM	November 2016	Not yet due
59.6	20/07/16	It was agreed that the Director of PGME, Sanjiv Sharma and Associate Head of Education Lynn Shields would be invited to a future Trust Board meeting to give an update on work that was taking place in Education.	VD	November 2016	Not yet due
59.7	20/07/16	The Chairman requested that work take place to consider the scope of international education work. She said that	TC/ JG/ AM	November 2016	Not yet due

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		this was both a global contribution and a commercial opportunity.			
60.1	20/07/16	Ms Juliette Greenwood, Chief Nurse said that new guidance had been published on the Board's responsibilities in terms of safe nurse staffing and said that the next report would provide an update on the change of focus required.	JG	October 2016	Not yet due
60.7	20/07/16	The Board noted that a new and experienced Assistant Chief Nurse for Workforce was now in post and an update would be provided on the locally adapted rules for staffing numbers would be provided at the September 2016 Trust Board meeting.	JG	September 2016	Item 13: On agenda
61.5	20/07/16	It was confirmed that QSAC would be updated on the work that was taking place to meet occupational health and safety requirements.	AM	October 2016	On QSAC agenda
63.2	20/07/16	The following amendments to the revised Trust Board Terms of Reference were agreed: • Include the Director of Communications role in the list of individuals able to attend the confidential meeting • Amendments to be made to the wording of the section around members of the public attending the public Board meetings	AF	July 2016	Actioned
66.1	20/07/16	Ms Mary MacLeod, Non-Executive	MM & JG	October	In progress

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		Director said that the Committee had received a patient story from a 14 year old patient and suggested that the Members' Council case studies could be considered by the QSAC to ensure that these stories were escalated to the Board. It was agreed that Ms MacLeod and the Chief Nurse would discuss this outside the meeting as it was also highlighted the importance of the committee hearing stories directly from patients and carers.		2016	

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
Wednesday 28th September 2016

Patient Story **Submitted on behalf of** Juliette Greenwood, Chief Nurse	**Paper No: Attachment C**

Aims / summary

The Great Ormond Street Hospital Patient Experience Team works in partnership with ward and service managers, the Patient Advice and Liaison Service (PALS), and the Complaints and Patient Safety Teams to identify, prepare and present suitable patient stories to the Trust Board and Quality and Safety Assurance Committee.

Each story includes information on actions taken to improve aspects of a service. The stories represent a range of families' experiences across a variety of wards and service areas and spanning divisions.

The story to be shared on 28 September 2016 has been pre-recorded (video) and details a patient's observations during their prolonged inpatient stay in late 2015, with examples from their current treatment.

Action required from the meeting
Review and comment

Contribution to the delivery of NHS / Trust strategies and plans
- The Health and Social Care Act 2010
- The NHS Constitution 2010
- The NHS Operating Framework 2012/13
- The NHS Outcomes Framework 2012/13
- Trust Values and Behaviors work
- Trust PPIEC strategy
- Quality Strategy

Financial implications
None

Who needs to be told about any decision

Who is responsible for implementing the proposals / project and anticipated timescales
Emma James – Patient Experience and Engagement Officer

Who is accountable for the implementation of the proposal / project
Herdip Sidhu-Bevan– Assistant Chief Nurse Quality and Patient Experience

Author and date
Emma James – Patient Experience and Engagement Officer – September 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
28 September 2016

Referral to Treatment Time (RTT): Returning to Reporting **Submitted by:** Nicola Grinstead, Deputy Chief Executive	**Paper No: Attachment D**

Summary

In July 2015, the Trust found anomalies in the way it was recording and reporting against the Referral to Treatment (RTT) standards when compared to the national rules. In partnership with commissioners and regulators, the Trust took the decision to stop reporting its RTT data whilst actions could be taken to improve the quality of data.

In order to return to reporting, Trusts must demonstrate to regulators that they have fulfilled a range of criteria and requirements. This paper outlines these requirements and summarises the work that has been completed by the Trust to address the issues which led to the suspension of reporting.

Action required from the meeting

For information only

Contribution to the delivery of NHS Foundation Trust strategies and plans

Reporting and delivery of the 18 week RTT standard is a requirement under the regulatory conditions for the Trust.

Financial implications

NHS England have committed that fines incurred as a consequence of not reporting will be reinvested into the Trust.

It is unclear if fines will be reinvested or not should the Trust not achieve the Strategic Transformation Fund (STF) improvement trajectory.

Who needs to be told about any decision?

NHS Improvement
NHS England
Care Quality Commission

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

Access Improvement Board (Chair: Deputy Chief Executive)

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

Deputy Chief Executive

Referral to Treatment Time (RTT): Returning to Reporting
Trust Public Board
September 2016

Overview

This paper outlines the requirements from NHS Improvement regarding the Trust's return to the reporting of Referral to Treatment Times (RTT) data against the nationally mandated definitions and standards. This paper summarises the work that has been completed to rectify the issues which led to the suspension of reporting, the specific items currently outstanding and planned work over the coming weeks.

The report focuses on a number of key points related to the Access Improvement Programme. These are as follows:

- Understanding the issues that led to suspension of reporting
- Implementing a plan to address each of these problems
  - Validation of Historic Open Pathways
  - Clinical Harm Review Process
  - Data Systems & Quality
  - RTT Training Strategy
  - Access Policy
  - MDS 'Unknown Clock Start' Plan
- Audit assurance that the plans to address the problems have been successful.

This paper now addresses each of these in turn.

Understanding the issues that led to suspension of reporting

This section recaps on those steps and actions taken for which the Board has been previously briefed and advised on to date.

In July 2015, the Trust identified anomalies in the way in which it was recording and reporting RTT data against the nationally mandated definitions and standards.

The Trust, along with NHS England Specialised Commissioning and NHS Improvement, decided it should cease reporting performance against the nationally defined RTT and diagnostic standards until such data quality could be assured.

It was agreed that experts from the national Elective Intensive Support Team (IST) along with other independent experts, would carry out an initial assessment of the circumstances at GOSH.

Implementing a plan to address each of these problems

As a result of these initial investigations, a comprehensive remedial action plan (RAP) was developed by the Trust with support from the IST in August 2015 and was refreshed in December 2015. The improvement process was and is managed through the Trust's fortnightly Access Improvement Board (AIB), chaired by the Deputy Chief Executive.

It was agreed that a 'Tripartite' meeting would be established to oversee and monitor the Trust's delivery of the RAP. This Committee consists of GOSH, NHS England Specialised Commissioning and NHS Improvement. It was agreed that a representative of the Care Quality Commission (CQC) and the IST should be in attendance. These meetings have been taking place fortnightly. The RAP was formally agreed by the Tripartite Oversight Group and adopted as a contractual document by NHS England in February 2016.

It was also agreed that the Trust would formally accept extended and sustained support from the IST through an Interim Management and Support (IMAS) assignment. This was in place from October 2015 until April 2016 full time and then transitioned to on-going one-day per week support from the IST.

Delivering the RAP has been of top priority to staff across the Trust and has taken huge levels of commitment, effort and focus in order to address the issues we identified and meet the needs of the organisation moving forward.

Among the key issues addressed in the RAP are;

- Validation of the historic open pathways on the Trust's PIMS system
- A robust clinical harm review process
- Rewriting the data processing of the PTL extract to give transparency to all patient pathways
- A comprehensive training strategy for staff involved in elective pathway management
- Re-writing the Trust's Access Policy and Standard Operating Procedures (SOPs) to ensure these are compliant with national guidance and best practice
- A plan to address the large number of referrals with 'unknown clock starts' and internal referral booking processes

<u>Validation of Historic Open Pathways</u>

The Trust developed an approach in co-operation with the IST related to the validation of the open pathways on the PIM's system. A clinical harm review process was also established to assess for harm as a result of a delay in treatment. This approach was accepted by the Trust and the Tripartite Oversight Group.

The open referrals were divided into cohorts and a sampling and review approach was established for each. The approach was agreed by the Trust's Medical Director and Deputy Medical Director and with support from the IST.

<u>Clinical Harm Review Process</u>

At the beginning of this RAP process, it was agreed with the IST the audit of data should be clinically led where appropriate. In particular, it was agreed that for any patient where a delay to their care had been identified of more than 30 weeks, a clinical harm review would be completed by the 'Clinical Review Group' (CRG), chaired by the Trust's Medical Director.

Throughout this process, clinical harm reviews by the CRG have not found any evidence that any patient has come to any moderate or significant harm as a result of our referral to treatment issues around poor data quality or record management.

Data Systems & Quality

At the time of the IST initial report in July 2015, it was not possible to capture all the data items required to monitor and report against the RTT standard on the Trust PIMS system. The Trust's reporting solution had been in place for many years and was reporting the RTT position inaccurately.

An interim processing solution, with a rewritten set of business rules, was put in place in January 2016 (backdated to October 2015) which enabled the production of an accurate active PTL including diagnostics. This has been in place at the Trust while the validation of historic open pathways has conducted.

A role specific training plan has been put in place that addresses the application of RTT rules for operational teams.

The Trust is planning to commence the cohort closure in September 2016 following a final IST review. This will allow the Trust to implement the new permanent processing solution and PTL, which can be mobilised and tested with operational teams, prior to returning to reporting.

The Trust is designing and procuring a data quality dashboard through which clinical services will be able to monitor data quality against a range of prioritised indicators. This will be reviewed at the weekly Trust wide PTL meeting and through the monthly Divisional performance meetings, with some KPI's also reported to the Trust's Executive Management Team and Trust Board.

RTT Training Strategy

An RTT training strategy has been developed and is being implemented. After developing a training needs analysis (TNA) matrix to understand which staff required training on applying RTT and elective pathway management rules, the training has been delivered in two phases.

Level 1 training was completed in April 2016 and was focused on providing key information and developing basic knowledge of RTT rules and processes.

Level 2 training involved the writing of role specific content, for both clinical, non-clinical and admin staff, and developing super users for sustained improvement. Delivery is currently on track with the trajectory to be completed by October 2016. An assessment of competence is built into the training and level 2 training and it will form part of mandatory training, including annual refresher training, for those roles identified in the TNA.

Access Policy

The Trust has comprehensively rewritten the Trust Access Policy in-line with national RTT rules. This was shared with the CQRG, reviewed by the IST and was made operational in May 2016 following sign off from the Policies Advisory Committee (PAG).

MDS 'Unknown Clock Start' Plan

The Trust has historically had a large number of referrals on its PIMS system which do not have a known clock start date. The significance of this issue is compounded for GOSH due to the extremely high rate of work that is received from tertiary providers. Having said this, it is a national problem with significant inconsistency in the practices

followed between organisations. The Trust is committed to improving this position further with regard to the receipt and capture of external unknown clock starts, and agreeing a policy with Commissioners.

The 'unknown clock start' problem at GOSH can be separated into two areas:

- Internal Referrals - those unknown clocks that have been generated by GOSH staff incorrectly understanding the internal referral process and generating additional internal referrals for the same condition. This is exacerbated by shortcomings in the PIMS system and the inability to link referrals.
- External Referrals – these are unknown clock starts of patients referred from external referrers without sufficient information to judge their clock start date and RTT status.

The Trust has developed a comprehensive MDS (Minimum Data Set) plan to address these issues. This plan has been agreed by the AIB and shared with the Tripartite Oversight Group.

A significant improvement has been made by the Trust in relation to internal unknown clock stop issue with now only 3% of internal referrals having an unknown clock stop.

Audit assurance that the plans to address the problems have been successful

Throughout the RAP process the Trust has formally accepted extended and sustained support from the IST through an Interim Management and Support (IMAS) assignment, and in addition, secured short term support from other organisations as required, including from MBI, the Management Consultancy and the Trust auditors, KPMG.

The Trust has commissioned a number of audits to provide assurance that the actions outlined in the RAP, monitored internally at the AIB, and externally by the Tripartite Oversight Group, have been successful

Data quality and RTT compliance form part of the Trust's internal audit process and will be reviewed annually. In addition the Trust has committed to using the IST designed sustainability toolkit to provide assurance to the Trust's Executive management team and Trust Board that nationally defined standards are being met on an annual basis.

Nicola Grinstead
Deputy Chief Executive
19 September 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board September 2016	
Redevelopment Progress Report **Submitted by: Matthew Tulley, Development Director**	**Paper No: Attachment E**
Aims / summary Provides an update on progress of the redevelopment programme and major projects.	
Action required from the meeting The Board is asked to note progress and the current position.	
Contribution to the delivery of NHS Foundation Trust strategies and plans Provide services in appropriate environment. Enhance the patient experience. Increase capacity. Meet sustainability obligations.	
Financial implications None	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Development Director	
Who is accountable for the implementation of the proposal / project? CEO	

Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street Hospital Redevelopment Programme

Trust Board – September 2016

1.0 Executive Summary

1.1 Works on the Premier Inn Clinical Building, second part of the Mittal Children's Medical Centre (Phase 2B), progress well. The tower cranes and most of the scaffold have been removed from site and the risk of impacting on clinical operations has reduced but continues to be monitored closely. The project is approximately six weeks behind programme and stable. The dates for contract completion and operational opening are likely to be confirmed towards the end of the year. The Operational Commissioning Board was established at the end of 2015 and meets monthly. Good progress is being made. The business case process to address areas of increased capacity is underway and led by the PMO. Final discussions on functional content are being led by Nicola Grinstead.

1.2 Skanska were selected as the preferred contractor for the Zayed Centre for Research and are working towards contract price by the end of September. Meanwhile, the basement construction commenced with Erith are advanced. Skanska are working towards taking over the site in January 2017 with a sectional completion of the building in September 2018 and OQ validation of the GMP in November that year.

1.3 A Pre- Qualifying Questionnaire was published in late August in the European Journal for Phase 4 of the Redevelopment Programme (Frontage and Paul O'Gorman sites). The Project Board has been established and the technical team appointed to support the Trust through a RIBA led design competition. This will lead us to selecting a design team with prime contractor in the spring of 2018. Market interest has been strong for this project and the London Borough of Camden planners have also committed to supporting the design competition process. It is expected that Phase 4 will commence on site in April 2019 and complete in late 2022.

1.4 Projects continue to be delivered within the existing estate outside of the main redevelopment work. The new IPP ward - Hedgehog and the new outpatient rooms in the main entrance were completed this month. The focus is now on the iMRI Project in Southwood Courtyard and the refurbishment of the mortuary as well as early planning for the decanting and enabling for Phase 4.

1.5 Following several years of updating the GOSH Sustainability Development Management Plan the hospital is undertaking a full review of our strategy and approach to this important issue. Stakeholder engagement is currently in progress. The revised SDMP will be presented to the board for discussion and approval later this year.

2.0 Premier Inn Clinical Building (PICB)

2.1 Skanska is continuing to make reasonable progress and there are a large number of subcontractors and resources on site. The target end dates are still as previously agreed as 24th April and 31st July for sections 1 & 2. A view will be taken towards the end of the year on those handover dates.

2.2 The Level 3 corridor was successfully handed over in August and the second tower crane was removed at the start of September.

2.3 Completion of internal fit out is sequenced as L2 and L5 followed by L3 and L6 then L4 and L7. Vinyl floors have been substantially completed to Levels 2 and 5, and are progressing on Levels 3 and 6. The benchmark room has progressed well as is almost complete, with many elements already able to be used as benchmarks for fit out.

2.4 The operational commissioning group that will lead the move into the PICB has been established and is meeting regularly. This is chaired by a Divisional Director and Head of Nursing to ensure there is proper clinically led engagement in the planning and delivery of the commissioning activities.

2.5 The building envelope is progressing well and as the scaffold is struck more of the render is visible. Cladding completion is in line with the programme.

2.6 The main heating and chiller water distribution pipework is now connected to the plant room and risers.

2.7 The H&S record remains excellent and the flurry of change requests has now settled.

3.0 Zayed Centre for Research into Rare Disease in Children

3.1 The team is working towards Skanska finalising the contract price at the end of September.

3.2 The critical path to the start on site and subsequent continuity of construction work runs through Erith's progress on the basement box and through specialist design and early ordering of the subcontractors which will carry out the work for Skanska. Early commitments are now being placed with the specialist subcontractors via Letters of Intent.

3.3 The completion of the building at 3rd September 2018 is referred to as a 'sectional completion' and relates to the whole of the building including the GMP but at this point the GMP fabric and HVAC will have been tested and commissioned without energized equipment. The building can, however, be occupied from this date. The process for validation then continues for some time with the GMP occupied and equipment running

3.4 The increased number of vehicles travelling to and from site is causing some friction with local occupiers although their complaints have not escalated.

3.5 There have been a small number of complaints about high levels of vibration. Erith has carried out additional vibration testing over and above the site monitoring and has offered to visit residents/ occupiers. The period of vibration which is heaviest (the breaking of the existing concrete slab) stopped for 2 weeks and will be completed once the tower crane is erected.

4.0 Phase 4

4.1 Following approval of the Strategic Outline Case a Project Board has been established to oversee procurement of Phase 4 through a RIBA design Competition with Prime Contractor.

4.2 A technical team were appointed in May to support the Trust and as a result the procurement commenced with a notice in the European Journal on 28th August.

4.3 An open day for potential teams was very well supported by the design and construction industry and interest remains strong.

4.4 The Pre Qualifying candidates will be shortlisted during October 2016 with the design competition commencing soon after culminating in a response to the invitation to participate in February 2017.

4.5 The evaluation panel will be chaired by Tessa Blackstone and will include an external assessor, Professor Ricky Burdett from LSE and a RIBA Assessor, Professor James Chapman who has strong paediatric hospital experience.

4.6 Several stakeholder groups will be key to the evaluation and these have been identified and facilitators from the Healthcare Planning Team allocated to prepare these groups and facilitate their contribution.

4.7 The drafting of the outline business case has commenced.

4.8 The funding options continue to be progressed.

5.0 Projects

5.1 Outside of the main redevelopment works there are a number of projects delivered by the major projects team to support our clinical services and key strategic priorities. This month the new IPP ward, Hedgehog was completed and the first patients admitted on 14th September.

5.2 The new outpatient rooms in the main entrance have been handed over to the Trust and are being prepared for occupation.

5.3 The refurbishment of the Trust mortuary and the project to deliver an iMRI in the Southwood Courtyard are progressing well.

5.4 Planning for the decanting and enabling projects associated with Phase 4 has commenced.

6.0 Queen's Square Neurosciences Project

6.1 This project is being reviewed by UCL. We are told it remains a very high priority.

Matthew Tulley
Director of Redevelopment
18th September 2016

Attachment F

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
28th September 2016

Quality and Safety Report **Submitted by: Vin Diwakar, Medical Director and Juliette Greenwood, Chief Nurse**	**Paper No: Attachment F**

Aims / summary

The Quality and Safety report has been re-designed to provide information on whether patient care has been safe in the past, safe at the present time and what the organisation is doing to ensure that we are implementing and monitoring identified learning from our data sources (PALS, complaints, incidents, SIs).

The report also highlights areas of good practice identified through clinical audit and assurance that our systems and processes are reliable in the areas identified.

Response to Trust Board action 36.2:

Having reviewed in detail the national requirements outlined by NHS England for delivery of the mandated FFT it is clear that there can be no attempts to target, select or ask individual patients or groups of patients. The ethos of FFT is that all patients within the eligible nationally determined target groups (e.g. age, nature of NHS care - inpatient, outpatient, maternity) should be given the opportunity to participate with FFT every day of the year in an anonymous way.

The Trust recognises and fully complies with the operational requirements for delivery of the FFT; and with that that there cannot be introduction of any mechanism that would be considered as targeting or selecting cohorts of patients out with the nationally defined groups. It will not be possible to specifically identify those patients on their first attendance at GOSH.

The impact of this means that for a significant proportion of GOSH patients attending on a frequent basis there may well be a reduced uptake in completing the FFT question when patients are asked at every visit. As a consequence, the Board will be mindful of the relatively limited value this mode of patient / family feedback offers. However there remain a number of activities where patient and families' experiences are collected and utilised to inform good experience and those aspects where opportunities for improvement will be directed. Specifically the planned development of a real time patient experience system will prove of great value in this area.

Despite the limitations identified above to provide further direct focus and attention that will ensure all areas, teams, respective managers & leaders are reminded of the importance of the FFT process (ensuring that all parents and C&YP in their areas have the opportunity to respond to the FFT questions) & their accountable role within it a series of engagement discussions will be undertaken with the ACN's (Patient Experience and Divisional) Heads of Nursing - IPP and CRF & Ward / OPD leads to further review how the Trust can gain assurance that all parents/ C&YP are being provided with the opportunity to participate in FFT.

Action required from the meeting
To support the style of the report, providing any feedback or requested changes to the Medical Director. To note the on-going work and support any suggested changes to work streams.

Contribution to the delivery of NHS Foundation Trust strategies and plans
The work presented in this report contributes to the Trust's objectives of No Waste, No Waits and Zero Harm.

Financial implications
N/A

Attachment F

Who needs to be told about any decision? Divisional management teams, Quality Improvement team and Clinical Governance and Safety team
Who is responsible for implementing the proposals / project and anticipated timescales? Divisional Management teams with support, where needed, QI or CGST
Who is accountable for the implementation of the proposal / project? Chief Nurse

Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

Quality & Safety Report

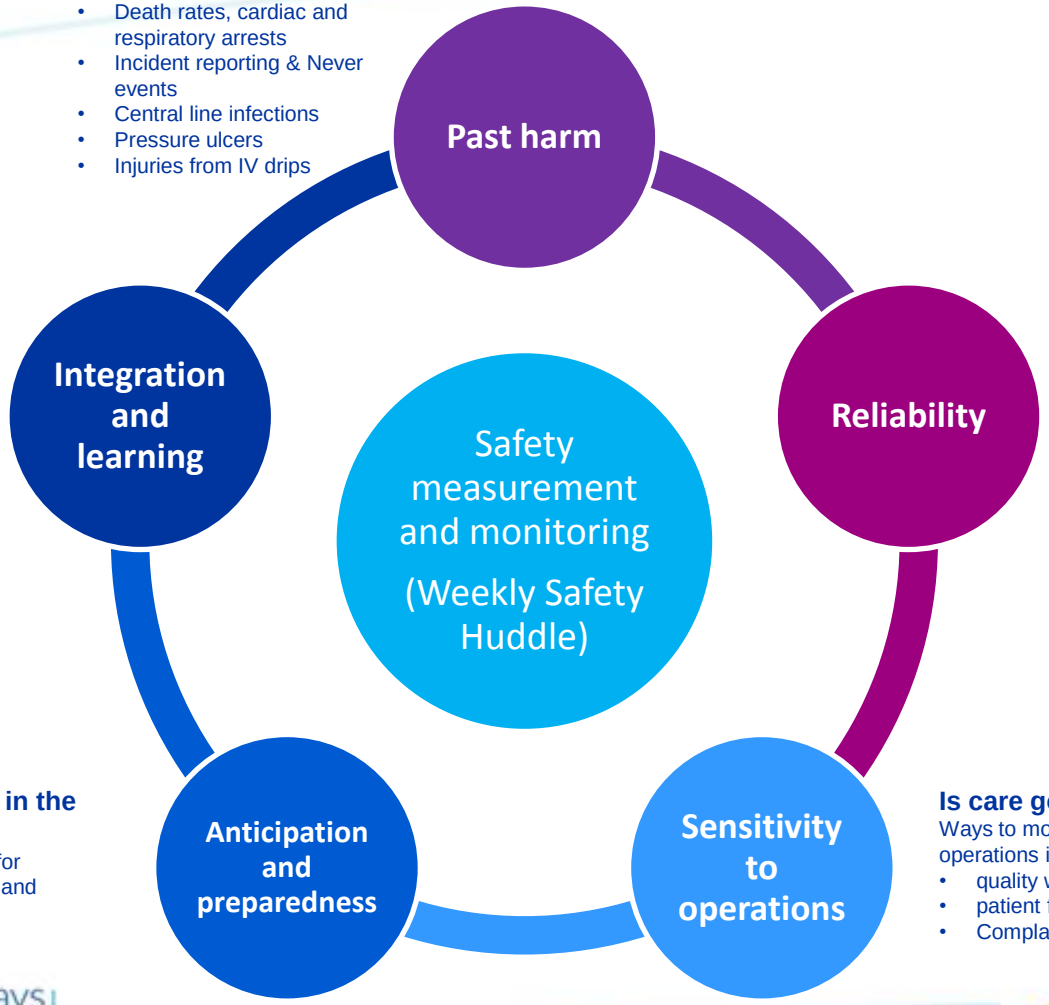
Dr Vin Diwakar, Medical Director
Juliette Greenwood, Chief Nurse
September 2016

GOSH Quality Framework

Source: Vincent C, Burnett S, Carthey J.
The measurement and monitoring of safety. The Health Foundation, 2013

Great Ormond Street Hospital for Children NHS Foundation Trust

Has patient care been safe in the past?
Ways to monitor harm:
- Death rates, cardiac and respiratory arrests
- Incident reporting & Never events
- Central line infections
- Pressure ulcers
- Injuries from IV drips



Are we responding and improving?
Sources of information to learn from include:
- Learning from SIs and complaints
- Audit to check that learning is embedded
- Quality Improvement projects including Clinical Outcomes development

Are our clinical systems and processes reliable?
Ways to monitor reliability include:
- Central line bundle compliance
- Discharge summary completion
- Clinical audit

Will care be safe in the future?
Possible approaches for achieving anticipation and preparedness include:
- risk registers

Is care good today?
Ways to monitor sensitivity to operations include:
- quality walk-rounds
- patient feedback
- Complaints and PALS

Has patient care been safe in the past?

Measures where we have no concerns

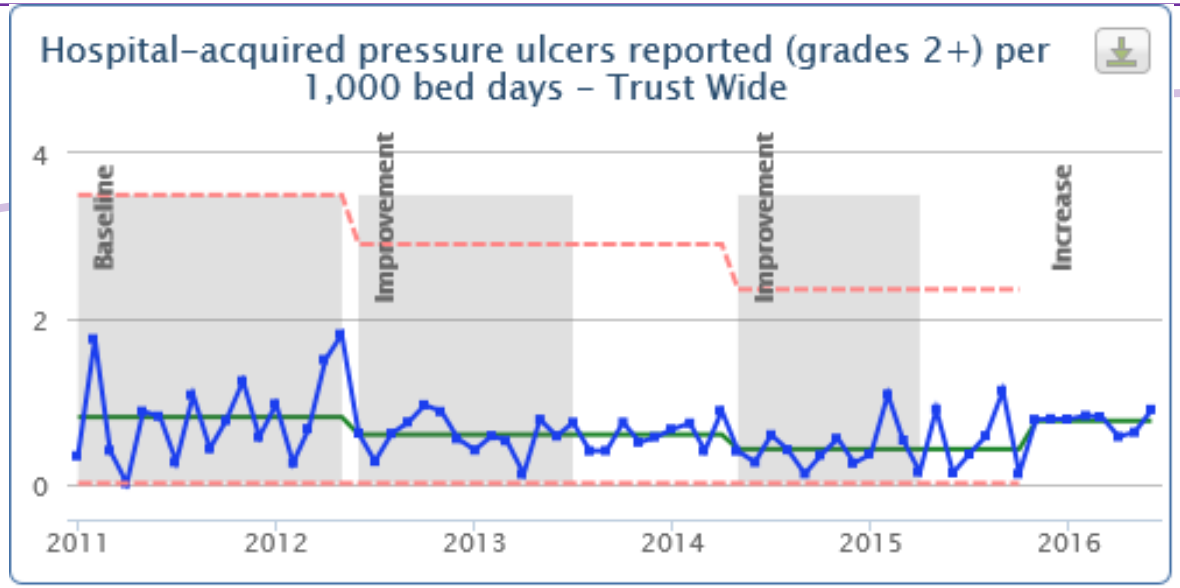
Great Ormond Street Hospital for Children NHS Foundation Trust

Measure	Comment
Patient safety incidents causing harm	No worrying trends this month
Medication Incidents reported via Datix causing harm	No worrying trends this month
Never Events	70 days since last Never Event reported to NHS England (as of 05.09.2016)
Non-2222 patients transferred to ICU by CSPs	No worrying trends this month
Cardiac and respiratory arrests	No worrying trends this month
Mortality	No worrying trends this month

Has patient care been safe in the past?

Important measures of interest

Great Ormond Street Hospital for Children NHS Foundation Trust



Hospital acquired pressure ulcers reported (grades 2+) per 1000 bed days

Do you have concerns about safety in this area?	Yes

What the data tells us:

We have recognised there has been a consistent increase in pressure ulcers across the trust. We think there are a number of factors for attributing to this such as: re-establishment of the Tissue Viability service - raising awareness and increased reporting, higher recognition of device related pressure ulcers within the ICUs resulting in increased reports, increased numbers of clinically unstable patients within the ICUs that despite all preventative measures being undertaken are too unstable to move.

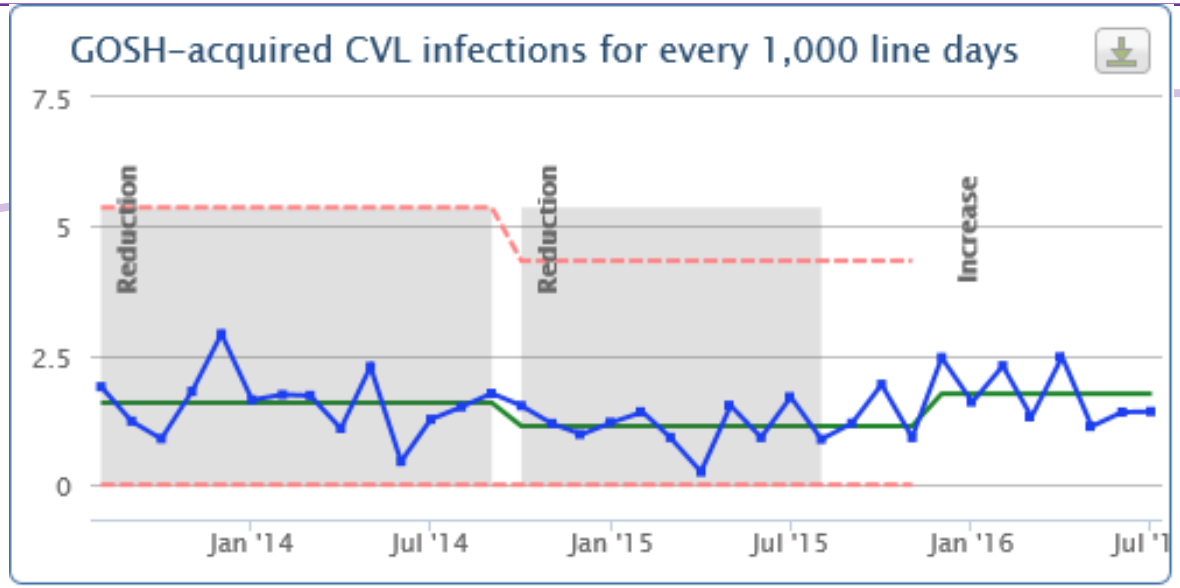
Actions to improve:

1. Updating the pressure ulcer policy (awaiting final sign off).
2. Publication of an information leaflet "Looking after your child's skin during a hospital stay" which will be made available for all patients. We are in the process of arranging with pre-admission nurses and wards for these to be made available.
3. Development of a pressure ulcer prevention teaching programme with hope to launch during "stop the pressure week".

Has patient care been safe in the past?

Important measures of interest

Great Ormond Street Hospital for Children NHS Foundation Trust



Hospital acquired CVL infections for every 1,000 line days

Do you have concerns about safety in this area?	Yes

What the data tells us:

The data tells us that we have seen an increase in the number and rate per 1,000 line days of CVL infections. This has been a sustained elevation since the beginning of 2016.

Actions to improve:

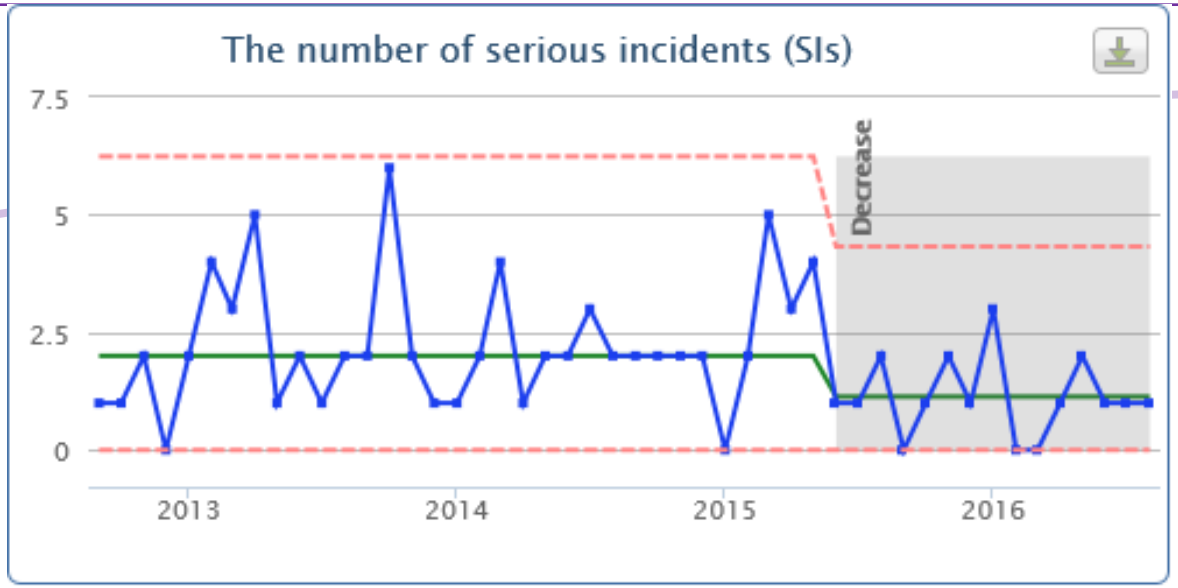
In August a rollout of an adhesive parafilm for the ends of lines and connections was introduced in all ward areas (except intensive care) throughout the trust.

There has been communication to wards through divisional infection control meetings and other routes to highlight the importance of care bundle completion and line day completion.

Has patient care been safe in the past?

Important measures of interest

Great Ormond Street Hospital for Children NHS Foundation Trust



The number of Serious Incidents (SIs)

Do you have concerns about safety in this area?	No

What the data tells us: We have seen a reduction in the number of serious incidents reported to NHS England from an average of 2 per month to 1.3	This reduction coincides with the new NHS England SI criteria being released which changed the reporting criteria making it less prescriptive and more open. This meant that some events which were historically included in mandatory reporting (i.e. grades 3 and 4 pressure ulcers) are no longer reportable as SIs (unless there is learning for the trust). This has contributed to the decrease in numbers of SI's declared.

Has patient care been safe in the past?

Great Ormond Street Hospital for Children NHS Foundation Trust

Serious Incidents and Never Events in August 2016

No of new SIs declared in August 2016:	1	No of new Never Events declared in August 2016:	0
No of closed SIs/ Never Events in August 2016:	4	No of de-escalated SIs/Never Events in August 2016:	0

Learning from closed SIs in August 2016:

Ref:	Summary:	Learning/Recommendations:
2015/ 36824	Failure to rebook a diagnostic test leading to a delay in detecting clinical deterioration	The clinical decisions and the process to book and monitor attendance at day case and inpatient admissions should be tested by Heads of Clinical Service (HOCS) and Service Managers to make sure it is robust.
2015/ 29954	Complication of migrated guidewire during arterial line insertion	Staff across the Trust to be reminded of the vascular insufficiency policy, where it is located electronically and how it can be accessed.
2015/ 32273	Communication error resulting in patient discharge and deterioration	Trust staff should be aware of the guidance for managing patients who do not attend outpatient appointments. The Patient Access Policy can be found in the document library on the Trust intranet site.
2016/ 12228	Delay in diagnosing lung metastasis leading to unnecessary treatment	It is important that the clinical team do not suffer from inattentional blindness, a psychological lack of attention to one area meaning that another, conspicuous event is missed. The clinical team were reassured by imaging early on in the patient's treatment that she was clear of lung metastasis and screening in this area then ceased.

Has patient care been safe in the past?

Great Ormond Street Hospital for Children NHS Foundation Trust

Red Complaints in August 2016

No of new red complaints declared in August:	1	No of re-opened red complaints in August:	0
No of closed red complaints in the August:	0		

Learning from closed red complaints in August:

Ref:	Summary of complaint:	Learning/Recommendations:
No closed red complaints in August 2016		

Are our clinical systems and processes reliable? Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

Measure	Comment
Pressure ulcer risk assessments	No worrying trends this month
Extravasation referrals to Plastics	No worrying trends this month
CVL bundle compliance	No additional special cause variation detected. The previous drop is being sustained
Discharge summary timeliness	No worrying trends this month

Are we delivering high quality care today? Measures where we have no concerns

Great Ormond Street Hospital for Children NHS Foundation Trust

Measure	Comment
All complaints	No worrying trends this month
Red complaints	No worrying trends this month
Amber complaints	No worrying trends this month
Yellow complaints	No worrying trends this month
PALS contacts per 1000 adjusted patient days	No worrying trends this month
Friends and Families test – extremely likely/likely to recommend	The process mean has increased from 98 to 99%
Friends and Families test – extremely unlikely/unlikely to recommend	The process mean remains at about 1%

Are we responding and improving?

Quality Improvement Team – Current Project Aims

Great Ormond Street Hospital for Children NHS Foundation Trust

Sepsis Project: To reduce the incidence of sepsis (Introducing the Sepsis 6 bundle)

ICU Flow: To reduce the number of PICU/NICU bed hours lost due to avoidable inpatient delays or cancellations

CEWS/PEWS: To replace the Children's Early Warning Score with the Paediatric Early Warning Score

Nursing Dashboard: To demonstrate and clearly articulate nursing quality & performance by 31/03/2017

Situational Awareness: To introduce safety huddles and ePSAG onto all inpatient wards

Transition: To improve the process of patients transition from GOSH to an adult setting

Access to Outpatients: To develop and implement an eCOF (Clinic Outcome Form) system for outpatients

Extravasation Project: To reduce the incidence of extravasation injury

Clinical Outcomes: To deliver robust outcomes reporting – on the intranet for greater internal visibility, and on the Trust website for public visibility. As part of its strategic vision, GOSH also strives to increase the benchmarking of outcomes, nationally and internationally, with other paediatric centres of excellence

Out Of Hours

Managing Sick Children and Young people: To have high compliance with effective mechanisms for identifying and escalating the critically ill or deteriorating child or young person

Safe Handover Processes: To have safe and efficient processes and expectations surrounding the hand-over of clinical information

Standard Working Practices: To have standardised processes for managing workloads and tasks OOH with clear responsibilities and escalation procedures

Safe Staffing: To ensure we have the appropriate staff with the right skill-set to fulfil the tasks required OOH, maintaining alignment to the 7 day Keogh standards

Improvements in the quality of care do not occur by chance. They come from the intentional actions of staff equipped with the skills needed to bring about changes in care, directly and constantly supported by leaders at all levels." - Improving Quality in the English NHS (Kings Fund, Feb 2016)

Are we responding and improving?

Clinical Audit

Completion of actions assigned by the Clinical Review Group

Executive Summary

The Clinical Review Group (CRG) has been in place for approximately 12 months to assess whether there has been any attribution of harm to patients due to potential delays in their review/treatment.

A purpose of the CRG is to identify what follow up actions are required for individual patients reviewed at the CRG.

The audit aims to confirm assurance about the completion of these actions.

Method and Sample

50/144 (35%) of cases where actions were identified at the CRG between 11/02/2016 – 27/04/201 were audited.

Data was reviewed by the Clinical Audit team using PiMS data and patient records to establish and identify evidence of whether these actions have been completed. Queries were raised with Divisional Service Managers as necessary.

Key Findings

Of the 50 cases reviewed…..

- 92% (46/50) of the agreed actions have taken place
- 6% (3/50) of agreed actions could not be completed but there were appropriate patient centred reasons or clinical justification as to why the actions had not been completed (e.g. if the patient no longer wants treatment)
- 2% (1/50) of the agreed actions had not taken place when required at the time of the audit. This action has now been implemented as a result of the audit and reporting to Divisional Service Managers.

**The audit does not highlight any recommendations for improvement

Are we responding and improving?

Learning from Friends and Family Test

Great Ormond Street Hospital for Children NHS Foundation Trust

June Inpatients Results:
Overall FFT Response Rate = 25%
Overall Percentage to Recommend = 97.5%

June Outpatients Results:

Overall Percentage to Recommend = 94%

In June, the top positive themes are Staff Behaviour, Care and Welcoming. The bottom 3 are Environment/Infrastructure, Admission/Discharge, Catering and Staff Behaviours. Included here are example comments from May's FFT.

Update

Database - The FFT database design and first stage testing is complete. Training for ward administration staff commenced the week beginning 11th July 2016. First phase of the roll out plan is scheduled for the first week in August 2016. Patients and Parents will be able to enter their feedback via the Patient Bedside Entertainment/Education System (PBEE)

Learning & Development - Information about the Friends and Family Test (FFT) and the work of the Patient Experience Team will be included in the staff induction handbook going forward. A short video explaining FFT and the PE team in greater detail will be added to the GOSH Learning portal (GOLD) by October 2016

Real Time Feedback System - The Patient Experience Team have successfully been awarded the GOSH Charity Bid for the Real Time Patient Feedback System. A Project Group will be set up in due course.

"Amazing, caring and professional nursing team. Can tell that they truly care about the patient. (names of 4 staff) were amazing and v. caring."

"The positive things were that the nurses were very friendly, they answered all our questions. Everything, what was happening, was clearly explained and we felt, we can go to the nurse's station and ask them for help if we felt we need to. Most important for (patient name) sleep study was to have privacy and quiet"

"Care is exemplary from all members of staff. Nothing is ever too much trouble. Occasionally when things don't go to plan it is not the fault of the ward staff and they work hard to rectify any problems"

"My son is disabled, he cannot stand or walk. He requires a hoist to get him from chair to bed. More training for staff is required. Every hoist in this building should be charged fully. Notice on them to say recharge after use"

"As a regular at GOSH I found todays stay below normal standards the nurses and care have been good but the facilities on this temporary ward where far from ideal. My son needed distraction from the A&V but there was none available. Toilets were difficult to access …this arrangement could only be tolerated for one day "

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 28th September 2016	
Staff Friends and Family Test results – Quarter 1 2016/17 **Submitted by: Ali Mohammed, Director of HR&OD**	**Paper No: Attachment G**
Aims / summary To provide a report of latest Staff Friends and Family test results and actions	
Action required from the meeting To note the actions	
Contribution to the delivery of NHS Foundation Trust strategies and plans Staff FFT is an NHS England requirement and allows the Trust to monitor staff satisfaction and awareness of Values and Vision in-year.	
Financial implications None	
Who needs to be told about any decision? Feedback is communicated to staff	
Who is responsible for implementing the proposals / project and anticipated timescales? Assistant Director of Organisational Development	
Who is accountable for the implementation of the proposal / project? Director of HR&OD	

Great Ormond Street Hospital for Children NHS Foundation Trust

Staff Friends and Family Test results – Quarter 1 2016/17

Introduction and background

GOSH surveys a third of its staff each quarter for the Staff Friends and Family Test (FFT). In quarter 3, the annual staff survey replaces Staff FFT.

The national survey is made up of two questions which ask staff if they would be likely to recommend GOSH as a place to be treated, or as a place to work. In addition, GOSH has added specific questions relating to Our Always Values and the GOSH vision.

Results

Over 500 staff completed the survey in quarter 1 2016/17.

Recommending GOSH as a place to be treated and as a place to work

	Q1 2014 GOSH	Q2 2014 GOSH	Q4 2015 GOSH	Q1 2015 GOSH	*Q2 2015 UPPER QUARTILE FOR NHS TRUSTS*	Q2 2015 GOSH	Q4 2016 GOSH	Q1 2016 GOSH
Recommend for care	95%	94%	94%	94%	***86%***	96%	95%	97%
Recommend as a place to work	70%	74%	73%	71%	***70%***	71%	74%	76%

The data indicates a consistency of scoring across the two questions. GOSH is within the upper quartile of all NHS trusts for scores in both questions, but staff score the Trust particularly highly as a place to receive treatment.

Narrative from staff

Staff are invited to give reasons for their responses. The survey provider are developing a tool to provide basic sentiment analysis so that themes can be identified and we expect this to be available within the coming weeks. Currently all comments are reviewed within OD to identify themes and cross referred with patient FFT results. Representative comments for each question in Q1 are:

Would you recommend GOSH as a place to be treated?

- Yes for the unrivalled excellence of clinical care.
- Gosh is a complete family friendly hospital with hard working professionals.
- I think it depends on the team the patient would need to be under as there is such variety between.

Would you recommend GOSH as a place to work?

- Good supportive colleagues at all levels of the hospital.
- Stimulating environment to work in, with excellent opportunities for cross-disciplinary work.

- Excellent for training opportunities but this is very dependent of which field you chose to work in.
- It's a very highly pressurised environment, it's not for everyone.

Awareness of Our Always Values and Trust Vision

Question	% Score Q1 2015/16	% Score Q2 2015/16	% Score Q4 2015/16	% Score Q1 2016/17	Change vs. last quarter
I am aware of Our Always Values – Always Welcoming, Helpful, Expert and One Team	93%*	97%*	97%	98%	+1%
I see staff at GOSH demonstrating Our Always Values in how they behave	75%	75%*	81%*	79%	-2%
I know what the GOSH vision for 2020 is	42%	47%	42%	43%	+1%
I understand how my work contributes to achieving the GOSH vision	63%	67%	65%	63%	-2%

*denotes a statistically significant change (between the two data points indicated).

- The questions relating to Our Always Values continue to show a very high level of awareness of Our Always Values, which were launched in March 2015.
- This recognition continues to be ahead of the percentage of people reporting demonstrable values led behaviours. It is interesting to note that the two statistically significant results indicated follow each other; the significant increase in staff being aware of values was followed in the next survey by a significant increase in staff seeing values being demonstrated.
- In comments, people were very supportive of Our Always Values as providing a standard that will allow us to deliver outstanding care and a great working environment. But there was a clear view that we don't all live the values, all of the time especially the value of One Team.
- People were less clear about the Trust's Vision, and had some ideas on what would help to communicate this. Staff often express a desire to know more and be involved in developing and delivering the vision. The Director of Communications is currently reviewing the questions in relation to the vision.

Next steps

- The results (including comments) are cascaded to the Divisional and Directorate senior management teams and they are asked to discuss the results locally and take appropriate actions or inform existing work streams. The results for the Place to Work question are reviewed at divisional performance reviews.
- Staff FFT results are cross-referenced with patient FFT results to explore common themes.
- Asking specific questions about Our Always Values was one of the ways to evaluate how well they are being embedded in the Trust, and we'll continue to monitor responses to these questions and review at the Executive-led Values Steering Board.
- The Trust will be delivering bite-sized sessions from Sep 2016 to equip managers, supervisors and team leaders to talk to their staff about values and underpinning behaviours.

- At a corporate level, the results and comments inform on-going work on Our Always Values; leadership development programmes; and a review of internal communications. A campaign focussing on the welcoming value will be launched at the AGM.

Action required
The Trust Board is asked to note the results of the Staff Friends and Family test and the actions outlined above.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
28 September 2016

Integrated Performance Report: August 2016 **Submitted by:** Nicola Grinstead, Deputy Chief Executive	**Paper No: Attachment J**

Aims / summary

The Integrated Performance Report (IPR) is focused on the key areas/ domains in line with the CQC, in order to be assured that the Trust's services are delivering to the level our patients & families, Trust Board and our commissioners & regulators expect.

The indicators included are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. It is expected that these will evolve and iterate overtime.

The narrative provides provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.

Action required from the meeting

Board members to note and agree on actions where necessary

Contribution to the delivery of NHS Foundation Trust strategies and plans

All the indicators within the IPR contribute to the delivery of either regulatory or commissioner requirements, and as such are aligned to the objectives and strategy of the Trust

Financial implications

For indicators that have a contractual consequence there could be financial implications for under-delivery

Who needs to be told about any decision?

Where appropriate and applicable: Internal stakeholders, NHS Improvement and NHS England Special Services Commissioners

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

Each Domain / Section has a nominated Executive Lead

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

As above

Attachment J

September 2016 – Trust Board:
Integrated Performance Report Narrative

The Trust Integrated Performance Report (IPR) is designed to focus on the key areas/ domains below, in order to be assured that our services are delivering to the level our patients & families, Trust Board and our commissioners & regulators expect.

The domains are consistent with the Care Quality Commission and cover:

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

The IPR additionally includes further indicators and metrics with regard to Our Money (Finance) and Productivity. These indicators are those that have been recommended by the Trust Board, Clinical Divisions and other relevant parties. It is expected that these will evolve and iterate over-time.

Summary

The report for the Trust Board this month includes data up until the end of August 2016, for the most part. Where information is not presented, this will be as a result of the timelines associated with national submissions for the associated indicator.

Headlines for those areas which are achievements, concerns and key lines of enquiry for the reporting period are highlighted on the IPR. The key lines of enquiry section will develop month on month and will be driven to some by the monthly Trust Divisional Performance Meetings. The areas identified below are supported by the Divisional analysis, overview and action plans that are in place to address any outlying performance.

The following sections of the report provide more detail / analysis from the IPR of those indicators not meeting the required standards or where they warrant further mention.

Caring

The items of exception under the caring domain are highlighted below. Overall the indicators would suggest the Trust as being caring and providing a good level of care to our patients. However there are areas that do require focus and improvement in forth coming months.

Friends and Family Test (FFT) Response Rate (Inpatients) – see Dashboard for the current position	
Definition:	A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice
What:	Whilst the % of responses that are positive remains high (above the national 95% standard) for inpatients, the Trust must improve upon its current response rate (averaging around 26-27% - which is however in line with national response rates of other Trusts). This month (August) has seen a deterioration in the rate to 17.28%

	To note also that the outpatient "positive" score has slipped marginally below 95% (to 94.81%). This will need to be kept under scrutiny moving forward.
Why / How:	As reported previously, the current response rate is hampered to some extent for inpatients by the frequent attendance nature of a number of our patients and families for whom repeatedly responding to this survey is challenging. The patient experience team continue to assess how best this can be resolved. Work continues with our ward staff to ensure all efforts are made to improve engagement and uptake of the overall rate. Via the Divisional Performance meetings, the Senior Nurse Leads have key actions for improving systems and uptake on the wards in support of this.

Complaints	
Definition:	This indicator provides the total number of formal complaints received by the Trust during the reporting period A Red Grade complaint is classified by severe harm to the patient or family
What:	The number of year to date complaints is currently at 49, with 8 in the most recent month. For future months the dashboard is looking to contain an indication of response times, assessing how promptly the Trust responds and satisfactorily closes formal complaints.
Why / How:	The number of complaints should not necessarily be viewed as a negative, as it is imperative we are able to empower our patients and families to raise issues with their experiences at the Trust. Predicated on the content and issues raised within the complaints, the Trust (via its Clinical Divisions and Departments) analyse for recurring themes and as such implement any necessary action plans to address. The red graded complaint for August is currently part of an on-going Serious Incident for which the usual Trust process and investigation is being followed.

Safe

As is evident from the IPR across the associated metrics and indicators for this domain, the picture is varied. With regard to Healthcare Associated Infections (HCAIs), C Diff is within the annual target with only 1 case YTD (against a total of 15 for the whole year), for MRSA however this is 2 cases YTD as at month 5 (with 1 case reported in month), with an expectation of no cases. CV Line Infection levels are increasing (and discussed further below) and discussed further below.

Work is progressing with enhancing the reporting and timeliness of SIs for this report and will be updated.

The remaining indicators have been highlighted and reported on by exception below:

MRSA	
Definition:	This indicator provides the total number of cases of MRSA at the Trust, reported against an expected level of zero for MRSA bloodstream infections.
What:	The year to date position for the Trust, taking into account the additional case reported in August, is 2 cases.
Why / How:	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. The Trust will continue to keep this under close review

CVL Infections for every 1,000 line days	
Definition:	This reports the level of Hospital acquired Central Venous Lines infections for every 1,000 line days
What:	The Trust has seen an increase in the number and rate per 1,000 line days of CVL infections. This has been evident from the beginning of the year.
Why / How:	In August a rollout of an adhesive parafilm for the ends of lines and connections was introduced in all ward areas (except intensive care) throughout the Trust. There has been communication to Wards through divisional infection control meetings and other routes to highlight the importance of care bundle completion and line day completion.

WHO Checklist Completion	
Definition:	This reports the completion rate of the World Health Organisation (WHO) checklist audits in surgery, against an internal target of 98%
What:	August has seen a slight deterioration against the previous month's reporting, with a completion rate of 94.08%
Why / How:	This area is under constant review and continues to be so following the CQC review. These levels are monitored by the Clinical Divisions, and form regular updates at the Performance Meetings.

Responsive

As reported previously whilst the Trust remains off line with regard to reporting on Referral to Treatment Times (RTT), it remains on course with the agreed Access Improvement Programme, and submitted recovery trajectory.

From next month refusals into ICU will additionally be included as requested by the Board.

The other areas are highlighted by exception below:

Diagnostic: Patients waiting	
Definition:	The percentage of patients waiting greater than 6 Weeks for a Diagnostic Test at the given month end census date based on the Nationally defined basket of 15 key diagnostic tests / procedures The national standard is 1% can be waiting > 6 weeks
What:	Up until this month (August) the Trust has been seeing delivery in excess of the improvement trajectory agreed at the start of the year, with the aim of delivering the 1% standard by October 2016. For this most recent month however the Trust has reported 8.29% against a trajectory of 4.4%.
Why / How:	Whilst there were a minimal number of > 6 week waits in a few diagnostic modalities, the majority of those in excess of this standard (30) are for Audiological diagnostic tests. Having reviewed the pressures in this area, the main contributing factor is associated with capacity. The operational teams are putting additional capacity on where possible to mitigate the position, however a more detailed recovery plan is required to sustainably address this.

Last Minute Non-Clinical Hospital Cancelled Operations & Breaches of 28 Day Standard (Quarterly reporting standard)	
Definition:	Count the number of last minute cancellations by the hospital for non-clinical reasons in the quarter. Last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery. Count of the number of patients that have not been treated within 28 days of a last minute cancellation
What:	The Trust has now submitted Q1 data for 16/17. This is showing an improvement on Q4 of 2015/16. Reporting 197 number of last minute hospital cancelled operations for Q1 (vs 309 for Q4), and 31 number of those cancellations that the Trust was unable to rebook within 28 day (vs 52 in Q4). The numbers contained within the IPR are the monthly breakdowns contributing to the reported position.
Why / How:	As reported last time a high proportion of the non-clinical cancellations are driven by bed capacity issues within the Trust. Operational teams are working on revising the bed management processes and ensuring all systems are as effective as possible. Additional beds will be coming on line in the next couple of months, which is expected to have a positive impact on the number of cancellations. This area is additionally forming part of the Trust's CQUIN for 2016/17 to ensure that there are improvements against key operational themes that are identified.

Well-led

Across a number of key metrics under this domain, positive improvements are being seen, particularly with regard to Trust Appraisal rates. The remaining items that require highlighting are identified below.

For future reports nurse recruitment rates will additionally be included as requested by the Board.

Appraisal (PDR) rate	
Definition / What:	The Trust compliance rate of the % of completed staff appraisals against an internal annual target of 90% for 2016/17
Why / How:	The Trust overall appraisal rate stands at 77%, which represents a significant increase of 11% since July. Currently four areas are meeting the in-year target of 90%, Human Resources & Organisational Development (at 100%), Development and Property Services (up 19% to 97%), Finance (up 57% to 94%) and International (at 93%). For all other areas this is being picked up directly and for the Clinical Divisions in their monthly Performance Meetings

Mandatory Training	
Definition / What:	An aggregate level % for all statutory and mandatory training undertaken within the Trust against a plan of 90%
Why / How:	In August the compliance across the Trust increased by 1% to 85%. Currently six directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs and Development & Property Services. Actions being undertaken to address this include: More visibility through the Learning Management System (LMS), Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS, additional face to face sessions run for DPS staff, Information sheets sent out for online courses.

Agency Spend	
Definition / What:	At Month 5 (August) this stands at 3.6% of total paybill (decrease of 0.1% from July) NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH).
Why / How:	The significant spend on agency staff (as percentage of paybill) is largely driven by the investment of validators to support the RTT improvement work and also a number of senior interims in the organisation. Trust spend on business as usual (BAU) agency staff is significantly below the ceiling.

Effective

Below identifies those areas for the domain that are not currently at the required level.

Discharge Summaries	
Definition:	This measures compliance with the requirement to issue a Discharge Summary within 24 hours following discharge to the Service User's GP and/or Referrer and to any third party provider
What:	Having seen a slight reduction in the improvements being made last month (July) this is back up to the significantly improved delivery of 90.61%.
Why / How:	As reported previously this is being achieved with focused resource in this area, to ensure consistent systems, processes and checks are happening in all areas (using a combination of enhanced reporting, escalation to clinical leads etc). Areas where this remains an issue are being picked up via the Divisional Performance Reviews and specific action plans with deliverables. This area is additionally forming part of the Trust's CQUIN for 2016/17, to see sustained improvements in key specialties with a focus on the quality of the content of the discharge summary and the timeliness.

Clinic Letter Turnaround	
Definition:	The % of clinic letters that are sent within 7 & 14 working days of the Outpatient Clinic The contractual requirement for 2016/17 is 14 working days turnaround.
What:	The Trust is currently reporting 87.54% against the 14 day turnaround (and 56.64% for 7 days)
Why / How:	All clinical Divisions review this area as a matter of course with their specialties. Where an area is not at the requisite level an action plan is either in place or being put in place to address. These will be updated and fedback at their respective Divisional Performance Meetings. This area is additionally forming part of the Trust's CQUIN, like with Discharge Summaries, will focus on the quality and content of the letters, as well as the timeliness.

Productivity

Based on feedback received from the Board and other stakeholders, this section of the report is to be enhanced with additional content in future months. A work programme is being set up to develop these indicators. It is envisaged to complete this for all lines this will take a period of time whilst the measures and data is made accessible for these purposes. Each will be fed into the report once completed. Updates will be provided on a regular basis. It is planned that this will cover:

- Clinic Utilisation
- Bed Occupancy
- Hospital Cancelled Appointments
- Activity vs Outturn

At present this section contains Theatre Utilisation for the Trust, against a nationally recommended level. This is to be further review by the Trust, and additional supporting narrative will be provided in future months.

Our Money

This section of the IPR includes an year to date position inclusive of August 2016 (Month 5). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.1m lower than planned for this reporting period. This is as a result of a combination of factors including:

- Clinical Income (exc International Private Patients and Pass through Income) is £0.1m better that planned after adjusting for £1m reduction in income relating to 2015/16 outturn.
- International Private Patients income is £2.4m higher than planned, although it is £0.3m lower than plan in month.
- Staff costs are £1.1m higher than planned at the end of month 5.
- Non-pay costs costs are £1.9m higher than planned due to an increase in IPP bad debt provision.

Areas of concern at this point include the Trust include:

- Non pay costs being are higher than planned due to increasing levels bad debt provision (£1.9m), IPP Debtor days have increased from 197.1 days in March to 215.5 days in August
- Current delivery of recurrent P&E savings is lower than planned year to date (£1.88m)

Actions being taken to address these concerns are:

- IPP have drafted a revised debtors escalation policy for approval which identifies potential triggers for bad debt review, further work is being undertaken to review possible further actions required to reduce the risk of bad debts including deposits and refusal to treat.
- The PMO and Finance teams are currently working with all clinical and non-clinical divisions / departments to monitor progress against current P&E savings schemes and to support the identification and implementation of additional schemes required to close the current gap in savings. There are currently £6.1m of recurrent P&E schemes identified for 2016/17.

Trust Board Dashboard - August 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Caring

	Jun	Jul	Aug	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					-	-
% Positive Response Friends & Family Test: Inpatients	97.52%	97.00%	98.47%	↑		>95%
Response Rate Friends & Family Test: Inpatients	25.02%	21.98%	17.28%	↓	40%	
% Positive Response Friends & Family Test: Outpatients	93.75%	95.55%	94.81%	↓		>95%
Number of Complaints	15	5	8	↑		
Number of Complaints -Red Grade	0	1	1	→		
Mental Health Identifiers: Data Completeness	98.2%	98.5%	*98.6%*	↑		97%

Safe

		Jun	Jul	Aug	Trend	Plan	NHS Standard
Serious Patient Safety Incidents	In-month	2	1	1	→	0	
	YTD	2	2	3	↑	0	
Never Events	In-month	1	0	0	→		0
	YTD	1	1	1	→		0
Incidents of C. Difficile	In-month	0	0	0	→		1
	YTD	1	1	1	→		15
C.Difficile due to Lapses of Care	In-month	0	0	0	→		1
	YTD	0	0	0	→		
Incidents of MRSA	In-month	1	0	1	↑		0
	YTD	1	1	2	↑		0
CV Line Infection Rate (per 1,000 line days)		1.41	1.42	2.22	↑	1.6	
WHO Checklist Completion		#REF!	#REF!	94.09%	✂✂✂	98%	
Arrests Outside of ICU	Cardiac Arrests	3	3	3	→	5	
	Respiratory Arrests	1	2	4	↑		
Total hospital acquired pressure / device related ulcer rates grade II & above		7	6	7	↑		

Responsive

	Jun	Jul	Aug	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting >6 Weeks	10.00%	6.26%	8.29%	↑		1%
Cancer 31 Day: Decision to Treat to First Treatment	93%	100%		↑		96%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Surgery	100%	100%		→		94%
Cancer 31 Day: Decision to Treat to Subsequent Treatment - Drugs	100%	100%		→		98%
Last Minute Non-Clinical Hospital Cancelled Operations	69	This measure is reported quarterly				
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	9	This measure is reported quarterly				0

People, Management & Culture: Well-Led

		Jun	Jul	Aug	Trend	Plan	NHS Standard
Sickness Rate		2.34%	2.42%	2.29%	↓	3%	
Turnover	Total	19.3%	19.1%	19.1%	→	18%	
	Voluntary	17.0%	17.3%	18.1%	↑	14%	
Appraisal Rate		73%	66%	77%	↑	90%	
Mandatory Training		84.0%	84.0%	85.0%	↑	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test		76%			↑	61%	
Vacancy Rate		5.6%	2.2%	4.3%	↑	10%	
Bank Spend		6.1%	6.1%	6.2%	↑		
Agency Spend		3.7%	3.7%	3.6%	↓	2%	

Effective

		Jun	Jul	Aug	Trend	Plan	NHS Standard
Discharge Summary Turnaround within 24hrs		91.48%	86.57%	90.61%	↑		100%
Clinic Letter	7 working days	49.12%	58.09%	56.64%	↓		
Turnaround within #	14 working days	69.88%	75.45%	87.54%	↑	100%	
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		8.08%	7.87%	8.86%	↑	8.36%	

Productivity

	Jun	Jul	Aug	Trend	Plan	NHS Standard
Theatre Utilisation (NHS UO4)	67.1%	65.5%	69.0%	↑		77%

Our Money

	June	July	August	Trend	YTD Target	Variance
Net Surplus/(Deficit) v Plan	(0.6)	(0.7)	(0.3)	↑	(3.1)	0.1
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	→	(6.3)	0.0
P&E Delivery	0.3	0.3	0.4	↑	2.5	(1.0)
Pay Worked WTE Variance to Plan	32.5	3.8	54.1	↑	0.0	54.1
Debtor Days (IPP)	192	213	216	↑	120.0	(93.0)
Quick Ratio (Liquidity)	1.80	1.78	1.81	↑	1.77	0.04
NHS KPI Metrics	4.0	4.0	4.0	→	3.0	1.0

Areas of Concern

FFT Response Rate
Incidents of MRSA
Diagnostic Waiting Times
Cancelled Operations
P&E Delivery

Achievements

Improvements in PDR Rate
Discharge Summaries

Key Lines of Enquiry

Trend Arrow Key (based on 2 most recent months' data)

↑	Positive increase
↑	Negative increase
→	Consistently positive trend
→	Consistent trend
↓	Positive decrease
↓	Negative decrease

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **28th September 2016**	
Workforce Metrics & Exception Reporting – August 2016 **Submitted by:** Ali Mohammed, Director of HR & OD	**Paper No: Attachment I**
Aims / summary This report provides an updated position of a number of workforce metrics, together with a summary of interventions for those areas of concern.	
Action required from the meeting To note the content of the report.	
Contribution to the delivery of NHS Foundation Trust strategies and plans	
Financial implications The report details metrics on a number of areas which have a direct and indirect financial implication; these include absence (sickness) and the percentage of the total paybill spent on agency usage; the report shows that both of these areas have reduced from the previous month.	
Who needs to be told about any decision? Not applicable.	
Who is responsible for implementing the proposals / project and anticipated timescales? Divisional management teams; supported by members of the HR & OD team.	
Who is accountable for the implementation of the proposal / project? Divisional management teams.	

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – AUGUST 2016

Introduction

This suite of workforce reports includes:

- Voluntary turnover and total turnover;
- Sickness absence;
- Vacancy rates;
- PDR appraisal rates;
- Statutory & Mandatory training compliance;
- 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 27 in August to 3881 compared to July 2016. A new contractual FTE trend (over 12 months) report is now included in the reports section at Trust-level and divisional/directorate level, this currently excludes temporary workers.

Sickness absence has decreased slightly to 2.3% (from 2.43%) and remains below the London average figure of 2.8%. Short-term sickness (STS) (episodes of sickness up to 4-weeks) has not changed across the Trust at 1.3% whilst long-term sickness has decreased slightly to 1.0%.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 18.1%; this reported value excludes non-voluntary forms of leavers (e.g. dismissals, TUPE, fixed-term and redundancies). Total (voluntary and non-voluntary) turnover has decreased to 19.1% in August (-0.4% from June). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers).

Unfilled vacancy rate: The Trust's unfilled vacancy rate stands at 4.3% (increase of 2.2% compared to July).

Agency usage for 2016/17 (year to date) stands at 3.6% of total paybill (decrease of 0.1% from July). The significant spend on agency staff (as percentage of paybill) is largely driven by the investment of validators to support the RTT improvement work and also a number of senior interims in the organisation. NHS Improvement have set an agency spend ceiling for all Trusts (3% for GOSH, £6.525 million). The Trust is currently exceeding the agency ceiling for August due to RTT and the gastro review; however, Trust spend

on business as usual (BAU) agency staff is significantly below the ceiling. The Trust also reports on the number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in August, 148 shifts (no change from July) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 48% of total paybill (RTT and senior interims). Finance currently spends 22.4% of paybill on agency staff (decreasing).

Agency Measure	Spend YtD (August 2016)	Shifts breaching agency cap
RTT agency staff	*£1,601k*	*0*
Gastro review agency staff	*£259k*	*8*
Business as usual agency staff	*£1,649k*	*140*
Total agency staff	*£3,510k*	148
Agency ceiling	*£2,719k*	

PDR completion rates The Trust overall appraisal rate stands at 77% - a significant increase of 11% since July. Currently four areas are meeting the in-year target of 90%, Human Resources & Organisational Development (at 100%), Development and Property Services (up 19% to 97%), Finance (up 57% to 94%) and International (at 93%). The target for 2017/18 will increase to 95%.

Statutory & Mandatory training compliance: In August the compliance across the Trust increased by 1% to 85%. Currently six directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs and Development & Property Services.

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.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 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 90%)	**Statutory & Mandatory Training Compliance (%)** (target 90%)	**Vacancy Rate (%, FTE)** (Unfilled vacancies, 0-10% green)	**Agency (as % of total paybill, £)** (Max 0.5% Corporate, 2% Clinical)
West Division	1550	19.4% (276.4)	20.0% (284.9)	2.3	75.0%	84.0%	1.6%	1.5%
Barrie Division	1577	15.3% (215.4)	16.8% (235.3)	2.1	75.0%	84.0%	2.9%	1.1%
International Division	181	18.0% (29.1)	17.4% (28.1)	3.5	93.0%	93.0%	18.1%	0.0%
Corporate Affairs	9	11.2% (1.0)	11.2% (1.0)	1.3	88.0%	91.0%	23.9%	4.7%
Clinical Operations	89	12.6% (9.9)	11.4% (8.9)	3.2	62.0%	88.0%	1.6%	48.4%
Human Resources & OD	81	30.4% (24.0)	33.5% (26.4)	4.4	100.0%	97.0%	12.8%	2.6%
Nursing & Patient Experience	73	15.7% (10.3)	18.1% (11.9)	1.8	67.0%	89.0%	0.0%	0.0%
Medical Directorate	39	32.6% (11.9)	29.9% (10.9)	0.9	59.0%	62.0%	13.4%	0.0%
Finance	51	27.1% (14.0)	31.0% (16.0)	3.1	94.0%	95.0%	15.2%	22.4%
Development & Property Services	140	10.8% (13.8)	11.6% (14.7)	2.7	97.0%	90.0%	0.0%	6.4%
Research & Innovation	89	19.2% (16.6)	20.5% (17.6)	2.4	79.0%	91.0%	15.9%	0.0%
Trust	3881	**18.1%▲ (622.4)**	**19.1%► (655.8)**	**2.3%▼**	**77.0%▲**	**85.0% ▲**	**4.3%▲**	**3.6%▼**

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT

Highlights & Actions

Vacancy Rate

Actions

- Recruitment Advisors will be attending regular meetings with Ward Sisters to identify vacancies, offering support on filling those vacancies
- ER Team working with Barrie Division and Workforce Intelligence to identify vacancies to support with recruitment strategies.
- Expecting overseas nurses to start in post over coming weeks. - Newly qualifies nurse in take expected in September.
- New ward hedgehog opened which has impacted upon vacancy rate

Sickness Rate

Actions

- IPP - Drop in sessions ran for managers in IPP to discuss employees with sickness concerns. This is predominantly made up of short term sickness as they have a very low long sickness rate.
- Development & Property Services – a dedicated HR lead is working with the estates and facilities team to support their intermittent cases which is predominantly what drives the higher percentage.
- HR&OD – Long term sickness cases are driving high sickness rates, these are being managed in line with policy
- Regular meetings set up with service leads to provide additional support in managing sickness cases.

Agency Spend

Actions

- On-going recruitment to posts within finance

Voluntary Turnover Rate

Actions

- There has been a significant amount of work undertaken over the past few months to better understand the broader turnover position - with specific focus on areas of low stability and high turnover. Whilst this is work in progress, there have been developments in also understanding the reasons why people leave and where they go. In addition, the work around nurse recruitment and retention is now a focused project under the Nursing Workforce Board.
- Development of retention survey, focus group & analysing exit data.
- Developing B5s into vacant B6 roles helps to decrease turnover of B5s

PDR Completion

Actions

- PDR rates now regularly reported and accessible via the intranet. Significant increases across all divisions

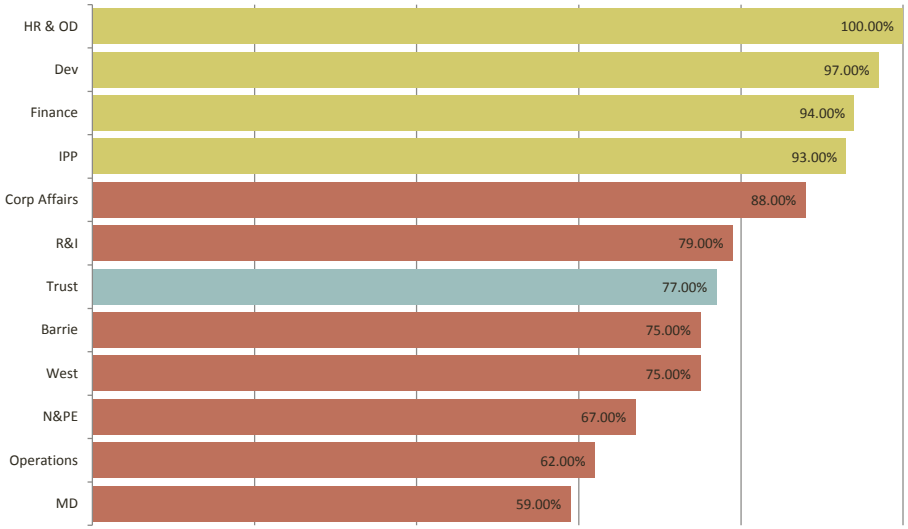
Statutory & Mandatory Training Compliance

Actions

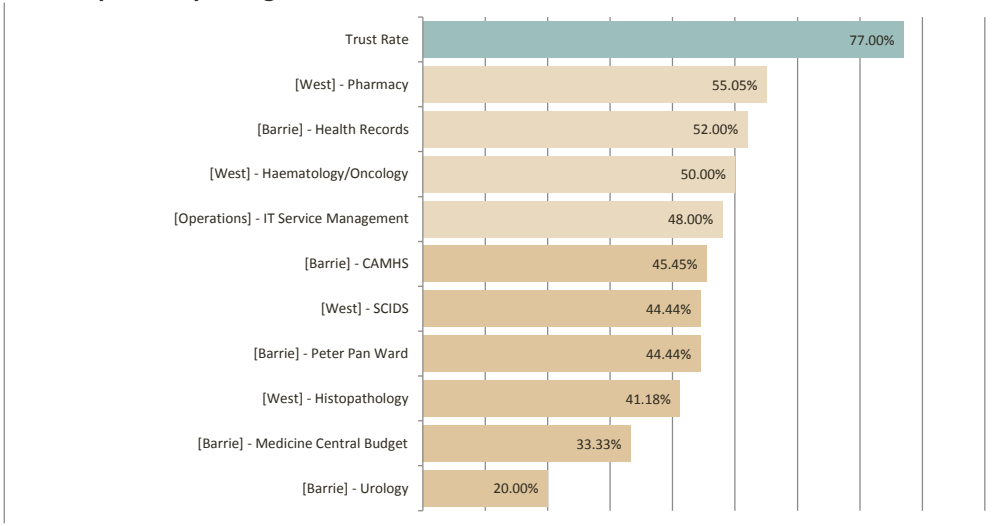
- More visibility through LMS
- Learning and Development & ER team will work with managers to identify those who are non-compliant including further developments to the new LMS
- Additional face to face sessions run for DPS staff. Information sheets sent out for online courses.

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT

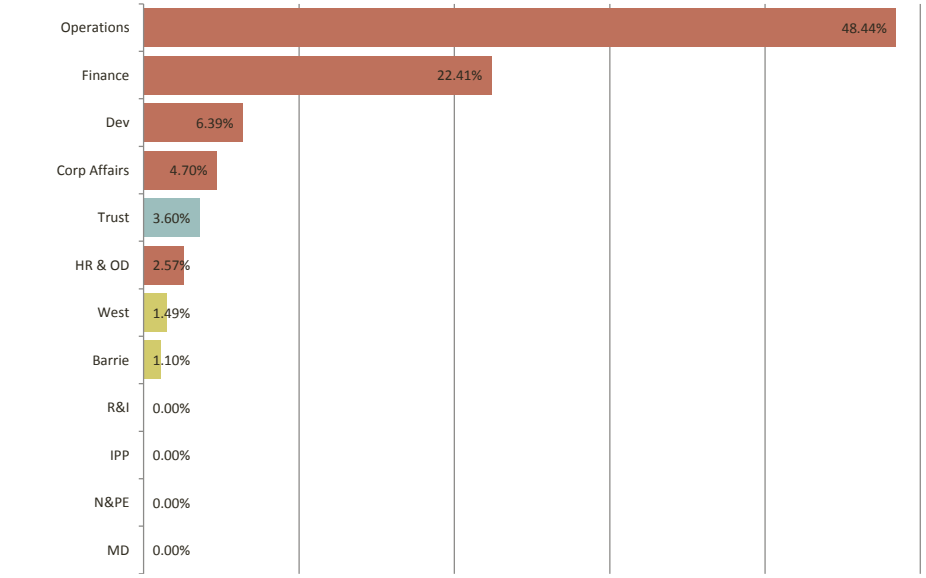
Divisional PDR (Target 90%)



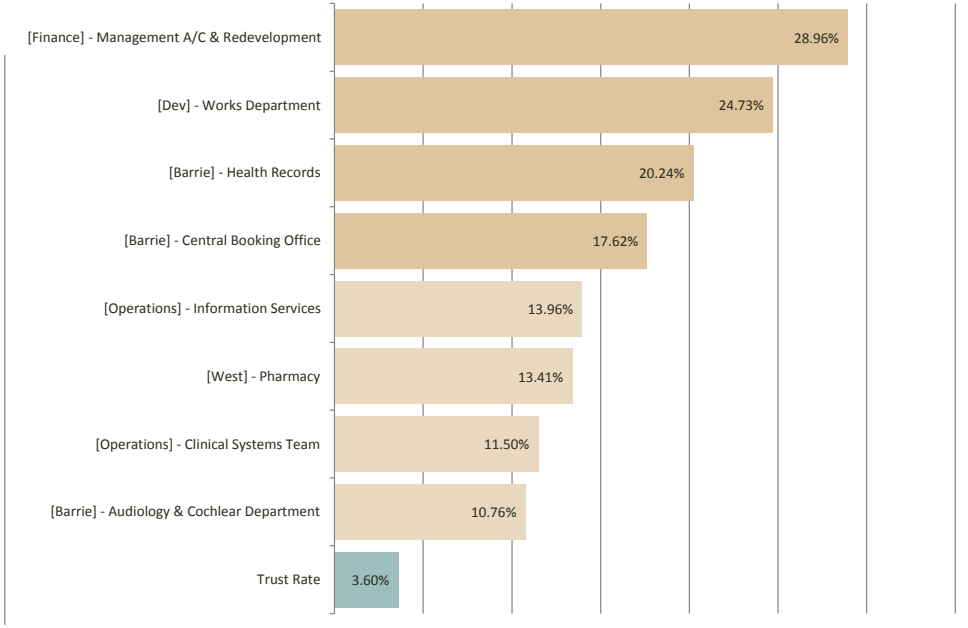
Exception Reporting PDR



Divisional Agency as % of paybill

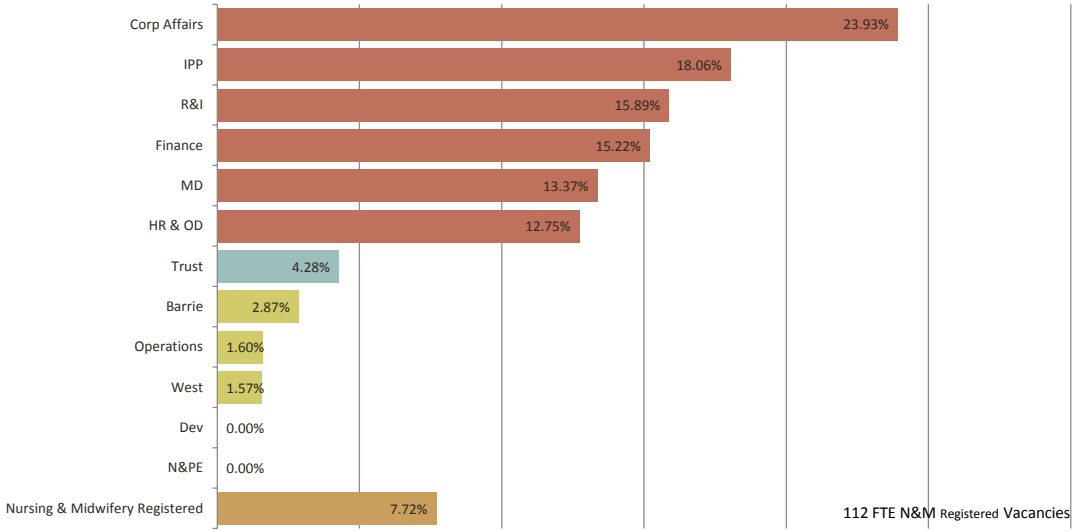


Exception Reporting Agency as % of Paybill



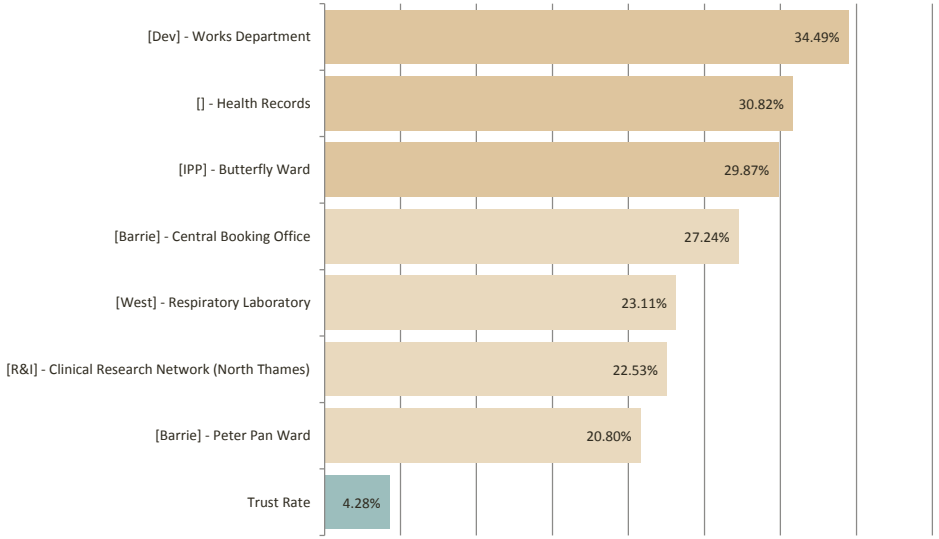
HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT

Divisional Vacancy Rate

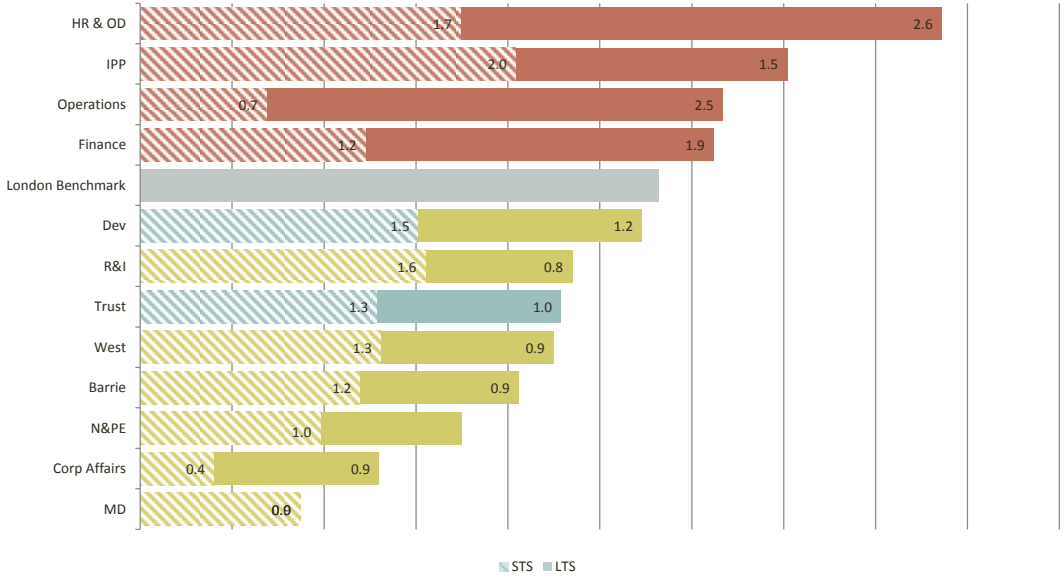


112 FTE N&M Registered Vacancies

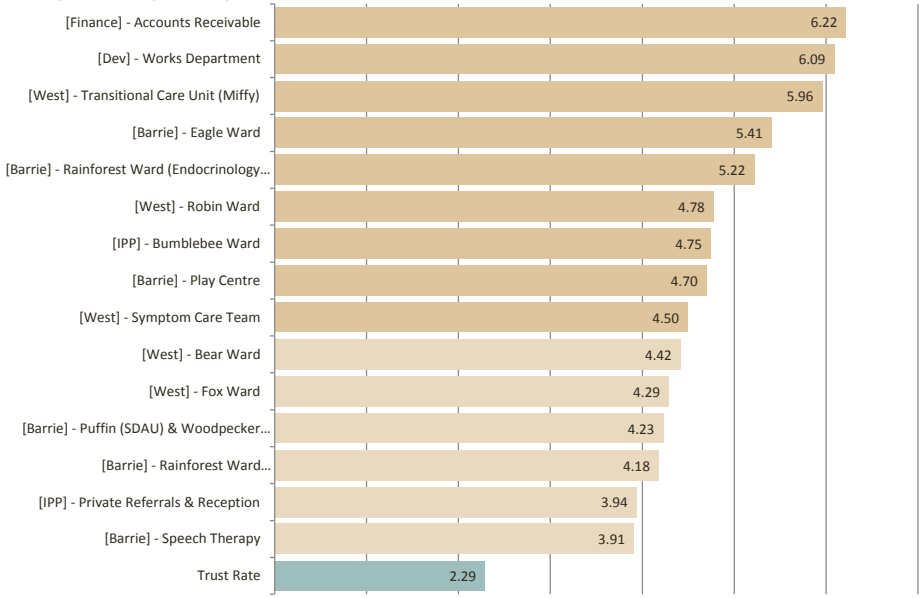
Exception Reporting Vacancy Rate



Divisional Sickness

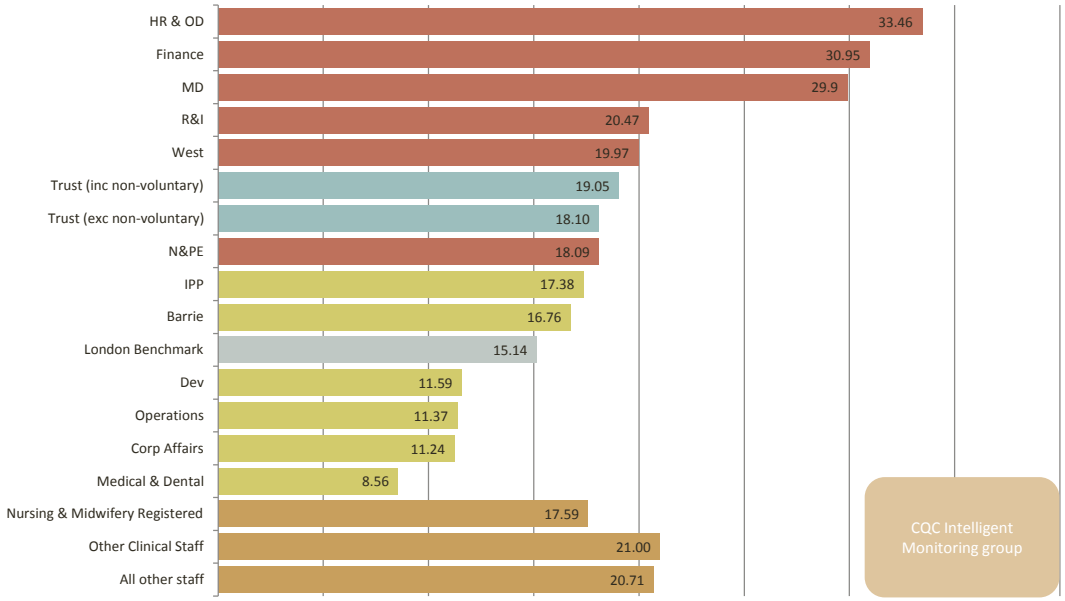


Exception Reporting Sickness

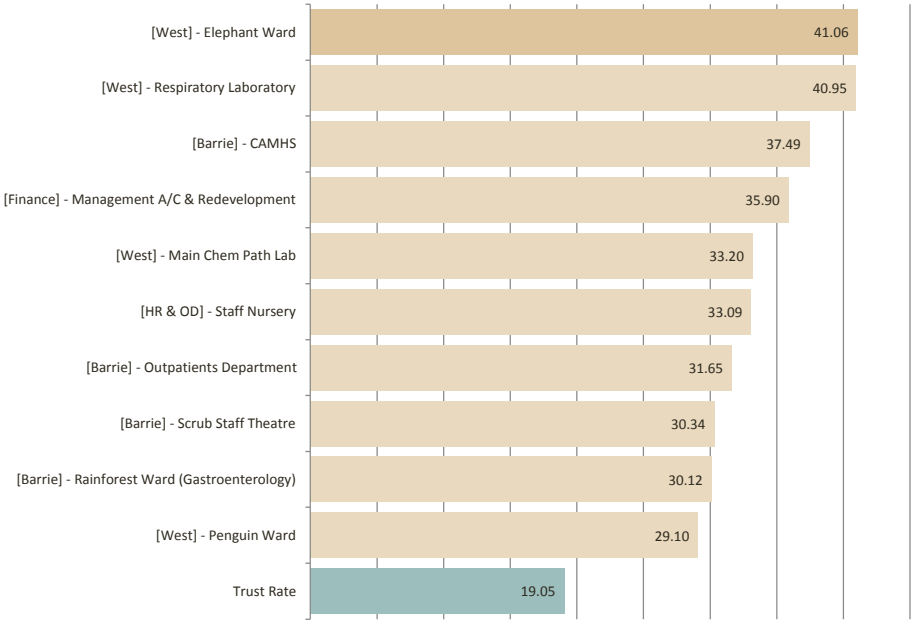


HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT

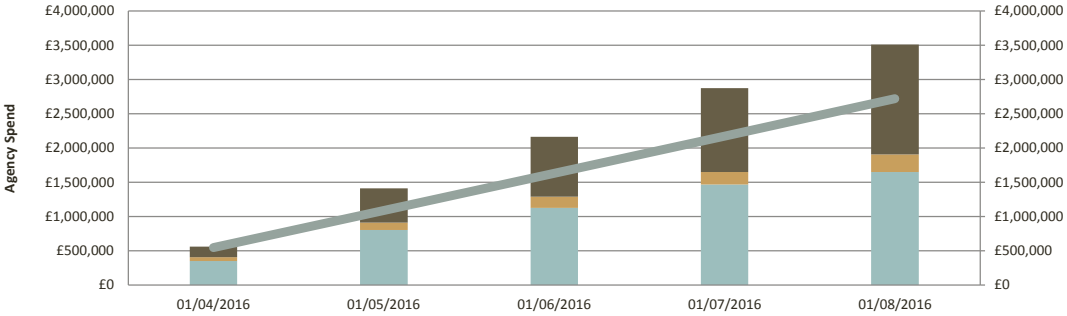
Divisional Turnover (Voluntary & Non-Voluntary)



Exception Reporting Turnover

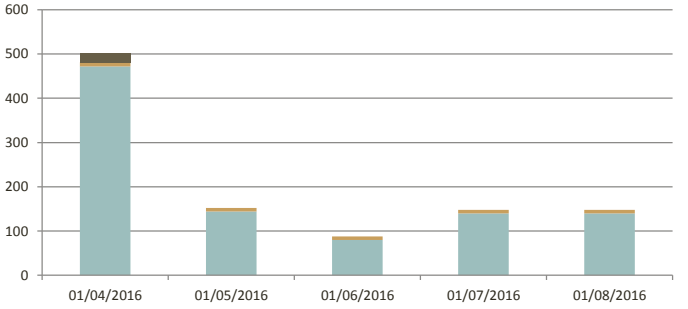


Agency Spend Ceiling (NHS Improvement Directive, Cumulative)



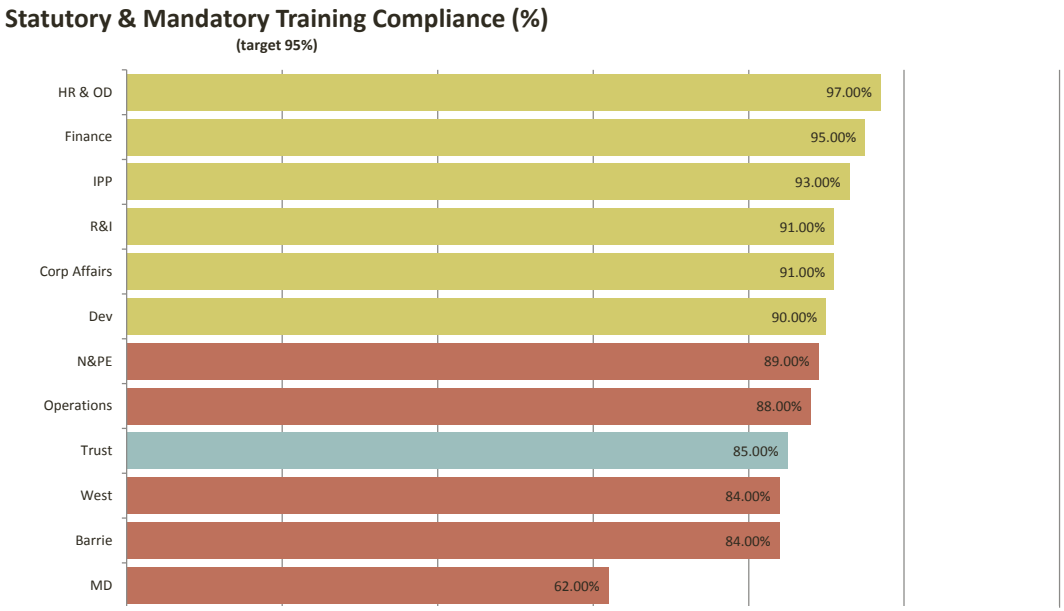
	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016
RTT	£153,012	£499,693	£873,238	£1,222,238	£1,601,238
Gastro Review	£57,040	£110,080	£163,120	£183,620	£258,935
Agency BAU	£349,203	£802,378	£1,126,514	£1,466,414	£1,649,904
Agency Ceiling	£543,750	£1,087,500	£1,631,250	£2,175,000	£2,718,750

NHS Improvement Agency Rule Breaches (shifts per month, target zero)

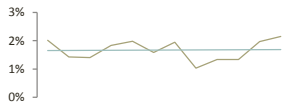
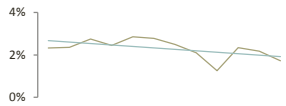
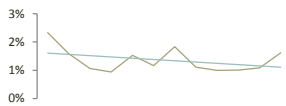
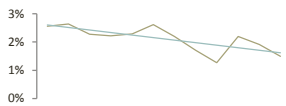
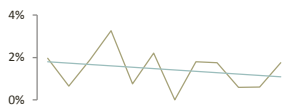
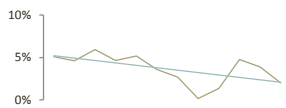
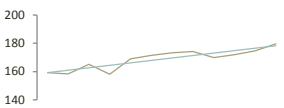
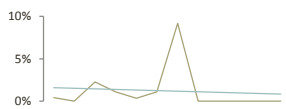
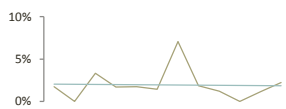
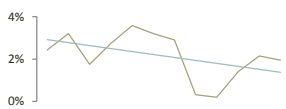
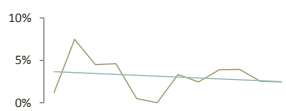
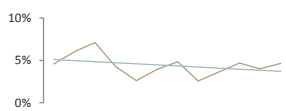
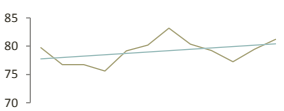
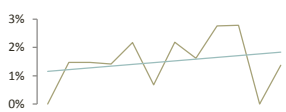
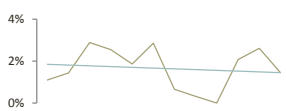
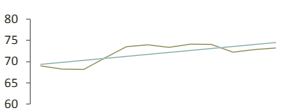
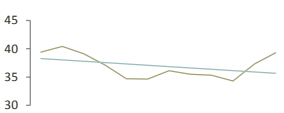
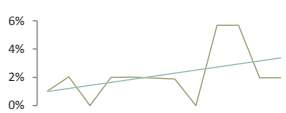
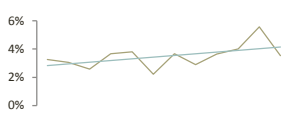
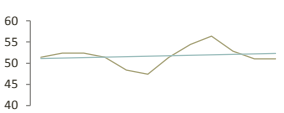
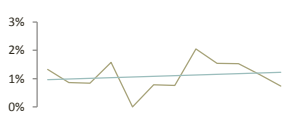
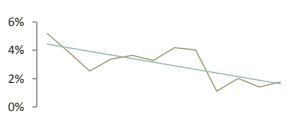
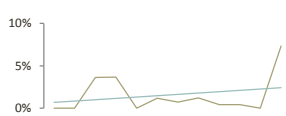
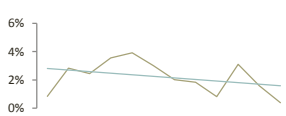
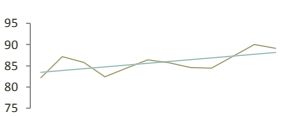
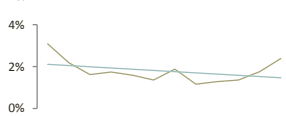
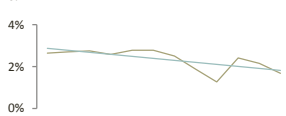
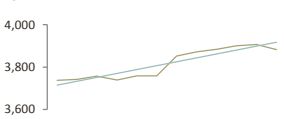


	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016
Shifts breached per month RTT	21	0	0	0	0
Shifts breached per month Gastro Review	9	8	8	8	8
Shifts breached per month BAU	472	144	80	140	140

HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT



HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT
WORKFORCE METRICS EXCEPTION REPORTING - AUGUST 2016 REPORT

Division	Total Turnover Rate (%, FTE) (number of leavers in 12-months in brackets, <18% green)	Total Turnover Rate (%, FTE) Monthly variation trend over 12 months	Sickness Rate (%) (0-3% green)	Sickness Rate (%, FTE) Monthly variation trend over 12 months	Contractual Staff In Post Trend (FTE) Monthly variation trend over 12 months excludes temporary staff
West Division	19.4% (276.4)		2.3		
Barrie Division	15.3% (215.4)		2.1		
International Division	18.0% (29.1)		3.5		
Corporate Affairs	11.2% (1.0)		1.3		
Clinical Operations	12.6% (9.9)		3.2		
Human Resources & OD	30.4% (24.0)		4.4		
Nursing & Patient Experience	15.7% (10.3)		1.8		
Medical Directorate	32.6% (11.9)		0.9		
Finance	27.1% (14.0)		3.1		
Development & Property Services	10.8% (13.8)		2.7		
Research & Innovation	19.2% (16.6)		2.4		
Trust	**18.1%▲ (622.4)**		**2.3%▼**		

The scale varies per division to enable a trend view for 12-month with sufficient detail (blue line). The red 'direction of travel' indicates the overall direction of travel across each of the 12-months. The 'total turnover rate' approximates to the total of each individual's months' turnover rate.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 28th September 2016	
Mandatory Training and PDR Appraisals update **Submitted by: Ali Mohammed, Director of HR&OD**	**Paper No: Attachment S**
Aims / summary To provide an update on the progress towards the target for mandatory training and PDR Appraisals	
Action required from the meeting To note the report	
Contribution to the delivery of NHS Foundation Trust strategies and plans Demonstrates development towards the Trust's strategic objective to be a great place to work and learn. Responds to CQC recommendation on mandatory training compliance.	
Financial implications None within the paper	
Who needs to be told about any decision? No decision required	
Who is responsible for implementing the proposals / project and anticipated timescales? No proposals within the paper.	
Who is accountable for the implementation of the proposal / project? No proposals within the paper	

Great Ormond Street Hospital for Children NHS Foundation Trust

Mandatory training and appraisal compliance – Trust Board update September 2016

Introduction

The Trust has set a target of 95% for completion of mandatory training and appraisals, with a 2016/17 end-of-year milestone of 90%

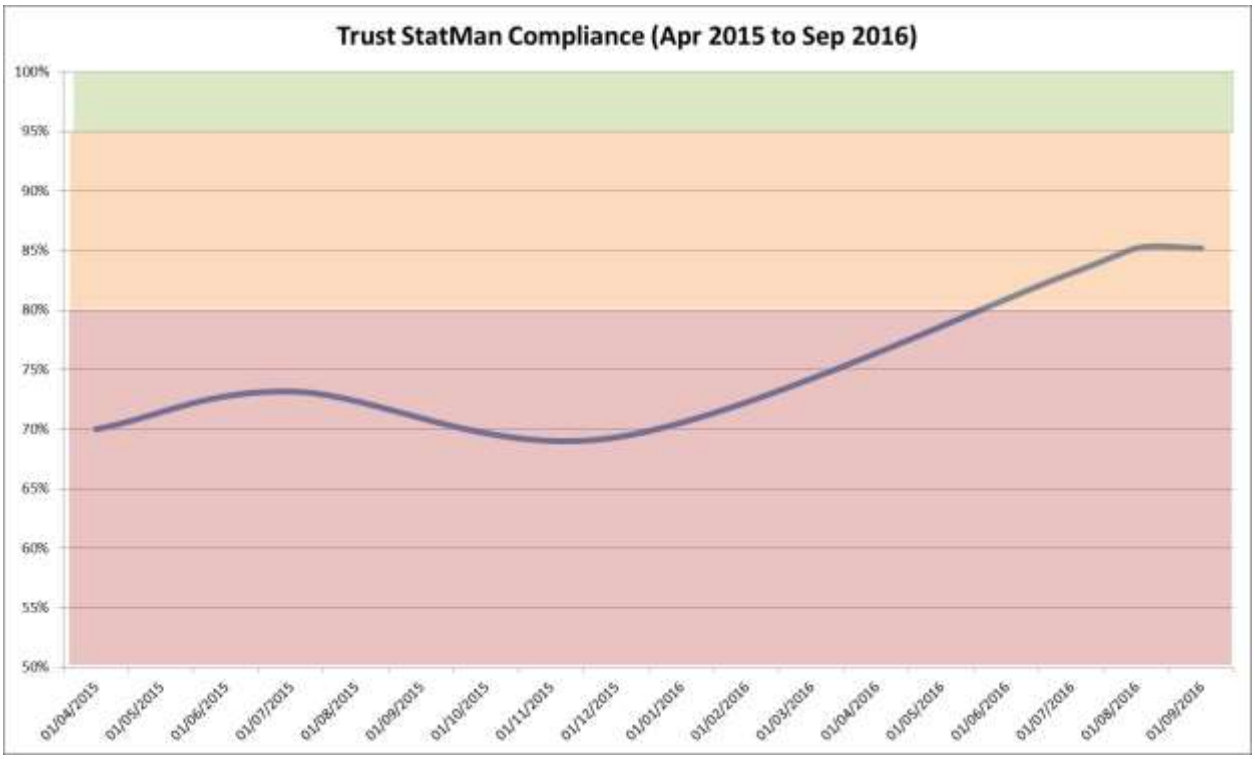
Performance management methods and changes to courses/process are being used to deliver sustainable improvements to mandatory training and appraisal rates.

The overall Trust mandatory training rate currently stands at 85%

Appraisal rates currently stand at 76%.

MANDATORY TRAINING

Certification	Barrie	West	International	Corporate Affairs	Development & Property Services	HR & OD	Nursing & PE	R&I	Clinical Operations	Finance	Medical Directorate	Trust
Total Compliance	84%	84%	93%	91%	90%	97%	89%	91%	88%	95%	62%	85%



The data shows an increase in overall compliance rates from 70% in April 2015 to 85% in September 2016.
15 topics are covered in this report. Topics and levels of training are allocated according to staff group and role.

Attachment S

Most significant **improvements** in training compliance since April 2015 are:

- Face-to-face fire safety: 30%
- Moving and handling for clinical staff who do not treat patients: 32%
- Pain Management pumps: 28%
- Local induction: 52%

Progress since July 2016 has been slower, largely as a result of staff taking annual leave over the summer. However, processes are in place to regain momentum in this work, as set out below.

Actions taken to improve mandatory training rates

- A mandatory training booklet which covers a number of key topics has been sent to staff who were not compliant in these topics. Once staff confirm they have read the booklet, they are recorded as compliant in these topics. Whilst this measure has facilitated a rapid increase in compliance in these topics, national requirements will not allow this approach to be followed for all mandatory training topics or on a recurrent basis.
- New GOSH staff who have undertaken mandatory training with their previous NHS employer now have this training record automatically transferred, reducing the number of courses that new staff have to undertake on commencement in order to become compliant.
- The online Learning Management System shows each member of staff their mandatory training status, and allows them to self- book onto training (previously a line manager needed to book all training sessions for their staff).

Performance management

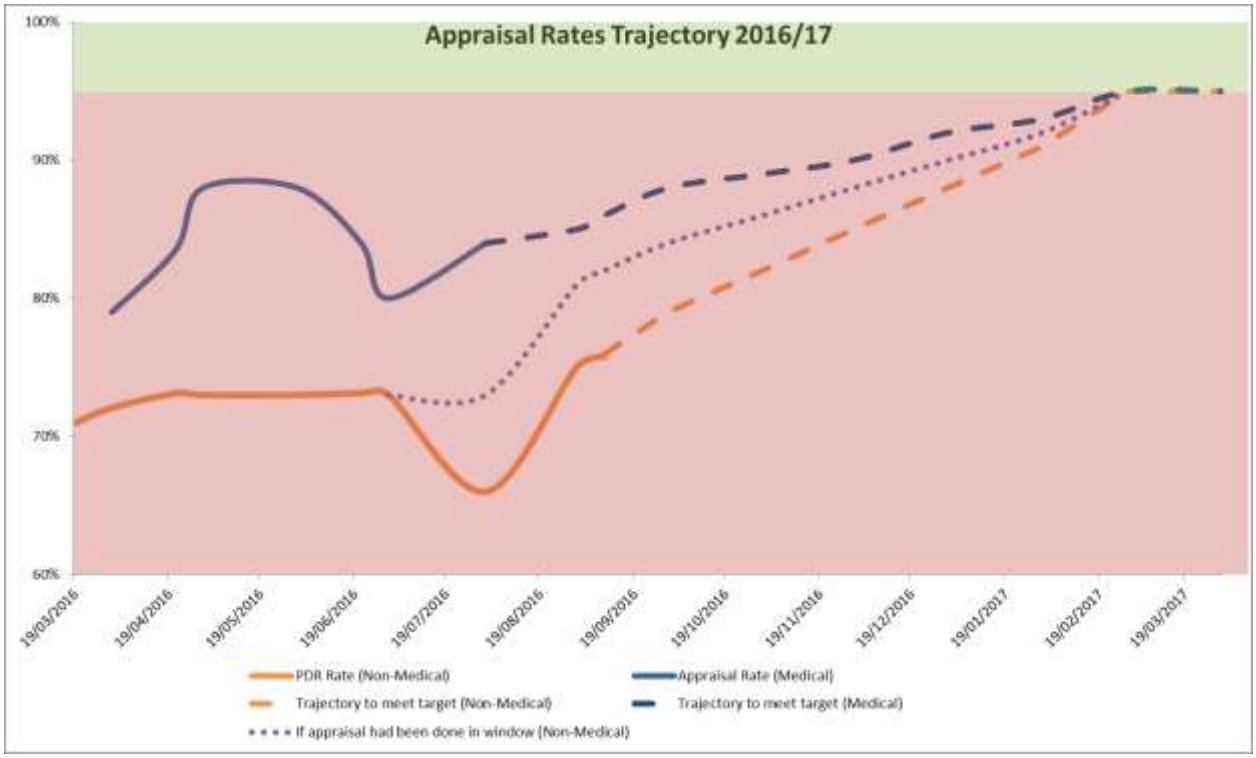
- Mandatory training compliance is formally monitored in monthly divisional performance reviews.
- The manager dashboard shows compliance for staff in their teams. An additional reporting suite has been developed so that staff who have been tasked with leading on mandatory training compliance but do not have line manager responsibility can access information to target non-compliance.
- An escalation approach for individuals who fail to update their mandatory training has been developed (attached) and agreed with EMT.

Reviewing current mandatory training to improve quality and compliance

- The Mandatory Training task and finish group has reviewed 11 topics and has agreed changes that respond to user feedback and will ensure barriers to compliance are reduced. For example, the group has agreed a proposal from the Blood Transfusion lead to delete a course which currently has compliance of 29%. (It should be noted that the Mandatory Training Task and Finish Group includes clinical staff and senior staff with responsibility for compliance and governance in the hospital, along with the relevant subject matter expert. Any significant change to a course will be remitted to an Executive-led group for final approval).
- Safeguarding Children mandatory training has been significantly amended. Staff requiring level 3 training (the majority of our clinical staff) will be required to do a 2-hour update annually rather than a 7-hour update every 3 years. These changes will improve both the quality of the training and the ability of staff to comply with the requirement (compliance is currently 79%).

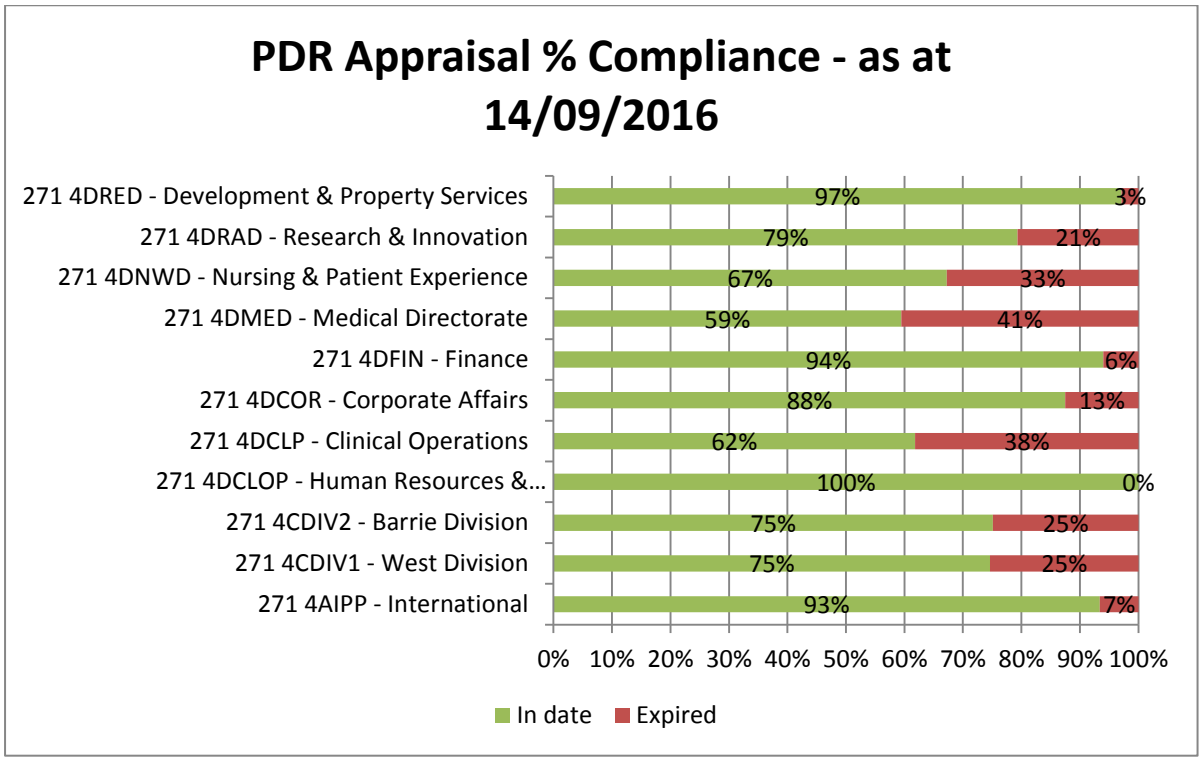
HR&OD are collating the arrangements for mandatory training and appraisals for all non-substantive staff. For example, the requirement of clinical observers who are here for a limited period to undertake mandatory training. These changes will be reviewed for issues of governance and proportionality.

PDR APPRAISALS



The data shows improvement in appraisal rates from 71% in March 2016 to 77% in September 2016.
However, this apparent small increase should be seen in the context of a drop in appraisal rate in July for AfC staff followed by a recovery. The initial drop is because the Trust had previously operated an appraisals process that ran in conjunction with the business planning round. Under this process, staff at Band 7 and above were required to have their appraisal between April and June, and then cascade objectives to their teams via appraisals over the rest of the year. Staff in these senior bands who had not had their appraisal by the end of June therefore all showed as non-compliant in July data. This affected 700 staff and the trajectory demonstrates that over 700 staff have been appraised between June and September in order to show an improved overall figure.

Attachment S



Actions taken to improve PDR Appraisal rates

- HR&OD staff send reminders to staff/line managers when their appraisals are due (this function will be delivered automatically by December).
- Staff have been reminded of the importance of undertaking appraisals in communications such as Chief Executive open forums and screensavers.

Performance management

- Divisions and directorates were set an initial stretch target of 31st August to deliver improvements on appraisals, and contacted by a member of the HR&OD senior team to offer support.
- Appraisal rates are reviewed as part of the suite of indicators at the monthly performance reviews
- JM Barrie and Charles West monitor data as part of their internal performance management process, and have each identified a lead who co-ordinates reminders for appraisals, ensuring that they are being sent to line managers and that dates for upcoming appraisals are reported. The HR&OD team are working with these leads.
- Existing processes require line managers in their own appraisal to report on how many staff in their team are not up-to-date with their appraisals; the provision exists for managers to be held at their pay gateway until outstanding appraisals are completed.

Reviewing current mandatory training to improve quality and compliance

- Divisional representatives are supportive of the current process
- Guidance on the process has been simplified

Mandatory training escalation flowchart

HR ACTIONS

Advance notice to individual that learning will expire in 3 months (6 months if need to book face-to-face course.) If learning is not completed, next steps apply:

1 Reminder to individual from GOLD LMS or HR

3 weeks

2 Reminder to individual from GOLD LMS or HR

Cc line manager

3 weeks

3 Send report of non-compliant staff to divisional lead Cc HOCS/Lead nurse/GM → Division to contact individual/line manager

2 weeks

4. Send report of non-compliant staff to divisional lead Cc to DD/DDO/ACN → Division to contact individual/line manager

2 weeks

5 Formal reminder from Director of HR&OD to DDO/DD/ACN → Division to contact individual/line manager

2 weeks

6 Email to individual from HRD

DIVISIONAL ACTIONS

DISCUSSED IN PERFORMANCE REVIEWS

Key

- Contact with individual
- Contact with management team

Content of emails to include:

- How to update
- Significance of mandatory training and risks of non-compliance for individual, patients/families, Trust
- What reminders have been sent
- Sanctions*

With emphasis on sanctions increasing during escalation process.

*Sanctions to include:

unable to apply for excellence awards; unable to work bank shifts; unable to access training/study leave; unable to seek promotion/change roles; unable to revalidate; suspension; disciplinary action

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
28 September 2016

2016/17 Finance Report – Month 5 **Submitted by:** **Loretta Seamer, Chief Finance Officer**	**Paper No: Attachment H**

Purpose
The purpose of this paper is to update the Trust Board on progress at Month 5 (31st August 2016) against the Trust financial plan for 2016/17.

Financial Position
For the five months ending 31 August 2016 the Trust reported a year to date operating deficit of £3.0m (excluding capital donations and impairments). This result is £0.1m better than the plan deficit of £3.1m.

The Trust continues to forecast that it will achieve its control total deficit of £6.3m for 2016/17.

Income
At the end of month 5, year to date income is £4.0m higher than plan. International Private Patients has exceeded plan income by £2.4m. NHS and other clinical income (excluding pass through) is £0.1m better than plan after adjusting for the £1.0m reduction in income relating to 2015/16 outturn. IPP income is lower than plan in month 5 due to the later than planned opening of Hedgehog Ward.

The year to date income position includes £1.0m representing the first five months of the £2.4m Sustainability and Transformation Fund. NHS Improvement released guidance on 7 July 2016 detailing the criteria that needs to be met to access the fund in each quarter of 2016/17. The Trust received the quarter 1 payment for STF on 12 August 2016 and remains on course to qualify for the full payment for the year to date. NHS Income also includes £1.9m for additional income expected in the first 5 months from the outcome of the local price review work recently undertaken by PwC on behalf of GOSH and NHS England.

Expenditure
Pay costs for the year to date are £1.1m higher than plan. The Trust has exceeded the £2.7m year to date agency cost ceiling by £0.8m due to the additional costs of RTT validation (£1.6m) and the Gastroenterology review (£0.26m); however it is anticipated that the Trust will remain within the ceiling for the last two quarters of the financial year when the validation work is completed. The Trust must underspend against its monthly ceiling of £0.54m by £0.12m for the remainder of the year to stay within the annual cap of £6.5m.

Trust non pay costs are lower than plan on Blood and Drugs and other Clinical Supplies (£0.6m). Other non-pay expenses are £1.9m higher than plan largely due to the inclusion of a year to date increase of £1.4m bad debt provision relating to International Private Patients.

Current delivery of recurrent P&E savings are £1.88m lower than plan for the first five months of 2016/17. The Programme Office and Finance teams continue to work with all clinical and non-clinical divisions to monitor progress against current P&E savings schemes and to support the identification and implementation of additional schemes required to close the current gap in savings. There are currently £6.1m of recurrent P&E schemes identified for 2016/17.

Activity
Based on all Trust activity, Daycase/Regular attender activity is 7% higher in 2016/17 than the first 5 months of 2015/16. Overnight spells and outpatient activity is 6% and 3% higher respectively for the first five months of 2016/17 compared to 2015/16.

Risks
The forecast outturn for the year is based on achieving:

- Net £10m delivery of P&E savings (£11.6m savings offset by £1.6 for cost of delivery).
- Delivery of £4.7m CQUIN Income. The current YTD position assumes 90% achievement.
- IPP Income £1.4m higher than plan. IPP income is currently £2.2m ahead of plan at month 5, however this need to be maintained for the remainder of the financial year with no further risk of additional doubtful debts.
- Local price review increasing NHS Income by £3.0m higher than plan. The final report has been agreed with NHS England and the Trust is awaiting a contract variation.
- NHS activity and income remaining at or above contracted levels excluding commissioner QIPP assumptions (£6.4m).
- The impact of currency fluctuations post referendum not impacting significantly on the price of non-pay expenditure in the short to medium term.
- Achieving the requirements to qualify for the full payment of the STF (£2.4m).

Cash
The closing cash balance was £54.2m, £2.6m higher than plan. This was due to higher than planned EBITDA (£0.2m), lower than planned trust funded capital expenditure (£3.6m) and the movement on working capital net of capital payables and receivables (£1.2m).

NHS Debtor Days
NHS debtor days remained low since there are no areas of concern with the outstanding items. Invoices for Q1 over-performance will be raised in September which will result in an increase to debtor days.

IPP Debtor Days
No improvement was seen in the receipt of IPP cash and, as a result, debtor days remain in line with the previous month. Receipts (net of deposits) in August totalled £3.7m; the average for the last 12 months is £3.6m.

Creditor Days
On-going improvements in Accounts Payable led to a higher value of invoices being paid in August, this resulted in a significant reduction in creditor days. However, since a greater proportion of invoices settled were out of terms this has also led to a worsening of the BPPC metric.

Inventory Management
Inventory days are currently running at 9 days for drugs and 53 days for non-drugs inventory and total the Trust is holding a total inventory of £8.2m (at the 31 August 2016) of which £1.7m relates to drugs and £6.5m non drugs.

Non-Current Assets
Non-current assets increased by £4.1m in month, the effect of capital expenditure of £5.6m less depreciation of £1.5m. Year to date capital expenditure was £4.7m below plan and is the cause of the lower than planned total value of non-current assets at 31 August. The variance in capital expenditure is due to lower than planned expenditure to date on EPR, VCB Chillers and PICB.

Action required from the meeting • To **note** the year to date financial position as at 31 August 2016 • To **note** the risks to achievement of the 2016/17 forecast outturn.
Contribution to the delivery of NHS / Trust strategies and plans This paper details the Trusts delivery against its agreed Financial Plan for 2016/17.
Financial implications None
Legal issues None
Who is responsible for implementing the proposals / project and anticipated timescales Chief Finance Officer
Who is accountable for the implementation of the proposal / project Chief Finance Officer

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Workforce Performance Report Month 5 2016/17

Contents

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Income and Expenditure Performance Summary for the 5 months ending 31 August 2016

2016/17 Annual Budget (£m)	Income & Expenditure	2016/17 Month 5 Budget (£m)	Month 5 Actual (£m)	Month 5 Variance (£m)	Month 5 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	RAG Rating Current Year Variance	Note	2015/16 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
255.3	NHS & Other Clinical Revenue	21.9	21.8	(0.1)	-0.5%	106.7	106.8	0.1	0.1%	G	1	101.4	5.4	5.3%
57.3	Pass Through	4.9	5.5	0.6	12.2%	24.0	25.5	1.5	6.3%			21.5	4.0	18.6%
54.1	Private Patient Revenue	4.9	4.6	(0.3)	-6.1%	21.0	23.4	2.4	11.4%	G	2	19.0	4.4	23.2%
43.3	Non-Clinical Revenue	3.7	3.4	(0.3)	-8.1%	17.9	17.9	0.0	0.0%	G		17.5	0.4	2.3%
410.0	**Total Operating Revenue**	**35.4**	**35.3**	**(0.1)**	**-0.3%**	**169.6**	**173.6**	**4.0**	**2.4%**			**159.4**	**14.2**	**8.9%**
(227.7)	Permanent Staff	(19.0)	(17.6)	1.4	7.4%	(94.2)	(87.2)	7.0	7.4%			(81.7)	(5.5)	6.7%
(2.1)	Agency Staff^	(0.3)	(0.6)	(0.3)	-100.0%	(1.7)	(3.5)	(1.8)	-105.9%			(1.8)	(1.7)	94.4%
(1.0)	Bank Staff^	(0.1)	(1.5)	(1.4)	-1400.0%	(0.6)	(6.9)	(6.3)	-1050.0%			(6.1)	(0.8)	13.1%
(230.8)	**Total Employee Expenses**	**(19.4)**	**(19.7)**	**(0.3)**	**1.5%**	**(96.5)**	**(97.6)**	**(1.1)**	**-1.1%**	A	3	**(89.6)**	**(8.0)**	**8.9%**
(12.3)	Drugs and Blood	(1.0)	(1.0)	0.0	0.0%	(5.1)	(4.6)	0.5	9.8%	R		(4.2)	(0.4)	9.5%
(41.4)	Other Clinical Supplies	(3.4)	(3.1)	0.3	8.8%	(17.2)	(17.1)	0.1	0.6%	A		(15.2)	(1.9)	12.5%
(48.6)	Other Expenses	(4.0)	(4.3)	(0.3)	-7.5%	(19.5)	(21.4)	(1.9)	-9.7%	R		(21.3)	(0.1)	0.5%
(57.3)	Pass Through	(4.9)	(5.5)	(0.6)	-12.2%	(24.0)	(25.5)	(1.5)	-6.3%			(21.5)	(4.0)	18.6%
(159.6)	**Total Non-Pay Expenses**	**(13.3)**	**(13.9)**	**(0.6)**	**-4.5%**	**(65.8)**	**(68.6)**	**(2.8)**	**-4.3%**	R	4	**(62.2)**	**(6.4)**	**10.3%**
(390.4)	**Total Expenses**	**(32.7)**	**(33.6)**	**(0.9)**	**-2.8%**	**(162.3)**	**(166.2)**	**(3.9)**	**-2.4%**	A		**(151.8)**	**(14.4)**	**9.5%**
19.6	**EBITDA (exc Capital Donations)**	**2.7**	**1.7**	**(1.0)**	**37.0%**	**7.3**	**7.4**	**0.1**	**1.4%**	G		**7.6**	**(0.2)**	**-2.6%**
(25.9)	Depreciation, Interest and PDC	(2.1)	(2.0)	0.1	-4.8%	(10.4)	(10.4)	0.0	0.0%			(10.0)	(0.4)	4.0%
(6.3)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**0.6**	**(0.3)**	**(0.9)**	**-150.0%**	**(3.1)**	**(3.0)**	**0.1**	**3.2%**	G		**(2.4)**	**(0.6)**	**25.0%**
4.8%	**EBITDA %**	**7.6%**	**4.8%**			**4.3%**	**4.3%**					**4.8%**	**-0.5%**	**-10.6%**
0.0	Impairments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%			0.0	0.0	0%
35.2	Capital Donations^^^	4.5	4.8	0.3	-6.7%	19.5	18.4	(1.1)	-5.6%			8.4	10.0	119.0%
28.9	**Net Result**	**5.1**	**4.5**	**(0.6)**	**11.8%**	**16.4**	**15.4**	**(1.0)**	**-6.1%**			**6.0**	**9.4**	**156.7%**

Green = Favourable YTD Variance; Amber = Adverse YTD Variance Less than 5%; Red = Adverse YTD Variance greater than 5%

NHSI Key Performance Indicators

KPI	Annual Plan	M5 YTD Plan	M5 YTD Actual	Rating
Liquidity	4	4	4	G
Capital Service Coverage	4	3	3	G
I&E Margin	4	4	4	G
Variance in I&E Margin as % of income^^	2	2	3	G
Overall	4	3	4	G
Overall after Triggers	4	3	4	G

5

Notes:
^ The Trust has only set bank and agency budgets for planned short term additional resource requirements ie RTT and Gastro
^^ Plan for variance in I&E margin as % of income was set for 2016/17 based on 2015/16 outurn and cannot be revised
^^^ Budget profile revised in month 3 following review of forecast on capital donations

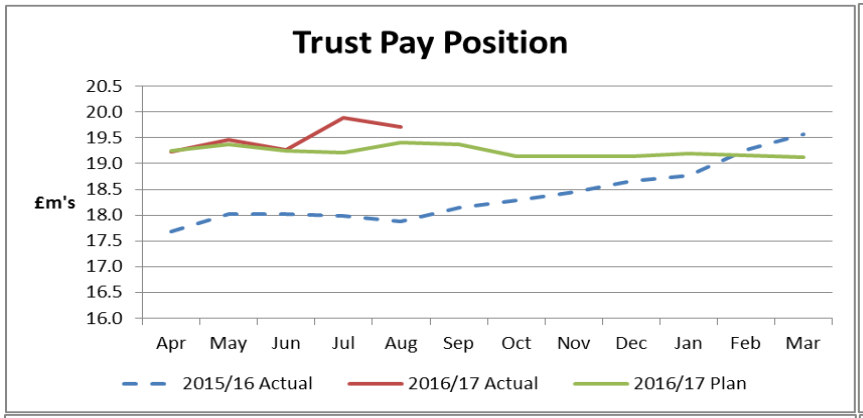
Summary:

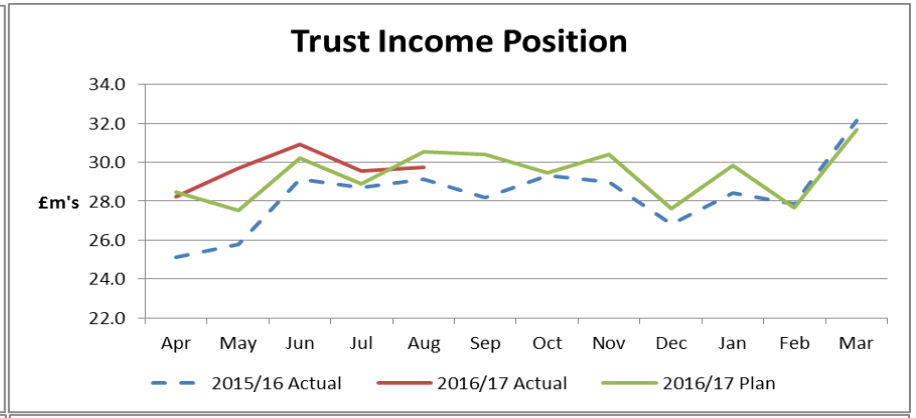
- For the year to the end of August the Trust is reporting a £3.0m deficit, excluding capital donations. This is £0.1m better than planned for the year to date.
- The position in month 5 was a £0.3m deficit, £0.9m worse than plan.
- The month 5 YTD EBITDA was a £7.4m surplus which is £0.1m favourable to plan and represents 4.3% of Income.

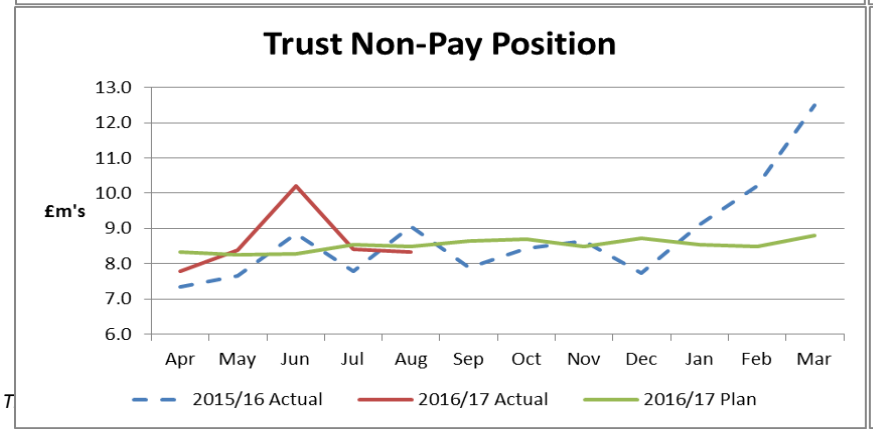
Notes:
1) NHS income (excluding pass through) YTD is above plan by £0.1m. The year to date plan includes £1.0m (5/12) of the agreed £2.4m Sustainability and Transformation funding and £1.2m for the outcome of the local pricing review following the publication of the PwC report; accrued income of £1.0m and 1.9m has also been included respectively for these items in the year to date position. The YTD position includes a £1.0m reduction in income for the movement in contract outturn between annual accounts production and final chargeable activity for last financial year.
2) Private patient income YTD is £2.4m above plan. This was delivered through increased activity and a high level of complex patients.
3) Pay is adverse to plan in month by 0.3m, with agency spend £0.3m above plan. The agency spend is higher than the prior year due to the continuing cost of RTT validation and the Gastro review. The pay overspend is following the YTD trend after the higher than average M4 caused by a catch-up in invoicing.
4) Non pay excluding pass through YTD is £1.3m adverse to plan. This is due to increased bad debt provision (£1.4m).
5) The overall weighted Monitor rating for M5 was a 4.This represents an improvement against plan for the variance in I&E margin and being on target for the other measures.

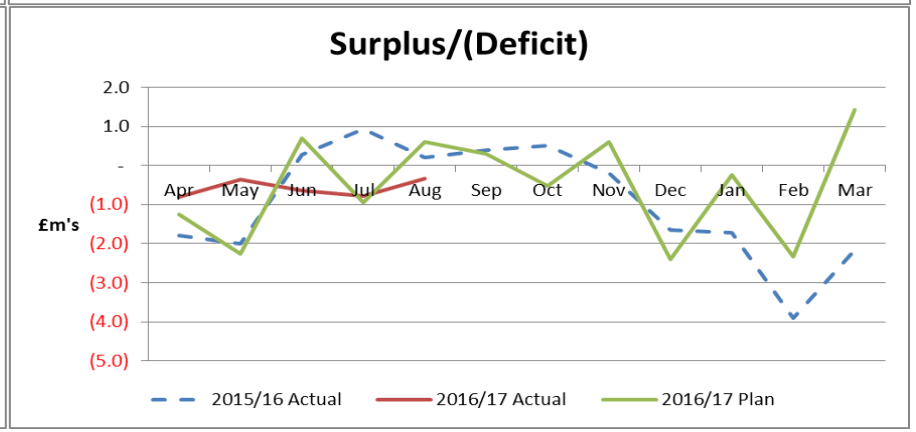
I&E Run Rate Summary for the 5 months ending 31 August 2016

Great Ormond Street Hospital for Children NHS









Income

- Private patient income over performed by £2.4m YTD at month 5 due to increased bed occupancy levels and an increase in the proportion of complex cases being seen.
- Other Clinical income has over performed by £0.2m YTD after adjustment for the 2015/16 Income of £1.0m.This income includes the S&T funding and Local Price review.

Pay

- The Trust's pay expenditure has risen every month since September 2015, due to staff working on RTT, until April 2016 when spend fell due to a reduction in ICT temporary staffing. The Trust pay budget profile takes into account the planned reduction in RTT validation staff which is offset by the planned opening of Hedgehog ward.
- Following the high M4 pay value caused by medical staff invoices for M1-4 from other organisations the pay bill has fallen to a value expected to continue going forward (not taking account of changes for RTT staffing).

Non Pay

- The trusts non-pay expenditure has fallen from M12 2015/16 following one off expenditure in M12 relating to medical equipment purchased less than £5,000 (which was offset by charitable donations).
- Expenditure is above plan YTD due to £1.4m of additional bad debt provision and increased pass through expenditure (offset by income), additional costs for work on the governance review and increased research costs (offset by income). The spending pattern remains consistent with 2015/16.

Surplus/Deficit

- The lower than planned income at month 5, is partly offset by lower non pay costs. The resulting overall deficit is higher than planned in month. The Trust is now focused on delivering its P&E savings to ensure costs are reduced whilst expecting income against plan to improve next move.

Great Ormond Street Hospital for Children NHS Foundation Trust

Cash, Capital and Statement of Financial Performance Summary for the 5 months ending 31 August 2016

Cash

The closing cash balance was £54.2m, £2.6m higher than plan. This was due to higher than planned EBITDA (£0.2m), lower than planned trust funded capital expenditure (£3.6m) and the movement on working capital net of capital payables and receivables (£1.2m).

NHS Debtor Days

NHS debtor days remained low since there are no areas of concern with the outstanding items. Invoices for Q1 over-performance will be raised in September which will result in an increase to debtor days.

IPP Debtor Days

No improvement was seen in the receipt of IPP cash and, as a result, debtor days remain in line with the previous month. Receipts (net of deposits) in August totalled £3.7m; the average for the last 12 months is £3.6m.

Creditor Days

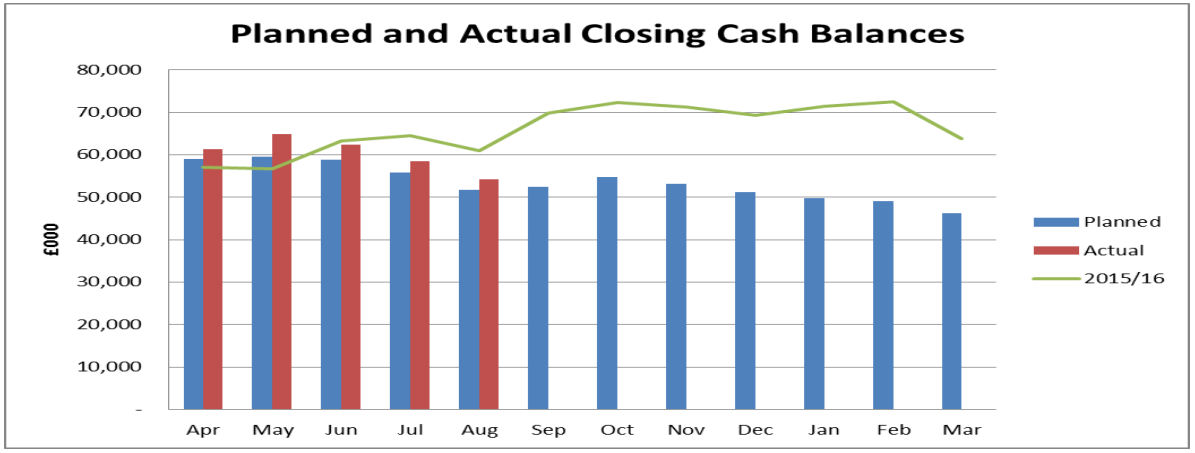
On-going improvements in Accounts Payable led to a higher value of invoices being paid in August, this resulted in a significant reduction in creditor days. However, since a greater proportion of invoices settled were out of terms this has also led to a worsening of the BPPC statistic.

Non-Current Assets

Non-current assets increased by £4.1m in month, the effect of capital expenditure of £5.6m less depreciation of £1.5m. Year to date capital expenditure was £4.7m below plan and is the cause of the lower than planned total value of non-current assets at 31 August. The variance in capital expenditure is detailed in the capital expenditure schedule.

Inventory Days

Drug inventory days have remained in line with the previous month at 9. The value of blood products held as stock fell between 31 July and 31 August resulting in a reduction in non-drug inventory days.



Statement of Financial Position	31 Mar 2016 Actual £m	31 Aug 2016 Plan £m	31 Aug 2016 Actual £m
Non-Current Assets	440.8	460.8	456.2
Current Assets (exc Cash)	58.9	70.4	74.9
Cash & Cash Equivalents	63.7	51.6	54.2
Current Liabilities	(60.3)	(64.4)	(66.9)
Non-Current Liabilities	(6.3)	(6.0)	(6.1)
Total Assets Employed	**496.8**	**512.4**	**512.3**

Capital Expenditure	Annual Plan £m	31 Aug 2016 YTD Plan £m	31 Aug 2016 YTD Actual £m	YTD Variance £m
Redevelopment - Donated	32.3	18.9	17.8	1.1
Medical Equipment - Donated	2.9	0.6	0.6	0.0
Estates - Donated	0.0	0.0	0.0	0.0
ICT - Donated	0.0	0.0	0.0	0.0
Total Donated	**35.2**	**19.5**	**18.4**	**1.1**
Redevelopment & equipment - Trust Funded	9.0	4.1	3.0	1.1
Estates & Facilities - Trust Funded	2.4	0.6	0.1	0.5
ICT - Trust Funded	10.0	2.7	1.4	1.3
Contingency	3.0	0.7	0.0	0.7
Total Trust Funded	**24.4**	**8.1**	**4.5**	**3.6**
Total Expenditure	**59.6**	**27.6**	**22.9**	**4.7**

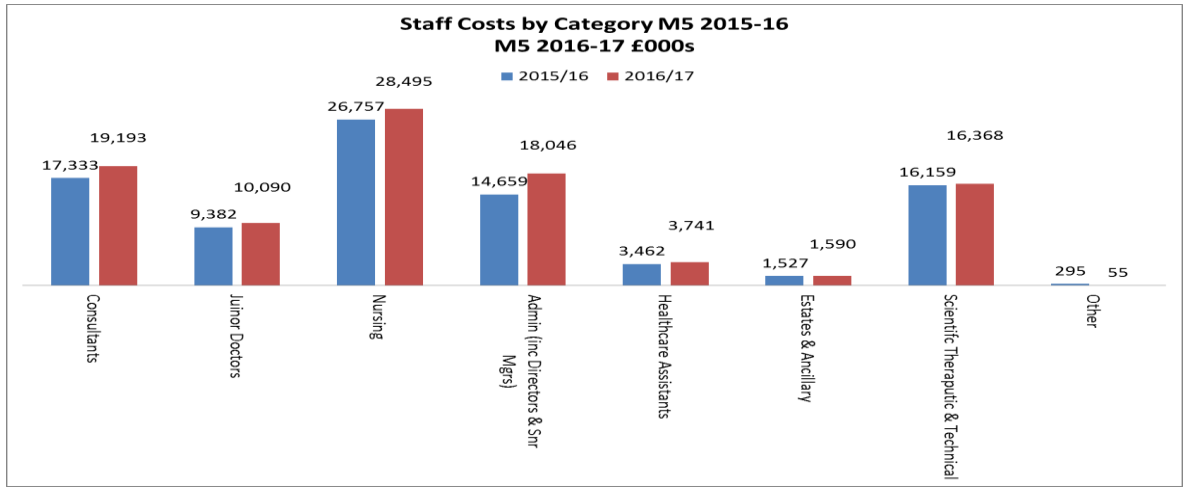
Working Capital	31-Mar-16	31-Jul-16	31-Aug-16	RAG
NHS Debtor Days (YTD)	11.8	5.9	8.2	G
IPP Debtor Days	197.1	213.8	215.5	R
IPP Overdue Debt (£m)	13.0	18.6	20.2	R
Inventory Days - Drugs	6.0	8.6	9.0	G
Inventory Days - Non Drugs	51.0	55.7	53.0	R
Creditor Days	35.0	31.4	22.0	G
BPPC - Non-NHS (YTD) (number)	85.2%	83.0%	80.3%	R
BPPC - Non-NHS (YTD) (value)	87.8%	81.2%	82.6%	R

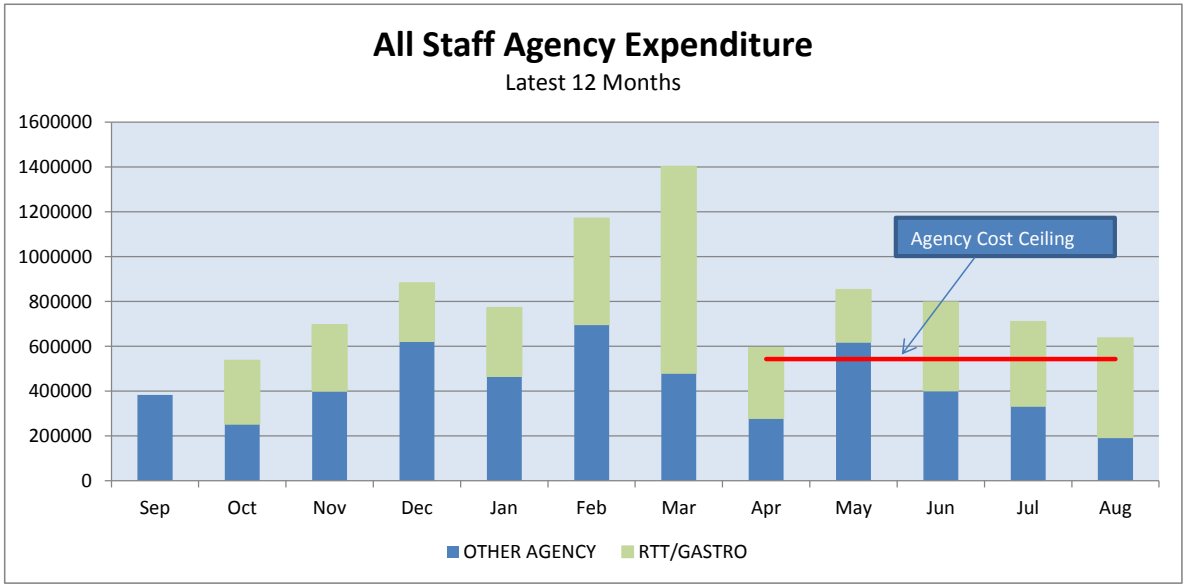
RAG Criteria:
NHS Debtor and Creditor Days: Green (under 30); Amber (30-40); Red (over 40)
BPPC Number and £: Green (over 90%); Amber (85-90%); Red (under 85%)
IPP debtor days: Green (under 120 days); Amber (120-150 days); Red (over 150 days)
Inventory days: Green (under 21 days); Amber (22-30 days); Red (over 30 days)

Workforce Summary for the 5 months ending 31 August 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

*WTE = **Worked WTE**, Worked hours of staff represented as WTE



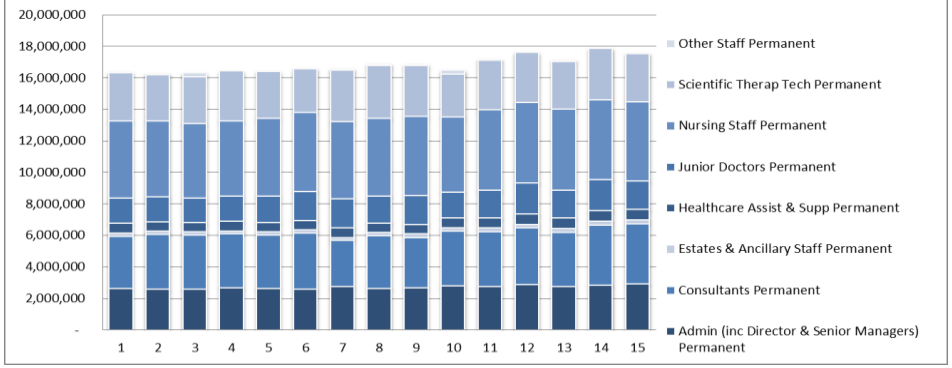


- The agency spend graphs show agency spend as a proportion of total pay spend,
  - Top Graph shows this gross of referral to treatment (RTT) and Gastro spend.
  - Bottom Graph shows this net of £1.4m RTT validation agency staff and Gastro review agency staff. Divisional RTT agency staff are still included
- Temporary staffing levels between M4 and M5 have remained consistent across both agency and bank staffing levels..
- As at end August there are over 100 agency staff still working on RTT.
- The percentage of agency spend against permanent has continued to decrease.
- The RTT agency staff are the main reason for the increase in pay costs throughout the last 6 months of 2015/16 and into 2016/17. They are the key reason for the change in pay spend seen between 2015/16 and 2016/17. M5 agency spend has fallen, as a percentage of total pay, below the 2015/16 levels, although this has been offset by an increase in bank spend.
- The drop in pay spend across the trust is a result of the high Month 4 spend due to invoices received for consultants and junior doctors employed by other trusts but working at GOSH. The increase seen in July contained £0.5m associated with M1-3.
- A change in National Pay rules removing discounted employer National Insurance rates has increased the Monthly pay bill by £0.3m
- Other reasons for an increase in pay costs are associated with inflationary increase, pay increments and research costs (offset by income) partly offset through the introduction of NHS agency Caps.
- The Trust is currently running above its NHSI notified cost ceiling for agency staff due to the continued cost of RTT validation and the Gastro review. RTT validation costs are expected to reduce significantly in September/October when the Trust should return to below its notified ceiling.

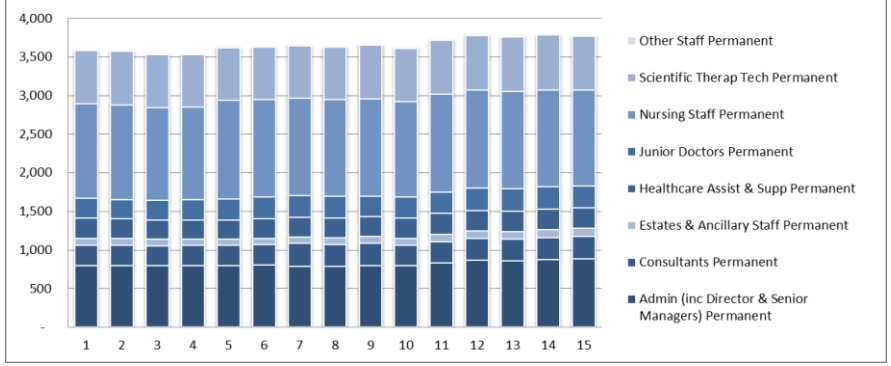
Workforce Trend Analysis for the 5 months ending 31 August 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

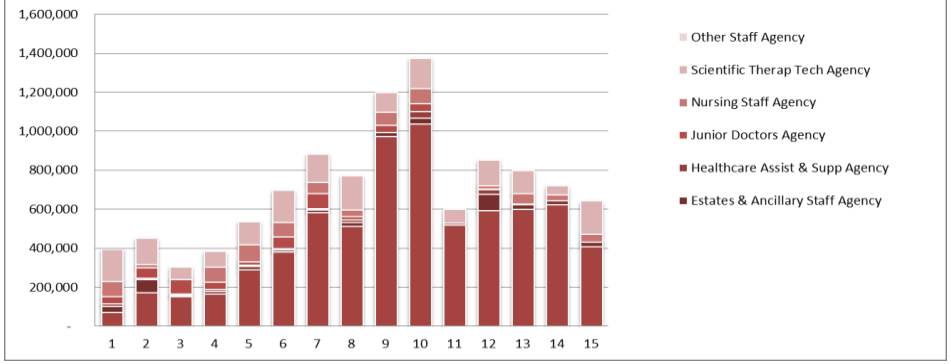
Substantive Staff Costs by staff grade over 15 months to August 2016



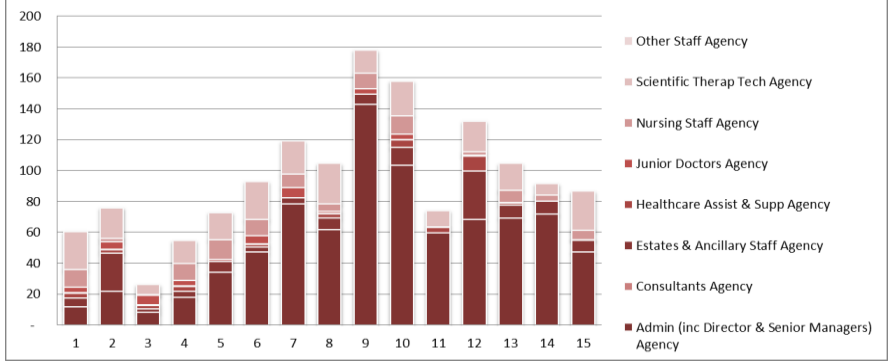
Substantive WTE by staff grade over 15 months to August 2016



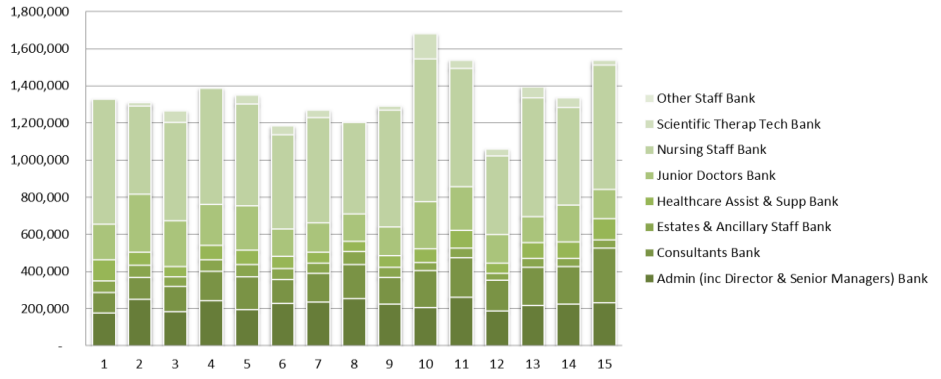
Agency Staff Costs by staff grade over 15 months to August 2016



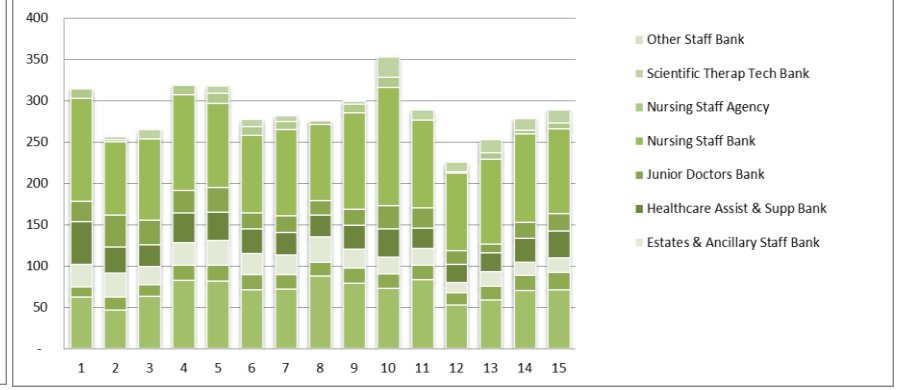
Agency WTE by staff grade over 15 months to August 2016



Bank Staff Costs by staff grade over 15 months to August 2016



Bank WTE by staff grade over 15 months to August 2016



*WTE = **Worked WTE**, Worked hours of staff represented as WTE

NHS Clinical Activity & Income Summary for the 5 months ending 31 August 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

	2016/17 YTD								2015/16 YTD					
	Income				Activity				Income			Activity		
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan	Actual *	Variance	Variance %	Actual £'000	Variance 16/17 to 15/16 £'000	Variance 16/17 to 15/16 %	Actual	Variance 16/17 to 15/16	Variance 16/17 to 15/16 %
Day case	**10,233**	**10,060**	**(173)**	**-1.7%**	**7,506**	**8,120**	**614**	**8.2%**	**10,752**	**(692)**	**-6.4%**	**8,375**	**(255)**	**-3.0%**
Elective	22,493	24,012	1,519	6.8%	5,198	5,294	96	1.8%	22,040	1,973	9.0%	5,109	185	3.6%
Elective Excess Bed days	1,276	1,330	54	4.2%	2,514	2,650	136	5.4%	1,318	11	0.9%	2,489	161	6.5%
Elective	**23,769**	**25,342**	**1,573**	**6.6%**					**23,358**	**1,984**	**8.5%**			
Non Elective	6,187	5,561	(626)	-10.1%	714	593	(121)	-16.9%	5,964	(403)	-6.8%	728	(135)	-18.5%
Non Elective Excess Bed Days	903	832	(71)	-7.9%	1,582	1,624	42	2.7%	839	(7)	-0.8%	1,566	58	3.7%
Non Elective	**7,090**	**6,392**	**(697)**	**-9.8%**					**6,802**	**(410)**	**-6.0%**			
Outpatient	**15,800**	**15,677**	**(123)**	**-0.8%**	**61,720**	**61,521**	**(199)**	**-0.3%**	**15,279**	**398**	**2.6%**	**60,781**	**741**	**1.2%**
Undesignated HDU Bed days	2,153	1,843	(310)	-14.4%	2,097	1,766	(331)	-15.8%	2,412	(569)	-23.6%	2,466	(700)	-28.4%
Picu Consortium HDU	1,228	1,457	229	18.6%	1,029	1,511	482	46.8%	1,031	426	41.3%	1,019	492	48.3%
HDU Beddays	**3,381**	**3,300**	**(81)**	**-2.4%**	**2,097**	**3,277**	**1,180**	**56.3%**	**3,443**	**(143)**	**-4.1%**	**3,485**	**(208)**	**-6.0%**
													0	
Picu Consortium ITU	11,240	11,377	136	1.2%	4,806	4,631	(175)	-3.6%	11,182	194	1.7%	4,758	(127)	-2.7%
PICU ITU Beddays	**11,240**	**11,377**	**136**	**1.2%**	**4,806**	**4,631**	**(175)**	**-3.6%**	**11,182**	**194**	**1.7%**	**4,758**	**(127)**	**-2.7%**
Ecmo Bedday	196	422	226	115.7%	36	77	41	113.6%	155	266	171.3%	29	48	165.5%
Psychological Medicine Bedday	487	452	(35)	-7.3%	1,225	1,119	(106)	-8.7%	515	(63)	-12.3%	1,297	(178)	-13.7%
Rheumatology Rehab Beddays	559	618	58	10.4%	998	1,087	89	8.9%	686	(68)	-10.0%	1,077	10	0.9%
Transitional Care Beddays	1,014	1,221	208	20.5%	709	843	134	18.8%	805	416	51.7%	633	210	33.2%
Total Beddays	**2,255**	**2,712**	**457**	**20.3%**	**2,969**	**3,126**	**157**	**5.3%**	**2,161**	**551**	**25.5%**	**3,036**	**90**	**3.0%**
Packages Of Care Elective	**3,000**	**3,007**	**7**	**0.2%**					**2,798**	**210**	**7.5%**			
Highly Specialised Services (not above)	10,113	9,576	(537)	-5.3%					10,610	(1,034)	-9.7%			
Other Clinical	14,127	13,616	(734)	-4.5%					12,251	3,380	27.6%			
Adjustment for 2015/16 Outturn	0	(890)	(890)	0%					0	(890)	0%			
STF Funding	1,000	1,000	0	0%					0	1,000	0%			
Pricing Adjustment	1,238	1,905	667	53.9%					0	1,905	0%			
Non NHS Clinical Income	3,424	3,766	342	10.0%					2,774	992	36%			
NHS and Other Clinical Income	**106,671**	**106,841**	**170**	**0.2%**					**101,411**	**5,431**	**5.4%**			

Elective/Non Elective
- Bone Marrow Transplants have seen a change in case mix leading to increased income from the treatment of more complex patient groups.
- Paediatric Cancer has seen an increase in activity compared to 2015/16 leading to improved income .
- Increased activity associated with a push to clear the RTT backlog in RTT challenged specialities; Orthopaedics, spinal and urology has seen an increase in Elective income
- Neurosurgery have seen a reduction in cancellations and an increase in complex cases

Day case
- Gastroenterology review causing a reduction in income of £0.2m

Outpatients
- Across the organisation outpatients income is on plan

Bed Days
- HDU income is down due to a reduction in long stay patients within Respiratory compared to 2015/16
- Cardiac has seen a change in case mix leading to increased PICU income

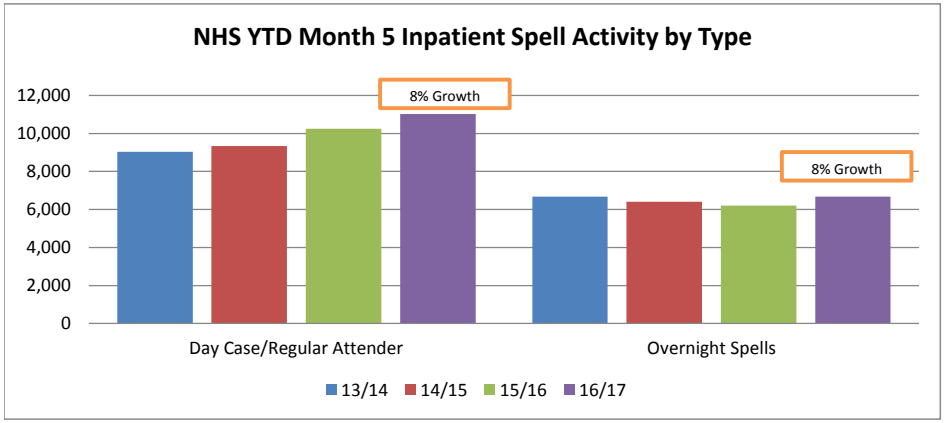
Other Clinical
- This includes income for CQUIN and the target for the local pricing review
- CQUIN income is below plan to take account of risk to full delivery
- The £1m reduction in income for 2015/16 outturn is included within Other Clinical Income.
- Local Pricing Review outcome is £1.9m YTD reflecting am updated assessment.

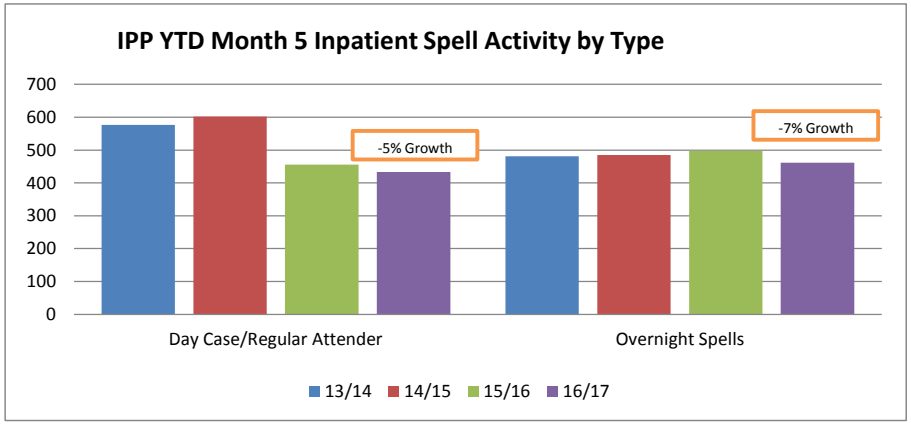
**Activity = Billable activity*

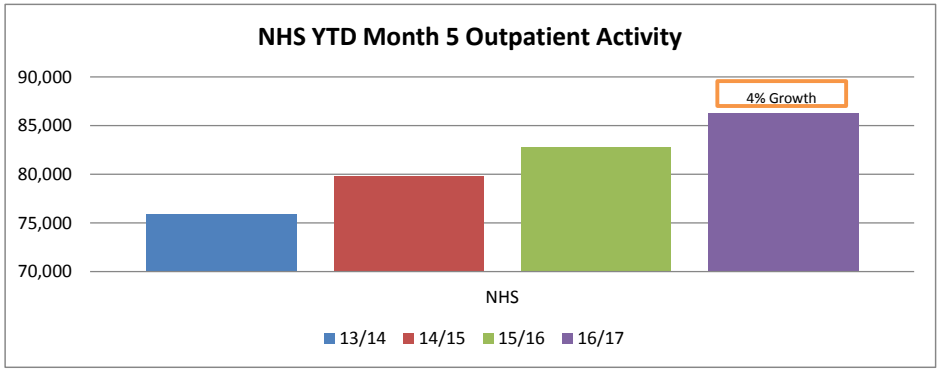
**Activity is an extract from SLAM taken at Day 1 and is subject to changes following coding completion*

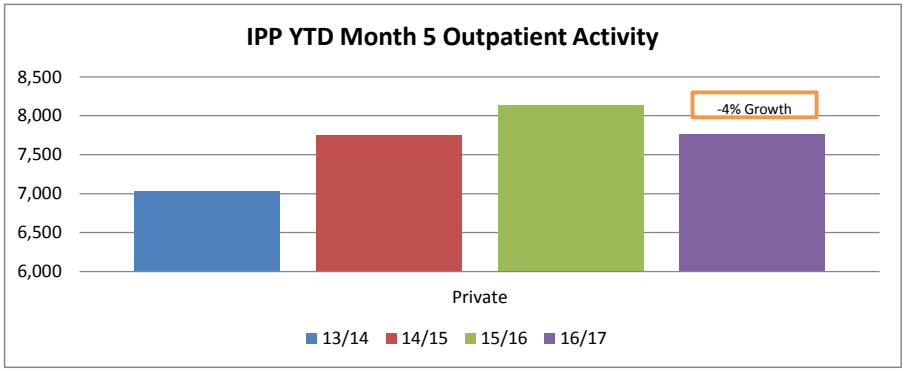
Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Inpatient and Outpatient Activity year on year trend analysis

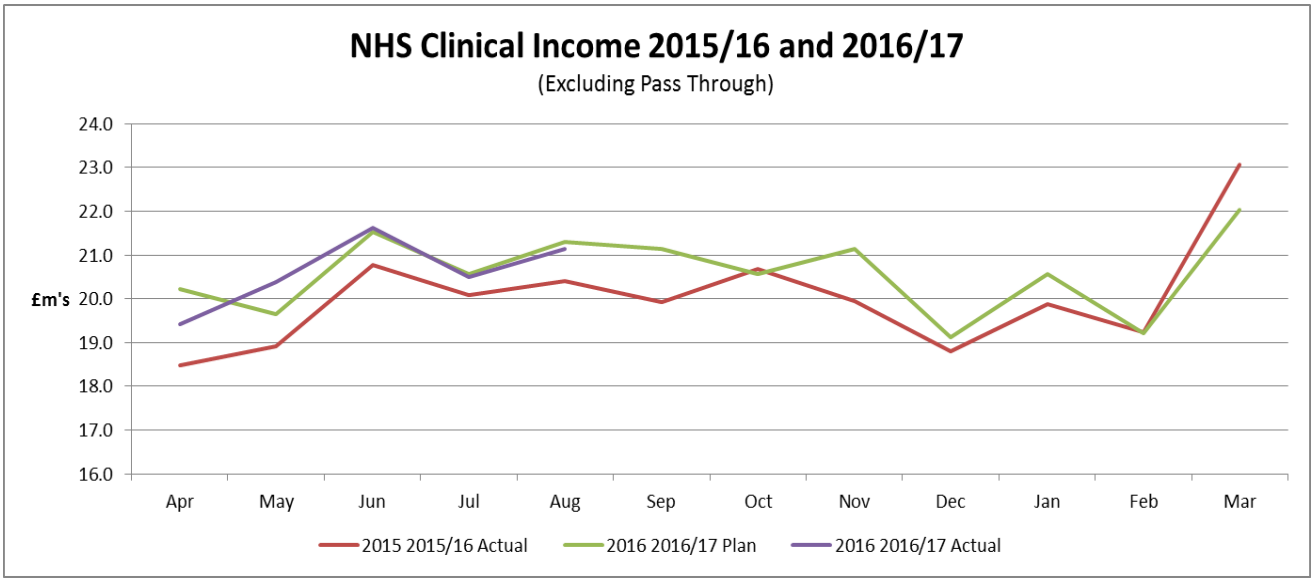


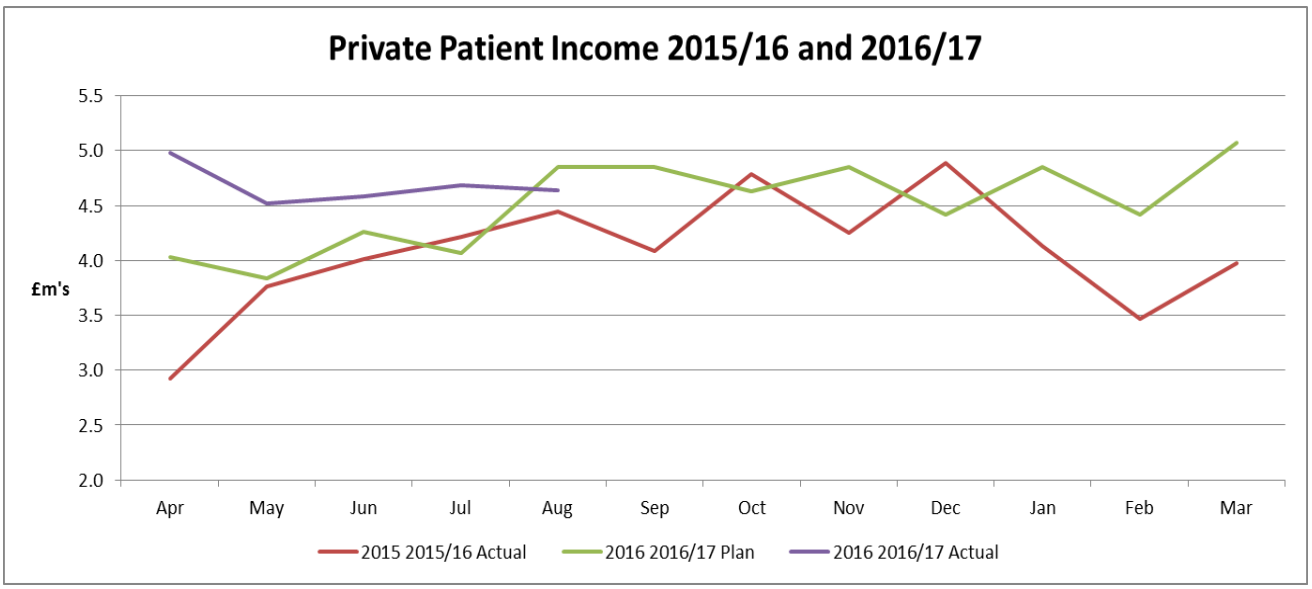






Trust NHS Clinical Income and Private Patient trend analysis





Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Trust Board
28th September 2016

Nursing Skill Mix and Ward Nursing Establishments **Submitted by:** **Juliette Greenwood, Chief Nurse**	**Paper No: Attachment K**

Aims / summary

The publication of guidance from NHS England – '*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'* (National Quality Board (NQB), Nov 2013) and the *'Hard Truths Commitments Regarding the Publishing of Staffing Data'* issued by the Care Quality Commission in March 2104 sets out the requirement for all NHS organisations to undertake a nurse staffing establishment review every 6 months which must be reported to the Trust Board.

In July 2016 there was further guidance published that supersedes prior NQB guidance – '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (National Quality Board, July 2016).* This guidance provides an updated set of NQB expectations for nurse staffing to help Trust boards make local decisions that will deliver high quality care for patients within the available staffing resource.

This is the first report submitted to Trust Board since the new publication of the above guidance and provides an update on the required ward nursing establishments at GOSH in line with the guidance the Trust will move to an annual review.

This report also provides an update for the Board of nursing recruitment activity and availability of ward staffing resources.

Action required from the meeting

To discuss the findings and note there are no recommendations to change current ward establishments.

Unless there are significant safety concerns raised and substantiated which relate to ward nurse staffing establishments, all future changes to ward nursing establishments will be made through the Trust business case approval process. Such considerations will be in line with the agreed Trust principles that underpin the current approaches to ward staffing requirements.

There will be a planned strategic review of ward nursing establishments which will be aligned to the annual business planning and budget setting cycle reporting to the Board in a timely manner in quarter 4 of the financial year.

Note the new monthly reporting of Care Hours per Patient Day.

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.

Who needs to be told about any decision?

Division Management Teams, Finance Department, workforce Planning

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

Chief Nurse; Assistant Chief Nurse – Workforce and divisional assistant chief nurses

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

Chief Nurse; Division Management Teams

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

Six monthly review of ward nursing establishments at

Great Ormond Street Hospital for Children NHS Foundation Trust

1. Introduction

1.1 The National Quality Board (NQB) published revised guidance '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (July 2016). This* has updated the 2013 NQB guidance by bringing it together with the Carter Review (20??) findings to set out the key tools that Trust Boards should use to measure and improve the use of staffing resources to ensure safe, sustainable and productive services and to update NQB expectations that form a triangulated approach ('Right staff, right skills, right place and time') to staffing decisions. The requirement is that NHS organisations undertake an annual nurse staffing review which must be reported to the Trust Board of Directors. One of the key changes is the from May 2016 that all trust began reporting on Care Hours per Patient Day (CHPPD)

1.2 It is clear from the guidance that Trust Boards are expected to take full responsibility for the quality of care provided to patients and as a key determinate of quality take full responsibility for nursing staff capacity and capability.

1.3 The previous report on the required ward based nurse staffing resources was presented to the Board in February 2016.

2. Context/Background

2.1 In order to provide assurance that safe care is provided, a Safe Staffing Report, for inpatient wards, is submitted monthly to the Board, the report includes information on staffing levels, clinical incidents, bed closures and the reasons for those closures on the inpatient wards and since June 2016, the new reporting of Care Hours Per Patient Day (CHPPD). This six monthly report provides further information to meet the recommendations and requirements as mentioned in 1.1.

2.2 Changes or deficiencies in the nursing workforce can have a detrimental impact on the quality of care. Patient outcomes and particularly safety are improved when organisations have the right people, with the right people in the right place at the right time. This has been highlighted consistently in numerous reports strategies and inquiries.

2.3 From May 2016 Trusts began reporting monthly CHPPD data to NHS Improvement. Over time it is anticipated that this data will allow trusts to review the deployment of staff within a speciality and by comparable ward. When looking at this information locally alongside other patient outcome measures, trusts will be able to identify how they can change and flex their staffing establishment to improve patient outcomes and improve productivity. It is anticipated that in the future the reporting of CHPPD will replace the current method of looking at the nurse to patient ratios.

3. Defining Staffing levels

3.1 Currently there is no national guidance on what the CHPPD should be for specialist hospitals. So in the absence of a national mandate the use of previous evidence based tools have been used along with professional judgement to inform staffing levels as in previous bi annual reviews. There are a number of published standards and tools available to define staffing levels but there are only two which relate to the care of children and young people; Defining staffing levels for Children's and Young People's services (Royal College of Nursing, July 2013) and the Paediatric Intensive Care Standards (PICs, 2010) which are both widely used and endorsed. The RCN categories are:

- Normal dependency Under 2 Years - 1 Nurse: 3 Patients
- Normal dependency Over 2 Years - 1 Nurse: 4 Patients

- Ward High Dependency - 1 Nurse: 2 Patients
- Ward Intensive Care - 1 Nurse: 1 Patient
- Intensive Care - 2 Nurses: 1 Patient (this includes children requiring ECMO or renal replacement therapies).

3.2 In addition to the above standards the Paediatric Acuity and Nurse Dependency (PANDA) Tool is also widely used across GOSH to determine patient acuity to inform safe staffing levels.

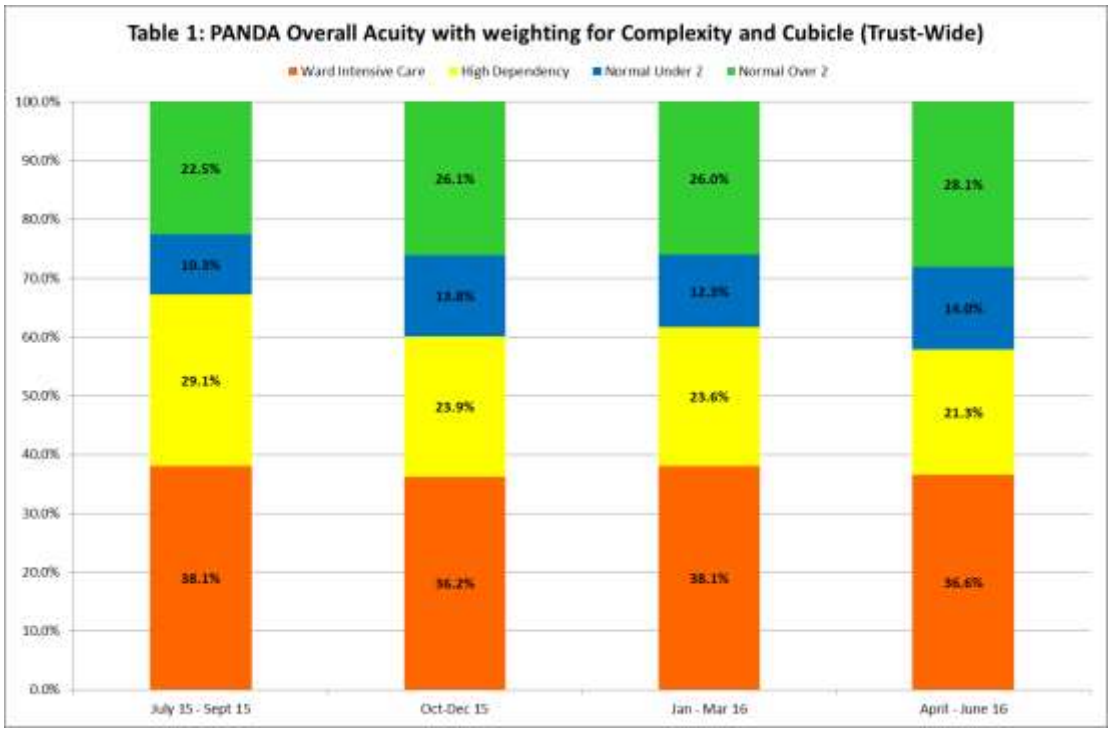
4. Bi annual review of nursing establishments

4.1 During July 2016 the in-patient ward nursing establishments were reviewed and agreed by each Divisional Assistant Chief Nurses, Head of Nursing for IPP and the Assistant Chief Nurse for Workforce, The Directors of Operations and General Managers were also invited but only the General Manager for IPP could attend. As part of the review quality measures such as complaints, datix reports and PALS reports received on safe staffing were reviewed alongside ward incidents. Activity, dependency and occupancy data was also reviewed to see if there were any major changes that would require a change in establishments. This data was also underpinned by professional judgment to inform and determine safe establishments on GOSH wards.

4.2 Table 1 provides a breakdown of PANDA data for the period July 2015 to June 2016; this information shows a fairly consistent level of dependency and acuity over the last 4 quarters,

The biggest changes have been; a decrease in high dependency care by 4% over the last 6 months compared to the previous 6 months and an increase of normal care in over 2yr old by 2.8% over the last 6 months compared to the previous 6 months.

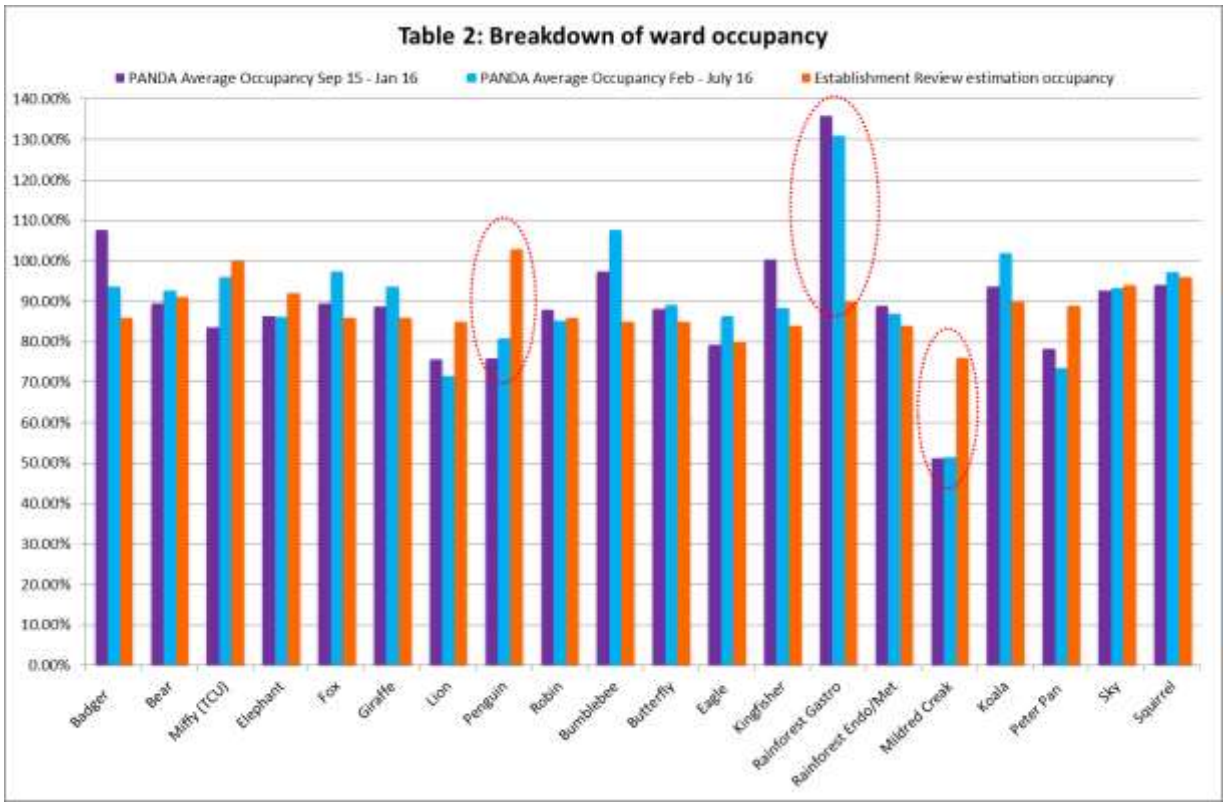
- Ward intensive care 37.35% (Jan-June 2016) compared to 37.15 % (July-Dec 2015)
- High dependency 22.5% (Jan – June 2016) compared to 26.5% (July-Dec 2015)
- Normal care 13.2% compared to 12.1
- Normal care over 2yrs 27.1% compared to 24.3 %



4.3 Table 2 provides a breakdown of ward occupancy figures covering the last 2 biannual reviews and the estimated occupancy levels used in the establishment review meetings. The data shows consistency across most wards with the notable exceptions:

- Rainforest gastro where occupancy figures are 130% compared to an estimate of 90%
- Penguin where occupancy is 80% compared to an estimate of 112%
- Mildred Creek where occupancy is 52% compared to an estimate of 76%.

When the data was adjusted to take account of these discrepancies, retrospectively the calculated establishments did not change significantly.



4.4 As patient acuity and ward occupancy have remained fairly consistent over the last year and no concerns were raised by the Divisional Assistant Chief Nurses with regards to the ward budgeted establishments no additional posts are being requested following this review. Appendix 1 details the agreed establishments from November 2015 by in-patient ward. It needs to be noted however that there is a challenge across the trust in filling vacant posts and there is a high level of turnover on some wards

4.5 The additional posts that were agreed following the November 2015 review and are now in the establishments from Jan 2016 include:

- Bear Ward from 22 to 24 beds 5.8 WTE funded through the Cardiac Business Case. Additional agreed cost is £264,230
- MIFFY required additional 2.6 WTE HCAs to increase staffing at night to 4, which presents a cost pressure for 2016/17. Cost is £92k.

4.6 There are 2 business cases in the pipeline to open additional bed capacity, which will require an increase in the budgeted establishments which are not currently reflected in the relevant establishments. These include:

- 40.2WTE to open a further 17 beds over the next 10 months to meet increasing demand/manage cancellations and meet RRT backlog

- 31.2 WTE for PICU/NICU expansion plans.

There is also an additional 26WTE required to open the 10 beds on Hedgehog ward in September. The budget has been agreed and recruitment is on-going, but these posts are not yet reflected in this report.

5. Current Staffing position

5.1 Whilst the budgeted ward establishments are sufficient the recruitment and retention of suitably trained and skilled staff remains a significant challenge. There are currently 150.6WTE vacant registered and non-registered nursing posts across the Trust, however, some very successful recruitment campaigns have taken place over the summer and there are currently 165.7WTE new starters in the recruitment pipeline; 142WTE newly qualified nurses (NQNs); 17.8WTE HCAs and 5.9WTE experienced nurses.

5.2 Current nursing staff turnover rate is 18.22% with 250 nurses leaving in the last 12 months (appendix 4). Two wards have a turnover of over 30%; Elephant Ward (41%) and Rainforest Gastro (30%); 6 wards with a turnover of between 20-29%: Peter Pan; Sky; Mildred Creek; Penguin; PICU and Miffy. Appendix 5 provides a summary of turnover, sickness per WTE and headcount broken down by age group for each division. With the exception of CRF the highest turnover occurs in the 21-30 age group and the highest percentage of staff sickness occur in the 41-50 age group. NB The high turnover rate in 60 + age group is because of the very small numbers employed in this age range and relates to staff retiring.

5.3 Nurse sickness for the last year to July 2016 is 2.8%, which is an improvement from 3.6% in the previous year. This compares to a Trust average of 2.09% for all staff groups over the same period. Maternity Leave is at 5.1% for inpatent wards.

5.4 Bank and agency staff are used to cover gaps in ward rotas. The Trust Bank has 1557 nurses and HCAs on its books, an increase of 82 from the last report (1216 substantive Staff and 341 non substantive staff). The current shift fill rate is circa 88% for the last 6 months which is significantly higher that other London children's hospitals. Our reliance on third party agency staff has decreased to less than 1% well below the national agency cap.

5.5 Changes are currently being made to how the Trust captures information with regards to why staff leave to enable better analysis of this information. The Trust PDR paperwork is also being amended to ensure staff wellbeing questions are asked at six monthly staff appraisals.

5.6 The Trust is currently proposing a limited piece of research to identify what benefits (pay and non pay related) whould help attract and retain staff in a more targeted and effective way. A staff survey is being compiled with the support of Picker to provide more detailed information to allow the Trust to develop a package of benefits that would benefit new and existing staff. It is expected this information will be completed by the end of November 2016.

5.7 Further study is also needed to understand the generational differences within the workforce now that there are four generations working together in the same employment and what the differences are in terms of their values, expectations perception and motivation. Further work is also required to identify what support is required in the early phases of new nurses' career to build on the findings published in '*Mind the gap – exploring the needs of early career nurses and midwives' (Health Education England, 2015).*

5.8 In line with a national strategic framework to develop the healthcare support workforce 'Talent for Care'. The Trust has recently made changes to the recruitment and training of the unregistered workforce, (Clinical Band 2-4 roles). This is to ensure consistency and uniformity in their deployment across the Trust and to ensure these roles are in line with this new Talent for Care framework.

6. Safe Staffing Reports (UNIFY) and Care Hours Per Patient Day (CHPPD)

6.1 The Trust submits monthly safe staffing data to NHS England, statistics are published on NHS Choices, the Trust Board receives these figures monthly as part of the Safe Nurse Staffing Report. Appendix 6 shows the analysis of data submitted between July 2015 and July 2016. The Trust monthly overall fill rate i.e. hours worked expressed as a % of planned hours for this period falls between 80% - 108%. Staff working supernumerary are excluded. Many of the wards actual hours are now falling within the 90% – 110% bracket however there are several wards that repeatedly fall outside of this threshold. Going forward this data will be viewed alongside the new monthly CHPPD data. Trends and analysis will be reviewed with the Divisional Management Teams, Matrons and Ward Sisters.

6.2 The Carter Report identified that one of the key obstacles to eliminating unwarranted variation in the deployment of nursing and healthcare support workers was the absence of a single means or recording and reporting how staff are deployed. It is expected that the new reporting of CHPPD will become the principal measure of hospitals' use of nurses and healthcare assistants. This data collection is the first step to provide a single consistent matrix for NHS Trust to record and report all staffing deployment.

6.3 CHPPD is calculated by adding the hours of registered nurses and healthcare support workers available in a 24 hour period and dividing the total by the number of patients at midnight. CHPPD is reported as a total and split by registered nurses and HCAs to provide a complete picture of care and skill mix

6.4 The introduction of CHPPD for nurse and HCAs in the inpatient setting is the first step in developing the methodology as a tool that can contribute to a review of staff deployment. As with other indicators CHPPD should never be viewed in isolation but as part of a local quality dashboard that includes patient outcome measures alongside workforce and finance indicators.

6.5 CHPPD data is also unloaded monthly and published on NHS Choices.

6.6 Work is underway within the Trust, to ensure CHPPD data is captured in real time to allow nursing staff and managers a clearer insight into how nursing staff are deployed around the hospital, highlighting areas were staffing levels are a concern and from where staff could be deployed.

7. Conclusion and Recommendations:

7.1 A comprehensive ward by ward review of staffing levels to ensure ward establishments are robust and able to meet the national recommendations to ensure safe, quality care is provided. Following this review all 23 ward establishments remain unchanged.

7.2 The additional posts agreed in the November 2015 review were added to Bear and Miffy establishments in January 2016.

7.3 Additional increase in budgeted ward establishments which are required to support current business plans are not included in this report.

7.4 This paper can assure the Board of Directors that the Trust has appropriate nursing establishments to deliver safe staffing levels and systems in place to manage the demand for nursing staff. However there is no room for complacency as recruitment and retention of suitably trained nursing staff remains a challenge. There is a need to stabilise the workforce by continuing with the current recruitment drive and strategies to improve deployment of nursing staff and overall retention. There is a need to continue with the drive to recruit Health Care Assistants in line with the national strategic Talent for Tare framework, in addition the need to explore further the recruitment and retention of the Band 6 cohort or seek alternative routes to ensure we have a suitable nursing workforce.

7.5 Any further changes to ward establishments should be made through the business planning approval process to ensure any changes are financially viable.

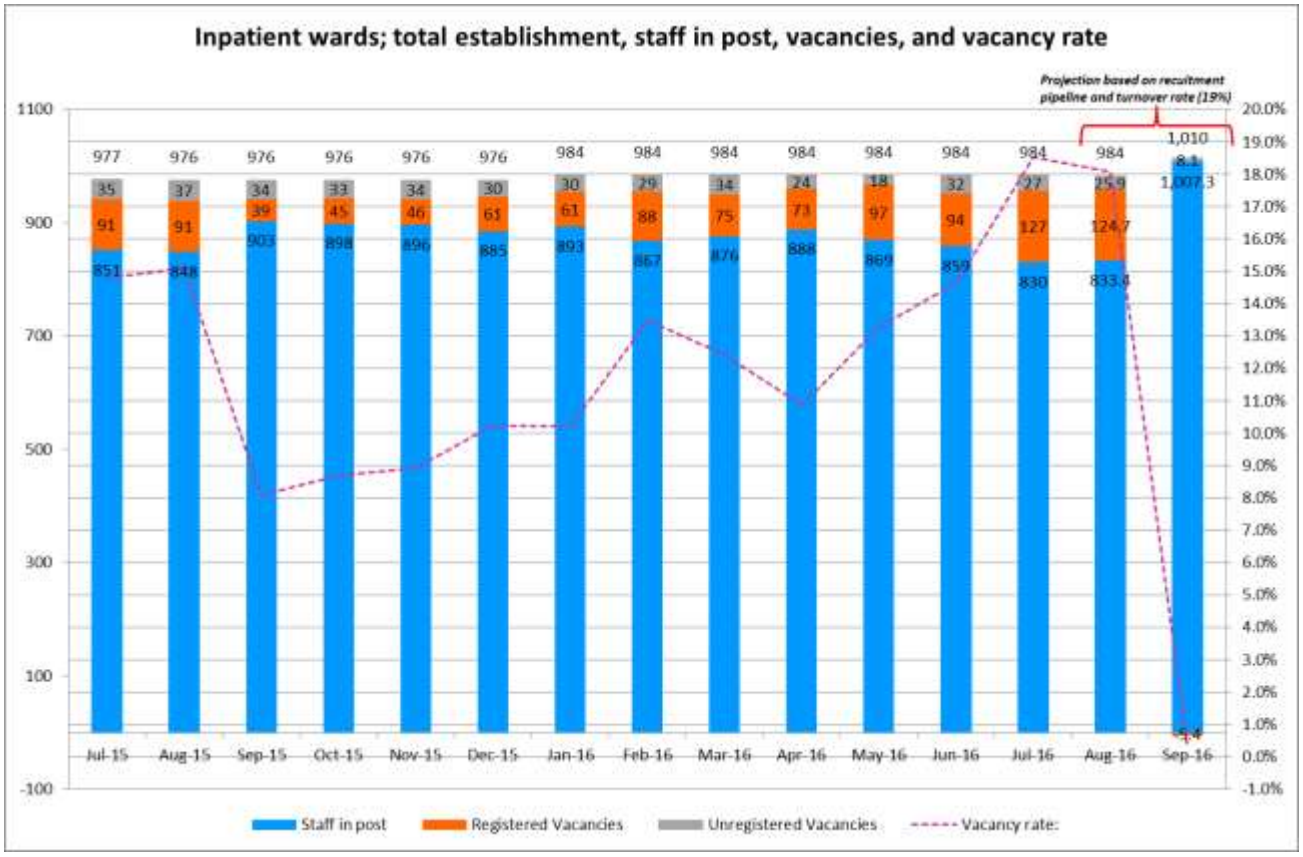
7.6 As the reporting on CHPPD data develops and other quality indicators are defined further updates will be reported to the Board

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

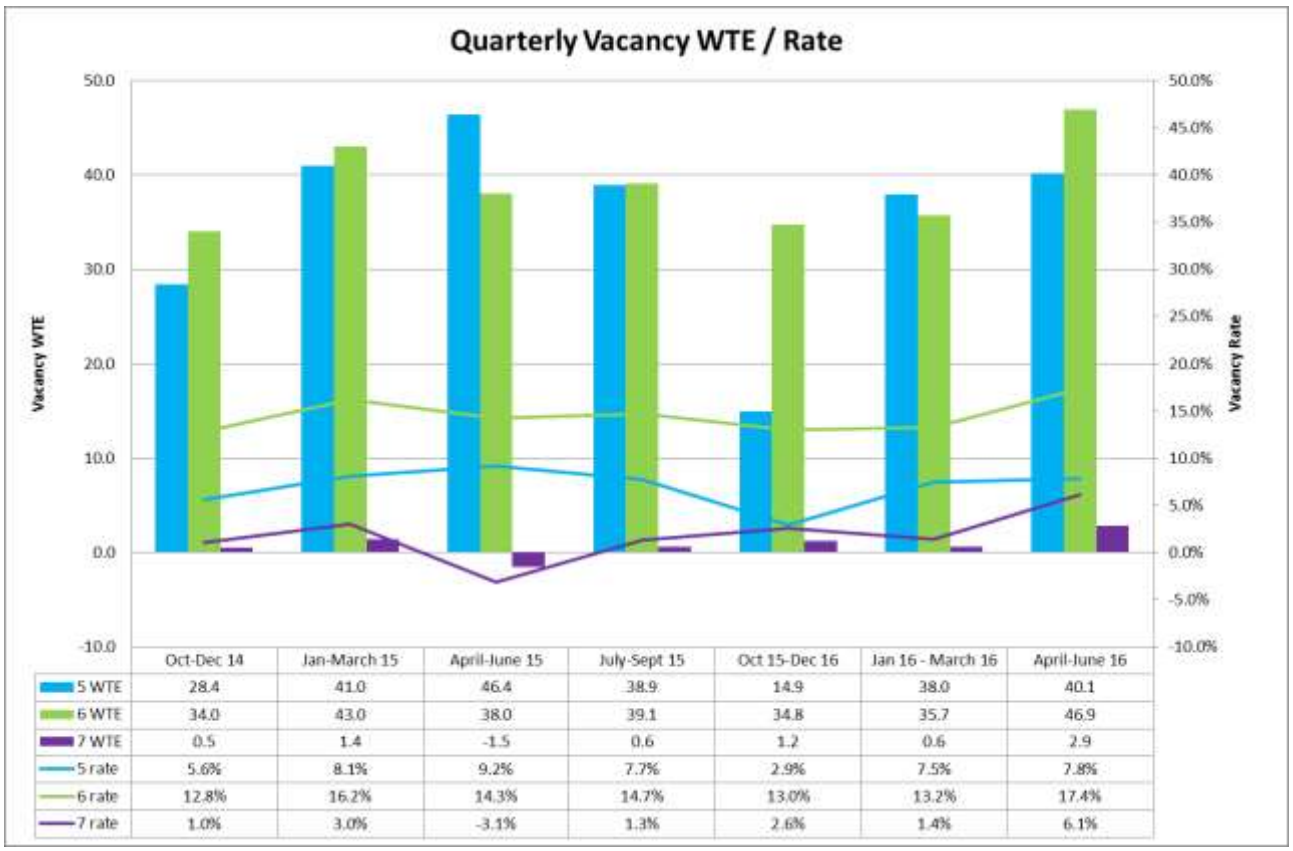
Appendix 1: Nursing Establishment by In-Patient Ward at 1st August 2016

Division	Speciality	Ward	Established Bed Numbers	Target Registered: non-Registered	Target Band 5:6 Ratio	Ward Sister supervisory time	Band 7	Registered Nursing staff band 6	Registered Nursing staff band 5	Non - Registered Band 4	Non - Registered Band 3	Total Funded Establishment
							Proposed Funded Establishment	Proposed Funded establishment	Proposed Funded establishment	Proposed Funded establishment	Proposed Funded establishment	
West	CardioRespiratory	Badger	15	85:15	70:30	70%	1.0	10.5	28.1	4.0	3.5	47.1
		Bear	24	85:15	70:30	70%	1.0	17.5	35.0	4.0	5.0	62.5
		Miffy (TCU)	5	65:35	70:30	50%	1.0	5.2	7.9	5.2	5.2	24.5
	Critical Care	Flamingo	19	90:10	60:40	n/a	9.0	47.1	64.7	5.6	5.2	131.6
		NICU	8	90:10	60:40	n/a	6.0	15.7	29.9	5.2	0.0	56.8
		PICU	13	90:10	60:40	n/a	8.0	28.8	46.3	5.2	3.7	92.0
	Haematology/Oncology/Dertmatology/Rheumatology	Elephant	13	85:15	70:30	50%	1.0	8.0	16.0	0.0	5.0	30.0
		Fox	10	85:15	70:30	50%	1.0	8.0	22.0	0.0	5.0	36.0
		Giraffe	7	85:15	70:30	50%	1.0	8.0	10.0	0.0	3.1	22.1
		Lion	11	85:15	70:30	50%	1.0	8.0	13.0	0.0	4.0	26.0
		Penguin	9	80:20	70:30	50%	1.0	5.5	9.0	1.0	4.8	21.3
		Robin	10	80:20	70:30	50%	1.0	8.2	18.0	0.0	4.5	31.7
IPP	IPP	Bumblebee	21	80:20	70:30	70%	2.0	11.2	25.1	0.0	9.7	48.0
		Butterfly	18	80:20	70:30	70%	2.0	9.0	26.2	0.0	10.5	47.7
Barrie	MDTS	Eagle	21	80:20	70:30	70%	2.0	12.0	25.5	2.2	8.3	50.0
		Kingfisher	16	80:20	70:30	70%	1.0	6.3	9.8	1.0	5.2	23.3
		Rainforest Gastro	8	80:20	70:30	50%	1.0	6.0	10.0	0.0	4.0	21.0
		Rainforest Endo/Met	8	80:20	70:30	50%	1.0	4.9	9.7	0.0	5.2	20.8
	Neuro-sciences	Mildred Creak	7	60:40	62:38	50%	1.0	3.5	7.3	4.5	3.3	19.6
		Koala	24	85:15	70:30	70%	1.8	14.6	31.8	0.0	7.8	56.0
	Surgery	Peter Pan	16	80:20	70:30	70%	1.0	9.0	14.6	0.0	4.9	29.5
		Sky	18	80:20	70:30	70%	1.0	9.0	21.0	0.0	5.2	36.2
		Squirrel	22	85:15	70:30	70%	1.0	14.2	28.4	0.0	7.1	50.7
		TRUST TOTAL:	323		TRUST TOTAL:		46.8	270.2	509.3	37.9	120.2	984.4
	Projection; 12 September - opening of Hedgehog Ward:											
IPP	IPP	Hedgehog	10	80:20	70:30	50%	1.0	4.0	15.0	0.0	6.0	26.0
		TRUST TOTAL:	333		TRUST TOTAL:		47.8	274.2	524.3	37.9	126.2	1010.4

Appendix 2: Summary of Vacant Posts and Recruitment pipeline projections

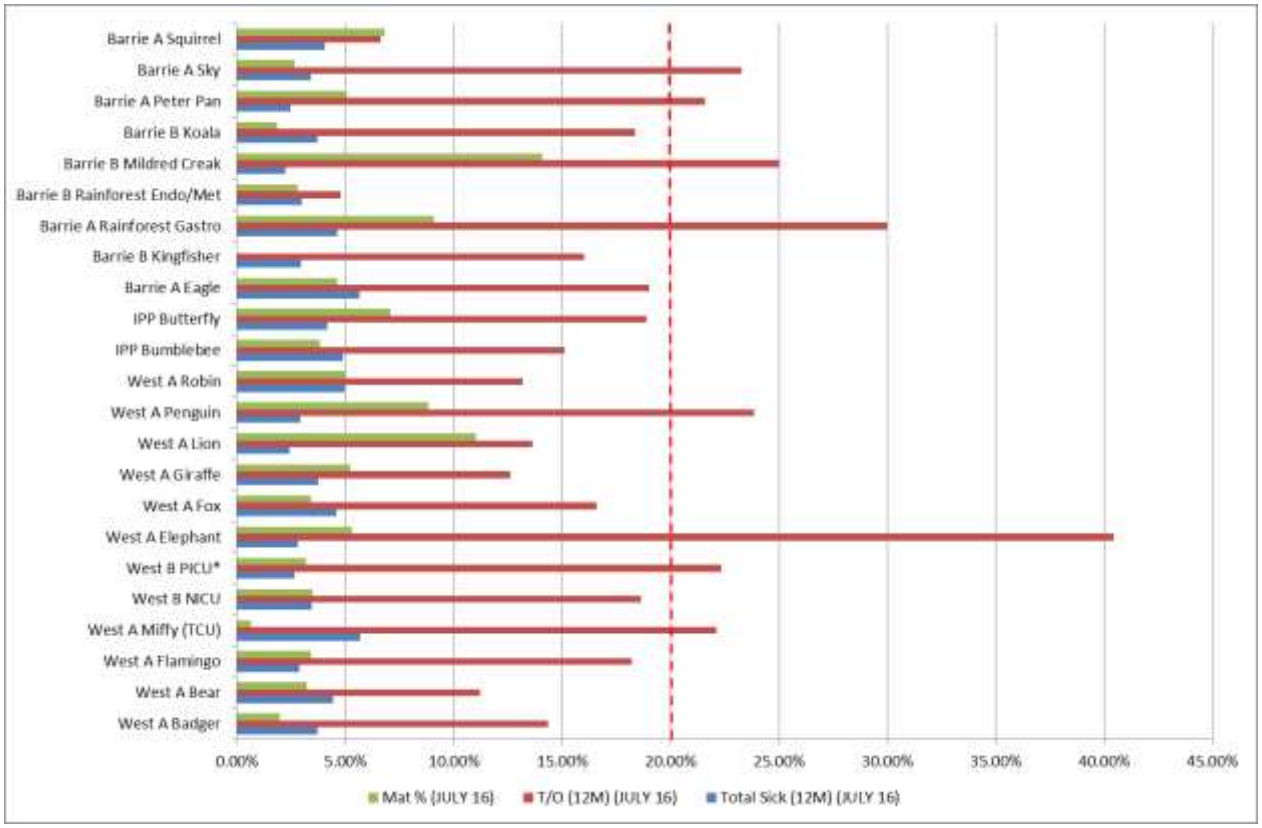


Appendix 3: Vacancy By Pay Band

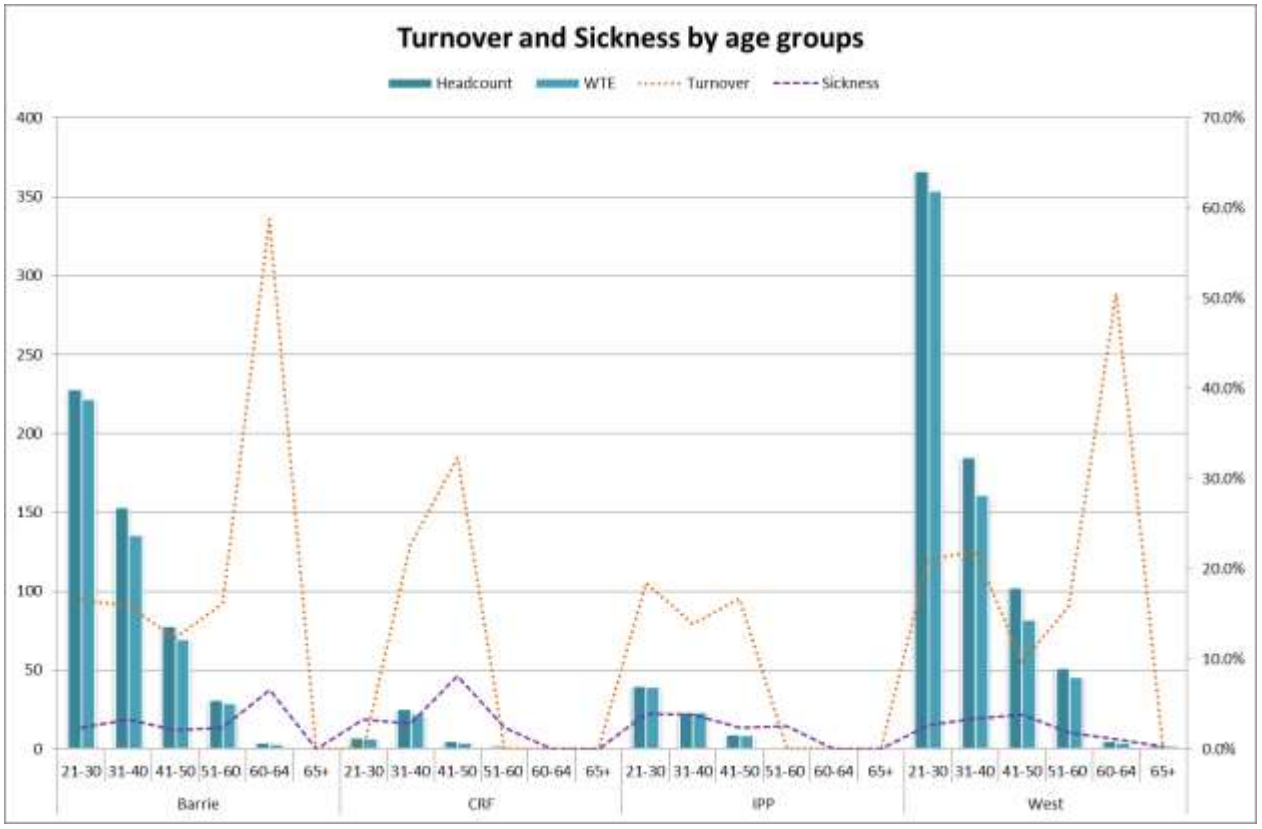


	Oct-Dec 14	Jan-March 15	April-June 15	July-Sept 15	Oct 15-Dec 16	Jan 16 - March 16	April-June 16
5 WTE	28.4	41.0	46.4	38.9	14.9	38.0	40.1
6 WTE	34.0	43.0	38.0	39.1	34.8	35.7	46.9
7 WTE	0.5	1.4	-1.5	0.6	1.2	0.6	2.9
5 rate	5.6%	8.1%	9.2%	7.7%	2.9%	7.5%	7.8%
6 rate	12.8%	16.2%	14.3%	14.7%	13.0%	13.2%	17.4%
7 rate	1.0%	3.0%	-3.1%	1.3%	2.6%	1.4%	6.1%

Appendix 4: Sickness and Turnover

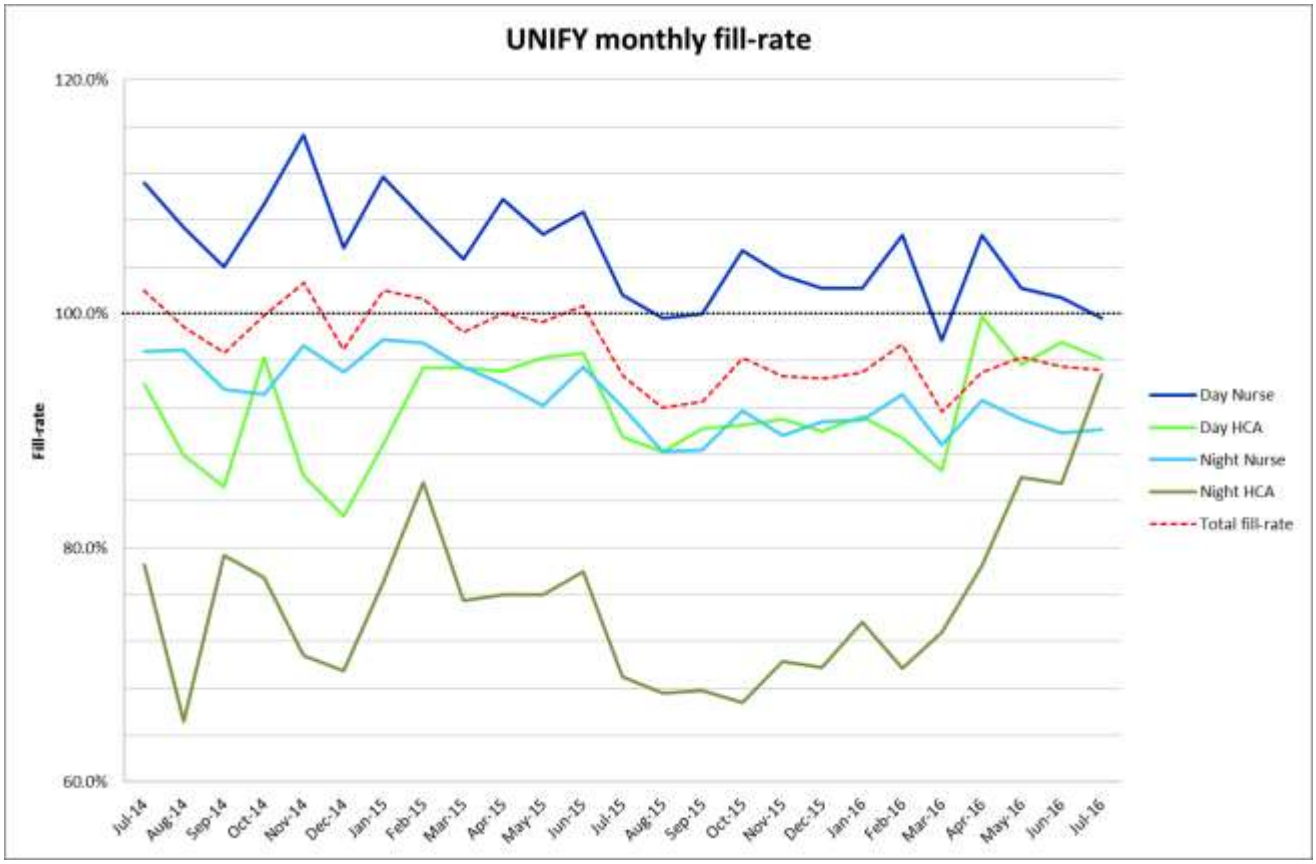


Appendix 5: Turnover and Sickness by age groups



Appendix 6: UNIFY monthly fill-rate

Attachment K



Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
28th September 2016

Safe Nurse Staffing Report for July 2016 and August 2016 **Submitted by: Juliette Greenwood Chief Nurse**	**Paper No: Attachment L**

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.
- The change to the national reporting matrix of Care Hours Per Patient Day (CHPPD).

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. In July 2016 there was further guidance – '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' (National Quality Board, July 2016).* This guidance provides an updated set of NQB expectations for nurse staffing to help Trust boards make local decisions that will deliver high quality care for patients within the available staffing resource.

Financial implications

Already incorporated into 16/17 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 Nurses, Head of Nursing

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

Chief Nurse; Divisional Management Teams

Attachment L

GOSH NURSE SAFE STAFFING REPORT July 2016

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of July 2016. 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 new reporting of Care Hours Per Patient Day (CHPPD).
4. The impact on key quality and safety measures.

2. GOSH Ward Nurse Staffing Information for Trust Board

2.1 Safe Staffing

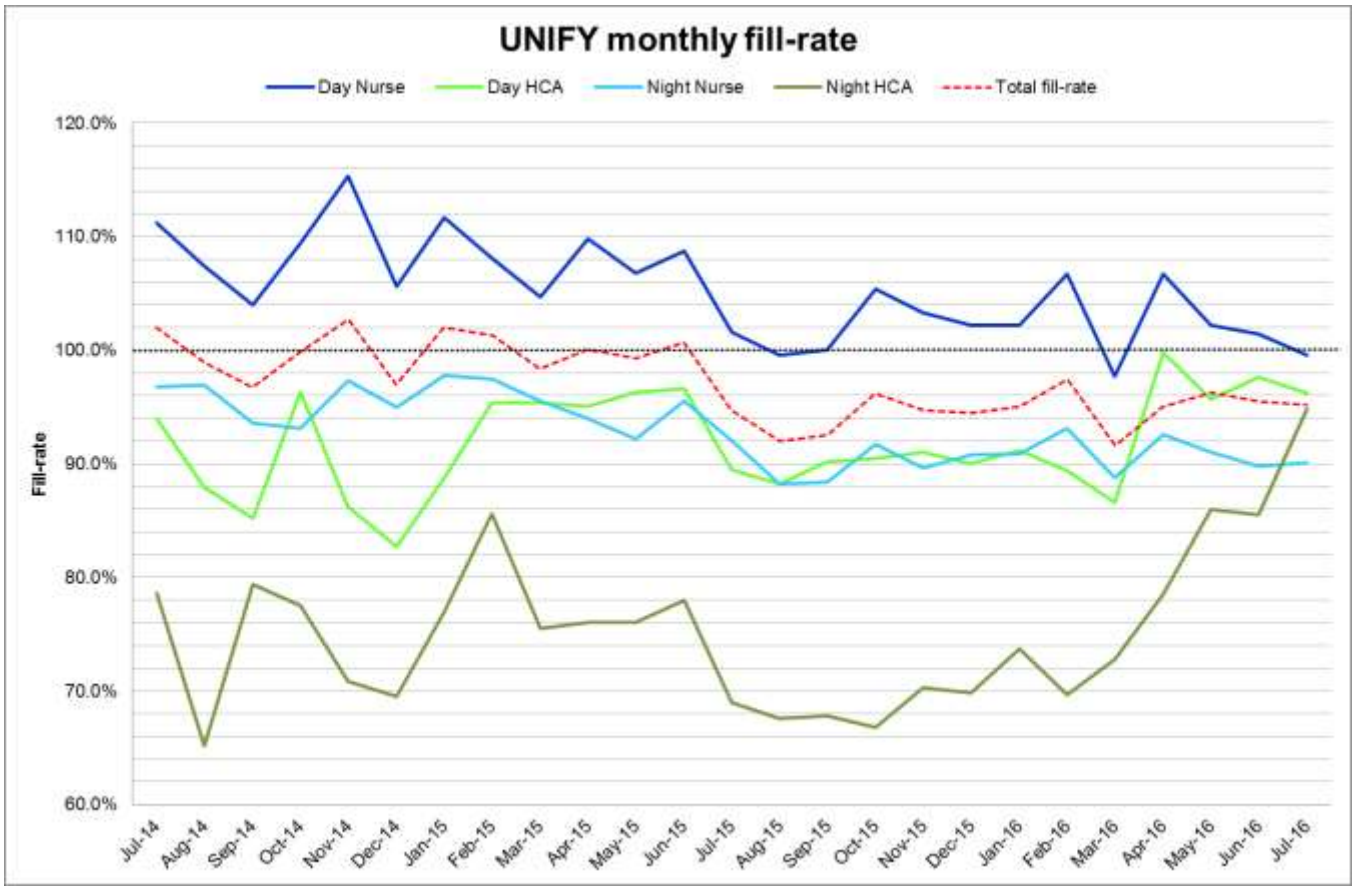
2.1.1 The UNIFY Fill Rate Indicator for July is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours; the Divisional Assistant Chief Nurses and Head 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:

- Divisional Assistant Chief Nurses and IPP Head of Nursing are asked to comment on percentage scores of less than 90% or greater than 110%, and declare any unsafe staffing situations that have occurred during the month in question including actions taken at the time to rectify and make the situation safe. The overall Trust fill rate % for July (June) is:

RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
99.6% (101.4%)	90.1% (89.8.0%)	96.2% (97.6%)	94.8% (85.8%)	**95.2% (95.5%)**



Barrie – (MDTS/Neuro/Surgery) - No unsafe shifts reported in July

- **Eagle**: Acuity of complex transplant patients and ward staff covering Eagle haemodialysis accounts for increase above 10% tolerance for qualified staff. HCA below 10% tolerance due to long term sickness and other HCAs on phased return from sickness. Unable to fill HCA bank shifts requested due to workforce availability.
- **Kingfisher**: Qualified nurses above 10% on nights because they had to cover the ward due to lack of HCAs. HCA average fill is blank because they currently only have one working – one on maternity leave and two on long term sickness being managed under the Trust sickness policy. They have had one new HCA start in August but they are supernumerary while undertaking the mandatory Care Certificate. HCA bank shifts have been requested to cover the long term HCA sickness but these prove very difficult to fill due to HCA availability.
- **Rainforest Gastro:** Lack of HCA's (one left suddenly following sickness and the other on long term sickness leaving one only work on ward who is shared 0.5 with Rainforest EndoMet). Therefore qualified staff have been covering these shifts, hence the above 10% figures.
- Rainforest Endo/Met: A number of new qualified staff have just achieved their oral competency but are not yet IV competent. As these nurses were supernumerary they have been counted in as HCAs until they gained their oral drugs competency hence the >10 % numbers. HCA vacancy now filled but individuals are undertaking their Care Certificate.
- **Peter Pan:** Qualified Nurse and HCA deficit day and night relates to both vacancies and staff on maternity leave. Some supernumerary new starters are included within that. Although Peter Pan

requires 5 nurses per shift during the week, however this can be safely reduced to 4 per shift if the acuity requirements support this, patients are often moved appropriately across the floor to ensure safety matches available staffing levels.

- **Squirrel:** Deficit of HCA's during the day as the ward utilised their HCA's on night shifts for support due to staff nurse vacancies while waiting for their registered new starters.
- **Sky:** slightly lower percentage of qualified staff at night is related to acute sickness and vacancies, but no shifts have been unsafe.
- **Koala:** Deficit of HCAs at night due to vacancies.

IPP – No unsafe shifts reported in July

- **Butterfly:** Qualified staffing deficit and associated risks were mitigated by additional bank HCAs, careful allocation and use of CNS clinical shifts. Reduced number of registered nursing staff at night and increased HCAs as nursing task dependency reduced at night (due to BMT patients requiring blood products and increased IVs during day) and due to numbers of day case surgical patients.
- **Bumblebee:** Qualified staffing deficit were mitigated by additional bank HCA's and careful patient allocation. Additional HCAs with tracheostomy skills were also used to support and care for patients with a tracheostomy in cubicles and other 1:1 care required. Bumblebee also had care staff recruited for Hedgehog Ward based on their roster awaiting the new ward to open.

West – (CCCR/ICI) – No unsafe shifts reported in July

- **Fox:** Qualified nurse deficit on day related to nurses being moved to cover deficit on Robin. Qualified and HCAs numbers were lower r on nights while staff have been moved around to help other areas.
- **Giraffe:** HCA deficit on days; additional registered staff required due the HDU area having increased patient acuity and needs.
- **Lion:** HCA activity was slightly over on day shifts due to children with tracheostomies, who required specialling.
- **Robin:** over on HCA on day and night shifts both due to staffing vacancies and an increase in patient dependency increased staffing utilised to provide extra support. 1 datix was submitted due to staffing levels which was appropriately escalated to DACN and CSP team. On review staffing safety was confirmed.
- **Penguin:** HCA workforce was over on days to staff the ambulatory area. HCA deficit on night relates to booked HCAs moved to other areas unable to fill their bank with an identified higher need.

2.1.3 Care Hours Per Patient Day (CHPPD)

From May 2016 Trusts began reporting monthly CHPPD data to NHS Improvement and this information is included in the Planned vs Actual hours report. Over time it is hoped this data will be used to enable national benchmarking with other organisations on a ward speciality basis to ensure effective and efficient staffing levels and allow trusts to review internally the deployment of staff within a speciality and by comparable ward.

Appendix 3 shows the first two months reporting of CHPPD. This data is only for the inpatient wards and excluding any daycase beds. The data is broken down by registered and non-registered staffing for each ward; it also compares each ward to the current Trust average hours (including and excluding ITU CHPPD). Currently there is no national guidance on what the CHPPD should be for specialist hospitals.

2.1.4 The Clinical Site Practitioners (CSPs) confirm that no ward was declared unsafe in July. 18 shifts were reported as being short of staff but safety was not compromised.

3.1 General Staffing Information

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

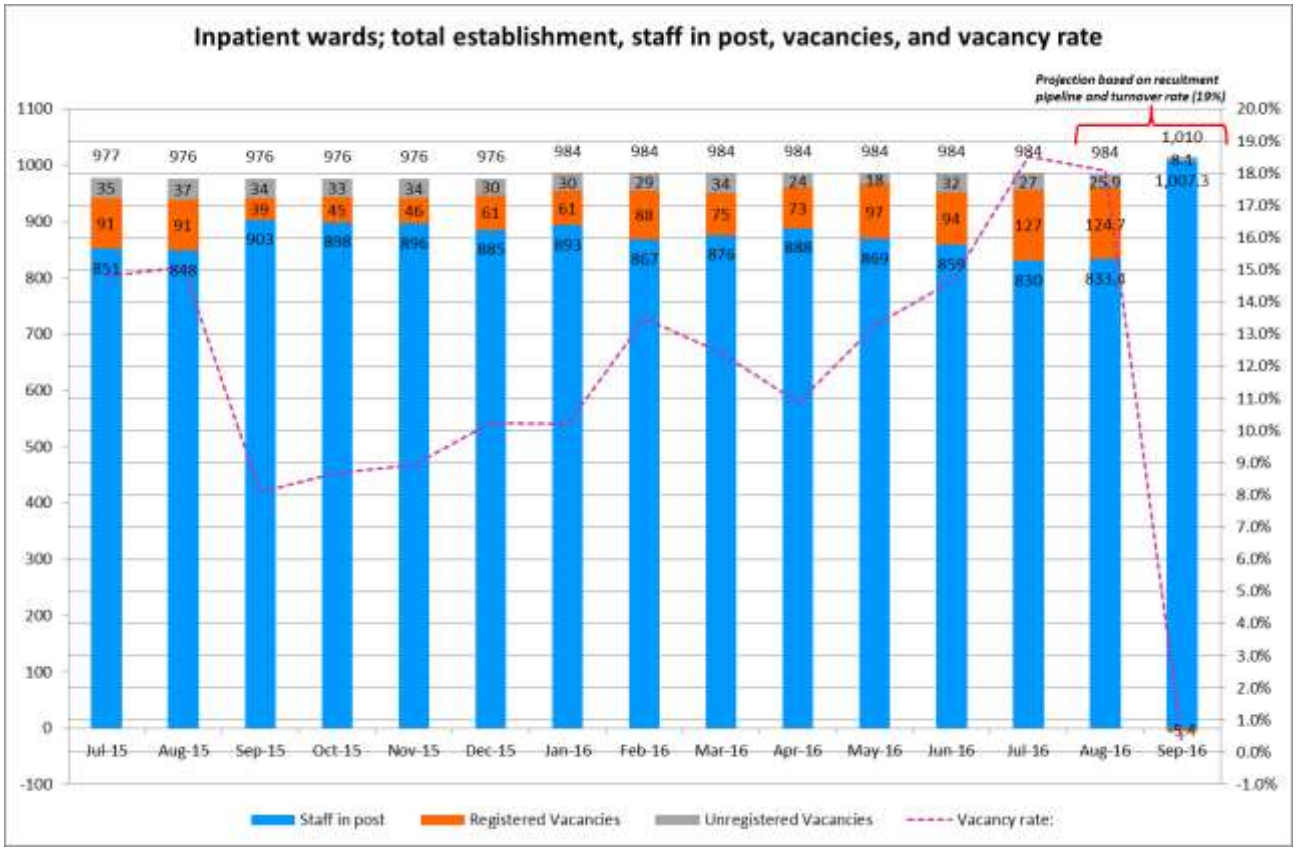
3.1.2 15 out of 23 inpatient wards closed beds at various points during July compared to 12 in June. An average of 8.1 beds were closed each day, this is an increase from 6.7 bed closures in June. The main reasons for bed closures were due to staffing and sickness on Butterfly, Fox, Giraffe, Koala, Robin, Sky and Squirrel; infection control on Bear, planned maintenance work on Bumblebee, Lion, Rainforest Endo/Met, and infestation control on Rainforest Gastro.

3.1.3 For the inpatient wards, at 1st July 2016, the registered and non-registered vacancies totalled 153.9 WTE, an increase from 125.8 in June. This breaks down to: 126.8 (15.3%) registered nurse vacancies (93.7 in June); 27.1 (17.1%) HCA vacancies (32.1 in June). Temporary nurses, mainly from GOSH Nurse Bank, deployed on the wards totalled 115.7 WTE, the July position was therefore 38.2 WTE net vacancies (19.3 WTE in June, -12.8 in May, 3.2 WTE in April and -10 WTE in March).

3.2 Vacancies and Recruitment

3.2.1 141 of a total of 152 Newly Qualified Nurses were recruited from the assessment centres held in June/July. 9 declined the offer of employment (the reasons being; accepted job elsewhere, 1 x wanted general paediatric nursing experience & 1 x personal circumstances) and 2 failed the assessments. 133 are expected to start in September, and 8 early next year (once qualified in January 2017).

3.2.2 An additional 9 of 15 NQNs are also in the pipeline following the January 2016 assessment centres who qualified in June (6 declined the job offer). As such, 142 NQNs are expected to start in September 2016. The projected vacancy rate will thus be 0.3 % includes estimated 19% turn-over.



3.2.3 11 Band 2 or 3 HCA (experience and qualification dependant) were recruited in July's Assessment Centre and pending pre-employment checks are scheduled to start in September 2016.

3.2.4 There are currently 25 experienced nurses in the recruitment pipeline waiting to start in July and August.

3.2.5 The 6 monthly nurse establishment reviews has been completed in July 2016 this will be reported to the Board in September 2016

3.3 Key Challenges

- Recruitment of experienced Nurses.
- Retention of Band 5 and 6 Nurses.

4. Key Quality and Safety Measures and Information

4.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.' In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during July 2016.

4.2 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 Divisional Chief Nurses and their review processes.

4.3 Infection control

Infection	Number of incidents	Comment (optional)
C diff's	Not analysed at time of report	Dr Hartley has not reviewed the data yet therefore none are reported- data submission deadline for this is the 15
MRSA bacteraemia	0	
MSSA bacteraemia	1	An RCA has been requested but not yet completed
E.coli bacteraemia	4	We usually see approx. 1-5 a month (normal range)
Outbreaks and whether any beds closed	2 outbreaks of D&V-ward closed for 7 days for one outbreak	There was no learning per se in that the source was not found. Control measures including enhanced cleaning were carried out
Carbapenemase-producing Enterobacteriaceae	2 confirmed (3 still awaiting further testing)	One was possible a HAI but no other sources were found despite extensive screening so it may have been below level on detection on admission. Others were noted on admission
Hospital acquired enteric virus infections	13	Currently the infection control databases are being rebuilt / redeveloped which prevents the ability to provide accurate trend data
Hospital acquired viral respiratory infections	7	As above

4.4 Pressure ulcers

Grade	Ward / Area	Site	Avoidable?
2	PICU	OCCIPUT	AVOIDABLE
2	CICU	RIGHT NOSTRIL	AVOIDABLE
2	KOALA	RIGHT HAND	AVOIDABLE
2	BADGER	BRIDGE OF NOSE	UNAVOIDABLE
2	SQUIRREL	RIGHT FOOT	AVOIDABLE
2	MIFFY	NECK	AVOIDABLE

Narrative / comments:

No further data is available for these pressure ulcers at the time of writing this report due to a staff member on long term sick. A Root Cause Analysis is now required for all Grade 2 ulcers and actions and learning from these will be reported once completed.

4.5 Deteriorating patient

2222 calls	10	
	Cardiac Arrests = 3	Respiratory Arrests = 2
ICU Areas / IR	0	0
Non-ICU Areas	3	2
Total	3	2
Unplanned ITU admissions	2	

Narrative / comments:

From the 10 2222 calls, 3 x were Cardiac arrests and 2 x were Respiratory arrests on non-ITU areas.

4.6 Numbers of safety incidents reported about inadequate nurse staffing levels

There were 1 Datix submitted by staff regarding shortages of nurse in July. The incident did not result in any harm to patients.

Date	Ward	Issue / Narrative / Action taken
20/07/2016	Robin Ward	Due to vacancies, on the night shift 2 staff nurses and an agency staff nurse only as opposed to 4-5 staff nurses and a healthcare assistant required to meet current inpatients dependency on the ward. Shift not fully staffed with unfilled agency shifts. The nurse in charge is supposed to support a junior band 5 nurse on Fox ward which makes both wards short staffed. Shortage in the whole Trust, no spare pair of hands. Day shift bed managers aware, CSP's aware, Assistant Chief Nurse made aware. CSP's arranged for break covers from other wards. I offered to stay the night after 12.5 hours shift which was not approved. I was asked to leave by 23.30-12.00 am the

		latest.

4.7 Pals concerns raised by families regarding nurse staffing – 5

The Trust received two PALs referrals in regards to nurse safe staffing for July 2016:

Date	Ward	Issue / Narrative / Action taken
07/07/2016	Koala	Issue: Admission has been cancelled on the ward due to lack of staff (nurses) on the ward. Outcome: Following discussions with assistant service manager a new date has been given.
27/07/2016	Robin	Issue: Mother had concerns over lack of clinical staff and to stop antibiotics.

4.8 Complaints received regarding nurse safe staffing – 0

The Trust received no complaints over nursing staff levels in July.

4.9 Friends and family test (FFT) data

Overall response rate for July 2016 has decreased to 22.0% (data extracted 11/08/2016) compared to 25% in June 2016. The target response rate is currently 60%.

- The overall percentage to recommend score is 97% (data extracted 11/08/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 89% (593) and 8% (54) responded as likely to recommend compared with 84.2% (678) and 13.3% (107) in June 2016.
- For information, the following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Response	Ward/Area	Comment related to response
Extremely Likely	Badger	We were looked after very well my only issue is XXX couldn't use the toilet because of his condition. I did speak to a nurse and she got a stool but XXX couldn't reach and she wasn't very helpful in getting something to help him in going to the toilet and he couldn't go. I'm not happy.
Likely	Koala	Yes, I would recommend Koala ward. Definitely nurses in charge or senior nurses (not all of them but most of them!) are more trustworthy. I usually was satisfied and really grateful for their care and help. I think it will be a good idea to do some kind of reward for

		the best nurse on the ward. They really need to know that they are helpful for parents. Some of the nurses should improve their interpersonal skills. Be more sensitive and helpful it is a must on that type of ward.
Don't Know	Rainforest Gastro	My daughter has been an inpatient for the past 7 weeks on 2 wards, Squirrel & Rainforest Gastro and although the staff work tremendously hard on Rainforest Gastro the ward and it's amenities are horrendous. The lacks of bathroom/toilet facilities are appalling and the wards/cubicles are in disrepair with Silver fish getting everywhere. Ward should be condemned.
Unlikely	Rainforest Gastro	I would recommend the staff and care to anyone. They are amazing. As for the ward itself I would not. There is only 1 toilet for the whole ward which is horrendous on a gastro ward. There was also a problem with silverfish living in the clothes (pest control did come to ward but silverfish were still present) very old and small ward.

The following positive comments regarding outstanding performance regarding staff behaviour have been received for the following wards:

Response	Ward/Area	Comment related to response
Extremely Likely	Koala	I can't thank the nurses team enough for their continued support, care and concern for my 2 yr old son (patient name). I was always dealt with a high level of professionalism and any questions I had regarding my sons care was always dealt with. The nurse training given to me regarding shunt care was invaluable and made me feel more comfortable in regards to how it works and what to look for if I do have concerns. Although a very stressful time for me here the nurses were ALWAYS there to offer support to me, even making me laugh and reassuring me when needed. I can't thank this team enough they are all totally amazing. The most hardworking dedicated wonderful team of nurses I have ever met.
Extremely Likely	Badger	Every single person I have seen regarding XX's care & treatment has been outstanding. They have all made me feel welcome and kept me well informed about my daughter's care & treatment. A lot of hospitals could learn a lot from the staff here. Amazing!
Extremely Likely	Elephant	The staff on Elephant ward are the most friendly and welcoming staff I have every come across they will do everything in their power to make your stay in hospital goes as smooth as possible.
Extremely Likely	Respiratory Sleep Unit	It is extremely likely that I would recommend this unit to friends and family because the staff were really helpful, I was never left to feel like a stranger. Everything we needed was provided. All other questions were answered clearly. At the end of our sleep study we knew exactly what our next options and steps were.
Extremely	Squirrel	Staff and nurses both in the day and night shift were genuinely nice, kind and caring. We felt looked after in a professional way and

Likely		would definitely recommend GOSH.

5. Conclusion

5.1 This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing levels during July, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report. Work is currently underway on a 5 year Recruitment and Retention strategy.

6. Recommendations - The Board of Directors are asked to note:

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

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

6.3 The successful recruitment of newly qualified nurses

6.4 The on-going challenges in recruiting experienced nurses.

6.5 The new national reporting of CHPPD.

Attachment L
Appendix 1: UNIFY Safe Staffing Submission – July 2016:

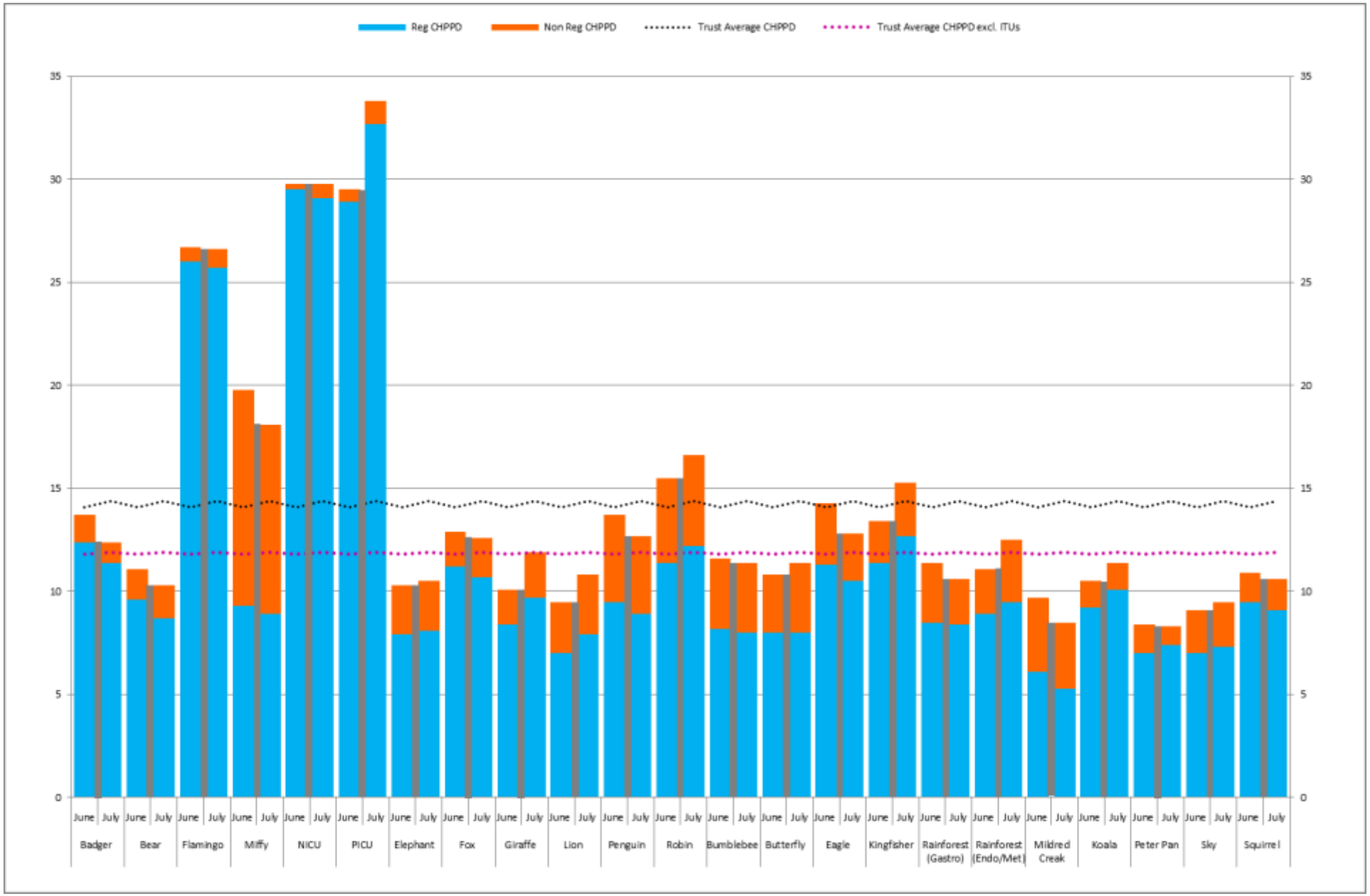
Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
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 CE	Badger Ward	340 - RESPIRATORY MEDICINE		2380	2381.5	356	230	2139	2163.2	356	173.5	100.1%	64.6%	101.1%	48.7%	397	11.4	1.0	12.5
RP401	GREAT ORMOND STREET HOSPITAL CE	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2592	2983.6	543	730.2	2592	2725.9	324	327.5	115.1%	134.5%	105.2%	101.1%	654	8.7	1.6	10.3
RP401	GREAT ORMOND STREET HOSPITAL CE	Flamingo Ward	192 - CRTICAL CARE MEDICINE		6965	7311.25	354	356.5	6554	6792.7	182	162	105.0%	100.7%	103.6%	89.0%	548	25.7	0.9	26.7
RP401	GREAT ORMOND STREET HOSPITAL CE	Miffy Ward (TDU)	340 - RESPIRATORY MEDICINE		713	828.45	1069	830.55	713	561.3	713	605.6	116.2%	77.7%	78.7%	84.9%	156	8.9	9.2	18.1
RP401	GREAT ORMOND STREET HOSPITAL CE	Neonatal Intensive Care Unit	192 - CRTICAL CARE MEDICINE		3198	3226.8	355	92	3198	2886.75	0	54	100.9%	25.9%	90.3%	-	210	29.1	0.7	29.8
RP401	GREAT ORMOND STREET HOSPITAL CE	Paediatric Intensive Care Unit	192 - CRTICAL CARE MEDICINE		6027	6796.82	354	230	6027	5309.45	354	172.8	112.8%	65.0%	88.1%	48.8%	370	32.7	1.1	33.8
RP401	GREAT ORMOND STREET HOSPITAL CE	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1645	1716.53	351	420.2	1407	1271	351	471.7	104.3%	119.7%	90.3%	134.4%	367	8.1	2.4	10.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2047	1665.4	341	308.4	1882	1360.8	341	229.6	81.4%	90.4%	72.3%	67.3%	284	10.7	1.9	12.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1058	1127	352	138	1058	794.7	352	306.3	106.5%	39.2%	75.1%	87.0%	199	9.7	2.2	11.9
RP401	GREAT ORMOND STREET HOSPITAL CE	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1653	1471.5	353	467.5	1413	998.9	353	448.3	89.0%	132.4%	70.7%	127.0%	311	7.9	2.9	10.9
RP401	GREAT ORMOND STREET HOSPITAL CE	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	954	1112.05	356	610.93	713	624	356	131.7	116.6%	171.6%	87.5%	37.0%	196	8.9	3.8	12.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1802	1754.17	317	552.83	1587	1394	317	579.6	97.3%	174.4%	87.8%	182.8%	257	12.2	4.4	16.7
RP401	GREAT ORMOND STREET HOSPITAL CE	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2481	2426.15	354	983	2126	2139.85	708	970.7	97.8%	277.7%	100.7%	137.1%	573	8.0	3.4	11.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2810	2258	351	1008.5	2107	1607.4	351	624.6	80.4%	287.3%	76.3%	177.9%	445	8.7	3.7	12.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Eagle Ward	361 - NEPHROLOGY		2253	1988.65	709	457	1418	1297.6	354	252.6	88.3%	64.5%	91.5%	71.4%	312	10.5	2.3	12.8
RP401	GREAT ORMOND STREET HOSPITAL CE	Kingfisher Ward	420 - PAEDIATRICS		1736	1716.3	897	391	294	436.2	0	43.2	98.9%	43.6%	148.4%	-	169	12.7	2.6	15.3
RP401	GREAT ORMOND STREET HOSPITAL CE	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		943	1178	704	241.5	704	660.2	704	245.3	124.9%	34.3%	93.8%	34.8%	220	8.4	2.2	10.6
RP401	GREAT ORMOND STREET HOSPITAL CE	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1063	1058.62	708	287.5	1063	674.5	354	252.6	99.6%	40.6%	63.5%	71.4%	183	9.5	3.0	12.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Mildred Creak	711 - CHILD and ADOLESCENT PSYCHIATRY		1106	1063.65	592	522.5	505	378	448	357.1	96.2%	88.3%	74.9%	79.7%	272	5.3	3.2	8.5
RP401	GREAT ORMOND STREET HOSPITAL CE	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3199	2950.2	341	638.5	3089	2768.8	341	120.4	92.2%	187.2%	89.6%	35.3%	566	10.1	1.3	11.4
RP401	GREAT ORMOND STREET HOSPITAL CE	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1552	1252.75	598	272	1437	1063.3	0	21.6	80.7%	45.5%	74.0%	-	315	7.4	0.9	8.3
RP401	GREAT ORMOND STREET HOSPITAL CE	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1807	1681.65	636	913.8	1755	1578.35	0	56.58	93.1%	143.7%	89.9%	-	447	7.3	2.2	9.5
RP401	GREAT ORMOND STREET HOSPITAL CE	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2917	2717.75	698	558.85	2624	2344.75	0	273.5	93.2%	80.1%	89.4%	-	556	9.1	1.5	10.6

Attachment L

Appendix 2: Overview of Ward Nurse Staffing – July 2016

Speciality	Ward	Registered Nursing staff				Non Registered							Recruitment Pipeline			
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Establshlishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
CardioRespiratory	Badger	15	39.5	37.5	2.0	7.5	5.0	2.5	47.0	4.5	2.0	2.5	0.0	0.0	0	0.0
	Bear	24	53.5	49.6	3.9	9.0	9.0	0.0	62.5	3.9	4.2	-0.3	14.0		0	2.0
	Miffy (TCU)	5	14.1	12.0	2.1	10.4	9.0	1.4	24.5	3.5	5.6	-2.1	2.0	2.0	0	0.0
Critical Care	Flamingo	17	121.0	107.0	14.0	10.8	4.0	6.8	131.8	20.8	21.5	-0.7	6.0	0.0	0	0.1
	NICU	8	51.5	46.1	5.4	5.2	1.0	4.2	56.7	9.6	8.2	1.5	0.0		0	0.0
	PICU	13	83.1	90.8	-7.7	8.9	3.0	5.9	92.0	-1.8	6.8	-8.6	4.0		0	0.1
Haematology/Oncology/Dermatology/Rheumatology	Elephant	13	25.0	18.0	7.0	5.0	4.0	1.0	30.0	8.0	4.6	3.4	0.0		0	0.2
	Fox	10	31.0	22.0	9.0	5.0	5.0	0.0	36.0	9.0	3.0	6.0	1.0		0	0.4
	Giraffe	7	19.0	18.0	1.0	3.1	2.0	1.1	22.1	2.1	3.0	-0.9	2.0	2.0	0	0.1
	Lion	11	22.0	17.8	4.2	4.0	4.0	0.0	26.0	4.2	6.0	-1.8	6.0		0	0.1
	Penguin	9	15.5	15.0	0.5	5.8	6.0	-0.2	21.3	0.3	1.6	-1.3	1.0		0	0.0
	Robin	10	27.2	21.7	5.5	4.5	5.6	-1.1	31.7	4.4	7.4	-3.0	1.0		0	1.1
IPP	Bumblebee	21	38.3	32.3	6.0	9.7	12.0	-2.3	48.0	3.7	11.4	-7.7	4.0		0	0.1
	Butterfly	18	37.2	24.0	13.2	10.5	9.9	0.6	47.7	13.8	8.0	5.8	6.0		0	0.3
MDTS	Eagle	21	39.5	29.0	10.5	10.5	10.0	0.5	50.0	11.0	3.1	7.9	0.0		0	0.1
	Kingfisher	16	17.1	8.1	9.0	6.2	3.9	2.3	23.3	11.3	1.9	9.4	0.0		0	0.0
	Rainforest Gastro	8	17.0	6.5	10.5	4.0	2.0	2.0	21.0	12.5	0.9	11.6	0.0		0	0.1
	Rainforest Endo/Met	8	15.6	7.8	7.8	5.2	4.0	1.2	20.8	9.0	1.5	7.5	0.0		0	0.0
Neuro-sciences	Mildred Creak	10	11.8	14.1	-2.3	7.8	7.6	0.2	19.6	-2.1	0.1	-2.2	0.0		0	0.0
	Koala	24	48.2	40.0	8.2	7.8	6.0	1.8	56.0	10.0	5.9	4.2	12.0	2.0	0	1.0
Surgery	Peter Pan	16	24.5	16.5	8.0	5.0	3.0	2.0	29.5	10.0	1.4	8.6	3.0	2.0	0	0.0
	Sky	18	31.0	24.2	6.8	5.2	3.0	2.2	36.2	9.0	2.9	6.1	4.0	2.0	0	1.9
	Squirrel	22	43.6	41.4	2.2	7.0	12.0	-5.0	50.6	-2.8	4.8	-7.6	3.0	0.0	0	0.5
TRUST TOTAL:		**324**	**826.2**	**699.4**	**126.8**	**158.1**	**131.0**	**27.1**	**984.3**	**153.9**	**115.7**	**38.2**	**69.0**	**10.0**	**0.0**	**8.1**

Attachment L
Appendix 3: Care Hours Per Patient Day (CHPPD)



Great Ormond Street Hospital for Children NHS Foundation Trust

GOSH NURSE SAFE STAFFING REPORT August 2016

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of August 2016. 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 new reporting of Care Hours Per Patient Day (CHPPD).
4. The impact on key quality and safety measures.

2. GOSH Ward Nurse Staffing Information for Trust Board

2.1 Safe Staffing

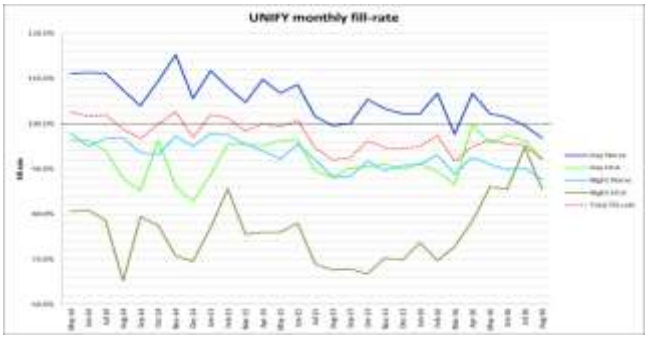
2.1.1 The UNIFY Fill Rate Indicator for August is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours; the Divisional Assistant Chief Nurses and Head 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:

- Divisional Assistant Chief Nurses and IPP Head of Nursing are asked to comment on percentage scores of less than 90% or greater than 110%, and declare any unsafe staffing situations that have occurred during the month in question including actions taken at the time to rectify and make the situation safe. The overall Trust fill rate % for August (July) is:

RN Day	96.8% (99.6%)
RN Night	87.6% (90.1%)
HCA Day	92.3% (96.2%)
HCA Night	85.5% (94.8%)
Total Fill Rate	**92.0 % (95.2%)**



Barrie – (MDTS/Neuro/Surgery) - No unsafe shifts reported in August

- **Eagle:** HCA below 10% tolerance due to long term sickness and the other HCAs were on phased return from sickness. Unable to fill requested HCA bank shifts due to lack of available workforce (HCA with Care Certificate working with C&YP).
- **Kingfisher:** HCA deficit as result of 1 x maternity leave and 2 x long term sickness. New HCA starting in August will be on their supernumerary period (Care Certificate training) and unfilled HCA bank shifts to cover the long term HCA sickness absence.
- **Rainforest Gastro:** Deficit in HCA's (1 left suddenly following sickness and 1 on long term sickness). Qualified staff workforce over due to new starter on Supernumerary practice.
- **Rainforest Endo/Met:** Newly appointed HCA on Supernumerary period and qualified staffing vacancies.
- **Peter Pan:** 2 episodes of bed closure due to staff being moved to support oncology areas with patient acuity and staffing issues; Deficit in qualified staff due to vacancies, unfilled bank shifts and staff sickness.
- **Squirrel:** Slight deficit of qualified staff on the day due to secondment to Whittington. Utilisation of HCA's on day shifts for support qualified nurse vacancies.
- **Sky:** Slightly lower percentage of qualified staff at night owing to acute sickness and vacancies.
- **Koala**: Deficit of HCAs and Qualified staff at night due to vacancies and HCA over on days as a result of patient dependency and activity.

IPP – No unsafe shifts reported in August

IPP was not unsafe on any shifts with gaps from vacant posts filled by temporary staffing and on one occasion the unit closed a bed to ensure safe staffing levels.

- **Butterfly:** Qualified staffing deficit and associated risks were mitigated by additional bank HCA's, careful allocation and use of CNS clinical shifts. Reduced number of registered nursing staff at night and increased HCAs as nursing task dependency reduced at night (due to BMT patients requiring blood products and increased IVs during day) and due to numbers of day case surgical patients.
- **Bumblebee:** Qualified staffing deficit and associated risks were mitigated by additional bank HCA's, careful allocation. Additional HCA's were also used to support/care for cubicalised patients requiring 1:1 care. Bumblebee also has HCA's recruited for Hedgehog ward on their roster awaiting the new ward to open.

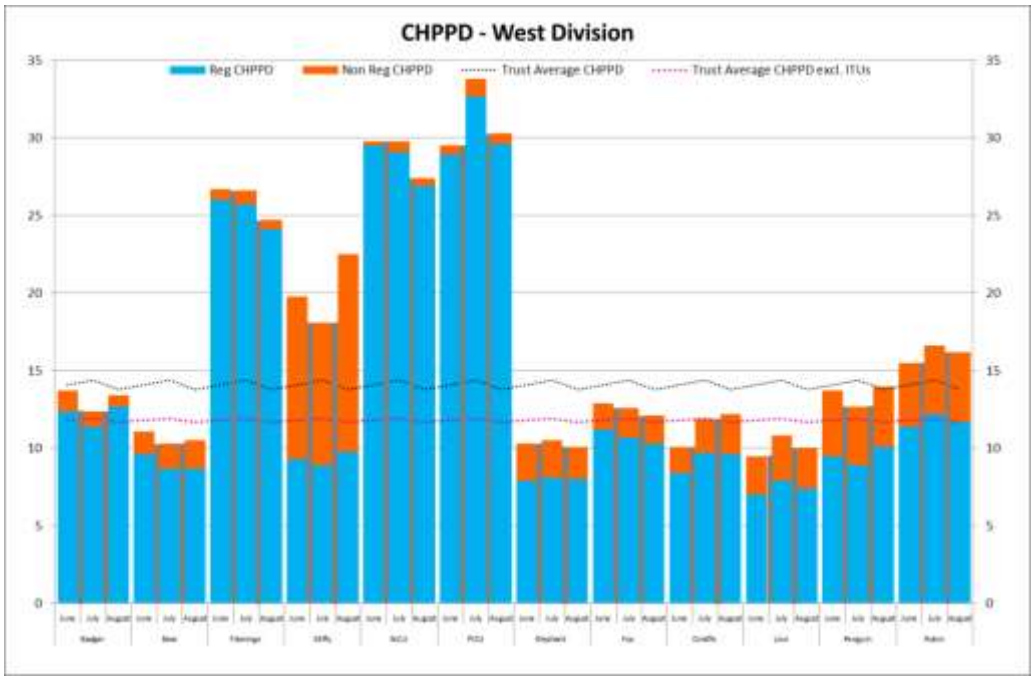
West – (CCCR/ICI) – No unsafe shifts reported in August

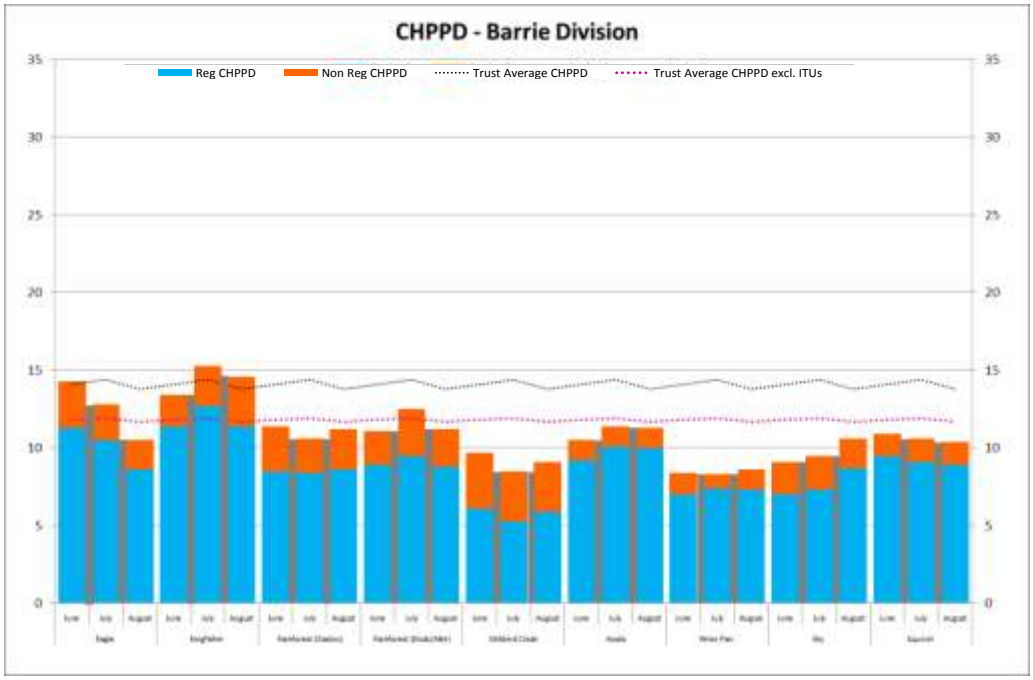
- **Fox:** Qualified nurse deficit on day and night due to vacancies; HCAs under on day and nights, staff were
  move to help other areas. Bed closed due to nurse vacancies
- **Giraffe:** HCA deficit on day and night due to vacancy**.**
- **Lion:** HCA over on days due to high dependency patients with Tracheostomies; qualified nurse deficit on day and night due to vacancies.
- **Robin:** Over on HCA workforce on day and night due to qualified vacancies and an increase in dependency, increased staffing to provide extra support; qualified deficit at night due to vacancies.
- **Penguin:** HCA over on day due to ambulatory patient activity. HCA deficit on night; booked HCAs moved to other areas within the Division who had a greater need.
- **PICU, CICU & NICU:** HCA deficit due to vacancies.
- **Badger:** Deficit of HCA's on day and nights due to sickness and vacancies.
- **Bear:** HCA's over on day and night as result of patient dependency.
- **Miffy:** Over on nights due to qualified staff vacancies.

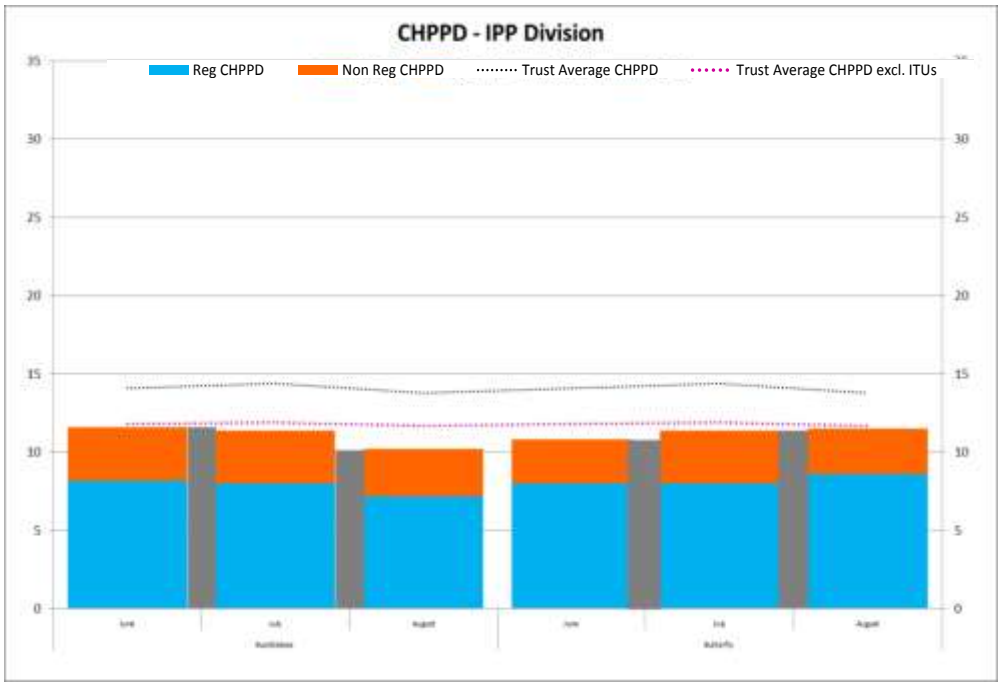
2.1.3 Care Hours Per Patient Day (CHPPD)

From May 2016 Trusts began reporting monthly CHPPD data to NHS Improvement and is included in the Planned vs Actual hours report. Over time it is hoped this data will be used to enable national benchmarking with other organisations on a ward speciality basis to ensure effective and efficient staffing levels and allow trusts to review internally the deployment of staff within a speciality and by comparable ward.

The table below shows the first three months reporting of CHPPD. This data is only for the inpatient wards and excluding any daycase beds. The data is broken down by registered and non-registered staffing for each ward; it also compares each ward to the current Trust average hours (including and excluding ITU CHPPD). Currently there is no national guidance on what the CHPPD should be for specialist hospitals.







2.1.4 The Clinical Site Practitioners (CSPs) confirm that no ward was declared unsafe in August. 11 shifts were reported as being short of staff but on assessment the Assistant Chief Nurse's & IPP HoN confirmed that safety was not compromised.

3.1 General Staffing Information

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

3.1.2 15 out of 23 inpatient wards closed beds at various points during August the same as July. An average of 9.9 beds were closed each day, this is a slight increase from 8.1

bed closures in July. The main reasons for bed closures were due to staffing/sickness on Badger, Sky, Koala, Lion, Elephant, Giraffe, Robin, Fox, Bear; patient acuity on Badger, Eagle, Sky, Peter Pan, Squirrel; infection control/maintenance on Butterfly; and patients on home leave on MCU.

3.1.3 For the inpatient wards, at 1st September 2016, the registered and non-registered vacancies totalled 131.5 WTE, a decrease from 153.9 in July. This breaks down to: 104.1 (12.6%) registered nurse vacancies in August (126.8 in July); 26.7 (16.9%) non registered (HCA) vacancies (27.1 in July). Temporary nurses, mainly from GOSH Nurse Bank, deployed on the wards totalled 112.6 WTE, the August position was therefore 18.9 WTE net vacancies (38.2 WTE in July, 19.3 WTE in June, -12.8 in May and 3.2 WTE in April).

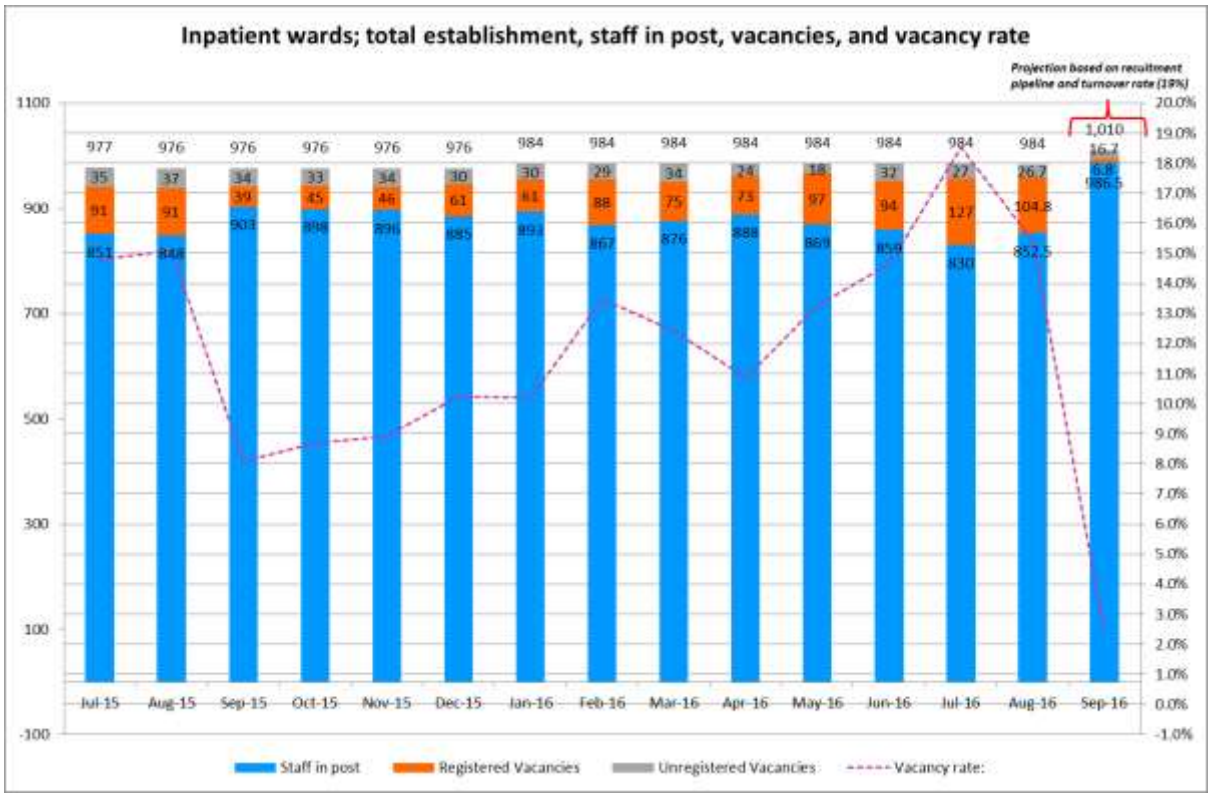
3.2 Vacancies and Recruitment

3.2.1 Newly Qualified Nurses

- Of the 152 candidates who attended the Assessment Centre in June/July, 125 are expected to start on 26 September 2016 (pending pre-employment checks). A further 9 will join the Trust between November and March 2017.
- Overall, 17 candidates have withdrawn from this NQN process and a survey will be sent out to understand the reasons for this.
- The next GOSH open day for prospective NQN and experienced Band 5 and 6 nurses is scheduled for Thursday 13th October 2016, with applications opening for the next NQN cohort opening on the same day.

3.2.2 Experienced Nurses

There are currently 48 experienced nurses in the recruitment pipeline waiting to start in September and October, of which 28 are for inpatient wards.



3.2.3 Clinical Band 2-4 (Unregistered)

- 25 successful Healthcare Support Workers (HCSW Band 2) and Healthcare Assistants (HCA Band 3) candidates were appointed from the Assessment centres held in July and August. Of these, 19 are due to start in the Trust on 5th September 2016, of which 15 are for inpatient wards.
- A further 5 candidates are due to join the Trust following completion of pre-employment checks. (One offer was retracted).
- The first cohort of Band 2 trainee Healthcare Support workers (HCSW) will commence in September on a training programme with the expectation that within 12 – 18 months they will meet both the HCA Band 3 education requirements and be clinical competent to care for CYP in a healthcare setting. This forms part of the unregistered workforce Talent for Care strategy ensuring staff have clear career development pathway and have the right skills to deliver high quality care.
- The Healthcare Support Workers (Band 2) and Healthcare Assistants (Band 3) advert went live on 31st August, the shortlisted applicants will be invited to an Assessment Centre on 10th October and the successful candidates commence in post on 5th December 2016.

3.2.3 Nurse establishment review

The 6 monthly nurse establishment reviews were completed in August, and will be presented to the Trust board in September 2016.

3.3 Key Challenges

- Recruitment of experienced Band 5 and Band 6 Nurses.
- Retention of Band 5 and 6 Nurses.

4. Key Quality and Safety Measures and Information

4.1 Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states ‘data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring.’ In order to assure the Board of safe staffing on wards the following nursing quality and patient experience information has been collated to demonstrate that the wards were safe during July 2016.

4.2 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 Divisional Chief Nurses and their review processes.

4.3 Infection control

Infection	**Number of incidents**	**Comment (optional)**
C diff's	0	
MRSA bacteraemias	1	PIR completed
MSSA bacteraemias	3	RCA in progress
E.coli bacteraemias	2	
Outbreaks and whether any beds closed	1- D&V	No beds closed
Carbapenemase-producing Enterobacteriaceae	? 4	Awaiting results from reference lab
Hospital acquired enteric virus infections	12	
Hospital acquired viral respiratory infections	4	

4.4 Pressure ulcers

Date	**Ward**	**Grade**	**Area**	**Cause**	**Avoidable/ Unavoidable**
03/08/2016	Sky	G2	Bridge of nose	Device-NIV mask	Unavoidable
05/08/2016	NICU/Squirrel	G2	Occiput	Pressure	Avoidable
05/08/2016	PICU	G2	Ear	Pressure	Avoidable
08/08/2016	NICU	G2	Nostril	Device-ETT	Avoidable
09/08/2016	Rainforest Gastro	G2	R upper arm	Device-BP cuff	Avoidable
16/08/2016	CICU	G2	Occiput	Device-Hat securing ETT from local hospital	Unavoidable
31/8/16	Badger	G2	Forehead	Device-NIV mask	Avoidable

Narrative / comments:
No further data available

4.5 Deteriorating patient

Event	Total Number	Number of Preventable
2222 calls	24	2
Cardiac Arrests	3 outside ICU	
Respiratory Arrests	6	1
Unplanned admissions to ITUs	4	
Unplanned admissions from Bear to CICU	7	

Narrative / comments:

Although there were a large number of calls this month, 7 calls were from Badger for 2 patients with Acute Life Threatening Event's (ALTE's) and 4 calls were from Koala for patient with complex seizures.

Numbers of safety incidents reported about inadequate nurse staffing levels

There were 6 Datix submitted by staff regarding shortages of nurse in August.

Date	Ward	Issue / Narrative / Action taken
27/08/2016	Fox Ward	3 patients should have been 1:1 due to high dependency needs however due to short staffing and only having 3 registered nurses, 2x nurses had to take a patient load of 3:1 and 1x nurse had a patient load of 2:1 with only 1 health care assistant to help the whole unit. We prioritised care, did not take our contracted breaks.
01/08/2016	Badger ward	Ward very understaffed today leaving members of staff with a very busy workload that resulted in the ward being very chaotic and staff wasn't able to support each other. I personally as a band 5 nurse was left with 5 patients which was a very heavy workload which very quickly exculpated to a chaotic environment. Senior members of staff off the ward were contacted to support the more junior members to ensure patient safety. CIVAS was contacted several times regarding getting patients medication up to the ward.
19/08/2016	Koala Ward	The shift was short staffed with a poor skill mix. 3 newly qualified nurses, an agency nurse and an agency new HCA were split across the zones with HDU patients that had been moved out of the bay for infection reasons. The nurse in charge was excellent but there is only so much that she could do to support everyone else and I feel that this left the ward unsafe. Personally, I had been IV competent for 2 days and was given a complex IV heavy caseload and without much support found it very hard to manage. What made the situation a risk was that the HDU bays had been filled with more HDU patients than the shift had staff to care for taking into account the movement of patients from the HDU bay into the corridors and being generally short staffed with a low mix of skills.
13/08/2016	Elephant	Ward short staffed and unable to provide the best standard of care

	ward	- based on dependency of patients. Dependency of patients did not match the staffing level. Two elephant staff and nurse from penguin ward, two HCA's - one elephant and one from PP. Everyone aware of the situation - across department staff was 'tight'. Night staff tried to do any drugs early, complete once daily paper work to take pressure of us on the day. ICI cover on for the day helped out within the ward and across the unit and stayed late. Other units within hospital offered to help cover breaks.
31/08/2016	Woodpecker	Inadequate staff on Woodpecker to bring patient to theatre for a very busy craniofacial list. Recurrent problem.
17/08/2016	Woodpecker	Woodpecker inadequately staffed to bring a patient to craniofacial theatre therefore list start delayed and parents left without support

4.7 Pals concerns raised by families regarding nurse staffing – 0

The Trust received no PALs referrals in regards to nurse safe staffing for August 2016:

4.8 Complaints received regarding nurse safe staffing – 0

The Trust received no complaints over nursing staff levels in August.

4.9 Friends and family test (FFT) data

Overall response rate for August 2016 has decreased to 17.2% (data extracted 13/09/2016) compared to 22% in July 2016. The target response rate is currently 60%.

- The overall percentage to recommend score is 98.4% (data extracted 13/09/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 90% (470) and 8% (42) responded as likely to recommend in August 2016 compared with 89% (593) and 8% (54) in July 2016.
- For information, the following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Response	Ward/Area	Comment related to response
Extremely Unlikely	Kingfisher	All the nurses on the ward were extremely understanding and helpful but there was a lot of miscommunication between myself as well as the doctors and the consultants and also the theatre staff. This caused extremely stress and expensive and upsetting not only for me but for my family too. I have never had an experience like this at GOSH and I am extremely disappointed and upset in all the things that have happened today. – (name and contact details of parents provided)
Extremely Unlikely	Kingfisher	My son is an outpatient appointment for 9am we arrive at 08.45am for GFR. at 09.45am we still haven't been seen. Nurses are sitting around we have another appointment at 10.00am elsewhere, Why does this hospital do this every year? apparently our GFR Nurse has gone on her break. This happens every year when he has his GFR and we come back for blood to be taken we cannot pin down a nurse to do it as they are always too busy. we are such an inconvenience to you all I cannot wait until we change hospitals and do not have to come back here. NO I don't recommend this department for our day case Appointment – (name and contact details of parents provided)
Likely	Respiratory Sleep Unit	Staff were friendly enough and opened the ward on time, however 7.30pm was past my baby's sleep time and she was extremely overtired and hysterical by the time she was all connected. Perhaps the cutting of tape and undoing of the cords could all be done in advance. The staff member gave me back my low-flow oxygen gauge but didn't connect her oxygen which we only realised.
Likely	Fox	One thing that is a constant disappointment is the response time of the tissue viability group. They take weeks to see the patient. When we finally found a nappy cream that works we were unable to get it again as they would not return calls. Only if a nurse happened to see them, she could get the cream from them. Tissue Viability is not specific to Fox Ward.

- The following positive comments regarding outstanding performance regarding staff behaviour have been received for the following wards:

Response	Ward/Area	Comment related to response
Extremely Likely	Koala	We have spent 4 nights on Koala after our son's neurosurgery. From the moment we arrived the care not only for our son but ourselves during this very emotional time has been first class. The experienced nursing staff are caring and professional and personable. they answered on questions (many!) completely and to know that some of the post-op situations our son was experiencing were normal is very reassuring. All of the staff are a credit to the ward but special credit to (staff name) + (staff name) who looked after our son on the first night.
Extremely Likely	Urodynamics	very helpful staff I feel listened to as a parent any questions I have they are willing to listen and answer. Also makes my child feel relaxed he's always happy to come which helps they also take time to listen to him they explain what's going on and what's going to happen next.
Extremely Likely	Walrus	GOSH always has and continues to be a fantastic hospital. The staff are always do their utmost to provide clear expectations to both children and parents. We have felt informed and care for on Walrus ward, and Claire was fantastic in the way she dealt with our son. Thank you very much.
Extremely Likely	Clinical Research Facility	Everything about this hospital is amazing. I have no complaints what so ever. All staff is welcoming and friendly. As soon as you walk in you see smiles everywhere, and you don't feel like leaving. When you're at GOSH you are seen as a part of the family.

5. Conclusion

5.1 This paper seeks to provide the Board of Directors with the required overview and assurance that all wards were safely staffed against the Trust's determined safe staffing levels during July, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report. Work is currently underway on a 5 year Recruitment and Retention strategy.

6. Recommendations - The Board of Directors are asked to note:

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

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

6.3 The successful recruitment of newly qualified nurses

6.4 The on-going challenges in recruiting experienced nurses.

6.5 The commencement of the Band 2 Healthcare Support Worker training programme

6.6 The national reporting of CHPPD.

Attachment L

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix 1: UNIFY Safe Staffing Submission – August 2016

Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
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 (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
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 CEN	Badger Ward	340 - RESPIRATORY MEDICINE		2345	2517	347	126.5	2087	1962.5	347	120.2	107.3%	36.5%	94.0%	34.6%	353	12.7	0.7	13.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2838	3079.45	618	817.5	2838	2753.95	354	405.2	108.5%	132.3%	97.0%	114.5%	670	8.7	1.8	10.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7038	7101.75	356	226.15	6635	6732.53	218	97.2	100.9%	63.5%	101.5%	44.6%	575	24.1	0.6	24.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		680	783.5	1020	955	680	623.3	680	855.9	115.2%	93.6%	91.7%	125.9%	143	9.8	12.7	22.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3208	3471.07	356	69	3208	2946.2	0	54	108.2%	19.4%	91.8%	-	239	26.9	0.5	27.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		6060	6297.25	356	161	6060	5364.75	356	129.6	103.9%	45.2%	88.5%	36.4%	394	29.6	0.7	30.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1581	1645.5	333	340.54	1333	1287.4	333	419.95	104.1%	102.3%	96.6%	126.1%	368	8.0	2.1	10.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	2012	1590.25	335	253	1882	1383.9	335	275.6	79.0%	75.5%	73.5%	82.3%	290	10.3	1.8	12.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1062	1153	354	283	1062	812.8	354	258	108.6%	79.9%	76.5%	72.9%	205	9.6	2.6	12.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1669	1393.2	352	448.5	1408	891.9	352	340.95	83.5%	127.4%	63.3%	96.9%	307	7.4	2.6	10.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	967	986.55	352	552	705	562.7	352	54.7	102.0%	156.8%	79.8%	15.5%	154	10.1	3.9	14.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1637	1576.52	285	573.75	1426	1042.15	285	434.25	96.3%	201.3%	73.1%	152.4%	224	11.7	4.5	16.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2492	2033.92	356	897	2136	2120.05	712	828.7	81.6%	252.0%	99.3%	116.4%	574	7.2	3.0	10.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2754	2199.5	344	832	2066	1419.5	344	375.3	79.9%	241.9%	68.7%	109.1%	419	8.6	2.9	11.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Eagle Ward	361 - NEPHROLOGY		2300	1947.5	709	450	1419	1286.3	354	265.5	84.7%	63.5%	90.6%	75.0%	375	8.6	1.9	10.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Kingfisher Ward	420 - PAEDIATRICS		1817	1609.45	931	515	349	294.4	0	21.6	88.6%	55.3%	84.4%	-	167	11.4	3.2	14.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		977	1253.8	713	287.5	713	654.25	713	281.15	128.3%	40.3%	91.8%	39.4%	222	8.6	2.6	11.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1069	1040.2	713	230	1069	713.6	356	243.2	97.3%	32.3%	66.8%	68.3%	200	8.8	2.4	11.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1108	1179.55	622	549.7	503	399.6	458	293.7	106.5%	88.4%	79.4%	64.1%	267	5.9	3.2	9.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3147	3305.8	331	583	3061	2657.3	331	175.2	105.0%	176.1%	86.8%	52.9%	596	10.0	1.3	11.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1566	1138.5	608	310.92	1476	1080.4	0	90.6	72.7%	51.1%	73.2%	-	302	7.3	1.3	8.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1796	1717.5	625	703.8	1755	1528.4	0	11.5	95.6%	112.6%	87.1%	-	371	8.7	1.9	10.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2952	2363.47	696	644.5	2649	2256.27	0	151.9	80.1%	92.6%	85.2%	-	518	8.9	1.5	10.5

Attachment L

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix 2: Overview of Ward Nurse Staffing – August 2016

Speciality	Ward	Established Bed Numbers	Registered Nursing staff			Non Registered			Total Establishment	Total Vacancies	Bank Used	Net Vacant	Recruitment Pipeline		Number of unsafe shifts	Average Bed Closures
			Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies					Registered Starters	Non-registered Starters		
CardioRespiratory	Badger	15	39.5	39.0	0.5	7.5	5.0	2.5	47.0	3.0	1.7	1.3	7.0	3.0	0	0.4
	Bear	24	53.5	52.0	1.5	9.0	6.0	3.0	62.5	4.5	5.8	-1.3	10.0		0	0.1
	Miffy (TCU)	5	14.1	12.9	1.2	10.4	10.0	0.4	24.5	1.6	5.0	-3.4	3.0	1.0	0	0.2
Critical Care	Flamingo	17	121.0	109.0	12.0	10.8	6.0	4.8	131.8	16.8	21.0	-4.2	18.0		0	0.0
	NICU	8	51.5	41.2	10.3	5.2	2.0	3.2	56.7	13.5	9.6	4.0	4.0		0	0.0
	PICU	13	83.1	85.4	-2.3	8.9	1.0	7.9	92.0	5.6	5.2	0.4	11.0		0	0.0
Haematology/Oncology/Dermatology/Rheumatology	Elephant	13	25.0	19.0	6.0	5.0	3.5	1.5	30.0	7.5	5.6	1.9	4.0		0	0.8
	Fox	10	31.0	22.8	8.2	5.0	5.0	0.0	36.0	8.2	4.3	3.9	4.0	1.0	0	0.6
	Giraffe	7	19.0	19.0	0.0	3.1	2.0	1.1	22.1	1.1	2.3	-1.2	4.0	1.0	0	0.0
	Lion	11	22.0	17.8	4.2	4.0	3.0	1.0	26.0	5.2	3.6	1.6	3.0		0	0.1
	Penguin	9	15.5	13.0	2.5	5.8	5.8	0.0	21.3	2.5	2.0	0.5	2.0	1.0	0	0.1
	Robin	10	27.2	19.7	7.5	4.5	4.6	-0.1	31.7	7.4	5.7	1.7	4.0		0	2.0
IPP	Bumblebee	21	38.3	33.3	5.0	9.7	13.0	-3.3	48.0	1.7	9.8	-8.1	2.0		0	0.0
	Butterfly	18	37.2	24.0	13.2	10.5	10.0	0.5	47.7	13.7	6.0	7.7	6.0		0	0.6
MDTS	Eagle	21	39.5	33.6	5.9	10.5	10.0	0.5	50.0	6.4	3.4	3.1	4.0	1.0	0	0.1
	Kingfisher	16	17.1	12.2	4.9	6.2	3.9	2.3	23.3	7.2	2.9	4.3	6.0		0	0.0
	Rainforest Gastro	8	17.0	14.9	2.1	4.0	3.5	0.5	21.0	2.6	1.7	0.9	2.0	0.0	0	0.0
	Rainforest Endo/Met	8	15.6	12.8	2.8	5.2	4.5	0.7	20.8	3.5	2.3	1.2	2.0	2.0	0	0.0
Neuro-sciences	Mildred Creak	10	11.8	13.1	-1.3	7.8	7.6	0.2	19.6	-1.1	0.2	-1.3	0.0		0	0.2
	Koala	24	48.2	40.0	8.2	7.8	6.0	1.8	56.0	10.0	5.7	4.3	16.0	1.0	0	1.7
Surgery	Peter Pan	16	24.5	22.3	2.2	5.0	6.0	-1.0	29.5	1.2	2.3	-1.1	2.0	1.0	0	0.3
	Sky	18	31.0	24.6	6.4	5.2	5.0	0.2	36.2	6.6	1.4	5.2	3.0	3.0	0	2.2
	Squirrel	22	43.6	39.8	3.8	7.0	8.0	-1.0	50.6	2.8	5.3	-2.5	1.0		0	0.5
TRUST TOTAL:		**324**	**826.2**	**721.4**	**104.8**	**158.1**	**131.4**	**26.7**	**984.3**	**131.5**	**112.6**	**18.9**	**118.0**	**15.0**	**0.0**	**9.9**

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **28th September 2016**	
GOSH Nursing Workforce Rules **Submitted by:** **Juliette Greenwood, Chief Nurse**	**Paper No: Attachment R**
Aims / summary To provide and overviews of local rules that have been created within the organisation which could potentially impact on the recruitment, retention and promotion of the nursing workforce.	
Action required from the meeting The Board is asked to note the content of this report	
Contribution to the delivery of NHS Foundation Trust strategies and plans To ensure locally created rules do not adversely impact on the recruitment and retention of nurse staffing thereby ensuring The Trust has the right staff with the right skills, in the right place, at the right time.	
Financial implications	
Who needs to be told about any decision? Divisional Management Teams, Matrons and Ward Sisters/Charge Nurses.	
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Nurse, Assistant Chief Nurses, Head of Nursing, HR	
Who is accountable for the implementation of the proposal / project? Chief Nurse, Divisional Management Teams	

Nursing Workforce Rules

This paper is to highlight a number of local rules that have been created within the organisation which could potentially impact on the recruitment, retention or promotion of the nursing workforce. This paper is designed to provide some oversight of these rules and to promote discussion to decide if these rules are still fit for purpose, required to ensure safe practice or should be amended to allow greater scope of practice or to meet changes in service delivery.

This information has been gathered from general discussions with ward sisters, lead nurses and practice educators. The list is not comprehensive and continues to be added to as new rules are unearthed.

Current Rules

Recruitment

- You cannot shortlist a candidate for a job unless they meet all the essential academic qualifications.
- Band 5s can't start on ICUs without having a placement in an ICU ward as a student.
- We shouldn't be recruiting Band 4 – few areas need them.

Promotion

- You need to have tried working on a different ward before promotion to Band 6.
- You need to have been qualified for a certain amount of time for a Band 6 – cannot shortlist a Band 5 with 1 yr experience even if they have the required competencies.
- ICUs will not shortlist Band 6 candidates without an ICU qualification even if they have the experience and competencies required
- Few nurses get promoted.
- You do not automatically get a Band 6 in ICUs once you have completed the ITU course.
- All Band 7s need to have a nursing degree.
- You cannot promote a nurse unless they have an NMC recognised mentorship qualification.
- Nurses at 8a and above have to have or undertaken Masters level study.

Adult nurse

- Adult nurses cannot be in charge of a ward.
- Adult nurses cannot become Band 6 until they have completed the conversion course.
- There is discrepancy in opinion as to what the set standard for proportion of adult nurses is - between 10 and 20% of workforce
- Nurses without their paediatric registration cannot apply for a Band 7 post.

Other

- Wards do not see rotation nurses as part of their ward team and are treated differently.
- You can't be a non-medical prescriber until you're a band 7 even if the nurse has the required training/course.

- Band 6 nurses are not sent on the non- medical prescribing course even if there is a service need.
- We do not advertise for Band 6 nurse shifts on Bank.
- When new to GOSH you have to complete your oral workbook before you can give oral medications even if you have evidence from another trust of previous experience and competency.

Next Steps

Agree the best forum where these rules should be reviewed and determine:

- Which rules are essential to ensure quality of care and safe practice?
- Which rules should be amended to ensure they don't adversely impact on the recruitment, retention or promotion of suitably experienced nursing staff?
- Which rules should be amended to ensure they allow for greater scope of practice or improved service delivery?
- Which rules are no longer required?

There then needs agreement to how any changes to these rules are communicated out to the wider Trust.

Attachment M

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
28 September 2016

Q2 NHS Improvement Return (3 months to 30 September 2016) **Submitted by:** Loretta Seamer, Chief Finance Officer	**Paper No: Attachment M**

Aims / summary

NHS Improvement has brought forward the submission dates of quarterly returns. In previous years, the quarter 2 submission was due on 31 October; for 2016/17, the submission date is now 17 October. This means that the return is due to be submitted in advance of the October Trust Board meeting.

As a result of this change in submission deadlines, the Trust Board is asked to delegate authority to the Chief Finance Officer to approve submission.

Although the M06 results are not yet known, it is anticipated that the Trust's financial sustainability risk rating will continue to be at least a 3 over the next 12 months.

In respect of the governance statement, 'The board is satisfied that plans in place are sufficient to ensure: on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards', the Trust will be responding 'not confirmed' and including the following narrative:-

"We have reported to NHSI our decision to suspend RTT reporting and related diagnostic reporting for a defined period. NHSI is party to regular Tripartite meetings with NHSE, our lead commissioner, where we are sharing and monitoring our plan to remedy the data issues in order to resume reporting and address any patients with long waits. Diagnostic reporting recommenced in April 2016, although we continue to be non-compliant against the standard and therefore this is still being closely managed to the tripartite process. The Trust plans to recommence reporting against the RTT standards in quarter 3."

Action required from the meeting

The Board is asked to:

- **note** that the Q2 submission is due on the 17 October 2016; and
- **approve** the recommendation to delegate authority to the Chief Finance Officer to approve the Quarter 2 'In-Year Governance Statement' for submission to NHS Improvement.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Financial Stability and Health

Financial implications

None

Attachment M

Legal issues None
Who needs to be / has been consulted about the proposals in the paper (staff, councillors, commissioners, children and families) and what consultation is planned/has taken place? Chief Executive
Who needs to be told about any decision? Chief Finance Officer
Who is responsible for implementing the proposals / project and anticipated timescales? Chief Finance Officer
Who is accountable for the implementation of the proposal / project? Chief Finance Officer

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 28th September 2016	
Schedule of matters reserved for the Trust Board, Members' Council and delegated committees **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment N**
Aims / summary The Code of Governance requires that there should be a formal schedule of matters which defines those powers specifically reserved to both the Trust Board and the Members' Council. The document has been formatted to reflect decision making powers of the Trust Board and the Members' Council as well as monitoring responsibilities.	
Action required from the meeting To consider and note the matters reserved to the Trust Board and Members' Council	
Contribution to the delivery of NHS Foundation Trust strategies and plans Compliance with the Code of Governance and clarity about roles and responsibilities of the Board, its committees and directors and officers	
Financial implications None	
Who needs to be told about any decision? N/A	
Who is responsible for implementing the proposals / project and anticipated timescales? Company Secretary	
Who is accountable for the implementation of the proposal / project? Company Secretary	

No.	Reference	Matters reserved to the Board of Directors	BoD	MC	Board Committee
		1. Strategy and Management			
1.1	CoG A1c, C2 BoD ToR	Responsibility for the overall leadership of the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed.	x		
1.2	CoG A1d B8.a BoD ToR	Responsibility for ensuring compliance with its provider licence, constitution, mandatory guidance issued by regulatory bodies, relevant statutory requirements and contractual obligations.	x		Audit Committee and Quality and Safety Assurance Committee
1.3	CoG A1f BoD ToR	Setting the strategic aims of the Trust (taking into consideration the views of the council) and ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives	x	In consultation with the Members' Council	
1.4	CoG A1h BoD ToR	Responsibility for ensuring that the NHS foundation trust functions effectively, efficiently and economically.	x		
1.5	CoG A1e CoG A1i BoD ToR	Setting the Trust's vision, values and ensure its obligations to members, patients and other stakeholders as understood, clearly communicated and met	x		
1.6	Con 43 CoG A1f	Approval of an annual business plan.	x	In consultation with the Members' Council	
1.7	SFIs	The exercise of financial supervision and control by: -ensuring the financial strategy is consistent with and an integral part of the Trust's business plan -Requiring the submission and approval of budgets within approved allocations/overall income -Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money)	x		Finance and Investment Committee
1.8	CoG A1 SFIs	Review of performance in the light of the Trust's strategy, objectives, business plans and budgets and ensuring that any necessary corrective action is taken	x		Finance and Investment Committee
1.9	CoG A1g BoD ToR	Ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS and regulatory bodies.	x		Quality and Safety Assurance Committee
1.10	NHS Act 2006	Extension of the Trust's activities into new business or geographic areas.	x		Finance and Investment Committee

1.11	NHS Act 2006	Any decision to cease to operate all or any material part of the Trust's business.	x		Finance and Investment Committee
2. Structure and organisation					
2.1	NHS Act - CoG	Major changes to the Trust's management and control structure.	x		BoD Nominations Committee
2.6	HSCA 2012 Constitut 49	Major changes to the Trust's corporate structure, including, but not limited to, acquisitions, mergers, separations or dissolution of the Trust and significant transactions falling within the definition outlined in the Trust's Constitution.	x	x final approval to be provided by the MC	Finance and Investment Committee
2.2	BoD SOs	The establishment of Board of Directors' sub-committees, their Terms of Reference and the delegation of authority to them. Monitoring reports from these committees in respect of their exercise of delegated powers.	x		
2.3	NHS Act 2006	The establishment of subsidiary companies, charities, partnerships, joint ventures or other corporate entities linked to or managed by the Trust.	x		Finance and Investment Committee
2.4	NHS Act 2006 Constitut 49 CoG A5.15	Application for acquisitions, mergers, separations or dissolution of the Trust	x	MC approves application (more than half of councillors an approve an application for a merger, acquisition, separation or dissolution)	Finance and Investment Committee

2.5	NHS Act 2006 Constitut 49 CoG A5.15	Approval of entering into a significant transaction falling within the definition agreed in the Trust's Constitution."Significant transaction" means a transaction which meets any one of the tests below: - the total asset test; or - the total income test; or - the capital test (relating to acquisitions or divestments). The total asset test is met if the assets which are the subject of the transaction exceed 25% of the total assets of the Trust; The total income test is met if, following the completion of the relevant transaction, the total income of the Trust will increase or decrease by more than 25%; The capital test is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the trust following completion (where "gross capital" is the market value of the relevant company or business's shares and debt securities, plus the excess of current liabilities over current assets, and the Trust's total taxpayers' equity).	x	MC approves application (more than half of councillors who vote)	Finance and Investment Committee/ Quality and Safety Assurance Committee
2.6	Con 43.7 CoG A5.15	Approval of increase (by 5% or more) of the proportion of the Trust's total income attributable to activities other than the provision of goods and services for the health service (Councillors determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.)	x	MC approves application (more than half of councillors who vote)	Finance and Investment Committee/ Quality and Safety Assurance Committee
3. Financial and Governance Reporting and Controls					
3.1	Con 42	Approval of annual report and accounts.	x		Audit Committee
3.2	BoD ToR	Approval of governance and other compliance declarations to NHS Improvement, the CQC and other relevant regulatory bodies, requiring board approval by statute, regulation or under contractual obligations.	x		
4. Internal Controls					

4.1	CoG C2	Ensuring maintenance of a sound system of internal control and risk management including: -Receiving reports on and reviewing the effectiveness of, the Trust's risk and control processes to support its strategy and objectives -Undertaking an annual assessment of these processes -Approving an appropriate statement for inclusion in the annual report.	x		Audit Committee
5. Contracts					
5.1	SFI 8.1 SoDeleg	Major capital projects	x		Finance and Investment Committee
5.2	NHS Act 2006	Contracts which are material strategically or by reason of size, entered into by the Trust [or related subsidiary] in the ordinary course of business, for example, bank borrowings with a repayment period of over one year or acquisitions or	x		Finance and Investment Committee
5.3	NHS Act 2006	Contracts of the Trust [or any subsidiary] not in the ordinary course of business, for example loans with a repayment period of over one year or major acquisitions or disposals	x	x (subject to approval by the MC where any of the significant transactions tests are met	Finance and Investment Committee
5.4	NHS Act 2006	Major investments [including the acquisition or disposal of interests or voting shares or the making of any takeover offer].	x	x (subject to approval by the	Finance and Investment
5.5	High risk transactions	All investments which fall within the Regulator's definitions of High Risk transactions	x		Finance and Investment Committee
6. Communication					
6.1	BoD SOs	Approval of resolutions and corresponding documentation to be put forward to councillors at a general meeting.	x		
6.2	CoG E1	Ensuring appropriate consultation with members, patients and the local community.	x	x	
6.3	CoG E2	Ensuring that the NHS foundation trust co-operates with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy (inlcuding ensuring that processes are in place to enable cooperation and collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each)	x		
7. Board membership and other appointments					
7.1	CoG A4	Appointment of the Senior Independent Director.	x		In consultation with the MC
7.2	BoD SOs	Appointment to boards of subsidiaries.	x		
8. Remuneration					

9. Delegation of authority					
9.1	BoD SOs SoM	The division of responsibilities between the Chair, Chief Executive and other executive directors.	x		
9.2	BoD SOs	This schedule of matters reserved for board decisions.	x		
10. Corporate Governance matters					
10.1	CoG A1 CoG A1.8	Establishing the values and standards of conduct for the Trust and its staff and operating a code of conduct that builds on these values.	x		
10.2	CoG A5.15	Approve a change to the constitution (more than half the members of the Board who vote)	x	Also see MC matters	
	CoG B.6.e	Evaluation of the Board of Directors	x	Report findings to the Council	
11. Policies					
11.1	Con Annex 9	Approval of Standing Orders for the Board of Directors.	x		Audit Committee
11.2	BoD SO 2.4	Standing Financial Instructions, Scheme of Delegation and Matters Reserved for the Board of Directors and Members' Council.	x		Audit Committee
12. Other					
12.1	SoDeleg	Prosecution, defence or settlement of litigation [involving above £500k or being otherwise material to the interests of the Trust].	x		Audit Committee
12.2	NHS Act 2006	Any decision likely to have a material impact on the Trust from any perspective, including, but not limited to, financial, operational, strategic or reputational impact.	x		Relevant assurance committee

KEY	
NHS Act 2006	NHS Act 2006
HSCA 2012	Health and Social Care Act 2012
Constitut	GOSH Constitution (2014)
CoG	Code of Governance (2013)
SoDeleg	Scheme of Delegation (2015)
SFI	Standing Financial Instructions (2015)
BoD SO's	Board of Directors Standing Orders (2014)
MC Sos	Members' Council Standing Orders (2014)
Green highlight	Powers of the Board (decision rights)
White highlight	Recommending, monitoring and leadership responsibility of the Board
Committee column	The committees in the final column have an assurance role but do not make decisions in these matters, unless coloured in blue highlight

No.	Reference	Matters reserved to Board Committees	Committee	Reporting to BoD	Informing/ approval of MC
1. Strategy and Management					
2. Structure and organisation					
3. Financial and Governance Reporting and Controls					
3.3	SOs	Approval of any significant changes in accounting policies or practices.	Finance and Investment Committee	x	
3.4	SOs SFI 4.1	Approval of treasury management policies, including external funding (borrowing arrangements), banking arrangements and operating cash management policy.	Finance and Investment Committee	x	
4. Internal Controls					
5. Contracts					
6. Communication					
7. Board membership and other appointments					
7.3	NHS Act 2006 Con 23	Changes to the structure, size and composition of the board of directors.	BoD Nominations Committee	x	Approval where the changes impact on the number of NED appointments
7.4	NHS Act 2006 Con 29	Appointment and removal of the Chief Executive.	BoD Nominations Committee	x	Approval of the apppointment
7.5	NHS Act 2006 Con 29	Appointment and removal of Executive Directors to the Board of Directors	BoD Nominations Committee	x	Informing
7.6	BoD SO 20.8	Appointment of Acting Executive Directors.	BoD Nominations Committee	x	Informing
7. 7	NHS Act 2006 Con 31	Continuation in office of any director at any time, including the review of suspensions, termination of service of an executive director as an employee of the Trust, subject to the law and their service contract.	BoD Nominations Committee	x	
8. Remuneration					
8.1	NHS Act 2006 Con 35	Determining the remuneration policy for the executive directors, Company Secretary and other senior executives and managers.	BoD Remuneration Committee	x	
8.2	NHS Act 2006 Con 35 CoG D1	The introduction of any performance related remuneration or bonus scheme for executive directors or staff.	BoD Remuneration Committee	x	
9. Delegation of authority					
10. Corporate Governance matters					
8.2	Audit Code	Approval of a policy delegating authority by the Members' Council to the CEO and Audit Committee for commissioning additional services from the external auditor	Audit Committee	x	Approval
11. Policies					
12. Other					
12. 3	CoG C3	Review and approve arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters.	Audit Committee	x	
12.4	Cons 47	Approval of the overall levels of insurance for the Trust including Directors' and Officers' liability insurance [and indemnification of directors].	Finance and Investment Committee	x	

KEY	
NHS Act 2006	NHS Act 2006
HSCA 2012	Health and Social Care Act 2012
Constitut	GOSH Constitution (2013)

CoG	Code of Governance (2013)
SoDeleg	Scheme of Delegation (2013)
SFI	Standing Financial Instructions (2013)
BoD SO's	Board of Directors Standing Orders (2013)
MC Sos	Members' Council Standing Orders (2013)
Audit Code	Monitor (NHSI) Audit Code
Blue highlight	Powers of the Committees (decision rights) - these committees report these decisions to the Board

No.	Reference	Matters reserved to the Members' Council	MC	BoD	Committee
		1. Strategy and Management			
1.3	CoG A1f BoD ToR	Providing input to the strategic aims of the Trust as recommended by the Board	x	Board recommends strategy	
1.6	Con 43 CoG A1f	Providing input to the annual business plan as recommended by the Board.	x	Board recommends plan	
		2. Structure and organisation			
4.2	NHS Act 2006 Constitut 49 CoG A5.15	Approves application for acquisitions, mergers, separations or dissolution of the Trust	x (more than half of councillors approve an application)	Board recommends application	Finance and Investment Committee
4.2	NHS Act 2006 Constitut 49 CoG A5.15	Approval of entering into a significant transaction falling within the definition agreed in the Trust's Constitution. "Significant transaction" means a transaction which meets any one of the tests below: - the total asset test; or - the total income test; or - the capital test (relating to acquisitions or divestments). The total asset test is met if the assets which are the subject of the transaction exceed 25% of the total assets of the Trust; The total income test is met if, following the completion of the relevant transaction, the total income of the Trust will increase or decrease by more than 25%; The capital test is met if the gross capital of the company or business being acquired or divested represents more than 25% of the capital of the trust following completion (where "gross capital" is the market value of the relevant company or business's shares and debt securities, plus the excess of current liabilities over current assets, and the Trust's total taxpayers' equity).	x (more than half of councillors who vote)	Board recommends application	Finance and Investment Committee/ Quality and Safety Assurance Committee
4.3	Con 43.7 CoG A5.15	Approval of increase (by 5% or more) of the proportion of the Trust's total income attributable to activities other than the provision of goods and services for the health service (more than half of councillors who vote) Councillors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.	x (more than half of councillors who vote)	Board recommends increase	Finance and Investment Committee/ Quality and Safety Assurance Committee
		3. Financial and Governance Reporting and Controls			
2.5	Con 44	Receiving the annual report and accounts, auditor reports and annual reports at a general meeting.	x		
		4. Internal Controls			

5. Contracts					
6. Communication					
6.2	CoG E1 Con 16.1.2	Represent the interests of the members of the Trust as a whole and the interests of the public	x		Membership Engagement Committee
7. Board membership and other appointments					
7.1	NHS Act 2006 Con 23	Changes to the structure, size and composition of the board of directors.	x (NEDs)		MC Nominations Committee
7.2	NHS Act 2006 Con 12	Changes to the structure, size and composition of the Members' Council and membership.	x (and requires membership approval)		Constitution Working Group
7.3	NHS Act 2006 Con 26	Appointment and removal of the Chairman of the board.	x		MC Nominations and Remuneration Committee
7.5	NHS Act 2006 Con 29.2	Approval of the appointment of the Chief Executive.	x	x (NEDs appoint and remove CEO but recommend the appointment to the Council)	
7.6	NHS Act 2006 Con 26	Approval of the process for appointment and the appointment and re-appointment of Non-Executive Directors.	x	x(consultation with the Board)	MC Nominations and Remuneration Committee
8. Remuneration					
8.2	NHS Act 2006 Con 35	Setting the remuneration and term of office of the non-executive directors (and market testing every three years using external professional advisers).	x		MC Nominations and Remuneration Committee
9. Delegation of authority					
10. Corporate Governance matters					
7.11	NHS Act 2006 Con 40.2	Appointment, reappointment or removal of the external auditor.	x		Audit Committee
10.1	HSCA 2012 Con 2	Holding the Non-Executive Directors to account for the performance of the Board of Directors, including ensuring the Board acts so that the Trust does not breach the conditions of its licence.	x		
10.2	CoG B.6.d	Assess collective performance of the Council and impact on the Foundation Trust	x (and report to membership)		
10.7	MC SOs	Establishing the visions, values and standards of conduct for the councillors and members and operating a code of conduct that builds on these values.	x		

	CoG B6.6	Approval and implementation of policy for removal of councillors who consistently and unjustifiably fails to attend the meetings of the council; has an actual or potential conflict of interest which prevents the proper exercise of their duties; or, where behaviours or actions of a councillor or group of councillors may be incompatible with the values and behaviours of the NHS foundation trust.			
10.2	CoG A5.15	Approve a change to the constitution (more than half the members of the Council who vote)	x	Also see BoD matters	
11. Policies					
11.2	Con Annex 8	Standing Orders for the Members' Council.	x		
12. Other					

KEY	
NHS Act 2006	NHS Act 2006
HSCA 2012	Health and Social Care Act 2012
Blue highlight	GOSH Constitution (2014)
SoDeleg	Scheme of Delegation (2015)
SFI	Standing Financial Instructions (2015)
BoD SO's	Board of Directors Standing Orders (2014)
MC Sos	Members' Council Standing Orders (2014)
Yellow highlight	Powers of the Council (decision rights)
White highlight	General duties and monitoring role of the Council
Green highlight	Council is consulted (advisory role)
Committee column	The committees in the final column have an advisory role

ATTACHMENT P

Attachment P

Great Ormond Street Hospital for Children NHS Foundation Trust

Quality and Safety Assurance Committee Summary
13th July 2016

Quality and Safety Assurance Committee Workplan

The Committee approved the workplan in line with the Terms of Reference and agreed that further iterations would consider the format of reports and receiving more presentations etc.

Quality and Safety Update

The Committee discussed the quality of data on central venous line infections and it was agreed that data over a period would be provided in future reports to show trends. It was reported that infection control training compliance had improved since the beginning of June 2016 and work was being done to ensure that the training offered was relevant to the various staff groups and was delivered efficiently.

Patient Experience Update

Some concern was expressed at the increase in the number of complaints received although there had been a 25% reduction in the number of red complaints. It was agreed that information would be provided at the next meeting to show what proportion of the increase was likely to be as a result of the difficult circumstances arising from work on RTT.

Patient Story

The Committee received a patient story which highlighted issues around a lack of GOSH signage in the Royal London Hospital for Integrated Medicine (RLHIM). It was confirmed that GOSH outpatient areas had now been named to give a GOSH identity.

Gastroenterology update

The Committee noted that review of the gastroenterology service continued and it was confirmed that no physical harm had been found to have occurred to when reviewing patients in the service. The Committee noted the wide range of opinions held by clinicians internationally on the treatment of particular conditions and that GOSH was working with the European Society of Gastroenterology.

Access Improvement update including update on work of the clinical review group

It was noted that GOSH was significantly ahead of its agreed RTT improvement trajectory and there were currently five specialties with an acknowledged mismatch in demand and capacity. Work was taking place with NHS England to find longer term solutions and the Trust was on schedule to have validated all patient pathways by September 2016. All long waiting patients over 30 weeks had been reviewed by the Clinical Harm Review Group, chaired by the Medical Director.

Quarterly Safeguarding Report (April 2016 – June 2016)

The committee noted that there had been challenges in ensuring that all relevant staff were able to undertake face to face PREVENT training however a plan was in place to ensure this could happen.

Disappointment was expressed about the Trust's safeguarding training compliance rates and it was reported that a new Learning Management System was now in place which would support the improvement of training compliance in general. The committee was also informed that the content of all training was being reviewed.

Board Assurance Framework (BAF) Update

The Chair said that she continued to be concerned about the lack of visibility of quality and safety risks on the BAF and confirmed that she would raise this issue for further discussion at the July risk meeting.

The Committee reviewed the following high level risk:

- Risk 7: The risk that due to external factors, there will be insufficient nursing graduates available to work at GOSH

Deep Dive: Nurse retention

The committee noted the results of nursing exit surveys over the past two years and that 75% of respondents would return to work at GOSH. Discussion emphasised the importance of supporting people to develop their working careers within GOSH and looking at how the Trust could act to create a better work/life balance.

Health and Safety Update

An inspection from the Health and Safety Executive (HSE) had been positive overall but had found weaknesses in some of the Trust's safety management processes including the risk assessment process in the laboratories. It was confirmed that a response and action plan would be provided to the HSE by the end of July.

The issue of reportable incidents had been raised at the last Health and Safety Committee as the process was fragmented and not wholly managed by one area. It had been agreed that further work would take place on this issue.

Internal Audit Progress Report (May 2016 – June 2016)

The following final reports had been issued:

- Discharge arrangements: partial assurance with improvements required
- Self-certifications: significant assurance with minor improvement potential

The committee sought assurance that the actions were in place to deliver the recommendations.

Clinical Audit update April 2016 – June 2016

Work had been conducted to look at the quality of the use of the WHO checklist. In general the Trust had a good safety checklist culture with a small number of areas for improvement.

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

- The visibility of quality and safety risks on the BAF
- Patient experience – potential increase in complaints resulting from work on RTT

Attachment P

- High levels of concern about nursing recruitment risk particularly in light of planned national changes to university nurse education
- Internal audit results
- Clinical Audit highlights
- Compliance and the themes of issues that need to be improved.

ATTACHMENT Q

Attachment Q

Great Ormond Street Hospital for Children NHS Foundation Trust

Update from the Finance and Investment Committee meeting held on 1st August 2016

Matters Arising

The Committee noted that the Trust had underperformed against contracted activity levels in 2015/16 however due to pass-through and Quality, Innovation, Productivity and Prevention (QIPP) the outturn for the year had been above the contracted value for the year. The Committee requested that an update on phased performance against contract was provided at future meetings to provide early warning if underperformance in activity was likely.

Discussion took place around workforce planning tools and it was agreed that discussion would take place at the next meeting on current NHS workforce model assumptions used to calculate required staffing numbers and the basis of these assumptions. This discussion would contribute to the on-going work on capacity and demand.

Financial activity board report M3 outturn

The report outlined the revised control total offered to all Trusts who had not accepted their original offer on 9 June 2016. The revised control total for GOSH was £6.3m deficit (excluding capital donations and impairments). Agreement to this allowed the Trust to access the £2.4m STF.

The Committee noted the financial activity Board report for month 3 reporting a year to date deficit of £1.8m (excluding capital donations and impairments) for the three months ending 30 June 2016, £1.0 better than the plan deficit of £2.8m.

Productivity and Efficiency Update

It was noted that there was currently a gap between the Productivity and Efficiency target and the value of schemes about which there was high confidence of delivery. Work was taking place with divisions to support them to move schemes forward from the conceptual stage and to look at potential increases in some income streams.

Research and Development

An overview was provided on the Research Business Model. It was noted that the key strategic aims for the year were to secure the renewal of the Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) funding, the outcome of which would be known in September. Feedback received on the BRC bid so far had been positive and GOSH had emphasised to the BRC interview panel the vital importance of the bid for children's health nationally.

Capital Programme Update

A summary of the capital plan to forecast spend was presented to the committee. The main forecast variance to plan was due to timing to complete the EPR procurement tender. The Board noted that the PICB development schedule was behind schedule would now be monitored on a monthly basis due to the impact of the capital revenue of the Trust's NHS Improvement governance rating.

Attachment Q

Workforce and Activity Review

The Committee noted a NHSI report outlining the increase in paybill costs for GOSH between 2013/14 and 2016/17 totals £24.85m. £13.58m relates to expected increases in pay costs as per the NHSI benchmark uplifts leaving a balance of £11.27m relating to the increase in commissioned NHS services, increase in Private Patient commissioned services and cost of staff involved in validation of RTT. It was agreed that the balance of clinical to non-clinical staff in the Trust would be reviewed to confirm whether it was at an appropriate level.