Great Ormond Street Hospital for Children NHS Foundation Trust

Meeting of the Trust Board
Wednesday 7th December 2016

Dear Members

There will be a public meeting of the Trust Board on Wednesday 7th December 2016 at 11:15am in the **Charles West Room, Paul O'Gorman Building,** Great Ormond Street, London, WC1N 3JH.

Company Secretary
Direct Line: 020 7813 8330
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AGENDA

	Agenda Item STANDARD ITEMS	Presented by	Attachment
1.	**Apologies for absence**	Chairman	
Declarations of Interest All members are reminded that if they have any pecuniary interest, direct or indirect, in any contract, proposed or other matter which is the subject of consideration at this meeting, they must disclose that fact and not take part in the consideration or discussion of the contract, proposed contract or other matter, nor vote on any questions with respect to it.			
2.	**Minutes of Meeting held on 28th September 2016**	Chairman	**A**
3.	**Matters Arising/ Action Checklist** **Declaring Conflicts of Interest at GOSH** **Mandatory training topics and escalation process**	Chairman Company Secretary Director of HR and OD	**B** **C** **D**
4.	**Chief Executive Report**	Chief Executive	**Verbal**
	STRATEGY AND PLANNING		
5.	**GOSH Draft Operational Plan 2017-19 update**	Deputy CEO/ Chief Finance Officer	**E**
6.	**Update on transition arrangements at GOSH**	Chief Nurse	**F**
	PERFORMANCE		
7.	**Quality and Safety Update – 31 October 2016**	Medical Director/ Chief Nurse	**H**
8.	**Integrated Performance Report and Scorecard: 31 October 2016** • **Workforce Metrics & Exception Reporting – 31 October 2016** • **Finance Update – 31 October 2016**	Deputy Chief Executive Director of Human Resources &OD Chief Finance Officer	**I** **Ii** **Iii**

9.	**Safe Nurse Staffing Report – September and October 2016**	Chief Nurse	**J**
10.	**Infection Control Report**	Chief Nurse/ Director of Infection, Prevention and Control	**K**
	GOVERNANCE		
11.	**Assurance and Escalation Framework Update**	Company Secretary	**L**
12.	**Quarter 3 NHSI Return (3 months to 30 December 2016)**	Chief Finance Officer	**M**
13.	**Update from the Audit Committee in October 2016**	Chair of the Audit Committee	**N**
14.	**Update from the Quality and Safety Assurance Committee in October 2016**	Chair of the Quality and Safety Assurance Committee	**O**
15.	**Update from the Finance & Investment Committee in October 2016**	Chair of the Finance and Investment Committee	**P**
16.	**Reviewing the Constitution: Re-establishing the Constitution Working Group**	Company Secretary	**Q**
17.	**Any Other Business** (Please note that matters to be raised under any other business should be notified to the Company Secretary before the start of the Board meeting.)		

Next meeting
The next Trust Board meeting will be held on Wednesday 1st February 2016 in the Charles West Room, Paul O'Gorman Building, 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 28th September 2016

Present

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

In attendance

Mr Matthew Tulley	Director of Redevelopment
Ms Cymbeline Moore	Director of Communications
Professor Andrew Taylor	Acting Medical Director
Dr Anna Ferrant	Company Secretary
Ms Victoria Goddard	Trust Board Administrator (minutes)
Ms Herdip Sidhu-Bevan*	Assistant Chief Nurse for Patient Experience and Quality
Ms Emma James*	Patient Involvement and Experience Officer
Mr Jon Schick	Productivity and Efficiency Programme Director
Ms Claudia Fisher	Members' Council (observer)

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

80	**Apologies for absence**
80.1	Apologies for absence were received from Professor Rosalind Smyth, Non-Executive Director and Dr Vinod Diwakar, Medical Director. It was noted that Professor Andrew Taylor, Acting Medical Director was attending in Dr Diwakar's stead. Baroness Blackstone, Chairman welcomed Mr James Hatchley, Non-Executive Director to his first Board meeting.
81	**Declarations of Interest**
81.1	No declarations of interest were received.
82	**Minutes of Meeting held on 20th July 2016**
82.1 82.2	Mr David Lomas, Non-Executive Director said that he had provided comments to the company secretary outside the meeting. Subject to these amendments the minutes were **approved.**

83	**Matters Arising/ Action Checklist**
83.1	Minute 55.3 - It was confirmed that the majority of the additional data requested for the integrated scorecard at the last meeting now had data feeds in place and the information would be provided on the scorecard at the next meeting.
83.2	**Action:** Minute 56.2 – It was confirmed that a partial response had been provided in the finance report, however further information on the trend of actual workforce numbers by professional group would be provided in the workforce report at the next meeting.
84	**Chief Executive Report**
84.1	Dr Peter Steer, Chief Executive gave an update on the following matters:
84.2	<u>Biomedical research centre (BRC) bid</u>
84.3	**Action**: GOSH and UCL/ICH had been awarded £37 million over five years building on the previous award of £35.7 million for 2012-2017. The increase in funding had been awarded to GOSH despite the increase in the number of BRCs appointed. Dr Steer congratulated Professor Thomas Voit, BRC Director Designate and his team for their work to lead the bid and thanked Professor David Goldblatt, Director of Research and Innovation for his leadership of the BRC over previous years. It was agreed that Professor Voit would be invited to a future Board meeting.
84.4	The Board thanked those involved and welcomed the success.
84.5	<u>STP (Sustainability and Transformations Plans) planning</u>
84.6	A challenging timeline was in place for the production of STP plans and their effect on specialised commissioning. Dr Steer said that paediatrics had been rated top of five priorities however a number of issues remained unclear including the way overactivity would be treated which was likely to impact all Trusts.
85	**Patient story**
85.1	The Board welcomed a story from an 11 year old patient via video and noted the recommendations which had been made by the patient. It was confirmed that she would be attending the next meeting of the Quality and Safety Assurance Committee to receive updates on the recommendations provided.
85.2	The Board noted that improvements in a number of areas recommended would improve compliance with the Always Values and emphasised the value of receiving feedback directly from patients. Baroness Blackstone, Chairman said it was important to ensure the video was used throughout the Trust as it was relevant to a large number of areas.
85.3	Ms Juliette Greenwood, Chief Nurse said that the patient experience team was aiming to develop a 'library' of patient stories for use in areas such as divisional team meetings and training.
85.4	Discussion took place about potentially providing patients/families giving their stories with a template of questions in order to measure improvements however it

	was agreed that it was important to hear about the patient's experience from their point of view without prompting to particular areas.
86	**Referral to Treatment Time (RTT): Returning to Reporting**
86.1	Ms Nicola Grinstead, Deputy Chief Executive said that following the work undertaken by the Trust to validate patient pathways, GOSH was now working to demonstrate fitness to return to reporting against nationally mandated KPIs.
86.2	Ms Grinstead said that the Trust had delivered a detailed action plan which had been agreed with the intensive support team and each patient who had waited more than 18 weeks had been reviewed with no harm found. A robust training plan was now in place with 100% compliance having been achieved against level 1 and work was on target to complete level 2 training by the end of October 2016.
86.3	Significant improvements had been made in terms of the number of unknown clock starts on internal referrals with the minimum data set not being available in only 3% of referrals as opposed to 60% before the work had begun. An audit process was in place and a data quality dashboard was being developed with an external company to provide early warning of any slippage.
86.4	The Board welcomed the good progress.
86.5	Mr James Hatchley, Non-Executive Director queried the external audit position for a correction made to data part way through the year. He cautioned that it was possible that another qualified opinion could be issued for 2016/17 despite the data having been validated at the point at which the opinion was issued.
87	**Redevelopment Progress Report**
87.1	Mr Matthew Tulley, Director of Development said that work on the Premier Inn Clinical Building (PICB) was progressing well however work remained four weeks behind schedule. Mr Tulley said that there was a plan in place for the team to close the gap in the timeline however quality would be the priority. Mr Tulley added that good work was taking place to refresh the models of care to ensure the use of space within the building remained optimal.
87.2	Ms Mary MacLeod, Non-Executive Director asked for assurance that that contractors working in the hospital were subject to staff checks. Mr Tulley confirmed that they did and that a robust process was in place.
88	**Quality and Safety Update – 31 August 2016**
88.1	Professor Andrew Taylor, Acting Medical Director presented the report and highlighted the consistent increase in pressure ulcers across the Trust. He said that it was likely that this was due to increased reporting as a result of the re-establishment of the tissue viability team and increased surveillance. Professor Taylor added that a leaflet was being developed for families on taking care of a child's skin.
88.2	Ms Juliette Greenwood, Chief Nurse confirmed that no grade 3 or 4 pressure ulcers had developed within the hospital for a significant period of time. She said that GOSH was a high reporter in this area and reported grade 1 and 2 pressure ulcers which was unlikely to be the case in other organisations.

88.3	Mr James Hatchley, Non-Executive Director asked for assurance that the tissue viability team was sufficiently resourced.
88.4	Ms Greenwood said that there had been no reduction in the team and she was not aware of any concerns having been raised about the availability of expert advice. She said that it was important to ensure that all clinical teams were aware of their responsibilities to avoid damage to the skin.
88.5	It was confirmed that in comparison to the acuity of GOSH patient, the occurrences of skin issues in the Trust were low. Ms Greenwood said that although grade 3 and 4 pressure ulcers were no longer reportable, there would continue to be a full root cause analysis in the event that one occurred.
88.6	Ms Mary MacLeod, Non-Executive Director noted that central venous line (CVL) infection rates had increased and there had been a reduction in the compliance with management of neonatal jaundice as discussed at the Quality and Safety Assurance Committee. She said that these were potentially early warning signs of the reduction of quality and safety as a priority given the level of pressure being felt by staff.
88.7	Ms Greenwood said that there had not been an increase in incidents and Professor Andrew Taylor, Acting Medical Director said that quality and safety continued to be at the forefront for all staff with the divisional reorganisation evolving to provide better oversight. He said that results in terms of key indicators such as CVL infections were very positive when benchmarked against US institutions.
88.8	**Action:** It was agreed that future quality and safety reports would include absolute numbers so that it was clear what the actual changes were.
88.9	<u>Staff Friends and Family Test results – Quarter 1 2016/17</u>
88.10	Mr Ali Mohammed, Director of HR and OD said that the Trust continued to report good results and highlighted the positive responses in terms of the recognition of the Always Values.
89	**Integrated Performance Report: 31 August 2016**
89.1	Ms Nicola Grinstead, Deputy Chief Executive presented the August scorecard and said that some areas were a work in progress and would be reported at the next meeting. She added that as GOSH remained on a reporting break, RTT data was not featured.
89.2	Mr David Lomas, Non-Executive Director asked what information would enable the Board to detect a reduction in data quality in the future.
89.3	Ms Grinstead said that a local data quality dashboard was being developed that would feed into the scorecard that was received at Board. Key indicators were currently being identified that would show any deterioration in data quality.
89.4	**Action:** It was agreed that the following metrics would be included in the score card from the next meeting: • Bed occupancy

	• Cancellations
89.5	Mr James Hatchley, Non-Executive Director asked for assurance that the targets were appropriate. Ms Grinstead said that a number were nationally defined however internal targets were grouped by CQC domain and had an Executive Director lead who was responsible for defining the target. She confirmed that this work was on-going.
89.6	Dr Peter Steer, Chief Executive said it was important to ensure that targets were carefully defined to ensure that it was clear what was being reported and the expected achievements.
89.7	**Action:** Baroness Blackstone, Chairman requested that the Quality and Safety Assurance Committee undertake a deep dive into cancelled operations as this was vital for patient and family experience as well as efficiency. An update would be provided to the Trust Board following the deep dive.
90	**Workforce Metrics & Exception Reporting – 31 August 2016 and Mandatory Training and PDR Appraisals Update**
90.1	Mr Ali Mohammed, Director of HR and OD presented the report and said that actions were being taken to improve training and ensure staff were undertaking training that was relevant to their work.
90.2	Mr Akhter Mateen, Non-Executive Director expressed concern that some areas of the paper described changes to training, such as the removal of a course with a low compliance rate, and gave the impression that they were being made specifically to reach a target.
90.3	Mr Mohammed emphasised that this was not the case and each areas of training had been reviewed with experts in the subject to ensure it was being delivered in the correct and most efficient way. Ways to make training more achievable for staff were being considered whilst being clear that required information must be delivered. He agreed that the wording of the paper had not been helpful and confirmed that training was being delivered as required.
90.4	**Action:** Mr David Lomas, Non-Executive Director commended the quality of the dashboard and requested the inclusion of further insight into the reasons for nurses leaving the Trust.
90.5	Dr Peter Steer, Chief Executive said that further discussion was required about turnover as there was not currently granularity around the variables leading to turnover which were within the Trust's control and those which weren't.
90.6	**Action:** It was agreed that an update on training would be provided in two months which would set out which areas of training were mandatory, and which failure to complete would prevent members of staff working at the Trust.
90.7	Mr Mateen said noted that PDR rates remained below target despite continued Board focus. Mr Mohammed said that a lot of work had taken place to address this and the turnaround in some areas was very good. He said that it was likely that the next report would capture this improvement.
90.8	Ms Nicola Grinstead, Deputy Chief Executive said that PDRs were a standing item

	at divisional performance reviews and the expectations were very clear.
91	**Finance Update – 31 August 2016**
91.1	Ms Loretta Seamer, Chief Finance Officer said that in terms of the month 5 position, the deficit remained above plan, however gain from prior months had reduced. It was reported that income was £2.5 million above plan. IPP income had grown but the benefit of this had been lost due to increased provision for IPP debt.
91.2	**Action:** Ms Seamer said it was unlikely that the year-end outturn would improve on the control total. Key to this was the delivery of the productivity and efficiency programme of which there was a high level of confidence around £6.1million of schemes. It was agreed that a paper would be considered by the Finance and Investment Committee which would give further details about the gaps in the P&E programme.
91.3	A local price review undertaken by PwC had identified key areas where GOSH's contract had been undervalued by £14 million per year. A third of this value had been agreed with NHS England for payment in 2016/17 with prices being adjusted for 2017/18.
91.4	**Action:** The Board discussed IPP debt and noted that the majority of the outstanding debt was with Kuwait who continued to pay on a monthly basis but at a rate less than the accruing debt. It was agreed that further discussion would take place at the next Audit Committee meeting and paper would be provided on the monthly payments and debt accruals and levels of provision.
91.5	**Action:** The Board discussed the possibility of approaching the Foreign and Commonwealth Office for support in influencing embassies. Baroness Blackstone suggested that a parliamentary question could be asked about ministers' influence in encouraging payments to be made in good time. It was agreed that this would be discussed further outside the meeting.
91.6	Mr David Lomas, Non-Executive Director queried the level of activity in comparison to that of last year.
91.7	Ms Seamer said that activity had increased and in most cases this was leading to additional revenue. In some cases block funding agreements were in place such as in PICU and in many cases this had been where the PWC review had identified additional funding requirements.
92	**Nursing Skill Mix and Ward Establishment**
92.1	Ms Juliette Greenwood, Chief Nurse confirmed that there were currently no recommendations for changes to the establishment.
92.2	It was confirmed that the Trust would soon be required to report midnight bed occupancy and it was important that data capture was ready for this.
93	**Safe Nurse Staffing Report – July and August 2016 and GOSH Nursing Workforce Rules**
93.1	Ms Greenwood reported that the number of bed closures had risen slightly and work was taking place to plan for this additional pressure which occurred in the lead

	up to newly qualified nurses starting with the Trust in September.
93.2	Mr Akhter Mateen, Non-Executive Director expressed concern at the rate of nursing turnover which he noted was 18%. He queried whether this was standard across London.
93.3	Ms Greenwood said that turnover had been stable over the last three years however it was unsustainable to continue to rely on recruiting a large number of newly qualified nurses. She said that a large programme of work was taking place across London to look at nurse recruitment and retention and develop a career pathway. The focus was around retention rather than an overreliance on recruitment.
93.4	**Action:** It was agreed that a report would be provided on actions that were being taken around nurse retention and how this was being monitored.
93.5	Ms Mary MacLeod, Non-Executive Director said that a deep dive into retention took place at the July meeting of the Quality and Safety Assurance Committee which had looked at the responses given in exit interviews. It had been difficult to identify actions which could have been taken to encourage nurses to continue working at GOSH.
93.6	Discussion took place around the care hours per patient day metric which would soon be reportable. Dr Peter Steer, Chief Executive said that this would provide the opportunity to identify where a patient's stay could be managed more efficiently.
93.7	Ms MacLeod noted the new workforce rules and said that it was important to realise that a review of the rules would be a culture change. Ms Greenwood agreed and said that it was important to look at the rules from a basis making changes with justifications being provided as to why they would remain in place.
94	**Quarter 2 NHSI Return (3 months to 30 September 2016)**
94.1	Ms Loretta Seamer, Chief Finance Officer said that the return was in line with previous quarters' due to the continuation of the RTT reporting suspension.
94.2	The Board **agreed** to delegate authority to the Chief Executive and the Chief Finance Officer to approve the quarter 2 return as further discussion would take place under the confidential agenda.
95	**Schedule of Matters Reserved for the Trust Board and Members' Council**
95.1	**Action:** Dr Anna Ferrant, Company Secretary presented the schedule. It was agreed that items 10.2 and 10.7 would be amended to show involvement from the Board.
95.2	It was noted that the document would be presented to the Members' Council in November.
96	**Quality and Safety Assurance Committee update – July 2016 meeting**
96.1	It was noted that a verbal update was provided at the July Trust Board meeting.
96.2	Ms Mary MacLeod, Chair of the Quality and Safety Assurance Committee said that

	she felt strongly that greater visibility of quality and safety risks on the Board Assurance Framework was vital and this would be discussed at the QSAC meeting in early October.
97	**Finance and Investment Committee Update – August 2016**
97.1	Mr David Lomas, Non-Executive Director said that the committee had discussed workforce and activity and work was taking place to understand the correlation between the two.

ATTACHMENT B

Attachment B

TRUST BOARD – PUBLIC ACTION CHECKLIST
November 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	December 2016	On agenda under Matters Arising
33.3 56.2 83.2	20/05/16 20/07/16 28/09/16	It was agreed that future workforce reports would include the number of WTEs by staff group and the trend over time. A partial response to minute 56.2 had been provided in the finance report, however further information on the trend of actual workforce numbers by professional group would be provided in the workforce report at the next meeting.	AM	September 2016	On agenda: item 9
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.	NG	December 2016	An update will be provided to the Board once the national tender for the service has been published
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	December 2016	On agenda: Item 9
59.5	20/07/16	A strategic education plan was requested by November 2016 and this was agreed.	JG/VD	Deferred until Q4 2016/17	Actions deferred: Following the

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
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	Deferred until Q4 2016/17	October 2016 Strategy Board meeting, the Strategy is due a refresh along with integration of the strategic plans (quality, workforce, education etc.). A paper explaining the timetable for this work is on the Board agenda.
59.7	20/07/16	The 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.	TC/ JG/VD	Deferred until Q4 2016/17	
84.3	28/09/16	It was agreed that Professor Thomas Voit, BRC Director Designate would be invited to a future Board meeting.	AF	January 2017	Not yet due
88.8	28/09/16	It was agreed that future quality and safety reports would include absolute numbers so that it was clear what the actual changes were.	VD	December 2016	On agenda: Item 8
89.4	28/09/16	It was agreed that the following metrics would be included in the performance score card from the next meeting: • Bed occupancy • Cancellations	NG	December 2016	On agenda: Item 9
89.7	28/09/16	The Chairman requested that the Quality and Safety Assurance Committee undertake a deep dive into cancelled operations as this was vital for patient and family experience as well as efficiency. An update would be provided to the Trust Board following the deep dive.	NG	January 2017	Not yet due on QSAC agenda
90.4	28/09/16	Further insight into the reasons for nurses leaving the Trust to be included in the workforce report	AM	December 2016	On agenda: Item 10
90.6	28/09/16	An update on training would be provided in two months which would set out which areas of training were mandatory, and which failure to	AM	December 2016	On agenda: On agenda under matters arising

Attachment B

Paragraph Number	Date of Meeting	Issue	Assigned To	Required By	Action Taken
		complete would prevent members of staff working at the Trust.			
91.2	28/09/16	It was agreed that a paper would be considered by the Finance and Investment Committee which would give further details about the gaps in the P&E programme.	LS		Actioned at F&I Committee on 31/10/2016
91.4	28/09/16	It was agreed that further discussion would take place on IPP debt at the next Audit Committee meeting and paper would be provided on the monthly payments and debt accruals and levels of provision.	LS	January 2017	Not yet due on Audit Committee agenda
91.5	28/09/16	Recovery of debt: The Board discussed the possibility of approaching the Foreign and Commonwealth Office for support in influencing embassies to pay outstanding debt. Baroness Blackstone suggested that a parliamentary question could be asked about ministers' influence in encouraging payments to be made in good time. It was agreed that this would be discussed further outside the meeting.	PS	December 2016	The Director of IPP has contacted the FCO via the UK consul in Saudi Arabia and also escalated to the Health attachés in the Saudi and Kuwait embassies. These meetings are being followed up and the next level of escalation will need to be agreed (possibly Ambassador level at the intergovernmental Kuwait and Saudi meetings).
91.5	28/09/16	It was agreed that a report would be provided on actions that were being taken around nurse retention and how this was being monitored.	JG	December 2016	On agenda: Item 10
95.1	28/09/16	It was agreed that items 10.2 and 10.7 on the schedule of matters reserved for the Members' Council would be amended to show involvement from the Board.	AF	December 2016	Actioned

Attachment C

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 7 December 2016	
Declaring Conflicts of Interest at GOSH **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment C**

Aims / summary

The GOSH Declaration of Interest and Gifts and Hospitality Policy requires all staff members and board members with private or personal interests that might affect their role within the Trust, to declare these interests on joining the organisation or, when the potential for conflict arises. It also provides guidance to staff and board members on the procedure to be followed in the event of any gift, hospitality or sponsorship being offered and establishes a Trust gift and hospitality register whereby such gifts, hospitality and sponsorship should be recorded. This register is presented annually to the Trust Board in the public part of the meeting.

The Trust Board has become increasingly concerned about the low number of declarations made at GOSH and recorded on the registers. A revised process for collating and managing potential and actual conflicts of interest and receipt of gifts and hospitality is outlined in the attached paper.

Action required from the meeting

Approve the proposal to develop a new mandatory training module and use the appraisal process for reminding staff of their obligations to declare any potential or actual conflicts of interest and receipt of gifts and hospitality.

Note the strategies that will be implemented to improve the levels of reporting conflicts and gifts and hospitality in advance of the new training and appraisal process being introduced.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Decisions involving expenditure of NHS funds should never be influenced by expectations of private gain. With increased collaboration and partnership working, across the NHS, it is important that conflicts of interest are understood, reported and managed consistently and appropriately.

Financial implications

None for the proposed implementation of the processes

Who needs to be told about any decision?

All staff and specific guidance for managers

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

Anna Ferrant, Company Secretary

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

Chief Executive

Great Ormond Street Hospital for Children NHS Foundation Trust

Declaration of Interests reported at GOSH

1. Declaration of Interest and Gifts and Hospitality Policy

The Declaration of Interest and Gifts and Hospitality Policy applies to all board members and permanent/temporary/contracted staff (including honorary contract holders) and volunteers. It also applies to individuals seeking employment with the Trust.

The policy requires all staff members and board members with private or personal interests that might affect their role within the Trust, to declare these interests on joining the organisation or, when the potential for conflict arises. Managers must also ensure that temporary staff declare actual or potential conflicts of interest on appointment. A declaration of interest register is drawn up and presented annually to the Trust Board in the public part of the meeting.

The policy also provides guidance to staff and board members on the procedure to be followed in the event of any gift, hospitality or sponsorship being offered and establishes a Trust gift and hospitality register whereby such gifts, hospitality and sponsorship should be recorded. This register is presented annually to the Trust Board in the public part of the meeting.

The policy states:

It is the responsibility of all staff and board members to ensure that they are not placed in a position which risks conflict between their private interests and their NHS duties. It is also the responsibility of staff and board members to ensure that they are not placed in a position which creates a sense of obligation, or where their actions could be constituted as giving or receiving an incentive or bribe.

2. Conflict of Interest

A conflict of interest occurs when the private or personal interests of a member of staff/ board member could affect their role at the Trust in terms of bringing some possible advantage to them or close relatives or friends. This applies even where there is no potential to undermine the quality of patient care provided and/or be in some other way detrimental to the organisation.

The most common types of conflict of interest include:

- Direct financial interest – this refers to anything of non-trivial monetary value, including, but not limited to, pay, commission, consultancy fees, sponsorship, equity interests, forgiveness of debt, property, royalties, intellectual property rights.
- Indirect financial interest (for instance, when a staff member's close family or a person with whom the person has a close personal relationship) benefits from decisions made.
- Non-financial personal interest (for instance, to gain some personal kudos, enhancement of an individual's career, education or professional reputation; access to privileged information or facilities or to award contracts to friends or business contacts).
- Conflicts of loyalty.

Examples of the key type of interests that are required to be reported where they create an actual or potential conflict are outlined below:

- Clinical private practice: Where clinical staff undertake private clinical practice, this must be declared on a declaration of interest form and updated on an annual basis.
- Appointment to external bodies such as advisory groups, professional bodies , decision making bodies such as Clinical Reference Groups (CRG), consultants to/ secondary employment with public or private organisations
- Executive or non-executive directorships on external Boards – this could create a potential conflict with GOSH duties in that the individual may find themselves under an obligation to act in the best interests of the company, for example commercialisation of research or receipt of research sponsorship.

3. Gifts, Hospitality and Bribery

Under the policy, offers of gifts, hospitality or entertainment that create a sense of obligation and can be perceived as a bribe should be declined. The policy states that the' *test should be whether a fair minded member of the public, knowing all the facts, would see anything improper or suspicious in the receipt or offer of hospitality*'.

The Bribery Act 2010 defines bribery as giving or receiving a financial or other advantage in connection with the "improper performance" of a position of trust, or a function that is expected to be performed impartially or in good faith.

The Act makes it a criminal offence to give, promise or offer a bribe, and to request, agree to receive or accept a bribe. The maximum penalty for bribery will be 10 years imprisonment for individuals engaging in bribery and an unlimited fine for the hospital.

Bribery does not have to involve cash or an actual payment exchanging hands and can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

Examples of bribery include:

- bribery in order to secure or keep a contract.
- bribery to secure an order.
- bribery to gain any advantage over a competitor.
- bribery of a local, national or foreign official to secure a contract.
- bribery to turn a blind eye to a health safety issue or poor performance or substitution of materials or false labour charges.
- bribery to falsify an inspection report or obtain a certificate.

Examples of types of gifts and hospitality that are required to be reported are outlined below:

- Receipt of gifts from NHS patients, parents and carers over a minimal value of £25 – such gifts could be perceived as compromising the professional nature of the staff/patient relationship.

- Receipt of any cash for the same reasons outlined above
- Offers of free medical and educational goods and hospitality and other items which could be perceived to constitute an incentive or a bribe to award a contract
- Commercial sponsorship (funding from sources external to the NHS) including research sponsorship, sponsorship for training, travel expenses, payments of maintenance of equipment etc.

4. How staff are reminded of their responsibilities

GOSH staff are reminded about their responsibilities and duties for declaring interests and gifts and hospitality in a number of ways:

- Doctors and nurses have a professional obligation placed on them by the GMC and NMC to manage their interests appropriately (doctors are required to confirm this statement as part of their annual appraisal)
- Board members, senior managers and doctors are required to complete the declaration of interest form on appointment
- There is a section of the mandatory training online programme covering fraud which refers to acceptance of gifts and hospitality
- All staff are reminded of their responsibility to report any declarations of interest annually in January/February via an all staff email in the Newsletter and on the intranet. The registers are presented to the Trust Board in the March of each year.
- Any staff member of Director declaring an interest is automatically asked to confirm each year if the interest remains valid.

5. NHS England consultation on conflicts of interest

NHS England has recently consulted on the reporting and management of potential and actual conflicts of interest in the NHS (https://www.england.nhs.uk/wp-content/uploads/2016/05/conflicts-of-interest-consultation.pdf) . The proposal is for information about conflicts of interest to be presented consistently and coherently in a publicly accessible way.

Some of the areas covered include:

- a revised definition of conflicts of interest, including potential possible conflicts, actual conflicts and perceived conflicts.
- Gifts up to £50 may be accepted (where professional is not affected or seen to be affected) and need not be declared. Gifts over £50 should be declined (currently £25 under the GOSH policy)
- Hospitality up to £25 may be accepted (where professional is not affected or seen to be affected) and need not be declared
- Definition of senior staff including executives, NEDs, medical staff, FT councillors, A4C band 7 and above
- Senior staff (excluding non-executive directors) must seek the prior approval of their employer before taking up outside employment which relates to organisations that do or are

likely to do business with the NHS. Outside employment where there is any potential for a conflict of interest to arise must be declared and recorded in the register of interests

- Commercial sponsorship should always be declared
- All shareholdings in private companies (including interests in partnerships and limited liability partnerships) where there is any potential conflict of interest must be declared
- Clinical staff should declare all private practice including:
    - Where they practice (name of private facility)
    - When they practice (identified sessions)
    - What they practice (speciality, major procedures)
    - Their earnings from private practice (Gross earnings in the previous 12 months on the basis of less than £50K, less than £100K, more than £100K)

The consultation closed on31 October 2016 and a response is awaited. Many of the requirements laid down in the consultation are already covered in the Trust's policy. The Trust policy is subject to revision and will take into account the results of the consultation as necessary.

6. Future reporting

The Board has become increasingly concerned about the low number of declarations made at GOSH and recorded on the registers. In light of the fact that the policy requires all staff to report any potential or actual conflicts of interest and receipt of gifts and hospitality, it is the Board's view that systems should be established to capture all staff declarations, including nil returns. The systems need to be accessible to all professions and staff roles.

Following consultation with the Chief Executive and HR department, it has been proposed to use the appraisal system to engage with staff directly about their obligations (on an annual basis face to face) and simultaneously develop a mandatory training module covering different types of conflicts and gifts and hospitality of relevance to GOSH staff.

APPRAISAL SYSTEM: The appraisal system for staff will be used as the means to:

- Ask whether staff have completed the new mandatory training module covering declarations of interest and receipt of gifts and hospitality.

*It should be noted that a different (and nationally approved) appraisal system is in place for doctors, and investigations are underway to understand how a local additional question could be added to the system.

NEW MANDATORY TRAINING MODULE: The mandatory training module will be used:

- Used to enhance and test staff understanding of the policy and seek assurance that they understand the obligation on them to declare.
- Used to declare whether they have an interest or have received any gift and hospitality requiring reporting (with a hyperlink to the relevant form).

The information from the mandatory training module will automatically be recorded and the results sent to an identified member of the divisional or corporate team who will be responsible for monitoring the responses and chasing forms (where staff have declared that they have a potential or

actual conflict or need to report receipt of a gift or hospitality). The system will also record any nil returns.

It is proposed that the changes to both systems will be developed and delivered by end February 2017.

It is accepted that additional guidance for managers will need to be drafted to support them in any discussions that may arise from promotion of staff obligations in these areas.

Due to the fact that this project will not be delivered in time to engage with all staff (via the annual appraisal process) in time for reporting in March 2017, the existing ways of communicating staff obligations will remain in place (as outlined under section 4 above). However, it is proposed that staff are reminded of their obligations by an all-staff email every month from December 2016 until the revised system is launched. Guidance will also be drafted and circulated to all managers requesting that they discuss obligations for reporting with all staff.

In the future it is hoped that the systems will be technically capable of providing an online form to complete which can be automatically submitted to the staff members' line manager for noting and an action as required (i.e. where there are queries from the manager, seeking information and advice from the Company Secretary).

7. Recommendation

The Board is asked to:

- approve the proposal to develop a new mandatory training module and use the appraisal process for reminding staff of their obligations to declare any potential or actual conflicts of interest and receipt of gifts and hospitality (implemented by end February 2017); and
- note the strategies that will be implemented to improve the levels of reporting conflicts and gifts and hospitality in advance of the new training and appraisal process being introduced (by end February 2017).

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 7th December 2016	
Mandatory training topics and escalation process **Submitted by:** Ali Mohammed, Director of HR&OD	**Paper No: Attachment D**
Aims / summary To provide a response to Trust Board query 90.6 relating to the mandatory training topics and the escalation process.	
Action required from the meeting To note the response provided	
Contribution to the delivery of NHS Foundation Trust strategies and plans Mandatory training compliance is part of CQC Well Led domain.	
Financial implications None	
Who needs to be told about any decision? No decision required	
Who is responsible for implementing the proposals / project and anticipated timescales? Assistant Director of Organisational Development is responsible for mandatory training delivery.	
Who is accountable for the implementation of the proposal / project? Director of HR&OD is accountable for mandatory training delivery.	

Attachment D

Great Ormond Street Hospital for Children NHS Foundation Trust

Mandatory Training Topics and Escalation Procedure

The following topics are classified as mandatory and reported to Trust Board:

- Equality, Diversity and Human Rights
- Fire Safety
- Health, Safety and Welfare
- Infection Prevention and Control
- Information Governance
- Moving and Handling
- Resuscitation CSTF: Safeguarding Adults
- Blood Transfusion
- Counter Fraud
- Medicines Management
- Pain Management
- Parental Responsibility
- Consent

The newly established Education and Workforce Development Board receives updates on mandatory training compliance and reviews any changes to the mandatory topic list.

As part of the process to review mandatory training and improve compliance, the attached escalation process has been agreed by EMT. All staff are required, as part of their annual appraisal process, to confirm compliance with mandatory training.

The escalation process is designed to:

- Ensure that staff are given full opportunity to remedy any non-compliance, including sufficient time to undertake face-to-face sessions
- Provides local departments with the data to performance manage non-compliance
- Recognises the importance of setting out for staff the risks to themselves, patients and families, and the Trust of failing to maintain compliance with mandatory training.

The process is therefore intended to reduce the likelihood of escalation to the final stage.

As with DBS re-checks, the final stage of the escalation process lies with the Director of HR&OD. He, in conjunction with the Medical Director, Chief Nurse and other senior colleagues as necessary, will review each case to ascertain whether further action, up to and including limiting activities or disciplinary sanctions, should be applied.

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
7 December 2016

Draft Operational Plan 2017-19 update (24 November 2016 Submission) **Submitted by:** Nicola Grinstead, Deputy Chief Executive Loretta Seamer, Chief Finance Officer	**Paper No: Attachment E** - Briefing paper **- Appendix 1 - Submitted draft Operational Plan 2017-19**

Purpose of paper

The purpose of this paper is to update the Board on the final draft Operational Plan 2017-19 submitted to NHS Improvement on 24 November 2016 and outline the work now being undertaken to develop the plan further in advance of the final plan submission due on 23 December 2016.

Background

NHS improvement and NHS England published the NHS Operational Planning and Contracting guidance on 22 September 2016. This set out a clear timetable for Trusts to develop Operational Plans the next two years, with draft plan submission due on 24 November 2016 and final plan submission due on 23 December 2016.

The Board received a draft copy of the Financial and Operational Plans for 2017-19 at its meeting on 19 November 2016 for consideration and delegated authority to the Board Chair and CEO to sign off the final draft for submission on 24 November 2016. The final draft Operational Plan was submitted on 24 November 2016. A copy of the final draft submitted is attached for the Board to note.

Next steps

Further work now being undertaken to develop and finalise the Operational Plan for submission on 23 December 2016 is as follows:

- The impact of the opening of PICB on bed numbers, activity, workforce and income is being assessed alongside demand and capacity modelling to deliver RTT trajectories and commissioned service changes across a number of specialties.
- Divisional level plans are being prepared to enable divisions to consider the impact of planning assumptions at a more detailed operational level.
- A detailed review of identified unavoidable cost pressures is being undertaken to validate and ensure sufficient funding is set aside in the final plan
- The phasing of the both income and expenditure is being reviewed to ensure that it aligns with operational plans i.e. service changes to deliver RTT, proposed opening of PICB
- Productivity and Efficiency schemes are being identified and developed across the Trust for the target of £10.7m identified in the Financial Plan.
- Further development of capital plans including timing of schemes.

- The outcome of any contract negotiations will be reflected in the operational and financial plans.

Action required from the meeting

The Trust Board is asked to:

1. **Note** the draft Operational Plan 2017-19 submission made to NHS Improvement on 24 November 2016.
2. **Note** further work that is currently being undertaken in preparing the Final Operational Plan 2017-19, due for submission to NHS improvement on 23 December 2016.
3. **Approve** the delegation to the CE of the final plan for submission on the 23rd December 2016.

Contribution to the delivery of NHS / Trust strategies and plans
The Trusts Operational and Financial Plan for the two years starting April 2017 details how the Trust will deliver its operational objectives over the next two years.

Financial implications
The Trust is required to establish a robust financial and operating plan for 2017/18 and 2018/19 that ensure it remains safe and sustainable whilst delivering its strategic objectives.

Legal issues
None

Who is responsible for implementing the proposals / project and anticipated timescales
Chief Finance Officer and Deputy Chief Executive

Who is accountable for the implementation of the proposal / project
Chief Executive Officer

Attachments:

i. Briefing paper
ii. Appendix 1 - submitted draft Operational Plan 2017-19

Attachment E

Update on Operational Plan 2017-19

Introduction

NHS Improvement and NHS England published the NHS Operational Planning and Contracting Guidance 2017-19 on 22 September 2016. This set out the NHS operational planning and contracting processes to support development of STP's where appropriate and the 'financial reset'. It also reaffirmed the national priorities and set out the financial and business rules for both 2017/18 and 2018/19.

The planning timetable set out in this document required a draft operational plan to be submitted on 24 November and a final operational plan to be submitted on 23 December, with contracts between commissioners and providers to be signed by that date.

This paper presents the draft operational plan that was submitted on 24 November and sets out the key actions being undertaken to finalise this before submission on 23 December 2016.

Submission of the draft operational plan

The Trust Board held an extraordinary meeting on 19 November at which it considered the two year draft operating plan.

Following the structure specified by NHS Improvement in its planning guidance, the draft operational plan set out the Trust's plan in the following key areas:

- **Activity**: the Trust's approach to activity planning, including delivery of the national access targets and the impact on capacity of the opening of the Premier Inn Clinical building (PICB).

- **Quality**: the Trust's approach to quality improvement and its key priorities for the year, as well as its process for assessing the quality impact of savings schemes and other significant service changes, and its approach to triangulating quality, workforce, and financial performance.

- **Workforce:** the Trust's approach to workforce planning including governance arrangements, workforce strategy and key workforce initiatives over the planning period.

- **Finance:** financial modelling of the operational plan over the next two years, the efficiency savings plans identified to date, and the Trust's capital plan. It highlights the significant financial risks of the operational plan at this stage, including a significant gap between the commissioner's and the trust's contract offer.

The Trust board accepted the recommendation to agree to the control totals set for the Trust by NHS Improvement in the context of the financial assumptions and risks described – for

example, on the assumption that the final contracts are in line with the Trust's operational plan.

A number of minor editorial and presentational changes were made to the draft operational plan prior to submission but no material changes were made to the activity, workforce or financial assumptions.

The version of the draft operational plan submitted on 24 November is attached as appendix 1. This was supported by a number of other returns, not attached here but described below:

- Financial return (detailed template)
- Workforce return (detailed template)
- Activity return (detailed template)
- Triangulation return (detailed template)
- Assurance statement (relating to performance targets and clinical standards)

Key actions being taken before final submission

Work is being undertaken in a number of key areas to further refine the operational plan and related returns before the final submission deadline of 23 December. The key actions are as follows:

- **Contract negotiation:** the outcome of any contract negotiations will be reflected in the operational and financial plans. By 5 December, the Trust will have had to determine whether agreement on the contract was possible and if not signal the need for mediation.

- **PICB assumptions**: the impact of the opening of PICB on bed numbers, activity, workforce and income is being assessed alongside demand and capacity modelling to deliver RTT trajectories and commissioned service changes across a number of specialties.

- **Cost pressures**: a detailed review of identified unavoidable cost pressures is being undertaken to validate and ensure sufficient funding is set aside in the final plan.

- **Productivity and efficiency**: productivity and efficiency schemes are being identified and developed across the Trust for the target of £10.7m identified in the Financial Plan.

- **Divisional level plans** are being prepared to enable divisions to consider the impact of planning assumptions at a more detailed operational level.

- **Capital plans:** further development of capital plans including timing of schemes

Attachment E

Key further actions continuing after final submission

The business planning process will continue after submission of the final operational plan on 23 December in order to develop this into an implementation plan supported by detailed budgets. The key actions include:

- Completion of the budget setting process with zero based or activity based methodology.
- Finalising implementation plans for the opening of the Premier Inn Clinical Building.
- Continuing to develop detailed plans for productivity and efficiency savings.
- Development and approval of business cases for cost pressures which represent appropriate and necessary investment for the Trust (and consistent with the financial assumptions set by the operational plan).

Next steps and action required

It is envisaged that the ongoing work set out above will lead to refinements in the activity, workforce and financial numbers used in the draft operational plan, but will not materially change the overall financial plan and therefore the recommendation agreed by the Board on 19 November to accept the control total (in the context of the financial assumptions and risks indicated).

In line with the submission of the draft operational plan, submission of the final operating plan also includes the following returns:

- Financial return – requires CE and CFO signature and Board confirmation that it is satisfied in relation to governance (see appendix 2)
- Workforce return – requires Board confirmation that it is satisfied in relation to governance (see appendix 2)
- Activity return
- Triangulation return – requires CFO signature
- Assurance statement – requires CE signature

On this basis, the Board is asked to:

1. **Note** the draft Operational Plan 2017-19 submission made to NHS Improvement on 24 November 2016.
2. **Note** further work that is currently being undertaken in preparing the Final Operational Plan 2017-19, due for submission to NHS improvement on 23 December 2016.
3. **Approve** the delegation to the CE of the final plan for submission on the 23rd December 2016.

Attachment E

Great Ormond Street Hospital for Children NHS Foundation Trust Annual Operational Plan 2017/18 – 2018/19- DRAFT

Introduction

Since its inception more than 160 years ago, Great Ormond Street Hospital has been at the forefront of specialist paediatric research and specialist care. This tradition continues today in our aspiration to be the leading children's hospital in the world – in terms of research, quality of care and staff experience, delivered on a sustainable basis. Our guiding principle remains 'the child first and always' and this is reflected in our 'always' values – to always be welcoming, helpful, expert and one team.

The Trust provides a mixture of specialised and highly specialised services to a local, regional and national population and has a very active research programme. It does not carry out this work alone, working with a multitude of health and academic partners including our principal academic partner University College London and other members of UCL Partners Academic Health Science Centre. Much of our research activity is already world-leading.

The hospital is supported by Great Ormond Street Hospital Children's Charity which provides a significant contribution to the Trust, particularly in funding its long term redevelopment programme.

This sets the strategic context of the Trust's operational plan for 2017/18 and 2018/19. The Trust faces a number of financial and operational challenges over this period, which this plan seeks to address. The key actions include:

- **Opening of the Premier Inn Clinical Building -** transforming the hospital's inpatient facilities and helping us move towards our goal of providing modern accommodation for all the young patients at GOSH. It will also provide additional physical space for future consolidation of paediatric specialist services - for example, the potential transfer of patients to GOSH as a result of the Congenital Heart Disease Review.

- **Improving performance against national access targets –** implementing detailed demand and capacity plans for challenged specialities to deliver agreed improvement trajectories.

- **Delivering a £22.6m productivity and efficiency programme –** including significant programmes of work aimed at improving efficiency across a number of cross-cutting areas such as procurement, patient flow and workforce.

- **Implementing the recommendations of the Local Price Review** – which was commissioned jointly with NHS England to determine local prices that appropriately reflect the resource requirement of the Trust's specialised services.

The joint national planning guidance for 2017/18 to 2018/19 sets out nine 'must-dos' that commissioners and providers should be aiming to achieve through implementation of their operational plans.

The following table summarises the requirements and the trust's response, and references where this is discussed further in this operational plan, where applicable.

National 'must do' area	Trust response	Reference in this document
1. Implementing Sustainability and Transformation plans	Not directly relevant to the Trust, but engagement planned where appropriate.	Section 6
2. Finance • Achieve financial control totals • Deliver demand management schemes • Deliver efficiencies	The assumption of this operational plan is that the Trust will achieve the financial control totals in 2017/18 and 2018/19 – in the context of the detailed risks and assumptions set out in 4.1 and 4.2	Section 4.1 and 4.2
3. Primary care	Not directly relevant to the Trust	n/a
4. Urgent and Emergency Care – including: • Deliver the A&E target • Meet 4 standards for seven day services	A&E target not directly relevant to the Trust The implications of seven day services for the trust are set out in section 2.2.8	Section 2.2.8
5. Referral to Treatment times	A key focus of this plan is improving the Trust's achievement of RTT targets	Section 1.2
6. Cancer – including: • Deliver national cancer targets • Implement the cancer taskforce report	GOSH has sustainably achieved the cancer standards relevant to the Trust and predicts it will continue to do so	Section 1.2
7. Mental health – including: • Delivery of the Mental Health Five Year Forward view • Achieve mental health access and quality standards	The Trust will work with commissioners in delivery of the Mental Health Five Year Forward view. Mental health access targets are not applicable to GOSH services.	
8. People with learning disabilities – including: • Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism	The Trust has clear objectives to support the care and treatment of patients & families with a learning disability. Work is underway to define the plan to underpin the delivery of these objectives in line with recognised national best practice.	
9. Improving quality • Implement quality improvement plans • Participate in the annual publication of findings from reviews of deaths • Measure and improve efficient use of staffing resources	The Trust has an established quality improvement programme and is well placed to participate in the publication of avoidable deaths. The Trust's approach to delivery efficiencies is set out in section 4.2	Section 2.2 Section 4.2

Attachment E

Great Ormond Street Hospital for Children NHS Foundation Trust

DRAFT

Operational Plan 2017/18 and 2018/19

1 Approach to activity planning

1.1 Activity plan

In setting the activity plan for 2017/18 and 2018/19, the Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) has used a baseline of the Trust's 2016/17 forecast outturn position, at specialty and point of delivery level, and added known demographic, service changes and increases in activity needed to deliver national access targets on a sustainable basis.

The proposed NHS contract activity plan is set out in the following table. This is subject to change through the contract negotiation process (addressed in further detail in section 4).

Type	2016/17 forecast	2017/18 plan	2018/19 plan	% change to 2017/18	% change to 2018/19
Admitted Patient Care	38,081	39,174	39,703	3%	1%
Bed Days	39,935	42,202	42,772	6%	1%
Other	8,875	9,682	9,813	9%	1%
Outpatient	152,464	158,529	160,669	4%	1%
Packages of Care	48,315	48,967	49,628	1%	1%

Key assumptions:

- Demographic growth has been included at 1.35% (per ONS).
- Further planned growth in outpatients (and admitted patient care to a lesser extent) is driven by increased activity to deliver national access targets (described further below).
- Increase in chargeable bed days is an agreed increase in NHS PICU and NICU beds which supports the growth assumptions set out above and also activity currently being diverted.

The following sections set out further detail in relation to these changes, in terms of activity and physical capacity.

1.2 Access targets

Determining the activity changes required for sustainable delivery of access targets has been a significant focus during 2016/17, and the Trust has continued to work closely with its specialist commissioner, NHS England, the CQC and NHSI, to address the associated challenges and requirements. The complex and tertiary nature of the services delivered at GOSH and the on-going actions addressing the Trust's data issues mean this is an iterative process. Progress is monitored through fortnightly tripartite meetings externally and through a fortnightly access improvement board internally.

Following support from the NHS IMAS Intensive Support Team (IST) in 2015/16, the Trust has used IST tools to model demand and capacity – particularly focusing on the key challenged specialties:

- Orthopaedics
- Spinal
- Urology
- Specialist neonatal and paediatric surgery (SNAPS)
- Plastic Surgery
- Endocrinology
- Chest wall

For each speciality, these models have been used to determine the level of activity and the associated capacity needed to support delivery. These activity assumptions have then been included in the Trust's activity plan.

Provisional recovery trajectories were agreed for Referral to Treatment (RTT) targets and diagnostics targets through the tripartite meetings described above and these are currently in the process of being revised. GOSH is sustainably achieving the cancer targets applicable to the Trust and the assumptions of this plan are consistent with this continuing.

1.3 Physical capacity changes

Construction of the Premier Inn Clinical Building (PICB) is due for completion in early 2017/18. This is expected to increase bed capacity in late 2017/18 by 46 overnight patient beds, enabling GOSH to address current capacity constraints and to deliver agreed service developments.

Significant work has been undertaken throughout early Autumn to review activity and capacity assumptions by specialty to ensure the most effective use is made of this increase in capacity, in terms of the configuration of the new beds, the decant plans and also to revise models of care where feasible, all taking into account the longer term estates redevelopment strategy.

The draft activity plan assumes a requirement of an additional 21 staffed overnight patient beds which is delivered through the opening of PICB.

This is summarised in the following table:

Overnight bed spaces			Staffed overnight beds		
Current	Impact of PICB	Total planned	Current	Impact of growth assumptions	Total planned
343	46	389	334	21	355

At the time of this draft operational plan, this work is being finalised. Following completion of the work, the activity plan may be adjusted before submission of the final operational plan on 23 December.

1.4 Other significant assumptions – transfer of congenital heart disease patients

The Trust is currently in discussion with NHS England regarding the transfer of an estimated 150 congenital heart disease patients to GOSH, as a consequence of a national review of congenital heart disease services.

This transfer has not yet been agreed and has not been included in the Trust's activity plan at this stage. However, physical capacity to undertake the activity will be available when required, as a result of the PICB development noted above.

2 Quality planning

2.1 Approach to Quality Governance

Under the Executive directorship of the Medical Director, Quality Improvement at the Trust is part of the broad remit of the Quality and Safety team which incorporates Clinical Audit, Risk Management, and Patient Safety in addition to a team of Quality Improvement specialists working together to ensure an organisational approach to maintaining and improving our quality governance processes.

Executive oversight of Patient Experience and Engagement is through the Chief Nurse who, with the Medical Director, ensures an organisation wide approach to integrated delivery of the Quality Governance agenda. They are supported in this work by a number of senior roles including the Assistant Chief Nurse for Quality, Safety and Patient Experience, the Head of Quality and Safety and the Associate Medical Director for Quality, Safety and Patient Experience (a new role established in 2015/16).

Working with the divisional management teams the aim is to continue to develop a culture of continual identification of learning from events and making changes that are effective, sustainable and improve the quality of the service and experience of our children, young people and their families.

The Quality and Safety team work collaboratively with the Trust's Project Management Office (PMO) to ensure the right resources are available to the right work streams at the right time. This will reduce the risk of duplication of efforts and support the transition of projects to 'business as usual' whilst providing effective support to sustain changes and monitor outcomes.

Each of the priority quality improvement projects have an allocated Executive Director, operational lead and allocated specialist from the quality and safety team, who, along with other key specialists, form a steering group to oversee and support delivery.

Each steering group reports to relevant Trust committees such as the Quality Improvement Committee (QIC), the Patient Safety and Outcomes Committee (PSOC) or the Patient Family Experience and Engagement Committee (PFEEC). These committees, alongside a newly-established Education and Workforce Committee, provide assurance to the Trust Board on the quality and safety programme.

Using the Institute for Health Improvement (IHI) model for improvement, the Quality and Safety team use data to encourage improvement activity and to demonstrate and evidence the impact of the improvement programme.

2.2 Summary of Quality Improvement plan

The Quality Improvement specialists work to support, enable and empower teams to continuously improve the quality of care provided to patients across GOSH. They are supporting a number of priority QI improvement projects such as:

- Safe staffing (Medical)
- Identification and management of sepsis
- Neonatal care
- Improvement activities requested as part of Commissioning for Quality and Innovation (CQUIN)
- Transition
- Outpatient Improvement Project
- Intensive Care Unit flow (focussing on Respiratory and Spinal Pathways)
- Safety Huddles and Electronic Patient Status at a Glance (EPSAG)

In addition there are a number of locally led quality improvement projects which may receive mentorship and guidance from the Quality Improvement specialists.

Participation in national clinical audits is monitored by the Clinical Audit Manager within the Quality and Safety Team. There is a central clinical audit plan where work is prioritised to provide assurance and to review implementation of learning from serious incidents, risk, patient complaints, and to identify areas for improvement.

2.2.1 Extending collection of clinical outcomes and safety measures and ensuring they are appropriately benchmarked

The Trust has historically defined a range of clinical outcome measures for each specialty and published them on our website. In order to ensure continuing improvement with outcome measurement and reporting we will:

- refocus outcome development on value and patient reported outcome measures as well as clinical outcomes
- bring outcome data sources into the reporting infrastructure to facilitate timely reporting
- develop resources for validation and benchmarking of outcomes
- publish outcome measures in a way that incentivises quality and allows choice.

2.2.2 Ensuring medical and other clinical staffing out of hours cover addresses the complex case mix of our patients

There are challenges with ensuring we have appropriately skilled levels of out of hours medical cover in certain specialties. We have made a series of changes in resources and introduced a night surgical SHO rota. The Hospital Out of Hours (OOH) project has been set-up to streamline and enable a co-ordinated approach to addressing the complexities of working OOH. The programme has four objectives:

- 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.
- To have safe and efficient processes and expectations surrounding the hand-over of clinical information.
- To have standardised processes for managing workloads and tasks OOH with clear responsibilities and escalation procedures.
- To have high compliance with effective mechanisms for identifying and escalating the critically ill or deteriorating child.

2.2.3 Recognition of the deteriorating child

Through the process of reviewing respiratory and cardiac arrests across the Trust it was identified that some children were having unplanned admissions to Intensive Care Units (ICU) yet this was not predicted or reflected in the patient's Early Warning Score. A systematic review of different scores was conducted and found the predictive performance of PEWS to be greater than the current CEWS score in this respect. Plans are now underway to roll this change out across the Trust for completion during 2017. The Trust continues to emphasise the importance of clinical observations, nurses "global professional judgement" and parental observations for identifying the deteriorating child.

The Trust is progressing a number of work streams to review its other processes and ensure they are effective. In particular we have completed the role out of ePSAG (electronic Patient Status at a Glance) boards into every inpatient ward and bespoke ambulatory areas and will complete the roll-out of the use of clinical safety huddles across all inpatient ward areas to increase situational awareness by December 31st 2016.

2.2.4 'Sign up to safety' priorities

The Trust is signed up to the NHS England 'Sign up to Safety Priorities' which include:

- **Put safety first.** Commit to reduce avoidable harm in the NHS by half and make public our goals and plans developed locally.
- **Continually learn**. Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are.
- **Honesty.** Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
- **Collaborate**. Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use.
- **Support**. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress.

2.2.5 Quality Improvement

The priorities of our Quality Improvement Programme are as follows:

- **Enable delivery of our strategic objectives**
    - Enable change that will help us to achieve our strategic aims whilst also supporting innovation and creative ideas from the front line
    - Align with other enablers of transformational change such as our redevelopment programme, electronic patient records and research and innovation

- **Facilitate continuous improvement in clinical outcomes and the experience of our children, young people and families**
    - Have a direct impact on outcomes, safety and the experience of patients and staff
    - Design and implementation of a Real Time Patient Experience system
    - Strengthen partnerships through co-leadership with patients and families
    - Transform operational management and business intelligence through the use of data

- **Transform the culture of Great Ormond Street Hospital so that everyone is looking for ways to improve patient care every day**
    - The programme is overseen by the QIC and is currently supporting various projects to improve patient flow (ICU & Outpatients), improving clinical processes through automation, e.g discharge summary completion, e-Patient Status at a Glance; and the Out of Hours improvement project referred to in 2.3.2 above.

2.2.6 Annual publication of avoidable deaths

The Trust is well placed to participate in publication of avoidable deaths. All deceased patients are discussed at a Local Case Review Meeting, with an outcomes form completed and shared with the Trust-wide Mortality Review Group (MRG) which reviews all deaths in the hospital. Every case is then independently reviewed by MRG within 8 weeks of the child's death. This provides a Trust-level overview of themes/risks which would be used to identify improvement actions where relevant. The MRG also functions to provide assurance that the patient pathway has been managed appropriately by the organisation, and coordinates information for relevant programmes e.g. national audits, Child Death Overview Panels where appropriate.

The Trust is also working with NHS England to establish a national system for peer review of in-hospital deaths of children and young people.

2.2.7 Seven day services

GOSH does not have an A&E department and the majority of its inpatient admissions are on an elective basis. Certain services such as paediatric critical care, acute transport and non-elective surgery are staffed by consultants all days of the week. We have comprehensive on call arrangements, in some cases shared with other Trusts in order to ensure the Trust can access specialised skills at all times. We will continue to participate in NHS England's national audits of emergency admission throughout this planning period.

The Trust now offers some outpatient and diagnostic appointments on Saturdays and extended a daycase ward to admit patients over six days. All new medical staff are recruited on flexible contacts. International Private Patients Division already offers a wide range of services on Saturdays and Sundays.

2.3 Summary of Quality Impact Assessment

The Trust has continued the work described in the 2016/17 business plan to enhance and embed its approach to Quality Impact Assessment (QIA). Following the input and advice from an external consultancy partner, a new Programme Management Office (PMO) has been established to oversee the Trust's CIP (and other major) plans for the next 3 years, and business partners have been recruited to support divisions with the scoping and delivery of their contributing projects.

The PMO has a well-developed integrated system to scope each plan and assess its quality impact. The PMO - working with the Medical Director, Chief Nurse and QI Team - has substantially revised the QIA process in line with Internal Audit recommendations from 2015/16. In support of the new divisional structure with its reinforcement of greater divisional responsibility, development of QIAs has been devolved to Divisional (Clinical) Chairs and Corporate Directors, subject to a related QIA scheme of delegation, with:

- Proposals likely to have more significant potential impact (including for example those of a cross-cutting nature) always requiring formal assessment and sign off by the QIA panel (co-chaired by the Medical Director and Chief Nurse);
- The QIA panel to be kept informed of the approval status of all schemes including those signed off at divisional level, and to oversee a regular audit process including those approved locally.

QIAs are required for any scheme with a potential to directly or indirectly impact quality. This includes back office and support services. The required framework considers impacts on patient safety, clinical outcomes, patient experience and staff experience.

In addition to regular meetings of the QIA panel, progress with QIAs is overseen at the monthly integrated performance meetings with divisions as well as separate dedicated Productivity & Efficiency (CIP) meetings. Executive oversight is provided by a monthly executive-level Productivity & Efficiency Programme Board discussion. In addition, QIA reports are provided to each meeting of the Quality & Safety Assurance Committee (QSAC) which reports to the Trust Board. The QSAC is provided with updates on completion of QIAs and any concerns arising, undertakes deep dives and receives post implementation reviews into individual schemes at each of its meetings, and considers reports on quality key performance indicators which could be used to provide early warning of impacts (both positive and negative) that may be attributable to the P&E programme. A wide range of such indicators is already reported through monthly dashboards as part of the divisional performance review process. In addition, a set has now been developed for routine reporting in QIA updates to the QSAC, covering issues such as:

- patient feedback (Friends and family test feedback, 'red' complaints – with plans to include patient Real Time Patient Feedback in future);
- workforce issues (Sickness absence, turnover, vacancies and temporary staffing);
- clinical indicators (Serious incidents, outpatient DNA rates, incomplete RTT pathways over 18 weeks, cancelled operations, theatre utilisation rates and late starts).

2.4 Summary of triangulation of quality with workforce and finance

Divisional performance reviews take place on a monthly basis, attended by divisional management and Trust executives. These reviews are designed to facilitate a triangulated and risk-focused discussion across a number of key domains: Caring, Safe, Responsive, Well-led (people, management and culture), Effective, Finance, Productivity.

The review packs contain an integrated dashboard which provides a one page summary of key metrics across the domains, allowing rapid identification of linked risks and issues. The packs also contain more in-depth dashboards for each domain.

An integrated performance report is then scrutinised at each Board meeting. This provides a summary of the key issues in each domain and actions planned to resolve, as well as an integrated dashboard – this provides trust level data using the same format as the divisional integrated dashboard reviewed in the monthly performance reviews.

Examples of metrics contained in the integrated dashboard are:

- **Caring:** Friends and family scores and number of complaints
- **Safe:** serious incidents and never events
- **Responsive:** performance against access targets
- **Well led:** sickness, turnover, appraisal rates
- **Effective:** DNA rate
- **Productivity:** theatre utilisation
- **Finances:** variance to plan

3 Workforce planning

3.1 Workforce plan

	2016/17 Forecast	2017/18 Plan	2018/19 Plan	% change to 17/18	% change to 18/19
Medical	619	632	637	2.1%	0.8%
Nursing	1,345	1,366	1,374	1.6%	0.6%
Other clinical	1,613	1,647	1,654	2.1%	0.5%
Non-clinical	651	608	609	-6.6%	0.3%
Total	**4,227**	**4,252**	**4,275**	**0.6%**	**0.5%**

3.2 Workforce planning methodology and alignment to integrated plans

The Trust undertakes workforce planning throughout the organisation as part of its business planning and operational activities in order to support the Trust's strategic approach to workforce. The plan is informed by activity and finance planning to establish demand requirements at POD/specialty level for future years. Furthermore, considerations regarding national, international and local drivers are included in the drawing up of plans. A gap analysis, in conjunction with a risk analysis, is carried out to support the Trust's business plans to meet the level of anticipated demand. New positions and business developments identified through this process are aligned with our operational plans.

Business developments, either within the activity planning cycle, or outside are subject to scrutiny by clinical and corporate professionals to ensure business plans are fit for purpose, have considered risk and mitigations, considered downside strategies and retain or improve quality and outcomes – with regards to workforce. Similarly, organisational change across the Trust is subject to similar considerations, prior to and during consultations.

The Trust recognises the challenging financial environment it must adapt to and, as such, stresses quality and workforce risk as an integral part to its productivity and efficiency programme. Proposed schemes, during scoping and revisited throughout the programme, have an associated Quality Impact Assessment (QIA) undertaken to address consequence and likelihood of risk occurring (described in section 2.4 above).

3.3 Workforce strategy and staff involvement

Over the past year, the Trust has implemented an organisational redesign for its clinical delivery structure, based on the following principles:

- To maximise the clinical and operational synergies across clinical specialties;
- To facilitate more integrated, joined up, ways of working (and reduce silos) across pathways of care;
- To improve the quality, speed and effectiveness of decision making and care provided;
- To strengthen and leverage the investment made in clinical leadership across medics, nurses and AHPs.

The proposals were tested widely with staff who influenced the design, process and future development. In 2017-19, emphasis will be on:

- Standardisation of processes and roles where possible (including roll out of Standard Operating Procedures associated with patient flow);
- Roll out of development programmes for leaders;
- Ensuring we can respond to national challenges, via recruitment, retention and education of staff;

- Continuation of the programme to embed Our Always Values, which underpins both patient and staff satisfaction.

3.4 Workforce governance

The Trust Board regularly receives workforce analysis and key performance indicators, benchmarkable metrics including staffing profile, voluntary and non-voluntary turnover, sickness, agency usage (as percentage of paybill) and vacancies. Monthly divisional performance reviews are Executive-led and consider this workforce data at a drill-down level in conjunction with finance, activity and quality data to identify themes or impact on service delivery. Nurse recruitment and retention workstreams report on a monthly basis to the Executive team.

The new Education and Workforce Development Board will ensure the alignment of clinical and non-clinical education and development with our workforce requirements. As part of its workforce planning processes and safe staffing assessments, the Trust also uses PANDA (the paediatric acuity and nurse dependency assessment tool), which the Trust co-designed, as an acuity tool for inpatient paediatric services.

Services, specialties and divisions hold risk registers which are reviewed and updated to provide a feedback mechanism to Trust risk registers. Trust-wide strategies to mitigate workforce risks are formulated which include nurse recruitment strategies, an integrated Nursing Workforce Programme Board, overseas fellowship programme (for medical staff) and other actions which all form part of the Trust's developing workforce plans.

3.5 Workforce efficiencies

The Trust will roll out a new e-rostering system for medical staff by the end of 2016/17, and for nursing staff by September 2017. This will improve the quality of rota management across individual specialties and the Trust more generally. We also propose to move to the same rostering provider for all our clinical staff thereafter, facilitating much greater multi-professional working and supporting integrated clinical care.. In addition, we will launch the new e-job planning module which will enable staff such as Clinical Nurse Specialists to record their job plans in a single system, facilitating demand and capacity planning. Nurse rosters are based upon agreed establishments with the Assistant Chief Nurse (Workforce) and finance representatives and reviewed on a regular six-month basis. The Trust also complies with the publication of the safe staffing monthly report which includes:

- fill rate assessments by ward, shift time and staff type;
- divisional reporting of unsafe shifts (including assessment of vacancies and recruitment pipeline, temporary staffing usage and staffing flexibility across services);
- recruitment and retention issues and recommendations;
- linkage to infection control, safety incidents, family concerns and Friends and Family Test (FFT) data.

Recommendations and actions are taken to Board to address workforce issues and in turn update the workforce plans for the organisation (http://www.gosh.nhs.uk/about-us/our-corporate-information/publications-and-reports/safe-nursing-staffing-reports). In relation to temporary staffing, the Trust has undergone a dramatic profile change over the previous six years. The Trust currently has low agency spend on doctors and nurses. However there are a number of senior interims with immediate plans to move them to bank or terminate arrangements with the Trust where appropriate.

3.6 Workforce initiatives and staff development

The development of new roles and our education strategy are integral to delivering our workforce requirements. We will continue the development of Talent for Care to build our band 2-4 clinical support workforce, and scope the role of Physicians Assistant to allow our registered clinical workforce to focus on direct patient care and deliver greater productivity and quality. We are the host Trust for a North Central London pilot of the new Nursing Associate and we will also review the role, education requirements and frameworks for development of Advanced Nurse Practitioners with the aim of developing nurse-led services where clinically appropriate.

Our Education and Workforce Development Plan reflects the Trust's increased emphasis on multi-professional education and recognises the criticality of education in meeting the Trust's current and future workforce needs. It also responds to the challenges of changes to funding, including maximising our income-generating capability as a leader in paediatric education.

Recognising our future challenges in student nurse recruitment with the removal of the student bursary from September 2017, we are developing an innovative marketing strategy and concentrating upon providing an excellent, high-quality interactive learning environment including simulation training. Through earlier student recruitment, we will be able to offer regular contact and education opportunities giving them a GOSH identity prior to starting their academic education. Our aim is to recruit our student nurses for their career here at GOSH from the day they first apply online to study. In addition we will explore the opportunities around clinical apprenticeships, ensuring full use of our Trust Levy, to support both undergraduate training and post graduate Clinical Professional development for our workforce. We have been successful in our bid to become a pilot site for the Child and Young Person Nursing Associate role in response to the Shape of caring review.

Whilst we exceeded our apprenticeship target in 2015/16 we are looking at additional ways to mitigate the impact of the levy (forecast to be c£900k in 2017/18). GOSH is working in partnership with other trusts in the STP footprint to develop a joint status as an Apprenticeship Provider. In addition, we intend to scope the conversion of existing training programmes at postgraduate level (eg ICU nursing) into high level apprenticeships pathways. We are involved in a number of trailblazer employer groups to develop new apprenticeship standards including business management and the new national pilot for a paediatric Nursing Associate role.

3.7 Workforce resourcing

We will continue to develop structured fixed term International Fellowship roles which provide outstanding clinical experience for overseas medics, allow us to recruit to service delivery roles in a planned way, and bring in income. These roles are filled from outside the European Union. We are and will continue to review our approach to recruitment from overseas in the light of the Brexit vote. Whilst timescales and impact on EU nationals in UK employment remain unclear, we will continue to use overseas recruitment tactically, particularly in nursing, to fill known vacancies.

The ability to recruit and retain nursing staff in particular remains a critical challenge, and is recognised as a risk to our activity plans. Activity on recruitment will include: ensuring we market the Trust as a provider of outstanding employment and education; actively participating with other employers as part of Capital Nursing (for example to promote career pathways within London) and; identifying greater opportunities for safely appointing adult-trained nurses with high quality paediatric experience, which will expand our potential applicant pool. Equal emphasis will be given to retaining staff, with new leadership programmes for ward and senior managers recognising the critical role they play in shaping the employment experience of staff. We are planning improved support for career development, in particular for Band 6 nurses. These plans are in addition to work to implement new roles and in particular increase the capacity and skill of our Band 2-4 clinical support workforce.

The Trust has a strong record in controlling temporary staffing costs and will continue to monitor all long term agency usage (more than 6 months) with the intention to convert these staff to bank roles or recruit substantively if there is no planned end date.

The Trust is a signatory to the London Procurement Partnership pan London Agreement, to agree bank rates lower than the NHSI Agency capped rates, and work collaboratively to further reduce agency spend.

The improvements in rostering systems will allow for increased efficiency in the management of clinical resource allocation. The Trust will continue to use its patient dependency tool to identify appropriate nurse staffing levels based on acuity. New divisional structures, including revised Matron roles, will enable more effective resource utilisation across specialisms, with nurse staffing levels continuing to be monitored at Board level in Safe Staffing reports.

3.8 Seven day services

The implications for the Trust of seven day services are set out in the section 2.

4 Financial planning

4.1 Financial Forecast and Modelling

The NHS planning and contracting process has been reset in for 2017/18 with new requirements to enter into a 2 year contract and agreement of control totals for 2017/18 and 2018/19. The control totals notified by NHS Improvement are:

Year	Control Total	Adjustment for Depreciation on Charity Funded Assets	Net Surplus (Deficit) including Dep'n for charity funded assets
2016/17	£2.2 million Surplus	£8.5 million	-£6.3 million Deficit
2017/18	£9.714 million Surplus	£9.5 million	£0.2 million Surplus
2018/19	£11.005 million Surplus	£11.5 million	£0.5 million Deficit

The financial plan for 2017/18 has been modelled from the 2016/17 forecast outturn (as at month 6). Each of the financial, activity and workforce plans have then been adjusted for the following changes where appropriate:

- Non-recurring and full year impact on income and expenditure including changes to local prices agreed with Commissioners and the financial impact of delivering compliance with agreed trajectories for RTT.
- changes in proposed contract activity for demographic growth (1.35% as per ONS), private income, STF payments as notified by NHS Improvement, and CQUIN has been included at 2% as per the national guidance, risk adjusted to 80% to reflect expected delivery;
- the impact of National Tariff changes based on the 2017/18 consultation tariff, including HRG+, Commissioner Identification Rules changes and Specialist top ups has been modelled and included.
- known local changes to costs for future years;
- cost inflation has been included using the national assumptions, productivity and efficiency target (3%) and cost pressures including exchange rate fluctuations have also been included;
- any business cases approved or likely to be approved; and
- The impact of opening the Premier Inn Clinical Building which will replace older infrastructure and provide an additional 46 overnight patient beds.

Any strategic developments or service reviews outlined in the NHS England Specialist Commissioning intentions in relation to the next two years, but not as yet approved or without detailed impact assessments, or implementation plans, have not been included in the plans. In particular the current assessment of the Congenital Heart Disease service has not been included in this plan. As a result, the Trust has not made any material changes to its activity projections for these plans. We believe this approach is consistent with that adopted by our commissioners.

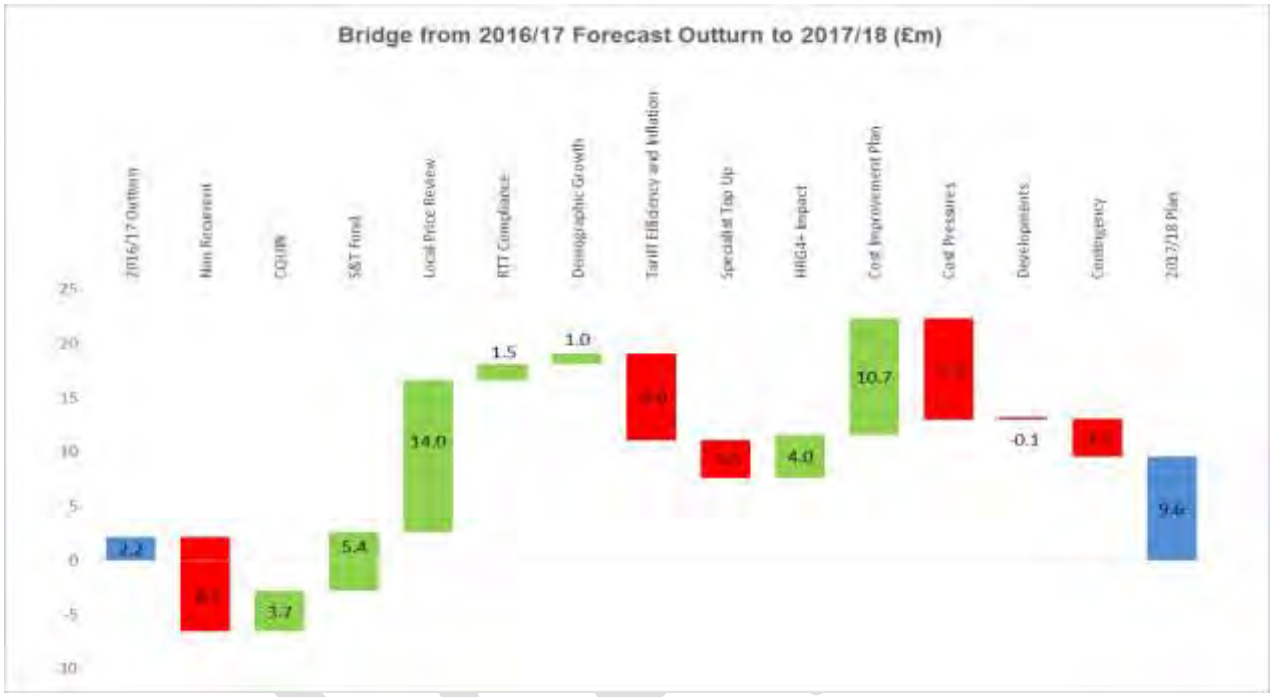
All assumptions included above are consistent with current contractual activity and financial offers shared with Commissioners in line with the national contracting timetable.

The key risks for consideration within the 2017/18 plan are as follows:

- The latest Contract offer received from NHSE on 18 November 2016 is £55.5 million less than the GOSH response. The NHSE Income in the plan includes the amendment from the Local Price Review, additional growth for RTT in 2017/18, reduction in QIPP, and demographic growth.
- Achieving P&E each year of £10.6 million and £11.7 million respectively. The initial consultation with the divisional teams identifies programmes valued at approximately £6-7 million of CIP in year 1 but at this stage the plan for year 2 is less developed. The PMO team are undertaking further work to develop additional key strategies to achieve the target.

- Ensuring delivery of the 2016/17 Control Total.
- The plan includes growth in income and costs for RTT and demographic growth. PICB will provide the infrastructure to support this growth (estimated. 21 beds). Although reasonable costs have been included, the risk is the additional facility cost to the Trust given that this will not release costs to continue to operate older buildings.
- Allowances for contingencies and cost pressures have been included and initial review suggests these should be sufficient.

The following tables bridge the impact of the assumptions detailed above for 2017/18 and 2018/19:



Based on the assumptions set out above and notwithstanding the risks detailed above, the Trust would be able to deliver its notified control totals in both 2017/18 and 2018/19. The impact on the primary financial statements of the Trust has been modelled as follows:

Statement of Comprehensive Income

£m	2016/17 FOT	2017/18	2018/19
NHS & Other Clinical Revenue	256.1	278.5	282.5
Pass Through	61.2	67.7	74.2
Private Patient Revenue	55.6	58.8	60.8
Non-Clinical Revenue	45.8	44.4	44.4
Total Operating Revenue	**418.7**	**449.4**	**461.9**
Permanent Staff	(212.4)	(221.7)	(229.2)
Agency Staff^	(7.4)	(5.0)	(4.5)
Bank Staff^	(16.8)	(17.0)	(14.7)
Total Employee Expenses	**(236.6)**	**(243.6)**	**(248.4)**
Drugs and Blood	(11.4)	(11.9)	(12.4)
Other Clinical Supplies	(41.2)	(42.5)	(39.2)
Other Expenses	(48.6)	(55.5)	(58.4)
Pass Through	(61.2)	(67.7)	(74.2)
Total Non-Pay Expenses	**(162.5)**	**(177.7)**	**(184.1)**
Total Expenses	**(399.0)**	**(421.3)**	**(432.5)**
EBITDA	**19.6**	**28.1**	**29.4**
Depreciation on Trust-funded assets	(10.2)	(11.2)	(11.2)
Interest	0.3	0.3	0.3
PDC	(7.5)	(7.5)	(7.5)
Net (Deficit)/Surplus (exc Cap. Don. & Impairments)	**2.2**	**9.7**	**11.0**
Depreciation on Donated Assets	(8.5)	(9.5)	(11.5)
Impairments	0.0	(8.0)	0.0
assets)	**(6.3)**	**(7.8)**	**(0.5)**
Capital Donations	35.4	55.8	56.1
Net Result	**29.2**	**48.0**	**55.7**

Statement of Financial Position

£m	2016/17 FOT	2017/18	2018/19
Non-Current Assets	472.7	516.3	561.6
Inventory	8.0	7.3	4.3
Debtors	65.8	73.3	69.8
Cash	49.9	59.9	74.7
Creditors	(64.8)	(75.4)	(76.0)
Provisions & Non-Current Liabilities	(6.4)	(5.7)	(5.7)
Total Assets Employed	**525.1**	**575.7**	**628.7**
PDC Reserve	126.1	126.1	126.1
I&E Reserve	289.2	339.8	392.8
Revaluation Reserve	106.7	106.7	106.7
Other Reserves	3.1	3.1	3.1
Total Taxpayers' Equity	**525.1**	**575.7**	**628.7**

Assumptions Applied:

- PICB will be brought into use during 2017/18, an impairment of £8m has been assumed. No other adjustments have been put through for property revaluations.
- The levels of IPP debt for 201718 and 2018/19 have been assumed to remain the same as the forecast outturn for 2016/17.

- For other debtors, it has been assumed that these will rise in line with NHS and other non-IPP income in both 2017/18 and 2018/19. Similarly creditors have been increased in line with non-pay expenditure.
- Estimated stock reductions of £1.2m in 2017/18 and £2.9m in 2018/19 have been assumed.

Cash Flow

£m	2016/17 FOT	2017/18	2018/19
Cash flows from operating activities			
Operating (deficit) / surplus - excluding charitable capital expenditure contributions	6.9	7.4	6.7
Impairment and Reversals	0.0	(8.0)	0.0
Charitable capital expenditure contributions	35.4	60.8	54.0
Operating surplus	42.4	60.2	60.7
Non-cash income and expense			
Depreciation and amortisation	18.7	20.7	22.7
Impairments and Reversals	0.0	8.0	0.0
Gain on disposal	0.0	0.0	0.0
Increase in trade and other receivables	(15.0)	(7.6)	(1.5)
(Increase) / Decrease in inventories	(0.2)	0.7	3.0
Increase in trade and other payables	0.9	10.4	5.7
Decrease in other current liabilities	(0.4)	0.0	0.0
Decrease in provisions	(0.2)	0.0	0.0
Net cash inflow (outflow) from operating activities	3.8	32.2	29.9
Cash flows from investing activities			
Interest received	0.3	0.3	0.3
Purchase of property, plant and equipment and Intangibles	(52.8)	(75.2)	(68.6)
Net cash used in investing activities	(52.5)	(74.9)	(68.3)
Cash flows from financing activities			
PDC dividend paid	(7.5)	(7.5)	(7.5)
Net cash outflows from financing activities	(7.5)	(7.5)	(7.5)
Increase/(decrease) in cash and cash equivalents	**(13.9)**	**10.0**	**14.9**
Cash and cash equivalents at period start	**63.7**	**49.9**	**59.9**
Cash and cash equivalents at period end	**49.9**	**59.9**	**74.7**

4.2 Efficiency Savings

The 2017/18 target for cost improvements included in the plan is £10.7 m and £11.9 m in 2018/19 which is approximately 3% of influenceable expenditure.

Approach to Productivity & Efficiency planning

The plan has been informed by work undertaken by external consultants in collaboration with the Trust on development of a three year productivity and efficiency (P&E) programme. Informed by external benchmarking, this work focussed on the identification of a small number of major trust-wide schemes, concentrating on clinical productivity/flow, procurement processes and support costs. These, alongside benefits from accelerated rollout of a new electronic staff rostering system, form major themes of the 2017/19 P&E programme, supplemented by a range of local P&E schemes developed by the clinical divisions and corporate directorates. The Trust is also working up schemes beyond the immediate planning period, including detailed consideration of the transformation and benefits enabled by the implementation of its new Electronic Patient Record system.

Lord Carter's report

We are fully-committed to learning from and implementing the recommendations where appropriate from the Lord Carter's report on productivity and efficiency. Benchmarking has commenced through NHSI and GOSH are also working with NCL STP to identify other opportunities. At this stage there are limited benefits identified in the first cut CIP plans except those noted below.

First cut CIP plans

So far, we have identified £2.3 million full year effects of schemes introduced partway through 2016/17, and have added new P&E schemes amounting to £4.5 million for 2017/18 which have been identified through the planning process. These include:

- £2.5 million related to flow and pathway management, informed by work with external consultants over the past year and with benefits from improved utilisation of outpatient clinics, beds and theatre capacity;
- £1.5 million related to cost management, including a range of procurement savings, improvements in inventory management and stock wastage;
- £0.4 million from workforce productivity, in particular resulting from the accelerated rollout of the Trust's e-rostering solution.

Work continues to scope further significant cross-cutting schemes for incorporation in the programme including:

- Workforce – informing future rosters through analysing and benchmarking care hours per patient day, implementing new job planning systems for consultants and for clinical nurse specialists, and continued focus on reducing Agency costs (including through reducing the length of time taken for the Trust's recruitment process);
- Lord Carter – addressing areas where benchmarking work undertaken with STP colleagues suggests that the costs of GOSH corporate and back office services are outliers;
- ICT – pursuing ICT enabled savings which can be delivered in advance of EPR implementation, for example from developments such as transcription services or voice recognition.

In addition, the programme does not as yet include local productivity and efficiency schemes which are being developed within each division. In order to assist with that process, the PMO has shared learning from elsewhere in the form of an 'ideas checklist' which they will work through with divisions, in order to identify additional schemes for local development and delivery. This checklist covers a broad range of areas including:

- Clinical productivity;
- Non clinical productivity;
- Workforce;
- Resource utilisation;
- Expenditure management;
- Demand management;
- Service strategy and business opportunities.

In total, the Trust is planning to scope the schemes identified above in order to deliver a productivity and efficiency programme valued at more than £10.7m in 2017/18 and £11.9m in 2018/19, and aims therefore to build in a margin for slippage.

Schemes identified are subject to the Quality Impact Assessment (QIA) process overseen by the Medical Director and Chief Nurse, as described elsewhere in this narrative, and will only be accepted into the final operational plan if they are agreed through that process. Development of detailed project scopes and documentation including milestones to enable proactive tracking of delivery is being led by the newly-established Programme Management Office and its divisional business partners. Delivery is overseen at monthly meetings of the Executive Management Team who function as the P&E Programme Board, with regular reports also being provided to the Trust Board and its sub-committees (QIA to the Quality and Safety Assurance Committee, financial delivery to the Finance and Investment Committee, and risk to the Audit Committee).

4.3 Capital Plan

Capital is funded by a combination of charity funds and trust funds. Charity funding included has been allocated tentatively pending grants committee approvals on final business cases. Funding from the Trust capital is based on not exceeding free cash flow available in each year.

The capital plan has been based on the following assumptions:

- the Trust's major site redevelopment programme of Phase 2B completing in 2017/18 and Phase 4 commencing in 2017/18 of £15 million (subject to required business case approvals from the Trust Board and NHS Improvement);
- an annual allocation required for major maintenance of the estate and an allocation for refurbishments, lift replacements to ensure existing estate is maintained to ensure safe, productive services;
- the planned investment in an Electronic Patient Record system to commence in 2017/18 and go live in 2019/20;
- general ongoing investment and replacement programmes for ICT;
- funding for replacement medical equipment <£500k funded by the charity; and
- Specific Health Technology items >£500k requiring replacement funded by the charity.

The Estate maintenance and equipment replacement is part of a longer term risk assessed replacement programme which is currently being updated with the final plan including more detail in regard to the programmes. The Trust redevelopment programme for buildings is based on the Masterplan approved by the Board and Members Council in 2015. The masterplan outlines and 20 year plan for replacement of older buildings. There is no surplus land available in the portfolio.

All capital requests are subject to formal approval of business cases. Significant transactions are subject to the development of the five case model and approved by the Board and Members Council and NHS Improvement as required.

Capital Expenditure Plan

Trust Funded	Description	2016/17 Forecast Outturn £'000	2017/18 Plan £'000	2018/19 Plan £'000
Estates and Facilities	Maintenance/Upgrades/Refurbishments	2,429	3,823	3,268
Estates and Facilities	Chiller Upgrade/Replacement	2,333	1,000	0
Estates and Facilities	IPP Expansion and Refurbishment	2,063	1,200	0
Estates and Facilities	LIFT replacement programme	425	800	800
Information Technology	Electonic Patient Record	2,489	5,000	6,400
Information Technology	Other ICT Projects	4,497	5,075	4,500
Medical Equipment	General Allocation	583	500	1,000
Contingency		17	2,000	3,000
Total Trust Funded		**14,836**	**19,398**	**18,968**
Charity Funded				
Information Technology	Electonic Patient Record	0	12,300	14,900
Medical Equipment - Major Items	Cath Lab	0	1,500	0
Medical Equipment - Major Items	Interoperative MRI (new)	0	2,000	0
Medical Equipment - Major Items	Imaging/CT/MRI Replacement Programme	350	1,700	1,700
Medical Equipment - Major Items	Theratre/Surgical Equipment/Lab	360	1,300	800
Medical Equipment - Major Items	PICU/NICU Bed Expansion	1,070	0	0
Medical Equipment	General Allocation Replacement/New	3,049	1,525	1,625
Redevelopment	Phase 2b - PICB	28,965	12,432	0
Redevelopment	Phase 4 - Frontage Building	750	15,000	35,000
Estates and Facilities	Mortuary	222	2,067	0
Estates and Facilities	Interoperative MRI (Building Expansion)	398	11,000	0
Estates and Facilities	Other ICT Projects	266	0	0
Total Charity Funded		**35,430**	**60,824**	**54,025**
Total Capital Plan		**50,266**	**80,222**	**72,993**

5 Membership and elections

5.1 Members' Council elections in previous years and plans for the coming 12 months

There are 27 elected and appointed councillors on the GOSH Members' Council.

Members' Council representation by constituency

Patient and Carer	**Councillors**
Patients from London	2
Patients from outside London	2
Parents and Carers from London	3
Parents and Carers from outside London	3
Public	
North London and surrounding areas	4
South London and surrounding areas	1
Rest of England and Wales	2
Appointed	5
Staff	5

The Trust has held four Members' Council elections to date:

- November 2011 (in readiness for FT authorisation on 1 March 2012) - 22 seats in Patient and carer, Public and Staff constituencies.
- November 2013 - Staff By-election for 1 seat.
- February 2015 - 20 seats in Patient and carer, Public and Staff constituencies. (2 uncontested seats in Patients from outside London constituency).
- December 2016 – Public By-election for 1 seat: North London and surrounding areas class

The Trust will be holding an election for 22 seats in the Patient and carer, Public and Staff constituencies in November 2017 for appointment from 1 March 2018.

5.2 Councillor recruitment, training and development, and activities to facilitate engagement between councillors, members and the public

Councillor Recruitment: Pre election information sessions are held for councillor recruitment alongside a dedicated election page on the Trust website, including podcasts etc. Membership communication tools such as the Membership Newsletter (Member Matters) and monthly membership emails are used to keep members informed of upcoming elections.

Training and development: On appointment, councillors receive mandatory Trust training and continued development by attending tailored information sessions delivered by key Trust staff. Councillors are also encouraged to attend NHS Providers events and Deloitte Governor Workshops.

Membership and public engagement: The monthly Members' Council eBulletin offers a variety of opportunities for councillors to engage with their members including:

- regular "meet your councillor" engagement sessions in the hospital
- visits to schools and universities including the Hospital School and Activity Centre
- hosting membership stalls at community events, GOSH Children's charity events, and key Trust events
- attending Trust committees and Patient forums
- writing personalised letters and articles in *Member Matters* Membership Newsletter, *Roundabout* Staff Newsletter and Welcome Pack for new members
- online link to contact a councillor is included in all eCommunications on the Trust website and in all printed membership publications and on the Annual Plan surveys to membership

- councillors also have the opportunity to send personalised emails to their constituent members to engage with them around elections and for key trust events such as the AGM.

5.3 Membership Strategy

An updated Membership Strategy 2015-18 was approved at the September 2015 Members' Council meeting.

It sets out the methods that will be used to continue to develop and grow, engage and involve our membership, taking into account our geographical spread.

The Trust has moved to a new specialist provider of membership databases. This has enabled a more detailed reporting system to analyse membership data and map under representation in constituencies so we will be able to target our future recruitment and engagement activities.

6 Link to the local sustainability and transformation plan

The Trust is located within the footprint for North Central London. Although the Trust is fully supportive of a joined up local planning process to deliver transformational change, the STP model is not directly meaningful for the Trust's tertiary and quaternary services which extend both across London but also throughout England. However, the Trust is ready and keen to engage with local plans to improve processes and deliver efficiencies – for example, we have taken part in an STP-wide benchmarking exercise of back office services and are working in partnership with other trusts in the STP footprint to develop a joint status as an Apprenticeship Provider.

The Trust believes that over the next five years, further collaborative service models should be developed to include tertiary paediatric services and that GOSH has a pivotal role to play in developing and in many cases leading such networks. In a number of services there are already informal shared care and network arrangements being developed. Exemplars already exist for Epilepsy Surgery and Cystic Fibrosis by which the Trust provides leadership for the system in a particular region. The models of operation will depend on the service and the types of collaborative partners and may range across a spectrum from basic outreach models, through to integrated networks with services commissioned from the network lead provider.

Attachment F

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 7th December 2016	
Update on transition arrangements at GOSH **Submitted by:** Juliette Greenwood, Chief Nurse	**Paper No: Attachment F**
Aims / summary: To provide the Board with a short briefing paper on the Transition Improvement Project prior to a full report going to the next QSAC meeting.	
Action required from the meeting: To note the on-going work and to support any suggested requirements	
Contribution to the delivery of NHS Foundation Trust strategies and plans: Compliance with CQC improvements	
Financial implications: Transition is a CQUIN for 2016/17.	
Who needs to be told about any decision: Clinical divisions	
Who is responsible for implementing the proposals / project and anticipated timescales: Herdip Sidhu-Bevan – Assistant Chief Nurse, Nigel Mills-Improvement Manager, Transition Medical Leads, Divisional Management, members of Project Steering Group representing the clinical areas	
Who is accountable for the implementation of the proposal / project: Juliette Greenwood – Chief Nurse	

Update on transition arrangements at GOSH

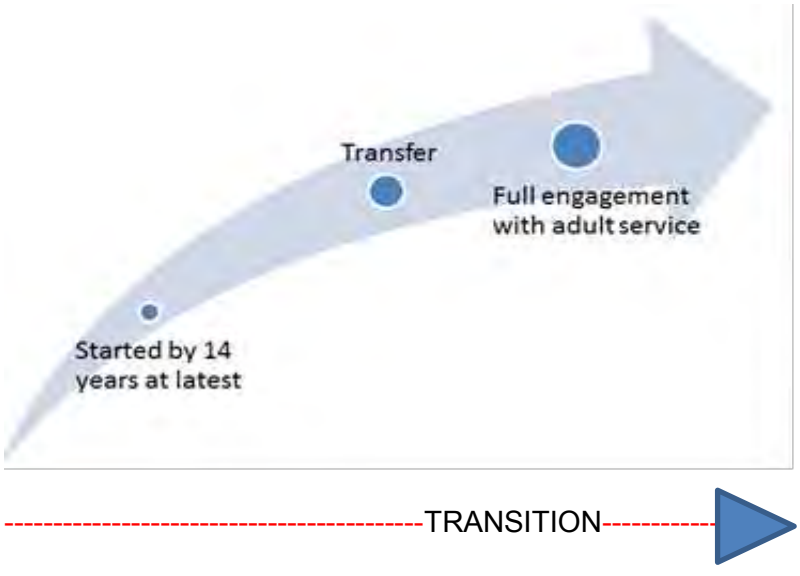
1. BACKGROUND

1.1 In 2015 Great Ormond Street Hospital was the subject of a Care Quality Commission (CQC) inspection. The CQC report rated the Trust as 'Good' for its transition arrangements but also identified areas for improvements. Appointment of an Executive Lead, identifying medical leads and measurable outcomes were part of the required improvements. Transition also forms part of the Trusts 2016-17 commissioning for Quality and Innovations (CQUIN).

1.2 Transition defined by the Department of Health (DoH 2006) is 'a purposeful, planned process that addresses the medical, psychological and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult orientated health care systems'.

2. THE AIM OF THE TRANSISTION IMPROVEMENT PROJECT AT GREAT ORMOND STREET HOSPITAL IS TO:

2.1 Improve the preparation and experiences of young people and their families being transitioned to adult services from Great Ormond Street Hospital.



2.2 The current situation at Great Ormond Street Hospital is:

- Lack of understanding of 'Transition' versus 'Transfer'
- No process to be able to identify patients under Transition
- A lack of consistency across the Trust with regards to transition
- Lack of medical leadership at speciality level responsible for transition

- No measurable outcomes to identify the Trust performance in Transition
- Patients older than 16yrs being cared for at GOSH that do not need to be cared for at GOSH
- Poor communication about Transition with the young person and family at the appropriate time
- Inability to quantify the exact number of patients that are 13yrs and above, sub speciality and still being cared for at GOSH with no transition in place due to the quality of the data.

2.3 Having identified the work required to improve Transition at GOSH for the young people and families, a Quality Improvement Manger for Transition has been appointed. The Assistant Chief Nurse for Patient Experience and Quality is leading this work and a project steering group will be set up to ensure the correct engagement with the patients, families and staff across the Trust.

3. CONCLUSION:

3.1 The work will deliver:

1. **Measurable outcomes:**
   Numbers of specialities with an identified clear medical lead for transition
   of those young people aged 16 & above that require transition what % we have started on a transition pathway / process.

2. **Education:**
   For staff
   For patients and families

3. **Consistency:**
   Standard transition pathway applied for all at the relevant age acknowledging that different specialities may join and leave the pathway at various points to ensure a positive patient experience

3.2 In order to narrow the initial scope of this project, there will be an initial focus on patients at GOSH, who are over 16yrs of age to help identify if they are under any transition plan.

3.3 A full review of the Transition Improvement work will be reported to the January 2017 QSAC meeting.

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 December 2016

Quality and Safety Report **Submitted by:** Vin Diwakar, Medical Director	**Paper No: Attachment H**

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 action 36.2:
The Trust currently does not capture whether this is a patients first visit to the Trust as an Outpatient or Inpatient; this is not a question within the form in line with guidance from the NHS England paper which advises:

- The NHS needs to be responsive and patient-led. Therefore we need to give all patients the opportunity to take part in the Friends and Family Test, in an anonymous way.
- The Friends and Family Test should be asked of all patients within the target groups, every day of the year. The patients' responses need to be anonymous.
- It is important to prevent any selection bias for the group of patients who take part in the survey. For this reason all patients should be asked if they would like to take part. It is not acceptable to allow staff to choose patients to take part.

The Trust would potentially be targeting patients through selection bias if a mechanism is put in place to capture FFT responses from patients coming into GOSH for the first time.

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

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?
Medical Director

Great Ormond Street Hospital for Children NHS
NHS Foundation Trust

Quality & Safety Report

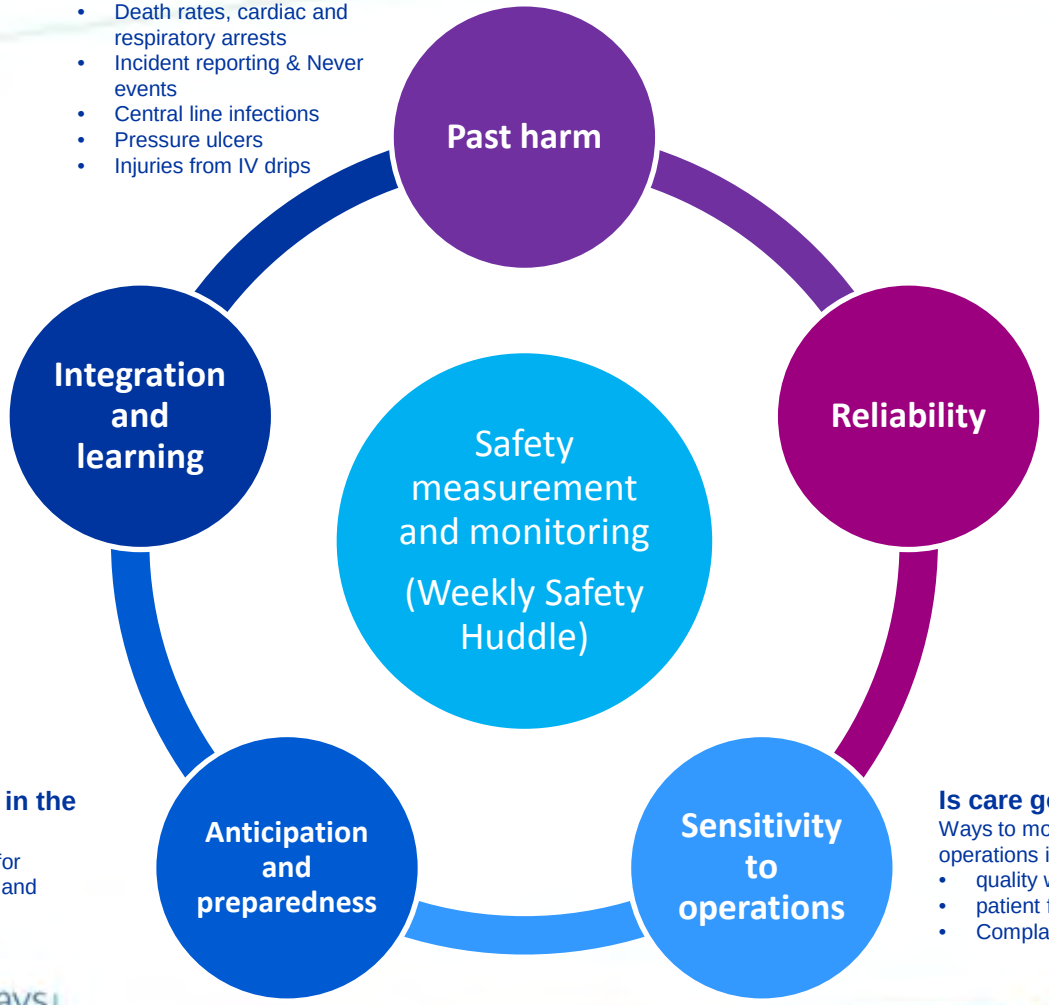
Dr Vin Diwakar, Medical Director
Juliette Greenwood, Chief Nurse
December 2016

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

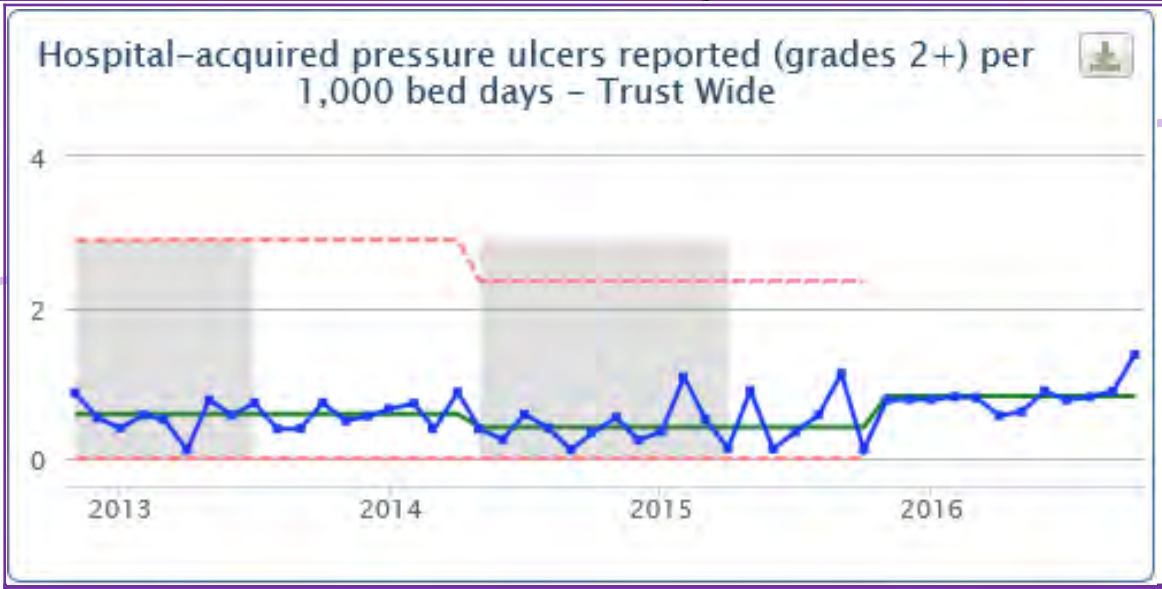
Great Ormond Street Hospital for Children NHS Foundation Trust

Measure	Comment
Medication Incidents reported via Datix causing harm** **It is not possible to meaningfully report the incidence of medication errors causing harm per patient contact at this time	No worrying trends this month. Performance remains stable at 9.5%.
Never Events	No worrying trends this month. The last never event was in June 2016 and performance remains stable at an average of 220 days between never events. The Never Event was discussed at the Trust's Patient Safety and Outcomes Committee; a summary of the learning can be found on slide 7.
Non-2222 patients transferred to ICU by CSPs** ** patients should be transferred to ICU before they have an arrest where possible which would indicate the early identification of a deterioration prior to an arrest.	No worrying trends this month. Performance remains stable at an average of 8 per month.
Cardiac and respiratory arrests] **currently the October analysis is not available.	No worrying trends this month. Performance remains stable for both measures at 2 cardiac arrests per month and 2 respiratory arrests per month. There were no respiratory arrests outside of ICU's in September 2016. There were two cardiac arrests outside of ICU's in September 2016; following review they have been graded as 'probably not preventable'.
Mortality	No worrying trends this month. Performance remains stable at 6.5 deaths per 1000 discharges.
CVL infections per 1000 line days	The increase reported in September is being sustained. The current rate is 1.74 per 1000 line days.
Serious Incidents	No worrying trends this month. Performance remains stable at 1.1 per month. The number of current open SIs within the Trust has decreased.

Has patient care been safe in the past?

Important measures of interest

Great Ormond Street Hospital for Children NHS Foundation Trust



	Hospital acquired pressure ulcer (GOSH)	Pressure ulcer noted on admission
Injury to skin/ tissue (not preventable)	9	1
Injury to skin/ tissue (preventable)	2	1

**5 reported incidents within the period are currently being investigated/reviewed and therefore are not included in the figures above

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:

Starting in November 2015 there has been an increase in this measure from 0.4 to 0.8 per 1000 bed days

It has been recognised there has been a rise in pressure ulcers across the trust last month. The majority of these have been device related and where applicable the ward areas have been contacted to raise awareness on this issue. The Tissue viability team have been working hard at trying to raise awareness and had an educational stand in the lagoon last week promoting 'stop the pressure' alongside a new Tissue Viability Times quarterly newsletter that was issued on Friday. An updated Pressure Ulcer Prevention teaching rollout is in development and planned for the new year for all ward staff pan Trust alongside mini RCAs for all grade 2 pressure ulcers.

At present this sudden increase is not a constant and this month numbers are back at 6 grade 2 PU's across the trust.

Of the 13 pressure ulcers; 3 were preventable and of these two were acquired whilst the patient's were at GOSH and were graded as low (grade 1).

The not preventable pressure ulcers were graded as low (grade 1).

Has patient care been safe in the past?

Great Ormond Street Hospital for Children NHS Foundation Trust

Serious Incidents and Never Events September-October 2016

No of new SIs declared in Sept-Nov 2016:	1	No of new Never Events declared in Sept-Nov 2016:	0
No of closed SIs/ Never Events in Sept- Nov 2016:	6	No of de-escalated SIs/Never Events in Sept-Nov 2016:	0

Learning from closed SIs in September-October 2016:

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/ 3144	**Total System Failure of the Critical Care Application (CareVue).** The Trust's Critical Care application (CareVue), used to record observations suffered a total system failure and a downtime of 8 days. during the downtime, a contingency plan using paper documentation was implemented.	The events described occurred due to an unexpected total system failure of the CareVue electronic system but were compounded by a lack of defined business continuity plans for the units in the event of a prolonged downtime period.	• The Emergency Planning Officer will support a nominated Lead Nurse to develop a standard operating procedure to confirm roles and responsibilities of staff in the event of future incidents involving Carevue. Action cards have been developed for staff which are linked to the standard operating procedure in the event of CareVue downtime (planned and unplanned).	The importance of clear business continuity plans in the event of electronic system failure.
	An external review of the ICT infrastructure was also undertaken as part of the SI investigation.	Outdated ICT database structure; this could not support the CareVue application.	• The system has been upgraded and a rolling plan for future upgrades is in place.	

Has patient care been safe in the past?

Learning from closed SIs in September-October 2016 (continued)…:

Great Ormond Street Hospital for Children NHS Foundation Trust

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/ 19145	**Incorrect dose and strength of vincristine supplied and administered to a patient.** The wrong dose of Vincristine was administered to the patient on 5 July 2016. This incident was realised on 13 July 2016.	• The non-availability of pre-diluted vincristine bags available for staff to use to manufacture the patient's medication meant that it was necessary for staff to switch to a different strength of vincristine to make up the patient's dose. • The availability of worksheets for both the pre-diluted bag method and vial method should not have occurred simultaneously. A formal change control process for switching between the two manufacturing methods for different strengths of vincristine needed to be in place.	• To review the current suppliers of pre-diluted vincristine bags with a view to arranging a backup supplier should similar issues be experienced regarding stock of pre-diluted vincristine bags. • In the event that it is necessary to change to a different strength raw material, a robust system (short term change control) should be used to facilitate the safe transfer to a different strength of raw material. This applies to all products made in technical services. • Storage of Vincristine vials to be reviewed in cytotoxic pharmacy • Change set up of JAC so that "Tray sheet description" is more reflective of the raw material • All products manufactured in pharmacy technical services where multiple strengths of raw materials are available should be reviewed to ensure a similar incident does not occur with a different drug. • Develop improved communication systems within the cytotoxic unit	When a new product or technique is introduced to an area, it is essential that there is a robust plan and systems in place to ensure transition occurs without incident.
2016/ 17559	**Never Event: Medications inadvertently administered via a misplaced nasogastric tube.** The patient received three doses of medications via an incorrectly placed nasogastric tube before the misplacement was detected.	• A misplaced nasogastric tube was not detected on chest x-ray post-operatively • The bedside nurse stated that a nasogastric tube position check would have been undertaken on initial assessment and prior to medication administration via the nasogastric tube. However this was not documented as per the recommendation of the Trust Management of feeding lines policy (2012). Ahead of the third dose of medication there was a position check and the aspirate had a pH within range but this is thought to have been contaminated with medications previously instilled which had solution pH of 4.1 and 3,3 respectively. In the event the bedside nurse recalls that this dose was then given orally as the patient was extubated and awake.	All nasogastric tubes placed in theatre should have a position check attempted in line with NHS Improvement guidance (2016). If the check is negative (for instance there is no nasogastric aspirate) this fact must be communicated to the recovery/intensive care team at handover. Reiterate the importance of documentation when undertaking cares and the need for compliance with key standards to be monitored and fed back to clinical staff.	All nasogastric tubes placed in theatre should have a position check attempted in line with NHS Improvement guidance (2016). If the check is negative (for instance there is no nasogastric aspirate) this fact must be communicated to the recovery/intensive care team at handover.

Has patient care been safe in the past?

Learning from closed SIs in September-October 2016 (continued)…:

Great Ormond Street Hospital for Children NHS Foundation Trust

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/ 17756	**Delay in detecting compression of the bone by the Ilizarov frame rather than the desired distraction** The patient had surgery for an application of an Ilizarov frame to her left leg on 12th May 2016. The procedure and recovery were thought to be uneventful and she was discharged home on 18th May 2016. On 22nd June it was identified that the device had not been assembled in the standard fashion and that the lengthening/distraction process was causing compression of the osteotomy, rather than distraction.	• The components of the Ilizarov frame were accidentally applied in a different manner to the most conventional manner; following investigation it was agreed that this was human error and there were no modifiable factors. The following contributory factors were found: • this meant that the nuts would need to be turned anti-clockwise rather than clockwise to achieve the lengthening. The patient was taught to do the turns in a clockwise manner i.e. the correct way for the correct application • There was no formal check of the frame at any point or notably before distraction was started or the patient was discharged • The compression of the bone was not identified when the patient returned to clinic post-operatively, despite clinical signs and x ray imaging which required more timely escalation and review	• Post-operatively, a Consultant or designated deputy must re-check how the frame is assembled and then provide clear treatment instructions prior to turns being commenced. This will provide assurance that the treatment is appropriate and correct for the way that the frame has been assembled. • There must be clear, consistent information and a standard level of training for each individual family/ parents/carers when communicating teaching instructions on turns. The individuals delivering this teaching should have competent to deliver the training. • In cases where distraction commences after the patient has been discharged, the teaching and observation should be carried out in the same way using a 'mock' frame • Review the treatment care pathway to ensure that it describes important time-lines and checks, such as timings of planned X-rays and appointments. • A review of how patients are booked into post-operative clinics should be carried out in light of the capacity issues. For patients who will follow a routine pathway (such as being seen every 2 weeks after surgery)- could these appointments be booked ahead as soon as operation is completed	Patients must be booked into the clinic requested by the Consultant in charge of their care. A different clinic should not be booked, or changes to clinics made, without discussion with the appropriate consultant.

Has patient care been safe in the past?

Learning from closed SIs in September-October 2016 (continued)…:

Great Ormond Street Hospital for Children NHS Foundation Trust

Ref:	Summary:	Root Cause:	Action to Remedy Root Cause:	Trust Wide Learning:
2016/ 12588	**Unexpected death.** An infant patient had an acute deterioration and respiratory arrest following an apparent absence seizure. The patient consequently went for a CT scan where a skull fracture and a large bleed between the skull and the surface of the brain were discovered. An emergency operation was performed to evacuate the bleed. However, the patient sadly died the next day.	• The investigation utilised the root cause analysis approach however no root cause has been identified as there is no clear event that lead to the head injury.	• The observation monitoring plan on Nervecentre will be reviewed and updated on a daily basis by the multi-professional team, or following a change in clinical condition as per the Observations and CEWS Policy. • All long term inpatients within the IPP division will have a SEAL (Section 85 Assessment of Long-Stay patients) assessment as appropriate. • A Standard Operating Procedure (SOP) relating to Non Related Adult Carers will be written for use within the IPP division. • All Combined Mandatory Risk Assessments must be completed and updated as per the Moving and Handling Policy and the Falls Policy. (E.g. it should be complete on admission, after any changes including a fall as a minimum of weekly).	A new Combined Mandatory Risk Assessment must be completed every 3 months for long term patients.

Has patient care been safe in the past?

Great Ormond Street Hospital for Children NHS Foundation Trust

Red Complaints in September-October 2016

No of new red complaints declared in Sept-Oct 2016:	0	No of re-opened red complaints in Sept-Oct 2016:	0
No of closed red complaints in Sept-Oct 2016:	0		

Learning from closed red complaints in August:

Ref:	Summary of complaint:	Learning/Recommendations:
No closed red complaints in Sept-Oct 2016:		

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

Great Ormond Street NHS Hospital for Children NHS Foundation Trust

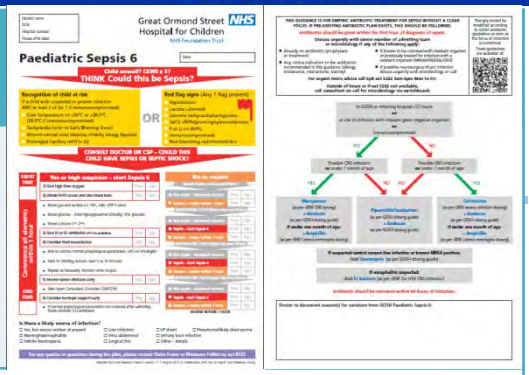
Measure	Comment
All complaints	No worrying trends this month. Performance remains stable at 11 per month
Red complaints	No worrying trends this month. Performance remains stable at 0.4 per month
Amber complaints	No worrying trends this month. Performance remains stable at 2.3 per month
Yellow complaints	No worrying trends this month. Performance remains stable at 6.8 per month
Number of PALS cases	No worrying trends this month. Performance remains stable at 128 per month

Are we responding and improving?

Featured Project: Sepsis 6

Great Ormond Street Hospital for Children NHS Foundation Trust

Project aim:
To improve the early identification and treatment of Sepsis, through implementation of the Sepsis 6 bundle at GOSH by 31st March 2017.



This is a trust-wide initiative at Great Ormond Street Hospital, seeking to improve the early identification and treatment of sepsis. This work is led by a multi-disciplinary project team, including Medical, Nursing and Quality Improvement leads. The project was initiated in response to the NCEPOD 'Just Say Sepsis' report published in November 2015 which included a number of recommendations for NHS Trusts to review and implement where appropriate. In May 2016, the Managing Sick Children Project Group recommended to GOSH Resuscitation Committee that the Sepsis 6 bundle should be implemented at GOSH. Following a review of the information, the decision was made in June 2016 for Sepsis 6 to be implemented at GOSH and rolled out across all specialties.

Expected Benefits of the Project:

- Early recognition of sepsis
- Clearly defined escalation process to ensure early medical review
- Timely treatment of sepsis that reduces likelihood of morbidity and mortality
- Agreed 'step down' procedure from antibiotic regimes following clear pathology results.
- Utilisation of Trust IT systems to support to identification, escalation and appropriate treatment of at risk children
- Training resources and engagement materials co-designed with families
- Alignment of GOSH policy with national standards to increase compliance of practice

What is Sepsis:

"What is Sepsis:
"Sepsis is a life-threatening organ dysfunction due to a dysregulated host response to infection"

Measures for Improvement:

SPC charts and audit data will be utilised to measure results of the project.

Outcome measures:

- Reduction in 3 day and 30 day mortality due to sepsis
- % compliance with the Sepsis 6 bundle

Process measures:

- no. of patients triggering the Sepsis 6 bundle
- % completeness of nursing observations
- ICU admissions due to sepsis
- time taken for senior medical review of child with suspected sepsis
- time taken to administer antibiotics when sepsis is suspected.

Balancing measure:

- impact on antibiotic stewardship

Progress to date:

- Draft Sepsis 6 protocol approved by Steering Group
- Pilot started on 4 wards. Protocol revised multiple times in response to feedback
- Antibiotic protocol developed & tested
- Train- the- trainer package developed & in testing phase
- Scoping e-learning options for nursing and medical induction
- Measurement plan developed
- Parent involvement in designing education for parents and patients
- Shared findings from pilot with QI Committee and Trust Nursing Board
- Comms with other Trusts using the Sepsis 6 to learn and share ideas

Next Steps:

- Trust-wide roll out due w/c 23rd January 2017.
- Sepsis Awareness Week (Trust-wide comms and education tools)
- Measuring the impact of Sepsis 6
- Sustainable education for all new nursing and medical starters.
- Agreement on format of protocol and integration with Trust systems.
- Support teams to embed new practice.
- Identify where delays occur in the process and test new improvements.

Are we responding and improving?

Learning from Friends and Family Test

Great Ormond Street Hospital for Children NHS Foundation Trust

Inpatient Results

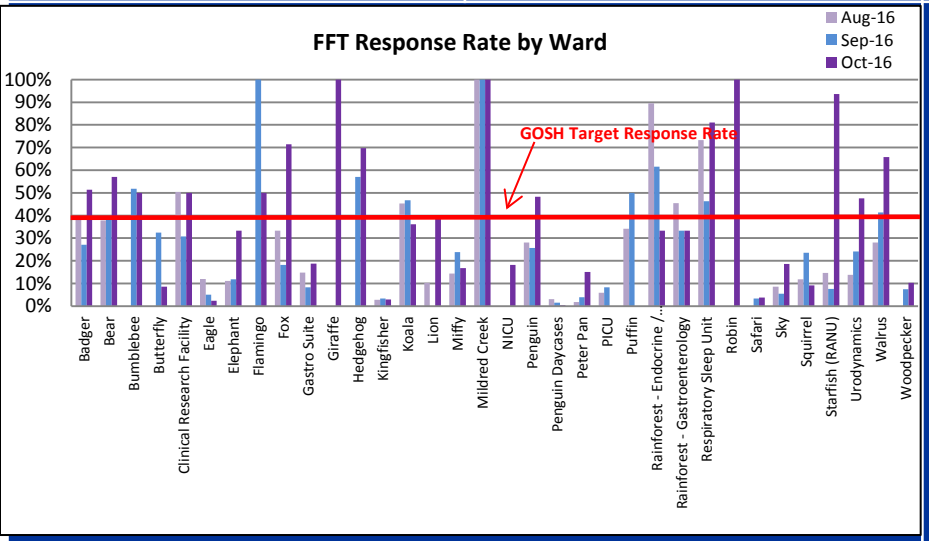
September 2016
Overall FFT Response Rate = 14.1%
Overall % to Recommend = 99%

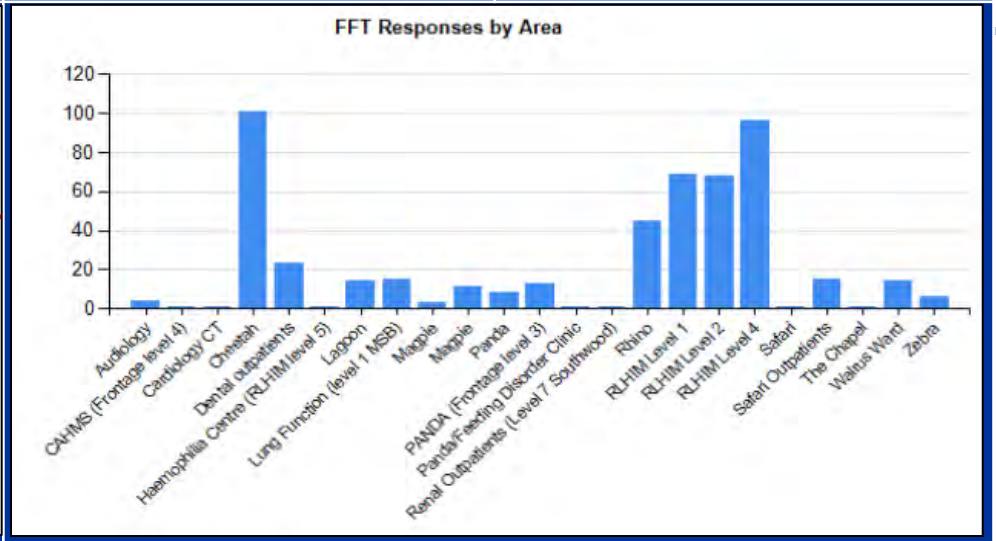
October 2016
Overall FFT Response Rate = 25%
Overall % to Recommend = 98%

Outpatient Results

September 2016
Overall % to Recommend = 91.2%

October 2016
Overall % to Recommend = 95.6%





The overall FFT response rate for inpatients has risen from 14.1% to 25%; overall there had been a slow decline in response rate between July, August and September however this has increased again in October. The decline highlighted that many wards are reliant on one member of staff to lead on FFT which causes issues when they are off sick or on leave. PE team to work with the wards to ensure they apply a team approach.

Outpatients do not have a minimum response rate target. The overall percentage to recommend stayed above 90% with the exception of July 2016 when then percentage was at 82.41%.

September 2016 Trends

positive	negative
• Caring	• Equipment/Facilities
• Staff	• Communication
• Welcoming	• Waits (outpatients)

October 2016 Trends

positive	negative
• Friendly	• Facilities
• Helpful	• Appointment cancellations
• Teamwork	• Food

The overall feedback from September and October has indicated that staff are caring, friendly and helpful. The Trust could improve on waiting times for appointments/clinics and the communication of waits and also last minute cancellations. It was also noted that some of the facilities could be improved; some of the older Wards are outdated and that the temperature is often an issue.

Are we responding and improving?

Learning from Friends and Family Test

Great Ormond Street Hospital for Children NHS Foundation Trust

Update

Database – Design and testing of the FFT database is complete. Training for ward administration staff is also complete. Roll out will commence on 1st December 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 and the work of the Patient Experience Team will be included in the staff induction handbook going forward. Awaiting final approval from Learning and Development team.

Real Time Feedback System - The Patient Experience Team have successfully been awarded the GOSH Charity Bid for the Real Time Patient Feedback System. Procurement will commence in January 2017.

"The care our son has had here has been absolutely outstanding, all the staff has looked after him and ourselves wonderfully, we are so pleased we chose to come to GOSH for (patient name) treatment, lovely, helpful people in all departments - thank you!"

"Friendly, welcoming staff. Minimal waiting time. Investing child/family friendly environment. All professionals were open and friendly with patients. Children relaxed and welcome. Nurse was optimistic - positive. Sonographer was very gently with my grandchild. Cardiologist was very reassuring. Very impressed."

"(patient name) received exceptional care on Badger ward at GOSH. Her treatment was meticulously planned in close and regular consultation with all relevant departments. Decisions were discussed with the family and our views were taken into account. The family was treated with respect and support was always readily available."

"To everyone employed in the Lagoon:
Thank you for providing food and drink of every sort during the last eight months of our grand daughters tragic illness. No one wants to be in a hospital but the Lagoon made it bearable. A refuge to recharge our batteries, with good quality refreshment, served with a smile in spotless surroundings. Thank you to everyone from a grateful grandma & granddad. :-)."

"At our previous appointment, we clearly requested that we would like to see Dr (staff name) Unfortunately frustratingly we had to see a registrar. There is very poor communication between teams, which is a shame.

"Very good apart from the fact that we had to wait for a long time. Also, the corridor is not a very practical place as a waiting area.

"The only thing we think could be improved on is communication between doctors and also doctors to parents on the treatments and procedures."

"Consultants - very sorry - which meant a lot of confusion - not the right information on paperwork which left me and my disabled son very anxious and fed up, confused, very upset - still angry! As not the 1st, 2nd or 3rd time.

"Our appointment for 10.30 was cancelled at 10.05. We have spent almost 2 hours to get here to be told to go home as consultant is on annual leave."

"Bad: All nurses should introduce themselves to parent and child I found 2 out of all nurses to do this which created offset for the child and parent

Attachment I

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board 7th December 2016	
Integrated Performance Report: October (Month 7) 2016 **Submitted by:** Nicola Grinstead, Deputy Chief Executive	**Paper No: Attachment I**
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 I

November 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.

As a continuation of the development of the IPR the following additions and changes have been made this month:

Formatting:

- RAG rating – in month performance is now RAG rated (green for meeting or exceeding the plan / standard, red for not)
- Arrows – these show improvement (up) or deterioration (down) between months. Further iterations will also include spark lines to see trends over a longer time period

Metrics / Indicators:

- Caring – no changes. The complaints team are developing a metric to report the length of time to respond to complaints, this is not yet finalised.
- Safe:
    - Arrests Outside of ICU – this is under development and will in future reports differentiate for those that were preventable
    - Hospital Acquired Pressure Ulcers – This now reports any above grade 3 for which there should be zero. Further analysis and work is looking at other grades and how the Trust should report these
- Responsive – no changes
- Well-Led:
    - Nurse Vacancy rate is now included (definition included in the domain section)
- Effective – no changes
- Productivity – the following metrics are now included under this domain:
    - Bed Occupancy
    - Refused Admissions for Cardiac and PICU / NICU
    - Same day / day before hospital cancelled outpatient appointments
    - Activity (Year on year comparison):
        - Total Discharges (inpatient and day case)
        - Critical Care bed-days
        - Outpatient attendances (all – new and follow-up)
- Our Money – no changes

Future Changes:

- The intention is that once the Trust starts to officially receive a performance rating on the NHS Improvement Single Oversight Framework, this will be recorded and presented as part of the IPR
- The Key Lines of Enquiry box will be populated with key points for a deep dive exploration

Summary

The report for the Trust Board this month includes data up until the end of October 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.

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.

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 needs to improve upon its current response rate (averaging around 26-27% YTD - which is however in line with national response rates of other Trusts, although 18.8% over the last 3 months). This month (October) has seen an improvement on the last few months, returning to previous levels with 25.16% against a Trust plan of 40%. During October the positive response score has dropped to 97.87% (but remains above the 95% standard). To note also that the outpatient "positive" score has returned to above the 95% standard with 95.6%, which had declined over the past few months.
Why / How:	From the updates received at the Divisional Performance meetings, Senior Nurse Leads in each Division have action plans in place to increase the response rate to the required standard, which is linked to the central work being led by the Patient Experience team. Actions include centralising and improved administrative processes and targeting key specialties with the poorest response rate. More detail is available in the Quality & Safety report Note: 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.

Complaints	
Definition:	This indicator provides the total number of formal complaints received by the Trust during the reporting period As stated in the introduction it is expected that this indicator will be updated to include length of time taken to respond to complaints in addition the numbers received.
What:	The number of year to date formal complaints is currently at 69, with 12 in the most recent month. There have been no red complaints for the last 2 months.
Why / How:	As stated previously the number of complaints should not necessarily be viewed as a negative, as it is imperative the Trust empowers patients and families to raise issues with their experiences at the Hospital. 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.

Safe

From the dashboard, for a number of the measures and indicators for this domain, the picture is varied with regard to year to date performance. In the more recent months however delivery against the range of standards has been largely positive.

With regard to Healthcare Associated Infections (HCAIs), C Diff remains within the annual target with only 1 case YTD (against a total of 15 for the whole year), for MRSA however there have been 3 cases YTD (with the expectation of zero cases for 16/17). There have however been no cases in the most recent month (October). CV Line Infection levels have reduced this month, to the lowest level of the year of 0.89 per 1000 line days. Further information is contained within the Quality & Safety report.

Below provides detail on those measures not meeting the required standards:

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:	The last 3 months have seen deterioration in compliance to below 95%, in comparison to the rest of the year. The most recent month (October) reported 93.6% against the target of 98%
Why / How:	The recent deterioration is largely attributable to areas outside of main theatres. The Trust is currently implementing the NatSIPPs (National Safety Standards for Invasive Procedures) project, which will focus on how to improve WHO Checklists in these areas. The project is due to complete in late Q4 16/17, when it is expected that the Trust will become compliant in these areas. Updates and progress are being flagged through the Divisional Performance Meetings, via the Divisional Assistant Chief Nurse in JM Barrie leading.

Hospital Acquired Pressure / Device related Ulcers Grade 3+	
Definition:	This reports the number of clinically graded pressure and device related sores that have been acquired whilst in hospital. The expectation is that there are zero grade 3+ As stated above, further work is being taken forward to report grades <3 for future months.
What:	The Trust has reported 1 grade 3 pressure ulcer in October against this standard (of zero).
Why / How:	The reason / cause for the reported grade 3 pressure ulcer is currently being investigated. An update will be provide for the next Trust Board, and further detail is contained with the Quality & Safety Report.

Responsive

The Trust is currently off line from reporting against the national RTT incomplete standard. Below details other key metric for this domain, as highlighted by exception:

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:	The most recent performance against this standard is 4.24%. The Trust has been reporting a steady improvement over the last few months, however is expecting to remain at this level for the rest of 2016/17.
Why / How:	Of those reported waiting > 6 weeks in October, 23 of the reported 26 patients were for Audiological diagnostic tests. Having reviewed the pressures in this area, the main contributing factor is associated with capacity. The operational teams have put in place immediate additional lists, as aswell work to increase the provision of a soundproof booth. The Division's recovery plan confirms that with these actions, the service will be compliant in April.

Cancer 31 Day: Decision to Treat to First Treatment	
Definition:	Patients on a 31 day cancer pathway are required to receive first definitive treatment, 31 days from the date the treatment decision has been agreed (e.g. surgery, chemotherapy, radiotherapy). For this particular cancer pathway, the operational standard is 96%.

What:	Given the national reporting timetable – the most recently submitted month is September. For this month the Trust experienced one breach of this pathway standard, as such reported a position of 94% (against 96%). The Trust is however managed against quarterly performance for cancer pathways and as consequently met this standard for Q2 ((having attained 100% in the previous 2 months).
Why / How:	This breach was as a result of a complicated surgical pathway being jointly managed between 2 cancer services across 2 hospitals. A Route Cause Analysis was undertaken and the actions have / are being put into place. This is being reported through the Trust PTL meeting and into the Trust's Access Improvement Board and Divisional Performance Meetings.

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 most recently reported quarterly position for the Trust (Q2) reported 191 last minute hospital cancelled non-clinical operations (a marginal improvement on Q1 of 197). Against the 28 day standard, the Trust failed to rebook 32 patients within that timeframe (compared to 31 in Q1). As this is a quarterly reported indicator this is not available for October.
Why / How:	Whilst there remain a number of constraints in the system that result in last minute non-clinical cancelled operations (primarily with regard to bed capacity, emergency cases being treated in place of elective etc.), the Clinical Divisions have action plans in place to mitigate these as much as possible. The actions include the improvement in process and procedures for avoiding cancelling patients where these opportunities exist, closure linkages and communications between admission and ward staff, and theatres. Additionally ensure the appropriate escalation processes are being used and followed with the Trust's Bed Management Meetings. It is envisaged that once these have been implemented fully, improvements will be seen during Q3 and into Q4.

Well-led

The below identifies those areas that require highlighting.

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 84% - a significant increase of 7% since August. Currently four areas are meeting the in-year target of 90%, Corporate Affairs (at 100%), Human Resources & Organisational Development (at 97%), Development and Property Services (at 97%) and Finance (at 90%). The target for 2017/18 will increase to 95%. For the Clinical Divisions this is being picked up directly in their monthly Performance Meetings, for which they each have action plans and are showing good improvement also.

Mandatory Training	
Definition / What:	An aggregate level % for all statutory and mandatory training undertaken within the Trust against a plan of 90%
Why / How:	Compliance across the Trust has increased to 87%. Currently eight (up from six) directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs, Development & Property Services, Nursing & Patient Experience and Clinical Operations. All remaining Clinical Divisions have all shown significant improvements. 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 7 (October) this stands at 3.8% of total paybill (increase of 0.2% from August) 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 (at 76% of ceiling). Based on current spend, the Trust will breach the ceiling by December. The HR & OD directorate are currently working alongside NHS Improvement reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage.

Nurse Vacancies	
Definition / What:	This has been calculated by looking at the difference between the established number of posts in a division (nursing registered only) minus the contractual nursing staff. This

	excludes temporary staff and gives the underlying vacancies.
Why / How:	As at October the Trust has a 7.2% vacancy rate for nursing against this metric. The nursing recruitment team receives a weekly report that provides active recruitment position of posts which is viewed in conjunction with the work being undertaken and lead by the Corporate Nursing team and Clinical Divisions. At this time the above figure does not provide recruitment "in pipeline", clearly however there is and will be activities contributing to the above. This metric will continue to be reviewed alongside the main vacancy metric (which is establishment minus the actual staff (inc bank and agency)).

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:	The average compliance this year is 87.46%, which is a significant improvement on previous years. This month has seen a slight decline to 84.2% for October.
Why / How:	The reduction in October was seen across a number of specialties and not isolation to one area (which in part can be explained by the start of Junior Doctors over this period). However, this is being picked up operationally to ensure Heads of Clinical Service and Service Managers ensure requirement and processes are appropriately communicated to ensure these instances are minimised. The Clinical Divisions have action plans in place to ensure improvements continue, which are expected from November onwards, in order to attain the standard.

Clinic Letter Turnaround	
Definition:	The % of clinic letters that are sent within 7 & 14 working days of an Outpatient Clinic The contractual requirement for 2016/17 is 14 working days turnaround.
What:	The Trust is currently reporting 75.83% against the 14 day turnaround (and 44.46% for 7 days)
Why / How:	Work continues across the Divisions, with improvements seen over the last 3 months, averaging 75% for the 14 day standard. Where an area is not at the requisite level an action plan is in place to address this. These are being updated and feedback at the relevant Divisional Performance

	Meetings. Data capture and reporting of this metric is additionally reviewed as part of the process.

Productivity

This domain has now been updated as confirmed above to include a range of indicators, as a means to start to assess the productivity of the organisation at a headline level. It is important to note that whilst these indicators are being included within the report they are additionally being reviewed and refined, and so consequently may change slightly in future iterations (any updates / changes will of course be communicated).

Four indicators are included to give an indication as to how productively the Trust is using its resources across: Theatres, Beds, ICU and Outpatients, viewed alongside how much activity has been delivered over the same period.

Theatres Utilisation:

This has seen a slow decline over the last few months which is being investigated by the theatres team to better understand the reasoning behind this, as up to August performance had been improving and utilisation increasing.

Key actions the Divisions are undertaking include (this is not exhaustive – intended to be illustrative):

- Improvements in bed booking processes for Radiological procedures that require theatres, and balancing the demands between emergency and elective cases (expected to be operational from January)
- Review of current: Neurology and Neuromuscular and Ophthalmology lists
- Process for spinal cases requiring PICU beds, which impacts on flow from theatres (and cancellations with increased emergency cases)
- Improve utilisation in areas outside of main theatres

These will be followed up at the Performance Meetings and the Theatres Group that has recently been established.

Bed Occupancy:

This indicator and methodology is currently under-review as part of the data quality review, and as such the metrics should be used as a guide at this time, pending completion of this exercise.

As at October bed occupancy was at 81.7%, which is a minor reduction compared to the previous months. Further analysis will be required with regard to day and overnight occupancy levels, and what the range of occupancy is across the Trust, whether this can be understood because of the case mix and patients using those beds, and where opportunities exist to improve.

Refused Admissions into Cardiac and PICU / NICU:

As per the information collated by the service, over the last 3 months the Trust has had to refuse 19 Cardiac referrals into the Trust and 25 PICU / NICU referrals, due to capacity constraints.

Clearly as the Trust now heads towards winter these numbers will need to be reviewed and assessed as the operational teams do on a daily and weekly basis.

Same day / day before hospital cancelled appointments (outpatients):

This measure will be reviewed to make sure provides the best possible / most useful view on how the Trust utilises OP capacity. This measure looks at last minute cancelled appointments made from the Trust (not patients). In October there were 1.49% of all outpatient appointments that were booked, cancelled by the Trust. In future iterations it will be useful to look at this alongside the Did Not Attend / Was Not Brought measure (in the Effective domain), which has recently shown signs of improvement reducing to 7.54%.

Activity:
Across the 3 main points of operational delivery (inpatients – discharges, Critical Care beddays and outpatients) a comparison is provided looking at year on year differences, cumulatively YTD and individual month on month.

As is evident – the cumulative YTD position across all is up on the same period last year, however it is noticeable that for the month of October, activity is down compared to October last year. This will be reviewed to understand the cause and will need a view on November to ensure this trend is not sustained.

Our Money

This section of the IPR includes a year to date position up to and including October 2016 (Month 7). In line with the figures presented, the Trust deficit (excluding capital donations and impairments) is £0.2m 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 £0.3m below plan, however this is after adjusting for £1m reduction in income relating to 2015/16 outturn.
- Non Clinical revenue is £1.4m higher than plan
- International Private Patients income is £1.9m higher than planned, although it is £0.5m lower than plan in month.
- Staff costs are £2.8m higher than plan at the end of month 7.
- Non-pay costs (excluding passthrough costs) are £0.7m higher than planned due to an increase IPP bad debt provision.

Areas of concern at this point include the Trust include:

- Pay costs are £2.8m higher than plan with an increasing monthly run rate.
- 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 234.1 days in October.
- Current delivery of recurrent P&E savings is lower than planned year to date (£3.2m)

Actions being taken to address these concerns are:

- Review and reduction of inventory on hand, including introduction of pilot projects to enhance supply chain process.
- Further work is required on the internal forecast to understand how the impact of increased staffing numbers will impact on activity.
- Enhanced workforce controls are being introduced to reduce agency staff costs and ensure all non-clinical posts advertised are reviewed.

Trust Board Dashboard - October 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Caring

		Aug	Sep	Oct	Trend	Plan	NHS Standard
Access to Healthcare for people with Learning Disability					⇨	-	-
% Positive Response Friends & Family Test: Inpatients		98.47%	98.81%	97.87%	⇩		95%
Response Rate Friends & Family Test: Inpatients		17.28%	14.06%	25.16%	⇧	40%	
% Positive Response Friends & Family Test: Outpatients		94.81%	91.29%	95.60%	⇧		95%
Number of Complaints		8	8	12	+4		
Number of Complaints -Red Grade		1	0	0	⇨		
Mental Health Identifiers: Data Completeness		98.71%	98.72%	98.83%	⇧		97%

Safe

		Aug	Sep	Oct	Trend	Plan	NHS Standard
Serious Patient Safety Incidents	In-month	2	0	0	⇨	0	
	YTD	7	7	7	⇨	0	
Never Events	In-month	0	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	1	0	⇧		0
	YTD	2	3	3	⇨		0
CV Line Infection Rate (per 1,000 line days)		2.22	1.87	0.89	⇧	1.6	
WHO Checklist Completion		94.09%	93.51%	93.60%	⇧	98%	
Arrests Outside of ICU	Cardiac Arrests	3	2	3	⇩	5	
	Respiratory Arrests	4	2	2	⇨		
Total hospital acquired pressure / device related ulcer rates grade 3 & above		0	0	1	⇩	0	

Responsive

	Aug	Sep	Oct	Trend	Plan	NHS Standard
Diagnostics: Patients Waiting >6 Weeks	8.29%	6.07%	4.24%	⇧		1%
Cancer 31 Day: Decision to Treat to First Treatment	100%	94%		⇩		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	56	57		⇩		
Last Minute Non-Clinical Hospital Cancelled Operations: Breach of 28 Day Standard	6	9		⇩		0

People, Management & Culture: Well-Led

		Aug	Sep	Oct	Trend	Plan	NHS Standard
Sickness Rate		2.29%	2.26%	2.21%	⇧	3%	
Turnover	Total	19.1%	18.9%	19.0%	⇩	18%	
	Voluntary	18.1%	16.7%	18.3%	⇩	14%	
Appraisal Rate		77%	79%	84%	⇧	90%	
	Consultant	81%	80%	80%	⇨		
Mandatory Training		85.0%	85.0%	87.0%	⇧	90%	
% Staff Recommending the Trust as a Place to Work: Friends & Family Test			75%			61%	
Vacancy Rate		4.3%	4.0%	0.0%	⇧	10%	
	Nursing			7.2%			
Bank Spend		6.2%	6.4%	6.2%	⇧		
Agency Spend		3.60%	3.80%	3.80%	⇨	2%	

Effective

		Aug	Sep	Oct	Trend	Plan	NHS Standard
Discharge Summary Turnaround within 24hrs		90.61%	88.96%	84.20%	⇩		100%
Clinic Letter Turnaround within	7 working days	48.87%	44.46%		⇩		
	14 working days	77.17%	75.83%		⇩	100%	
Was Not Brought (DNA) Rate NHS (exc Telephone Contacts)		8.92%	7.76%	7.54%	⇧	8.36%	

Productivity

		Aug	Sep	Oct	Trend	Plan	NHS Standard
Theatre Utilisation (NHS UO4)		69.0%	65.1%	64.6%	⇩		77%
Bed Occupancy		83.2%	83.0%	81.7%	⇩		
Refused Admissions	Cardiac refusals	8	5	6	⇩		
	PICU / NICU refusals	7	20	18	⇧		
Same day / day before hospital cancelled appointments		1.14%	1.34%	1.49%	⇩		

Activity

		Aug	Sep	Oct	Trend	Plan	NHS Standard
Total Discharges (YOY comparison)	In-month	3,729	3,633	3,458	⇩	3,630	
	YTD	18,579	22,212	25,670		24,598	
Critical Care Beddays (YOY comparison)	In-month	1,181	1,159	1,135	⇩	1,141	
	YTD	5,714	6,873	8,008		7,788	
Outpatient Attendances (All) (YOY comparison)	In-month	20,131	22,019	20,721	⇩	21,895	
	YTD	101,345	123,364	144,085		141,301	

Our Money

	Aug	Sep	Oct	Trend	YTD Target	YTD Variance
Net Surplus/(Deficit) v Plan	(0.3)	0.2	(0.5)	⇩	(3.4)	0.2
Forecast Outturn v Plan	(6.3)	(6.3)	(6.3)	⇨	(6.3)	0.0
P&E Delivery	0.4	0.8	0.4	⇩	7.0	(4.3)
Pay Worked WTE Variance to Plan	48.7	(9.1)	(196.9)	⇩	0.0	(14.0)
Debtor Days (IPP)	215.5	223.8	234.1	⇩	120.0	(89.7)
Quick Ratio (Liquidity)	1.81	1.87	1.87	⇨	1.77	0.1
NHS KPI Metrics	1.0	1.0	2.0	⇩	1.0	(1.0)

Areas of Concern

Caring - Friends & Family response rate
Safe - WHO Checklist; Grade 3 pressure ulcers
Responsive - Diagnostic waits (Audiology);
Cancelled operations
Well-led - Nursing vacancy rate; Agency spend
Our Money - P&E delivery

Achievements

Caring - Friends & Family Test score in outpatients
Responsive - improved Diagnostic Wait Times
Well-led - Trust sickness and overall vacancy rate
Effective - Was Not Brought (DNA) rate

Key Lines of Enquiry

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

- ⇧ Improvement
- ⇨ Consistent trend
- ⇩ Deterioration
- On / above target
- Below target
- No target

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **7 December 2016**	
Workforce Metrics & Exception Reporting – October 2016 **Submitted by:** Ali Mohammed, Director of HR & OD	**Paper No: Attachment Ii**
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. Also includes trend analysis, by staff group, of contractual staff in post over the last twelve months and also an analysis of turnover/leaver data (as requested at the July Trust Board).	
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.	

Great Ormond Street Hospital for Children NHS Foundation Trust
HUMAN RESOURCES & ORGANISATIONAL DEVELOPMENT

TRUST BOARD WORKFORCE METRICS & EXCEPTION REPORTING – OCTOBER 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 28 in October to 4068 compared to September 2016. A new 12-month rolling contractual staff in post split by staff group is now included in the suite of reports against total contractual staff in post. This demonstrates a large increase in nursing staff (associated with the new intake) since September and sustained increases in administrative positions over the last eight months.

Sickness absence has decreased slightly to 2.2% (from 2.3%) 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% also long-term sickness has remained unchanged at 1.0%.

Unfilled vacancy rate: The Trust's unfilled vacancy rate stands at 4.3% (no change).

Agency usage for 2016/17 (year to date) stands at 3.8% of total paybill (rising, increase of 0.2% from August). 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 October due to RTT and the gastro review; however, Trust spend on business as usual (BAU) agency staff is significantly below the ceiling (at 76% of ceiling). Based on current spend, the Trust will breach the ceiling by December. The HR & OD directorate are currently working alongside NHS Improvement reporting mechanisms with the divisions and corporate directorates to establish actions to address the Trust's agency usage. The Trust also reports on the

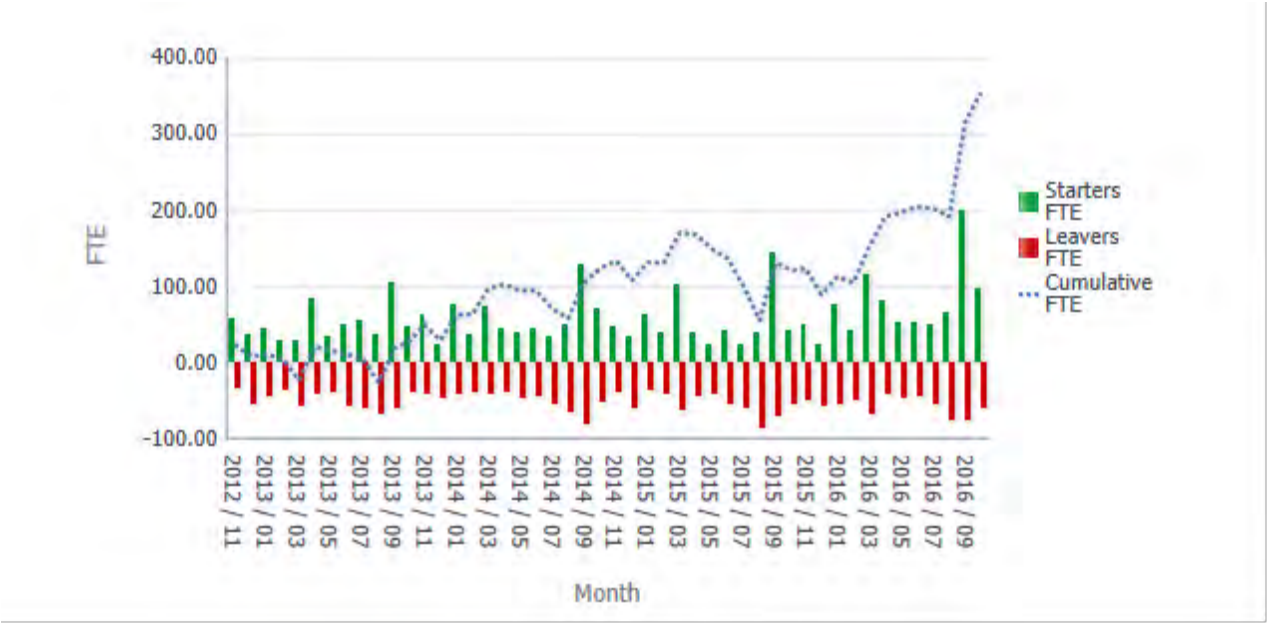
number of breaches against the agency rules (spend cap by shift and/or framework compliance and direct engagements); in October, 148 shifts (no change) breached the agency cap. Clinical Operations (including ICT) retains the highest spend on agency staff at 70% of total paybill (RTT and senior interims). Finance currently spends 24.4% of paybill on agency staff (increasing).

Agency Measure	Spend YtD (October 2016)	Shifts breaching agency cap
RTT agency staff	*£2,056k*	*0*
Gastro review agency staff	*£278k*	*8*
Business as usual agency staff	*£2,898k*	*140*
Total agency staff	*£5,233k*	148
Agency ceiling	*£3,806k*	

PDR completion rates The Trust overall appraisal rate stands at 84% - a significant increase of 7% since August. Currently four areas are meeting the in-year target of 90%, Corporate Affairs (at 100%), Human Resources & Organisational Development (at 97%), Development and Property Services (at 97%) and Finance (at 90%). The target for 2017/18 will increase to 95%.

Statutory & Mandatory training compliance: In October the compliance across the Trust increased by 2% to 87%. Currently eight (up from six) directorates/divisions are meeting the in-year 90% compliance requirement, Human Resource & Organisational Development, Finance, International, Research & Innovation, Corporate Affairs, Development & Property Services, Nursing & Patient Experience and Clinical Operations. All remaining divisions (Medical Directorate, West and Barrie) have all shown significant increases in StatMan compliance.

Turnover is reported as voluntary turnover in addition to the standard total turnover. Voluntary turnover currently stands at 17.3%; 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 18.9% in October (-0.05% from September). The (unadjusted) London benchmark figure is 15.1% (which includes voluntary and non-voluntary leavers).



Attachment Ii

Following the national calculation (leavers from the Trust – does not include internal movements between departments and excludes junior doctors), the monthly turnover between 2012 and October 2016 follows a normal range averaging at 1.39% across all staff groups with the months of March, August and September which are significantly, and consistently, higher – specifically, the average for March is 1.68%, 2.15% for August and 2.20% for September. These trends are consistent with the newly qualified nurse intake periods through the year. The above chart denotes the monthly leavers (FTE) red versus the monthly starters (FTE) green, the dashed line indicating the net effect of starters and leavers.

Turnover, length of service

Staff Group	<1 Year	1 to 2 Years	2 to 5 Years	5 to 10 Years	10 to 15 Years	15 to 20 Years	20 to 25 Years	25 to 30 Years	>=30 Years
Add Prof Scientific and Technic	6.95%	29.46%	35.30%	14.45%	6.39%	2.45%	0.00%	5.00%	0.00%
Additional Clinical Services	40.97%	25.49%	23.52%	6.78%	2.42%	0.00%	0.83%	0.00%	0.00%
Administrative and Clerical	21.72%	23.56%	32.50%	13.38%	3.85%	3.95%	1.03%	0.00%	0.00%
Allied Health Professionals	24.02%	12.29%	34.63%	7.76%	8.41%	3.23%	3.19%	0.00%	6.47%
Estates and Ancillary	18.25%	45.62%	0.00%	36.13%	0.00%	0.00%	0.00%	0.00%	0.00%
Healthcare Scientists	3.51%	21.91%	14.90%	35.50%	7.54%	4.38%	6.57%	2.19%	3.51%
Medical and Dental	25.23%	28.50%	12.31%	15.66%	0.00%	8.70%	6.33%	3.26%	0.00%
Nursing and Midwifery Registered	19.93%	21.80%	31.93%	14.08%	5.84%	2.39%	1.35%	2.68%	0.00%
Grand Total	23.13%	23.92%	28.42%	14.01%	4.44%	2.70%	1.61%	1.38%	0.39%

The above table highlights the length of service with the Trust when they leave. The Trust experiences very high turnover across the majority of staff groups within the first two years of commencement (47% of individuals do not stop in the Trust for longer than two years). Within nursing 41% leave within the first two years, as the most sizeable staff group this has the largest effect on the Trust's overall turnover; furthermore, the nursing turnover spikes in March, August and September – coinciding with the anniversary of newly qualified intakes. Retention issues with regards to nursing are being addressed via the Nursing Recruitment & Retention Project to lead on specific workstreams following feedback and questionnaires. The shortest length of service for under two years is found within 'additional clinical services' at 66%, this group includes support to clinical services (HCAs, laboratory support etc); followed by Estates & Ancillary staff (63%) and administrative staff (45%).

Turnover, reason for leaving

Reason for leaving	Add Prof Scientific and Technic	Additional Clinical Services	A&C	AHPs	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
Dismissal		1%	3%					2%	2%
Fixed Term Contract	9%	8%	7%	14%		2%	52%	2%	7%
Making Choices	2%	1%	1%						1%
Other							4%		
Redundancy	1%		1%						
Retirement	4%	1%	4%	8%	4%	14%	23%	6%	6%
TUPE	1%					2%			
Voluntary - Child Dependants	1%								
Voluntary Resignation - Adult Dependants			2%					1%	1%
Voluntary Resignation - Better Reward Package		3%	5%		8%	4%			2%

Voluntary Resignation - Child Dependants		3%	1%					5%	2%
Voluntary Resignation - Health	2%	5%	2%	1%	8%			3%	3%
Voluntary Resignation - Incompatible Working Relationships			1%						
Voluntary Resignation - Lack of Opportunities	6%	2%	1%						1%
Voluntary Resignation - Other/Not Known	35%	17%	31%	26%	37%	9%	4%	18%	22%
Voluntary Resignation - Promotion	17%	15%	22%	19%	8%	32%	6%	6%	15%
Voluntary Resignation - Relocation	8%	8%	9%	25%	17%	19%	12%	32%	17%
Voluntary Resignation - To undertake further education or training	3%	23%	5%			4%		5%	8%
Voluntary Resignation - Work Life Balance	11%	13%	4%	7%	17%	13%		19%	12%

Excluding 'voluntary other', the most frequent reason for leaving is promotion to an external Trust across all staff groups, poor quality of 'destination on leaving' when managers complete leavers forms means we have insufficient information whether these promotions are to local Trusts or to outside of London; similarly, 'relocation', a frequent reason, has poor leaving destination data but moving abroad to a non-EU country is prevalent at 20%. Upon declaration of a leaver, a revised questionnaire is now sent out to all leavers, results of which will be merged with our HR management information to provide a fuller picture for the reasoning of leaving the Trust.

Turnover, leaving destination

Leaving destination	Add Prof Scientific and Technic	Additional Clinical Services	A&C	AHPs	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
Abroad - EU	0%	1%	0%	0%	8%	0%	8%	3%	2%
Abroad - Non-EU	0%	3%	3%	15%	0%	9%	8%	7%	5%
Education Sector	4%	8%	6%	0%	8%	2%	0%	2%	4%
Education/Training	3%	12%	4%	0%	0%	2%	0%	1%	4%
NHS/Public Service	41%	44%	38%	44%	25%	49%	47%	52%	45%
No Employment	16%	8%	22%	4%	25%	8%	10%	18%	16%
Not specified	21%	21%	20%	23%	25%	22%	22%	13%	19%
Private Sector (non-Health)	12%	4%	5%	14%	8%	7%	6%	4%	5%
Self Employed	4%	0%	0%	0%	0%	2%	0%	0%	1%

Poor quality leaving destination details on leaver forms completed by managers, results in 19% of unspecified destinations upon leaving. Approximately 75% of the remaining leavers with information move onto employment with other NHS Trusts or public organisations. A sizeable 7% of our leavers move abroad with a similar number moving to private health sector employment. Similarly with better leaving destination data and merging with leaver questionnaire information, a clearer picture of why and where ours employees move onto should help to evolve our retention programmes.

Turnover, exceptions

The HR Board report regularly highlights the divisions/directorates and also individual departments/wards with exceptional turnover (greater than 3 standard deviations from the mean). Areas that feature regularly on the exception report tend to also show on the vacancy and agency reports (as expected link between all three), with some connection to PDR rate and sickness.

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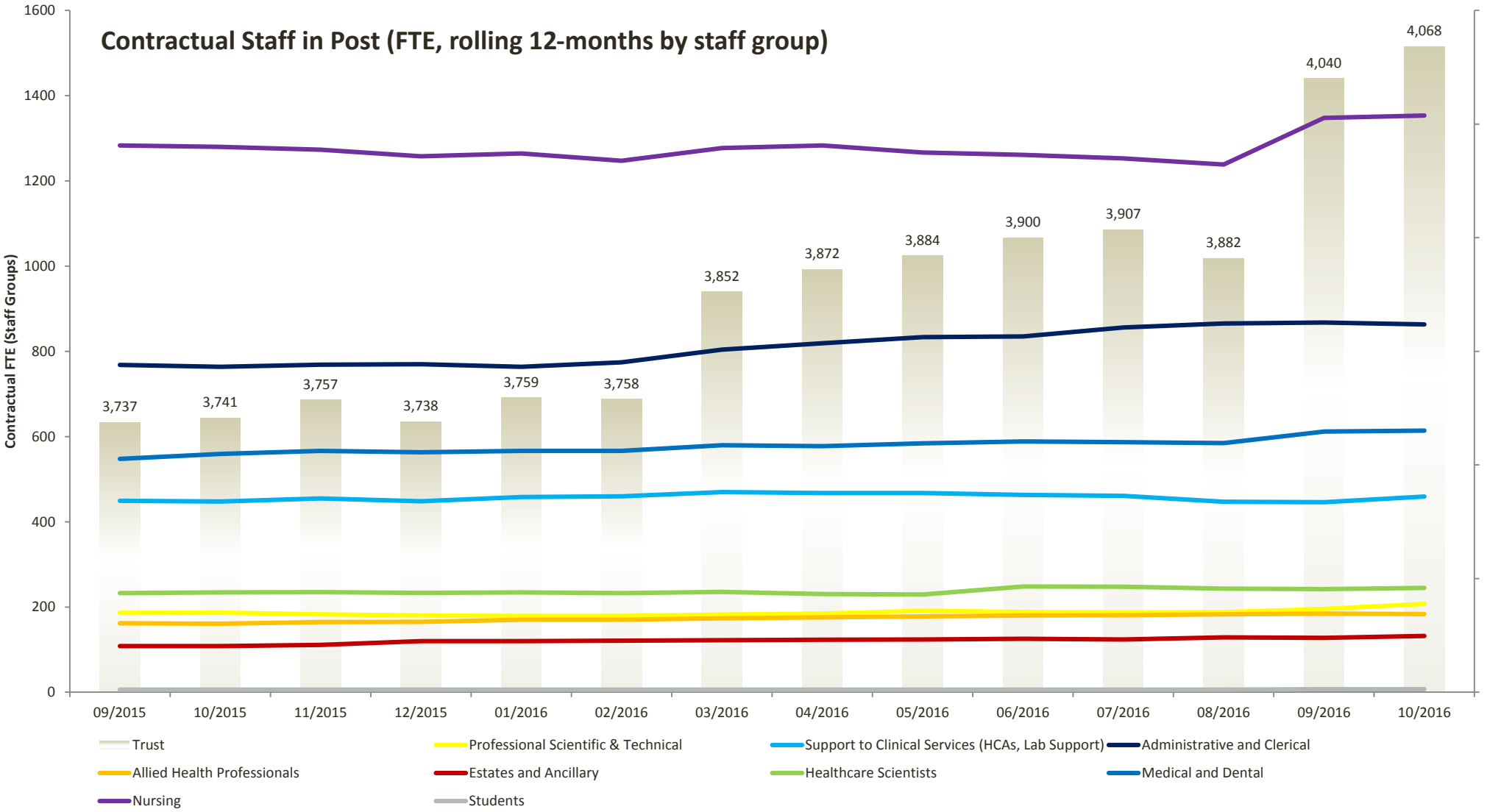
Division	**Contractual Staff in Post (FTE)**	**Voluntary Turnover Rate (%, FTE)** (voluntary leavers in 12-months in brackets, <14% green)	**Total Turnover Rate (%, FTE)** (number of leavers in 12-months in brackets, <18% green)	**Sickness Rate (%)** (0-3% green)	**PDR Completion (%)** (target 90%)	**Statutory & 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	1639	18.5% (265.3)	20.0% (286.4)	2.2	84.0%	86.0%	0.0%	1.9%
Barrie Division	1648	14.7% (209.3)	17.0% (241.8)	2.0	82.0%	86.0%	0.0%	1.1%
International Division	191	19.0% (31.9)	20.2% (33.9)	3.3	85.0%	95.0%	10.9%	0.0%
Corporate Affairs	9	11.1% (1.0)	11.1% (1.0)	1.3	100.0%	91.0%	23.1%	5.0%
Clinical Operations	89	14.6% (11.9)	14.6% (11.9)	3.1	73.0%	90.0%	0.3%	69.7%
Human Resources & OD	82	26.4% (21.0)	30.7% (24.4)	4.0	97.0%	96.0%	8.1%	2.4%
Nursing & Patient Experience	86	16.5% (11.3)	17.8% (12.2)	1.9	72.0%	91.0%	0.0%	0.0%
Medical Directorate	41	27.3% (9.9)	30.1% (10.9)	0.9	54.0%	89.0%	9.4%	0.0%
Finance	48	31.1% (16.0)	35.0% (18.0)	3.3	90.0%	95.0%	21.2%	24.4%
Development & Property Services	146	13.8% (18.2)	13.8% (18.2)	2.6	97.0%	94.0%	0.0%	7.7%
Research & Innovation	87	20.3% (17.6)	21.6% (18.6)	2.2	86.0%	91.0%	11.5%	0.0%
Trust	4068	**17.2%▼ (615.4)**	**19.0%► (677.2)**	**2.2%▼**	**84.0▲**	**87.0% ▲**	**4.3%▲**	**3.8%▲**


Contractual Staff in Post (FTE, rolling 12-months by staff group)
Contractual FTE (Staff Groups)
1600
1400
1200
1000
800
600
400
200
0
3,737
3,741
3,757
3,738
3,759
3,758
3,852
3,872
3,884
3,900
3,907
3,882
4,040
4,068
09/2015
10/2015
11/2015
12/2015
01/2016
02/2016
03/2016
04/2016
05/2016
06/2016
07/2016
08/2016
09/2016
10/2016
Trust
Professional Scientific & Technical
Support to Clinical Services (HCAs, Lab Support)
Administrative and Clerical
Allied Health Professionals
Estates and Ancillary
Healthcare Scientists
Medical and Dental
Nursing
Students

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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 previously impacted upon vacancy rate, however this is now improving.

Sickness Rate

Actions

- IPP - Regular meetings held with managers in IPP to discuss employees with sickness concerns which has improved over recent months. This is predominantly made up of short term sickness as they have a very low long term 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 have previously driven sickness rates higher, however an improvemnt in long-term sickness is expected as these cases have concluded.
- Bitesize training on managing sickness cases is now available for managers which has been well attended.
- 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
- Working with divisions to reduce any agency that has been in place for over six months

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.
- A retention survey has recently been launched to obtain feedback from staff after they have been in post for 3 months
- Developing B5s into vacant B6 roles helps to decrease turnover of B5s
- Focus groups are scheduled for Jan 2017 to obtain feedback from Band 6 nurses to support retention
- Exit questionnaire data currently being analysed

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 have been run for DPS staff. Information sheets sent out for online courses.

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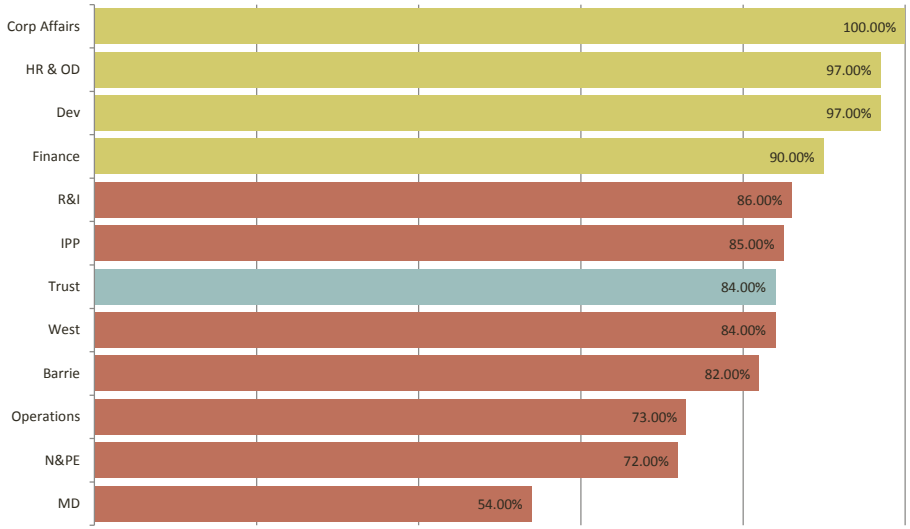
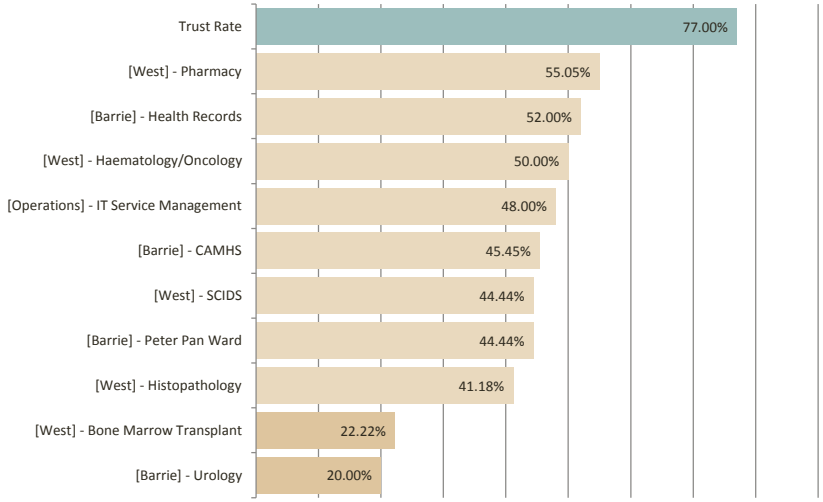
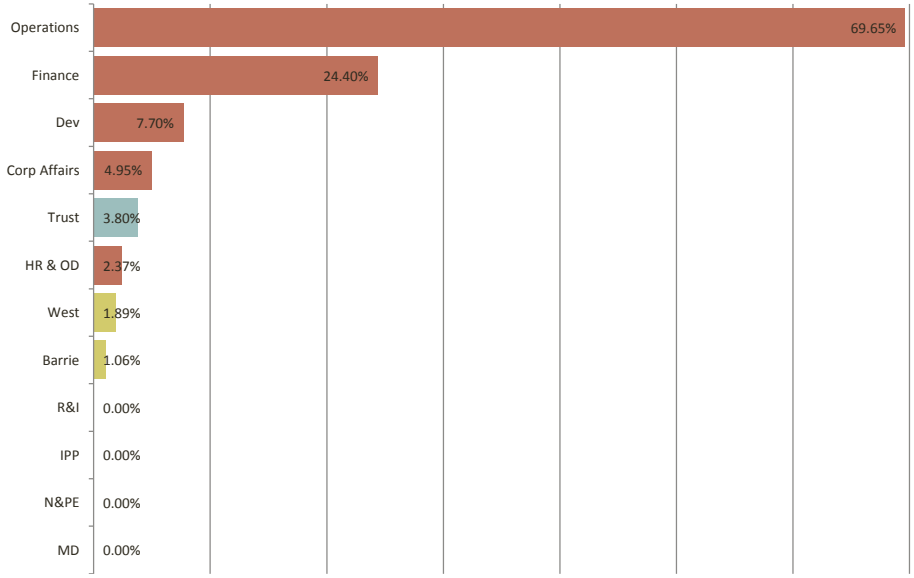
Divisional PDR (Target 90%)



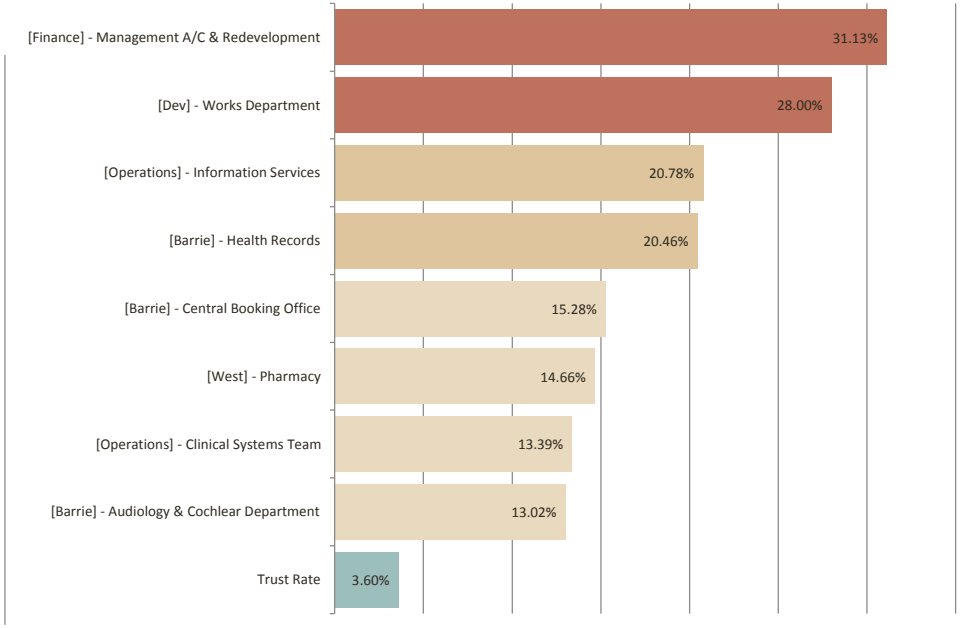
Exception Reporting PDR



Divisional Agency as % of paybill



Exception Reporting Agency as % of Paybill



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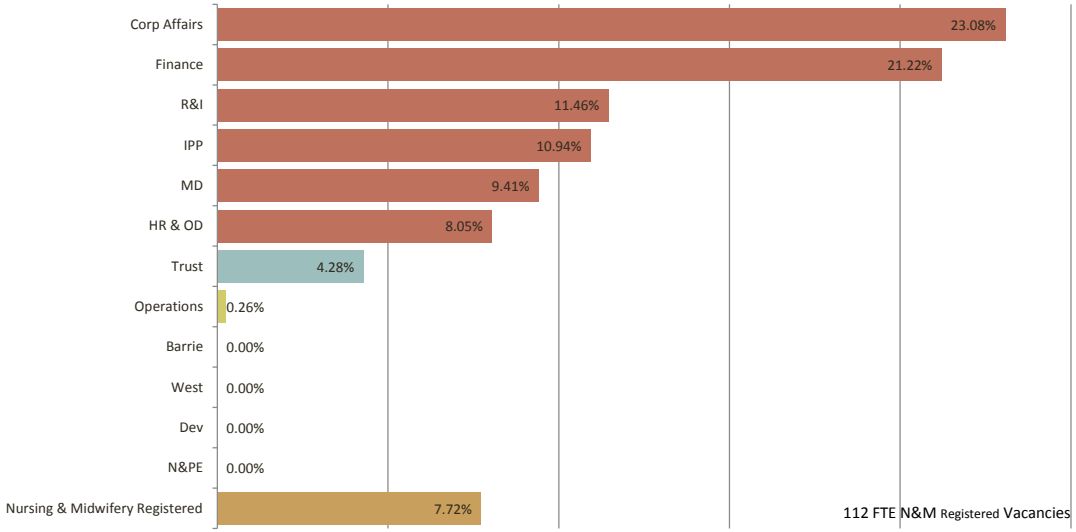
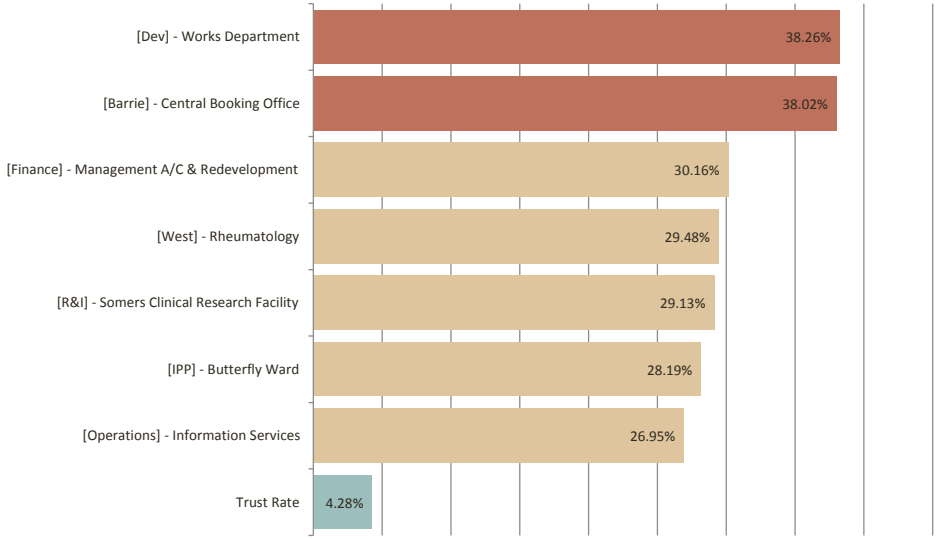
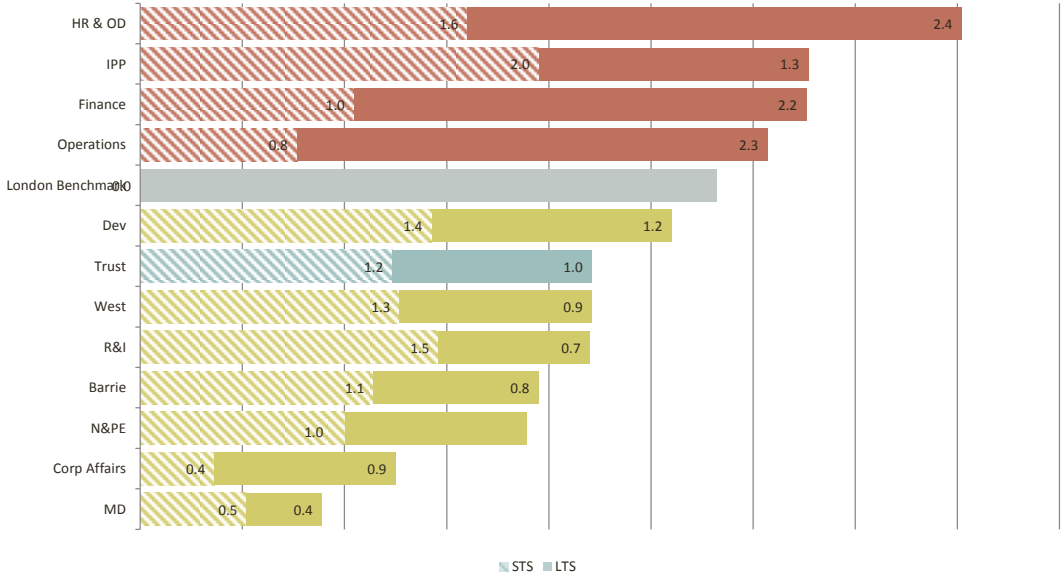
Divisional Vacancy Rate



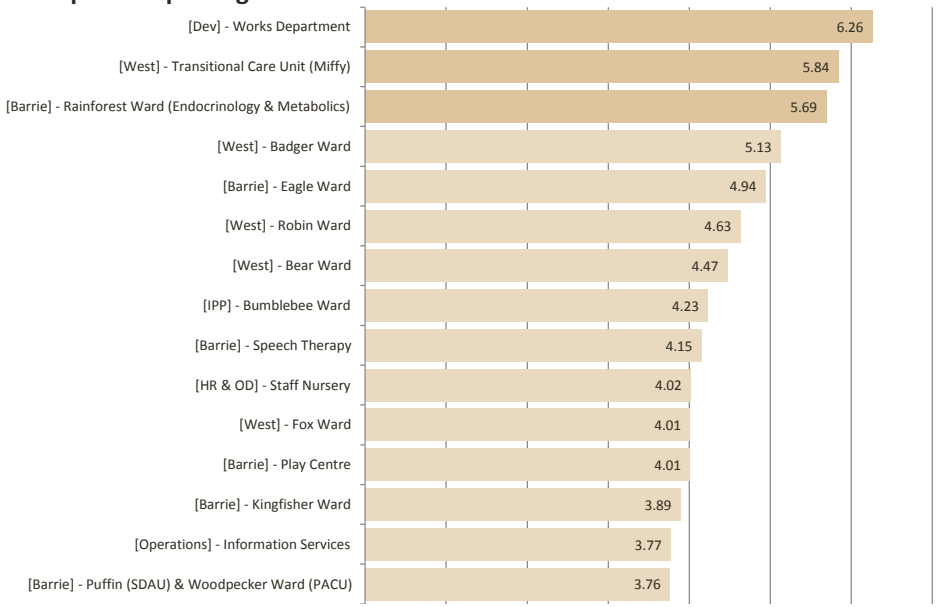
Exception Reporting Vacancy Rate



Divisional Sickness



Exception Reporting Sickness



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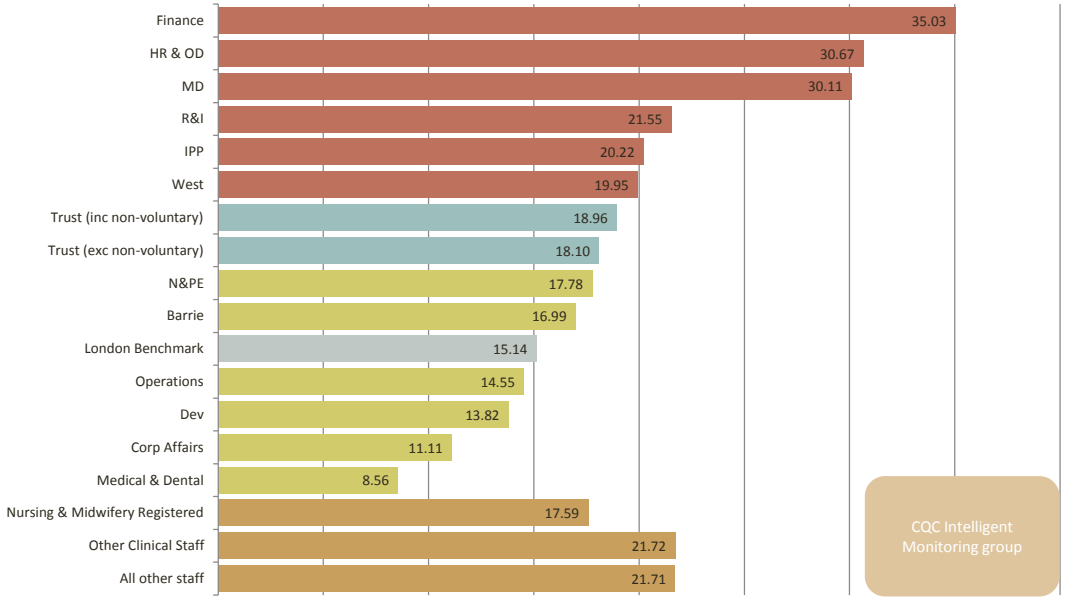
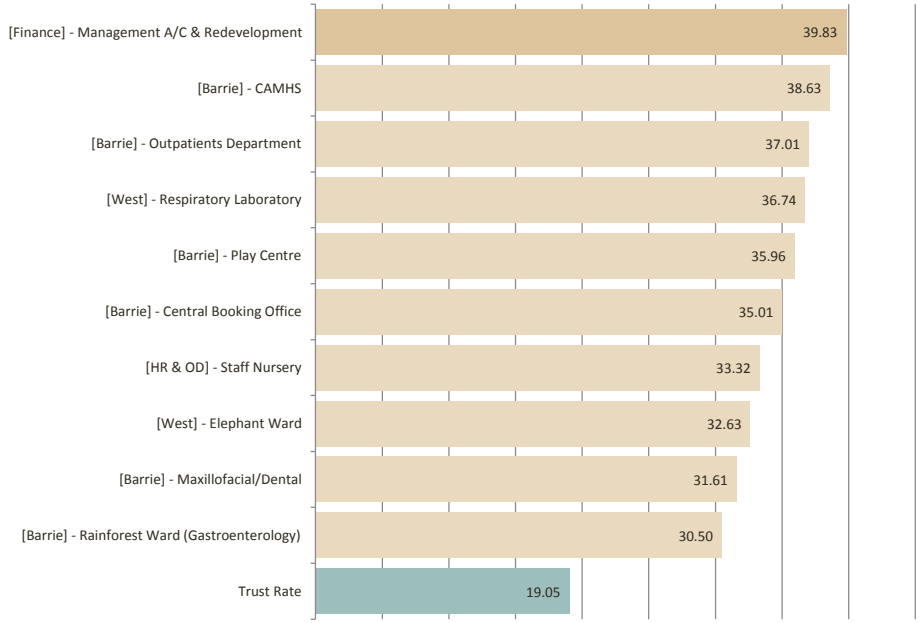
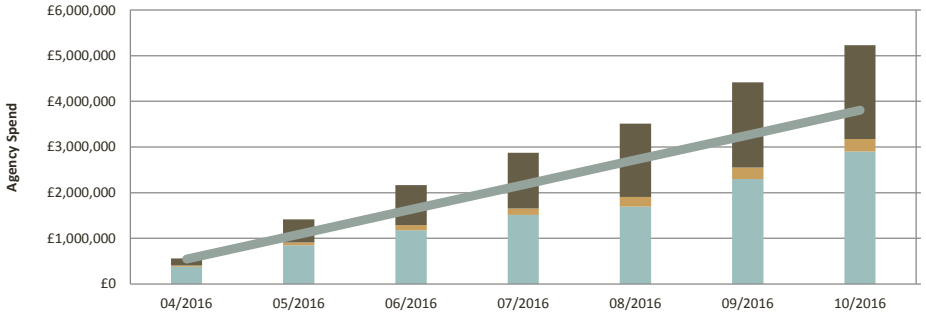
Divisional Turnover (Voluntary & Non-Voluntary)



Exception Reporting Turnover

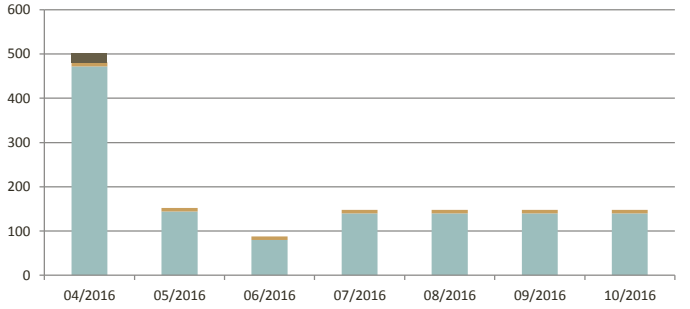


Agency Spend Ceiling (NHS Improvement Directive, Cumulative)



	30/04/2016	31/05/2016	30/06/2016	31/07/2016	31/08/2016	30/09/2016	31/10/2016
RTT	£153,012	£499,693	£873,238	£1,222,238	£1,601,238	£1,872,000	£2,056,000
Gastro Review	£27,447	£66,513	£110,233	£134,029	£214,638	£249,747	£278,685
Agency BAU	£378,796	£845,945	£1,179,401	£1,516,005	£1,694,201	£2,297,941	£2,898,875
Agency Ceiling	£543,750	£1,087,500	£1,631,250	£2,175,000	£2,718,750	£3,262,500	£3,806,250

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	30/09/2016	31/10/2016
Shifts breached per month RTT	21	0	0	0	0	0	0
Shifts breached per month Gastro Review	9	8	8	8	8	8	8
Shifts breached per month BAU	472	144	80	140	140	140	140

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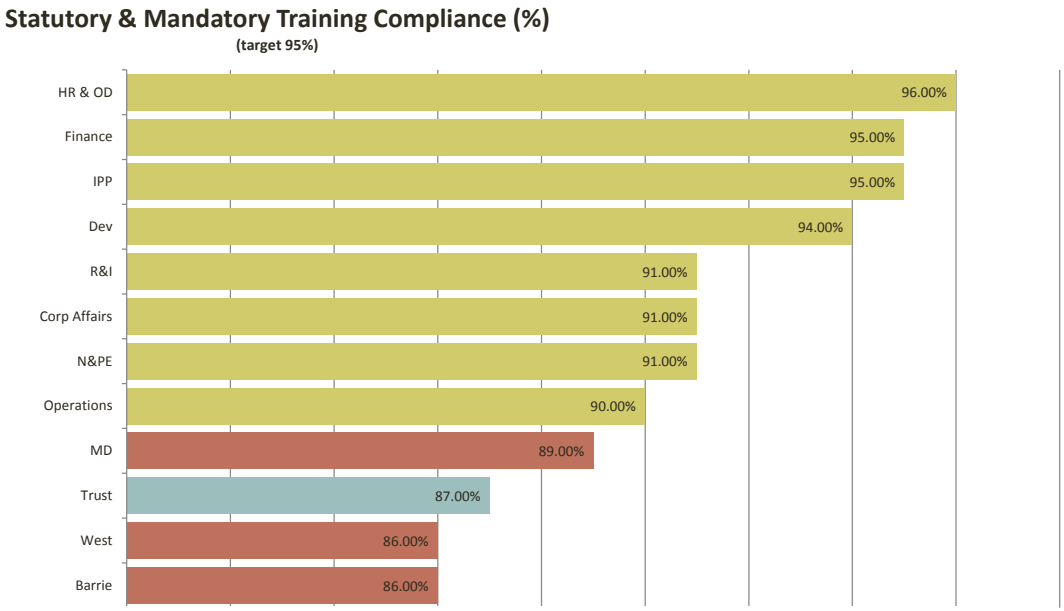

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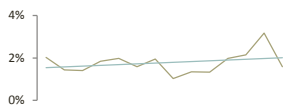
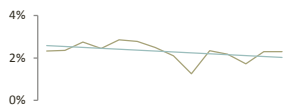
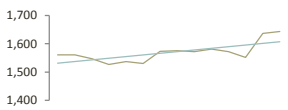
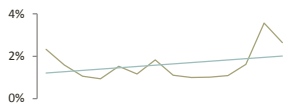
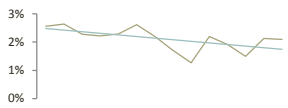
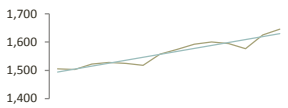
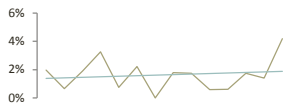
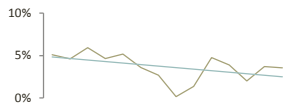
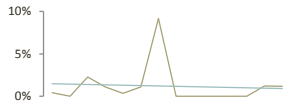
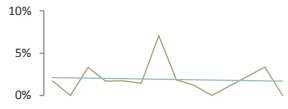
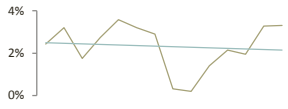
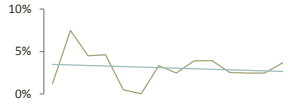
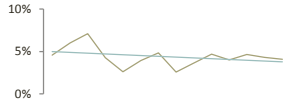
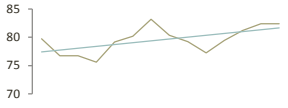
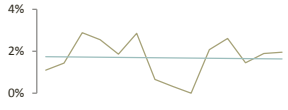
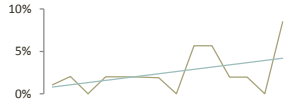
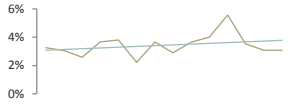
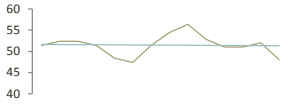
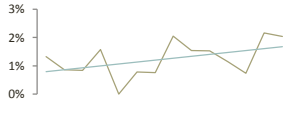
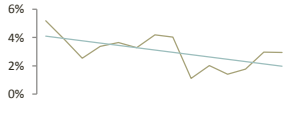
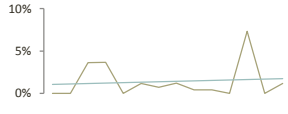
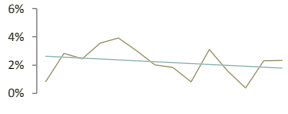
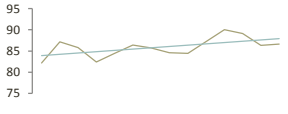
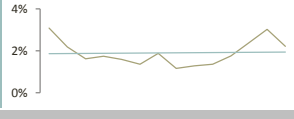
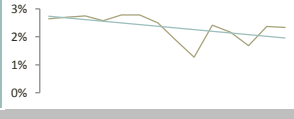
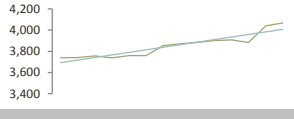
Division	Total Turnover Rate (%, FTE) (number of leavers in 12-months in brackets, <18% green)	Total Turnover Rate (%, FTE) Monthly variation trend over 12 months	Sickness Rate (%) (0-3% green)	Sickness Rate (%, FTE) Monthly variation trend over 12 months	Contractual Staff In Post Trend (FTE) Monthly variation trend over 12 months excludes temporary staff
West Division	20.0% (286.4)		2.2		
Barrie Division	17.0% (241.8)		2.0		
International Division	20.2% (33.9)		3.3		
Corporate Affairs	11.1% (1.0)		1.3		
Clinical Operations	14.6% (11.9)		3.1		
Human Resources & OD	30.7% (24.4)		4.0		
Nursing & Patient Experience	17.8% (12.2)		1.9		
Medical Directorate	30.1% (10.9)		0.9		
Finance	35.0% (18.0)		3.3		
Development & Property Services	13.8% (18.2)		2.6		
Research & Innovation	21.6% (18.6)		2.2		
Trust	**19.1%► (677.2)**		**2.2%▼**		

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
7 December 2016

2016/17 Finance Report – Month 7 **Submitted by:** **Loretta Seamer, Chief Finance Officer**	**Paper No: Attachment Iii** **Enc: 1 – Finance and Workforce Report**

Purpose

The purpose of this paper is to update the Trust Board on progress at month 7 against the Trust financial plan for 2016/17.

Financial Position – Month 7

The Trust is reporting a year to date deficit of £3.2m (excluding capital donations and impairments) for the seven months ending 31 October 2016, £0.2m better than the plan deficit of £3.4m.

The Trust continues to forecast that it will achieve its control total deficit of £6.3m for 2016/17, although internal divisional forecasts suggest that if further mitigating actions are not taken the Trust would end the year with a deficit of £8.0m (before removal of the S&T Funding not already paid), £1.7m higher than the agreed control total for 2016/17.

Income

At the end of month 7, year to date income is £5.3m higher than plan. International Private Patients has exceeded plan income by £1.9m. NHS and other clinical income (excluding pass through) is £0.3m worse than plan after adjusting for the £1.0m reduction in income relating to 2015/16 outturn.

The year to date income position also includes £1.4m representing 7/12ths of the £2.4m Sustainability and Transformation Fund agreed with NHS Improvement and £1.7m for additional income expected in the first 7 months from the outcome of the local price review work recently undertaken by PwC on behalf of GOSH and NHS England. The outcome of the local price review has been risk adjusted to reflect the possibility that the full £4.6m will not be recovered in 2016/17.

Expenditure

Pay costs for the year to date are £2.8m higher than plan. The Trust continues to exceed the agency cost ceiling set by NHS Improvement for the year to date due to the additional costs of RTT validation and the Gastroenterology review; and given the recent regulator requirement to extend the validation work on RTT it is now likely that the Trust will exceed its Agency cost ceiling for 2016/17.

Trust non pay costs are lower than plan on Blood and Drugs and other Clinical Supplies (£0.7m). Other non-pay expenses are £1.4m 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 is £3.24m for the year to date. The full year P&E

requirement is £12.0m and the Trust has identified £6.3m of potential savings to date. This excludes non-recurrent savings identified for the current year.

PE Category	YTD (£m's)	Forecast (£m's)
Clinical Supplies expense	0.5	1.0
Drugs Expense	0.0	0.1
Misc. Other Operating Expense	0.7	1.6
Non-clinical Supplies expense	0.1	0.1
Pay expense	1.4	2.3
Revenue Generation (Excl NHS Clinical)	0.5	1.2
Total	**3.2**	**6.3**

Risks

Delivery of the Financial Plan for 2016/17 remains dependent on delivery of a number of key assumptions/risks:

Risk/Assumption	**Update**
Net £10m delivery of P&E savings (£11.6m savings offset by £1.6m for cost of delivery)	As reported above £6.3m savings identified to date for 2016/17. The shortfall in delivery of savings is currently being offset by non-recurrent underspends across other budgets.
Achievement of £4.7m CQUIN Income	Based on the profiling of CQUIN the Trust could achieve £0.86m in Quarters 1 and 2. The self-assessed achievement, for the same period, submitted to NHSE is £0.85m. The balance of the £4.7m is available in the last two quarters of 2016/17. The current financial position has been risk adjusted to include achievement of 80%.
IPP Income £1.4m higher than plan	IPP income £1.9m higher than plan year to date, £0.5m lower than plan in month 7.
NHS activity and income remaining at or above contracted levels excluding commissioner QIPP assumptions	NHS income currently £0.3m lower than plan excluding Commissioner QIPP assumptions.
The impact of currency fluctuations post referendum not impacting significantly on the price of non-pay expenditure in the short to medium term	There has been no significant immediate impact of currency changes impacting on non-pay costs as a significant amount of expenditure is within contracts where prices were agreed pre referendum.
Local price review increasing NHS Income by £4.6m higher than plan	The month 7 position has been risk adjusted to £3.5m.

Forecast Outturn

The Trust continues to forecast that it will achieve its control total deficit of £6.3m for 2016/17, however internal Divisional forecasts suggest that without further intervention the Trust would end the year with an £8.0m deficit (before removal of the £2.4m S&T Fund).

The principle movements from plan to internal forecast include:

- Partial delivery of P&E savings
- Increased staff costs in Q2 and Q3
- Access to Beds has seen neonatal SNAPs referrals refused
- Nursing Shortages on Koala has resulted in bed closures preventing access to non-elective neurosurgery admissions
- Long term absence of senior medical staff has required backfill at significant cost.

To bring the forecast into line to meet the Control Total the following actions have been implemented:

- Review and reduction of inventory on hand, including introduction of pilot projects to enhance supply chain process.
- Further work is required on the internal forecast to understand how the impact of the increased run rate in payroll costs will deliver increased activity later in the year due to reduced bed closures resulting from staffing shortages.
- Enhanced workforce controls are being introduced across the Trust to reduce agency staff costs and ensure all non-clinical posts advertised are reviewed.
- Charles West division has identified and implement several steps to control spend including a weekly nursing vacancy control panel, tighter controls on discretionary spend, a renewed focus on recruitment and retention and a commitment to deliver a 5% reduction in agency spend. In addition ways to maximise income are being explored through further improvements in coding and monthly income clinic meetings with the contracts team.
- J M Barrie Division is developing a management action plan aimed at to recover £1m of the £5.6m adverse forecast position. Schemes include: a review of recruitment pipeline to consider if alternative arrangements within existing resources can be used, review of recharges to other trusts to ensure recoup the cost for the use of staff, activity increases through partnership working with other trusts using their spare capacity to see GOSH patients, reduction in bed closures through review of how resources are employed and a coding/billing review to ensure non block contract activity is accurately billed.

A review undertaken in month 7 suggest that current income projections fully reflect the impact of the additional RTT work that is planned in the last 5 months of 2016/17 to meet the Trusts agreed trajectory, although delivery of this additional work remains contingent on sufficient bed availability.

Cash

The closing cash balance was £42.6m, £12.1m lower than plan. This was due to lower than planned EBITDA (£0.3m), lower than planned trust funded capital expenditure (£5.2m) and the movement on working capital (£17.6m). The movement on working capital (£17.6m) largely relates to higher than planned creditors (16/17 over-performance on NHSE Main Contract) £5.0m; Transformation funding £1.4m; IPP Debtors £6.2m and a decrease in creditors of £4.8m through improved processes in accounts payable.

NHS Debtor Days

Invoices for Q1 over-performance were raised in September and remain outstanding at the end

of October.

IPP Debtor Days

IPP Debtor days increased from 223.8 to 234.1 in month. Receipts (net of deposits) in month totalled £3.0m; the average for the last 12 months is £3.8m. Since the end of month 7 significant payments have been received from Bahrain Health (£0.9m) and Kuwait Health (£1.2m)

Creditor Days

Creditor days increased slightly in month from 18.9 days to 22.6 days but remains within the agreed target of 30 days.

Non-Current Assets

Non-current assets increased by £2.3m in month, the effect of capital expenditure of £3.3m less depreciation of £1.0m. Year to date capital expenditure was £10.1m below plan and is the cause of the lower than planned total value of non-current assets at 31 October 2016. 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 October 2016.
- To note the risks to achievement of the 2016/17 forecast outturn.
- To note the internal divisional forecast and actions required to ensure the Trust achieves its Control Total deficit of £6.3m.

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

Not delivering the agreed £6.3m Control Total would lead to the Trust losing the S&T Fund not earned from when the Trust begins forecasting a deficit against it plan. At risk Q3 and Q4.

Legal issues

Failure to deliver the agreed control total by £1.7m would change the overall single operating framework rating for the Trust from a forecast 1 to a 2.

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

Chief Finance Officer/Executive Management Team

Who is accountable for the implementation of the proposal / project

Chief Finance Officer

Great Ormond Street Hospital for Children NHS Foundation Trust

Finance and Activity Performance Report Month 7 2016/17

Contents

Great Ormond Street NHS Hospital for Children
NHS Foundation Trust

Trust Income and Expenditure Performance Summary for the 7 months ending 31 October 2016

2016/17 Annual Budget (£m)	Income & Expenditure	2016/17 Month 7 Budget (£m)	Month 7 Actual (£m)	Month 7 Variance (£m)	Month 7 Variance %	2016/17 Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %	Internal Forecast (Subject to Review) Full-Yr (£m)	Internal Forecast (Subject to Review) Var to Plan (£m)	RAG Rating Current Year Variance	Note	2015/16 YTD Actual (£m)	CY vs PY Variance (£m)	CY vs PY Variance %
255.2	NHS & Other Clinical Revenue	21.3	22.3	1.0	4.7%	149.8	149.5	(0.3)	-0.2%	256.4	1.2	A	1	143.1	6.4	4.5%
57.3	Pass Through	4.9	5.1	0.2	4.1%	33.5	35.8	2.3	6.9%	61.4	4.1			31.8	4.0	12.6%
54.1	Private Patient Revenue	4.6	4.1	(0.5)	-9.9%	30.5	32.4	1.9	6.2%	55.5	1.4	G	2	27.7	4.7	17.0%
43.3	Non-Clinical Revenue	3.6	3.8	0.2	6.7%	25.2	26.6	1.4	5.6%	46.0	2.7	G		24.6	2.0	8.1%
410.0	**Total Operating Revenue**	**34.3**	**35.3**	**1.0**	**2.9%**	**239.0**	**244.3**	**5.3**	**2.2%**	**419.3**	**9.3**			**227.2**	**17.1**	**7.5%**
(227.7)	Permanent Staff	(19.0)	(18.0)	1.0	5.4%	(132.2)	(122.8)	9.4	7.1%	(212.9)	14.8			(114.5)	(8.3)	7.3%
(2.1)	Agency Staff^	0.0	(0.8)	(0.8)	-	(2.0)	(5.2)	(3.2)	-160.0%	(8.4)	(6.3)			(2.7)	(2.5)	92.6%
(1.0)	Bank Staff^	(0.1)	(1.3)	(1.2)	-	(0.8)	(9.8)	(9.0)	-	(16.6)	(15.6)			(8.8)	(1.0)	11.4%
(230.8)	**Total Employee Expenses**	**(19.1)**	**(20.1)**	**(1.0)**	**5.1%**	**(135.0)**	**(137.8)**	**(2.8)**	**-2.1%**	**(237.9)**	**(7.1)**	R	3	**(126.0)**	**(11.8)**	**9.4%**
(12.0)	Drugs and Blood	(1.0)	(1.3)	(0.3)	-30.0%	(7.0)	(7.1)	(0.1)	-1.4%	(11.8)	0.2	A		(5.9)	(1.2)	20.3%
(41.7)	Other Clinical Supplies	(3.5)	(2.9)	0.6	17.1%	(24.3)	(23.5)	0.8	3.3%	(40.9)	0.8	G		(21.8)	(1.7)	7.8%
(48.6)	Other Expenses	(4.2)	(4.8)	(0.6)	-15.2%	(27.9)	(29.3)	(1.4)	-5.1%	(50.3)	(1.7)	R		(29.4)	0.1	-0.2%
(57.3)	Pass Through	(4.9)	(5.1)	(0.2)	-4.1%	(33.5)	(35.8)	(2.3)	-6.9%	(61.4)	(4.1)			(31.8)	(4.0)	12.6%
(159.6)	**Total Non-Pay Expenses**	**(13.6)**	**(14.1)**	**(0.5)**	**-3.9%**	**(92.7)**	**(95.7)**	**(3.0)**	**-3.3%**	**(164.4)**	**(4.8)**	R	4	**(88.9)**	**(6.8)**	**7.7%**
(390.4)	**Total Expenses**	**(32.7)**	**(34.2)**	**(1.5)**	**-4.6%**	**(227.8)**	**(233.6)**	**(5.8)**	**-2.5%**	**(402.3)**	**(11.9)**	R		**(214.9)**	**(18.7)**	**8.7%**
19.6	**EBITDA (exc Capital Donations)**	**1.6**	**1.1**	**(0.5)**	**32.1%**	**11.3**	**10.8**	**(0.5)**	**-4.4%**	**17.0**	**(2.6)**	A		**12.3**	**(1.5)**	**-12.5%**
(25.9)	Depreciation, Interest and PDC	(2.1)	(1.6)	0.5	-25.0%	(14.7)	(14.0)	0.7	-4.6%	(25.0)	0.9			(13.8)	(0.2)	1.3%
(6.3)	**Net (Deficit)/Surplus (exc Cap. Don. & Impairments)**	**(0.5)**	**(0.5)**	**0.0**	**-3.2%**	**(3.4)**	**(3.2)**	**0.2**	**5.3%**	**(8.0)**	**(1.7)**	G		**(1.5)**	**(1.7)**	**113.7%**
4.8%	**EBITDA %**	**4.7%**	**3.1%**			**4.7%**	**4.4%**			**4.1%**				**5.4%**	**-1.0%**	**-18.6%**
0.0	Impairments	0.0	0.0	0.0	0.0%	0.0	0.0	0.0	0.0%	0.0	0.0			0.0	0.0	0%
35.1	Capital Donations^^^	3.9	2.2	(1.7)	43.6%	28.4	23.6	(4.8)	-16.8%	35.4	0.3			14.3	9.3	65.2%
28.8	**Net Result**	**3.4**	**1.7**	**(1.7)**	**50.0%**	**25.0**	**20.4**	**(4.6)**	**-18.4%**	**27.4**	**(1.4)**			**12.8**	**7.6**	**59.5%**

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	M7 YTD Plan	M7 YTD Actual	Rating
Liquidity	1	1	1	G
Capital Service Coverage	1	1	2	G
I&E Margin	2	2	2	G
Variance in I&E Margin as % of income^^	1	1	1	G
Agency Spend^^^^	1	2	2	A
Overall	1	1	2	G
Overall after Triggers	1	1	2	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
^^^^From M7, perfomance against the NHSI agency ceiling contributes to the overall NHSI rating

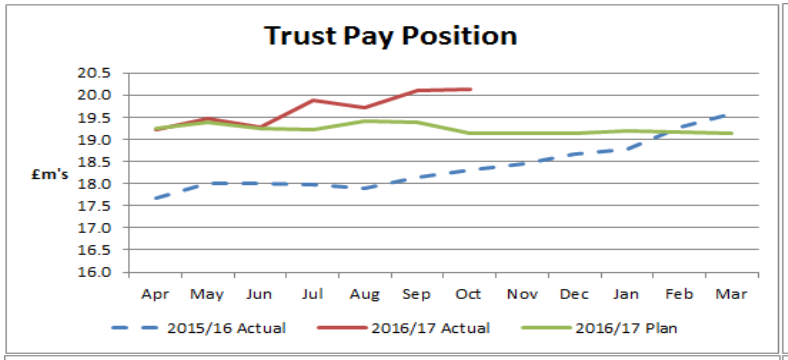
Summary:

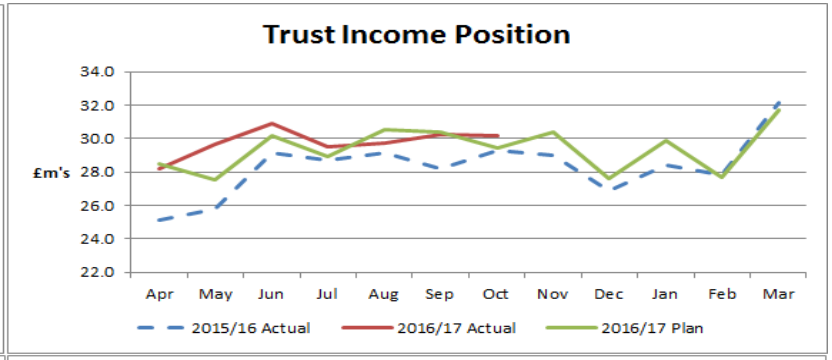
- For the year to the end of October the Trust is reporting a £3.2m deficit, excluding capital donations. This is £0.2m better than planned for the year to date.
- The position in month 7 was a £0.5m deficit which is on plan.
- The month 7 YTD EBITDA was a £10.8m surplus which is £0.5m worse than plan and represents 4.4% of Income.

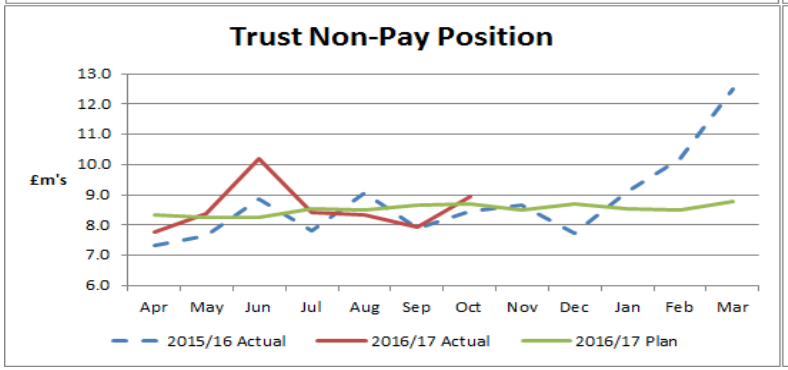
Notes:
1) NHS income (excluding pass through) YTD is behind plan by £0.3m. The year to date plan includes £1.4m (7/12) of the agreed £2.4m Sustainability and Transformation funding and £1.7m for the outcome of the local pricing review following the publication of the PwC report; accrued income of £1.2m and £2.0m 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 £1.9m above plan. This has been delivered through increased activity and a high level of complex patients. Private Patient income in month 7 was £0.5m worse than plan. due to reduced activity.
3) Pay is adverse to plan in month by £1.0m, with agency spend £0.8m above plan. The agency spend is higher than the prior year due to the continuing cost of RTT validation and the Gastro review.
4) Non pay excluding pass through YTD is £0.7m adverse to plan. This is due to increased bad debt provision (£1.8m).
5) The overall weighted NHSI rating for M7 was a 2. This is in line with the NHSI plan. There was a recent change to the rating method which means a rating of 1 is now the highest rating and 4 is now the lowest. This explains the change to the NHSI key performance indicator numbers for M7. Performance against the agency ceiling also contributes to the overall rating.

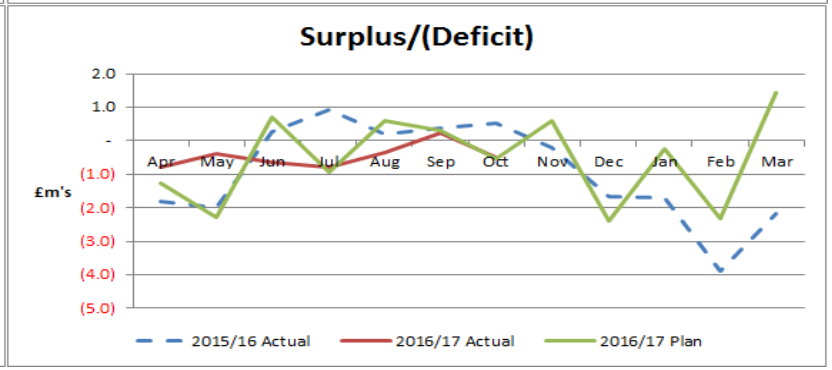
I&E Run Rate Summary for the 7 months ending 31 October 2016

Great Ormond Street Hospital for Children NHS Foundation Trust









Trust Non-pay and Income graphs Exclude Pass Through

Income

- Private patient income over performed by £1.9m YTD at month 7 due to increased bed occupancy levels and an increase in the proportion of complex cases being seen. This includes a revision to the bad debt provision for work in progress that saw a release in month of £0.9m. In M7 private patient income was lower than plan due to lower occupancy in month.
- Other Clinical income has over performed by £0.5m 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.
- In M7 there were increased pay costs across several divisions compared to the average YTD which is driven by recruitment to posts (£0.1m), catch up of the YTD position (£0.2m) and one-off items including charity and R&I related expenditure that is matched by income (£0.1m).

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 £1.8m 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 broadly consistent with 2015/16.

Surplus/Deficit

Income is broadly on plan in month partly driven by a release of a provision on NHS income (£0.6m). The resulting overall deficit is broadly as planned in the 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 month.

Cash, Capital and Statement of Financial Performance Summary for the 7 months ending 31 October 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Cash
The closing cash balance was £42.6m, £12.1m lower than plan. This was due to lower than planned EBITDA (£0.3m), lower than planned trust funded capital expenditure (£5.2m) and the movement on working capital (£17.6m).
The movement on working capital (£17.6m) largely relates to higher than planned Receivables (Over-performance 16/17 £5.0m; IPP Debtors £6.2m; Transformation funding £1.4m. In addition, trade payables was £4.8m lower than plan.

NHS Debtor Days
There has been a slight improvement to debtor days although the Invoices for Q1 over-performance (£3.5m raised in September) still remain outstanding.

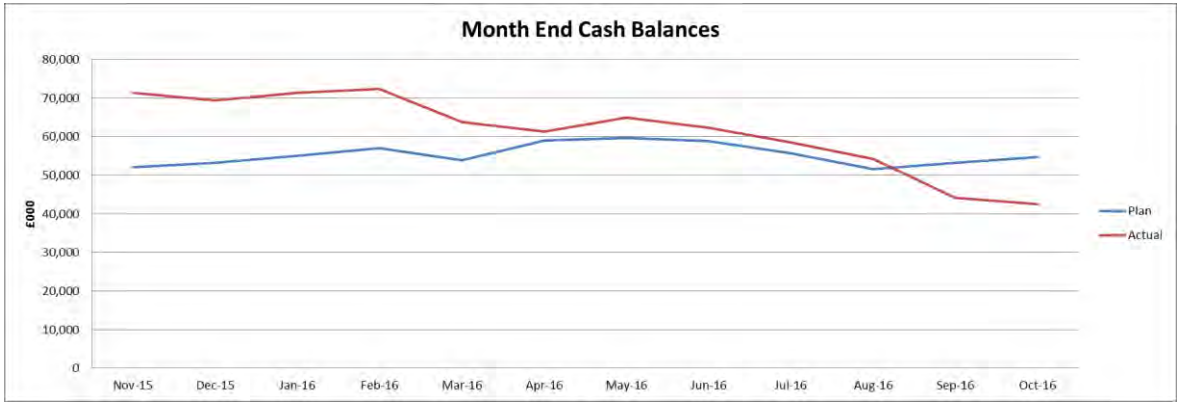
IPP Debtor Days
IPP debtor days increased in month. Receipts (net of deposits) in month totalled £3.0m; the average for the last 12 months is £3.8m.

Creditor Days
There was an increase to creditor days but this remains within target.

Non-Current Assets
Non-current assets increased by £2.3m in month, the effect of capital expenditure of £3.3m less depreciation of £1m. The closing balance is £9.4m lower than plan as a result of the M7 YTD capital expenditure being less than plan by £10.1m and depreciation less than plan by £0.7. This expenditure variance is analysed on the capital expenditure schedule.

Inventory Days
Drug inventory days have remained in line with the previous month at 6.
Non Drug inventory days reduced in month to 60 days largely due to the decrease in the level of Blood stock held (26%).

Closing Cash Balance



Statement of Financial Position	31 Mar 2016 Actual £m	31 Oct 2016 Plan £m	31 Oct 2016 Actual £m
Non-Current Assets	440.8	470.8	461.4
Current Assets (exc Cash)	58.9	67.3	80.4
Cash & Cash Equivalents	63.7	54.7	42.6
Current Liabilities	(60.3)	(65.9)	(61.1)
Non-Current Liabilities	(6.3)	(5.9)	(6.0)
Total Assets Employed	**496.8**	**521.0**	**517.3**

Capital Expenditure	Annual Plan £m	31 Oct 2016 Plan £m	31 Oct 2016 Actual £m	YTD Variance £m
Redevelopment - Donated	32.3	26.7	22.2	4.5
Medical Equipment - Donated	2.9	1.8	1.4	0.4
Estates - Donated	0.0	0.0	0.0	0.0
ICT - Donated	0.0	0.0	0.0	0.0
Total Donated	**35.2**	**28.5**	**23.6**	**4.9**
Redevelopment & equipment - Trust Funded	9.0	5.1	4.2	0.9
Estates & Facilities - Trust Funded	2.4	1.2	0.5	0.7
ICT - Trust Funded	10.0	4.6	2.3	2.3
Contingency	3.0	1.3	0.0	1.3
Total Trust Funded	**24.4**	**12.2**	**7.0**	**5.2**
Total Expenditure	**59.6**	**40.7**	**30.6**	**10.1**

Working Capital	31-Mar-16	30-Sep-16	31-Oct-16	RAG
NHS Debtor Days (YTD)	11.8	14.7	10.7	G
IPP Debtor Days	197.1	223.8	234.1	R
IPP Overdue Debt (£m)	13.0	22.0	24.5	R
Inventory Days - Drugs	6.0	7.0	6.0	G
Inventory Days - Non Drugs	51.0	82.0	60.0	R
Creditor Days	35.0	18.9	22.6	G
BPPC - Non-NHS (YTD) (number)	85.2%	80.3%	81.1%	R
BPPC - Non-NHS (YTD) (£)	87.8%	83.6%	84.9%	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)

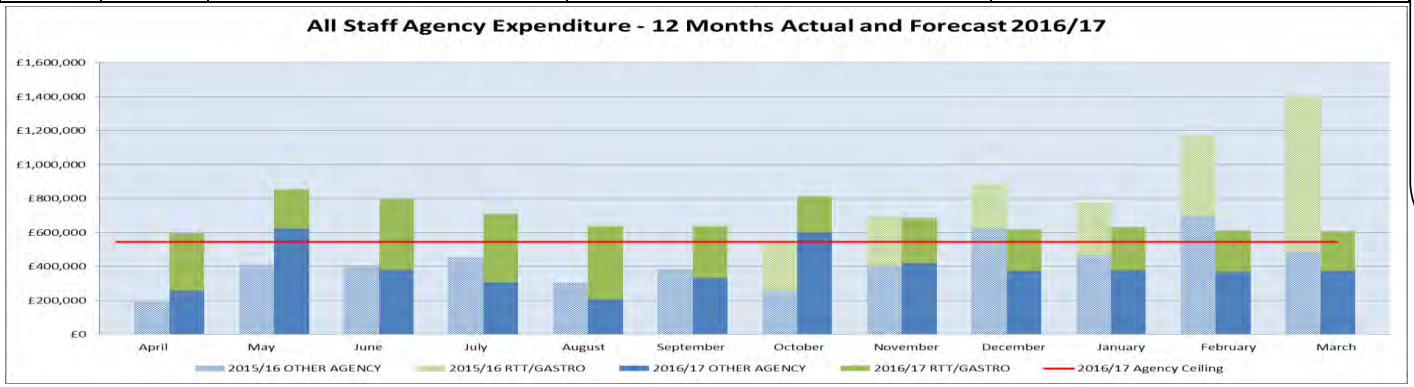
Workforce Summary for the 7 months ending 31 October 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

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

2015/16 Actual (£m)	2016/17 Annual Plan (£m)	Staff Group	2016/17 Month 7 Budget (£m)	Month 7 Actual (£m)	Month 7 Variance (£m)	Month 7 Variance %	Year to Date Budget (£m)	Year to Date Actual (£m)	Year to Date Variance (£m)	Year to Date Variance %
(38.9)	(42.6)	Admin (inc Director & Senior Managers)	(3.4)	(3.8)	(0.4)	12%	(25.6)	(25.6)	(0.0)	0%
(41.8)	(44.3)	Consultants	(3.7)	(3.9)	(0.2)	5%	(25.8)	(26.8)	(1.0)	4%
(3.5)	(3.8)	Estates & Ancillary Staff	(0.3)	(0.3)	(0.0)	5%	(2.2)	(2.3)	(0.1)	3%
(8.2)	(8.8)	Healthcare Assist & Supp	(0.7)	(0.7)	0.0	-3%	(5.1)	(5.2)	(0.1)	2%
(23.0)	(24.0)	Junior Doctors	(2.0)	(2.2)	(0.2)	11%	(14.0)	(14.4)	(0.4)	3%
(65.7)	(70.2)	Nursing Staff	(5.9)	(5.7)	0.2	-3%	(40.9)	(39.9)	1.0	-2%
(0.3)	(0.4)	Other Staff	(0.4)	(0.0)	0.4	-98%	(2.5)	(0.1)	2.4	-97%
(38.9)	(40.8)	Scientific Therap Tech	(3.4)	(3.4)	(0.1)	2%	(23.8)	(23.4)	0.3	-1%
(0.3)	4.1	Cost Improvement Plan	0.6	0.0	(0.6)	-100%	4.9	0.0	(4.9)	-100%
(220.7)	**(230.8)**	**Total**	**(19.1)**	**(20.1)**	**(1.0)**	**5%**	**(135.0)**	**(137.8)**	**(2.8)**	**2%**

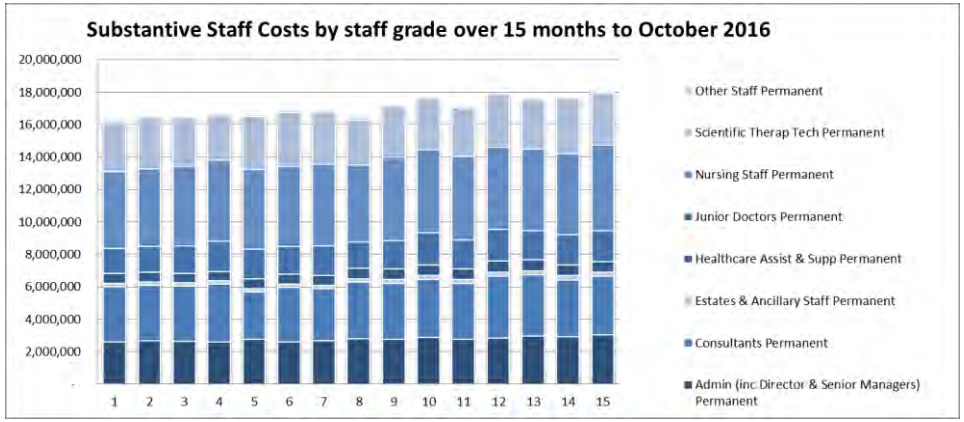
2015/16 Average WTE	2016/17 Annual Plan WTE	WTE Including Perm, Bank and Agency Staff Group	2016/17 Month 7 Budget WTE	Month 7 Actual WTE	Month 7 Variance WTE	Month 7 Variance %	Year to Date (average WTE) Budget WTE	Year to Date (average WTE) Actual WTE	Year to Date (average WTE) Variance WTE	Year to Date (average WTE) Variance %
911.3	992.1	Admin (inc Director & Senior Managers)	992.5	1,029.8	(37.3)	-4%	990.9	1,001.2	(10.3)	-1%
287.3	302.4	Consultants	302.4	313.6	(11.3)	-4%	302.4	300.2	2.2	1%
125.0	123.6	Estates & Ancillary Staff	124.0	134.3	(10.4)	-8%	123.1	129.9	(6.7)	-5%
290.7	304.6	Healthcare Assist & Supp	305.1	300.1	5.0	2%	303.7	298.7	5.0	2%
294.5	314.5	Junior Doctors	314.5	324.4	(9.9)	-3%	314.3	307.0	7.3	2%
1,349.3	1,451.0	Nursing Staff	1,452.6	1,473.4	(20.7)	-1%	1,449.5	1,381.5	68.0	5%
6.4	8.6	Other Staff	8.6	5.4	3.2	38%	8.6	5.7	2.9	34%
711.6	796.2	Scientific Therap Tech	791.1	763.6	27.6	3%	801.9	741.1	60.8	8%
0.0	(143.1)	Cost Improvement Plan	(143.1)	0.0	(143.1)	100%	(143.1)	0.0	(143.1)	100%
3,976.1	**4,149.8**	**Total**	**4,147.7**	**4,344.6**	**196.9**	**5%**	**4,151.3**	**4,165.3**	**(14.0)**	**0%**

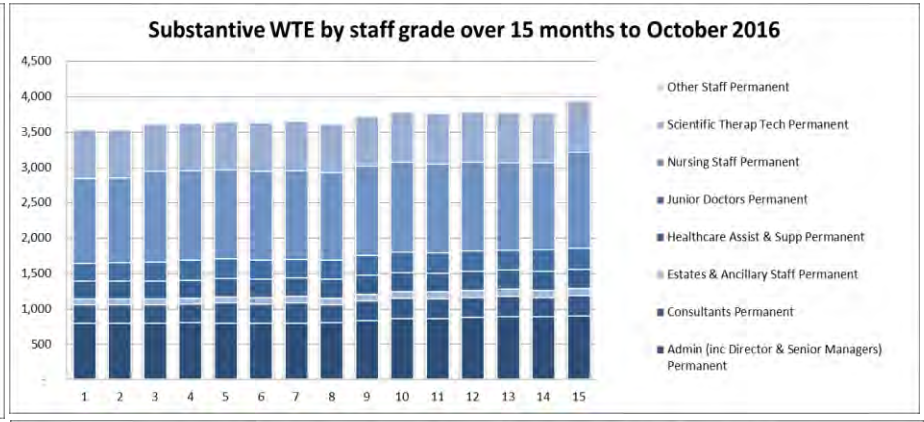


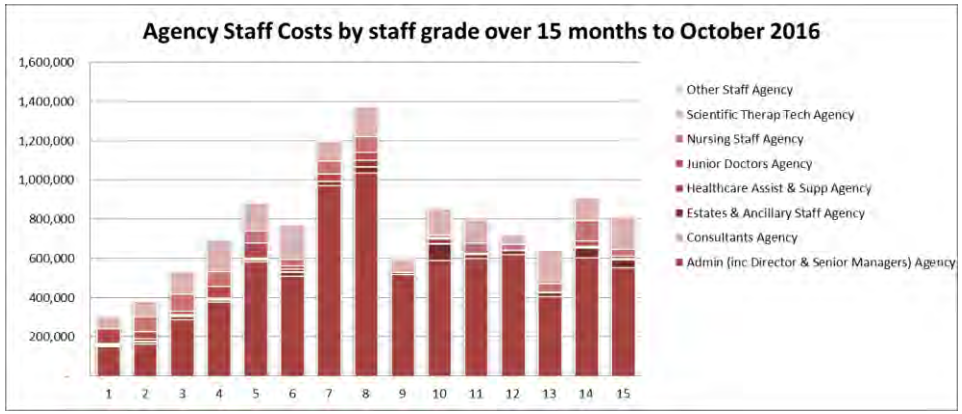
- Bank and Agency spend between M6 and M7 has decreased,
- As at end October across the Trust there are 97 agency staff still working on RTT of which 64 are within the central validation team.
- The percentage of agency spend against permanent has reduced in M7 though this was partly as a result of a YTD adjustment in respect of RTT validator spend.
- 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. Though M6 agency spend has increased as a percentage of pay it is lower than the level seen in the last 6 months of 2015/16
- 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 slightly over the coming months though it is now expected the majority of staff will continue unil the end of the financial year.

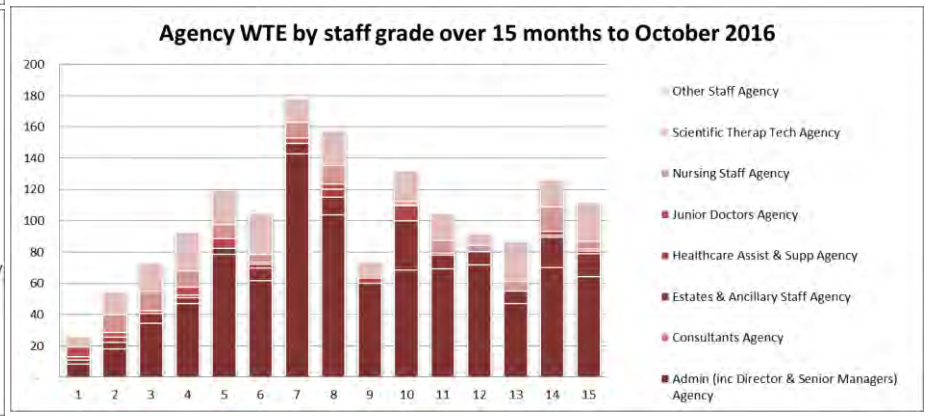
Workforce Trend Analysis for the 7 months ending 31 October 2016

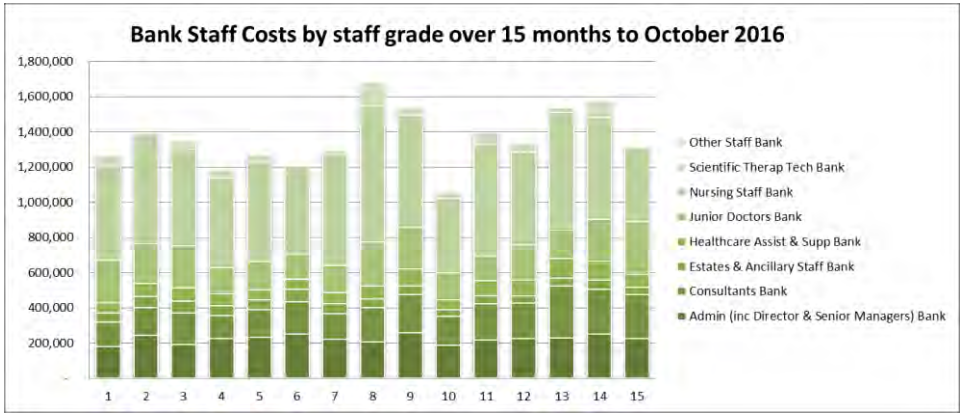
Great Ormond Street Hospital for Children NHS Foundation Trust

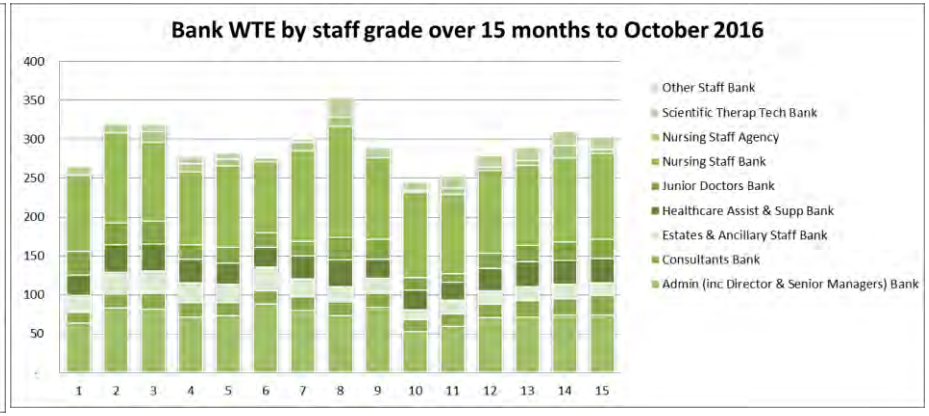












*WTE = **Worked WTE**, Worked hours of staff represented as WTE

NHS Clinical Activity & Income Summary for the 7 months ending 31 October 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	**14,563**	**13,775**	**(788)**	**-5.4%**	**10,682**	**10,443**	**(239)**	**-2.2%**	**15,195**	**(1,420)**	**-9.3%**	**11,739**	**(1,381)**	**-11.8%**
Elective	32,009	33,093	1,084	3.4%	7,397	7,641	244	3.3%	30,734	2,359	7.7%	7,319	300	4.1%
Elective Excess Bed days	1,816	1,855	40	2.2%	3,680	3,763	83	2.2%	1,903	(48)	-2.5%	3,644	119	3.3%
Elective	**33,825**	**34,949**	**1,124**	**3.3%**					**32,637**	**2,311**	**7.1%**			
Non Elective	8,804	7,916	(888)	-10.1%	1,015	916	(99)	-9.8%	8,405	(489)	-5.8%	1,013	(97)	-9.6%
Non Elective Excess Bed Days	1,285	1,179	(106)	-8.2%	2,357	2,406	49	2.1%	1,219	(39)	-3.2%	2,334	72	3.1%
Non Elective	**10,089**	**9,095**	**(994)**	**-9.8%**					**9,624**	**(528)**	**-5.5%**			
Outpatient	**22,485**	**22,392**	**(93)**	**-0.4%**	**87,832**	**86,642**	**(1,190)**	**-1.4%**	**22,248**	**144**	**0.6%**	**87,081**	**(3,330)**	**-3.8%**
Undesignated HDU Bed days	3,011	2,944	(67)	-2.2%	2,933	2,821	(112)	-3.8%	3,237	(293)	-9.1%	3,249	(458)	-14.1%
Picu Consortium HDU	1,718	2,076	358	20.8%	1,442	2,159	717	49.7%	1,445	631	43.7%	1,428	731	51.2%
HDU Beddays	**4,729**	**5,020**	**291**	**6.2%**	**4,376**	**4,980**	**604**	**13.8%**	**4,682**	**338**	**7.2%**	**4,677**	**273**	**5.8%**
Picu Consortium ITU	15,722	15,519	(203)	-1.3%	6,542	6,313	(229)	-3.5%	15,886	(367)	-2.3%	6,477	0 (164)	-2.5%
PICU ITU Beddays	**15,722**	**15,519**	**(203)**	**-1.3%**	**0**	**6,313**	**(229)**	**0.0%**	**15,905**	**(386)**	**-2.4%**	**6,477**	**(164)**	**-2.5%**
Ecmo Bedday	278	503	224	80.7%	51	92	41	79.3%	400	103	25.6%	74	18	24.3%
Psychological Medicine Bedday	693	644	(48)	-7.0%	1,744	1,597	(147)	-8.4%	726	(81)	-11.2%	1,827	(230)	-12.6%
Rheumatology Rehab Beddays	796	847	51	6.4%	1,420	1,490	70	4.9%	974	(128)	-13.1%	1,473	17	1.2%
Transitional Care Beddays	1,442	1,591	148	10.3%	1,009	1,098	89	8.8%	1,205	385	32.0%	913	185	20.3%
Total Beddays	**3,209**	**3,584**	**375**	**11.7%**	**4,225**	**4,277**	**52**	**1.2%**	**3,305**	**279**	**8.4%**	**4,287**	**(10)**	**-0.2%**
Packages Of Care Elective	**4,269**	**4,209**	**(60)**	**-1.4%**					**4,288**	**(78)**	**-1.8%**			
Highly Specialised Services (not above)	14,391	13,384	(1,007)	-7.0%					13,964	(580)	-4.2%			
Other Clinical	18,521	19,587	1,065	-2.3%					17,388	1,250	7.2%			
Adjustment for 2015/16 Outturn	0	(890)	(890)	0%					0	(890)	0%			
STF Funding	1,400	1,400	0	0%					0	1,400	0%			
Pricing Adjustment	1,734	2,042	308	17.8%					0	2,042	0%			
Non NHS Clinical Income	4,821	5,422	601	12.0%					3,884	1,538	40%			
NHS and Other Clinical Income	**149,758**	**149,487**	**(271)**	**-0.2%**					**143,119**	**5,655**	**4.0%**			

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. Epilepsy surgery has grown in 2016/17 as the service is now fully operational. However the increase in elective cases has impacted on non-elective activity in Snaps and Neurosurgery

Day case

- Gastroenterology review causing a reduction in income of £0.4m

Outpatients

- Across the organisation outpatients income is slightly behind plan

Bed Days

- Undesignated HDU income is slightly 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 HDU 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 £2.0m YTD reflecting an updated assessment of the likely outcome of the decision with NHS England

**Activity = Billable activity*

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

Trust Inpatient and Outpatient Activity year on year trend analysis

Prior Year 2015/16								Activity Analysis	Current Year 2016/17								Change YOY	% Change YOY	Current Year Trend
Apr	May	Jun	Jul	Aug	Sep	Oct	Total YTD		Apr	May	Jun	Jul	Aug	Sep	Oct	Total YTD			
								Inpatients											
								Number of Discharges											
2,174	1,947	2,260	2,294	1,932	2,095	2,100	14,802	Day Case	2,082	2,061	2,229	2,040	2,162	2,031	1,971	14,576	(226)	-1.5%	
								Overnight:								0			
1,058	1,058	1,084	1,218	1,087	1,192	1,271	7,968	Elective	1,155	1,153	1,256	1,246	1,170	1,179	1,102	8,261	293	3.7%	
59	62	56	55	71	59	70	432	Non Elective	64	67	65	63	58	74	62	453	21	4.9%	
206	167	172	172	170	171	169	1,227	Non Elective (Non Emergency)	164	175	178	152	158	169	156	1,152	(75)	-6.1%	
0	1	15	18	58	57	20	169	Regular Attenders	157	171	183	189	181	180	167	1,228	1,059	626.6%	
3,497	3,235	3,587	3,757	3,318	3,574	3,630	24,598	Total Discharges	3,622	3,627	3,911	3,690	3,729	3,633	3,458	25,670	1,072	4.4%	
								Beddays											
839	774	918	911	785	854	818	5,899	Day Case	793	768	906	814	870	895	768	5,814	(85)	-1.4%	
0.39	0.40	0.41	0.40	0.41	0.41	0.39	0.40	Day ALOS	0.38	0.37	0.41	0.40	0.40	0.44	0.39	0.40	0.00	0.1%	
								Overnight:									0		
4,686	5,197	5,577	5,565	5,470	5,456	5,680	37,631	Elective	5,450	5,889	5,619	5,863	5,610	5,495	5,472	39,398	1,767	4.7%	
561	713	610	494	526	687	808	4,398	Non Elective	716	625	557	487	485	453	460	3,783	(615)	-14.0%	
2,133	2,267	2,044	2,324	2,181	2,033	2,160	15,142	Non Elective (Non Emergency)	2,106	2,180	2,202	2,245	2,313	2,148	2,281	15,475	333	2.2%	
0	1	1	1	1	4	1	8	Regular Attenders	85	98	112	116	108	110	98	726	718	9080.3%	
7,380	8,178	8,232	8,383	8,178	8,180	8,649	57,179	Total Overnight Beddays	8,356	8,792	8,491	8,711	8,516	8,205	8,311	59,383	2,204	3.9%	
2.11	2.53	2.30	2.23	2.46	2.29	2.38	2.32	Overnight ALOS	2.31	2.42	2.17	2.36	2.28	2.26	2.40	2.31	- 0.01	-0.5%	
								Midnight Census (ON Bed days)											
4,459	4,983	5,337	5,242	5,213	5,218	5,364	35,816	Elective	5,160	5,620	5,291	5,520	5,301	5,206	5,224	37,322	1,506	4.2%	
558	701	604	492	521	685	805	4,366	Non Elective	706	618	541	478	474	445	452	3,714	(652)	-14.9%	
2,127	2,262	2,043	2,321	2,157	2,030	2,154	15,094	Non Elective (Non Emergency)	2,090	2,167	2,190	2,240	2,305	2,137	2,271	15,400	306	2.0%	
0	1	1	0	0	1	0	3	Regular Attenders	0	0	1	2	0	0	0	3	0	0.0%	
7,144	7,947	7,985	8,055	7,891	7,934	8,323	55,279	Total	7,956	8,405	8,023	8,240	8,080	7,788	7,947	56,439	1,160	2.1%	
238	256	266	260	255	264	268	258	Average ON Beds Utilised	265	271	267	266	261	260	256	264	5	2.1%	
								Critical Care Beddays											
311	475	480	439	488	467	439	3,100	Elective	408	452	360	390	401	404	382	2,797	(303)	-9.8%	
73	139	93	79	83	120	127	714	Non Elective	213	141	89	101	132	70	50	797	83	11.6%	
654	531	545	628	554	487	574	3,974	Non Elective (Non Emergency)	547	530	661	639	648	685	703	4,414	440	11.1%	
1,039	1,145	1,117	1,147	1,125	1,074	1,141	7,788		1,169	1,124	1,110	1,130	1,181	1,159	1,135	8,008	220	2.8%	
35	37	37	37	36	36	37	36		39	36	37	36	38	39	37	37	1	2.8%	
								Outpatients									0		
19,467	18,432	21,403	21,295	17,624	21,185	21,895	141,301	Outpatient Attendances (All)	19,886	19,853	21,211	20,264	20,131	22,019	20,721	144,085	2,784	2.0%	
3,664	3,530	4,295	4,267	3,449	4,222	4,354	27,781	First Outpatient Attendances	3,816	3,868	4,120	3,881	3,837	4,167	3,885	27,574	(207)	-0.7%	
15,803	14,902	17,108	17,028	14,175	16,963	17,541	113,520	Follow Up Outpatient Attendances	16,070	15,985	17,091	16,383	16,294	17,852	16,836	116,511	2,991	2.6%	
4.3	4.2	4.0	4.0	4.1	4.0	4.0	4.1	New to Review Ratio	4.2	4.1	4.1	4.2	4.2	4.3	4.3	4.2	0.1	3.4%	

Inpatients:
The total number of inpatients discharged has increased by 4.4% in the first 7 months of 2016/17. The most significant area of growth has been in Non- elective inpatients (3.7%)
Overnight beddays have increased by 3.9% as would be expected given the growth in inpatient elective activity. Average length of stay has reduced 0.5% on the same period in 2015/16
Overnight beds utilised has increased by 2.1%.

Outpatients:
The total number of outpatients has increased by 2% and new to review ratio has increased from an average of 4.1 to 4.2.

*** Note that this is all Trust activity**

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 December 2016

Safe Nurse Staffing Report for September and October 2016 **Submitted by: Juliette Greenwood Chief Nurse**	**Paper No: Attachment J**

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 information on nurse retention plans.

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
- Workforce Planning

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

GOSH NURSE SAFE STAFFING REPORT SEPTEMBER AND OCTOBER 2016

1. Introduction

1.1 This report on GOSH Safe Nurse Staffing contains information from the month of September and October 2016. The report provides information on staff in post, safe staffing incidents and 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:

- The number of staff on duty the previous month compared to planned staffing levels.
- 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.
- The reporting of Care Hours per Patient Day (CHPPD).
- The impact on key quality and safety measures.

2. GOSH Ward Nurse Staffing Information for Trust Board

2.1 Safe Staffing:

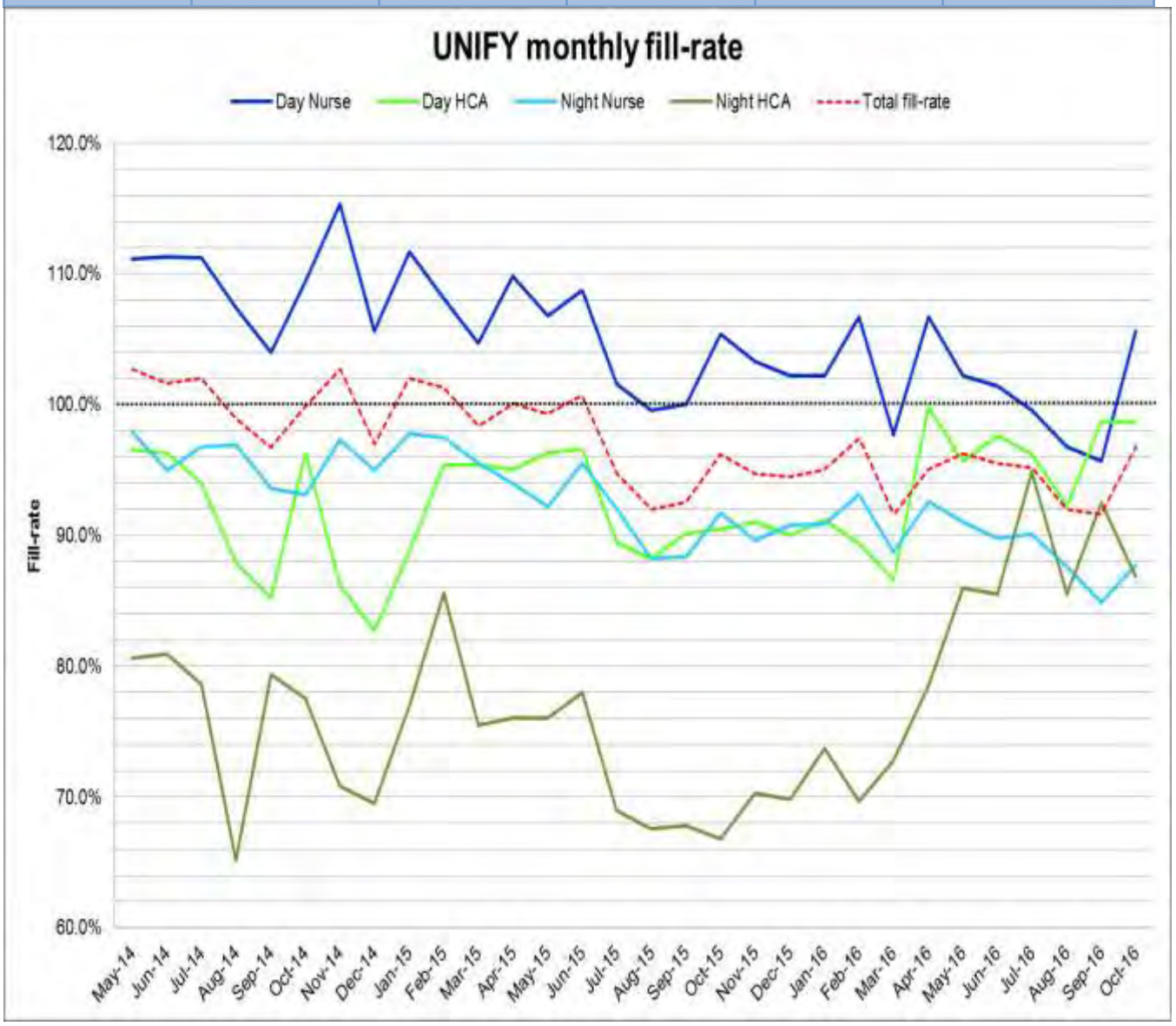
2.1.1 The UNIFY Fill Rate Indicator for September and October is attached as Appendix 1. The spread sheet contains:

- Total monthly planned staff hours; the Divisional Assistant Chief Nurses and Matrons 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 September and October are:

	RN Day	RN Night	HCA Day	HCA Night	Total Fill Rate
August	96.8% ↓	87.6% ↓	92.3% ↓	85.5% ↓	92.0% ↓
September	95.7% ↓	84.9% ↓	98.7% ↑	92.5% ↑	91.6% ↓
October	105.6% ↑	87.8% ↑	98.6% ↓	86.8% ↓	96.8% ↑



- The increase in the fill rate between September and October reflects the number of new nurses starting employment who are counted in the numbers once they have completed their induction and supernumerary period, across the inpatient wards in the Trust.
- The number of new starters in September and October are:
  - 145 Newly Qualified Nurses
  - 20 Experienced Nurses
  - 19 Healthcare Support Workers

Charles West, IPP and JM Barrie – no unsafe shifts reported in September and October		
Charles West	**September**	**October**
Badger Ward	The ward has a number of NQNs who have just started and in their supernumerary period.	These posts have now be filled by NQNs
Bear Ward		The ward is under-established in care staff, plus one staff member on long term sick. No shifts were unsafe.
Flamingo Ward	The ward has a number of vacant HCA posts which could not be filled by Bank	A number of HCA posts have been recruited to but there are still some vacancies.
Miffy Ward (TCU)	More registered nurses are used to cover the day shifts to match patient demand.	Staff has been moved to support as required.
Neonatal Intensive Care Unit	NICU doesn't often use HCA's which is currently being reviewed. There was also an increase in staff sickness.	
Paediatric Intensive Care Unit		Higher dependency of children; including children on ECMO and extra cubicle capacity
Elephant Ward	Day HCA: Patients with increased care demand.	Slightly over the 10% due to increase of activity
Fox Ward	Significant number of registered nurse vacancies (RN23%), therefore, 2 beds closed for the medium term. Increased use of HCAs to support the registered staff.	Still a number of nurse vacancies and increased sickness. Increase use of HCAs as an increase in children requiring HCA care e.g. Tracheostomies
Giraffe Ward	Increased patient acuity & dependency, resulting in increased use of Bank staff.	Staff have been moved across the floor , increase in HCAs as Bank unable to fill requirement for trained staff
Lion Ward	Lower than usual in-patient activity. Ward beds not fully occupied on some shifts. HCA Day: Increased use of HCAs to support registered staff on some shifts	Increase in terminal ill children requiring more care support.
Penguin Ward	Rosterpro records both Penguin In-patients & Penguin Ambulatory workforce.	Increase in HCA's to support ambulatory activity. The error in recording on Rosterpro is being investigated
Robin Ward	Significant number of registered nurse vacancies (RN15%), therefore, 2 beds closed for the medium term. Increased use of HCAs to support the registered staff.	Increase in HCA to support the team

IPP	September	October
Butterfly		Reduced registered nursing staff on nights, as the ward have had a large number of day cases.
Bumblebee		Qualified staffing levels above planned numbers as new starters were in the supernumerary period.
Hedgehog		Qualified staffing levels above planned numbers as new starters were in the supernumerary period.
JM Barrie	September	October
Sky		A number of nurse vacancies resulting in 2 bed closures.
Rainforest Gastro	We currently have 2 nurses as supernumerary and they come out of our supernumerary period at the end of this month. A number of HCA vacancies with new starters in the pipeline	
Mildred Creek Unit		Some sickness with the HCA equivalents.
Kingfisher		Kingfisher has 7 supernumerary nurses and an increase in short term sickness. One HCA on long term sick and one on maternity leave, who the cover post also left the trust.
Koala		The variation of 130% is due to there being an increased number of invasive in telemetry which require 1:1 registered nursing care for the first 24-48 hrs.

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.

Appendix 5 shows the last 5 months reporting of CHPPD. This data is only for the inpatient wards and excluding any day case 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). There is still no national guidance on what the CHPPD should be for specialist hospitals.

Or the month of October there was an increase in the CHPPD on: PICU; Fox; Penguin; Kingfisher; Koala and Bumblebee.

2.1.4 The Clinical Site Practitioners (CSPs) confirm that no ward was declared unsafe in September and October. 11 shifts were reported as being short of staff but safety was not compromised.

3.1 General Staffing Information

3.1.1 Appendix 3 and 4 – Ward Nurse Staffing overview for September and October. The table provides information on staff in post, vacancies and staff in the recruitment pipeline and includes bed closure information.

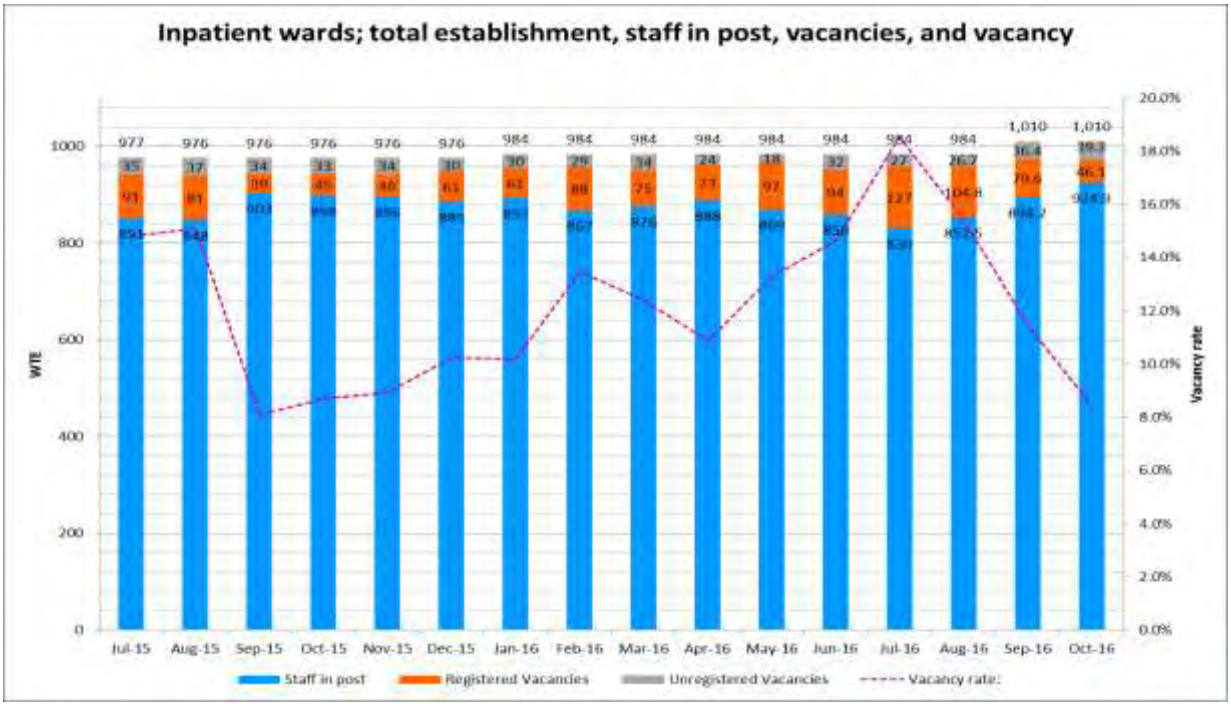
3.1.2 An average 9 out of 23 inpatient wards closed beds at various points during September and October with an average number of 12.3 beds closed each day in September and 18.6 beds closed in October which is a significant increase from the 9.9 beds closed in August. Of these bed closures 6.5 were closed for maintenance work/redecoration and the rest related to staffing levels either for vacancies or where nurses are still in their supernumerary period and sickness,

3.1.3 For the inpatient wards, at 1st November 2016, the registered and non-registered vacancies totalled 85.4WTE, a decrease from 131.5WTE on 1st September. This breaks down to: 46.1 registered nurse vacancies and 39.3 non-registered (HCA) vacancies. It should be noted though the number of vacancies have reduced, the newly recruited staff needed to complete induction and their supernumerary period and receive their MNC registration pin before they are counted in the ward numbers.

3.2 Recruitment

3.2.1 145 Newly qualified nurses started in the Trust in September, 30 experienced nurse and 39 Healthcare Assistants/Healthcare Support workers have started in the last two months.

3.2.2 A very successful open day was held on the 13th Octobers 2016 with 206 attendees. A number of assessment centres are planned to take place in November 2016 and March 2017, to interview NQNs qualifying in March 2017 and August 2017 respectively. The assessment centres have been planned earlier in the year, than in previous years, to ensure nurses who are about to qualify know earlier on in the year if they have been successful in securing a job at GOSH and before they have job offers from other organisations. The next open day is planned for February 2017.



3.2.3 Clinical Band 2-4 (Unregistered)

The first cohort of Band 2 trainee Healthcare Support workers (HCSW) started 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.

A further 18 Healthcare Support Workers (Band 2) and Healthcare Assistants (Band 3) were successful in the October assessment centre and should be starting in post on 5th December 2016.

3.3 Retention

3.3.1 Despite significant continuously focused recruitment activity there remains a shortfall in the number of nurses applying for and being employed at GOSH which impacts on service delivery. A programme of work has therefore been launched that will to not only focus on recruitment of nurses but also on retaining them and reducing turnover.

3.3.2 The overall programme objectives are to build on the Trust's Always Values and to work with the divisional teams to:

- To become a recognised 'Nurse Friendly' organisation.
- To implement a culture change to ensure the right nurses are recruited into the right roles at the right time and are valued and feel part of their team.
- To attract and retain a high quality nursing workforce
- To develop a nursing community for current and future GOSH nurse
- To actively contribute to the London wide 'Capital Nurse project and maximise the benefits and opportunities it presents.
- To develop 'best in class' HR processes that actively facilitates achievement of the recruitment and retention objectives.

3.3.3 Appendix 6 & 7 details the summary of these two workstreams and provides an update on the achievements and actions for October 2016.

3.4 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 September and October 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 Assistant Chief Nurses , and the HON for IPP and their review processes.

4.3 Infection control – September and October

Infection	Number of incidents	
	September	October
C diff's	nil	Data not yet available
MRSA bacteraemias	1	0
MSSA bacteraemias	1	1
E.coli bacteraemias	Nil	2
Outbreaks and whether any beds closed	Nil	1 (no beds closed)
Carbapenemase-producing Enterobacteriaceae	1 confirmed; 1 pending	6
Hospital acquired enteric virus infections	8	9
Hospital acquired viral respiratory infections	5	5

4.4 Pressure ulcers – September (6 incidents) and October (10 incidents)

Date	Ward / Area	Grade	Site	Cause	Avoidable/Unavailable
SEPTEMBER					
05/09/2016	CICU	2	R side Neck	Device-Neckline	Unavoidable
07/09/2016	PICU	2	L ear	Device-CPAP strap	Avoidable
07/09/2016	PICU	2	Both heels	Pressure & poor perfusion	Unavoidable- this patient was very unstable & unable to be moved when on CVVH and all preventative measures were put in place. The areas progressed to suspected deep tissue injury but full depth of damage unknown as patient has since deceased. Discussed with Rachael Metcalfe from Risk team-no action required.
09/09/2016	Squirrel	2	L heel	Pressure	Avoidable
29/09/2016	CICU	2	R ear	Pressure	Avoidable
30/09/2016	PICU	2	L ear	Pressure	Avoidable

OCTOBER					
10/10/2016	Bumblebee	2	Neck-	Tracheostomy tapes	Avoidable
10/10/2016	Miffy	2x2	Neck-R side & back	Device-Tracheostomy tapes	Avoidable
10/10/2016	Squirrel	2	L upper arm	Pressure	Avoidable
10/10/2016	Badger	2	Neck-R side	Device-Tracheostomy tapes	Avoidable
10/10/2016	Elephant	2	R ear	Pressure	Unavoidable
13/10/2016	Bear	2	Nostril	Device-NG tube	Avoidable
13/10/2016	Sky	2	R heel	Device-POP	Unavoidable
18/10/2016	Bear	2	Toe	Device-Sao2 probe	Avoidable
21/10/16	Bear	2	Nostril	Device-NG tube	Avoidable
21/10/16	NICU	3	Occiput	Pressure	Unavoidable

Narrative/Comments;
No further information has been received

4.5 Deteriorating patient

Event	September	October	Number of Preventable
2222 calls	14	10	
Cardiac Arrests	2	2	0
Respiratory Arrests	0	0	
Unplanned admissions to ITUs	0	0	

Narrative/comments:
Significant reduction in the number of calls compared to August and all events were well managed

4.6 Safety incidents reported about inadequate nurse staffing levels

There were 16 Datix submitted by staff regarding shortages of nurse for September and October: One for Fox ward in September, relating to an increase in patient acuity with 3 patients requiring 1:1 nursing. 15 Datix were received from Woodpecker ward, 9 in September and 6 in October, all relating to there being insufficient staff on shift to take patients to and from theatres. All cases were appropriately escalated and actions were taken to mitigate concerns, no adverse incidents occurred and no negative comments were received from the FFT.

4.7 Pals concerns raised by families regarding nurse staffing

The Trust received no PALs referrals in regards to nurse safe staffing for September and October 2016.

4.8 Complaints received regarding nurse safe staffing.

The Trust received no complaints regarding it's Nurse staffing staffing levels in September and October.

4.9 Friends and family test (FFT) data

4.9.1 September:

Overall response rate for September 2016 has decreased to 14.1% (data extracted 17/10/2016) compared to 17.2% in August 2016. The target response rate is currently 40%.

- The overall percentage to recommend score is 99% (data extracted 17/10/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 89% (374) and 10% (41) responded as likely to recommend in September 2016 compared with 90% (470) and 8% (42) in August 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	Safari Day	I think this ward could do with a higher staff ratio after being over different wards. This is consistently very busy. The nurses work extremely hard

- The following sample the positive comments regarding outstanding performance regarding staff behaviour which have been received:

Response	Ward/Area	Comment related to response
Extremely Likely	Bear	Although our admission came a bit sooner than expected, the care given to both (family name) and I as parents, and our son (patient name), was exceptional!
Extremely Likely	Clinic Research Facility	First class care. All staff care about the patient.
Extremely Likely	Eagle Acute	ALL staff are the best!
Extremely Likely	Walrus	The staff have been warm and friendly, making sure (patient name) felt at ease and nothing has been too much bother. Thank you!

4.9.2 October:

Overall response rate for October 2016 has increased to 25.2% (data extracted 15/11/2016) compared to 14.1% in September 2016. The target response rate is currently 40%.

- The overall percentage to recommend score is 98% (data extracted 15/11/2016).
- Families that were extremely likely to recommend GOSH to their friends and family equalled 89% (626) and 9% (63) responded as likely to recommend in October 2016 compared with 89% (374) and 10% (41) in September 2016.
- For information, the following negative comments or suggestions regarding staffing issues/staff behaviour have been received for the following wards.

Ward/Area	Comment related to response
Bear	Bad = Low staffing, especially at night which impacts on patient care. Night nurses not that visible on ward, takes a long time to come to attend to your request.
Bumblebee	However all the time shortage of nurses.

- The following sample the positive comments regarding outstanding performance regarding staff behaviour which have been received:

Ward/Area	Comment related to response
Butterfly	We were treated so well by everyone.
CICU Flamingo	The doctors and nursing staff have been totally amazing.
Hedgehog	We can't thank the staff enough.
Koala	excellent patient care as always

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 September and October, and appropriate actions were taken when concerns were raised. All Trusts are required to ensure the validity of data by triangulating information from different sources prior to providing assurance reports to their Board of Directors, this has been key to compiling the report.

6. Recommendations

The Board of Directors are 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 successful recruitment of newly qualified nurses

- The on-going challenges in recruiting experienced nurses.
- The commencement of the Band 2 Healthcare Support Worker training programme
- The launch of the recruitment and retention programmes of work.

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix 1: UNIFY Safe Staffing Submission – September 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		2323	2032.6	345	165.25	2070	1775.65	345	189.2	87.5%	47.9%	85.8%	54.8%	334	11.4	1.1	12.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2746	2796.35	595	622	2746	2543.4	343	293.7	101.8%	104.5%	92.6%	85.6%	642	8.3	1.4	9.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Flamingo Ward	192 - CRITICAL CARE MEDICINE		6808	7087.25	345	149.5	6405	6242.87	195	43.2	104.1%	43.3%	97.5%	22.2%	560	23.8	0.3	24.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		690	831	1035	866.5	690	451.2	690	707	120.4%	83.7%	65.4%	102.5%	144	8.9	10.9	19.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3105	3063.7	345	57.5	3105	2743.8	0	32.4	98.7%	16.7%	88.4%	-	231	25.1	0.4	25.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5793	5874	340	103.5	5793	5172.2	340	0	101.4%	30.4%	89.3%	0.0%	356	31.0	0.3	31.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Elephant Ward	370 - MEDICAL ONCOLOGY	823 - HAEMATOLOGY	1624	1644.5	343	391	1372	1141.8	343	351.9	101.3%	114.0%	83.2%	102.6%	302	9.2	2.5	11.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	1693	1437.5	282	402.5	1571	1229.7	282	370.7	84.9%	142.7%	78.3%	131.5%	272	9.8	2.8	12.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1035	1264.3	345	253	1035	780.45	345	419.9	122.2%	73.3%	75.4%	121.7%	196	10.4	3.4	13.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1633	1326.15	345	414	1380	792.4	345	245.05	81.2%	120.0%	57.4%	71.0%	277	7.6	2.4	10.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	928	1034	339	736.43	679	624.4	339	87.1	111.4%	217.2%	92.0%	25.7%	144	11.5	5.7	17.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1564	1269.2	272	379.5	1364	1030.6	272	406.05	81.2%	139.5%	75.6%	149.3%	230	10.0	3.4	13.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2205	1837.25	315	895.75	1890	1723.2	630	1064.7	83.3%	284.4%	91.2%	169.0%	496	7.2	4.0	11.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2421	2062.5	302	725.25	1816	1285.7	302	418.1	85.2%	240.1%	70.8%	138.4%	380	8.8	3.0	11.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Eagle Ward	361 - NEPHROLOGY		2223	1853.45	687	608	1375	1157.65	343	284.3	83.4%	88.5%	84.2%	82.9%	312	9.7	2.9	12.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Kingfisher Ward	420 - PAEDIATRICS		1748	1591.4	897	456.75	312	427.5	0	11.5	91.0%	50.9%	137.0%	-	192	10.5	2.4	13.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		943	1150.3	690	431.5	690	575.2	690	272.5	122.0%	62.5%	83.4%	39.5%	201	8.6	3.5	12.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1035	1140.3	690	357.7	1035	666.1	345	306.6	110.2%	51.8%	64.4%	88.9%	210	8.6	3.2	11.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1087	1014.35	606	708.15	492	389.5	442	430.3	93.3%	116.9%	79.2%	97.4%	265	5.3	4.3	9.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	3188	2937.1	336	501.5	3076	2515.6	336	87.8	92.1%	149.3%	81.8%	26.1%	591	9.2	1.0	10.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1501	1125.25	582	506.5	1389	1033.7	0	89.15	75.0%	87.0%	74.4%	-	321	6.7	1.9	8.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1738	1669.5	606	854.05	1687	1369	0	0	96.1%	140.9%	81.1%	-	384	7.9	2.2	10.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2869	2646.49	677	587	2564	2137.73	0	295.1	92.2%	86.7%	83.4%	-	459	10.4	1.9	12.3

Appendix 2: UNIFY Safe Staffing Submission – October 2016

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		2206	2161.75	330	621	1982	1705.4	330	320.25	98.0%	188.2%	86.0%	97.0%	365	10.6	2.6	13.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bear Ward	170 - CARDIOTHORACIC SURGERY	321 - PAEDIATRIC CARDIOLOGY	2837	3065.5	595	540.75	2837	2970.5	354	205.9	108.1%	90.9%	104.7%	58.2%	652	9.3	1.1	10.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Flamingo Ward	192 - CRITICAL CARE MEDICINE		7015	7608.58	356	241.5	6612	6373.1	195	75.6	108.5%	67.8%	96.4%	38.8%	579	24.1	0.5	24.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Miffy Ward (TCU)	340 - RESPIRATORY MEDICINE		713	781	1069	835.6	713	591.6	713	617.4	109.5%	80.0%	83.0%	86.6%	148	9.3	10.0	19.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Neonatal Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3208	3271.65	356	80.5	3208	2664.52	0	54	102.0%	22.6%	83.1%	-	182	32.6	0.7	33.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Paediatric Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5986	7351.85	352	146.75	5986	5567.78	352	11.5	122.8%	41.7%	93.0%	3.3%	363	35.6	0.4	36.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Elephant Ward	370 - MEDICAL ONCOLOGY	323 - HAEMATOLOGY	1667	1902.5	356	356.5	1426	1322.2	356	345.05	114.1%	100.1%	92.7%	96.8%	375	8.6	1.9	10.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Fox Ward	303 - CLINICAL HAEMATOLOGY	313 - CLINICAL IMMUNOLOGY and ALLERGY	1863	1913.75	310	388.9	1723	1166.8	310	431.3	102.7%	125.5%	67.7%	139.1%	262	11.8	3.1	14.9
RP401	GREAT ORMOND STREET HOSPITAL CEN	Giraffe Ward	313 - CLINICAL IMMUNOLOGY and ALLERGY	350 - INFECTIOUS DISEASES	1069	1240.45	356	302.5	1069	859.5	356	428.2	116.0%	85.0%	80.4%	120.3%	211	10.0	3.5	13.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Lion Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1667	1640.15	356	522.2	1426	894.3	356	258.2	98.4%	146.7%	62.7%	72.5%	299	8.5	2.6	11.1
RP401	GREAT ORMOND STREET HOSPITAL CEN	Penguin Ward	330 - DERMATOLOGY	410 - RHEUMATOLOGY	954	1069.7	356	507.5	713	662	356	108	112.1%	142.6%	92.8%	30.3%	175	9.9	3.5	13.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Robin Ward	350 - INFECTIOUS DISEASES	313 - CLINICAL IMMUNOLOGY and ALLERGY	1624	1303.85	286	278.05	1430	975.7	286	349.25	80.3%	97.2%	68.2%	122.1%	238	9.6	3.6	12.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Bumblebee Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	2107	2003.65	301	965.5	1806	1925.35	602	970.3	95.1%	320.8%	106.6%	161.2%	405	9.7	4.8	14.5
RP401	GREAT ORMOND STREET HOSPITAL CEN	Butterfly Ward	370 - MEDICAL ONCOLOGY	420 - PAEDIATRICS	2527	1961	315	602.5	1895	1054.3	315	361.2	77.6%	191.3%	55.6%	114.7%	337	8.9	2.9	11.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Eagle Ward	361 - NEPHROLOGY		2253	2041.5	709	669.5	1418	1305.1	354	285.95	90.6%	94.4%	92.0%	80.8%	350	9.6	2.7	12.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Kingfisher Ward	420 - PAEDIATRICS		1733	1362.05	895	483	312	416	0	11.5	78.6%	54.0%	133.3%	-	131	13.6	3.8	17.3
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Gastro)	301 - GASTROENTEROLOGY		954	1217.75	713	322	713	648.7	713	228.25	127.6%	45.2%	91.0%	32.0%	229	8.2	2.4	10.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Rainforest Ward (Endo/Met)	302 - ENDOCRINOLOGY		1050	1085.3	700	333.5	1050	619.1	350	254.7	103.4%	47.6%	59.0%	72.8%	229	7.4	2.6	10.0
RP401	GREAT ORMOND STREET HOSPITAL CEN	Mildred Creak	711- CHILD and ADOLESCENT PSYCHIATRY		1106	1166.35	592	668.05	507	367.2	484	464.8	105.5%	112.8%	72.4%	102.4%	276	5.6	4.1	9.7
RP401	GREAT ORMOND STREET HOSPITAL CEN	Koala Ward	150 - NEUROSURGERY	421 - PAEDIATRIC NEUROLOGY	2805	3645.7	299	518	2728	2515.8	299	123.7	130.0%	173.2%	92.2%	41.4%	538	11.5	1.2	12.6
RP401	GREAT ORMOND STREET HOSPITAL CEN	Peter Pan Ward	120 - ENT	160 - PLASTIC SURGERY	1543	1481.25	594	347.5	1451	1159.5	0	20.55	96.0%	58.5%	79.9%	-	321	8.2	1.1	9.4
RP401	GREAT ORMOND STREET HOSPITAL CEN	Sky Ward	110 - TRAUMA & ORTHOPAEDICS	171 - PAEDIATRIC SURGERY	1793	2424.6	631	969.62	1752	1534	0	0	135.2%	153.7%	87.6%	-	384	10.3	2.5	12.8
RP401	GREAT ORMOND STREET HOSPITAL CEN	Squirrel Ward	171 - PAEDIATRIC SURGERY	101 - UROLOGY	2920	2800.62	699	646.5	2638	2422.4	0	217.4	95.9%	92.5%	91.8%	-	543	9.6	1.6	11.2
RP401	GREAT ORMOND STREET HOSPITAL CEN	Hedgehog Ward	420 - PAEDIATRICS		1140	1204.6	285	276	855	977.6	285	227.5	105.7%	96.8%	102.6%	79.8%	168	12.4	3.0	15.4

Great Ormond Street Hospital for Children NHS Foundation Trust

Appendix 3: Overview of Ward Nurse Staffing – September 2016

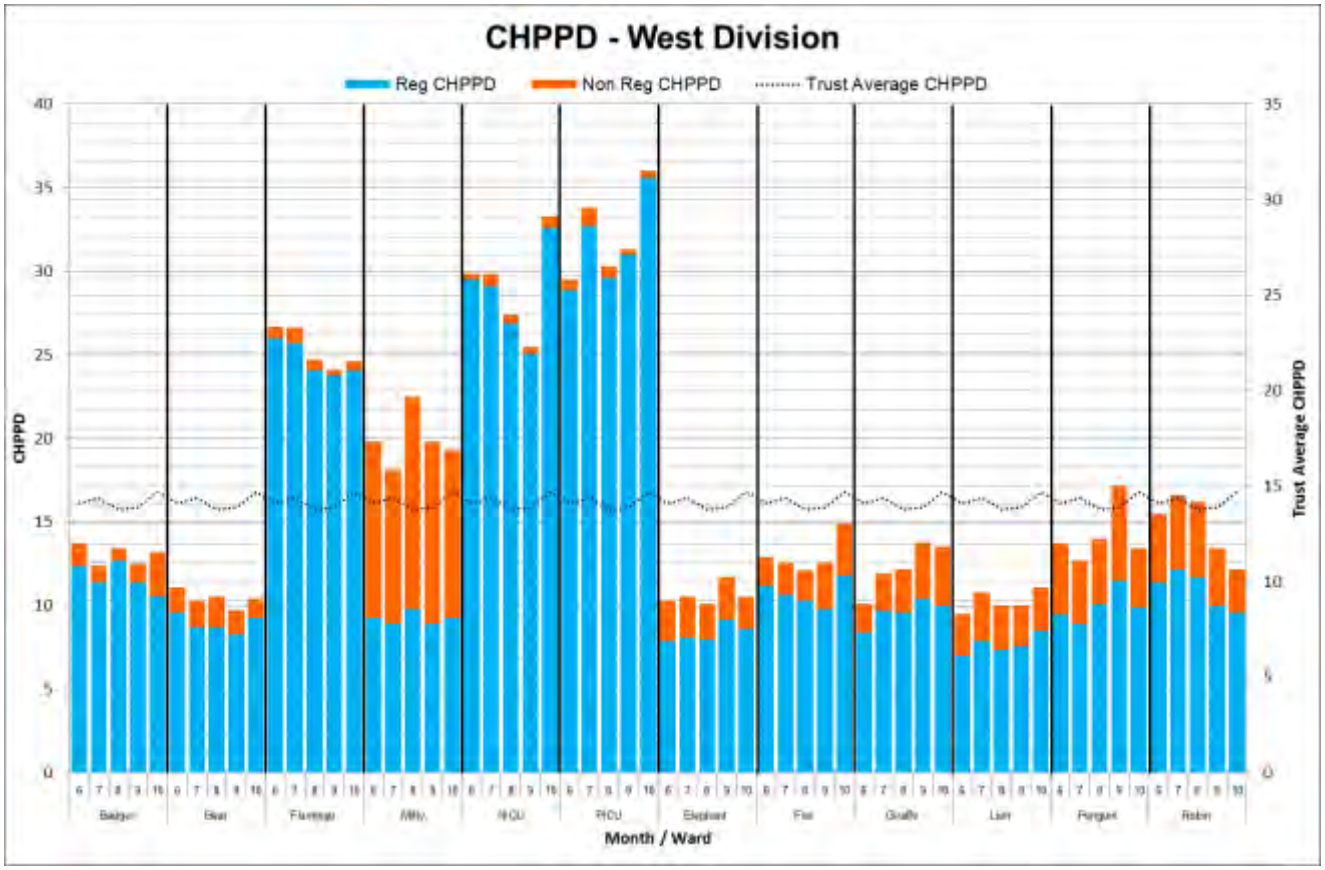
Division	Ward	Registered Nursing staff				Non Registered							Recruitment Pipeline			
		Established Bed Numbers	Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies	Total Estabslishment	Total Vacancies	Bank Used	Net Vacant	Registered Starters	Non-registered Starters	Number of unsafe shifts	Average Bed Closures
West	Badger	15	39.5	31.5	8.0	7.5	6.0	1.5	47.0	9.5	1.0	8.5	0.0	0.0	0	0.0
	Bear	24	53.5	55.8	-2.3	9.0	6.0	3.0	62.5	0.7	5.6	-4.9	3.0		0	0.1
	Miffy (TCU)	5	14.1	12.8	1.3	10.4	10.0	0.4	24.5	1.7	4.5	-2.8	1.0	1.0	0	0.0
	Flamingo	17	121.0	111.0	10.0	10.8	3.0	7.8	131.8	17.8	15.9	1.9	20.0		0	0.0
	NICU	8	51.5	43.2	8.3	5.2	2.0	3.2	56.7	11.5	9.8	1.7			0	0.0
	PICU	13	83.1	99.4	-16.3	8.9	1.0	7.9	92.0	-8.4	11.4	-19.8			0	0.2
	Elephant	13	25.0	21.5	3.5	5.0	3.5	1.5	30.0	5.0	4.1	0.9			0	0.0
	Fox	10	31.0	22.0	9.0	5.0	5.0	0.0	36.0	9.0	2.9	6.1	7.0		0	1.8
	Giraffe	7	19.0	19.0	0.0	3.1	2.0	1.1	22.1	1.1	3.0	-1.9			0	0.0
	Lion	11	22.0	20.7	1.3	4.0	3.0	1.0	26.0	2.3	5.0	-2.7	1.0		0	0.0
	Penguin	9	15.5	13.0	2.5	5.8	6.0	-0.2	21.3	2.3	3.5	-1.2			0	0.1
	Robin	10	27.2	23.6	3.6	4.5	5.2	-0.7	31.7	2.9	4.5	-1.6			0	2.1
IPP	Bumblebee	21	38.3	21.0	17.3	9.7	8.0	1.7	48.0	19.0	11.8	7.2			0	1.9
	Butterfly	18	37.2	23.6	13.6	10.5	9.0	1.5	47.7	15.1	5.3	9.8			0	2.3
	Hedgehog	10	20.0	17.6	2.4	6.0	6.0	0.0	26.0	2.4	1.3	1.1			0	2.0
Barrie	Eagle	21	39.5	36.5	3.0	10.5	11.0	-0.5	50.0	2.5	2.7	-0.2			0	0.0
	Kingfisher	16	17.1	17.2	-0.1	6.2	4.8	1.4	23.3	1.3	3.4	-2.1			0	0.0
	Rainforest Gastro	8	17.0	15.9	1.1	4.0	3.5	0.5	21.0	1.6	1.8	-0.2			0	0.0
	Rainforest Endo/Met	8	15.6	13.6	2.0	5.2	4.5	0.7	20.8	2.7	1.7	1.0			0	0.0
	Mildred Creak	10	11.8	15.1	-3.3	7.8	7.6	0.2	19.6	-3.1	1.0	-4.1			0	0.0
	Koala	24	48.2	44.4	3.8	7.8	4.0	3.8	56.0	7.6	5.8	1.8			0	0.5
	Peter Pan	16	24.5	21.0	3.5	5.0	4.8	0.2	29.5	3.7	2.0	1.7			0	0.4
	Sky	18	31.0	21.2	9.8	5.2	5.2	0.0	36.2	9.8	3.0	6.8			0	2.1
	Squirrel	22	43.6	46.0	-2.4	7.0	6.6	0.4	50.6	-2.0	4.9	-6.9			0	0.4
		334	**846.2**	**766.6**	**79.6**	**164.1**	**127.7**	**36.4**	**1010.3**	**116.0**	**115.9**	**0.1**	**32.0**	**1.0**	**0.0**	**13.9**

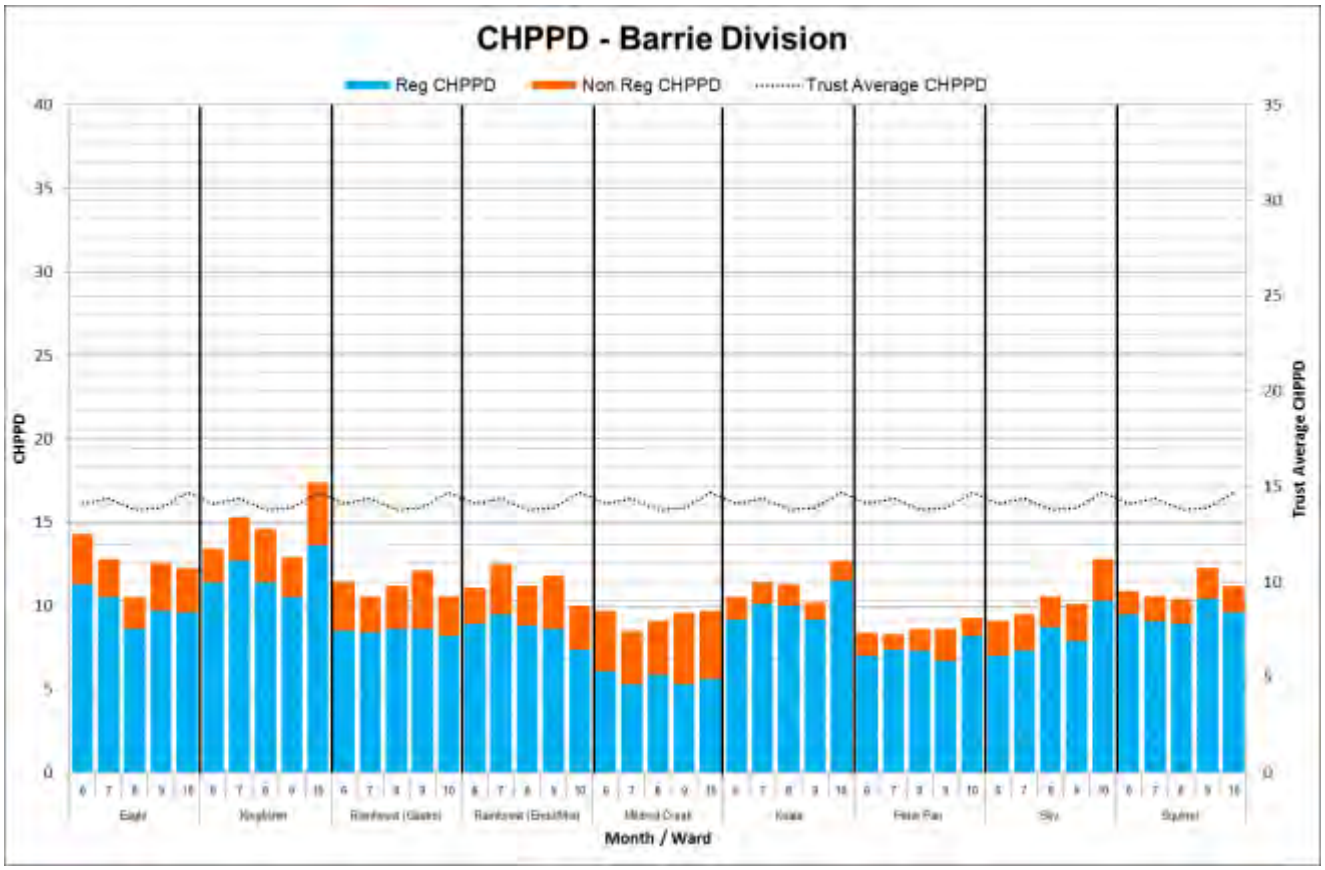
Great Ormond Street Hospital for Children NHS Foundation Trust

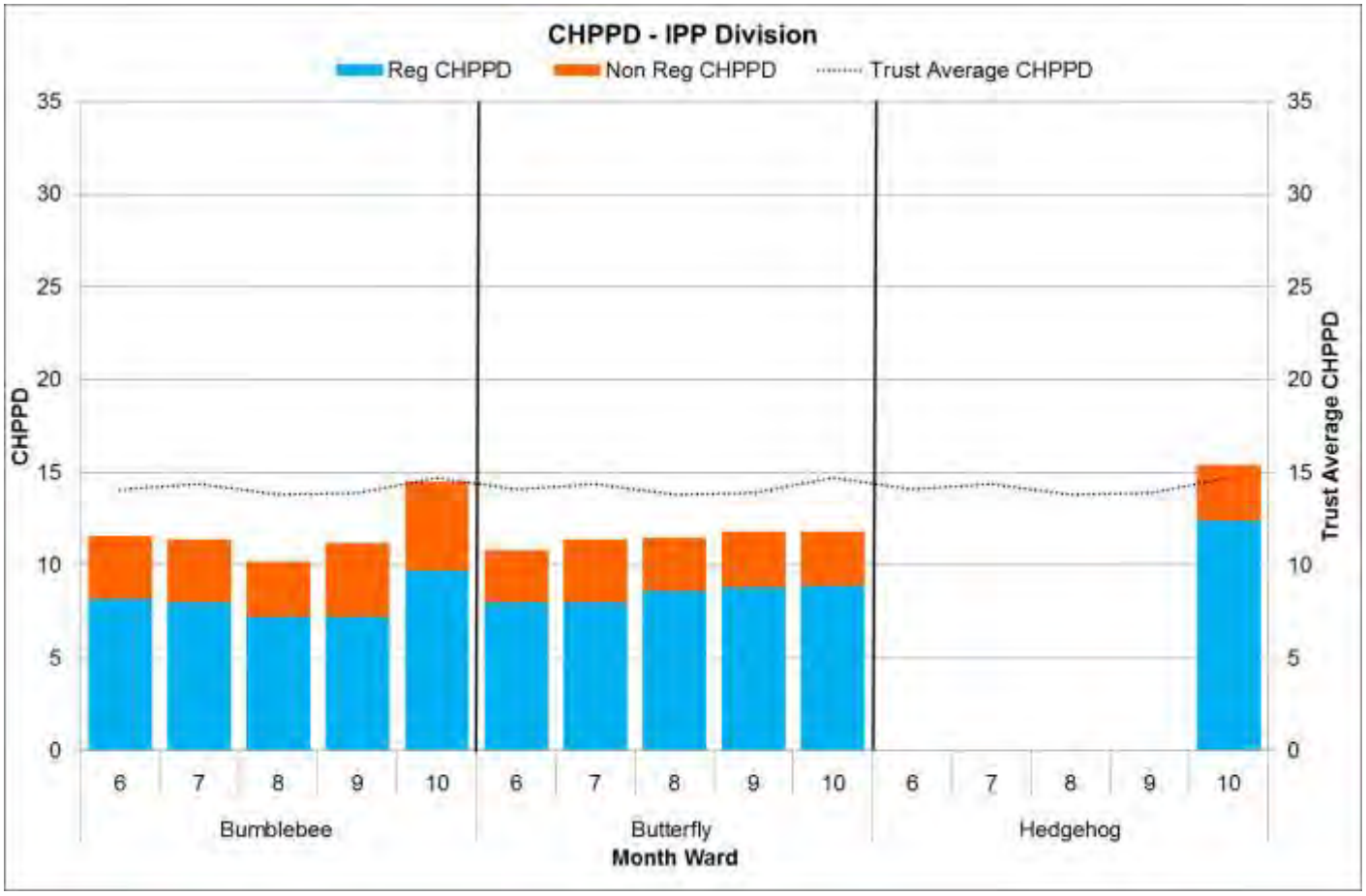
Appendix 4: Overview of Ward Nurse Staffing – October 2016

Division	Ward	Established Bed Numbers	Registered Nursing staff			Non Registered			Total Establishment	Total Vacancies	Bank Used	Net Vacant	Recruitment Pipeline		Number of unsafe shifts	Average Bed Closures
			Proposed Funded Establishment	Staff in Post	Vacancies	Proposed Funded establishment	Staff in Post	Vacancies					Registered Starters	Non-registered Starters		
West	Badger	15	39.5	31.5	8.0	7.5	6.0	1.5	47.0	9.5	5.4	4.1	1.0		0	1.1
	Bear	24	53.5	55.8	-2.3	9.0	6.0	3.0	62.5	0.7	7.8	-7.1	5.0	1.0	0	0.1
	Miffy (TCU)	5	14.1	12.8	1.3	10.4	10.0	0.4	24.5	1.7	3.5	-1.8	1.0	1.0	0	0.0
	Flamingo	17	121.0	111.0	10.0	10.8	3.0	7.8	131.8	17.8	18.4	-0.6	20.0		0	0.0
	NICU	8	51.5	43.2	8.3	5.2	1.0	4.2	56.7	12.5	8.6	3.9			0	0.1
	PICU	13	83.1	97.2	-14.1	8.9	1.0	7.9	92.0	-6.2	13.1	-19.3			0	0.4
	Elephant	13	25.0	27.6	-2.6	5.0	3.6	1.4	30.0	-1.2	4.0	-5.2		3.0	0	0.0
	Fox	10	31.0	26.9	4.1	5.0	4.5	0.5	36.0	4.6	3.3	1.3	7.0	1.0	0	1.3
	Giraffe	7	19.0	19.9	-0.9	3.1	4.0	-0.9	22.1	-1.8	2.6	-4.4			0	0.0
	Lion	11	22.0	22.7	-0.7	4.0	3.0	1.0	26.0	0.3	5.5	-5.2	1.0	1.0	0	0.0
	Penguin	9	15.5	17.0	-1.5	5.8	6.0	-0.2	21.3	-1.7	2.2	-3.9			0	0.0
	Robin	10	27.2	25.7	1.5	4.5	5.2	-0.7	31.7	0.8	3.7	-2.9	2.0		0	2.0
IPP	Bumblebee	21	38.3	26.0	12.3	9.7	8.0	1.7	48.0	14.0	13.3	0.7		3.0	0	3.3
	Butterfly	18	37.2	27.0	10.2	10.5	8.0	2.5	47.7	12.7	3.1	9.6		2.0	0	2.0
	Hedgehog	10	20.0	18.6	1.4	6.0	6.0	0.0	26.0	1.4	1.8	-0.4			0	2.0
Barrie	Eagle	21	39.5	32.5	7.0	10.5	9.0	1.5	50.0	8.5	2.7	5.9			0	0.1
	Kingfisher	16	17.1	17.2	-0.1	6.2	4.9	1.3	23.3	1.2	2.5	-1.3		1.0	0	0.0
	Rainforest Gastro	8	17.0	14.2	2.8	4.0	3.5	0.5	21.0	3.3	1.4	1.9		1.0	0	0.0
	Rainforest Endo/Met	8	15.6	15.0	0.6	5.2	5.5	-0.3	20.8	0.3	2.4	-2.1			0	0.1
	Mildred Creak	10	11.8	12.2	-0.4	7.8	6.6	1.2	19.6	0.8	1.1	-0.3			0	0.0
	Koala	24	48.2	47.4	0.8	7.8	5.0	2.8	56.0	3.6	6.2	-2.6		3.0	0	3.8
	Peter Pan	16	24.5	28.0	-3.5	5.0	3.0	2.0	29.5	-1.5	2.3	-3.8		1.0	0	0.1
	Sky	18	31.0	27.7	3.3	5.2	4.0	1.2	36.2	4.5	2.7	1.8			0	2.0
	Squirrel	22	43.6	43.0	0.6	7.0	8.0	-1.0	50.6	-0.4	4.4	-4.8			0	0.4
		334	**846.2**	**800.1**	**46.1**	**164.1**	**124.8**	**39.3**	**1010.3**	**85.4**	**122.0**	**-36.6**	**37.0**	**18.0**	**0.0**	**18.8**

Appendix 5: Care Hours per Patient Day (CHPPD)






CHPPD - IPP Division
Reg CHPPD
Non Reg CHPPD
Trust Average CHPPD
CHPPD
Trust Average CHPPD
35
30
25
20
15
10
5
0
6
7
8
9
10
Bumblebee
Butterfly
Hedgehog
Month Ward

Appendix 6: Recruitment Workstream

Great Ormond Street Hospital for Children NHS Foundation Trust

Nursing Workforce Programme – Recruitment Workstream October 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Executive summary	Accountable
The Trust wants to create a reliable, continuous supply of high quality nurses to provide safe and high quality care for our patients. The Trust is planning to commission additional beds to deliver on service requirements, across a number of specialities, subject to commissioner support. The opening of the new Premier Inn Clinical Building in August 2017 will require additional nurses and additional workforces. In the absence of an agreed increased nursing workforce the Trust will not deliver on its 18 week patient pathways or the expected and required expansion for particular clinical services. Our objectives are to implement culture change within nursing and operational services to ensure the right nurses are recruited in to the right roles, at the right time.	Juliette Greenwood Ali Mohammed **Responsible** Polly Hodgson Ellen Mossman

Status	Achievements over past quarter	Actions planned for next month
ORANGE	• Recruited: 145 newly qualified nurses, 39 Healthcare Assistants/Healthcare Support Workers and 30 experienced nurses • Centralised shortlisting process and piloted re-design of adverts • 206 attended GOSH open day on 13th October • Attended 7 national and local recruitment events • Engaged charity in launch of new recruitment campaign • Lead Nurse for Recruitment has joined the team	**Actions slipped or delayed:** • Reporting and governance for programme board **New actions:** • Confirm governance structure, nursing workforce KPIs and reporting schedule including weekly reporting of vacancies, leavers and staff in pipeline • Launch of new streamlined recruitment process and team

Top immediate risks/issues	Mitigation actions	Risk/Issue owner	Oversight by
Increased demand due to RTT	Working with Nursing Bank and strategic allocation of NQNs	Divisional Head of Nursing	Polly Hodgson
On-boarding large number of newly qualified nurses	Larger Practice Education team	Ward Sisters/Managers	Lyn Shields/ Polly Hodgson

Upcoming milestones (next quarter)	
• Launch a revised talent attraction methodology and design advertising campaign	• November 2016
• Confirm strategy for international recruitment and develop relationships with chosen agencies	• December 2016
• Review assessment of assessment centres and return on investment review of job fairs	• January 2017
• Confirm desired workforce profile and projected nursing workforce numbers	• January 2017
• Develop a nursing community for current and future GOSH nurses Work with charity to focus on attracting student nurses	• February 2017

Welcoming Helpful Expert One Tea

Appendix 7: Retention Workstream

Great Ormond Street Hospital for Children NHS Foundation Trust

Nursing Workforce Programme – Retention Workstream
October 2016

Great Ormond Street Hospital for Children NHS Foundation Trust

Executive summary	Accountable
Despite significant, continuously focused recruitment activity, there remains a shortfall in the numbers of nurses applying for and being employed at GOSH, which has impacted on service provision and, most probably and importantly, on the morale of the current nursing workforce. This has been made more acute by a high turnover rate for nurses (registered and unregistered workforce). The most common reasons nurses leave GOSH are: attitude of ward sister, not feeling valued or part of the team and lack of access to further education and on-going development. We need to develop & enable ward / department nursing leadership and become a 'nurse friendly' organisation with meaningful measurement.	Juliette Greenwood Ali Mohammed **Responsible** Polly Hodgson Ellen Mossman

Status	Achievements over past quarter	Actions planned for next month
ORANGE	• Re-designed staff exit survey • Undertake retention diagnostic work in line with best international evidence • Review of accommodation provision • Debrief sessions with Newly Qualified Nurses • Compilation of GOSH Workforce rules for review	**Actions slipped or delayed:** • Reporting and governance for programme board **New actions:** • Refine on-boarding and induction processes for nurses • Produce retention plan • Review of GOSH workforce rules • Internal engagement and communication plan

Top immediate risks/issues	Mitigation actions	Risk/Issue owner	Oversight by
Additional pressure and negative impact on staff morale due to increased vacancy rate.	Training for Ward Sisters and Matrons and staff events being planned.	Polly Hodgson	Juliette Greenwood
Finding and organising accommodation for new recruits	Review in progress	Helen Cooke	Ali Mohammed

Upcoming milestones (next quarter)	
• Redefinition of ward sisters' roles and development programme for Matrons	• January 2017
• Research reward packages and develop GOSH Nursing Offer	• December 2016
• Implement retention risk monitoring tools and tracking log	• December 2016
• Review PDR paperwork to ask about staff wellbeing and career aspirations	• December 2016
• Review education provision at ward level	• January 2017
• Implement Capital Nursing careers structure and develop competence framework for adult nurses	• January 2016

Welcoming Helpful Expert One Team

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 December 2016

Regular report on Infection Prevention and Control **Submitted by:** Juliette Greenwood, Chief Nurse Dr John Hartley, Director of Infection, Prevention and Control (DIPC)	**Paper No: Attachment K**

Aims / summary

To provide an update by the DIPC to the Trust Board on Infection Prevention and Control issues occurring since the last report and current plans and activities underway. Specifically to note the DIPC has identified an increase in measured GOSH acquired line infections, coinciding with the reduction in performance of hand hygiene audits.

In response to this the Chief Nurse and Medical Director have commissioned a short review that will triangulate core quality metrics by ward and department to identify any specific underlying trends and seek to determine if there could be a rationale for why the above situation might have occurred and if there is any causal association. This work will consider patient activity and staffing levels.

It is anticipated that a verbal update of the initial triangulation work will be provided at the Trust Board meeting (7th December) with a full report provided at a date to be determined.

Action required from the meeting

The Trust Board are asked to note the contents of the DIPC report; specifically the planned activity led by the Chief Nurse and Medical Director.

Contribution to the delivery of NHS Foundation Trust strategies and plans

Essential to achieve zero harm; minimising risk of infection is a central Trust goal

Financial implications

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

Who needs to be told about any decision?

Infection prevention and control is responsibility of all staff.

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

Divisional and Corporate Units and all staff
Infection Prevention and Control Team.

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

Director of Infection Prevention and Control

Attachment K

Great Ormond Street Hospital for Children NHS Foundation Trust

Regular DIPC Infection Prevention & Control Report to Trust Board
2016 – 2017 Q1, Q2 and part of Q3.

1. **Infection Prevention and Control (IPC) management arrangements - Administration, data and electronic infection prevention management system**

Issue: electronic management system outdated and unsupported.
Risk: data not provided; surveillance and control systems not optimal; staff withdrawn from clinical work as they struggle with data management and preparation.
Solution: Interim data management support now in place
Action required – Need decision if future system is part of EPR bid or separate.

2. **Antibiotic stewardship** –

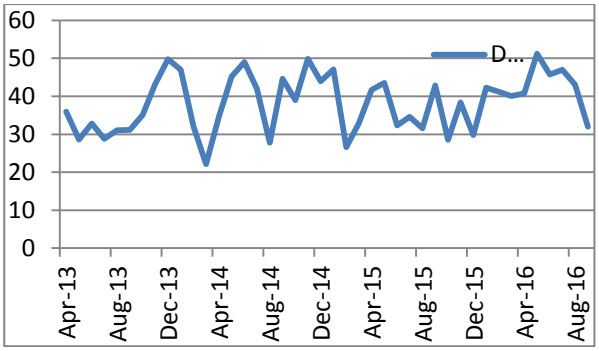
Requirement – to develop Anti-Microbial Stewardship (AMS) programme and to meet CQUIN targets for 2016/7
Progress: New Chair just appointed to AMS committee. Consumption data produced
Financial risk in 2016/17: Target (1%) reduction in antimicrobial consumption may not be reached.

Detailed data is now available on antibiotic consumption:

In Q1 and Q2 of 2016/17 JAC and PIMS Data (for non-ICU areas) consumption analysis shows:

Patient days	Doses	Days on therapy (DOT) all	Meropenem DOT	Piperacillin/tazobactam
52 521	81 089	41 252	2648	4253

There is considerable month to month (see meropenem graph) and year to year variation (see table)
Graph of meropenem consumption as DOT/1000 admission days:



Period	DOT/1000 admission days		
	All Abs	Mero	Pip/Tazo
2013-14	655	35	70
2014-15	699	40	65
2015-16	630	37	63
16-17 Q1	673	46	68
16-17 Q2	671	41	71
Q1 and Q2	672	43	69

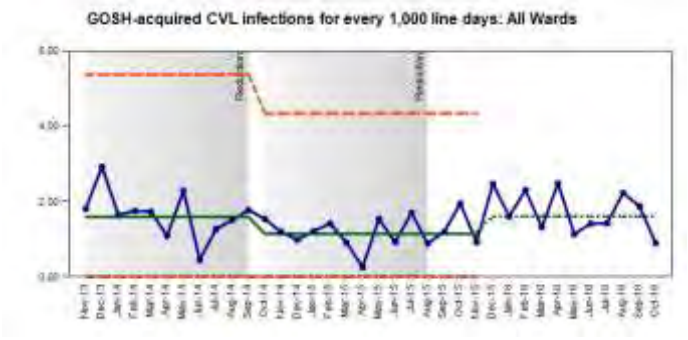
Action Required: Develop and implement further plan for 2016/17 and beyond (and justify if we cannot reduce use) while also focusing on GOSH recognised target area of antifungal use.

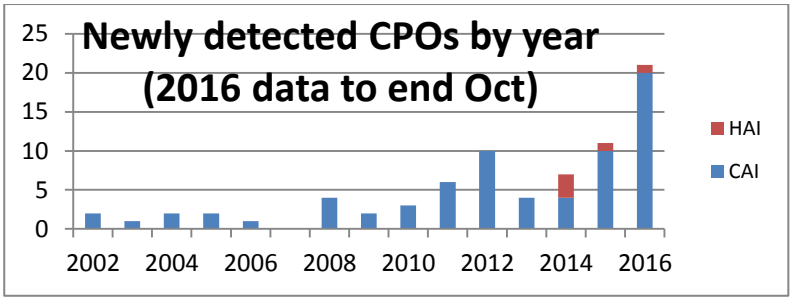
3. **Health care associated infection (HCAI) statistics**

	2016/17 – April to October		**Last financial year Apr 15/ Mar 16**	
	Developed while in hospital	**Admitted with**	**Developed while in hospital**	**Admitted with**
HCAI Mandatory national reporting				
MRSA bacteraemia	**1**	**2**	**1**	**0**
MSSA bacteraemia	**12**	**5**	**9**	**13**
E. coli bacteraemia	**12**	**4**	**10**	**7**
C. difficile infection	**1**	**1**	**7**	**7**

Attachment K

HCAI non-mandatory internal reporting				
	2016/17 – April to October		Last financial year Apr 15/ Mar 16	
	Developed in	Admitted with	Developed in	Admitted with
Infection:				
GOS acquired CVC related bacteraemia	1.6 / 1000 line days(50 episodes) See graph		1.4 / 1000 line days(75 episodes)	
Respiratory viral infection	66 ('winter to come)	126	167	296
Enteric viral infection	98	143	139	212
Colonisation:				
MRSA colonisation	13	122	21	162
MDR GN (non CPO) colonisation	20	98	69	168
Carbapenemase producing (CPO) GN	1	13 see graph	0	12
MDR GN = Multi antibiotic resistant gram negative 'alert' organism ; CPO = carbapenemase producing organism				





The increase in CPO detection is currently almost all due to prior colonisation (increased cross-transmission in source health care institutions) and improved detection in our lab methods.

Any failure to prevent cross transmission (of these and other alert organisms) is most likely to occur if we do not apply standard and enhanced procedures.

This will impact on patient journey and increase costs.

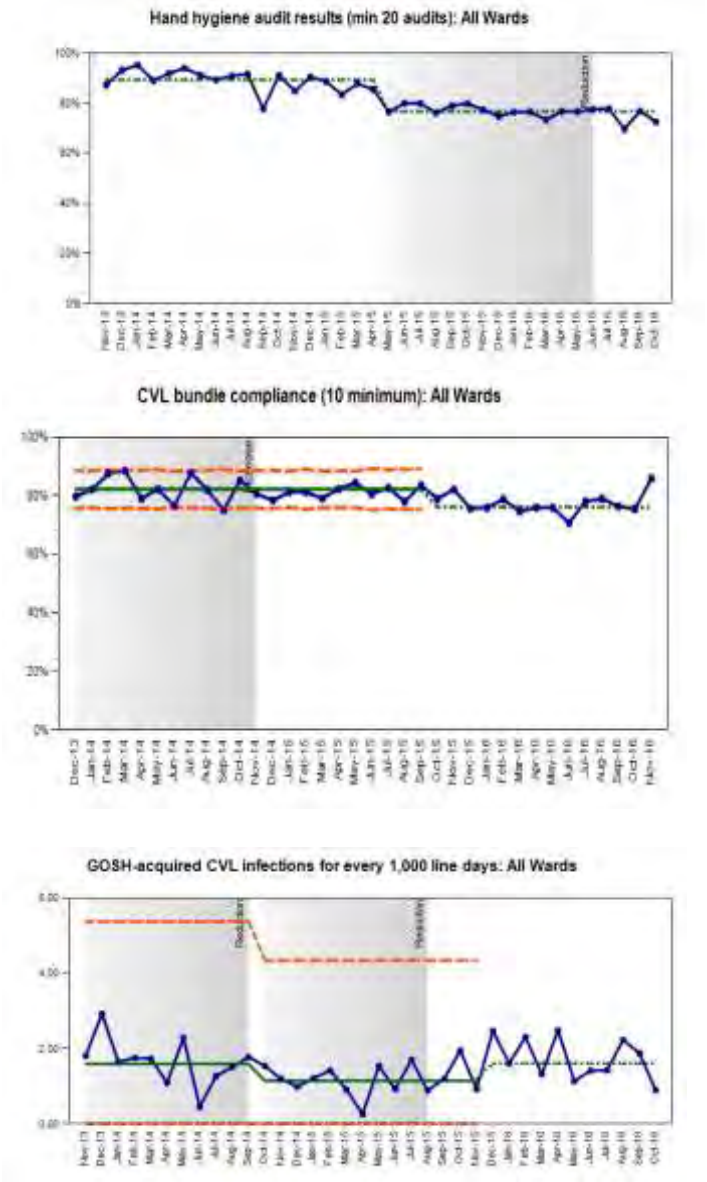
4. Major outbreaks or preventable high risk exposure events. From April 2016

Date	Organism and issue	Ward	Outcome
April	Viral gastroenteritis (multiple organisms)	Squirrel	Closed for 4 days; 17 staff and patients
June	Respiratory adenovirus	Miffy	Concern over time for hand hygiene.
Sept to Nov	Whooping cough in staff. Risk assessment, communication, PPE and vaccine.	Cardiac theatres, IR and radiology	New patient group directive for staff prophylaxis. New PDG for staff immunisation
Nov	Failure to implement IPC procedure for child with known highly resistant alert	Theatres	Procedure requested; list disrupted.
Nov	Norovirus (viral gastroenteritis)	Bumblebee	Ward closed 10 days; 30 patients, parents and staff infected.

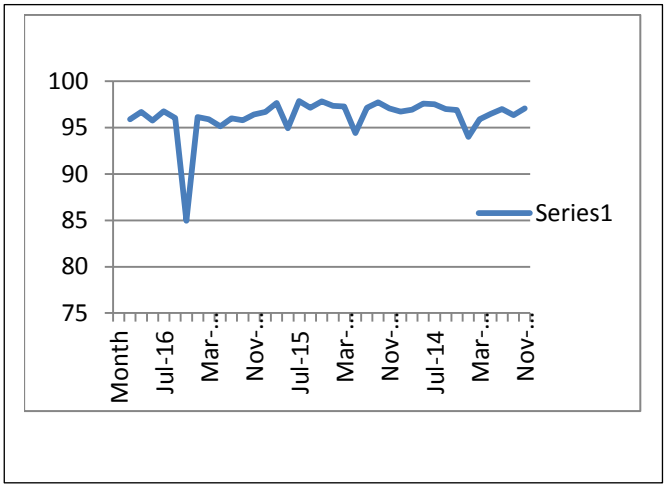
5. Infection prevention and control regular audits and data display

Audits undertaken by link staff, according to a monthly schedule:

Data including negative score if < 20 HH audits or <10 bundle compliance



Hand hygiene audit compliance – of all observations actually performed



I would like to highlight that there has been an increase in measured GOS acquired line infections coinciding with the reduction in performance of hand hygiene audits.

The Chief Nurse and Medical Director are investigating factors that might contribute to the reduction in these infection prevention and control audits.

6. Estate and facilities – issues since last report:

a. Water Safety Management

- intermittent legionella detection occurs without systematic failure
- There is ongoing concern with the initial part of the renal dialysis water purification system (which has not led to patient risk) but is proving difficult to resolve.
- Heater cooler units for cardiac bypass- mycobacterium infection risk remains but has been graded low. Improvements in decontamination are prevented by lack of space in MEDU.

b. Ventilation systems – Major work successfully undertaken on NICU and PICU. Verification schedule has improved compliance (but conflict will arise between annual verification and availability of clinical spaces.)

c. Cleaning SLAs - see IPC committee report.

7. IPC Training - At

	Nov 23rd 2016	**March 11th 2016**
Trust compliance with level 1 training	96%	86%
Trust compliance with level 2 training	76%	58%

Actions: Divisions need to monitor and continue with improved compliance.

8. Surgical site infection prevention – process audit (excluding cardiac)

We are working to improve both data accuracy (especially for antibiotic timing) and compliance with care bundle.

9. Infection Prevention and Control Committee – Main areas of discussion in last meetings

1. Occupational Health (OH) assurance received that all new starters are having immunity confirmed prior to start; but rapid access to data cannot be automated.
2. Progress is still awaited on the update of mask use in standard precautions; and acceptance of staff for their use as Personal Protective Equipment (PPE) during all recommended times (i.e. anaesthetics)
3. Source isolation in outpatients – situation under further review following improvements in patient alert identification.
4. Introduction of antimicrobial impregnated short term central lines, following CATCH trial, was supported, but committee has asked for further analysis of data, which is awaited.
5. A modified hand hygiene audit tool will be trialled in December
6. No change has been made to extend the 'bare-below-the-elbows' policy to all ward areas, rather than patient areas (outside of ICUs where it is all ward area).
7. IPC are seeking to review and assure that the new service level agreements from OCS for individual areas are appropriate; feedback awaited from facilities.
8. Divisions are asked to review their representation at IPCC so we can identify who is responsible for the compliance with the assurance component of the Divisional report.
9. In response to the increase in GOS acquired CVC related bacteraemia, it is agreed to make parafilm and biopatch default in all areas, except where agreed not to use (i.e. parafilm on ICU where rapid and frequent access needed).

10. New National IPC targets and quality premiums.

The Secretary of State for Health has announced new targets and quality premiums for 2017/18. Focus will be on

- The reduction of gram negative bacteraemia, especially E coli where a 50% reduction is expected (projected from adult data and contribution of urinary tract sepsis)
- Surgical site infection
- Antimicrobial stewardship and surviving sepsis.

Professor Paul Cosford (Public Health England HE Director for Health Protection and Medical Director Health Protection) has been invited by the DIPC to GOSH to discuss these targets from a paediatric perspective.

J C Hartley, Consultant Microbiologist and DIPC (29/11/2016)

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board **7 December 2016**	
Assurance and Escalation Framework Implementation Update **Submitted by:** Dr Anna Ferrant, Company Secretary	**Paper No: Attachment L**
Aims / summary The attachment provides a summary of achievements against the Assurance and Escalation Framework since it was approved by the Trust Board in June 2016. It also highlights priority areas of focus for the coming six months. The presentation is structured around the 8 elements of the Framework – Strategy and Planning; Performance Management; Policy Framework; Risk Management Framework; Compliance Framework; Escalation Framework; and Assurance Framework.	
Action required from the meeting To note the update provided.	
Contribution to the delivery of NHS Foundation Trust strategies and plans The Assurance and Escalation Framework describes the range of forums and processes available to staff, patients, families and other stakeholders to raise and escalate concerns or risks which could threaten the delivery of the Trust's objectives, service delivery or patient safety.	
Financial implications There are no direct financial implications associated with this paper.	
Who needs to be told about any decision? If there are any decisions made in relation to this paper, the Company Secretary will alert the relevant members of staff responsible for taking the agreed actions forward.	
Who is responsible for implementing the proposals / project and anticipated timescales? The Company Secretary, supported by the Compliance and Governance Manager.	
Who is accountable for the implementation of the proposal / project? The Chief Executive Officer is ultimately responsible for ensuring the Trust has in place appropriate and effective governance structures.	

Great Ormond Street Hospital for Children NHS Foundation Trust

Assurance and Escalation Framework Update

June – October 2016

Prepared by: Rachel Pearce, Compliance & Governance Manager

Background and Purpose

- Assurance & Escalation Framework was approved by Trust Board in June 2016
- This presentation provides:
  - an update of key achievements since the Framework was introduced
  - priorities for the next 6 months (when the Framework will be reviewed)

LISTEN TO, AND ACT ON, FEEDBACK, IDEAS AND COMPLAINTS

Strategy and Planning

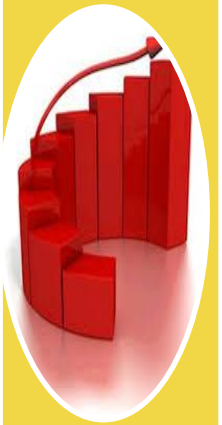
Performance Management Framework

Policy Framework

Risk Management Framework

Compliance Framework

Accountability Framework



Escalation Framework

Assurance Framework

→ SET OBJECTIVES → MEASURE PERFORMANCE →
ASSESS PERFORMANCE → MAINTAIN AND IMPROVE →

http://gregburdine.com/revitaliztion-strategic-planning ; http://blog.synergita.com/2013/01/effective-performance-management/ ; http://gcps.consulting/policy_development ; http://www.destinationfp.com/risk-measures/ ; http://apalinks.com/compliance/ ; http://www.processbasedleadership.com/accountability/ ; http://www.prince2primer.com/author/dave/page/6/ ; http://www.ahkaccounting.com/accountancy-services/audit-assurance-2/

1. Strategy and Planning

- Achievements (June – October 2016)
  - A Board Strategy session was held on 19 October 2016
  - A two year draft operational plan is under consideration by the Board for submission on 23 December 2016
  - Divisional operational plans and objectives for 2017/18 will be linked to the refreshed strategy
  - The Annual Report (approved by Trust Board in late May) includes an update of performance against the strategic objectives
- Priorities and Challenges for the next 6 months
  - Finalise the review of the GOSH Strategic Plan
  - Approve and commence implementation of the Trust Operational Plan
  - Finalise recruitment of a resource to lead the development and implementation of the Trust Strategy

2. Performance Management Framework (PMF)

- Achievements (June – October 2016)
  - The new PMF has been implemented. This includes:
    - Monthly Divisional Performance Review Meetings have been established.
    - An Integrated Performance report has been developed including regulatory and statutory reporting requirements and other KPIs mapped to the CQC five key lines of inquiry. The report is subject to on-going review and development, in particular, work to remove duplication and enhance integration between the other performance reports to Trust Board. These performance report are considered both by the Trust Board, and Divisional Performance Reviews every months.
- Priorities and Challenges for the next 6 months
  - Finalise the approval and publication of the PMF
  - Continue to refine the Integrated Performance Report
  - Extend the implementation of the PMF to include Corporate Departments
  - Return to reporting national required RTT data

3. Policy Framework

- Achievements (June – October 2016)
  - A revised Policy Framework and Policy on Policies, Procedures and Guidelines have been drafted. The proposed revisions seek to provide a more rigorous approach to managing local policies and procedural documents
  - Provided routine (approx 6 weekly) updates on policy compliance to the Executive Team (via the RACG)
  - A variety of improvements and enhanced support to policy leads including longer lead times on reminders for policy reviews and support from the Trust writer in drafting policies
- Priorities and Challenges for the next 6 months
  - Continue to proactively manage policies that are out of date and/or approaching their review dates
  - Finalise the review of the revised Policy Framework and Policy on Policies, Procedures and Guidelines
  - Work with the Trust Intranet Manager to deliver improvements to the Document Library on the intranet

4. Risk Management Framework

- Achievements (June – October 2016)
  - Delivered improvements to the BAF including:
    - Further refinements to the BAF template, supported by a BAF guidance document
    - A structured workplan to support more consistent and comprehensive BAF updates
    - Reviewing the balance of clinical and non-clinical risks, leading to the introduction of a new clinical excellence risk
  - Enhanced committee and Board reporting on operational risk management, including rationalisation of the Trust wide risk register
- Priorities and Challenges for the next 6 months
  - Continue to support Divisions to ensure compliance with the Risk Management Strategy in their new governance and reporting processes
  - Finalise the rationalisation of the High (12+) risk register
  - Drafting and delivering a revised training workplan to support staff across the Trust manage risks

5. Accountability Framework

- Achievements (June – October 2016)
  - Embed the revised Divisional structure
  - Reviewed Trust Board and Assurance Committees' ToR
  - Conducted the Well-led assessment
  - Developed a revised ToR guideline
- Priorities and Challenges for the next 6 months
  - Implementing recommendations from the Well-led assessment
  - Continue to refine Divisional governance structures
  - Conduct a review of the (tier 1) committee structure
  - Develop additional governance and meeting management tools (e.g. minute taking guideline, etc)

6. Compliance Framework

- Achievements (June – October 2016)
  - Finalisation and implementation of the Compliance Framework
  - Continued development and promotion of the Compliance Register
  - Review and refine the membership and focus of the Compliance Review Group
  - On-going management of the CQC action plan, including responding to the recommendations of the CQC follow-up internal audit
  - Across the Trust-wide successfully managing a number of major inspections and accreditation visits including PLACE, HTA (transplants) and various UKAS visits.
  - Development of a new compliance newsletter – *To Conformity and Beyond!*
- Priorities and Challenges for the next 6 months
  - Continue to promote and update the compliance register, especially in clinical services
  - Work with Divisional management teams to provide meaningful compliance reports
  - Continue to analyse the results of inspections to identify common areas requiring improvement and/or support
  - Conduct a 12 month review of the Compliance Framework and associated policies

7. Escalation Frameworks

- Achievements (June – October 2016)
  - Freedom to Speak Up Ambassadors were appointed in October 2016. These individuals are available to speak to staff about any concerns and are intended to complement the mechanisms already available under the Raising Concerns Policy, including line management, union representatives, and the named Non-Executive Director for raising concerns.
  - Introduction of a new BAF risk to provide greater scrutiny around the ways in which clinical risks and opportunities are identified and escalated.
  - Pals responded to 1620 information queries, and 728 cases were opened for concerns raised by families from 1/6/16 – 31/10/16. Thirteen of these cases were not able to be resolved informally by Pals and were escalated to the Formal complaints process. Pals helped resolve concerns informally in 98.2% of contacts to our service for the period.
  - Every clinical space has a poster providing patients and families to the most appropriate local senior staff member available to provide advice or to raise a concern with. There is an on-going audit process in place to ensure that these posters are up to date and available in every clinical space.
  - A Learning from event is scheduled for 19 November 2016.
  - The Being Open and Duty of Candour Policy was reviewed

7. Escalation Frameworks (cont…)

- Priorities and Challenges for the next 6 months
  - Embed and review the effectiveness of the Freedom to Speak Up program
  - Progress introduction of a real time patient monitoring system
  - Introduction of a standardised framework for use of Patient Stories from Board to Ward
  - Introduce 'You said .... we Did' ward displays.
  - Development of a Trust wide Complaints Review Group
  - Review the Safeguarding team and policy

8. Assurance systems and processes

- Achievements (June – October 2016)
  - On-going monitoring of corporate and clinical audit plans
  - Conducted a number of external and special reviews including the Well-led assessment and specific service and project reviews
  - Continued scrutiny by the PAG on all policies including robust audit plans
- Priorities and Challenges for the next 6 months
  - Continue to implement the approved corporate and clinical audit plans
  - Implement the recommendations from recent special reviews

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 December 2016

Quarter 2 NHS Improvement (Formerly Monitor) Return **Submitted by:** Loretta Seamer, Chief Finance Officer	**Paper No: Attachment M**

Purpose of paper

The purpose of this paper is to update the Board on changes to the regulatory framework for NHS Trusts and NHS Foundation Trusts following the establishment of NHS Improvement.

Background

As an NHS Foundation Trust, Great Ormond Street Hospital was previously regulated by Monitor and was required to provide quarterly 'In Year Governance Statements' approved by the Trust Board to confirm or otherwise a number of statements covering financial sustainability, capital forecasting, compliance with targets set out in the Risk Assessment Framework and that there were no other matters arising that required an exception report to Monitor.

The Trust Board received a paper at the September where the Board was asked to delegate authority to approve the Quarter 2 'In-Year Governance Statement' for submission to NHS Improvement to the Chief Finance Officer.

Subsequently, on 7 October 2016 NHS Improvement published 'Strengthening Financial Performance Accountability in 2016/17 – next steps' guidance. This guidance set out a significant change to the regulatory framework for both NHS Trusts and NHS Foundation Trusts and no longer required submission of the Quarterly In Year Governance Statements. These declarations were replaced by a Board Assurance Statement which is only required where the Trust is reporting an adverse change to the planned forecast outturn (Control Total).

Action required from the meeting

The Trust Board is asked to:

1. **Note** the change to the regulatory framework and its impact on Board assurance requirements

Contribution to the delivery of NHS / Trust strategies and plans
Adverse movements from the planned forecast outturn will result in a higher degree of Regulator intervention

Financial implications
The Trust is required to deliver its agreed forecast outturn for 2016/17 (control total) and any adverse movements from the agreed control total must be agreed and confirmed by the Trust Board in accordance with the attached guidance.

Legal issues None
Who is responsible for implementing the proposals / project and anticipated timescales Chief Finance Officer and Deputy Chief Executive
Who is accountable for the implementation of the proposal / project Chief Executive Officer

Attachments:

i. Strengthening Financial Performance Accountability in 2016/17 – next steps' guidance
ii. Board Assurance Statement

7 October 2016

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133-155 Waterloo Road
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T: 0203 747 000
E: nhsi.enquiries@nhs.net
W: improvement.nhs.uk

Provider Chief Executives
Copied to Provider Finance Directors

Dear colleague

Strengthening financial performance & accountability in 2016/17: next steps

On the 21 July 2016, NHS Improvement and NHS England published the document 'Strengthening Financial Performance and Accountability in the NHS', which sets out the pressing need to stabilise finances in the NHS and kick-start an expenditure reduction programme in 2016/17. Many providers have risen to this challenge and the sector achieved its aggregate financial plan at Quarter 1.

I am now writing to you ahead of Quarter 2 regarding a series of next steps and follow up actions.

High pay bill growth

NHS Improvement regional teams have been engaging with those Trusts that experienced high pay bill growth in 15/16 and 16/17 to better understand the business decisions and Board governance arrangements that supported this level of investment and led to Boards making a decision to invest in pay bill that their Trust could not afford.

NHS Improvement regional teams will be in touch this month to discuss the outcome of this work. In advance of these discussions please would you and your Board take the opportunity to fully review the investments in pay that the Trust has made over the past two years to ensure that this investment remains appropriate. Where investments have been undertaken without Board approval please could you ensure that your Board is content with any delegated decisions. NHS Improvement regional teams will be requesting Board assurance updates as part of the review meetings held in October 2016.

Agency staffing

I appreciate your hard work and the progress over the last year in reducing spending on agency staff. However, across the sector we are falling short of what is needed and must do more to reduce over-reliance on agencies. Regional directors will be writing to you shortly to set out further actions in relation to agency spending – some universal and some reserved for Trusts that are missing their agency expenditure ceiling. These will include:

- Greater transparency, including national publication and sharing of Trust-level agency expenditure across regions.

- Measures to ensure boards have sight of prices paid and spending at cost centre level and are actively holding executives to account on reducing agency expenditure across all parts of the Trust.

- Requiring Chief Executive oversight and further reporting to NHS Improvement across areas of high concern, including off-framework use, high-price overrides and on-call rates.

- Action in respect of high on-call rates, grade inflation, high bank rates and payments for hours not worked; these are often reported to us and we will work with trusts to understand where this is occurring and intervene.

- A closing down of the use of senior interims through a national approvals process and more effective use of internal NHS senior leadership capacity.

- An initiative to drive close local collaboration and mutual support on agency.

As an immediate step, to help your Trust and your relationship team develop a better understanding of your agency spending and where the biggest challenges are, we ask all NHS Trusts and Foundation Trusts to provide the following information at Quarter 2:

a) Monthly agency spending broken down by cost centre/service line (request already sent to trusts on 3 October 2016).

b) A list of your 20 highest-earning agency staff (anonymised, in the template provided in Appendix 1).

c) A list of agency staff that have been employed for more than 6 consecutive months (also anonymised, in the template provided in Appendix 1).

A thorough understanding of service line data should also help you when identifying where services are being delivered by agency staff in an unaffordable and sub-optimal way. Work is ongoing to review services which are unsustainable for financial, quality or other reasons and it is expected that the plans being developed to provide many of these services in other ways will be reflected in the Operational Plan and STP process but where there are benefits to be realised in 2016/17 I would expect these plans to be pursued. Rotas supported by high cost agency usage in areas such as radiology may provide a particular opportunity.

Protocol for revising financial forecasts

The' Reset' emphasises the responsibility of NHS Trust and Foundation Trust Boards to ensure the delivery of financial balance, whilst maintaining the quality of healthcare provision. It is however recognised that in exceptional circumstances it may be necessary for an NHS Trust or Foundation Trust Board to consider revising its financial forecast during the year. If these circumstances occur it is expected that the Trust Board's primary focus is the delivery of a recovery plan demonstrating the actions and mitigations that they will put in place to ensure that any deterioration in financial position is managed and recovered at the earliest possible time.

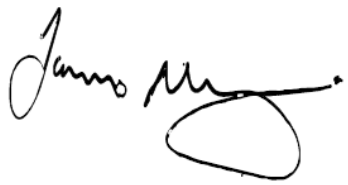
In order that NHS Trust and Foundation Trust Boards are able to demonstrate the highest standards of governance, and for the purposes of consistency and transparency, we are introducing a protocol for any adverse change to a financial forecast that we expect all Trust Boards to adhere to. A copy of the protocol and assurance statement is attached as Appendix 2a and 2b.

Publishing information

Finally, I would like to make you aware that from Quarter 2 NHS Improvement will be publishing Trust level financial and performance information in our quarterly report. An example of the type of information that will be published is contained within the attached Appendix 3 for your information. We also require all Trusts to clearly post their quarterly finance and performance reports on their Trust website in a transparent and timely manner.

I hope that this update is helpful. NHS Improvement will be working closely with you over the forthcoming months to support the delivery, and where possible improvement, in the Trust's forecast financial outturn for 2016/17 and beyond.

Yours sincerely



Jim Mackey
Chief Executive

Enclosures
Appendix 1 – Template for Trusts with Highest Agency Usage
Appendix 2a – NHSI Protocol for Changes to an In-Year Financial Forecast
Appendix 2b – Template Assurance Statement
Appendix 3 – Publishing Quarterly Finance and Performance Information

Adverse Changes to Forecast Protocol - Board Assurance Statement

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (notes below)

Board Response

Where a provider plans to make an adverse change to an in-year forecast it must be reported through the national reporting process and accompanied with this Board Assurance Statement which has been signed by the Trust Chair, Chief Executive and Director of Finance

For finance:

The Board has been fully briefed on the planned adverse change to forecast and has adhered to the NHS Improvement protocol for ***'Adverse Changes to the In-Year Forecasts'*** prior to requesting the change	
All reporting revisions are accompanied with detailed actions to confirm how the position will be recovered and the original financial plan will be delivered	
The Board is full committed to the delivery of the Trust recovery plan and will actively monitor the recovery plan milestones	
In advance of formally reporting a forecast outturn variance from plan the Trust has discussed the financial deterioration and remedial actions with the NHS Improvement Regional Managing Director and Regional Director of Finance	

For governance:

Relevant commissioners have been informed of the position and all opportunities for support have been explored and the recovery actions agreed	
The senior clinical decision making body within the Trust has been engaged with and are party to the identification and delivery of the recovery actions	
The Trust Executive Committee, Finance Committee and Board have considered and agree the proposed financial forecast revision and recovery actions	

Board Declaration

I can confirm that in my capacity as a member of the Trust Board, I understand the financial forecast, its key drivers and where there has been a variance signalled, I can confirm that additional actions to deliver the original plan that was signed off by this Trust Board have been considered in full by Clinical Decision Making Groups the Finance Committee and the Board as a minimum

Signed on behalf of the board of directors

Signature		Signature	
Name		Name	
Capacity	Chief Executive	Capacity	Chair
Date		Date	

Signature		Signature	
Name		Name	
Capacity	Finance Director	Capacity	Audit Committee Chair
Date		Date	

ATTACHMENT N

Great Ormond Street Hospital for Children NHS Foundation Trust

Update from the Audit Committee meeting held on 10th October 2016

Access Improvement Update

The Committee noted that the process of closing down cohorts had begun. Discussion took place about the impact of non-reporting on the external audit opinion within the Quality Report. The External Auditor confirmed that audit requirements on the quality accounts had not yet been set for 2016/17 however if RTT was chosen, an automatic qualification would be received due to GOSH's period of non-reporting and assurance provided around any reporting up to April 2017.

Board Assurance Framework Update

The Committee discussed the revised gross and net risk definitions and the period of time that the definitions should reference. It was agreed that the Committee agreed that the threshold for reporting high risks to the committees should remain at 12 rather than 16 as recommended by the Quality and Safety Assurance Committee.

The Audit Committee review the following high level risks:

- Risk 5: Operational Performance
- Risk 11: Electronic Patient Record

Internal Audit Progress Report and Technical Update October 2016

The Committee noted the findings of the internal audit report on Electronic Patient Record implementation. Concern was expressed on the rating of the report however they welcomed the assurance that had been provided by the rapid mitigation work that had taken place. It was agreed that a meeting would take place with the Board to discuss the current position of the IT strategy and the role of EPR.

Cyber risk at GOSH

The Committee received an update on the work that was taking place in this area. The importance of this high risk area was noted and it was agreed that discussion would take place outside the meeting to agree the way in which cyber security would be included in the committee workplan.

Assurance against Information Governance Toolkit

It was reported that challenges remained in ensuring that the target of 95% of staff were compliant with information governance training. It was confirmed that the ICO had agreed to formally end their review process after a follow up table top exercise had taken place showing significant improvements.

IPP Debt

Discussion took place around the Trust's top 10 debtors which held approximately 90% of the GOSH IPP debt. It was noted that a modelling exercise was taking place to explore the effect of taking a decision to consider alternative mitigations to manage the risk. The Trust's external auditor confirmed that GOSH had not previously been an outlier in this area.

External Audit Planning Report to the Audit Committee on the year ending 31st March 2017 and Sector Update

The Committee discussed valuation of the estate and recommended that a valuation should be undertaken in 2016/17. It was agreed that the Chair of the Finance and Investment Committee (F&I) would discuss this with the Chief Finance Officer and agree a way forward prior to the next F&I committee meeting.

Update on raising concerns in the workplace (Whistleblowing)

It was noted that eight freedom to speak up ambassadors had been appointed in line with a recommendation from the Francis report.

Audit Committee Waivers – April to September 2016

The Committee discussed the reasons for the waivers and agreed that they should be discussed going forward. The importance of implementing a contract management system to support this work was emphasised.

ATTACHMENT O

Attachment O

Great Ormond Street Hospital for Children NHS Foundation Trust

Quality and Safety Assurance Committee Summary
5th October 2016

Patient Story

The Committee welcomed the story of a GOSH patient who was now an outpatient but had initially been at the Trust for a long stay as an inpatient. An update was provided on the actions taken in response to the patient's feedback and the committee agreed to write to the patient to provide a fuller update on the work that was being done at the Trust around communication.

Quality and Safety Update

The increase in pressure ulcers was highlighted and it was confirmed that the one grade three pressure ulcer that had been reported had not occurred in the Trust. It was noted that GOSH was a high reporting organisation in this area.

Update on the management of Jaundice Management in neonates

Discussion took place around the management of neonatal jaundice following previous disappointment expressed in the reduction in compliance. The committee noted that improvement work continued and dedicated quality improvement was being used to roll out new work in a timely fashion.

Patient Experience Update

Work was taking place around transition which was an important focus in response to a CQC recommendation and a Commissioning for Quality and Innovation (CQUIN) target. The Committee noted that the Trust's adolescent nurse specialist had been seconded to the Quality Improvement Team to support this work.

Gastroenterology update

The Committee noted that a teleconference had taken place with the CQC who had welcomed the open approach taken by the Trust and noted the complex nature of the issue.

Access Improvement update

Agreement had been reached to begin closing down cohorts. The committee welcomed the progress made.

Quarterly Safeguarding Report (July 2016 – September 2016)

Discussion took place around training and education in particular for honorary consultants. It was agreed that an update on honorary consultant safeguarding training would be provided at the next meeting and work would be done before the next meeting to ensure that honorary consultants were clear about the requirement to complete this training.

The Committee discussed the resourcing of the safeguarding team and agreed that it was important to establish clear roles and responsibilities to ensure that the team was operating efficiently and to appoint a substantive named doctor.

Board Assurance Framework Update

The Committee expressed some concern at the proposal to only review risks with a net score of 16 at Board Assurance Committees. It was agreed to recommend to the Audit Committee that this remained at 12 as had previously been the case.

It was agreed that risk 5: operational performance would be separated into two risks. One would remain the current risk and the other would focus on clinical governance and safety matters.

The Committee considered the following high level risk:

- Risk 10: Research Hospital Status - The Trust may not deliver its full Research Hospital vision if key research alliances are not fostered

Good progress had been made on work that was taking place in research finance and capacity and ensuring research was a key part of the work on EPR.

Risk Management Report

The Committee requested a deep dive into pharmacy staffing levels as the issue had been discussed by the committee a number of times.

Deep Dive: RTT complaints

It was reported that a review of complaints data had shown the increase in complaints to not be as a result of RTT. The Committee discussed the number of cancellations on the day which had increased and agreed that data would be provided around cancellations which occurred within days of the appointment and was also likely to result in a poor patient and family experience.

CQC Action Implementation Update

The Committee received an update on the CQC action plan and the timetable for completing the actions.

Health and Safety Update

Work was taking place around sharps compliance and it was noted that the area required increased focus over the coming months.

Update on quality and safety impact of Productivity & Efficiency (P&E) programme (linked to BAF risk 2: Productivity)

The Committee received an update on the status of Quality Impact Assessments (QIAs) requiring sign off and discussed the process for the committee to review new schemes.

Internal Audit Progress Report (July – September 2016)

The Committee received the report on Electronic Patient Record implementation which had provided a rating of 'no assurance'. It was confirmed that significant work had taken place since the report's field work and the majority of actions were complete. Three recommendations were not yet due and one low priority risk was overdue. It was confirmed that that swift action had been taken and had been underway before the report was received. It was confirmed that the findings of the report would not impact the Trust's ability to implement EPR within the agreed timeline.

A report on CQC action plan follow up audit was received which provided a rating of 'significant assurance with minor improvement'.

Internal and external audit recommendations update

Concern was expressed that the recommendation from the ICT audit to implement KPIs had not been completed. It was agreed that if the update provided to KPMG could not be verified, the matter would be escalated to the Trust Board.

Clinical Audit update July 2016 – September 2016

Work had been added to the clinical audit programme to support work around line occlusions which had helped to identify the scale of the problem. This work had demonstrated that sharing safety messages across the organisation was challenging.

Matters to be raised at Trust Board

- Gastroenterology review update
- RTT update and RTT complaints
- Quarterly safeguarding report
- Patient story
- Risk update
- Internal Audit update
- Outstanding recommendations from the ICT internal audit
- Good progress on CQC actions
- Assurance on the work of the Clinical Review Group
- Internal audit work on EPR

ATTACHMENT P

Great Ormond Street Hospital for Children NHS Foundation Trust

Update from the Finance and Investment Committee meeting held on 31st October 2016

Phase 4 Redevelopment Update

The Committee received an update on the progress with the Phase 4 Redevelopment Project which included the development of the health planning process, the development of the Outline Business Case, the options for funding and procurement of an architect/contractor for the early design phase. It was agreed that as each component was developed the information would be shared with the committee and Board to ensure there was a shared understanding of the content.

Discussion took place around the absence of an Integrated Overarching Strategy and Enabling Plans (or Integrated Business Plan) and therefore linkages to the decision points for Phase 4 Redevelopment. It was agreed the timelines related to the strategic plan review and plans would be included in the Phase 4 timeline. It was agreed that the NED's, Chief Executive, Deputy Chief Executive and Chief Finance Officer would meet to discuss the scope of the IBP. The Committee emphasised the importance of having clear discussions with the GOSH Children's Charity which would be fundraising to support the redevelopment. The Committee agreed to consider a revised timetable which would note the points in the process at which discussion would take place as to whether phase 4 should stop, pause or continue and the point at which final agreement would be reached to go ahead with the project.

Performance Scorecard

Discussion took place around the time lag between a performance period and the data being available to the Board and subcommittees. It was agreed that a verbal update would be provided at each meeting to highlight any concerning trends from the latest data.

Financial & Workforce Report Mth 6/Q2

It was reported that although the Trust was currently on plan, the internal forecast had highlighted that a review of the forecast highlighted the risk that the control total for year end may not be achieved without significant focus on monitoring costs, achieving the activity income targets and focus on achieving productivity and efficiency targets.

Discussion took place on the division's performance and the committee noted that discussions were taking place with the commissioners to agree the local price increase resulting from the PwC price review.

Activity Review

It was noted that activity data across the papers could not be compared in a like for like way to support triangulation. It was agreed that where this was the case a narrative would be provided on each cut of the data and what it was showing.

Data Quality Report

The Committee noted that a data quality dashboard was being developed but expressed concern about the timeline of the assurance being available. It was reported that there had been delays as a result of external timelines which had meant that GOSH had been unable to begin closing cohorts and it was agreed that the impact of this delay would be discussed further at a future meeting.

The Committee stressed the importance of being assured about data quality and expressed some concern about the possibility of critical actions from the KPMG internal audit review carrying over into 2017/18 and the affect this may have on the internal audit opinion for 2016/17. It was agreed that it was important to be clear that what was being deferred was not related to key issues.

Productivity and Efficiency Update

It was reported that the Trust was currently significantly behind the £10.4million net target with £2.8 million having been delivered by September and £6.4million projected delivery by year end. The Committee discussed whether or not income generation should be included in the P&E programme and it was noted that NHS England had been clear that this should not be the case. It was agreed that reports would become increasingly forward looking to enable to committee to consider bigger schemes.

EPR Programme Update

It was discussed that a joint meeting of the Board subcommittees would take place to discuss this matter. The committee discussed the development of the cash and non-cash benefits arising from the EPR implementation It was reported that it had been made clear that the benefits included in the business case must be achievable, specific and measurable.

PICB Business Case Review

It was reported that work was taking place to review the assumptions that had been made and ensure that they were fit for purpose. It was also outlined that NHSE had requested information from GOSH to provide an impact assessment for activity that would be transferred to GOSH from other providers as a result of the Safe and Sustainable review into Paediatric Congenital Cardiac services. This demand would be managed through the growth in capacity at PICB.

Attachment Q

Great Ormond Street Hospital for Children NHS Foundation Trust

Trust Board
7 December 2016

Reviewing the Constitution: Re-establishing the Constitution Working Group **Submitted by:** Anna Ferrant, Company Secretary	**Paper No: Attachment Q**

Aims / summary

To re-establish the Constitution Working Group to review the Constitution and appendices and ensure its compliance with the Health and Social Care Act 2012.

The review will also take into account:

- best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014)
- changes to strengthen governance arrangements for the membership, Members' Council and Trust Board.
- changes to the structure of the Members' Council or Trust Board since September 2014 (the last update)

The Working Group is made up of members of the Trust Board and Members' Council. The Group will present an update on progress with the review to both bodies in February and April 2017. It is proposed that a revised Constitution will be recommended for approval at the April 2017 meetings of the Trust Board and Members' Council.

Meetings will be held as required, with the Group holding its first meeting towards the end of January 2017.

Action required from the meeting
To approve the terms of reference and note the membership of the working group.

Contribution to the delivery of NHS Foundation Trust strategies and plans
It is important that the Constitution is reviewed regularly to ensure governance processes are robust and are in line with statutory requirements and best practice guidance. There will be an election for the Members' Council towards the end of Q3 2017/18 and it is essential that the Constitution is fit for purpose to support this process.

Financial implications
None.

Who needs to be told about any decision?
Both the Members' Council and Trust Board sit on the working group. The Members' Council have received a similar paper at their meeting on 7th December 2016.

Who is responsible for implementing the proposals / project and anticipated timescales?
Anna Ferrant, Company Secretary

Who is accountable for the implementation of the proposal / project?
Tessa Blackstone, Chairman

Great Ormond Street Hospital for Children NHS Foundation Trust

Constitution Working Group
DRAFT Terms of Reference

1. Authority

The Constitution Working Group is set up as a short life working group to complete a review of the Constitution and propose amendments where appropriate.

The Constitution Working Group is authorised by the Trust Board and Members' Council to take any decisions which fall within its' Terms of Reference.

The Constitution Working Group will acknowledge the requirements for amending the Constitution:

The Trust may make amendments of its constitution only if –

- *More than half of the members of the Members' Council of the Trust voting approve the amendments, and*
- *More than half of the members of the Board of Directors of the Trust voting approve the amendments.*

Where an amendment is made to the constitution in relation the powers or duties of the Members' Council (or otherwise with respect to the role that the Members' Council has as part of the Trust), the Trust must give the members an opportunity to vote on whether they approve the amendment.

Amendments by the Trust of its constitution are to be notified to Monitor.

2. Duties

2.1. To review the Constitution and appendices to ensure its compliance with the Health and Social Care Act 2012.

2.2. To review the Constitution and appendices in light of:

2.2.1. best practice guidance including that set out in the Foundation Trust Code of Governance (July 2014)
2.2.2. changes to strengthen governance arrangements for the membership, Members' Council and Trust Board.
2.2.3. changes to the structure of the Members' Council or Trust Board.

2.3. To make recommendations to the Trust Board and Members' Council on changes to the Constitution and appendices.

3. Membership

3.1. The members of the working group are:

- Deputy Chief Executive (Chair)
- Company Secretary (Deputy Chair)
- Programme Director
- 1 Non-Executive Director
- 5 councillors including 1 Staff Councillor

3.2. Meetings will be chaired by the Deputy Chief Executive. The Company Secretary will be the Deputy Chair of the Working Group.

3.3. Other members may be co-opted as required.

3.4. Deputies may attend with the prior agreement of the Chair of the Working Group, but will not count towards the quorum.

3.5. Papers will be sent out at least four working days before the meeting.

3.6. Secretariat support for the Group will be provided by the Membership and Governance Manager.

3.7. Dial in facilities will be available for members' participation at meetings if required.

4. Quorum

4.1. The quorum will be made up of the Chair or Deputy Chair of the Working Group, the Programme Director or Non-Executive Director plus two Councillors.

5. Frequency of Meetings

5.1. Meetings will be held as required.

6. Reporting

6.1. The Working Group reports to the Trust Board and Members' Council. A revised Constitution will be recommended for approval at both meetings of the Trust Board and the Members' Council.

November 2016